



ACCESS HIV TREATMENT AND CARE IN THE US: In the US, there are over 1 million people living with HIV. Half do not have access to consistent, reliable care and treatment. Hundreds of people are in clinical need of treatment, but are sitting on waiting lists for the medicine that would save their lives. In some cases, the only way they can get access to medicine is if someone receiving treatment dies. In fact, the US lacks a coordinated national AIDS strategy overall. Unlike Brazil, which provides free access to anti-retroviral treatment for all people living with HIV, in the US, access to treatment is not guaranteed.

THE RESPONSIBILITY OF THE NEXT PRESIDENT:

- *Ensure that people living with HIV can start treatment when clinically necessary.* Currently, approximately 75% of people with HIV get their life-saving medication through Medicaid. But Medicaid says that you have to have a clinical AIDS diagnosis before starting treatment. If people with HIV were allowed to start treatment funded by Medicaid when medically necessary, the AIDS death rate in this country would be cut in half. The Early Treatment for HIV Act has been introduced in the Senate and House, and would address this disparity. Our next President must make sure that people with HIV can access the treatment when needed, and not have to wait until they have a formal AIDS diagnosis.
- *Eliminate waiting lists for AIDS drugs.* Several states have waiting lists for life-saving AIDS drugs, and hundreds are on those lists. The federal government must provide the resources for states to end the waiting lists, so every person who is eligible for treatment in the US can get access to medicine to save their lives.
- *Make housing a priority for people with HIV.* Researchers have concluded that stable housing is critical for all people, but especially for people with HIV. People are more adherent to medication, more likely to eat well and sleep enough, and are all-around more healthy when they have a stable home. Sadly, the US has shortchanged and underfunded AIDS housing programs, and denied people with HIV who do not have a clinical AIDS diagnosis from accessing AIDS housing. Housing must be seen as a priority for people with HIV, and AIDS housing funding should be increased proportionally with the number of homeless people with HIV.
- *Address the disparity that exists between access to services in rural and urban areas.* The current distribution of funding favors cities with historically high infection rates, and not rural areas, especially in the South, which have rapidly growing infections, so those rural areas lack access to many essential services, such as transportation and nutrition. At the same time, no one could argue that cities like New York and San Francisco are receiving too much money for services and care. We need to increase the amount of funding going into the federal Ryan White CARE Act, the bill which funds care and treatment for people with HIV in the US, so that everyone in the country, regardless of where they live, have access to all the services, care, and treatment needed in order to live full, healthy lives.

HIV PREVENTION IN THE US: According to new Centers for Disease Control and Prevention HIV incidence estimates, the US has been underestimating the number of people becoming newly infected with HIV each year for the last decade by as much as 40%. Current estimates are that 56,000 people were newly infected with HIV last year. And HIV prevention funding has not increased in nearly a decade. But, even the money we are spending on HIV prevention is plagued with problems. We emphasize unproven, ineffective abstinence-only-until-marriage sex education, instead of giving young people the information they need to protect them. The federal government continues to ban government funding of syringe exchange programs, which the Department of Health and Human Services' own research shows does not increase drug use, but dramatically reduces rates of HIV infections. And HIV prevention programs from the Centers for Disease Control and Prevention come in pre-packaged, cookie-cutter form that do not serve any community well. Because these interventions are made to fit everyone, they don't work for anyone. In order for the US to begin to reduce infections, we need to commit the necessary funds to programs that work.

THE RESPONSIBILITY OF THE NEXT PRESIDENT:

- In the wake of disturbing news about higher HIV rates in the United States, *work with people living with HIV and allies to develop and implement a National AIDS Strategy* that confronts the homophobia, violence and bias at the heart of the U.S. epidemic.
- *Provide \$1 billion per year in funding for HIV prevention.* Unless we provide enough funding for HIV prevention in the US, we will never be able to get the education, counseling and testing services to people across the country in need.
- *End funding for abstinence-only-until-marriage sex education.* Comprehensive sex ed is shown to reduce rates of pregnancy, sexually transmitted infections, and HIV, while not increasing rates of sexual activity. Providing young people with the tools they need to protect themselves recognizes the reality that over 90% of young people will have sex before marriage, and should have the resources and knowledge to stay safe and healthy.
- *End the federal ban on syringe exchange funding.* Syringe exchange programs have been proven time and again to be the most effective means of reducing HIV incidence in injection-drug-using communities. These programs do not increase rates of drug use, but provide a safe place for users to talk about ways to reduce their risk of contracting HIV and Hepatitis C, including entering recovery programs. The federal government prohibits federal dollars from being spent on needle exchange, in spite of the evidence that shows this is a cost-effective, proven way to reduce HIV infections.
- *Explicitly and directly confront homophobia and discrimination against all sexual and gender minorities as a key national HIV prevention priority.* The Administration must coordinate a multi-faceted effort against homophobia, convened by the CDC, in conjunction with all other relevant HHS agencies. The Centers for Disease Control and Prevention (CDC) says that the new incidence figures reflect a "stable" epidemic, albeit one with a higher level of annual infections than previously estimated. However, the data reveal an ongoing and persistent increase in rates of infection among gay men and other men who have sex with men (MSM), many of whom are Black and/or Latino, and the limited studies in transgender women show infection rates that are among the highest in the world.

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