



November 25, 2008

Secretary Michael Leavitt  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Leavitt:

On behalf of the HIV Health & Human Services Planning Council of New York, we write to voice our strong support for de-listing HIV/AIDS as a disease of public health significance in order to enable HIV-infected travelers to enter the United States under the Immigration and Nationality Act (section 212(a)(1)(A) (i)). We were delighted when Congress and President Bush repealed the statutory HIV entry ban in July, 2008. We are eager for the Department of Health and Human Services to change the classification of this infection by repealing the regulation still in effect.

The HIV Health & Human Services Planning Council of New York is comprised of service providers, physicians, advocates, and people living with HIV/AIDS. Planning Council members are well aware that New York is a City of immigrants and that its prominence in the national and international spotlight is in no small part due to the contribution of legions of foreign-born individuals. New York is one of the economic, social, and cultural engines of the country, and generations of immigrants have helped it achieve its prominence.

Including HIV among the diseases of public health significance does not make public health sense. Until HIV is de-listed in 42 CFR 34.2(b), the entry ban is effectively in place. International visitors who are here and who are infected may develop opportunistic infections but delay seeking medical assistance out of fear of being deported. By delaying treatment, they put their own health at risk and may unknowingly put their partners and families at risk of

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acquiring the infection. People who come here longer term to work or attend school may not be diagnosed and enter treatment out of fear of being

deported. Research shows that people living with HIV who are undiagnosed are more likely to spread the virus and eventually show up very sick in emergency rooms. In New York City, immigrants are one-third more likely than native-born people diagnosed with HIV to be dual-diagnosed with AIDS. This means that immigrants are diagnosed much later, on average, than US-born individuals. This is a striking health disparity linked to our HIV entry ban. The current policy actually undermines public health and costs our health care system more in the long run. The ban doesn't make sense, furthermore, for travelers who are merely in the United States for vacation.

In addition to undermining public health, the ban also promotes stigma. It effectively keeps out individuals living with HIV/AIDS but not individuals suffering from other chronic, complex, and expensive-to-treat illnesses such as cancer.

Thank you very much for your time and attention.

Sincerely yours,

A handwritten signature in black ink that reads "Soraya Elcock". The signature is written in a cursive style and is underlined with a single horizontal line.

Soraya Elcock  
Community Co-Chair  
HIV Health & Human Services  
Planning Council of New York