

April 17, 2013

Dear Member of Congress:

As organizations working to end health inequity and disparities, we are writing to express our concern about two types of budget cuts that threaten services to populations with unequal access to high quality health care. *First*, several health care programs that are funded annually face destructive reductions due to sequestration taking effect, already very low budget caps, and demands for further cuts when the continuing resolution expires. These discretionary cuts are taking a particularly heavy toll on the health of communities of color and other vulnerable groups. *Second*, many lawmakers have proposed eviscerating cuts to mandatory health care safety net programs that serve as an irreplaceable lifeline for millions of Americans who have nowhere else to turn to get the care they need.

People of color and other medically underserved populations face barriers to obtaining quality care. These populations are more likely to suffer from chronic conditions, lack insurance, and remain untreated for conditions that will continue to deteriorate without attention. In addition to excess morbidity and mortality, health disparities impose a significant burden on the economy, costing the U.S. billions of dollars annually in direct health care spending and lost productivity. Rather than cutting vital services, Congress should invest in programs to end health disparities and improve our nation's health, economy, and competitiveness.

Discretionary spending has borne the brunt of deficit reduction efforts over the past two years. Further cuts, particularly allowing sequestration to continue, are unacceptable. Much of the progress towards achieving health equity being made through investments in health research, outreach, and community programs is in danger of being irreparably damaged. Programs that advance health equity and are under threat of cuts include:

- The Department of Health and Human Service's Office of Minority Health has been a leader, funder, and essential coordinating entity for advancing health equity by working around the country with state and local government and community organizations to eliminate health disparities.
- The Department of Health and Human Service's Office of Civil Rights enforces federal civil rights law, protecting against discrimination in health care programs and services.
- Diversity pipeline programs, such as those under Title VII and Title VIII of the Public Health Service Act, ensure the health care workforce reflects the nation's diverse population, and prepare all health professionals to provide quality care for the underserved and vulnerable. Sequestration could result in fewer academic enrichment opportunities for underrepresented minority health profession students and fewer underrepresented minority faculty conducting research to mitigate health disparities through Title VII *Centers of Excellence*.
- Public Health Service Act Title X funding for reproductive health services gives many women of color access to preventive services such as breast exams and cervical cancer screenings. Latina and Vietnamese American women in particular have much higher rates of cervical cancer than white women.

- Community health centers provide millions of people of color with access to high-quality and affordable primary and preventive care. In 2011, more than one in four patients served by community health centers were African American and more than one in three were Latino.
- People of color are particularly reliant on federal AIDS programs. For example, if 2013 sequestration was not cancelled, 60 percent of the households removed from the Housing Opportunities for Persons with AIDS program would be racial minorities.
- Over 90 percent of all Healthy Start families are African American, Hispanic, or Native American and receive community level care to ensure their babies are born healthy.
- The National Institutes of Health, particularly the National Institute on Minority Health and Health Disparities, leads the way in researching and publicizing health disparities.

These programs were already struggling under caps set by the Budget Control Act, yet they are now experiencing further cuts as sequestration is implemented. And some have proposed reducing the discretionary caps even further. Such cuts and caps would severely limit the ability of many programs to provide vital health care services to vulnerable populations and only shift costs to overburdened state and local public health agencies. We urge you to find a solution that does not further undermine health care services. Funding for the remainder of 2013, as well as 2014, must be at a level that allows these programs to meet their critical missions.

Equally important, deficit reduction proposals that would cut mandatory programs in a way that harms communities that suffer from inequitable access to high quality health care are unacceptable. Some have proposed additional cuts to the Prevention and Public Health Fund, which, among other functions, supports important nutrition and obesity prevention programs, community-level efforts to reduce chronic diseases such as the Racial and Ethnic Approaches to Community Health (REACH) program, and services that provide breast cancer screenings to low-income communities. Proposals that would cut or shift costs in Medicaid would be a critical blow to vulnerable communities. Half of all black and Latino children rely on Medicaid to get the care they need, as do more than one in four black and Latino adults and about one in seven Asian American, Native Hawaiian, and Pacific Islander adults as compared to about one in ten whites. Similarly, proposals that would shift large costs to Medicare beneficiaries would have a particularly heavy negative impact on people of color and other underserved populations. Poverty rates among black and Hispanic seniors are more than twice as high as among white seniors.

In seeking out a way to end sequestration and address our deficit, we urge you to find a solution that does not balance the budget on the backs of the most vulnerable members of our community. Instead, we must choose to improve care within these communities and invest in a healthier nation.

Sincerely,

AARP
ActionAIDS
AIDS Community Research Initiative of America
AIDS Project Los Angeles

AIDS United
Alliance for a Just Society
American Association of Birth Centers
American Association of Colleges of Osteopathic Medicine
American Congress of Obstetricians and Gynecologists
American Kidney Fund
American Public Health Association
American Society for Metabolic and Bariatric Surgery
Amida Care
ARCHé: Alliance for Racial and Cultural Health équity
Asian & Pacific Islander American Health Forum
Asian American Justice Center, Member of Asian American Center for Advancing Justice
Asian Pacific American Legal Center
Asian Service in Action
Association of Asian Pacific Community Health Organizations
Association of Black Cardiologists
Association of Nurses in AIDS Care
Association of Reproductive Health Professionals (ARHP)
Black Women's Health Imperative
Breast Cancer Action
California Pan-Ethnic Health Network
Campaign for Better Health Care
Campaign for Better Health Care's Faith Caucus
Center for Effective Government
Chinese Social Service Center
Coalition for Asian American Children and Families
Colorado Progressive Coalition
Community Access National Network (CANN)
Community Action Partnership
Community Catalyst
Connecticut Multicultural Health Partnership
Disability Policy Consortium
Disability Rights Education & Defense Fund
Doctors Council SEIU
Families USA
Farmworker Justice
First Focus
Gay Men's Health Crisis (GMHC)
GLMA: Health Professionals Advancing LGBT Equality
HealthHIV
Healthy Teen Network
Hmong American Partnership.
Illinois Maternal and Child Health Coalition

Immigrant Law Center of Minnesota
Impetus - Let's Get Started
Isuroon Project (Somali Women's Health Support Group).
La Fe Policy Research and Education Center
Latino Coalition for a Healthy California
The Leadership Conference on Civil and Human Rights
Magic Johnson Foundation
Maine People's Alliance
Maryland Women's Coalition for Health Care Reform
Metropolitan Community Churches
Michigan's Children
Minnesota AIDS Project
Missouri Council of the Blind
NAACP
National Advocacy Center of the Sisters of the Good Shepherd
National Alliance of State & Territorial AIDS Directors
National Black Justice Coalition
National Center for Transgender Equality
National Council of Jewish Women
National Council of La Raza
National Family Planning & Reproductive Health Association
National Health Care for the Homeless Council
National Health Law Program
National Hispanic Medical Association
National Immigration Law Center
National Latina Institute for Reproductive Health
National Minority AIDS Council
National Partnership for Women & Families
National Senior Citizens Law Center
National Urban League
National Women's Health Network
New York Lawyers for the Public Interest
NO/AIDS Task Force (New Orleans, LA)
Northwest Health Law Advocates
Obesity Action Coalition
Papa Ola Lokahi (Native Hawaiian Health Board)
PFLAG National
Physicians for Reproductive Health
Piedmont Health Services, Inc,
Progressive Leadership Alliance of Nevada
Project CHARGE
Project Inform
Raising Women's Voices for the Health Care We Need

RESULTS

School-Community Health Alliance of Michigan

Senior Moments/California

Society for Public Health Education

Southeast Asia Resource Action Center

SparkAction

Statewide Parent Advocacy Network of NJ

Summit Health Institute for Research and Education, Inc.

Tennessee Health Care Campaign

The Global Justice Institute

The Greenlining Institute

Transgender Law Center

Trust for America's Health

UHCAN Ohio

Vietnamese Social Services of MN

Vision For Equality

Vision y Compromiso

Voices for America's Children

Washington Community Action Network

Washington State Coalition for Language Access