

# Follow the Money: AIDS Funding and AIDS Deaths in the Bloomberg Years

A Study by Health People: Community Preventive Health Institute.  
Researched and authored by Chris Norwood, Executive Director  
Contact: [chrisnorwood@healthpeople.org](mailto:chrisnorwood@healthpeople.org) or 718-585-1064

**Summary:** The massive redistribution of the city's federal AIDS care and support funds, started by the Bloomberg Administration in early 2006, favored Manhattan to the extent that the city Department of Health allocated almost 60% of federal funds for AIDS medical care and support services to Manhattan-based agencies. As Manhattan AIDS deaths then began decreasing at twice the rate of deaths in the Bronx and Brooklyn, the other major AIDS-impacted boroughs, the significant progress that these two "outer" boroughs---which have the poorest, most minority and highest percentage of women's AIDS cases---had shown in bringing down their AIDS deaths during the years before this funding redistribution collapsed. Overall, black and Hispanic women suffered the worst consequences of the funding and service redistribution and were clearly denied the full chance at life which is possible today with proper AIDS care.

**Methodology:** This study compares New York City-controlled, but federally-funded services for AIDS by borough to deaths of people with HIV/AIDS by borough. The AIDS services reviewed, commonly known as Ryan White services, are funded with the extra millions for AIDS care the city annually receives from the federal government---and which the federal government assigns to AIDS-impacted cities and states on the basis of their AIDS caseload.

A comparison is made of each borough's success in bringing down its AIDS deaths, as reflected in its percentage change in deaths between 2003 and 2005, the two years before the Bloomberg Administration started its funding redistribution, to each borough's ability to reduce AIDS deaths from 2005 to 2007, the two years after the Administration undertook its funding redistribution.

**Background:** New York City receives the most federal AIDS support money---commonly known as Ryan White funding---in the nation. This study focuses on the almost \$40 million a year of Ryan White funding that the city contracts to medical centers, social service agencies and other organizations to provide targeted care and support for people with AIDS. During the last years of the Giuliani Administration, under prodding from outer borough advocates, this federal funding had been widely dispersed throughout the city, giving New York an almost unique national profile where care was accessible not just on the borough level, but on a neighborhood level. The accessibility of care combined with improved AIDS treatment and medications, enabled even the poorest areas of the city to make significant progress in reducing AIDS deaths.

Since the federal government itself annually assigns such funding to AIDS-impacted cities based on their total caseload, illness from AIDS in the Bronx, Brooklyn and Queens now accounts for 60% of the Ryan White funds the city obtains. Yet, in early 2006, when the Bloomberg Administration started a massive redistribution---which still prevails---it concentrated almost 60% of these federal millions at Manhattan medical centers and service agencies. The Administration also largely ended neighborhood accessibility. Indeed, all organizations in the city which stated on their funding applications that they were neighborhood-based lost all their Ryan White AIDS funding in the "redistribution." Except for one category---Legal Services---eliminated for budgetary reasons, this basic distribution remains in place now.

Chart 1: New York City Re-Distribution of Ryan White Care and Support Funds by Borough, by Borough's Percentage of City Residents with HIV/AIDS and Percentage of City Deaths of People with HIV/AIDS

City Ryan White Funding Re-Distribution(Based on Organization Address for Client Referrals)						
	Contracts ReAllocated Early 2007 (Mental Health, Harm Reduction, Early Intervention)	Total Amount \$28,283,729	Contracts ReAllocated Early 2006 (Supportive Counseling/Family Stabilization, Treatment Adherence, Legal Services)	Total Amount \$10,300,058	Residents Living with HIV/AIDS	Annual HIV/AIDS Deaths as of 2007
Borough	Amounts Received	% of Total City \$\$	Amounts Received	% of Total City \$\$	% City Total	% City Total
Manhattan	\$16,796,647	59%	\$5,640,150	55%	30.3%	25.8%
Bronx	\$4,853,424	17%	\$1,291,887	12.5%	21.7%	25.5%
Brooklyn	\$3,483,404	12%	\$1,818,449	17.6%	24.5%	30.8%
Queens	\$2,288,021	8%	\$358,247	3.5%	13.9%	11.4%
Staten Island	\$862,233	3%	\$802,317	7.8%	1.8%	2.6%

As Chart 1 shows, Manhattan received almost double the funding it was entitled to based on its percentage of city residents living with HIV/AIDS. Staten Island also received a significantly higher portion of funds than entitled by its number of AIDS cases. (In the 2006 reallocation, it received 4 fold the amount of money it should.) \*

The Bronx, Brooklyn and Queens all received significantly less than entitled by their HIV/AIDS caseload. By 2007, the last full year for which city AIDS data is available, the Bronx and Brooklyn were showing increasing disparities between their percentage of city AIDS cases and their share of deaths.

\*Detailed Information on the 2006 allocation is available in a major report undertaken by Comptroller William Thompson on [Comptroller.nyc.gov](http://Comptroller.nyc.gov) under press releases for April, 2006.

### Death Rates Reflected in Funding Changes: Deaths in Most AIDS Impacted Boroughs

Chart 2 examines the impact of the funding changes on deaths in Manhattan, the Bronx and Brooklyn, the three most AIDS-impacted boroughs. The top chart compares the average rate at which each borough was decreasing its deaths of people with HIV/AIDS in the two years before the Bloomberg Administration started to massively switch funds to Manhattan to its deaths in the two years afterward. Comparison of average borough death changes for these two year periods is also made separately for women's and men's deaths.

Total NYC Deaths and Percentage Change for People Living HIV/AIDS

Borough	2003 Total # of Deaths	2005 # of Deaths	% Change 2003-2005	Funding Switch to Manhattan	2007 # of Deaths	% Change 2005-2007
Manhattan	772	651	-15.6%	↑	519	-20.2%
Bronx	673	571	-15.1%		514	-9.8%
Brooklyn	819	687	-16.1%		620	-9.7%

As a Borough Brooklyn lost most money and had the greatest overall slowdown in reducing Deaths

Before the switch the boroughs were decreasing their AIDS deaths at almost equal rates

After the switch large disparities appeared

### Deaths of Women with HIV/AIDS and Percentage Change

Borough	2003 Total # of Deaths	2005 # of Deaths	% Change 2003-2005	Funding Switch to Manhattan	2007 # of Deaths	% Change 2005-2007
Manhattan	187	159	<b>-14.9%</b>		142	<b>-10.7%</b>
Bronx	250	200	<b>-20%</b>		187	<b>-6.5%</b>
Brooklyn	275	253	<b>-8%</b>		236	<b>-6.7%</b>

As a group, Bronx women lost the most funding and support services; the major progress in reducing Bronx women's deaths collapsed

### Deaths of Men with HIV/AIDS and Percentage Change

Borough	2003 Total # of Deaths	2005 # of Deaths	% Change 2003-2005	Funding Switch to Manhattan	2007 # of Deaths	% Change 2005-2007
Manhattan	585	492	<b>-15.9%</b>		377	<b>-23.4%</b>
Bronx	423	371	<b>-12.3%</b>		327	<b>-10.8%</b>
Brooklyn	544	434	<b>-20.2%</b>		384	<b>-11.5%</b>

As a group, Manhattan men gained the most funding and services and the biggest Death decrease.

As seen, before the funding switch, all three boroughs were reducing their deaths at virtually the same rate---between 15% and 16% on average in the two years. This is even more striking because the Bronx and Brooklyn, with their large concentrations of women, minorities, poor people and drug users with AIDS, have had a higher overall AIDS death rate than Manhattan throughout the epidemic. Nonetheless, with funding, social support and medical services well distributed to the these boroughs, they were making steady progress.

After the funding switch that started in early 2006, this progress collapsed. Manhattan now was decreasing its AIDS deaths at double the rate of the Bronx and Brooklyn.

#### Key Points

Brooklyn as a borough lost the most funding and overall now has the greatest disparity between the number of residents who have HIV/AIDS (24.5% of the NYC total) and the number of their deaths (30.8% of the city total).

As a group, Bronx women lost the most funding and services; indeed, key Ryan White services were so completely withdrawn from Bronx women with HIV/AIDS that by the end of 2006, only 3% of all Ryan White clients in the city receiving Supportive Counseling/Family Stabilization services---services specifically intended to help stabilize women with AIDS raising children---lived in the Bronx. The result was to derail the significant progress the Bronx had been making in keeping women---and mothers---alive.

As a group, Manhattan men received the most funding and medical/support services from the funding switch; they then had the largest decrease in deaths of any male or female group in the major AIDS boroughs.

## Service Distribution: “Outer Boroughs” Denuded

The following chart (Chart 3 attached) gives an idea of the biased service distribution that resulted from the biased funding distribution. As can be seen, people in the “outer boroughs” often just could not get AIDS services, despite the City’s huge federal funding allocation

Important Note: Please do not blame us because this chart is almost unreadable. This is what the Department of Health produced after more than 18 months of Freedom of Information Act requests and appeals. Although complete annual reports on the city’s distribution of Ryan White Services were readily available on a public website until 2005, since then basic information about the services actually delivered with this some \$40 million have been publicly unattainable. Extensive legal effort has so far only produced information on 2006; information about services in 2007 and 2008, years which would show the full impact of the service “redistribution”, is still being withheld.

Given the unreadability of the chart, we have marked basic information.

1. Only 3% of total clients receiving Supportive Counseling and Family Stabilization Services were in the Bronx. These services are largely directed toward stabilizing the care of women with AIDS who are raising children.
2. Even though Manhattan had far and away the most grants, service locations and funding, 62% of clients who received Ryan White-funded transportation services---car services to help sick people reach their medical appointments---also lived in Manhattan.
3. Treatment adherence support---namely teaching people to use their AIDS medications correctly---was almost entirely confined to Manhattan, with 73.5% of clients receiving this help being Manhattan residents.

Discussion: Why and How?

### WHY

Why did this happen? Why would a Health Department not use federal funds to equally protect the health and lives of its most vulnerable citizens---millions and millions, in fact, it had only received **because** of the illness of those citizens?

The available public record shows that the New York City Department Health and Mental Hygiene, under Dr. Thomas Frieden, Commissioner during most of the Bloomberg Administration, made little effort to disguise its disdain for outer borough AIDS populations. At one key stage after another, the Administration would only involve Manhattan agencies and leaders in determining AIDS policy and funding.

*\*In 2005, when Mayor Bloomberg, on the advice of Commissioner Frieden, appointed a New York City Commission on AIDS---to provide the Administration with “guidance” on improving NY AIDS care and prevention---all 20 members came from Manhattan agencies or represented government. \**

*\*When the Bronx HIV Care Network, on behalf of 400 Bronx agencies wrote Mayor Bloomberg to request that the Bronx be included, Commissioner Frieden responded for the Mayor (in writing) that the Commission was “a high level deliberative body... not meant to include... every specific subpopulation.” (Letter attached.)*

For both the early 2006 and early 2007 funding switch, the “Coordinating Panel” which recommended the final grant allocations forward to the Department of Health consisted only of representatives of Manhattan agencies and of government---a violation not only of ordinary fairness, but of service procurement rules under the City Charter.

## HOW

Medical Health and Research Associates (MHRA)---now renamed Public Health Solutions---is a large, “nonprofit” grant administrator which the city uses to administer multi-millions in city grants, including its some \$150 million in federal AIDS support and prevention funds. Publicly, MHRA/Public Health Solutions, which receives some \$25 million a year for administering the city’s federal AIDS funds, had the main responsibility for issuing the requests for proposal; (RFPs) for these AIDS funds, reviewing all the responses from hospitals, agencies and community groups, and forwarding funding recommendations to the Department of Health. In this un-transparent process, the Health Department and MHRA/Public Health Solutions are both able to disclaim responsibility when complaints arise; at the same time major funding decisions occur outside of ordinary public scrutiny.

*\*One member from Staten Island was later added.*

## Violations of City Charter

In the case of this AIDS contracting, the biased funding distribution was undertaken through clear violations of the New York City Charter. The New York City Charter S556 b. (4) requires that all decisions regarding delivery of services to mental health populations reflect “an inclusive citywide planning process” which incorporates participation “at the borough and local community level.” The purpose of this requirement, obviously, is to try and assure that services are fairly distributed among the boroughs. The city, itself, in its “Comprehensive Strategic Plan for AIDS Services 2005-2008,” which it was mandated to prepare for HRSA, the federal Ryan White funding administrative agency, defined 90% of New Yorkers using these Ryan White Services as having mental health disabilities within the definition of the New York City Charter.

Nonetheless, in its clear intent to maximize AIDS funding in Manhattan, the city violated that requirement of the City Charter---- and its process was the opposite of inclusive; as documented through Freedom of Information ACT requests, what was called a “Coordinating Panel”, consisting **only** of representatives of Manhattan AIDS and social service organizations, and government representatives, made the final recommendations to the Health Department for agencies and contracts to be funded. (Aside from the fact that the “Coordinating” Panel’s composition violated the City Charter, neither the Department of Health or MHRA/Public Health Solutions could supply any written guidelines about how this “Panel” was appointed).

Material Changes in Grants: Procurement regulations (S 319) under the City Charter also forbid any material changes to be made after sealed bids for grants are submitted for review--- or even for city officials to discuss proposals with bidding agencies unless all are “accorded fair treatment with respect to any opportunity for discussion and revision of proposals.”

Yet, the Health Department/MHRA, in violation of both the City Charter and recognized ethical contracting, made material changes for favored contractors who were then given funding. One example is a grant request for legal services funding. After the Manhattan legal agency had submitted its “sealed” request, its “official” category was changed at MHRA from its own designation of itself as a “Neighborhood-based” agency to a supposed “Borough-wide” agency. With the designation change, it received funding. (No agency which truthfully described itself as Neighborhood-based actually obtained funding in either year---despite the city’s “request for proposals”

designating Neighborhood-based services as an official category). This “accommodation” was made to provide yet another Manhattan agency with funding, even though Manhattan was already receiving \$1 million more in AIDS-related legal services contracts than it was entitled to by caseload.

**Conflicts-of-Interest:** We have not been able to review whether agencies/representatives on the Coordinating Panels, or grant “reviewers”, had conflicts-of-interest, particularly financial or personal ties to agencies whose funding they approved, because the city has refused to produce relevant conflict-of-interest questionnaires and information.

**Close Involvement of Commissioner:** This AIDS grant funding was closely supervised by the Office of then Health Commissioner Thomas Frieden, M.D. Although the city at first claimed there were NO emails between the Health Department and MHRA/Public Health Solutions regarding basic aspects of these grants one of the few finally obtained showed that the Commissioner personally supervised the grant process down to its timing.

In that email, evidently sent in June, 2005, the Health Department, “on behalf of the Commissioner” directs MHRA not to “yet mention when awards of new contracts will be announced.” Yet internal documents make clear that final Health Department decisions regarding the first redistribution, including agencies who would now not get this federal AIDS money, had been completed in April, 2005. Letters to the clinics/hospitals/agencies who would both receive funds---and be de-funded---were not actually sent until December, 2005, which meant that the “outer borough” AIDS de-funding, which had already been decided in April, was not publicly known until after the 2005 Mayoral election.

Emails also show considerable concern among top Health Department AIDS officials to obtain public relations help to compose “carefully crafted” responses to then also give to MHRA to try and publicly explain this time lapse and what became contracting chaos.\* *Because of the delay which kept the outer borough “de-funding” secret until after the Mayoral election, most of the new contracts were not in place until months after the old ones ended.* This disarray was so complete, for example, that when Health People was forced to close down the only Bronx program especially serving mothers with AIDS, our MHRA-approved “client disposition plan” had us referring these fragile women to a Manhattan program which never even opened. Thousands of AIDS clients were just left without services as de-funded programs shut down before new ones were in place. In an unprecedented act, this disarray and disruption occurred as a direct result of an order from the New York City Health Commissioner.

(The “carefully crafted” response, also given to the press, was that the delay occurred because the city was developing better ways to evaluate the programs; not one piece of paper appeared in response to FOILs to support this public claim.)

**Conclusions:** Although the federal government largely allocates this money to AIDS-impacted cities and states based on their caseload, the New York City Department of Health blatantly favored Manhattan hospitals, clinics, social service and support agencies in contracting the AIDS services provided with federal funds. The city’s distribution of federal Ryan White AIDS funds directly impacted death rates in the boroughs---and the prospects of life.

While the focus of this study is to promote equality of services for all, we underscore an especially dire consequence of the New York City Department of Health bias. New York City already has the most AIDS orphans of any city in the Western world; the drastic underfunding of the Bronx and Brooklyn---boroughs where 61% of the city’s women with HIV/AIDS live----clearly means that mothers lose their fight for life in larger numbers than they would with fair distribution of funding and services; it means that children are orphaned.

At every stage, the city tried to block FOIL (Freedom of Information Law) requests for the most basic information with responses that defied credulity. It first claimed it didn't have to respond to any requests involving MHRA's role in contracting these public millions because MHRA was a "private agency". It first claimed not to have any information about its distribution of these almost \$40 million annual in AIDS services---even though it has to make a detailed annual report to the federal government.

It is past time for the federal government, including investigative agencies, to completely probe the contracting of New York City Ryan White funds.

The current result---with millions and millions of dollars the city gained from the sickness of some used to enhance the life of others---is medically and morally unacceptable.

About the author: Chris Norwood, Executive Director of Health People, has undertaken extensive independent AIDS studies. She did the first projections of New York City AIDS orphans, a study presented at the V International AIDS Conference, uncovered major undercounting of women's deaths in the first years of the epidemic and wrote Advice for Life, the first book on women and AIDS.  
Contact: [ChrisNorwood@HealthPeople.org](mailto:ChrisNorwood@HealthPeople.org) or 718-585-8585

Chart 3

Table IV-J: Borough of Title I Service by Borough of Residence  
March 2006 - February 2007

Service Category	Borough of Service	Borough of Residence						Total Clients*	Number of Sites**
		Bronx	Brooklyn	Manhattan	Queens	Staten Island	Other		
Supportive Counseling & Family Stabilization Services <sup>1</sup>	Bronx	14 11.8%	2 0.5%	6 5.0%	1 2.3%	1 1.5%	0 0.0%	24 3.0%	16 14.5%
	Brooklyn	4 3.4%	306 69.9%	10 8.3%	7 15.9%	1 1.5%	4 57.1%	322 41.5%	33 30.0%
	Manhattan	100 84.0%	131 29.5%	101 84.2%	30 68.2%	13 19.7%	3 42.0%	378 47.3%	42 38.2%
	Queens	0 0.0%	1 0.2%	0 0.0%	5 11.4%	1 1.5%	0 0.0%	7 0.9%	5 4.5%
	Staten Island	1 0.8%	3 0.7%	2 1.7%	0 0.0%	50 79.8%	0 0.0%	56 7.0%	13 11.6%
	Other	0 0.0%	1 0.2%	1 0.8%	1 2.3%	0 0.0%	0 0.0%	3 0.4%	1 0.9%
	Total Clients*	119 100.0%	444 100.0%	120 100.0%	44 100.0%	66 100.0%	7 100.0%	800 100.0%	110 100.0%
	Transitional Housing for Special Populations <sup>2</sup>	Bronx	5 25.0%	1 1.1%	6 6.3%	1 9.1%	1 2.9%	0 0.0%	16 5.3%
Brooklyn	3 15.0%	66 69.5%	14 11.0%	2 10.2%	0 0.0%	4 25.0%	89 29.9%	22 23.2%	
Manhattan	11 55.0%	26 27.4%	95 74.8%	7 63.6%	5 14.3%	10 62.5%	154 50.7%	47 49.5%	
Queens	0 0.0%	1 1.1%	2 1.6%	1 9.1%	0 0.0%	0 0.0%	4 1.3%	2 2.1%	
Staten Island	0 0.0%	0 0.0%	6 4.7%	0 0.0%	28 80.0%	1 6.3%	35 11.5%	8 8.4%	
Other	1 5.0%	1 1.1%	2 1.6%	0 0.0%	1 2.9%	1 6.3%	6 2.0%	3 3.2%	
Total Clients*	20 100.0%	95 100.0%	127 100.0%	11 100.0%	35 100.0%	16 100.0%	304 100.0%	95 100.0%	
Transportation Services	Bronx	33 36.3%	0 0.0%	2 9.5%	2 8.7%	0 0.0%	0 0.0%	37 20.3%	21 25.9%
Brooklyn	0 0.0%	11 37.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	12 6.6%	9 11.1%	
Manhattan	56 61.5%	17 58.6%	17 81.0%	16 69.6%	7 43.8%	1 50.0%	114 62.6%	37 45.7%	
Queens	1 1.1%	0 0.0%	0 0.0%	5 21.7%	0 0.0%	0 0.0%	6 3.3%	5 6.2%	
Staten Island	0 0.0%	1 3.4%	2 9.5%	0 0.0%	8 50.0%	1 50.0%	12 6.6%	8 9.9%	
Other	1 1.1%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.5%	1 1.2%	
Total Clients*	91 100.0%	29 100.0%	21 100.0%	23 100.0%	16 100.0%	2 100.0%	182 100.0%	81 100.0%	
Treatment Adherence Support <sup>3</sup>	Bronx	273 41.5%	12 1.8%	62 5.7%	11 3.9%	3 1.1%	5 6.2%	366 12.8%	56 20.6%
Brooklyn	12 1.8%	207 30.6%	29 2.7%	5 1.8%	0 0.0%	6 7.4%	259 9.0%	49 18.4%	
Manhattan	361 54.9%	445 65.7%	975 89.5%	226 79.3%	31 41.9%	66 81.5%	2,104 73.5%	170 67.9%	
Queens	2 0.3%	11 1.6%	13 1.2%	42 14.7%	0 0.0%	3 3.7%	71 2.5%	21 7.9%	
Staten Island	2 0.3%	2 0.3%	0 0.7%	0 0.0%	39 52.7%	1 1.2%	52 1.8%	10 3.7%	
Other	0 0.0%	0 0.0%	2 0.2%	1 0.4%	1 1.4%	0 0.0%	5 0.4%	4 1.5%	
Total Clients*	650 100.0%	677 100.0%	1,089 100.0%	285 100.0%	74 100.0%	81 100.0%	2,864 100.0%	767 100.0%	

Only 3% of Family Services Clients are in the Bronx

62.6% of AD Clients receiving transportation are in Manhattan

73.5% of Treatment Adherence Clients are in Manhattan

\*Based on the borough of clients' site assignment. Clients are counted once for each borough in which they were assigned.  
 \*\*Sites are based on data entered into the UHS by program staff and may include additional non-contractual sites.  
<sup>1</sup>Eight new contracts from Service Category re-bid; six started in March and two started in June 2006. Clients in previously existing supportive counseling or custody planning programs were reopened in new Supportive Counseling & Family Stabilization contracts.  
<sup>2</sup>Includes a contract in the Service Category 'Emergency Transitional Housing and Supportive Services' and two 'Transitional Housing and Supportive Services for Targeted Special Populations of Parolees/Releasees' contracts.  
<sup>3</sup>Twenty new contracts from Service Category re-bid. Includes contracts in the Service Category 'Treatment Adherence (MAM)'. Fourteen contracts began in March, four in August and two in September 2006. Clients in previously existing treatment adherence programs were reopened in new Treatment Adherence contracts.

THE CITY OF NEW YORK  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF THE COMMISSIONER



125 WORTH STREET, CN-28  
NEW YORK, NY 10013  
NYC.GOV/HEALTH

THOMAS R. FRIEDEN, M.D., M.P.H.  
COMMISSIONER  
TEL (212) 788-5261  
FAX (212) 964-0472

May 18, 2005

Mr. Socrates A. Caba  
Network Coordinator  
Bronx HIV Care Network  
C/o Montefiore Medical Center  
111 East 210<sup>th</sup> Street  
Bronx, New York 10467

Dear Mr. Caba:

Thank you for your letter regarding the membership of the New York City Commission on HIV/AIDS. Please be assured that the concerns and issues of all New Yorkers are represented on the Commission.

The Commission, which is comprised of people living with HIV/AIDS and other experts from many HIV-related fields, was created as a high-level deliberative body intended to examine HIV/AIDS policies in a citywide context. While the Commission is not meant to include members from every specific sub-population or borough in the City, the Commission is broadly representative of the City as a whole.

The Commission does provide opportunities for broad public input, such as a series of community forums held in June 2004. In addition, the Commission's draft report of its policy recommendations will be released soon for a public comment period. Once posted it can be accessed at [www.nyc.gov/health](http://www.nyc.gov/health). I urge you to read the report and submit your comments, including any that are specific to the concerns of people in the Bronx.

Please be assured that the concerns of all New Yorkers are represented on the Commission and that we will continue gathering input from all segments of the population of the City.

Sincerely,

Thomas R. Frieden, M.D., M.P.H.  
Commissioner