Will Federal HIV Money Reach Communities in Need?

January 21, 2020 By Paul Kawata

As our nation remembers Dr. Martin Luther King, Jr., NMAC stands in solidarity with him when he said, “Of all the forms in inequality, injustice in healthcare is the most shocking and inhumane.” Our fight to end the HIV epidemic is a fight for justice and equality in healthcare for some of the most marginalized people in America.

Now that we have the 2020 federal appropriation and budget line item to end the HIV epidemic, the real work begins. Figuring out how to bring the promise of biomedical HIV prevention to all the communities that are highly impacted by HIV. There is almost $300 million in new funding to figure out that answer. While it is not enough money, it is definitely a good start.

NMAC is very concerned that the money will not get to the communities in greatest need.

Last week the Centers for Disease Control and Prevention announced that they were looking for a new Director for the Division of HIV/AIDS Prevention, in this announcement the CDC noted that this division has nearly 800 employees. While I’ve not done any analysis of the 800 employees, I am very concerned that on its face that number seems excessive, particularly when there is so much need in the field. This is only one division at CDC. There are staff in other CDC divisions that are also supported by HIV funds. Are we building real solutions or just more federal bureaucracy?

If we did a review of the number of HRSA’s Bureau of HIV/AIDS employees, would we see a similar number? What about HUD’s HOPWA program or SAMHSA? Oversight of federal funds is necessary and essential to monitor the programs and expenses. However, the solution to ending the epidemic happens in community. That is where the work force needs to grow and be developed, not Atlanta.

It’s time for transparency. HHS, how many federal employees are supported by federal HIV funds and what is the plan for the new money to end the epidemic? What percentage of those dollars will go to the field? How many more staff will CDC, HRSA, or SAMHSA hire to monitor the new funding? We will never end the epidemic if the money gets stuck in the bureaucracy.

I have similar concerns about some health departments. How many more health department employees will be hired with the new HIV funds? If we are going to reach 500,000 more people living with HIV and get 900,000 more people on PrEP, then vast majority of the funding needs to

support the health infrastructure and services in communities that are hardest hit by HIV.

Dr. Redfield, it's time to do an internal review of CDC's use of HIV funds before one is mandated by Congress. How many employees does it take to monitor and evaluate federal funding versus the staff needed in community to end the epidemic? Your commitment to disruptive innovation needs to start in Atlanta. Do you need all these employees, or would our efforts be better served by building the infrastructure in the communities working to get PLWH back into care and sexually active adults onto PrEP?

NMAC wants to work hand in hand with the federal government to end the HIV epidemic and that means making sure the new funding gets to where it is needed. Maybe you do need 800 employees in one division at CDC. I've not done a review. From the outside it looks excessive, especially when there is so much need in community. Our fight to end the HIV epidemic is a fight for equality and justice in healthcare.

Yours in the struggle,

Paul Kawata

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