

The Honorable Thad Cochran  
Chairman, U.S. Senate Appropriations Committee  
Room S128, The Capitol  
Washington, DC 20510

The Honorable Barbara Mikulski  
Vice Chairwoman, U.S. Senate Appropriations  
Committee  
503 Hart Senate Office Building  
Washington, D.C., 20510

The Honorable Roy Blunt  
Chairman, Labor, Health and Human Services,  
Education, and Related Agencies Subcommittee  
U.S. Senate Appropriations Committee  
260 Russell Senate Office Building  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member, Labor, Health and Human  
Services, Education, and Related Agencies  
Subcommittee  
U.S. Senate Appropriations Committee  
154 Russell Senate Office Building  
Washington, D.C. 20510

July 1, 2015

Dear Chairman Cochran, Vice Chairwoman Mikulski, Senator Blunt, and Senator Murray—

The below 111 organizations write to share our strong opposition to the \$32 million cut to the Division of STD Prevention (DSTDP) at the Centers for Disease Control and Prevention (CDC) contained in the current Senate fiscal year 2016 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill. Particularly in a time of rising rates of sexually transmitted diseases (STDs), this 20 percent funding cut will be devastating to the public health departments that rely on this funding for vital STD surveillance, contact tracing, and STD prevention, and that protect the health of our communities. We ask you restore this devastating cut.

DSTDP is the only federal government agency that directly supports STD prevention by state and local health departments—a vast majority (70 percent) of CDC's STD prevention budget goes to 50 states and nine cities/territories to support STD prevention programs. If a cut of this nature is implemented, it would likely end CDC's ability to fund all state health departments for STD prevention and control. Many states, including Mississippi and Missouri, rely solely on federal funds for their state STD prevention and control efforts, and this cut could result in such states having *no* STD prevention and control efforts.

This proposed funding cut will severely reduce the number of contact tracing staff trained to find and counsel exposed partners for testing and treatment as well as have a grave impact on our domestic HIV epidemic. STDs such as chlamydia, gonorrhea, and syphilis infections increase susceptibility to HIV infection; one study suggests that in 2011 there were approximately 4,500 STD-attributable HIV cases in the U.S., at a cost to our health care system of \$1.37 billion.

Cuts at a time of crisis are not wise. Syphilis increased by an alarming 10 percent last year, on top of an 11 percent increase the year before. These increases are in all populations, leading to additional complications like incidences of syphilis-caused irreversible blindness and congenital syphilis. In fact, the congenital syphilis rate increase last year was the largest in three decades and by reducing the ability of health departments to respond to these epidemics, this number will

continue to grow, leading to an increase in stillbirths and infants with disfiguring and life threatening health ailments.

In addition to birth complications like congenital syphilis, one of the leading complications of untreated STDs is infertility. A cut like this will impact the ability of health departments to reach young women and men at greatest risk of future infertility, adding untold costs to the health care system and hinder the ability of these women and men to have families.

While we are very concerned about the rise of antibiotic resistant gonorrhea, there is no overlap between what is currently funded by DSTDP and the Combating Antibiotic Resistant Bacteria (CARB) initiative. DSTDP funding supports boots on the ground for STD prevention and control, efforts that are not within the scope of CARB. In addition, funding for CARB was never intended to come at the cost of other infectious disease programs and doing so will only hurt the goals of combating antibiotic resistance. In fact, decreasing the capacity of public health STD programs across the country to identify and treat gonorrhea infections (as would occur with this cut) is likely to exacerbate the issue as it relates to gonorrhea, creating an even larger crisis than the one we see on the horizon.

Far from a cut, an analysis done by the National Coalition of STD Directors (NCSDD) found that additional resources for STD programs were needed to prepare for the emerging threat of drug-resistant gonorrhea, respond to the rising rates of syphilis, and other prepare for other outbreaks. Our continued failure to fully fund STD prevention and control efforts is only leading to increased infections.

We urge you to restore these essential funds.

Thank you for your attention to this matter. Please contact Stephanie Arnold Pang, Director of Policy and Communications at the National Coalition of STD Directors, at [sarnold@ncsddc.org](mailto:sarnold@ncsddc.org) or 202-715-3865, for any additional information.

Signed,

Advocates for Youth  
African American Health Alliance (Maryland)  
AIDS Action Committee of Massachusetts (Massachusetts)  
AIDS Alabama (Alabama)  
AIDS Alliance for Women, Infants, Children, Youth & Families  
AIDS Foundation of Chicago (Illinois)  
AIDS Project Los Angeles (California)  
AIDS Project Los Angeles Health & Wellness (California)  
AIDS Research Consortium of Atlanta (Georgia)  
AIDS Resource Center of Wisconsin (Wisconsin)  
AIDS United  
Alabaster (Maryland)  
Alaska Native Tribal Health Consortium (Alaska)  
American Academy of HIV Medicine (AAHIVM)

American Congress of Obstetricians and Gynecologists  
American Medical Student Association  
American Psychological Association  
American School Health Association  
American Sexual Health Association  
American Sexually Transmitted Diseases Association (ASTDA)  
American Society for Clinical Pathology  
American Society for Reproductive Medicine  
Asian & Pacific Islander American Health Forum (California)  
Association of Maternal & Child Health Programs (AMCHP)  
Association of Public Health Laboratories  
Association of State and Territorial Health Officials  
Athlete Ally (New York)  
AVAC (New York)  
Black AIDS Institute (California)  
Caring Ambassadors Program (Oregon)  
Cascade AIDS Project (Oregon)  
Center for Reproductive Rights  
Center for Women Policy Studies  
CenterLink: The Community of LGBT Centers (Florida)  
Cincinnati Exchange Project (Ohio)  
Clearinghouse on Women's Issues  
Commissioned Officers Association of the U.S. Public Health Service, Inc. (COA)  
Community Access National Network (CANN)  
Community Health Outreach Work to Prevent AIDS Project (CHOW Project, Hawaii)  
Community HIV/Hepatitis Advocates of Iowa Network (CHAIN, Iowa)  
Empowerment Resource Center (Georgia)  
Equality Federation (California)  
Family Equality Council  
Fenway Health (Massachusetts)  
Gay Men's Health Crisis (GMHC, New York)  
Georgia AIDS Coalition (Georgia)  
God's Love We Deliver (New York)  
HealthHIV  
Healthy Teen Network  
Hennepin County Public Health Department (Minnesota)  
Hepatitis Education Project (Washington state)  
Hepatitis Foundation International (HFI)  
HIV Dental Alliance (Georgia)  
HIV Medicine Association  
HIV Prevention Justice Alliance  
Howard Brown Health Center (Illinois)  
Human Rights Campaign  
Institute for Science and Human Values, Inc. (ISHV, Florida)  
Iris House (New York)  
Justice Resource Institute (Massachusetts)

Latino Commission on AIDS (New York)  
League of United Latin American Citizens (LULAC)  
Legacy Community Health (Texas)  
Louisiana Latino Health Coalition for HIV/AIDS Awareness (LLHC, Louisiana)  
Marriage Equality USA (New York)  
Minnesota AIDS Project (Minnesota)  
Multicultural AIDS Coalition (Massachusetts)  
Nashville CARES (Tennessee)  
National Alliance of State and Territorial Health Officials (NASTAD)  
National Association of County and City Health Officials  
National Black Gay Men's Advocacy Coalition  
National Center for Lesbian Rights  
National Coalition of STD Directors  
National Council of Jewish Women  
National Family Planning & Reproductive Health Association  
National Female Condom Coalition  
National Foundation for Infectious Diseases  
National Latina Institute for Reproductive Health  
National Latino AIDS Action Network  
National Organization for Women  
National Recreation and Park Association  
National Viral Hepatitis Roundtable  
National Women's Law Center  
Nevada Division of Public and Behavioral Health (Nevada)  
Okaloosa AIDS Support & Informational Services (OASIS, Florida)  
Planned Parenthood Federation of America  
Positive Women's Network-USA-Ohio Chapter (Ohio)  
Pozitively Healthy  
Project Inform (California)  
Racial and Ethnic Health Disparities Coalition (Maryland)  
Rhode Island Public Health Institute (Rhode Island)  
Rural Women's Health Project (Florida)  
Ryan White Medical Providers Coalition  
San Francisco AIDS Foundation (California)  
Sexuality Information and Education Council of the U.S. (SIECUS)  
SisterLove, Inc. (Georgia)  
Southern AIDS Coalition (Alabama)  
Southern HIV/AIDS Strategy Initiative (North Carolina)  
Tennessee Department of Health (Tennessee)  
The AIDS Institute  
The Cave Institute (Maryland)  
The Childhood & Family Learning Foundation (Louisiana)  
The Hepatitis C Mentor and Support Group (New York)  
The Los Angeles LGBT Center (California)  
The National Coalition for LGBT Health  
Treatment Action Group (New York)

Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)  
URGE: Unite for Reproductive & Gender Equity  
Utah Department of Health (Utah)  
VillageCare (New York)  
Women Organized to Respond to Life-threatening Diseases (WORLD, California)