

THE HIV/AIDS EPIDEMIC WHY FUND HIV/AIDS PROGRAMS?

The HIV/AIDS Epidemic is a Public Health Emergency

AIDS is an infectious, incurable and usually fatal disease that strikes people in the prime of life and was unknown until 1981. Less than two decades after its first appearance in the U.S., AIDS has killed over 400,000 Americans and is the leading cause of death among African-Americans and the second leading cause of death among Latinos between the ages of 25-44. Overall, AIDS is the fifth leading cause of death among all Americans in this age group. It is estimated that one in 250 Americans is infected with HIV. HIV/AIDS is one of the most devastating epidemics to face our country in recent history, and is different from other life-threatening diseases in a number of ways:

- **HIV/AIDS is a new and complex disease.** Unlike other life-threatening conditions, which have been studied and treated for decades, HIV/AIDS was unknown just seventeen years ago. Research into AIDS prevention, treatment, and care has struggled to keep up with the inroads the epidemic has made into our society. It took five years for researchers to identify the cause of the disease and to establish a diagnostic test for it. It took fifteen years for researchers to develop potent new drugs, known as protease inhibitors, to treat HIV/AIDS. The complexity of the human immune-deficiency virus (HIV) continues to challenge researchers as they search for a cure. The epidemic has placed heavy demands on our society to build up a new infrastructure for complex new care services and prevention programs.
- **HIV/AIDS disproportionately affects younger Americans.** AIDS is a disease that predominately kills Americans in the prime of their life. Half of the 40,000 new infections each year occur in individuals below the age of 25. In 1998 alone, close to one million years of potential life was lost due to the fact so many young people lost their lives. While other diseases may cause more deaths, AIDS often kills some of the youngest, most productive members of our society. It is estimated that the median age at time of infection is now 25 years, and that one out of every four HIV positive Americans became infected when they were 21 years old or younger.
- **People with HIV/AIDS experience discrimination.** Seventeen years after the beginning of the epidemic, people living with HIV/AIDS continue to face discrimination from employers, landlords, health care providers and others. HIV/AIDS-specific programs and services have arisen to meet the needs of people who have lost their jobs, their health insurance and their homes. Housing Opportunities for People With AIDS (HOPWA) and other programs arose, in part, because of the inability of people with HIV/AIDS to access other housing, social service and health care programs. Underlying some of the arguments against increased HIV/AIDS funding is often a moral judgment about who gets the infection and how it is transmitted. Virtually every major cause of death in the nation has some behavioral basis. For example, we conduct research into lung cancer, even though its primary cause is behavior-based, through smoking, while also urging people to change the behaviors that place them at risk. Few other medical conditions have been subjected to the same degree of prejudice and discrimination as HIV/AIDS.

Federal AIDS Funding is Not Higher Than That of Other Diseases

The perception that the federal government spends more money on AIDS than any other disease is false. Because HIV/AIDS is an epidemic, a greater effort has been made to track AIDS care expenditures. For example, overall federal spending for heart disease and cancer in the two major federal health insurance programs – Medicaid and Medicare – is not tracked in the same fashion as AIDS. Therefore, it is misleading to include entitlement spending for AIDS to calculate aggregate disease spending, without including comparable figures for other diseases under entitlement programs. Federal AIDS programs are important because:

- **The initial federal response to the epidemic was inadequate and slow.** Funding for care and housing programs for people living with HIV/AIDS was not appropriated until the 1990s, over ten years after the epidemic began. Community based prevention programs were not put in place until several years ago. Governmental censorship of effective prevention messages further delayed the provision of life-saving information to Americans. We have a lot of catching up to do in order to effectively counter the further spread of the epidemic, care for those who continue to fall ill, and investigate possible treatments and a cure for this dreaded disease. The AIDS epidemic continues to require a concerted federal response and this cannot be accomplished without enhanced funding levels.
- **Volunteers have led the response to the epidemic.** In contrast to the initial lack of leadership from the government, the volunteer response to the AIDS epidemic was remarkable. Thousands of community and volunteer based organizations sprang up to care for those who were ill and teach those who were not how to avoid becoming infected. The volunteer sector continues to work cooperatively with the federal government in a private-public partnership to support innovative and cost effective programs. Volunteers continue to be a vital component in the fight against the AIDS epidemic.

Federal Spending on AIDS Programs is Cost-Effective and Makes Beneficial Contributions to Society

Putting targeted dollars into care, prevention and research not only saves lives and alleviates suffering; it saves our country from incurring much greater costs down the road. Every case of AIDS prevented through life-saving HIV/AIDS *prevention and education services* not only preserves productive human lives, it saves our society over one hundred thousand dollars in care services needed for a single case of HIV infection. Targeted, appropriate *care and housing* for men, women and children with AIDS keeps them out of expensive emergency rooms and hospital beds and healthier longer. *Research* has already led us towards treatments that keep people healthier and productive longer and will eventually bring us a cure and a vaccine for AIDS.

- **AIDS research benefits other diseases.** All biomedical research is related; AIDS research has become a gateway to the diagnosis and treatment of many diseases. For example, it has led to a new drug for hepatitis B, the leading cause of liver cancer worldwide, and for hepatitis C, a rapidly emerging additional cause of chronic liver disease. The New York Times recently reported that scientists are close to entering clinical trials for genetic treatments for diseases such as cancer and hemophilia using what they know about HIV. The success of the protease inhibitors in prolonging life and enhancing the quality of life of many people living with HIV/AIDS may also hold promise for the treatment of other conditions. Several drug companies

are developing protease inhibitors for use in treating bone loss, or osteoporosis; and in limiting the heart muscle damage that results from a heart attack. Twenty-five percent of AIDS research funding is targeted to basic biomedical research. Treatment and prevention medications which have been developed to combat the opportunistic infections which frequently attack people living with AIDS are now being utilized to fight these same conditions in individuals with advanced breast cancer as well as people who are immune-suppressed because of organ transplants, genetic disorders and severe autoimmune diseases.

- **Targeted care services protect our health care system from collapse.** The addition of hundreds of thousands of seriously ill Americans has strained our already overburdened health care and social services systems. Targeted care services like those provided by the Ryan White CARE Act help ease this burden by providing appropriate early intervention and outpatient care. The availability of these services ensures that hospitals and community health centers can continue to address the other health care needs in their communities while people with HIV/AIDS receive services they need from providers with HIV expertise. For many people living with HIV/AIDS, the CARE Act is their only source of health care and social services.
- **HIV/AIDS programs have become innovative models.** Programs such as the Centers for Disease Control and Prevention's (CDC) recently instituted community planning process for HIV/AIDS prevention and the Ryan White CARE Act are cost-effective, locally-controlled public-private partnerships that target services to those most in need based on priorities determined by local communities.

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