

**Congress of the United States**  
**Washington, DC 20515**

May 10, 2006

The Honorable Michael B. Enzi  
Chairman  
Committee on Health, Education, Labor, and  
Pensions  
United States Senate  
428 Senate Dirksen Office Building  
Washington, DC 20510

The Honorable Edward M. Kennedy  
Ranking Member  
Committee on Health, Education, Labor, and  
Pensions  
United States Senate  
428 Senate Dirksen Office Building  
Washington, DC 20510

The Honorable Joe Barton  
Chairman  
Committee on Energy and Commerce  
United States House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515

The Honorable John D. Dingell  
Ranking Member  
Committee on Energy and Commerce  
United States House of Representatives  
2332 Rayburn House Office Building  
Washington, DC 20515

Dear Chairmen and Ranking Members:

On behalf of the Congressional TriCaucus, we write this letter to emphasize the importance of the Minority AIDS Initiative (MAI) and the importance of integrating the Initiative into Ryan White CARE Act legislation. We appreciate the inclusion of our views in the bipartisan, bicameral Ryan White CARE Act Reauthorization process.

Racial and ethnic minorities account for a disproportionate amount of people living with HIV and AIDS, despite being a small percentage of the total population. While racial and ethnic minorities make up just over 25 percent of the U.S. population, they represent 70 percent of all new AIDS cases, 69 percent of the estimated number of persons living with AIDS, and 69 percent of the estimated new HIV infections annually. Data from the Centers for Disease Control and Prevention reports that African-Americans account for less than 15 percent of the population, but account for 50 percent of the estimated 1.18 million persons living with HIV and AIDS in the United States. Latinos represent about 14 percent of the U.S. population, but account for 20 percent of the total number of new AIDS cases. Among Asian Pacific Islander Americans, AIDS diagnoses increased by 54 percent between 2000 and 2003.

Disparities are even more pronounced among women, particularly racial and ethnic minority women. According to the CDC, women are less likely than men to receive prescriptions for the most effective treatments for HIV infection. Minority women are the hardest hit. African American, Asian Pacific Islander American, Latina, and Native American women represent only 29 percent of the U.S. female population, but account for 84 percent of female AIDS cases. African American women are diagnosed with AIDS at a rate 23 times the rate for white women and 4 times the rate for Latinas.

This unfortunate reality demands targeted resources. Since communities of color account for a disproportionate amount of HIV and AIDS cases, and community-based organizations are responsible for providing a substantial amount of medical and support services to these communities, it is imperative that reauthorization of the CARE Act consider the needs of these organizations and provide resources to expand and improve community-based HIV and AIDS treatment. One very productive ways to legislatively address this disparity is to integrate the MAI into Ryan White CARE Act Reauthorization by making it its own title.

The MAI bridges the gap in HIV service delivery by providing resources to underserved communities—empowering local community-based providers in their efforts to reach high risk populations that may not be able to reached using traditional models. Multiyear funding for community-based organizations designed to develop capacity and infrastructure for the delivery of HIV and AIDS healthcare and support services both in underserved geographic communities and communities with significant minority populations is necessary to address the growing need.

The diversity of people living with HIV and AIDS in terms of race, ethnicity, culture, primary language spoken, English proficiency and educational attainment demands the delivery of culturally competent and linguistically appropriate HIV care and supportive services. Community based service providers with strong ties to a community serve as key entry points for people of color. The MAI provides funds to community-based organizations, research institutions, minority-serving colleges and universities, health care organizations, state and local health departments, and correctional institutions to help these organizations address the HIV/AIDS epidemic within the minority populations they serve. It enables organizations and providers to expand and strengthen their capacity to provide culturally and linguistically appropriate care and services and, as a result, the MAI fills gaps in prevention, treatment, surveillance, infrastructure, outreach and education across communities of color.

While each of our respective caucuses is submitting individual letters outlining our respective communities' priorities as they pertain to the Ryan White CARE Act reauthorization process, we all agree that the Minority AIDS Initiative should be included as a separate title in the Ryan White CARE Act. On behalf of the millions of people of color living with HIV/AIDS we represent, we look forward to working with you to address our concerns about the implications of changes to the Ryan White CARE Act for communities of color and all communities across our nation.

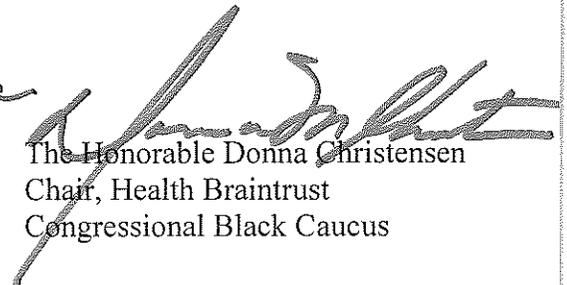
Sincerely,



The Honorable Hilda L. Solis  
Chair, Health Task Force  
Congressional Hispanic  
Caucus



The Honorable Michael Honda  
Chair, Congressional  
Asian Pacific American  
Caucus



The Honorable Donna Christensen  
Chair, Health Braintrust  
Congressional Black Caucus