Everybody CAREs

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The Ryan White CARE Act—the $1.4 billion, five-year federal program first passed in 1990, which funds treatment and care for a half-million HIVers and their families each year—is set to expire this fall, and the debate over its renewal took off with a bang in March in the form of a government audit demanded by House Republicans.

Everyone inside the Beltway has a different spin on what the General Accounting Office report means, but the unadulterated figures themselves show that the CARE Act funds, along with federal monies for housing and HIV prevention, seem to be doing what it's supposed to. The money is reaching HIVers who are generally underserved—women and people of color, the uninsured and the poor. In fact, African Americans, Latinos and women—who collectively make up the bulk of CARE Act clients—are actually being served in higher numbers than their proportions in the AIDS community.

And despite chronic complaints by some watchdogs that AIDS service organization (ASO) heads are overpaid, the report found that salaries for the groups' administrators (averaging $78,000) were "comparable" with what those at the helm of similar nonprofits receive (averaging $74,203). And in most cases, less than 10 percent of the grant money was used for administration.

But reaction to the report varied. Rep. Tom Coburn (R-Okla.)—the MD who has angered many advocates by pushing for mandatory testing and names reporting—was one of the Republicans who requested the audit. He used the new numbers to revive his calls for punitive prevention measures, including partner notification, for which he would appropriate an additional $30 million, spokesperson John Hart said.

Coburn's proposals garnered a strange mix of supporters—the conservative Independent Women's Forum and ACT UP/DC. The Women's Forum endorsed the measures as ways to help women and minorities who are facing rising rates of HIV infection still yet to be reflected in the AIDS caseload. And ACT UP/DC's Wayne Turner praised Coburn as one of the only Congress members willing to listen to the group's complaints about reported instances of salary inflation. "I don't like things like partner notification, but some of these amendments we wrote," Turner said of Coburn's proposal. Turner said changes he supported included randomized annual audits of agencies receiving Ryan White funds, salary caps at big ASOs and a rule that a majority of the CARE Act planning council members who distribute the funds have no links to ASOs.

Fred Dillon, policy director at the San Francisco AIDS Foundation, said the audit's findings on ASO

salaries were a boost against criticism that directors at the top groups are overpaid. “It did very much validate the notion that you have to look at the market and see what other nonprofits are paying their employees,” he said.

A Senate version of the bill is less sweeping than Coburn’s proposals, but includes additional factors to consider so that the needs of underserved regions and groups are taken into account. Jim Manley, a spokesperson for Sen. Edward Kennedy (D-Mass.), a cosponsor of both the current bill and the decade-old original, said little controversy is expected over the reauthorization. The House and Senate are set to work out a compromise and pass the CARE Act, along with other spending bills, before the government’s fiscal year ends on September 30. But if history is any indication, the lawmakers are unlikely to meet that deadline.

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