

May 2, 2011

The Honorable Scott Brown  
United States Senate  
2400 JFK Federal Building  
15 New Sudbury Street  
Boston, MA 02203

Dear Senator Brown,

As medical, nursing and public health professionals in Massachusetts, we urge you to support sustained and increased funding for life-saving, cost-effective global health programs.

Under both Republican and Democratic administrations, the U.S. government has joined other nations to embrace visionary efforts to reduce global health inequities. Since the turn of the century, America has been a leader in these efforts, which aim to reduce deaths in children less than five years of age by two-thirds, lower the maternal mortality rate by 75 percent, and reverse the epidemics of HIV/AIDS, tuberculosis and malaria.

As a result of U.S. leadership on global health, undertaken under presidents from both political parties, the world's most vulnerable families and communities are reaping extraordinary health dividends. With America at the forefront of the global AIDS response, the number of AIDS deaths has declined by 24 percent over the last decade, while the number of new HIV infections has fallen by a comparable amount.<sup>1</sup> In part due to America's considerable investments in malaria control, global production of insecticide-treated bed nets has risen five-fold since 2004, and the number of households regularly using bed nets for malaria prevention has increased more than 40-fold in some African countries.<sup>2</sup> U.S. support has also proved vital to achieving recent improvements in TB case detection and treatment rates and reductions in overall global TB burden, accomplishments that have effectively halted what was only recently out-of-control growth in new TB cases.<sup>3</sup>

U.S. leadership has been especially critical in promoting the health and well being of women and children. Since 1990, the childhood mortality rate has fallen by nearly 30 percent.<sup>4</sup> With the U.S. in the vanguard of global efforts to prevent mother-to-child HIV transmission, the number of infants newly infected with HIV fell by 24 percent from 2004 to 2009.<sup>2</sup> Due in part to U.S. support for health systems strengthening in low-income countries, the number of maternal deaths decreased by 34 percent from 1990 to 2008, even as the population of reproductive-aged women increased.

In short, the world is within reach of achieving one of the most important of all global goals – sharply reducing health inequities. Yet recent gains are exceedingly fragile, and the drastic cuts in global health funding that have been proposed place the advances of the last two decades in grave peril.

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<sup>1</sup> UNAIDS (2010). Global report on the AIDS epidemic.

<sup>2</sup> Roll Back Malaria (2010). World Malaria Day 2010: Africa Update.

<http://www.rollbackmalaria.org/ProgressImpactSeries/docs/wmd2010report-en.pdf>.

<sup>3</sup> WHO (2010). Global Tuberculosis Control 2010.

[http://whqlibdoc.who.int/publications/2010/9789241564069\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241564069_eng.pdf)

<sup>4</sup> You D et al. (2010). Levels and trends in under-five mortality, 1990-2008. *Lancet* 375:100-103.

Although the need for fiscal restraint has placed policymakers in a difficult position, proposed cuts in global health programs would contribute little to deficit reduction.<sup>5</sup> International Affairs<sup>6</sup> constitutes only about **one percent** of the federal budget<sup>7</sup>, with health assistance representing only a fraction of the larger account for foreign assistance. These eminently affordable investments are humanitarian, diplomatic, and economically sound, as they enable people to continue working and reduce the likelihood of disease transmission, thereby averting substantial future health care costs.

If the Senate fails to sustain or increase global health funding in fiscal year 2012, this will have a devastating impact on health outcomes for years to come:

- Interrupting the dosage of HIV drugs could allow the virus to develop resistance. If this happened for large numbers of patients currently taking medication, this could affect thousands of patients – and could result in their sexual partners becoming newly infected with resistant virus.
- Reducing critical U.S. support for vaccinations will mean a sharp spike in children’s deaths from more than a dozen preventable illnesses – and the resurgence of polio, which is closer to eradication than at any other point in history.
- Reducing U.S. bilateral assistance and support for the Global Fund will also damage efforts to stem the spread of tuberculosis, resulting in more multi-drug resistant TB cases and increasing the death toll among people living with HIV, for whom TB is the already the leading cause of death.
- Undermining family planning programs compromises HIV prevention, while contributing to greater maternal mortality and threats to child health.
- Cuts in U.S. support to vital health surveillance programs in developing countries could permit the outbreak of an epidemic like SARS or bird flu – which could cross national boundaries with little time to prepare.
- Failing to meet our global health commitments could irreparably undermine the trust of other countries. In sub-Saharan Africa – where economic growth rates are much higher than in advanced economies, and where U.S. investment in health has paid considerable foreign policy dividends – these economies are future consumers of U.S. goods and services. Health support for these countries is not only the right thing to do; it makes good economic sense for the U.S.

Cuts to global health funding would mean lives lost, greater suffering, and damaged relationships with governments around the world.

We urge you to stand firm for the world’s most vulnerable and support sustained and strengthened investments in global health.

Sincerely,

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<sup>5</sup> (<http://www.foreignassistance.gov/AboutTheData.aspx>)

<sup>6</sup> (<http://www.state.gov/s/d/rm/c6112.htm>)

<sup>7</sup> Policy Basics: Where Do Our Federal Tax Dollars Go?, Center on Budget and Policy Priorities (<http://www.cbpp.org/cms/index.cfm?fa=view&id=1258>)

Carolina Abuelo, MD, HIV Clinical Fellow, Brown University, Brookline, MA

Marylyn M. Addo, MD, PhD, Assistant Professor in Medicine, Ragon Institute of MGH, MIT and Harvard, MGH Division of Infectious Diseases, Harvard Medical School, Boston, MA

Jason R. Andrews, Physician, Research Fellow, Massachusetts General Hospital, Harvard Medical School, Boston, MA

Mohammed Asmal, Attending Physician, Brigham and Women's Hospital, Boston, MA

Kirsten Austad, Student, Class of 2013, Harvard Medical School, Boston, MA

Meghan Baker, MD, Massachusetts General Hospital, Boston, MA

Donna Barry, Advocacy and Policy Director, Partners in Health, Cambridge, MA

Miriam Baron Barshak, Associate Physician, Brigham and Women's Hospital, Harvard Medical School, Boston, MA

Nesli Basgoz, MD, Infectious Disease Division, Massachusetts General Hospital Harvard Medical School, Boston, MA

Ingrid V. Bassett, MD, MPH, Assistant Professor Medicine, Massachusetts General Hospital, Boston, MA

Mercedes Becerra, Assistant Professor, Department of Global Health and Social Medicine, Harvard Medical School, Boston, MA

Jay Bhatt, DO, MPH, Resident Physician Clinical Fellow in Medicine, Cambridge Health Alliance, Harvard Medical School, Harvard Kennedy School, Cambridge, MA

Stephen B. Calderwood, Morton N Swartz Professor of Medicine, Chief, Division of Infectious Disease, Massachusetts General Hospital, Boston, MA

Richelle Charles, Instructor, Massachusetts General Hospital, Boston, MA

Silvia Chiang, MD, Resident in Pediatrics, Children's Hospital Boston Medical Center, Boston, MA

Stephanie Chu, MD, Graduate of Boston University School of Medicine, Boston, MA

Andrea Ciaranello, Physician, Massachusetts General Hospital, Harvard Medical School, Boston, MA

Mardge Cohen, Medical Director, WE-ACTx, Boston Health Care for the Homeless Program, Boston, MA

Stefan Collinet-Adler, MD, Tufts Medical Center, Boston, MA

Lisa A. Cosimi, MD, Associate Physician, Brigham and Women's Hospital, Boston, MA

Deborah Cotton, MD, MPH, Professor of Medicine, Boston University School of Medicine, Boston, MA

Chris Curry, MD, PhD, Boston Medical Center, Boston, MA

Susan Cu-Uvin, Director, Global Health Initiative, Brown University, Sharon, MA

Isabelle D'Arcy, Group Leader, Amherst Chapter RESULTS, Amherst, MA

Benjamin T. Davis, MD, Assistant Professor of Medicine, Harvard Medical School, Massachusetts General Hospital, Boston, MA

Sheila Davis, Global Nursing Coordinator, Adult Nurse Practitioner, Partners In Health, Massachusetts General Hospital, Boston, MA

Joanne Delaney, RN, BSN Clinical Research Coordinator AIDS Clinical Trials Group, Brigham and Women's Hospital, Boston, MA

Charles DeWan, RN, ACRN, Brigham and Women's Hospital, Boston, MA

Katherine Dickman, MD, Boston Medical Center, Boston, MA

Krista L. Dong, MD, Assistant in Medicine, Massachusetts General Hospital Harvard Medical School, Boston, MA

Leah Evans, Medical Student, Boston University School of Medicine, Boston, MA

Angela Ferrari, Certified Nurse Midwife, Massachusetts General Hospital, Boston, MA

Kate Fitzgerald, Associate Professor of Medicine, University of Massachusetts Medical School, Worcester, MA

Brianne Fitzgerald, NP, New England AIDS ETC, Dorchester, MA

Linda C. Foote, PhD, Infection Control and Travel Medicine Program Manager, Harvard Vanguard Medical Associates, Somerville, MA

Karen E. Friedman, Family Nurse Practitioner, Boston Healthcare for the Homeless Program, Cambridge, MA

Jeffrey A. Gelfand, MD, Physician, Clinical Professor of Medicine, Massachusetts General Hospital, Harvard Medical School, Boston, MA

Erin George, Student Nurse-Midwife, Yale University, Boston, MA

Marcia B. Goldberg, MD, MSc, Massachusetts General Hospital Harvard Medical School, Boston, MA

Jeffrey K. Griffiths, MD, MPH, TM, Associate Professor of Public Health and Community Medicine, Tufts University School of Medicine, Boston, MA

J. Christian Hague, Evaluation and Impact Writer, Partners in Health, Cambridge, MA

Davidson H. Hamer, MD, Professor of International Health and Medicine, Boston University Schools of Public Health and Medicine, Center for Global Health and Development, Boston, MA

Howard Heller, MD, Chief of Medicine, MIT Medical Department, Cambridge, MA

Martin S. Hirsch, Professor of Medicine, Harvard University and Massachusetts General Hospital, Boston, MA

Cyrus C. Hopkins, Medical Director, Center for Quality and Safety, Massachusetts General Hospital, Boston, MA

C. Robert Horsburgh, Jr., MD, Professor of Epidemiology, Biostatistics and Medicine, Boston University School of Public Health, Boston, MA

James Hudspeth, MD, Internal Medicine, Brigham and Women's Hospital, Boston, MA

Rocio Hurtado, MD, Director, Mycobacterial Program Infectious Disease Unit, Massachusetts General Hospital, Harvard Medical School, Boston, MA

George A. Jacoby, MD, Associate Professor of Medicine Harvard Medical School, Lahey Clinic, Burlington, MA

Laura Janneck, MD, MPH, Emergency Medicine Resident, Brigham and Women's Hospital, Boston, MA

Leilani Johnson, MPH, Public Health Advocate, Boston, MA

R. Paul Johnson, MD, Associate Professor of Medicine, Harvard Medical School, Boston, MA

Adolf W. Karchmer, MD, Professor of Medicine, Harvard Medical School, Beth Israel Deaconess Medical Center, Boston, MA

Anne G. Kasmar, MD, MSc, Massachusetts General Hospital, Harvard Medical School, Boston, MA

Elizabeth Kass, MD, Fenway Community Health Center, Beth Israel Deaconess Medical Center, Boston, MA

Cheryl Keenan, RN, BC, Brigham and Women's Hospital, Boston, MA

Salmaan Keshavjee, Director, Program in Infectious Disease and Social Change, Department of Global Health and Social Medicine, Harvard Medical School, Boston, MA

Simeon Kimmel, Medical Student, Harvard Medical School, Boston, MA

Julia Koehler, MD, Assistant Professor of Pediatrics, Harvard Medical School Children's Hospital, Boston, MA

Daniel R. Kuritzkes, MD, FIDSA, Professor of Medicine, Director AIDS Research, Harvard University School of Medicine, Brigham and Women's Hospital, Boston, MA

Katherine P. Lemon, MD, PhD, Instructor in Pediatrics, Division of Infectious Diseases, Children's Hospital Boston and Harvard Medical School, Boston, MA

Alyssa R. Letourneau, MD, Massachusetts General Hospital & Brigham and Women's Hospital, Boston, MA

Julie Levison, Associate Physician, Brigham and Women's Hospital, Boston, MA

Stuart Levitz, MD, Professor of Medicine, University of Massachusetts Medical School, Worcester, MA

Jonathan Li, MD, Brigham and Women's Hospital Harvard Medical School, Boston, MA

Nina Lin, Instructor in Medicine, HMS, Massachusetts General Hospital, Boston, MA

Charles Liu, Pre-Medical Student, Harvard College, Harvard Medical School, Cambridge, MA

Shahin Lockman, MD, Harvard Medical School, Brigham and Women's Hospital, Boston, MA

Phyllis Losikoff, MD, MPH, Brown University, Sharon, MA

Hema Magge, MD, Boston Medical Center, Boston, MA

Sheela Maru, MD, Boston Medical Center, Boston, MA

Kenneth H. Mayer, MD, FIDSA, Medical Research Director, Fenway Community Health, Boston, MA

Robert McCormick, Member, Board of Health, Shutesbury, MA

Barbara McGovern, Associate Professor of Medicine, Tufts University School of Medicine, Boston, MA

Nasim G. Memon, M.Sc., American Cancer Society, Cambridge, MA

Monty Montano, Faculty, Boston University, Boston, MA

Stephen Morris, MD, MPH, Attending Emergency Physician and International Emergency Medicine Fellow, Brigham and Women's Hospital, Boston, MA

Michelle Morse, MD, Physicians for Haiti, Boston, MA

Lawrence I. Mortin, PhD, Senior Scientist II, In Vivo Pharmacology, Cubist Pharmaceuticals, Inc., Lexington, MA

Joia S. Mukherjee, MD, MPH, Associate Professor Medical Director, Harvard Medical School, Partners in Health, Boston, MA

Terrence Murphy, MD, Caritas St. Elizabeth's Medical Center, Boston, MA

Sandra Nelson, MD, Assistant Physician, Infectious Diseases, Massachusetts General Hospital, Boston, MA

Thomas F. O'Brien, MD, World Health Organization Collaborating Centre for Surveillance of Antimicrobial Resistance at Brigham and Women's Hospital, Boston, MA

Catherine O'Connor, MSN, ACRN, Northeastern University School of Nursing, Health Innovations, Milton, MA

Lawrence Paoletti, PhD, Associate Professor of Medicine, Brigham and Women's Hospital, Boston, MA

Parveen Parmar, MD, MPH, Attending Emergency Physician, Brigham and Women's Hospital, Boston, MA

Teresa C. Pecoraro, MPH, Project Coordinator, Infectious Disease and Infection Control, Harvard Vanguard Medical Associates, Boston, MA

Florencia Pereyra, MD, Brigham and Women's Hospital, Boston, MA

Georges Peter, MD, Professor Emeritus of Pediatrics, Warren Alpert Medical School of Brown University, Brookline, MA

Mai Tuyet Pho, MD, MPH, Infectious Disease Fellow, Beth Israel Deaconess Medical Center, Boston, MA

Rebecca Plank, MD, Brigham and Women's Hospital, Jamaica Plains, MA

Nira Pollock, MD, PhD, Beth Israel Deaconess Medical Center, Boston, MA

Rishi Rattan, House Staff, Department of Surgery Tufts Medical Center, Boston, MA

Catherine Ricciardi, RN, Nurse Manger MIT Clinical Research Center, Massachusetts Institute of Technology, Cambridge, MA

Jennifer Riley, Partners In Health, Cambridge, MA

Noah Rindos, MD, Boston Medical Center, Boston, MA

Gregory Robbins, MD, Massachusetts General Hospital, Boston, MA

Sean Rollins, MD, Instructor of Medicine, Harvard Medical School, Rowley, MA

Iyah Romm, Medical Student, Boston University School of Medicine, Boston, MA

Alan Rothman, MD, Research Professor, University of Rhode Island, Framingham, MA

Edward T. Ryan, MD, Physician, Massachusetts General Hospital, Boston, MA

Shiva Saboori, MD, Family Physician, HIV Specialist, Co-Director HIV Program, Greater Lawrence Family Health Center, Lawrence, MA

Zadok Sacks, MD, Resident Physician, Brigham and Women's Hospital, Boston, MA

Paul Sax, Clinical Director, Division of Infectious Diseases, Brigham and Women's Hospital, Harvard Medical School, Boston, MA

David Schiff, Medical Student, Boston University School of Medicine, Boston, MA

Abigail Schiff, Pre-Med Student, Harvard College, Cambridge, MA

Jill Schiff, MD, Internist, Beth Israel Deaconess Medical Center, Boston, MA

Roger L. Shapiro, MD, MPH, Associate Professor of Medicine, Harvard Medical School, Boston, MA

Christopher Shaw, Nurse, MGH ID Clinic, Boston, MA

Mark Siedner, MD, MPH, Fellow in Infectious Disease, Brigham and Women's Hospital Harvard University, Boston, MA

Rinn Song, MD, Harvard Medical School, Boston, MA

Brittney Sullivan, Pediatric Nurse Practitioner, University of Massachusetts Memorial Medical Center, Boston, MA

Maggie Sullivan, Family Nurse Practitioner, Boston Health Care for the Homeless Partners in Health, Boston, MA

Demian Szyld, MD, Ed.M., Attending Emergency Physician and Simulation Education Fellow, Brigham and Women's Hospital, Boston, MA

William Theisen, RN, Staff Nurse, Division of Infectious Diseases Brigham and Women's Hospital, Boston, MA

Sylvia Thompson, MD, MPH, Massachusetts General Hospital for Children, Pediatrics Resident, Boston, MA

Marguerite Thorp, Pre-medical student, Harvard Global Health & AIDS Coalition, Cambridge, MA

Gary Tratt, MD, President, Cape Cod Hospital, Hyannis, MA

Joseph D. Tucker, Associate, Harvard Asia Center, Cambridge, MA

Jatin M. Vyas, MD, PhD, Assistant Professor in Medicine, Massachusetts General Hospital, Harvard Medical School, Boston, MA

Barbara Waldorf, RN, BSN, MPH, Boston University School of Public Health, Boston, MA

Rochelle P. Walensky, Associate Professor of Medicine, Harvard Medical School Massachusetts General Hospital, Brigham and Women's Hospital, Boston, MA

Stephen Walsh, MD, Physician, Harvard Medical School, Boston, MA

Honorine Ward, MD, Professor, Tufts Medical Center, Boston, MA

Alyssa Yamamoto, Student, Harvard College, Cambridge, MA

Kimon C. Zachary, MD, Assistant Professor of Medicine, Harvard Medical School and Massachusetts General Hospital, Boston, MA