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20 years of advancing health, dignity and justice

The Honorable Joseph Biden
Senate Committee on Foreign Relations Chairman
201 Senate Russell Building
Washington, D.C. 20510

The Honorable Richard Lugar
Senate Foreign Affairs Committee Ranking Member
306 Senate Hart Building
Washington, D.C. 20510

The Honorable Howard Berman
House Foreign Affairs Committee Chairman
2221 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Ileana Ros-Lehtinen
House Foreign Affairs Committee Ranking Member
2160 Rayburn House Office Building
Washington, D.C. 20515

March 19, 2008

Dear Chairman Biden, Chairman Berman, and Ranking Members Lugar and Ros-Lehtinen:

As a physician and as an advisor to the Health Action AIDS Campaign at Physicians for Human Rights, I would like to commend the House Committee on Foreign Affairs and the Senate Foreign Relations Committee for your work on PEPFAR reauthorization. My work in Africa has given me the opportunity to see the impact PEPFAR has had in increasing access to HIV treatment and care. It is clear that your goal is not only to reauthorize the Act for another 5 years, but to strengthen it and apply lessons learned in its first 5 years.

The bills approved by your respective committees make important commitments to strengthening the health workforce, providing greater flexibility in HIV prevention interventions, and addressing the underlying issues that place women and girls at increased risk of exposure to HIV. I am concerned, though, that restrictions placed on fully integrating HIV and reproductive health services will be an obstacle to comprehensively addressing the epidemic among women and girls.

From my experience in Mozambique, I know that we cannot take a narrow approach to the epidemic if we are to be successful in defeating HIV. Our delivery

of HIV services to women must be integrated into the health services that women already access. In Mozambique that means routine testing and treatment for HIV as part of normal prenatal care, but it also means offering women other vital services to help them protect themselves and their children. For example, we offer routine STD testing and treatment and have found that treating STDs like syphilis is an important HIV prevention strategy. Likewise, we would like to offer HIV positive women family planning. When HIV positive women lack access to family planning services, we put more children at risk of contracting HIV. Sadly, we have found it difficult to provide these services to the women who most need them because of donor restrictions.

As the current PEPFAR reauthorization bills note, integration of services is necessary to reach women. It is critical that HIV testing, prevention, and treatment services for women be fully integrated with programs offering family planning and maternal and child health services, because that is the point of entry to health care for so many women. Providing HIV testing, counseling, and, if needed, care at that juncture can save the lives of both the women and their families; indeed efforts to reach women are greatly increased when integration occurs and fragmentation of care is reduced.

Laudably, HR 5501 includes many references to family planning linkages. I am concerned that the restriction of funding to "family planning and maternal and child health programs supported by the United States Government" will serve to discourage or even disqualify effective family planning programs which are not in compliance with the global gag rule from providing PEPFAR supported services. By eliminating any mention of family planning, S 2731 removes this restriction, but also removes family planning from the extensive list of programs and activities necessary to make PEPFAR work effectively.

I do not believe it is consistent with sound public health policy to place ideological restrictions such as the global gag rule on successful organizations implementing evidence-based interventions. I encourage you to incorporate language in the final PEPFAR bill which specifically calls for funding for linkages to family planning programs, without restrictions on the program that may be funded.

Sincerely,

A handwritten signature in black ink, appearing to read "Wendy Johnson". The signature is fluid and cursive, with the first name "Wendy" and last name "Johnson" clearly distinguishable.

Wendy Johnson, MD, MPH
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Clinical Assistant Professor, University of Washington
Director of New Initiatives, Health Alliance International
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Cc: Senate Majority Leader
Senate Committee on Foreign Affairs
House Speaker
House Foreign Affairs Committee