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The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

March 20, 2025

Dear Secretary Kennedy,

I write today to express concern with reports that the Administration may eliminate the Centers for Disease Control and Prevention's Division of HIV Prevention or restructure this division in a way that would compromise existing HIV prevention programs.

Since the first reported cases of HIV in 1981, over 700,000 Americans have been lost to the disease. Still today, approximately 1.2 million Americans are living with HIV, with the LGBTQ+ community disproportionately impacted. For example, there were 31,800 new infections in 2022, with 22,500, or 71%, among gay and bisexual men. While outcomes are much better than in past decades, and HIV patients can live long, healthy lives, it is still a lifetime disease. Not to mention, these better outcomes are a direct result of U.S. government investment.

Our country has been at the forefront of the global fight against HIV and AIDS, and in recent years, President Trump has particularly led this charge. In 2019, he launched the Ending the HIV Epidemic in the U.S. (EHE) initiative to further scale up diagnosis, treatment, prevention, and response for domestic cases of HIV. The goal being to end the HIV epidemic in the U.S. by 2030. As the Administration continues to fight for this objective, now is not the time to cut programming.

The CDC's domestic HIV programs particularly focus on prevention efforts, tracking infections, conducting research on transmission, and providing accessible testing. The CDC works alongside state and local governments as well as nonprofit partners to carry out this important work. Community organizations are key to ensuring the services and information provided by the CDC reaches the individuals it would help the most, especially those in the LGBTQ+ community at risk of infection.

Any reorganization of these programs, either to the Health Resources and Services Administration (HRSA) or elsewhere in the HHS umbrella, would place prevention efforts into an entirely new structure unfamiliar with prevention efforts. This would compromise the delivery of preventive measures, like the HIV prevention pill, and disrupt education for thousands of at-

risk Americans. Additionally, pausing these programs or eliminating them entirely would have a dangerous effect on the state of HIV in the U.S., creating a grave risk of HIV resurgence and eroding decades of investment.

It is my hope that these reports are false, and that the Administration's commitment to fighting the HIV epidemic remains steadfast. Maintaining, or rather expanding, HIV programming in the U.S. is necessary to end the epidemic by 2030, and I look forward to working alongside you in pursuit of that goal.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Lawler". The signature is fluid and cursive, with the first name "Michael" being larger and more prominent than the last name "Lawler".

Michael V. Lawler
Member of Congress

CC:

President Donald J. Trump
The White House
1600 Pennsylvania Avenue, NW
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