

***The Illinois General Assembly has passed an inadequate state budget that will cut HIV funding by 50% or more beginning July 1 if state lawmakers do not identify reasonable ways to increase state revenue from taxes or other sources. A reduction of this size and magnitude would destabilize vital HIV services, hurting tens of thousands of Illinoisans and the public's health.***

***Sign this letter and provide your address so we can send your letter to your representative and senator. Use the space provided to say why HIV programs are important to you.***

***Fax this letter IMMEDIATELY AFTER SIGNING to Pete Subkoviak at (312) 922-2916, and we will fax it to your General Assembly members. Fill in your full address and we'll do the rest!***

***Questions? Contact Pete at (312) 334-0963 or [psubkoviak@aidschicago.org](mailto:psubkoviak@aidschicago.org).***

Dear Illinois General Assembly Member,

I am extremely concerned that the budget passed by the General Assembly will result in deep funding cuts in the FY 2010 budget to state services, including HIV prevention, housing, and care programs, and other programs that assist vulnerable Illinoisans. Without new revenue from taxes or other sources, the state could face a 50% or more budget reduction and elimination of core health and human services.

An estimated 42,000-44,000 people are living with HIV in Illinois, an estimated 3,000 Illinoisans are infected each year, and as many as 8,000-10,000 people with HIV are infected with the virus but don't know it.

The impact of 50% or greater budget cuts could be devastating. Low-income, uninsured people with HIV could wait weeks or months for medications that they must take daily to stay healthy. Housing agencies could be forced to close their doors and turn people with HIV onto the streets. HIV testing programs might have no staff to reach people at risk.

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**We can't cut our way out of this budget problem. Please protect the public health by raising new revenue from taxes and other sources to meet the current and future needs of people living with and at risk of HIV.**

Sincerely,

(please print clearly and provide all information requested)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_