

December 21, 2017

The Honorable Secretary of State Rex W. Tillerson
U.S. Department of State
2201 C Street, N.W.
Washington, D.C. 20520

The Honorable Eric Hargan
Acting Secretary of the Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Tillerson and Acting Secretary Hargan:

On December 15th, it was reported that the Centers for Disease Control and Prevention (CDC) had “banned” seven words, “vulnerable,” “entitlement,” “diversity,” “transgender,” “fetus,” “evidence-based” and “science-based,” for use in the FY 2019 CDC budget justification. Later news reports state that other Department of Health and Human Services (HHS) agencies have also received guidance to refrain from using these words. The same report notes that the State Department has already changed language, changing “sex education” to “sexual risk avoidance.” It is noted that staff at HHS agencies have stated that they relied on a document from the Office of Management and Budget (OMB) detailing guidance for the FY 2019 budget although an HHS Department spokesman later said the guidance came from HHS, not OMB.

Following the controversy, CDC Director Brenda Fitzgerald has stated that “there are no banned words at CDC.” HHS also said that they had not banned words and that they strongly encourage the use of evidence and data.

The undersigned organizations are writing to inform you that, in our view, erasure of these words is unacceptable. Doing so has the potential to negatively impact the health and well-being of people in the United States and throughout the world, including people living with and vulnerable to HIV, viral hepatitis and other STDs.

It is now well-known that we have the potential to end the HIV epidemic by helping people living with HIV know their status, linking them to care and providing anti-retroviral medications and support to help them reach an undetectable viral load. Once that undetectable level is reached and sustained for at least six months, a person becomes virally suppressed and is thus unable to transmit HIV to others. If enough people become undetectable, we can end the epidemic both in the United States and eventually, worldwide. This is further supported by the CDC’s recent adoption of this model as a key step forward in helping eradicate HIV.

However, to even begin to end the epidemic we must be able to reach people who are most vulnerable to this disease, and those least able to access medications (frequently the same populations). We cannot do so if we cannot find them, appropriately engage them, or effectively provide them the means to achieve an undetectable viral level. The precise language that HHS acknowledges has been discussed,

is the language that allows the scientific and activist community to reach people. This is true not only for HIV but also viral hepatitis and STDs, diseases which are currently soaring in the United States. We must be able to discuss how to best address these epidemics without censorship.

We are also concerned that attempting to make substitutions for the terms “science-based” evidence-based” is potentially dangerous. In fact, the failure to accurately discuss HIV at the beginning of the epidemic, which included a reluctance to even use the term, “AIDS”, at the time resulted in inaction and the loss of tens of thousands of lives. We must insist on the use of science and evidence as the strongest standard for taking action. It is a false dichotomy to try to pit community sentiments in opposition to science, particularly during outbreaks of deadly disease. We agree that community concerns must be addressed but most importantly, communities must be apprised of the science and helped to understand the importance of a scientific and evidence-based response. To do otherwise is to create danger and risk to the very communities the government seeks to protect.

The transgender community as well as many communities that may be considered vulnerable or under the banner of diversity are at elevated risk for HIV, viral hepatitis and STDs, not to mention AIDS diagnosis and AIDS-related death. All agencies in the government including HHS and the State Department must be able to respond appropriately to the needs of transgender people and other vulnerable groups with fairness and respect. They are entitled to dignity and affirming care, like everyone else. The health of all marginalized and minority communities must be prioritized by this Administration and the U.S. government.

Sincerely,

ACT UP/Cleveland
African American Health Alliance
AIDS Action Baltimore
AIDS Alabama
AIDS Connecticut, Inc.
AIDS Foundation of Chicago
AIDS United
American Academy of HIV Medicine
APLA Health
Association of Nurses in AIDS Care
Bailey House, Inc.
Black AIDS Institute
Black Women's Health Imperative
BOOM!Health
Broken No More
Callen-Lorde Community Health Center
CARES
Cascade AIDS Project
Center for Black Equity
Center for Sexuality and Health Disparities
CenterLink: The Community of LGBT Centers

Chicago House and Social Service Agency
Chicago Women's AIDS Project
Cincinnati Exchange Project
Citizen Action Illinois
Colorado Organizations and Individuals Responding to HIV/AIDS (CORA)
Comer Family Foundation
Communities united
CrescentCare
Cutysopharmacu
Dab the AIDS Bear Project
DC Fights Back!!
Delaware HIV Consortium
Desert AIDS Project
Desiree Alliance
Duke Law Health Justice Clinic
Empower U Community Health Center
Equality North Carolina
Equitas Health
Esperanza Health Centers
Fenway Health
FORGE, Inc.
Frannie Peabody Center
Fresno Needle Exchange Program
Georgetown Medical Aids Advocacy Network
GLAAD
GLMA: Health Professionals Advancing LGBT Equality
GMHC
God's Love We Deliver
Greater Hartford Harm Reduction Coalition Inc.
Harm Reduction Action Center
Harm Reduction Coalition
HealthHIV
Heartland Alliance for Human Needs & Human Rights
Hispanic Health Network
HIV AIDS Alliance of Michigan
HIV Medicine Association
HIV Modernization Movement-Indiana
HIV Prevention Justice Alliance
HIVE
Human Rights Campaign
Hyacinth AIDS Foundation
IL ASAP
Illinois Collaboration on Youth
Illinois Public Health Association

In Our Own Voice: National Black Women's Reproductive Justice Agenda

Independent

Indivisible Illinois

Intercambios Puerto Rico

International Foundation for Alternative Research in AIDS

Jacobs Institute of Women's Health

John Snow, Inc. (JSI)

JWCH Institute Inc.

Lambda Legal

Lancaster Harm Reduction Project, Inc.

Latino Commission on AIDS

Latinos in the Deep South

Legacy Community Health

Legal Council for Health Justice

LinQ For Life Incorporated

Los Angeles LGBT Center.

Los Angeles Women's HIV/ AIDS Task Force

Michael Reese Research and Education Foundation

Michigan Coalition for HIV Health and Safety

Minnesota AIDS Project

MyFabulousDisease.com

Nashville CARES

NASTAD

National Asian Pacific American Women's Forum (NAPAWF)

National Black Gay Men's Advocacy Coalition

National Black Justice Coalition

National Center for Lesbian Rights

National Coalition for LGBT Health

National Coalition of STD Directors

National Council of Jewish Women

National Equality Action Team (NEAT)

National Female Condom Coalition

National Health Coalition

National LGBTQ Task Force

National Viral Hepatitis Roundtable

New Voices for Reproductive Justice

NMAC

North Carolina AIDS Action Network

North Carolina Harm Reduction Coalition

Northern Nevada HOPES

Oasis, Latino LGBTS Wellness Center

Open Aid Alliance

Open Door Clinic of Greater Elgin

People For the American Way

Physicians for Reproductive Health
PleasePrEPMe
Point Defiance Aids Projects (PDAP)/Tacoma Needle Exchange (TNE)
Population Institute
Positive Women's Network - USA
Power to Decide
Presbyterian AIDS Network (PAN) PHEWA, Presbyterian Church, USA
Prevention Access Campaign
Prevention Point Pittsburgh
Prism Health
Project Inform
Project Vida
Provident Hektoen HIV program
PT Foundation
Racial and Ethnic Health Disparities Coalition
Rad Care
Reading Risk Reduction
Reframe Health and Justice
Rep. Greg Harris
Ribbon Consulting Group
RiseUpToHIV, Inc
Ryan White Medical Providers Coalition
Safe Space Ally Center
San Francisco AIDS Foundation
San Francisco AIDS Foundation
SAn Francisco Drug Users Union
San Patten and Associates, Inc.
Santa Fe Community Services
Sexuality Information and Education Council of the United States (SIECUS)
Silver Creek Strategies
Southern HIV/AIDS Strategy Initiative (SASI)
St. Ann's Corner of Harm Reduction
Street Outreach Services
T. Stephen Jones Public Health Consulting
Test Positive Aware Network
The AIDS Institute
The Public Health Consulting Group, LLC
The Sargent Shriver National Center on Poverty Law
The Trevor Project
The Body
Thresholds
Thrive Alabama
THRIVE SS Inc.
Transgender Law Center

Treatment Action Group
Treatment Education Network
Trystereo/New Orleans Harm Reduction Network
UCHAPS
Unity Fellowship Church
Universal Condom Workgroup L.A.
University of Illinois at Chicago
University of Michigan School of Public Health
Urban Survivors Union
Volunteers of America Mid-States
Wellness AIDS Services, Inc.
Whitman-Walker Health