## Ignoring Science Will Worsen the HIV Epidemic in the U.S.

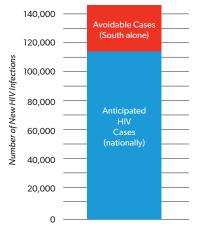
Projected consequences for the U.S. HIV epidemic if Southern states reject federal guidance

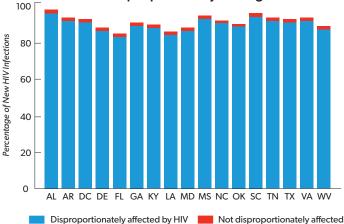
In 2023, the state of Tennessee rejected \$8.8 million in funding from the CDC for HIV prevention, testing, and treatment because prevention efforts targeted disproportionately affected populations such as transgender individuals and gay men. Instead, the Governor directed the state to focus on populations that were not disproportionately affected by HIV but were more acceptable politically, such as first responders, human trafficking victims, infants, and pregnant women. This is part of a pattern of Southern states rejecting or proposing to reject federal funding for programs ranging from Medicaid expansion to school lunches. A new amfAR analysis explores the potential impact on the U.S. HIV epidemic by 2030 if all Southern states reject federal funding for HIV prevention and focus on non-disproportionately affected populations. Such a course of action would undermine efforts to achieve the goal of a 90% reduction in new HIV cases in the U.S. by 2030 enshrined in President Trump's Ending the HIV Epidemic initiative.

In the U.S., 49% of all new HIV infections occur in the Southern states.

In each of these states, more than 80% of new infections occur in disproportionately affected populations such as cisgender women, transgender people, men who have sex with men, and people who inject drugs.







<sup>†</sup>An estimated 36,000 new HIV infections occur in the U.S. each year.

3 Illustration of how many more new HIV transmissions could be prevented by 2030 by focusing exclusively on disproportionately affected populations.

100% focus on prevention in non-disproportionately affected populations

 100% focus on prevention in disproportionately affected populations

