If Congress Ends Ryan White HIV Services, How Many Americans Will Contract HIV?

As Congress plans to gut the Ryan White HIV/AIDS Program, researchers predict a 49% spike in cases—or 75,000 excess HIV diagnoses—in the next five years.

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As Congress meets this month to work out the details of the nation's 2026 fiscal year budget, Republican lawmakers have proposed gutting nearly $2 billion in funding for HIV programs. This includes completely shuttering the HIV prevention programs at the Centers for Disease Control and Prevention (CDC), dismantling the Ending the HIV Epidemic initiative (which President Trump launched during his first term) and cutting $525 million from the Ryan White HIV/AIDS Program.

HIV activists and community members have been lobbying lawmakers and protesting on the Hill to derail this trajectory and literally save lives. For more details, read "Cuts Kill!—Kill the Cuts!," about the #SaveHIVFunding protest, "USCHA Day One: Scenes From the U.S. Conference on HIV/AIDS" and "Five Takeaways From the 2025 U.S. Conference on HIV/AIDS."

Researchers are also shedding light on the real-world consequences of slashing federal HIV funding. Led by Ryan Forster, PhD, of Johns Hopkins Bloomberg School of Public Health, one team set out to calculate what would happen to the rate of new HIV cases if Ryan White HIV services were slashed. They published their findings this week in the Annals of Internal Medicine in an article titled "The Potential Impact of Ending the Ryan White HIV/AIDS Program on HIV Incidence: A Simulation Study in 31 U.S. Cities."

But first, some background. The Ryan White HIV/AIDS Program provided lifesaving HIV services for 576,000 people in 2023—slightly more than half of all people diagnosed with HIV (the proportions are higher for young people and Black and Latino people with HIV).

Overall, about 1.2 million people are living with HIV in the United States. About 13% of them don't know their status—and it's estimated that these folks are responsible for about 40% of new HIV transmissions.

The Ryan White HIV/AIDS Program launched in 1990 after Congress passed the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It's named after the Indiana teenager with

hemophilia who at age 13 contracted HIV through a blood transfusion in 1984, during the early days of the epidemic. He died in 1990, a month before his high school graduation. Ryan White and his mom, Jeanne White-Ginder, made global headlines as outspoken AIDS advocates after he was kicked out of school and the family was discriminated against because of his HIV status. (His mother gave an inspiring speech last week at the U.S. Conference on HIV/AIDS.)

The Ryan White HIV/AIDS Program is administered by the HIV/AIDS Bureau, a division of the federal Health Resources & Services Administration (HRSA). The Ryan White Program provides low-income people with HIV-related services, such as medical care, medications, support services, training, testing and prevention. The program also provides grants to cities, states, counties and community-based organizations that help provide these services.

Nearly 88% of Ryan White clients were living at or below 250% of the federal poverty level, and over 12% experienced temporary or unstable housing.

The program is widely considered a success. In 2023, a record-breaking 90.6% of Ryan White clients receiving HIV medical care reached viral suppression, compared with 69.5% in 2010.

People with HIV who achieve and maintain viral suppression experience slower disease progression, enjoy better overall health and are less likely to develop opportunistic illnesses. What's more, people with an undetectable viral load don't transmit HIV to others through sex. This is known as treatment as prevention, or Undetectable Equals Untransmittable (U=U).

Given these data points, it should be no surprise that new cases of HIV would be expected to rise if Ryan White funding were gutted. But by how much?

The Johns Hopkins researchers used computer models to make predictions about additional transmissions beyond what would normally be predicted if the program remained operational. Researchers looked at HIV numbers in 31 high-burden U.S. cities. What's more, they created four different scenarios: if Ryan White services remained funded, if they ended in July 2025, if they were interrupted until January 2027 and if they were interrupted until January 2029.

The findings:

"Ending Ryan White services in July 2025 could result in 75,436 additional infections…through 2030," the authors wrote. This would mark a 49% increase.

"Increases ranged from 9% (Riverside, California) to 110% (Baltimore)," they noted. What's more: "Interruptions of 18 and 42 months yielded 19% and 38% more infections, respectively."

"The most powerful form of prevention is making sure we treat people with HIV effectively," said study senior author Todd Fojo, MD, MHS, assistant professor of medicine at Johns Hopkins University School of Medicine, in a press release. "Providing medical treatment for HIV is a public health issue in that it is a lifelong condition. With antiretroviral therapy, people with HIV can expect to live a normal lifespan and do not transmit HIV."

The study authors concluded: “Disrupting Ryan White services could sharply increase HIV incidence, highlighting their critical public health value.”

Now if only someone could pass along this information to the Republicans in Congress.

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