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New HIV Incidence Estimates Confirm Failed Policies of the Bush Administration

WASHINGTON, DC – State and territorial AIDS directors demand that the United States (U.S.) government dramatically scale up efforts to end the domestic HIV/AIDS epidemic. Using new technologies to estimate HIV incidence, the Centers for Disease Control and Prevention (CDC) now estimates that 56,300 new infections occurred in the U.S. in 2006, a number significantly higher than the previous estimate of 40,000 - a less precise count that had remained static for over a decade. “The release of these data serves as the clarion call that America’s response to the HIV/AIDS epidemic must be brought to scale,” stated Julie Scofield, Executive Director of the National Alliance of State and Territorial AIDS Directors (NASTAD).

CDC’s revised incidence estimate provides definitive evidence that HIV prevention has not been adequately funded to decrease the number of new HIV infections occurring each year. HIV prevention funding represents only four percent of the domestic federal HIV/AIDS budget. In comparison, the President’s Emergency Plan for AIDS Relief (PEPFAR) dedicates 22 percent of global funding to prevention. Rather than investing in domestic HIV prevention, the U.S. government has cut funding to state and local health departments by more than \$28 million since FY2003. When adjusted for inflation, experts estimate the CDC’s domestic HIV prevention budget decreased over 19 percent since FY2002.

Experts have demonstrated the relationship between federal funding and HIV prevention program effectiveness. In fact, CDC estimates there was a remarkable decline from a high of approximately 130,000 annual HIV infections in the late 1980s to a low of close to 50,000 in the early 1990s. During this time, CDC’s prevention budget increased by almost fifty percent. The new data also reveal that the number of new infections increased in the late 1990s to between 55,000 and 58,500 per year and has remained relatively stable at this level since 2000, a time when prevention funding began eroding. Because of this, along with restrictive ideological policies challenging targeted prevention messages for gay men, banning the use of federal funds for needle exchange programs, and wasting millions of dollars on failed abstinence-only programs, HIV prevention programs have been thwarted in their ability to equip those at risk with the tools and information they need to remain uninfected. Only through their perseverance to serve the populations they are mandated to protect have health departments and community partners navigated these unacceptable hurdles.

The new estimation technology also provides more accurate estimates of new infections among specific populations, confirming what many health departments have recognized for

years: the HIV/AIDS epidemic continues to disproportionately impact gay and bisexual men of all races and ethnicities and African American men and women. It is now estimated that in 2006, men who have sex with men (MSM) accounted for 53 percent of new infections. Infection rates among blacks were seven times greater than whites and nearly three times higher than Hispanics, a group that also was disproportionately affected.

The new estimates also underscore America's pervasive indifference toward racism, homophobia, poverty and sexism. The continuing apathy about these root causes of health disparities continues to impede efforts to meet the needs of those most at risk for being infected with HIV. To this end, confronting oppression and stigma must be at the foundation of a scaled up strategy to end the HIV/AIDS epidemic in America.

"For years, prevention efforts serving gay men have been stifled by ideologues," remarked Julie Scofield, NASTAD's Executive Director. "It is clear that the nation's HIV prevention efforts must be delivered in a manner that respects the real life experiences of gay and bisexual men and African Americans, all who unacceptably bear the greatest burden of HIV disease. Woefully inadequate funding and personal biases have created the perfect storm, leaving thousands of gay men and African Americans to pay the ultimate price. Until the nation recognizes the connection between oppression and health, we will never be successful in our work to end this dreadful disease among all Americans," Scofield continued.

In December of 2007, NASTAD released a road map for ending the epidemic in the U.S., [*The Blueprint: Ending the HIV/AIDS Epidemic through the Power of Prevention*](#). This document and its accompanying [policy agenda](#) detail the steps that must be taken in order to turn the tide on HIV/AIDS in America. The *Blueprint* challenges the nation to lift its veil of indifference and commit to ending the epidemic through the power of prevention. Chief among the recommendations is a call for an increase of at least \$600 million for CDC's core HIV prevention program to bring the historically underfunded program to scale.

"We know prevention works when it's available," stated Scofield. "Rates of infection among persons who use injection drugs have plummeted when appropriate services are made available. The same is true for babies born to HIV-infected mothers. We must take every opportunity to ensure every American has access to tools and services that prevent infection. Prevention has not failed; we have failed to capitalize on the potential of prevention," remarked Scofield.

NASTAD is a nonprofit national association of state health department HIV/AIDS program directors who have responsibility for administering HIV/AIDS and viral hepatitis health care, prevention, education, and supportive services programs funded by state and federal governments. NASTAD's vision is a world free of HIV/AIDS. For more information, visit www.NASTAD.org.

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