

THE HILL



AIDS is still a threat here

By Dr. David Satcher

The Ryan White CARE Act, the federal program that funds lifesaving treatment and services for more than a half million uninsured or underinsured people with HIV/AIDS in the United States each year, is due to expire Sept. 30. It is critical that Congress not only renew this program, but strengthen and expand it as well. Just as the death of Ryan White in 1990 led the nation to reconsider its view of HIV/AIDS, today's leaders must reassess the legislation that bears Ryan's name to make sure it addresses the changes that have taken place in both the nature and the spread of this epidemic.

Most people know Ryan's story. He contracted HIV at age 13 at a time when an AIDS diagnosis was a virtual death sentence. The revolutionary antiretroviral drugs that have transformed the disease into a more manageable chronic condition were still years away. His public struggle with AIDS and against AIDS-related discrimination helped educate our nation about the needs of people living with AIDS.

A few months after his death, Congress enacted the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act to provide care, treatment, and support services for people who are poor and do not have health insurance or other resources. It has been extended twice since then – both times by wide bipartisan margins in the Congress. President Bush recently announced principles to guide Congress in its deliberations on the latest version of the bill, which should now begin in earnest on Capitol Hill. There are serious concerns that must be kept in mind as modifications to the law are crafted.

The Ryan White program will not suddenly end if Congress fails to meet the Sept. 30 deadline, but would continue operating in its current form. However, states and cities are already straining under a growing caseload. The CDC estimates there are 211,000 people with HIV/AIDS in the U.S. who are not receiving drug treatment, but should be. While the majority of AIDS cases are still in urban areas, more and more people in rural areas, particularly in the South, are being infected.

As a result, they are facing additional hardships. Due to funding restraints, nine states have instituted waiting lists for people in need of drugs. In states like Mississippi and Tennessee, and others around the country, people with AIDS are losing their drug coverage completely due to state Medicaid cutbacks.

Another concern is that we cannot continue to approach HIV/AIDS care based on outmoded assumptions about the epidemic. The CARE program has been essentially "flat-funded" for many years now, even though there have been major changes in the nature of the epidemic itself.

Today, thanks to remarkable advancements in drug therapies and medical care, people are living longer and deaths attributed to AIDS in the United States have decreased, but about 40,000 new infections are still occurring each year.

Present day health care systems can not support the ever-increasing numbers of people living with HIV/AIDS who are now entering these systems. This has left many of them with inadequate access to healthcare, especially those for whom private health insurance is entirely out of reach. Newly infected people are increasingly likely to be poor, to be members of a minority community, and to have inadequate access to healthcare. As a result, nearly half of the estimated 1.1 million people in the U.S. who are currently infected with HIV/AIDS are not receiving adequate care or treatment.

Continued “flat funding” for CARE Act programs will do little to help eliminate current waiting lists, and nothing to extend care and treatment to people who aren’t even on those lists. Instead, it will only serve to pit city against city and state against state for the limited dollars available. A person’s ability to receive treatment should not depend upon where in the country they live.

Americans in recent years have responded nobly and generously to the HIV/AIDS pandemic worldwide. We must not let complacency allow us to lose sight of the serious threat that the virus still poses at home.

Satcher, a former U.S. surgeon general, is the interim president of the Morehouse School of Medicine in Atlanta. Ben Goddard’s column will return.