

# Preface

We Are All AIDS Activists.

The Presidential Advisory Council on HIV/AIDS (PACHA) is charged with providing advice, information, and recommendations to the President and the Secretary of the Department of Health and Human Services regarding programs and policies intended to promote effective prevention of HIV, and to advance research on HIV and AIDS.

This document contains assessments of the current HIV epidemic and recommendations to guide our domestic and international HIV efforts with a clear strategy to achieve an HIV-free generation. None of these recommendations will make much difference without effective leadership. The United States requires a coherent, unified, honest approach to lead the world to victory over HIV. We recognize all too well the politics and frustrations that confront those who labor in this field. Many of us have found ourselves struggling in our own communities to implement policies essential to help those infected with HIV and to prevent more people from becoming infected. We understand that this work is not easy, and we are in a race against time.

Through all of our discussions about what it would take to win against HIV, we always return to the absolute necessity of leadership. By leadership, we do not mean just political leadership. Rather, we mean leadership across our society. Elected leaders at the state, local and community level, the entertainment and news media, doctors and nurses, members of the civil service, state, federal and health employees, educators and faith leaders— all of us, together. Every American must engage in this fight.

Success is impossible without courageous leadership, and leaders in the fight against HIV must be recognized, thanked and supported. We commend President Bush for his extraordinary commitment to fighting HIV in the developing world and his leadership in announcing the President's Plan for Emergency AIDS Relief. We also commend the President and Secretary Leavitt for calling for the reauthorization of the Ryan White CARE Act, and for their development of principles to guide that reauthorization. We thank the many leaders we have met in the United States and across the globe who have dedicated their lives to fighting this disease. Perhaps most importantly, we thank the countless others who have stepped forward quietly to take personal responsibility to fight HIV in their communities.

PACHA is a diverse group: we are women and men, gay and straight, black, white and Latino, HIV-positive and HIV-negative, doctors, nurses, academics, community leaders, leaders of industry, wealthy and not so wealthy, native born and immigrants, but we have found one thing that unites us all. Through public meetings and personal discussions, conference calls, and disagreements, we have found a common devotion to fighting this dreaded disease, and we have found that We Are All AIDS Activists.



# Introduction

Twenty-five years ago a new illness appeared, affecting homosexual men in a few metropolitan areas in the United States and Western Europe. Ultimately, Acquired Immune Deficiency Syndrome (AIDS) was discovered to be caused by the Human Immuno-Deficiency Virus (HIV). Unknown to experts at the time, the same virus had been infecting multiple populations around the world at an alarming rate. HIV/AIDS is now a pandemic stretching to every corner of the globe and almost every demographic group imaginable.

In 2004, somewhere between 4.3 million and 6.4 million citizens worldwide became infected with HIV, more than any year before. Today, it is estimated that nearly 40 million people worldwide are living with HIV. The death toll continues to mount: HIV killed 3.1 million people in 2004, and over 20 million since the first cases of AIDS were identified in 1981.<sup>1</sup>

Recognizing the staggering damage HIV was causing overseas, in 2003 President Bush unveiled a 5-year, \$15 billion initiative to combat HIV and AIDS internationally. The President's Plan for Emergency AIDS Relief (the Emergency Plan) demonstrates an extraordinary commitment of resources both in terms of actual U.S. dollars but also in terms of U.S. human capital. The Emergency Plan has achieved some amazing successes, providing hope where there was none.

In the United States, somewhere between 1,039,000 and 1,185,000 Americans now live with HIV.<sup>2</sup> While the stunning developments of new pharmaceutical products, advances in the medical management of HIV and progress in HIV research have seen HIV diagnosis no longer an immediate death sentence in the United States, we have not stopped HIV's spread. The continuing need for HIV treatment and care for the most vulnerable Americans spurred President Bush, in his January 2005 State of the Union Address, to call for reauthorization of the Ryan White CARE Act. The following summer, the President, recognizing the changing demographics of HIV and its disproportionate impact in the African American and other minority communities, released a set of principles asking Congress to ensure that the re-authorized Ryan White CARE Act confronts the present state of the epidemic. The President urged that dollars need to be flexible enough to go where the disease is today and where it is going tomorrow. The Ryan White CARE Act demonstrates this nation's compassion for those with HIV, but we look forward to the day when the CARE Act is no longer necessary.

The Presidential Advisory Council on HIV/AIDS (PACHA) has come to realize that we are guaranteed failure if we do not make winning the ultimate goal of our HIV/AIDS efforts. To PACHA, "winning" means an HIV-free generation. It will not be achieved overnight, but devotion to this goal will force us to focus our attention and our resources. Every time someone gets HIV, it is a failure, a defeat, and it must be recognized as such.

We cannot achieve an HIV-free generation without developing an HIV/AIDS strategy based upon sound science and sound public health policy. Our enemy is too strong to allow us the luxury of squandered resources and lack of focus.

We note that when the United States partners with a country to help them fight HIV and AIDS in their own countries through the Emergency Plan, we require that country to produce a comprehensive national strategy document, laying out an integrated treatment and prevention plan. Yet the U.S. government does not require states and jurisdictions receiving federal money to develop a similar integrated treatment and prevention plan. It is time to re-examine and clarify our goals, to unify our efforts and turn the tide.

PACHA has undertaken to issue a series of recommendations to help develop a new American HIV strategy. We do not presume that the recommendations contained here are all that need to be done. Indeed, there is more this nation must do, but we hope this marks a beginning of honest debate and focused attention, and a commitment to reject HIV as inevitable. This nation must discuss what we need to do to beat HIV and to ask every American to summon the will to achieve it.

This document is separated into three parts. The first two sections focus domestically, on the Prevention of the continued transmission of this disease and the Treatment and Care of those already infected. The third section is devoted to The Emergency Plan and the epidemic in the developing world.

We stand at a pivotal moment in the fight against HIV. The Emergency Plan is at its mid-way point, the Ryan White CARE Act is up for re-authorization, and as the face of this epidemic changes, great attention is focusing on our domestic HIV prevention efforts.

**Several underlying themes run throughout these three sections:**

- We will not treat our way out of this epidemic.
- HIV is a totally preventable disease.
- The goal of the America's HIV efforts should be to have zero infections and achieve an HIV-free generation.
- Substance Abuse Treatment, Oral Health and Mental Illness Treatment are essential components to comprehensive HIV prevention, treatment and care.
- Federal authorities need to promote sound public health policies and encourage states, jurisdictions and countries receiving U.S. federal aid to adopt them.
- Every American must know their status and pledge that "HIV Stops With Me."
- Leadership throughout the public and private sectors in the fight against HIV is essential both domestically and globally.
- Every American who needs HIV treatment and care should have access to it.
- The growing epidemic in the African American and Hispanic American communities must be specifically addressed.
- Research is essential, including vaccine research, research studying drug resistance, and research to study behaviors that affect the spread of HIV.

- HIV does not exist in isolation, and the social, economic, psychological, substance abuse and legal factors that fuel the epidemic must be addressed.
- Programs and approaches must be continually evaluated and updated as new knowledge is shared and the epidemic continues to evolve.
- The Emergency Plan is a success, providing hope where there was once despair, and proving that treatment is possible in resource poor settings.
- In the developing world, America's HIV efforts need to begin to focus on creating the infrastructure that will make the long-term fight against HIV sustainable.

## **CONCLUSION**

The fight against HIV and AIDS both at home and abroad will continue for many years to come. The United States leads the world in that fight and must continue to do so. We cannot accept HIV as inevitable. We must fight it wherever it exists, and wherever it threatens to infect others. This fight does not simply require financial resources, but open minds, compassionate hearts, and unshakable will. Sound public health policies must be deployed and those approaches that do not work, that do not maximize effectiveness, must be rejected. HIV is a totally preventable disease, and we must commit to victory. If we commit to the eradication of HIV, we will be forced to focus our attention and deploy our resources most effectively. This will require us to challenge assumptions, confront stigma, and engage in an honest discussion of what we, as a nation, are willing to do to defeat this modern plague. The war against HIV will be won or lost, as all wars are, in the trenches, on the ground, in the communities where every individual life is fought for and protected. Let these recommendations be one step toward our shared victory: the dawn of an HIV-free generation.

## **References**

1. UNAIDS/WHO Annual AIDS Epidemic Update (December 2005)
2. U.S. Centers for Disease Control and Prevention