

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