

Dear Mr. President:

We thank you for your leadership in advancing healthcare access in the United States. As you know, people living with HIV/AIDS are among the tens of millions of individuals in the nation who struggle to achieve the healthcare and stability they need to stay alive and to thrive. We look forward to the day when health reform provisions are actualized. While the reforms under consideration are likely to improve access to care for many people with HIV/AIDS, they will not fully address the needs of people with HIV/AIDS, which is why we applaud your Administration's efforts to develop and implement the first National HIV/AIDS Strategy and your ongoing support of the Ryan White Program. This document offers targeted recommendations and strategies designed to increase the number of HIV-positive people who gain access to and benefit from HIV care, treatment, and support services in the U.S. We ask that you integrate our recommendations into the National HIV/AIDS Strategy that your Administration develops and implements.

PROCESS

A diverse group of 34 stakeholders with expertise in HIV-related service provision, policy, and planning met in December 2009 to develop these HIV care and treatment recommendations for the National HIV/AIDS Strategy. Subsequently, additional stakeholders gave input and agreed to endorse the recommendations in order to build a stronger federal response to the domestic HIV/AIDS epidemic. While the December 2009 community consultation on care and treatment was sponsored by the Coalition for a National AIDS Strategy, the emerging recommendations represent only the views of the undersigned endorsers.

VISION

The U.S. will be the global leader in reducing the spread of HIV and in assisting people living with HIV to lead longer and more productive lives.

The U.S. will maximize scarce public resources by using strategies of documented effectiveness—including voluntary testing, linkage to care activities, and care services; medical and non-medical interventions, such as housing, case management, harm reduction, substance abuse treatment, and mental health services; anti-discrimination strategies; and workforce development—scaled to increase the number of HIV-positive people who gain access to, remain in, and benefit from HIV care services and who achieve a high quality of life.

Care efforts will target communities and populations disproportionately impacted by HIV such as all races/ethnicities of men who have sex with men, women of color, the homeless and unstably housed, people with mental illness, drug users, abandoned youth, female victims of partner violence, and those with a history of incarceration, among others.

The capacity of community-based and minority providers to deliver high-quality HIV medical, essential non-medical, and supportive services in culturally competent, linguistically appropriate settings will be enhanced.

People with HIV in the U.S. will be encouraged and supported in the workforce. We will make it easier for low-income workers to qualify for housing, healthcare, and other services; we will support small employers who hire people with HIV and other disabilities; and we will vigorously enforce anti-discrimination laws.

The public health, ambulatory care, and support service systems in the U.S. will be effective, proactive, and trusted.

The workforce will be supported, and careers in HIV care will be incentivized and encouraged.

Federal guidelines will inform service provision, availability, and accessibility across all relevant agencies, departments, and programs.

HIV infection will be de-stigmatized in the U.S. Elimination of the stigma of HIV infection will require concurrent commitments to reduce homophobia, transphobia, racism, homelessness, joblessness, and discrimination based on current or past drug use or a history of incarceration.

RATIONALE

Thanks to medical advances, life expectancy and future options for people with HIV are more hopeful than ever. Improvements in anti-HIV treatments can render HIV infection into a chronic, manageable disease, but only for those who know their status, gain access to and remain in care, receive the psychosocial and supportive services they need to stabilize their lives, and address other life challenges associated with an HIV diagnosis.

Ensuring that people with HIV gain access to early, comprehensive, and affordable care serves relevant public interests: people with HIV who are stabilized medically and emotionally remain productive, contributing members of society; affordable, accessible care reduces unnecessary and high-cost healthcare and hospitalizations to treat end-of-life or advanced disease; and effective HIV care results in reduced viral load and positive behavior changes, which decrease the likelihood of transmitting HIV to others.

Despite these prospects, an estimated 500,000 people with HIV—half of all people infected in the U.S.—do not receive the HIV health care they need to improve their lives. Half of all people with HIV live on less than \$10,000 a year, and unemployment rates among people with HIV are ten times higher than the general population. In many parts of the country, HIV medical care, treatment, and key non-medical services are in limited supply. As a result, tens of thousands of people with HIV across the country do not have access to voluntary HIV testing, psychosocial support, case management, housing, transportation, healthcare, medication assistance, dental care, nutrition, harm reduction, drug treatment, and other services they desperately need.

VALUES

Disparities based on race/ethnicity, age, sexual orientation, sex, gender identity and expression, employment, history of drug and alcohol use, education, and economic class are eliminated.

HIV medical care and non-medical care services are widely available everywhere in the U.S.

The U.S. promotes a social-justice approach in meeting its urgent HIV care and treatment needs.

The U.S. harmonizes its approaches to domestic and international efforts against HIV/AIDS and sends a consistent message about optimal ways to combat the pandemic.

The National HIV/AIDS Strategy sets ambitious goals and takes deliberate and transparent steps with regular reporting and clear accountability to meet them.

The allocation of sufficient funds supports achievement of defined goals. Funding must be distributed based on sensible, rational, and transparent criteria.

Inter- and intra-agency integration sustains and incentivizes HIV specialty services and strives to develop more efficient and effective HIV care systems. Efforts toward greater integration are advanced at all levels (federal, state, local, and point of care) and between HIV care and prevention activities.

The National HIV/AIDS Strategy engages consumers, service providers, allied health professionals, community-based organizations, community health centers, public health officials, advocates, and other non-governmental stakeholders in achieving its goals.

AGENCIES

To meet its care and treatment goals, the National HIV/AIDS Strategy must be implemented by several federal entities, including but not limited to:

- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Department of Defense
- Department of Education
- Department of Housing and Urban Development
- Department of Justice
- Department of Labor
- Department of Veterans Affairs
- Health Resources and Services Administration
- National Institutes of Health
- Office of Minority Health
- Office of National Drug Policy
- Office of Women's Health
- Substance Abuse and Mental Health Services Administration

DISCUSSION

Urgent action is needed to respond to the growing healthcare crises affecting people living with HIV/AIDS in the U.S. Access to HIV medical care and critical non-medical services has been

severely compromised by underfunding. Consider:

- Unemployment and the prolonged economic downturn have forced individuals living with HIV to increasingly rely on publicly funded HIV services to maintain their access to HIV treatment and medical care. Meanwhile states are responding to the economic recession with service reductions that further jeopardize access to HIV care and prevention services.
- Across the country AIDS Drug Assistance Programs (ADAPs)—a lifeline for HIV-positive people who have no other means to obtain their lifesaving HIV medications—are facing funding shortfalls as state and local funds are reduced and federal resources fail to keep pace with the growing need. ADAP waiting lists are growing at an alarming rate, and many states are unable to provide needed medication assistance to their low-income, HIV-positive residents.
- With virtually stagnant Ryan White funding and inadequate Medicaid and Medicare reimbursement rates, HIV medical providers are finding it difficult to keep their doors open. Meanwhile the number of people needing HIV medical care increases daily.
- As the payer of last resort, Ryan White cannot keep up with the unmet need for HIV medical and non-medical services, which have been fueled by increases in the number of uninsured individuals and limits on Medicaid and Medicare coverage. Additionally, even if health care reform is implemented, current Ryan White funding levels will likely be insufficient to help low-income consumers meet premium and co-payment obligations that will remain significant for individuals struggling to meet the costs associated with the care and treatment of long-term chronic illness.
- With medical providers increasingly asked to provide more services with fewer resources, people living with HIV/AIDS are at serious risk of having no medical providers to manage their care.
- Essential services such as transportation, food, case management, dental care, mental health, substance abuse treatment services, and housing are in scarce supply. Moreover, low-income, under/uninsured people with HIV who need to consult specialists in dermatology, hematology, cardiology, oncology, gynecology/obstetrics, neurology, pediatrics, gerontology, or other medical sub-specialties struggle to obtain needed care; finding a specialty provider with HIV expertise is even more challenging. Without these and other services, low-income people with HIV are unlikely to achieve medical stability.
- The systems of care in many jurisdictions provide clients too few opportunities to realize true independence and stability. More must be done to help support able clients in preparing for and securing gainful employment without jeopardizing their health and other essential benefits.

Clearly swift action and additional resources are urgently needed and must not wait for a National HIV/AIDS Strategy to go into effect. Many of the urgent concerns identified above, such as ADAP shortfalls across the country, require an immediate, emergency response from the federal government. Failure to do so will only hinder efforts to achieve the Strategy's goals.

ACTION AGENDA

The National HIV/AIDS Strategy must address the ongoing drivers of the epidemic, which include:

- **Stigma—both surrounding the disease and some of the populations at highest risk—which may keep individuals from ascertaining their serostatus or entering or continuing care.** Poverty, homelessness, racism, homophobia, misogyny, and other forms of prejudice, including discrimination against former or active drug users, compound HIV-related stigma, discrimination, and isolation experienced by most people living with HIV/AIDS.
- **Lack of access to the most up-to-date information on HIV treatment, research, care, and prevention in communities most disproportionately impacted.** The lack of uniform distribution of accurate, user friendly, culturally competent, and linguistically appropriate information to individuals in various formats undermines national prevention, research, care, and treatment access and utilization efforts.
- **Inadequate support for organizations serving racial and ethnic communities of color disproportionately impacted by the HIV epidemic.** The lack of sufficient culturally competent materials and providers limits the effectiveness of efforts to encourage testing, care, and treatment.
- **Unequal medical and non-medical service infrastructure in some areas heavily impacted by HIV disease. This lack of capacity** results in grossly uneven distribution of resources and access to services, particularly in communities of color and non-urban areas, including areas that are geographically isolated or otherwise poorly served with transportation options.

Only when these drivers are addressed we will achieve the goals of maximizing the number of people tested and in care and improving the quality of life for those affected by HIV/AIDS.

RECOMMENDATIONS

Ideas generated to address these ongoing drivers and to achieve our goals are described below. For each of the following recommendations, the National HIV/AIDS Strategy must seek to reduce HIV-related health disparities experienced by racial/ethnic minorities, gay and bisexual men, drug users, those recently released from jails or prisons, women including those who are or may become pregnant, homeless or unstably housed individuals, immigrants and the undocumented, young people, older adults, and those with co-occurring conditions such as sexually transmitted infections (STIs), viral hepatitis, and mental illness. Geographic and income disparities must also be addressed. The following recommendations are separated into three categories: **testing, linkage to care, and provision of essential services.**

VOLUNTARY TESTING AS A PATHWAY TO HEALTH STABILITY FOR PEOPLE WITH HIV/AIDS.

Efforts to fully expand voluntary HIV testing throughout the United States must be anchored in deliberate steps to link those diagnosed with HIV to readily available, accessible, affordable, and

high-quality healthcare, housing, and essential services. Doing so will increase the number of people in care, maximize treatment potential, and minimize the impact of the disease. Ultimately expanding HIV testing and ensuring reliable access to care will support HIV prevention efforts by increasing the number of HIV-positive people with a controlled viral load, which lowers their future risk of transmission, and by reducing the number of people who, unaware they are infected, unknowingly expose others to HIV. A national goal should be set to ensure that no less than 85 percent of all people estimated to be living with HIV know their status by 2013 and no less than 95 percent remain aware of their serostatus by 2017.

Steps to achieve these goals include:

1. Mandate an offer of **HIV, STI, and viral hepatitis testing as a standard of care** and support medical associations and the Ryan White AIDS Education and Training Centers (AETCs) to promote the standard and train clinicians on the importance of the early identification of people with HIV through routine testing and linkage to care. Create nationally recognized quality of medical care metrics for HIV/STI/hepatitis testing and publicly report these metric results.
2. Launch a **coordinated initiative** (funded by multiple federal agencies) to provide integrated HIV, viral hepatitis, other STI, and other reproductive health services with **expanded testing and linkage to comprehensive medical and non-medical care and treatment services** in three dozen or more targeted communities of demonstrated need across the U.S.
 - The program must have leadership from a single federal official with authority to ensure there are common indicators, integrated approaches, and a singular vision to expanded testing, linkage, and care.
 - In all cases, the federal agencies investing in the initiative should **simplify and integrate grants** from multiple funding streams to both governments and community-based providers and **standardize implementation and reporting requirements**.
 - The initiative should utilize **risk/behavior profiles** and **mapping strategies** to identify priority communities for funding, infrastructure support, service-capacity development, testing expansion, and integrated linkage-to-care projects.
3. Provide sufficient federal resources to ensure **adequate reimbursement rates for HIV testing services** through public systems and require, as some states have done, private payers to match those rates.
4. Expand fixed-site, community-based, mobile, and healthcare-delivered voluntary HIV testing services with linkage to care.

LINKAGE TO CARE: EXPANSION OF CARE AND TREATMENT PROVISION IN KEEPING WITH ESTABLISHED TREATMENT GUIDELINES

As voluntary testing is increased, a coinciding focus must ensure that people living with HIV are linked with medical care and essential non-medical care services immediately upon learning their

status. Once a person with HIV becomes aware of his or her status and acknowledges the need for care, such care must be readily accessible in a variety of ways. If the full spectrum of care and support services is not accessible, there is a great risk of people not adhering to treatment programs and leaving care.

To improve linkage to care, the federal government should:

5. Dedicate new resources to **ensuring timely linkage to medical care, appropriate treatment, sexual and reproductive health services, and critical non-medical services** with the goal of setting initial medical and service appointments at the point of diagnosis and achieving the first medical appointment as soon as possible.
 - Initial services should include **peer navigation and bridge counseling** to ensure that the medical appointment, treatment assessment, and other essential services are accessed.
 - Enhanced linkage activities must also serve individuals who are **already aware of their HIV-positive status but are not currently in care**.
 - Ensure that the **continuum of care** from diagnosis to provision of medical care, treatment assessment, and essential non-medical care services is as smooth as possible through a variety of strategies including co-location of HIV testing and comprehensive medical and non-medical services, where possible.
6. Support the implementation of **consistent treatment guidelines** across federal departments, agencies, and programs, and provide adequate program and funding support to government and community-based providers to guarantee access to care and treatment in keeping with the federal standard of care for treating HIV disease.
7. Mandate that public and private **reimbursement rates reflect the true cost of care using methods such as prospective cost-based reimbursement** and taking into account the increased requirement for “cognitive services”—clinician time to counsel patients and determine the best course of care.
8. Commit to **workforce development**:
 - Develop a domestic **HIV Work Corps** for doctors, nurses, physician assistants, nurse practitioners, and other medical and non-medical service professionals with targeted loan forgiveness to incentivize HIV/infectious disease specialization and benefit protections for persons with HIV who work in peer outreach, testing, and care programs.
 - Develop medical and nursing school and AETC continuing education programs and opportunities for clinical training in HIV medicine to increase the pool of clinicians with the expertise necessary to effectively manage HIV care. Work with HIV medical providers and AETCs to develop targets for training providers to ensure the HIV workforce can meet the demands of HIV care.
 - Ensure that **medical and nursing school curricula include training to facilitate cultural competence** needed to effectively serve people living with HIV/AIDS.

9. Prioritize funding in healthcare reform legislation for **prevention, wellness, public health, health disparity, and clinical workforce development** for chronic infectious diseases including HIV, viral hepatitis, and STI initiatives.
10. Ensure that the **Ryan White CARE Act** is adequately funded. Even if health insurance reform is passed and implemented, Ryan White services will be needed to wrap around healthcare reform to ensure access to necessary medical and non-medical care, treatment, and support services.
 - **Ryan White funding must increase** immediately to match the growth and complexity of care and emerging issues of a population that is thankfully surviving longer with HIV than ever before.
 - The ADAP funding crisis in states across the country warrants an **emergency supplemental appropriation** to prevent destabilizing treatment interruptions for tens of thousands of people with HIV in the U.S., and to address the needs of thousands of individuals seeking ADAP services for the first time.
 - Create a national standard for **ADAP programs**, using the Department of Veteran Affairs pricing, that provides a comprehensive, consistent benefits package regardless of geography and ensure that services are completely portable, including across state lines.
 - Invest in ADAP so that **no person with HIV is ever on a waiting list to receive HIV medicines**.
 - Reevaluate the **Ryan White program's 75/25** coverage in 2014 to redefine and potentially expand services included within the 75 percent for core services.
11. Ensure that federal programs support the delivery of coordinated, comprehensive care through the patient-centered “health care home” service delivery model.
12. Leverage community-health centers and dental schools to increase the supply of dental care and medical sub-specialty services for under/uninsured people with HIV/AIDS.

TESTING IS NOT ENOUGH: PEOPLE WITH HIV MUST BE LINKED TO APPROPRIATE AND ESSENTIAL SERVICES AND BE SUPPORTED TO SUSTAIN ENGAGEMENT IN CARE.

The National HIV/AIDS Strategy must make clear to all stakeholders that HIV care goes far beyond medical/medication treatment, and sufficient funding must be provided to address ongoing HIV-related stigma and discrimination and ensure adequate support for a range of critical services such as harm reduction services, legal assistance, substance abuse and mental health treatment, housing, transportation, child care, food/nutritional services, and discharge and re-entry services for people leaving corrections settings.

The government must commit to providing essential care services for people who accept testing and are subsequently diagnosed with HIV. Current service restrictions, including inadequate access to housing, peer support, medication assistance, sexual and reproductive health services, and other essential services, undermine testing and care expansion efforts. Without adequate

care services available, public health risks identifying people with HIV who have no means to achieve better health outcomes because of lack of available services to meet their needs.

13. Develop **strong national anti-discrimination and confidentiality laws** designed to protect people living with HIV/AIDS and ensure new anti-discrimination laws are adequately monitored and enforced. In particular, HIV transmission must be decriminalized, and antidiscrimination laws against race/ethnicity and sexual orientation must be strengthened. The federal government must regularly collect data from people with HIV who report stigma as a barrier to care access in order to take deliberate steps to decrease this indicator over time.

14. To **address persistent HIV misinformation** the federal government must:

- Expand comprehensive, culturally and linguistically competent, and age-appropriate **sexual health education initiatives** that include HIV/STI prevention.
- Dramatically expand **national social marketing campaigns** to encourage testing and increase awareness of the benefits of testing and care. The campaign, which could be supported by non-governmental stakeholders, should showcase key leaders accepting testing and present positive images of people living with HIV/AIDS.

15. Acknowledge that **adequate housing** is inextricably linked with successful care, and support the development of housing programs to address this critical area of need.

- Since the evidence for housing supports a **shift in paradigm**, federal officials should view housing as a core component of the HIV care and prevention continuum.
- Require HRSA, SAMSHA, NIH, and CDC to document the housing status of clients who receive funded services so as to provide these agencies with **better data** to plan for ongoing initiatives to address homelessness and unstable housing as a structural driver of the HIV/AIDS epidemic.
- The Housing Opportunities for People With AIDS (**HOPWA**) **program funding must be significantly increased** and new resources must be apportioned based on a living HIV/AIDS formula and consistent with the Ryan White funding formula.
- **Revise HUD's definition of "homelessness"** so that it does not exclude those being discharged from institutions including correctional facilities, long-term care, nursing homes, psychiatric facilities, etc.; eliminate exclusions from federally funded housing based on prior correctional or drug use history. Fund **harm reduction or low threshold models of public housing** to increase housing access to homeless people with HIV who may be active substance users and at high risk of loss to care.
- Permanent housing restrictions and multiple (and often cumbersome) homeless and unstably housed **definitions should be simplified** to achieve greater access and lower barriers to housing services.
- The federal regulation instituting a **24-month lifetime cap** on temporary housing assistance in the Ryan White program must be lifted permanently. Housing assistance is a proven, cost-effective structural intervention that has a direct, independent, and powerful impact on HIV incidence, outcomes, and disparities.

16. **Build capacity in rural and other geographically isolated settings** to increase HIV medical care and non-medical care service integration with all other health care services and ensure that by 2013, 50 or more new service delivery sites are in underserved communities. These sites should:
- Lower clients’ travel-times and increase care access and retention in their region of the state/territory or municipality.
 - Extend clinic hours to improve access for working people.
 - Ensure that the HIV medical and non-medical services are culturally competent and linguistically appropriate.
 - Encourage mentoring, traineeships, and task sharing to use existing resources better.
 - Increase the capacity of nurse practitioners, physician assistants, and other allied health professionals to support HIV ambulatory care provision.
 - Support individuals with HIV moving into careers in AIDS service organizations through adequate training and job placement and formalize the work of peers.
17. Maintaining full sensitivity toward confidentiality, transform and adequately fund **surveillance activities** to collect and utilize better data (particularly aggregate data) to inform patient management outcomes.
18. **Simplification should occur across** systems in order to facilitate entry into programs, grant funding, reporting, and evaluation.
- Coordinated and common processes for application, collection of information, oversight, and reporting should be mandated.
 - Policies and procedures should be aligned for all programs, including the meaningful use of electronic records.
19. Support the development of comprehensive **patient information on accessible services**.
- Recognize that **AIDS service organizations** are essential to achieving comprehensive care goals and support the integration of these organizations into the HIV care system.
 - Ensure that adequate focus is placed on **retention** in and **adherence** to care, so that by 2013, 75 percent of people with HIV are being maintained in care.

RECOMMENDATIONS ENDORSED BY 160 ORGANIZATIONS AND 312 INDIVIDUALS *(as of March 3, 2010)*

Organization Name:	City/Town:	State:
A Brave New Day	Pearl	MS
A Family Affair	Orangeburg	SC
aChurch4Me? Metropolitan Community Church	Chicago	IL
ACT-UP Philadelphia	Philadelphia	PA
Agape Global Outreach, Inc.	Chicago	IL

AIDS Foundation of Chicago	Chicago	IL
AIDS Legal Council of Chicago	Chicago	IL
AIDS Legal Referral Panel	San Francisco	CA
AIDS Project of Central Iowa	Des Moines	IA
AIDS Project of Southern Vermont	Bennington	VT
AIDS Services of Austin	Austin	TX
Alaskan AIDS Assistance Association	Anchorage	AK
All Souls Unitarian Universalist Church Kansas City, MO	Lenexa	KS
Allies Linked for the Prevention of HIV and AIDS (a.l.p.h.a.)	Boise	ID
Aniz Inc	Atlanta	GA
Art AIDS Art	Altadena	CA
Association of Nurses in AIDS Care	Akron	OH
Asunté Inc.	Bronx	NY
Beyond Care Inc. NFP	Chicago	IL
Bienestar	Southern California	CA
Black Men's Health Project	Atlanta	GA
Black Pride Society, Inc.	Detroit	MI
Brandywine Counseling, Inc	Ardmore	PA
Bridgeport Health Department	Bridgeport	CT
Brothers and Sisters in Action (BASIA)	San Bernardino	CA
Buddies of New Jersey, Inc.	Jersey City	NJ
Buddies of New Jersey, Inc.	Hillsdale	NJ
Carepoint	Chicago	IL
Central City AIDS Network, Inc.	Macon	GA
Change Happens formerly FUUSA	Houston	TX
Chattanooga CARES-- Volunteer	Chattanooga,	TN
Chicago Childcare Society	Chicago	IL
Chicago Women's AIDS Project	Chicago	IL
Cidadao Global	Brooklyn	NY
City of Hayward	Hayward	CA
Coalition on AIDS in Passaic County, Inc.	Paterson	NJ
Columbia Center for Youth Violence Prevention	New York	NY
Communities United Health Care	Plainfield	NJ
Community HIV/AIDS Mobilization Project (CHAMP)	Cranston	RI
Community Information Center	Portland	OR
Community of Hope UCC	Tulsa	OK
Comprehensive Care Center	Nashville	TN
Ruth M. Rothstein CORE Center	Chicago	IL
Corporation for Supportive Housing - NJ	Solebury	PA
Desert AIDS Project	Palm Springs	CA
Dignity/USA	Newark	NJ
EVVNA	Orange	NJ
Face to Face/Sonoma County AIDS Network	Santa Rosa	CA
Family Service of Chester County-Project ONE	West Chester	PA
Fan Free Clinic	Richmond	VA
Fresno County Department of Public Health	Fresno	CA
Feminist Majority and Leadership Alliance-Armstrong Atlantic State University	Savannah	GA
First Nations Community HealthSource	Albuquerque	NM
Friends For Life	Memphis	TN
Fundacion Latino Americana Contra El Sida, Inc. (FLAS)	Houston	TX

Georgia Equality	Atlanta	GA
GIRL U CAN DO IT, INC.	Philadelphia	PA
H.O.P.E. Ministry	Plainfield	NJ
Hema Universal Life Community Services, Inc	Gastonia	NC
Hi-Desert LGBT News	Landers	CA
HIV Medicine Association	Arlington	VA
HIV/AIDS Advocacy Network	Albuquerque	NM
HIV/AIDS Services for African Americans in Alaska	Anchorage	AK
Hope And Help	Sanford	FL
HOPE AND HELP OF CENTRAL FL.	ORLANDO	FL
Hope and Help of Central Florida	Oviedo	FL
Horizon Health Center	Jersey City	NJ
Housing Works	Washington	DC
Hyacinth AIDS Foundation, NJ	Somerset	NJ
IL ASAP	Dixon	IL
International AIDS Empowerment	El Paso	TX
Iowa HIV Community Planning Group	Plainfield	IA
Juxtaposed Center for Transformation	Newnan	GA
Kaiser Permanente	Oakland	CA
Kansas City Coalition for Welcoming Ministries	Kansas City	MO
Kupona Strategic, LLC	Chicago	IL
Lansing Area AIDS Network	Lansing	MI
Latino Actino Action,Inc	Mooresville	IN
Legacy Community Health Services, Inc.	Houston	TX
Liberty Research Group	Rochester	NY
LIGHT Health & Wellness Comprehensive Services, Inc	Baltimore	MD
Lion Heart Network Advocates	San Francisco	CA
Louisiana Latino Health Coalition for HIV/AIDS Awareness	Baton Rouge	LA
Lovelace Hospital	Albuquerque	NM
MCCNY Homeless Youth Services	New York	NY
Middlesex County Department of Human Services	New Brunswick	NJ
Montana TwoSpirit Society	Browning	MT
Mt. Sinai Hospital, Chicago IL	Munster	IN
Mujeres Unidas Contra el SIDA	San Antonio	TX
NAPWA	Hyattsville	MD
Nashville CARES	Nashville	TN
National Action Network, Inc.	New York	NY
National Association of People With AIDS (NAPWA)	Washington	DC
National Working Positive Coalition	San Francisco	CA
NCLR/CSULB Center for Latino Community Health	Long Beach	CA
New Concepts CSS	Brooklyn	NY
Ngohygie-Enwerem foundation	Shasha-Lagos	UT
NMAS	Albuquerque	NM
NMSU	Las Cruces	NM
NO/AIDS Task Force	Metairie	LA
NOFLAC N.W. FL AIDS/HIV CONSORTIUM	P COLA	FL
North Carolina Harm Reduction Coalition	Chapel Hill	NC
OHIO AIDS COALITION, CENTRAL OHIO HIV PLANNING ALLIANCE, TRAAG; THE REGIONAL AIDS ADVISORY GROUP	Lancaster	OH
Okaloosa AIDS Support and Informational Services, Inc. (OASIS)	Panama City Beach	FL
Outcast Films	New York	NY

Oxford House, Inc.	Silver Spring	MD
Paterson Counseling Center, Inc.	Paterson	NJ
PeterCares House	Greenbelt	MD
Philadelphia FIGHY	PHILADELPHIA	PA
Pilsen Wellness Center	Chicago	IL
Planned Parenthood	Vallejo	CA
Positive East Tennesseans	Knoxville	TN
Positive Effect	Upper Darby	PA
Prince of Peace Outreach and Deliverance Ministries	Cleveland	OH
Program for LGBT Health	Philadelphia	PA
Project Inform	San Francisco	CA
Project Link of South Florida, Inc.	Wilton Manors	FL
Project PLASE, Inc	Baltimore	MD
Proyecto Sol	Phila	PA
PWA Coalition Colorado	Denver	CO
PWA Coalition Tampa Bay	Lutz	FL
Queer People's Health Collective	Chicago	IL
Reaching Out Knoxville	Maryville	TN
River Valley Counseling Center INC.	Springfield	MA
Riverfund, Inc.	Sebastian	FL
Ryan White Program Part-C	Guayama	PR
Saving Our Sisters from HIV	Oakland	CA
Serenity	Augusta	GA
Servicios de La Raza, Inc.	Denver	CO
San Francisco HIV Health Services Planning Council EMA	San Francisco	CA
SisterLove, Inc.	Atlanta	GA
South Carolina Campaign to End AIDS	Columbia	SC
Southwestern PA AIDS Planning Coalition	Beaver Falls	PA
Spirituality For Wellness & Bridge Over Troubled Water SUPPORT GROUPS	Philadelphia	PA
St. Vincent's hospital	Honolulu	HI
St.Stephen's AIDS Ministry	Miami Shores	FL
START at Westminster	Washington	DC
Student Global AIDS Campaign, Bowdoin College Chapter	Brunswick	ME
TACTS-The Association of Clinical Trials Services	Chicago	IL
Test Positive Aware Network	Chicago	IL
The Friends of AIDS Foundation	Long Beach	CA
The Living Room A Project of WestCare, CA	Fresno	CA
The Ministry of Caring.org	Wilmington	DE
Treatment Access Expansion Project (TAEP)	Washington	DC
United Church of Christ Justice and Witness Ministries	Cleveland	OH
United Methodist Church	Dover Foxcroft	ME
University of the Witwatersrand, South Africa	Traverse City	MI
U.S. Positive Women's Network (PWN)		
Uptown People's Law Center	Chicago	IL
Urban League of Hampton Roads, Inc.	Portsmouth	VA
Walgreens	Atlanta	GA
Wateree AIDS Task Force	Sumter	SC
Weingart Center Association	Los Angeles	CA
What Would Jesus Do HIV/AIDS Education Ministry	Stone Mountain	GA
Whitney M. Young Jr. Health Services	Altamont	NY

Who's Positive	Charlottesville	VA
Wilson Resource Center	Arnolds Park	IA
Women Organized to Respond to Life-threatening Diseases (WORLD)	Oakland	CA
Women Together for Change	St. Croix	VI

Individual Sign-on

First	Last	City	State
Rafael	Abadia	Palm Beach Gardens	FL
Dawn	Acero	Philadelphia	PA
Joseph	Alfano	New York	NY
Randy	Allgaier	San Francisco	CA
Marc	Andrews	Portland	OR
Nerissa	Aquino	Nashville	TN
Gary	Arbach	Palm Springs	CA
Luiz	Avina	Oakland Park	FL
Lynnett	Bagot	Brooklyn	NY
Jonathan	Baker	Pittsburgh	PA
Bennie Joe	Balderama	Fresno	CA
Carmen	Ball	Washington	DC
Dominique	Banks	Memphis	TN
Michelle	Barefield	Fort Worth	TX
Kay	Barker	Byron	GA
Gilbert	Barrett	Moline	IL
Keith	Bates	Reidsville	NC
Dena	Batrice	New York	NY
Patrick	Battani	Bloomington	IN
John	Beal	Decatur	GA
Lauren	Beatty	Folsom	PA
Timothy	Beauchamp	Jay	OK
Robert	Beck	Waverly	IA
Wayne	Beck	Phoenix	AZ
Amanda	Beck-Myers	Cincinnati	OH
Ann	Bell	Augusta	GA
Ed	Bender	Rochester	NY
Richard	Berkowitz	NYC	NY
Cherie	Blae	Harriman	NY
Corinne	Blum, MD	Chicago	IL
Will	Boemer	San Rafael	CA
Anthony W	Bolden	Irving	TX
Henry	Bookout	Riverhead	NY
John	Boone	Campbellsville	KY
Shirley	Boughton	Freeport	FL
Elizabeth	Bowen	Chicago	IL
Randy	Boyle	Los Angeles	CA
John	Bradfield	San Francisco	CA
David	Brakebill	Key West	FL
Gregory	Braxton	McHenry	IL
Mario	Brescia	Trenton	NJ

James	Bridle	Pinehurst	NC
E	Brown	Chicago	IL
Hulda	Brown	San Francisco	CA
Malcolm	Brown	Alexandria	VA
Maryann	Brown	Philadelphia	PA
Jennifer	Burke	Ocala	FL
Jereld	Cammack	New Orleans	LA
Lisa	Carpenito	Portland	OR
Adele	Carpenter	San Francisco	CA
Philip	Carver	Coralville	IA
David	Case	MEMPHIS	TN
Paul	Causey	Vallejo	CA
Craig	Chappelle	Boise	ID
Hadiyah	Charles	Brooklyn	NY
Eric	Christoff	Chicago	IL
Edward	Clarke	Los Angeles	CA
Byron	Cole	Memphis	TN
Robert	Cole	Highland	NY
Janeva	Coleman	Brooklyn	NY
Chris	Collins	Washington	DC
Katherine	Compitus	New York	NY
John	Conway	Kansas City	MO
Ray	Cook	West Roxbury	MA
Elizabeth	Copper	Chicago	IL
Edwin	Corbin-Gutiérrez	Chicago	IL
Beanie	Cudahy	Knoxville	TN
James	Curry	Detroit	MI
Pamela	Curry	Dallas	TX
Robert	Curry	Albany	NY
John	D'Ambra	Butler	NJ
Kathleen	Davis	Roopville	GA
Kristine	Davis	Cedar Rapids	IA
Walter	Davis	Roopville	GA
Annet	Davis-Vogel	Philadelphia	PA
Claudia	Debus	Hayward	CA
Randolph	Decker	Tucson	AZ
Jasmin	Delgado	Fresno	CA
Penny	DeNoble	Denver	CO
Devra	Densmore	Kirkland	WA
Jose	Diaz	San Juan	PR
Anthony	Dilorenzo	Amesbury	MA
Michael	Dobbs	Austin	TX
Tim	Doherty	East Berne	NY
Laverne	Doty	Vero Beach	FL
Jackie	Dozier	Rochester	NY
Julie	Ebin	Cambridge	MA
Lee	Edwards	Mobile	AL
Eileen	Ehlers	Hooksett	NH
Cris	Elkins	Greensboro	NC
Joy	Episalla	NY	NY

Stanley	Estoll	Denver	CO
Nathaniel	Evans	Brooklyn	NY
Scott	Evans	New York	NY
Lourdes	Febus	Elmhurst	NY
Julia	Fedor	Chicago	IL
Sharon	Feigenbaum	Redondo Beach	CA
Robert	Ferguson	Ann Arbor	MI
Robert	Ferguson	Ann Arbor	MI
Michael	Flaherty	Carlisle	IA
Michael	Folger	Newark	NJ
John	Folliard	Wheaton	MD
Katherine	Forest	Anchorage	AK
Charles	Fotheringham	Peabody	MA
Matthew	Franck	New Brunswick	NJ
Basillo	Frusciante	Staten island	NY
Robbin	Garcia	Albuquerque	NM
Silena	Garner	San Francisco	CA
Bruce	Gascoine	Valencia	PA
Robert	Gibeling Jr.	Atlanta	GA
Martin	Gilbert	Tenafly	NJ
Steven	Gildea	Belleville	NJ
Ann	Gillard	Springfield	MA
Harlene	Golden	Bloomfield	NJ
Elena Luz	Gomez	Chicago	IL
Rev. Zackariah	Gonzales	Boise	ID
Oscar	Gonzalez	Dallas	TX
Mary	Goodspeed	Buffalo	NY
Van	Gosselin	Wilton Manors	FL
Rev. N. Wayne	Gowdy	Danbury	CT
James	Greco	Colorado Springs	CO
Kathleen	Griffith	Peoria	IL
Catherine	Grim	Dover	PA
Michael	Hacker	London	KY
Derrick	Hackett	Brooklyn	NY
R J	Hadley	Chicago	IL
Isabella	Haene	Fairfax	VA
Nesha	Haniff	Ypsilanti	MI
Tameka	Harris	LaVergne	TN
Eric	Hartman	Lakewood	CO
David	Haskins	San Diego	CA
Khurram	Hassan	Atlanta	GA
Tami	Haught	Nashua	IA
Benjamin	Hauschild	Washington	DC
Robert	Heimer	New Haven	CT
Michael	Hellman	Pittsburgh	PA
Donald	Henderson	Vail	AZ
Rev. George	Herendeen	Mattoon	IL
Beth	Herman	Encinitas	CA
Bobby	Hill	Crawford	TN
Jan	Hill	Memphis	TN

Dan	Hoffman	Indianapolis	IN
Steve	Hoke	Vero Beach	FL
Dennis	Holly	Hoboken	NJ
Michael	Horberg	Massachusetts	MA
Jewell	Hubbard	Philadelphia	PA
Jessica	Hulsen	Oceanside	NY
Levern	Jackson	Bronx	NY
Mark	Janowiak	Brookfield	WI
Shana	Janssen	San Jose	CA
Robin	Johnson	Brooklyn	NY
Ronald	Johnson	San Francisco	CA
Thomas	Johnson	Milford	OH
Joseph	Kennedy	Bakersfield	CA
Gail	Keyes	Louisville	KY
Mark	King	Los Angeles	CA
Lily	Kirsanow	Rio Rancho	NM
Charles	Klemm	Macon	GA
Thomas	Klocke	Lawrence	KS
Ron	Kolb	Atlanta	GA
Alana	Kolundzija	New York	NY
Daniel	Kopelson	Chicago	IL
Robert	Krier	Anchorage	AK
Jennifer	Kubic	Boston	MA
Nellie	Kuilan	Springfield	MA
Charles	Lacombe	Dorchester	MA
Eric	Langston	Chicago	IL
Knoll	Larkin	Royal Oak	MI
Jim	Lawser	Minneapolis	MN
Cephus	Lee	Markham	IL
Lonny	LeFever	Conover	OH
Diedra	Levi	Little Rock	AR
Herb	Light	Santa Rosa	CA
Kevin	Linam	Vallejo, CA	CA
Marcelle	Little	Novato	CA
Annette	Lizzul	Lakewood	NJ
Rosario	Lopez	Edison	NJ
Francis	Lorah	Long Beach	CA
Robert	Luebke	Grand Rapids	MI
Cameron	Mac Millian	Aberdeem	WA
Bruce	MacDougall	Boston	MA
John	Mack	Evansville	IN
Heidi	Madsen	Columbus	OH
Susan	Maki	Springfield	MA
Andrea	Malueg	Knoxville	TN
Mark	Manchen	Claymont	DE
Marvin and Betty	Mandell	W. Roxbury	MA
Trey	Mangum	Jackson	MS
Charles A.	Manto	Lodi	NJ
Derrick	Mapp	San Francisco	CA
LeeAnn	Marino	Plainville	CT

Robert	Mason	Roslindale	MA
Gina	Mattivi	Bronx	NY
Charles K.	Mattson	Bergenfield	NJ
Ben Francisco	Maulbeck	Brooklyn	NY
Catherine	McCartin	Denver	CO
Dennis	McClain	Palm Springs	CA
Debra	McLaurin	Houston	TX
Daniel	McLean	St Petersburg	FL
John	McNesby	Woodbury Heights	NJ
Paul	McWilliams	Chicago	IL
Paula	Merecki	St. Clair Shores	MI
Jim	Merrell	Chicago	IL
Sabrina Q. Mikan	Mika	Austin	TX
Gregory	Miller	Seattle	WA
Sonji	Miller	Chicago	IL
Greg	Milward	Madison	WI
Howard	Mirsky	Mt.Prospect	IL
Lynne	Mock	Chicago	IL
Erin	Moers	Mt. Pleasant	MI
Karen	Moffitt	Brooklyn	NY
Robert	Monteiro	Tulsa	OK
Annie	Montgomery	Groton	MA
Kory	Montoya	Albuquerque	NM
Terrell	Moody	Alma	GA
Heather	Mooney	Ann Arbor	MI
Barry	Moore	Montclair	NJ
Jeffrey	Moore	Cedar Rapids	IA
Frederick F.	Mount	Des Moines	IA
David	Munroe	New Orleans	LA
Lisa	Murano	Orlando	FL
Wilma E.	Murphy-Miles	Cleveland	OH
Bhavana	Nancherla	Jackson Heights	NY
Shenna	Nawrot	Chicago	IL
Ronald	Neal	Memphis	TN
John	Nechman	Humble	TX
Pamela	Neely	Brooklyn	NY
Rael	Nidess, M.D.	Marshall	TX
Rev. Sala	Nolan	Cleveland	OH
Ramon	Nunez III	Yonkers	NY
Kevin	O'Brien	Chicago	IL
Ronnie	Odom	Macon	GA
Kirsten	Olson	Wilmington	DE
Joshua	O'Neal	Seattle	WA
Conita	Palmer	Albuquerque	NM
Rex	Parker	Los Angeles	CA
Petrina	Patterson	Cleveland	OH
Roger	Peduzzi	Maynard	MA
John	Peller	Chicago	IL
Elizabeth	Perez	Union City	NJ
Jeffery	Perkey	Minneapolis	MN

Cyrille	Phipps	Brooklyn	NY
Jim	Pickett	Chicago	IL
Stephen	Pitts	North Brunswick	NJ
Anitra	Pivnick	New rok	NY
Cynthia	Poindexter	Peekskill	NY
Tracy	Polk	Wilmington	DE
Kimberly	Powell	Washington	DC
Naomi	Prochovnick	San Francisco	CA
Don	Pults	Denver	CO
Lavina	Pults	Cortez	CO
Raymond	Quattrochi	Floral Park	NY
Kevin	Quinn	Boston	MA
Timothy	Quinn	San Francisco	CA
Stephen	Raffanti	Nashville	TN
Kenneth	Renaud	Lemay	MO
Christopher	Renteria	Englewood	NJ
Dorca	Reynoso	New York	NY
Tom	Rocco	Rockaway	NJ
Leslie	Rodriguez	Dallas	TX
Alyssa	Rosa	Springfield	MA
Robert	Ross	Rochester	NH
Michael	Russo	North Scituate	RI
Louis	Salvas, Jr	Warwick	RI
Rita	Salvo	Wilmington	DE
Thomas	Salyer	Martinsville	VA
Alexis	Sanchez	Dallas	TX
Guido	Sanchez	Jersey City	NJ
Jorge	Sanchez	Eugene	OR
Denise	Saturna	Macon	GA
Rick	Sellen	Minneapolis	MN
Minesh	Shah	Atlanta	GA
Nicholas	Sharbo	Roseville	MI
Diana	Short	Chicago	IL
Sarah	Simmons	Mpls	MN
Terese	Smauldon	Brooklyn	NY
Craig	Smith	Absecon	NJ
Mike	Smith	Macon	GA
Robert	Smith	Brooklyn	NY
virginia	Solis	Fontana	CA
Don	Sousie	Dryden	MI
Val	Sowell	Philadelphia	PA
Frederick F.	Steinke	Ft. Wayne,	IN
Ronnie Simone	Stephens	Austin	TX
Karen	Stickney	Auburn	ME
John	Stimatz	Seattle	WA
Ron	Swanda	Washington	DC
Tambo	Tallman	Boise	ID
Amelia	Tanev	Wilmington	DE
Walter	Tanks	Newark	NJ
Gary	Taylor	Orlando	FL

Joseph	Taylor	Chicago	IL
Christine	Telford	Memphis	TN
Joseph	Tompkins	New York	NY
Phil	Travers	San Antonio	TX
Darrell	Tucci	Los Angeles	CA
Usungu	Utshudi	Bronx	NY
Leland	Vann	Buffalo	NY
Emanuel	Vergis	Pittsburgh	PA
Veronica	Wade	Miami	FL
Leland	Wagner	Denver	CO
Kenneth	Wake	Las Cruces	NM
Julene	Weaver	Seattle	WA
Andrea	Weddle	Washington	DC
David	Whalen	Forestville	CA
Carolyn	Whiting	Reading	MA
Mary Williams	Williams	Salt Lake City	UT
Will	Wilson	Chicago	IL
Douglas	Wise	Newark	NJ
Stephen	Wulff	Chicago	IL
Kassi	Ydris	Costa Mesa	CA
John	Young	New York	NY

Thank you again, Mr. President, for this opportunity to help inform the National HIV/AIDS Strategy. We look forward to the great changes that the Strategy will bring and to the day when all people living with HIV will be able to access the care and services needed to achieve the high quality of life they/we deserve. If you have any questions or comments about our recommendations, please feel free to contact David Ernesto Munar at dmunar@aidschicago.org or 312-334-0933.