

July 15, 2011
President Barack Obama
The White House
1600 Pennsylvania Avenue NW
Washington D.C. 20500

Dear Mr. President:

We write on behalf of the Infectious Diseases Society of America (IDSA) and HIV Medicine Association (HIVMA) to express our position regarding the current deficit reduction negotiations under way and to urge you to protect investments critical to our nation's health. IDSA and HIVMA represent more than 9,300 physicians, scientists and other health care professionals devoted to patient care, prevention, public health, education, and research in the infectious diseases (ID) area. Collectively, our members care for patients of all ages with serious infections, including meningitis, pneumonia, HIV/AIDS, tuberculosis (TB), antibiotic-resistant bacterial infections such as methicillin-resistant *Staphylococcus aureus* (MRSA) and drug-resistant gram-negative bacterial infections, and emerging infections like the 2009 H1N1 influenza virus. Our members also are deeply engaged in research and programmatic activities to respond to infectious diseases globally through U.S. funded efforts in HIV, tuberculosis and the range of other infectious disease challenges.

We urge you to apply the following principles as you develop strategies for reducing the budget deficit to ensure that our nation's public health and health care system are protected and strengthened.

Principle # 1: Support an equitable and balanced approach to deficit reduction that incorporates reductions in federal spending as well as revenue generation and does not disproportionately rely on non-security discretionary spending cuts.

Principle # 2: Do not impose rigid spending caps that force across-the-board cuts that eliminate the opportunity to consider priorities.

Principle # 3: Programs protecting public health, biomedical research, and vulnerable populations should be considered of "last resort" when spending cuts are being evaluated.

Our leaders understand the need to get the nation's fiscal health in order. We also know that investments in ID research and public health efforts; new drugs, vaccines and diagnostics; and the provision of high quality health care can dramatically reduce health care costs in addition to saving countless lives and improving the quality of life for millions of Americans and people worldwide. Investments today pay significant future dividends by preventing new infections, avoiding costly treatment interventions such as unnecessary hospitalizations and readmissions, and preventing permanent disabilities and deaths.

Investments in research and public health also create jobs. Dr. Francis Collins, Director of the National Institutes of Health (NIH), has reported that every NIH grant creates, on average, seven jobs. In addition, budget cuts result in job losses. According to a recent study by the National Association of City and County Health Officials, local health departments eliminated 29,000 jobs

between 2008 and 2010—19 percent of the 2008 local health department workforce. Neither our nation's fiscal nor public health can afford substantial reductions in the important ID and HIV efforts underway at the NIH, Centers for Disease Control and Prevention, Health Resources and Services Administrations and/or the global health programs at the U.S. State Department.

Spending cuts cannot be the sole solution to the budget deficit. Non-security discretionary spending represents less than half of all discretionary spending, and just one-fifth of all federal spending. Indeed, cuts to non-security discretionary spending alone will not bring the federal budget into balance. Furthermore, such spending supports key national and global priorities, including antimicrobial resistance and HIV/AIDS research and surveillance, immunization programs, and bioterrorism and pandemic preparedness efforts. Significant cuts to critical programs will severely hamper our nation's ability to prevent and respond to current, new and emerging life-threatening infectious threats.

Moreover, adopting rigid spending caps that would force automatic cuts in discretionary spending will seriously impair policy-makers' ability to evaluate and set priorities and respond to emerging and urgent ID needs. For example, as the antibiotic pipeline continues to dwindle, and increasing numbers of antimicrobial-resistant infections emerge, federal policy makers must have the flexibility to assess these growing threats and appropriately invest in detection and control efforts, research, and the development of new drugs, vaccines and related diagnostic tests.

We appreciate the need to hold down future Medicare and Medicaid expenditures. We think the focus of this effort needs to be on developing innovative strategies to promote quality and avoid unnecessary expenditures. Cutbacks to eligibility, benefits, and provider reimbursement rates should be avoided, as these policies only will make it harder for vulnerable populations to access lifesaving, cost-effective care, such as HIV treatment.

As you undertake the serious and challenging task of evaluating the nation's funding and revenue priorities, we urge you to protect investments in public health, biomedical research and health services for all populations, especially those most vulnerable.

IDSAs and HIVMAs look forward to working with you on smart investments in the prevention, diagnosis and treatment of life-threatening infectious diseases.

Sincerely,

James M. Hughes, MD, FIDSA and Kathleen E. Squires, MD IDSA President HIVMA Chair