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# Why HIV Treatment Needs 10 Times Its Current Funding

By Kathleen Kennedy Townsend

*The Institute of Human Virology just received \$23 million to develop a new vaccine, but what of the millions who go untreated?*



On Friday I chaired a lively meeting of the [Institute of Human Virology](#) at the University of Maryland School of Medicine, founded by leading AIDS researcher Dr. Robert C. Gallo. The

week before, Bob had announced that we had received [\\$23 million in new funding for an HIV/AIDS vaccine](#). The funds came from the Bill and Melinda Gates Foundation, the U.S. Army, and others, including the National Institutes of Health.

I thought about how much had changed since Bob had co-discovered the AIDS virus in 1984 and since 1996, when then-Governor Parris Glendening and I recruited him and his team to Maryland. While researchers are still struggling to develop a preventive vaccine, the treatment of HIV/AIDS has drastically changed. For most of the developed world, HIV/AIDS has been transformed from a death sentence to a chronic disease.

Unfortunately, this isn't the case in the developing world, particularly in sub-Saharan Africa, where millions don't have access to life-saving drugs. For them the death sentence has not been commuted.

We need to accelerate our efforts to treat everyone infected with HIV. About 31 million people are infected worldwide, and we're only treating 3 million.

Over the last 14 years, the Institute of Human Virology has expanded from a small facility with less

than a \$10 million annual operating budget to a \$114 million worldwide operation with a staff of 300 in Baltimore and many more overseas. We treat over 5,000 patients in Baltimore and are the largest recipient of U.S. government funds for HIV/AIDS programs in Africa and the Caribbean, where we provide antiretroviral drugs to 500,000 people.

When Bob made the announcement about the grants, world-famous researchers crowded into the open hallway on the third floor of his Baltimore facility for a press conference. Institute scientists, lab technicians, and students hung over the balconies of the fourth, fifth, and sixth floors, excited about the new funds. We gave them a shout-out for their dedication and discoveries.

I knew how difficult the advances had been to achieve. A few years ago, Bob had complained at a board meeting that we didn't have the funds for a second set of monkey trials. The first round of research had gone well, but it was hard to find the money to do more. Stewart Greenebaum, my predecessor as board chair, shook his head, aghast. "We're trying to fight one of the biggest threats to human life, and there isn't money for monkeys?" A few days later, he wrote a check so that the research could continue.

I sat next to Stewart at the press conference and gave him a little squeeze when current Maryland Governor Martin O'Malley noted that the monkey trials had gone well. If it hadn't been for Stewart, it might have been many more years before this research had come to fruition.

The new funding, most of which came from the Gates Foundation, will support clinical trials on a vaccine candidate that aims to neutralize the many different strains of HIV. As Bob explained, the new vaccine is designed to bind to the virus at the moment of infection, when many strains can be neutralized.

At our Friday board meeting, we had a spirited discussion about [a new study by the HIV Prevention Trials Network](#). The study conclusively showed that immediate antiretroviral treatment of people infected with HIV lowered their chances of spreading the virus. Many of our Baltimore-based scientists had been claiming for years that the best prevention was immediate treatment. But others outside the Institute had argued that the side effects of the drugs were so rough that they shouldn't be forced on a patient. The new study--so widely publicized--and the fact that the side effects have become less toxic drastically change the equation.

Now we need to accelerate our efforts to treat everyone infected with HIV. About 31 million people are infected worldwide, and we're only treating 3 million. We need a tenfold increase in international funding.

We could also do a lot better right here in the United States. Our nation's capital has one of the worst treatment records in the country. In fact, it's on par with many African nations. As Bob says, we're helping millions abroad; why can't we solve the problem here at home?

*Image: Tim Wimborne/Reuters*

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