

### **Why Write a Letter to the Editor**

**The Save HIV Funding Campaign encourages its members and allies to write letters to the editor (LTEs)** in response to local or national media that discuss HIV issues or federal budget or funding cuts. The idea is to use media pieces that address these issues as “hooks” for writing an LTE to highlight HIV community concerns about pressures on and cuts to federal funding and resources that support people living with or vulnerable to HIV and the providers who serve them. *A well written letter or post that complies with the media outlet’s standards has a good chance of being published.*

**LTEs educate the local community on HIV issues, including politicians from the region**, who note pieces in their local papers or new media sources. They do this to track community concerns.

**In addition to responding directly to an article or post, sometimes it’s possible to tie an LTE to an [HIV/AIDS Awareness Day](#).** Coming up on August 20<sup>th</sup> is Southern HIV/AIDS Awareness Day and on August 25<sup>th</sup> is National Faith HIV/Awareness Day.

**LTEs are a critical tool for calling attention to funding cuts and constraints** that are making HIV services less available and harming individuals, families, and communities nationwide. *Thank you* so much for your help to populate the media with LTEs nationwide!

### **Tips for writing LTEs**

Most newspaper editors will publish *a few short letters* on any topic, so here are **10 tips** that should increase the chance that your letter is selected:

1. **Keep your letter short and to the point; review the rules outlined by the media outlet; and follow those rules exactly.** LTEs should **not** exceed the length that are indicated – a good guide is to *keep LTEs under 150 words*.
2. **Ask your friends and colleagues to write an LTE.** If outlets receive a lot of letters on one topic from different readers, they may likely publish one or two of the letters that best express the majority of the readers’ opinions on that topic.
3. **Discuss only 1 issue in your letter and make your point as clear as possible.** By making your point directly, clearly and in short, you increase the likelihood that your LTE will be published.
4. **Timing is critical, so please reply to an article or post with your LTE as soon as possible** – within 1-2 days is ideal and this speed will increase the likelihood that your LTE is published.
5. **Use your expertise to inform the LTE and/or submit the LTE with your title or lived experience noted** - media outlets like to publish people who know the issue or who could be considered “experts.” Another possibility is to have the executive

director of your organization or a person well known in the community sign your LTE.

6. **Personalize your letter.** Media outlets seek letters from real people. If you are comfortable doing so, speak from experience (as a person living with HIV ... people in my community are at risk for HIV ... etc.)
7. **Moderate the tone of your LTE** – abusive or ranting LTEs will not get published.
8. **Check (or ask a friend/colleague to check) your LTE for typos, grammar, spelling, etc.** Media outlets likely will edit your letter for errors, but you stand a better chance of being published if your letter contains fewer mistakes.
9. **Always include your name, address and day-time phone number when you submit an LTE.** Media outlets usually will not publish anonymous letters. *Please note* that mainstream media outlets should not publish your address or phone number, but they may use it to verify that it was you who wrote the LTE.
10. **Finally, don't hesitate, please write and submit your LTE!** And don't worry about it being perfect, just give it your best effort and send it off. With every letter you submit, your chances of getting published increase!

#### **Save HIV Funding Campaign Sample LTE**

*145 words in the body of the text below. Please feel free to edit it to reflect your expertise or lived experience, but please keep the final LTE short and to the point, thanks.*

DATE  
NAME OF PUBLICATION  
PUBLICATION ADDRESS

Dear Sir or Madam,

Regarding “[name of article],” published on [date of article], people living with and vulnerable to HIV are being harmed because effective, bipartisan federal HIV programs are losing critical, life-saving and cost-reducing resources. The Ryan White Program provides HIV care, treatment, and support to over 550,000 people and 90% or more clients achieve viral suppression - a successful health outcome that prevents HIV transmission. NIH research has resulted in effective HIV treatment and prevention, including PrEP - a medication that 99% prevents HIV - and *discoveries for other diseases like cancer*. The Administration's throttling of FY25 resources to federal HIV programs and proposed FY26 cuts will result in more new cases of HIV; worse health outcomes – including more deaths; and increased health care costs. Congress must fully fund HIV programs in FY26 and ensure that these vital resources support and serve individuals, families, and communities nationwide.

[Signature]

Name  
Address  
Phone number

### HIV Funding Issues Talking Points (July 31, 2025)

*This information may be helpful as you draft your LTE.*

- **Congress must provide robust funding for HIV programs in the final FY26 spending package.**
  - Note that HIV programs have a more than 35 year history of bipartisan support.
  - Describe the need for HIV services in your state or local area.
- **Describe how cuts to federal HIV prevention, treatment, care, and research funding would:**
  - Hurt people living with or vulnerable to HIV by reducing access to critical, life-saving services, and
  - Cut jobs throughout your state or locality.
- **Federal HIV programs are effective and save money.**
  - **HIV prevention is cost-effective** - Each year, there are approximately 32,000 new cases of HIV, and each new case has expected lifetime medical costs of more than \$500,000. This equals **\$16 billion in new lifetime medical costs each year.**
  - **The Ending the HIV Epidemic (EHE) initiative has reduced HIV incidence by 21% in EHE jurisdictions - 3.5 times better than non-EHE jurisdictions** - because EHE jurisdictions have additional resources to expand access to HIV testing, treatment, and prevention services, including PrEP (HIV prevention medication).
  - **The Ryan White HIV/AIDS Program is an effective federal program that provides HIV care, treatment, and support to more than 550,000 people nationwide.**
    - The program has helped **more than 90% of its clients** achieve viral suppression, a successful health outcome that prevents HIV transmission.

- ***Maintaining funding for all parts of the Ryan White Program is critical, including Part F***, which supports access to dental programs; training and education that helps primary care physicians and other non-HIV specialists treat people living with HIV; and implementation of evidence-based programs that improve HIV treatment and prevention outcomes.
- When people lose Medicaid coverage, their next option is to try to access services through the Ryan White Program – so as people lose Medicaid and other health coverage, more people will need HIV treatment and care through the Ryan White Program.
- **HIV research has led not only to effective HIV treatment and prevention**, including PrEP - a medication that is 99% effective at preventing HIV - ***but also to treatment discoveries for other diseases, such as cancer.***