POLICY RESOLUTION OF BEYOND AIDS FOUNDATION

July 2026

TITLE: Restoring United States Leadership in Global Public Health for Humanitarian Purposes and to Protect the Health Security of Californians and All Americans

Whereas, for more than six decades, until the recent disruptive federal actions, the United States was a global leader in public health through the U.S. Agency for International Development (USAID), the President's Emergency Plan for AIDS Relief (PEPFAR), the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and related programs that have reduced the global burden of HIV/AIDS, tuberculosis, malaria, Ebola virus disease, vaccine-preventable diseases, maternal and child mortality, malnutrition, and emerging infectious diseases while strengthening health systems and scientific capacity worldwide; and

Whereas, since 2003, PEPFAR has expanded HIV testing, provided lifesaving antiretroviral therapy, strengthened health systems in more than 50 countries, saved an estimated **26 million lives**, and until its recent dismantling, it supported HIV treatment for more than **8.1 million people**, while creating an extensive global public health infrastructure consisting of more than **60 CDC country offices, approximately 1,500 overseas public health professionals, and approximately 1,700 molecular laboratory facilities** that provide disease surveillance, laboratory diagnostics, and outbreak detection benefiting both partner countries and the United States; and

Whereas, tuberculosis remains the leading cause of death among persons living with HIV worldwide, and a 2026 analysis published in the *New England Journal of Medicine* estimated that PEPFAR prevented approximately **11.0 million tuberculosis cases** and **more than 2.1 million tuberculosis-related deaths** among persons living with HIV between 2003 and 2024, demonstrating that sustained U.S. investment in integrated HIV and tuberculosis programs has substantially advanced global tuberculosis elimination efforts; and

Whereas, infectious diseases recognize no national borders, and investments in global surveillance, laboratory capacity, outbreak investigation, vaccination, tuberculosis control, HIV treatment, antimicrobial resistance monitoring, field epidemiology, and emergency response protect the health of Californians and all Americans by identifying and containing dangerous pathogens before they become domestic public health emergencies; and

Whereas, CDC's global public health infrastructure provided trusted scientific partnerships that facilitated rapid notification of outbreaks, access to clinical specimens, genomic sequencing, laboratory quality assurance, epidemiologic investigations, and field response capacity for emerging infectious diseases, thereby serving as a critical component of the United States' early warning system for threats, including Ebola virus disease, viral hemorrhagic fevers, influenza, mpox, measles, antimicrobial-resistant organisms, and novel respiratory pathogens; and

Whereas, a growing Ebola outbreak in the Democratic Republic of the Congo that has spread into Uganda illustrates the continuing need for robust CDC field operations, laboratory support, and epidemiologic capacity in regions where highly lethal pathogens emerge, and reductions in CDC's overseas presence threaten the ability of the United States and the global community to detect and contain such outbreaks before they spread internationally; and

Whereas, abrupt reductions in U.S. foreign assistance, dismantling of USAID's public health capacity, disruption of PEPFAR and other global health programs, and reductions in scientific collaboration threaten to reverse decades of progress against HIV/AIDS, tuberculosis, malaria, vaccine-preventable diseases, malnutrition, and emerging infectious diseases, weaken outbreak surveillance and response, and diminish the health security of the United States; and

Whereas, recent analyses estimate that reductions in U.S. foreign assistance contributed to approximately **500,000 to 1,000,000 preventable deaths during 2025**, with projections of as many as **1.6 million deaths during 2026** if funding and operational delivery systems are not restored; and

Whereas, proposed restructuring of CDC's global health programs would reduce overseas operational funding from approximately **$2 billion annually to as little as $150 million**, reduce its overseas workforce from approximately **1,500 to approximately 500 personnel**, and result in closure of approximately **20 CDC country offices**, substantially weakening disease surveillance and the United States' capacity to prevent and respond to emerging infectious disease threats; and

Whereas, the United States has historically benefited from active participation in the World Health Organization (WHO), the International Health Regulations, and multinational scientific collaborations that facilitate timely sharing of epidemiologic information, laboratory findings, technical guidance, and coordinated responses to public health emergencies; and

Whereas, United States leadership in global public health has strengthened international partnerships, promoted biomedical research and scientific innovation,

advanced humanitarian values, enhanced global stability, generated substantial goodwill toward the United States, and reinforced confidence in the United States as a reliable partner during humanitarian and public health emergencies; but those effects are now gravely endangered, and

Whereas, physicians have an ethical obligation to support evidence-based policies that prevent disease, reduce avoidable morbidity and mortality, strengthen public health systems, and protect the health of their patients and communities through scientific collaboration and disease prevention; therefore be it

Resolved #1, That the Beyond AIDS Foundation supports the rapid restoration of sustained funding (including actual expenditure of Congressional appropriations), dedicated staffing and local implementing partners, infrastructure, and monitoring for compliance, of United States global health programs formerly administered through USAID and related federal agencies; including but not limited to prevention and control of HIV, tuberculosis, malaria, Ebola, other infectious diseases including those sexually transmitted, pandemic preparedness, immunization programs, maternal and child health, nutrition, famine relief, humanitarian medical assistance, laboratory strengthening, and global disease surveillance in multiple countries in need; under the auspices of a revived USAID or a capable successor agency; and be it further

Resolved #2: That the Beyond AIDS Foundation supports restoration of full participation by the United States in the World Health Organization and other international public health partnerships that strengthen global public health, including coordinated disease surveillance, emergency preparedness, scientific collaboration, implementation of the International Health Regulations, and responses to emerging infectious diseases; and be it further.

Resolved #3: That the Beyond AIDS Foundation supports restoration of funding, staffing, and infrastructure within the Centers for Disease Control and Prevention, the National Institutes of Health, and other federal public health agencies, for support of global and domestic public health, including biomedical research, disease surveillance, laboratory science, prevention, preparedness, and rapid response to infectious disease threats at home and abroad; and that this Resolved be referred for national action.

<u>References Supporting Resolution</u>:

HIV/AIDS and PEPFAR

1. **Smith JP, O'Connor S, Date A, Moonan PK.** Tuberculosis Cases and Deaths Averted by PEPFAR. *N Engl J Med.* 2026;394:1655-1656. Estimates that PEPFAR averted approximately **11.0 million tuberculosis cases** and **2.1 million tuberculosis deaths** among persons living with HIV from 2003–2024, demonstrating the substantial impact of integrated HIV/TB programming.
2. **Nachega JB, Serwadda D, Abimiku A, Sikazwe I, Abdool Karim Q.** PEPFAR at 20 — A Game-Changing Impact on HIV in Africa. *N Engl J Med.* 2023;389:1-4.
3. **Nkengasong J, Bunnell R, Nandakumar A, Katz I, Sanhokwe H, Reid M.** PEPFAR's Mission. *Lancet.* 2024;404:2226-2229.
4. **U.S. President's Emergency Plan for AIDS Relief (PEPFAR).** Latest Results and Annual Reports to Congress. U.S. Department of State.

Tuberculosis

5. **World Health Organization.** *Global Tuberculosis Report 2024.* Geneva: World Health Organization; 2024.
6. **Ajiboye AS, O'Connor S, Smith JP, et al.** Tuberculosis Preventive Treatment Update — U.S. President's Emergency Plan for AIDS Relief, 36 Countries, 2016–2023. *MMWR Morb Mortal Wkly Rep.* 2024;73:233-238.

Global Health Security

7. **National Academies of Sciences, Engineering, and Medicine.** *Global Health and the Future Role of the United States.* Washington, DC: National Academies Press; 2017.
8. **Institute of Medicine.** *America's Vital Interest in Global Health: Protecting Our People, Enhancing Our Economy, and Advancing Our International Interests.* Washington, DC: National Academies Press; 1997.

9. **Centers for Disease Control and Prevention.** Global Health Center. Global Health Security publications, Field Epidemiology Training Program, and Global Disease Detection Program.
10. **World Health Organization.** *International Health Regulations (2005), Third Edition.*

Biomedical Research and Public Health Infrastructure

11. **National Institutes of Health.** NIH Strategic Plan and Office of Global Research reports describing international biomedical research collaborations supporting infectious disease prevention and response.
12. **Centers for Disease Control and Prevention.** Global Health Security Agenda publications describing international laboratory strengthening, disease surveillance, outbreak investigation, and emergency preparedness.

Humanitarian and Public Health Consequences of Funding Reductions

13. **Aid on the Hill.** *Protect Foreign Assistance: Uphold Development, Global Health, and Humanitarian Work as a Central Pillar of U.S. Foreign Policy.* July 2026. Summarizes analyses estimating **500,000–1,000,000 deaths in 2025** associated with abrupt U.S. aid reductions and projects **up to 1.6 million deaths during 2026** if funding and delivery systems are not restored. (Supporting background document.)
14. **Center for Global Development.** Kenny C, Sandefur J. *Update on Lives Lost from USAID Cuts.* December 16, 2025.

Emerging Infectious Diseases and Ebola

15. **Centers for Disease Control and Prevention.** Ebola Virus Disease: Outbreak Response and Global Health Security resources.
16. **World Health Organization.** Disease Outbreak News: Ebola Virus Disease (Democratic Republic of the Congo and Uganda), 2025–2026.

Suggested Background Documents (Not Formal References)

- Eight Former CDC Directors. **"Reform PEPFAR, Don't Dismantle It."** *STAT News.* May 26, 2026. An opinion article by former CDC Directors William Roper, Jeffrey Koplan, Richard Besser, Tom Frieden, Anne Schuchat, Robert Redfield, Rochelle Walensky, and Mandy Cohen describing the public health and national security implications of dismantling CDC's global health infrastructure.
- **The CDC–PEPFAR Funding Crisis: What Congress Must Know—and Can Do.** Background fact sheet describing CDC's global disease surveillance infrastructure, HIV treatment programs, and Ebola preparedness supported through PEPFAR.

California-specific facts to accompany the testimony:

- California reports among the highest numbers of tuberculosis cases in the United States. Approximately 80% of all cases are among foreign-born persons.
- Los Angeles County, San Diego County, Santa Clara County, Alameda County, Orange County, and San Francisco all maintain active TB control programs that depend on rapid international surveillance.
- California's major international airports (LAX, SFO, SAN) and Pacific Rim trade make early detection of Ebola, mpox, influenza, TB, measles, and novel respiratory viruses particularly important.
- NIH funding supports biomedical research at UCSF, UCLA, UCSD, Stanford, Cedars-Sinai, City of Hope, and other California institutions, creating both health and economic benefits.