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adapadvocacy.org

March 19, 2025

The Honorable Thom Tillis
U.S. Senator
113 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Hudson
U.S. Representative
2112 Rayburn HOB
Washington, DC 20515

The Honorable Chuck Edwards
U.S. Representative
1505 Longworth HOB
Washington, DC 20515

The Honorable Ted Budd
U.S. Senator
B85 Russell Senate Office Building
Washington, DC 20510

The Honorable Virginia Foxx
U.S. Representative
2462 Rayburn HOB
Washington, DC 20515

The Honorable Don Davis
U.S. Representative
1123 Longworth HOB
Washington, DC 20515

Senators Tillis and Budd & Representatives Hudson, Foxx, Edwards and Davis,

We write to you today as a North Carolina-based nonprofit organization with a national focus. We are deeply concerned about credible reporting from the *Wall Street Journal* of imminent plans to "reorganize" certain programs within the Centers for Disease Control and Prevention (CDC). In particular, the reporting and sources state plans exist to "eliminate" HIV prevention programs and the associated funding for these programs. This change will adversely impact our great state.

North Carolina, much like other states in the Southern region of the country, is disproportionately impacted by HIV. According to the North Carolina Department of Health, as of December 31, 2022, there are 36,581 of our fellow residents living with HIV, including 1,366 people newly diagnosed with HIV (15.3 per 100,000 adult and adolescent population 13 and older). There were two perinatal (mother-to-child) HIV transmissions documented in 2022. Black/African Americans represented a majority (56.7%) of all adults/adolescents newly diagnosed with HIV (41.0 per 100,000).

North Carolina's effort to address HIV is nearly exclusively funded by the federal government. These dollars, such as approximately \$42.7M appropriated for the State AIDS Drug Assistance Program (ADAP), as well as prevention programs funded by President Trump's own Ending the HIV Epidemic initiative (EHE, announced in 2019), including a focus on Mecklenburg County. To achieve EHE targets, North Carolina must reduce new diagnoses to, at most, 129 cases (1.5 cases/100k) annually by 2030.

HIV Prevention programs support activities across other areas of infectious disease monitoring, prevention, and treatment, including STI, Viral Hepatitis, Tuberculosis, and Substance Use programs. Prevention programs further support treatment programs with testing, screening activities, and linkage to care upon reactive tests. The economic impact of these programs can be measured in more jobs, more clinics, healthier families, and more productive employees.

Conversely, cutting these programs and their associated funding will be measured in terms beyond economic loss. It would be measured in the human toll, the harm to our communities, untreated illness, late diagnoses, families torn apart, and lives lost.

We respectfully urge you to discuss these concerns with the White House, DOGE officers, U.S. Department of Health and Human Services program administrators, and CDC program administrators. Restoring trust in the CDC and in public health, in general, cannot begin with a resounding abandonment of some of our most crucial programs at the cost of our communities' health.

Regards,



Brandon M. Macsata
CEO

About the ADAP Advocacy Association: ADAP Advocacy promotes and enhances the AIDS Drug Assistance Programs (ADAPs) and works to improve access to care for persons living with HIV/AIDS. ADAP Advocacy works with advocates, community, health care, government, patients, pharmaceutical companies and other stakeholders to raise awareness, offer patient educational programs, and foster greater community collaboration.