

**LETTER FROM RELIGIOUS COMMUNITY URGING SUPPORT FOR
COMPREHENSIVE AND EVIDENCE-BASED PREVENTION POLICIES IN US
GLOBAL AIDS LEGISLATION**

March 31, 2008

United States House of Representatives
Washington, DC 20515

Dear Representative:

Informed by religious teachings and values, our organizations believe in the inherent worth and dignity of all persons, both men and women. We also share a deep concern about the current and future implications of the global AIDS epidemic for individuals, families, communities, and nations. We are united in our support for U.S. funding to reach the goals of universal access to prevention, treatment, and care, based in all cases on evidence-based approaches to saving human lives, whether by preventing the next new HIV infection through comprehensive approaches or ensuring that persons suffering from AIDS have effective access both to ARVs and to the necessary nutritional and medical support to make anti-retroviral treatment effective.

Unfortunately, there are still many challenges ahead to end the global AIDS epidemic. Each year 2.5 million people become newly infected with HIV and there are six new infections for each person accessing treatment. Increasingly, it is women, young people and socially marginalized groups who bear the greatest burden of this epidemic. In sub-Saharan Africa, women and girls make up 60 percent of all HIV infections and 76 percent of infections among individuals aged 15 to 24. Further, women and girls are biologically, socially, and economically more vulnerable to HIV infection than their male peers. As a result, a comprehensive prevention strategy that addresses the risk factors unique to this population is essential if we are to see the end of this pandemic.

Our faiths motivate us to support the best and most flexible approaches possible to preventing new infections.

For this reason we write with deep concern over H.R. 5501, the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, approved by the House Committee on Foreign Affairs on February 27. This legislation includes several important changes in policy, program and funding streams based on what we have learned in the past five years under PEPFAR. However, the potential of this legislation—and the \$50 billion authorized by the bill—will be grossly undermined by limitations placed on and serious gaps in prevention strategies.

For example, while H.R. 5501 refers in several places to the need for linkages between family planning services and HIV prevention, counseling, and testing services, language in the bill strongly suggests that family planning organizations must be compliant with the global gag rule to receive PEPFAR funding for HIV prevention.

We strongly object to this provision. This is a new restriction not included in the first five year plan, and language conditioning the participation of family planning programs does not

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apply to any other program linkage. Family planning organizations are the first responders for women and youth – the two populations at greatest risk of new infection – and if we are serious about ending the AIDS epidemic, the necessary HIV services they provide should be widely supported and expanded by the U.S. government, not hampered by ideological restrictions.

We are also deeply concerned about the restrictions placed on comprehensive prevention programs. PEPFAR originally required that 33 percent of HIV prevention funds be spent on abstinence-until-marriage programs. H.R. 5501 replaces this earmark with a reporting requirement that will, in practice, do little to ease the burden of those on the ground working to protect those at greatest risk. Under the new policy, if less than 50 percent of funds are spent on abstinence and fidelity programs in countries with generalized epidemics, the Global AIDS Coordinator must report back to Congress. Instead of promoting programs that allow for flexibility and that are tailored to the needs of individual communities, the new policy will continue to promote “silos” between programs that urgently need to be integrated, and will restrict delivery of comprehensive and integrated information. Unprotected sex is the single most important factor in the spread of HIV infections worldwide and is responsible for 80 percent of new infections in sub-Saharan Africa. We must ensure U.S. policies encourage individuals to gain access to the entirety of knowledge and tools necessary to protect themselves.

Because these have grave implications for so many lives, we can not be silent.

We urge you to support the following changes to the H.R. 5501 when it comes to the floor of the House:

- Inclusion of linkages between HIV prevention and basic family planning services ***without language restricting the participation of family planning organizations not compliant with the global gag rule***, to ensure the greatest level of access to information and services for women and girls. Specifically, we support striking the language “supported by the United States Government” on page 22, lines 1-2; page 25, lines 1-2; page 55, lines 17-18; page 66, lines 6-7; and page 111, lines 24-25;
- Removal of the onerous reporting requirement, promoting abstinence and fidelity programs at the expense of flexibility in devising evidence-based, comprehensive approaches to preventing the greatest number of new infections possible; and
- Support for the purchase of and access to contraceptive supplies for women receiving Prevention of Mother-to-Child Transmission of HIV (PMTCT) services.

Although we represent diverse religious and religiously-affiliated organizations, our faith traditions all share the common principles of justice, compassion, and the belief that we must not stand by as our neighbor bleeds. HIV and AIDS have had devastating consequences throughout the developing world—consequences that can be prevented by empowering the most vulnerable populations with proven prevention strategies.

It is our moral duty to do nothing less.

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We urge you to stand up for evidence over ideology by supporting comprehensive and evidence-based prevention policies when H.R. 5501, the U.S. Global AIDS Bill comes to the floor of the House of Representatives.

Respectfully,

American Jewish Committee
American Jewish World Service
Catholics For Choice
Central Conference of American Rabbis
Disciples Justice Action Network
Equal Partners in Faith
Hadassah, the Women's Zionist Organization of America
Jewish Council for Public Affairs
Jewish Reconstructionist Federation
Jewish Women International
Mennonite Central Committee U.S. Washington Office
National Council of Jewish Women
Presbyterian Church, (USA), Washington Office
The Rabbinical Assembly
Religious Coalition for Reproductive Choice
Unitarian Universalist Association
Unitarian Universalist Global AIDS Coalition
United Church of Christ – Justice and Witness Ministries
United Church of Christ – Wider Church Ministries
Union for Reform Judaism
United Methodist Church, General Board of Church & Society
Women of Reform Judaism