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PORTLAND
AREA
INDIAN
HEALTH
BOARD**

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Coeur d' Alene Tribe
Colville Tribe
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Lower Umpqua Tribe
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Shoshone-Bannock Tribe
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Spokane Tribe
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Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

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May 13, 2009

Kevin A. Fenton, M.D., Ph.D., F.F.P.H.
Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

John M. Douglas, Jr., MD
Director - Division of STD Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, N.E.
Atlanta, GA 30333

Dear Drs. Fenton and Douglas,

As you know, American Indians and Alaska Natives (AI/ANs) are disproportionately impacted by high rates of sexually transmitted infections, HIV, Hepatitis, and teen pregnancy. In the Pacific Northwest, over 800 AI/AN youths age 10-24 years were diagnosed with chlamydia in 2005. High rates of STDs and hepatitis indicate both high-risk behaviors and a persistent vulnerability to HIV in our communities.

For over 20 years Project Red Talon has worked with the Northwest tribes to prevent STDs and promote reproductive health. It is the longest funded project at the Northwest Portland Area Indian Health Board, and is a topic of continued interest to the NW Tribes. Since 2004 the bulk of their work has been funded by the CDC's AI/AN STD Capacity-Building grant (PS04202 AIAN; U83/CCU024369). Project oversight was then transferred to the Indian Health Service in 2007.

In partnership with the Red Talon STD/HIV Coalition, Project Red Talon has significantly improved the capacity and readiness of the Northwest Tribes to prevent STDs in their local communities. The project has overcome entrenched stigma and silence to improve community awareness about STD topics, improve screening and treatment practices at tribal clinics, improve the knowledge and professional capacity of tribal staff, and improve STD/HIV collaboration and resource sharing among regional partners.

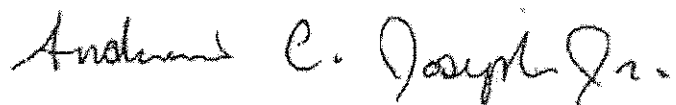
Despite the critical need for such programs in Indian Country, it is our understanding that the Division of STD Prevention does not intend to provide future support for Project Red Talon. As you well know, few federal agencies fund STD prevention initiatives. Despite the committed grant-writing efforts of Project Red Talon and the *NW Tribal EpiCenter*, no other funding has been secured to sustain the core activities of the project, including staff salaries and travel for coalition meetings. Without continued funding, the Northwest Portland Area Indian Health Board will not be able to sustain its current STD prevention activities.

The Northwest tribes are deeply concerned about the potential loss of Project Red Talon, and would like to know how the Division of STD Prevention intends to meet the STD capacity-building needs of Indian Country without its continued presence. While there are several organizations throughout the U.S. that provide tribe-specific HIV capacity-building assistance, Project Red Talon is one of very few tribal programs that specifically address STD prevention and treatment issues in Indian Country.

Dissolution of Project Red Talon and the Red Talon STD/HIV Coalition would create a significant loss for the Tribes and tribal organizations who count on their services and support. Inequalities in STD morbidity and HIV mortality will continue to persist among our Native populations until adequate health services are made available and social norms are positively changed. Project Red Talon must continue to facilitate this process to protect the health and wellbeing of future generations.

We urge your consideration and look forward to your response.

Sincerely,

A handwritten signature in black ink that reads "Andrew C. Joseph Jr." The signature is written in a cursive style with a large, stylized 'A' and 'J'.

Andy Joseph
Chair, Northwest Portland Area Indian Health Board
Chairman, Confederated Tribes of Colville

cc: Ralph Bryant, CDC AI/AN Liaison
Mike Snesrud, Senior Tribal Liaison, Public Health Analyst AI/AN
NW Congressional Delegation
Scott Tulloch, CDC Assignee, Program Manager for the Indian Health Service National STD
Program

Reproductive Health in Indian Country



Quick Facts: STDs, HIV, & Teen Pregnancy

In 2007, chlamydia rates for American Indians and Alaska Natives (AI/ANs) were 4.5 times higher than rates reported among

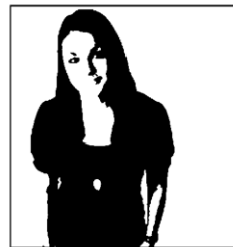
Whites, gonorrhea rates were three times higher, and syphilis rates were twice as high. For all populations, STD rates are highest among young people age 15-24. In the Pacific Northwest, over 800 AI/AN youths age 10-24 years were diagnosed with chlamydia in 2005.

American Indians and Alaska Natives have the third highest AIDS rate of all racial and ethnic groups in the U.S., following Blacks and Hispanics. Native youth are also at risk - One quarter of AI/AN AIDS cases occur among young adults under the age of 29. Due in part to late testing and poor access to HIV treatment, AI/ANs also have the lowest AIDS survival rate of any group, with just 1 in 4 individuals living more than 3 years after diagnosis.

In 2004, the birth rate for AI/ANs age 15-19 years was 52.5 per 1,000 - higher than the national rate of 41.1. Native teen birth rates vary substantially from state to state, ranging from 13.4 per 1,000 in Illinois to 112.5 per 1,000 in South Dakota.



The Northwest Portland Area Indian Health Board (NPAIHB) is a non-profit tribal organization that represents the 43 federally-recognized tribes in Washington, Oregon, and Idaho on issues related to health policy, research and surveillance, and program administration.



Reproductive Health Disparities for Native American Adolescents

American Indians and Alaska Natives (AI/AN) age 10-24 are disproportionately impacted by

high rates of sexually transmitted infections (STDs) and teen pregnancy. These outcomes impact not only individual well being, but the well being of the community as a whole.

High teen pregnancy and STD rates suggest that sexual activity in American Indian communities starts early, and often occurs without the use of protective measures. Beyond individual behavioral risk factors, geography and inadequate health services significantly contribute to the high prevalence of teen pregnancy and STDs that exists among American Indian and Alaska Native adolescents.

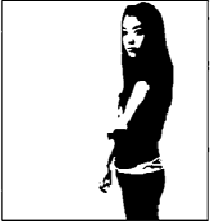


Impacts for Native American Women

Because of differences in anatomy, women are biologically more susceptible than men to

acquiring STDs and HIV, and adolescent girls are at even higher risk. Because many STD symptoms are harder to detect among women, it is also more likely that their infections will go untreated.

STDs pose serious risks to pregnant women, including high risks for miscarriage and premature delivery. STDs can also be transmitted to babies during pregnancy and birth, and HIV can also be transmitted through breastfeeding.



Preventing STDs: Why is it Important?

While many STDs can be easily treated or cured with medication, the consequences of untreated STDs can be severe and costly,

including: infertility, pregnancy complications, cervical cancer, pelvic inflammatory disease. STDs also increase vulnerability to HIV. People infected with an STD are 2-5 times more likely to become infected with HIV when exposed.

Given limited health service budgets, sexually transmitted infections can pose a sizable economic burden if not adequately addressed. Data suggests that each case of chlamydia contracted by a woman in costs the U.S. \$244, accounting for direct medical expenses associated with STD treatment and sequelae resulting from untreated infections, and each case of gonorrhea costs \$266. Based on these estimates, the NW Tribes spend over \$215,000 on reported chlamydia and gonorrhea cases each year for AI/AN adolescents.

The lifetime cost of HIV treatment is also substantial, averaging \$618,900 per person in 2006. By keeping people from becoming infected, STD/HIV prevention programs not only save lives, but also reduce the number of people needing expensive medical treatments.



Cost Effective Prevention Strategies

Community-level STD/HIV prevention programs have proven to be cost-effective, even with resource-intensive

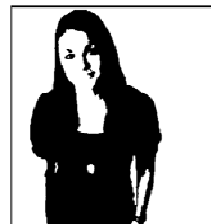
components such as personnel, facilities, and educational activities. School-based HIV, STD, and pregnancy prevention programs are also cost-effective, saving \$2.65 in medical and social costs for every dollar spent on prevention. Clinic-based policies and programs also play a significant role in reducing STD transmission.



Project Red Talon

For over 20 years, Project Red Talon has worked with the Northwest tribes to prevent STDs/HIV and promote reproductive health.

Working with the Red Talon STD/HIV Coalition, the project has significantly improved capacity and readiness among the Northwest Tribes. Project Red Talon's activities have improved community awareness about sensitive health topics, improved STD screening and treatment activities at tribal clinics, increased knowledge about STD/HIV topics and resources among tribal staff, and improved STD/HIV resource sharing among regional partners.



Recommendations

1. Increase funding for integrated, culturally-specific capacity building projects such as Project Red Talon. Siloed, mainstream programs are ill-equipped to reach AI/AN communities. Culturally-specific programs must be funded for extended periods of time to maintain continuity and community buy-in, change long standing norms and behaviors, and sustain program successes.
2. Support the continued development and dissemination of culturally-sensitive, evidence-based prevention interventions targeting American Indians and Alaska Natives. Culturally appropriate programs and materials are still critically needed in Indian Country to reduce health disparities.
3. AI/ANs must be recognized as a priority population for STD/HIV prevention and treatment initiatives. Many funding announcements for STD/HIV prevention fail to include AI/ANs as potential recipients. To support this activity, Tribes should be included in national, state, and county STD, HIV, hepatitis, and teen pregnancy prevention plans.

Please Save Project Red Talon

Dear Dr. Fenton,

I am deeply concerned about the potential loss of Project Red Talon. Project Red Talon's core funding comes from the CDC's Division of STD Prevention and will end August 31st. It is one of only a few community-based STD prevention program currently working in Indian Country.



Project Red Talon works collaboratively with partners and tribes throughout the U.S. to build tribal capacity to prevent STDs, improve clinic testing and treatment practices, and improve community awareness about STDs, HIV, and hepatitis in culturally-sensitive ways. These services are critically needed in our community, where STDs, hepatitis, and teen pregnancy rates are disproportionately high.

We know that you are passionate about reducing health disparities — Project Red Talon is helping us do this by:

Few agencies fund integrated STD prevention activities like the CDC does. Please consider maintaining support for Project Red Talon.

Name

Title

Tribe

State

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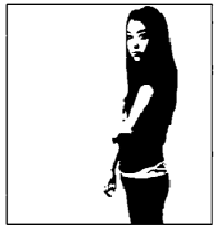
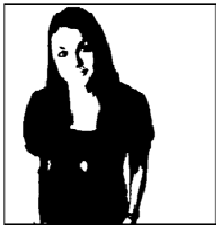
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