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HIV treatment can be HIV prevention

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The U.S. AIDS epidemic is at a turning point. It's been there before, first during the Reagan administration, which hoped to ignore AIDS but was shaken up by celebrity deaths and such courageous public servants as Dr. C. Everett Koop. Then, in the mid-'90s, drugs were developed that made HIV a manageable disease, but Food and Drug Administration approval lagged science until patients took to the streets.

The new millennium brought opportunity to rescue desperate Africans and Asians with the treatments that were saving lives in Europe and America. Thanks to leadership from the AIDS activists and President George W. Bush, we launched ambitious international initiatives that offer hope to millions in despair.

Today we face another historic opportunity. Science has proven what many at the people doing primary care and others at the forefront of the epidemic have long suspected: HIV treatment is remarkably effective HIV prevention. A recent [study from the National Institutes of Health](#) has shown that treating HIV patients with antiviral drugs makes them [96 percent less likely](#) to pass on the virus.

The public health implications are earthshaking: If we aggressively test for HIV and make treatment readily available, we can slash the rate of new infections. The Centers for Disease Control and Prevention estimates that new U.S. infections were [56,000 per year in 2006](#). That rate might be cut in half with more aggressive testing programs coupled with improved treatment access. Reducing new infections by half could save this country nearly \$15 billion each year over the long-term.

Instead of making wise, cost-effective investments in AIDS testing and treatment, the Obama administration and Congress are being penny-wise and pound-foolish. The AIDS Drug Assistance Program (ADAP) provides drugs for as many as 200,000 patients. The number of people on waiting lists for ADAP ballooned from 99 in June 2009 to 2,939 in September 2010; [8,506 people were on the waiting list as of June 23](#). Additional thousands have been kicked out of the program or disqualified from joining because of program restrictions. It has literally become easier to obtain AIDS drugs in some African countries than in many states in this country.

Blame for failure to provide more vigorous and thorough HIV-testing programs lies with the government. The pharmaceutical industry must share blame for restricted access to treatment.

When the idea of treating the worldwide epidemic caught fire in 2000, the drug industry resisted. But, after recognizing the humanitarian crisis and the opportunity, it responded by lowering Third World HIV drug prices to where the poorest of the poor can be treated.

Today most U.S. AIDS patients are impoverished. To remain well, stay on their jobs and off welfare, many depend on ADAP. However, the prices the drug companies charge ADAP for a year's regimen have escalated to \$12,000 per patient, while federal and state funding for the program have failed to keep pace. The companies do offer rebates as well as patient assistance programs for those on waiting lists. The rebates are preferable because they allow treatment to continue through ADAP, which is more user-friendly than the patient assistance programs are.

HIV drug profits are exceptionally high, as indicated by the 37 percent earned on sales in 2010 by [Gilead](#), the leading HIV drugmaker. This is twice the general profit level in the pharmaceutical industry, which is itself substantially higher than in most industries. Despite the skyrocketing numbers of people on ADAP waiting lists, this year only one company, Abbott, has offered to augment its rebates. Federal and state governments can no longer afford to subsidize the lofty profits that were useful when new HIV drugs needed robust incentives for quick development. The companies have a patriotic and humanitarian duty to expand rebates and end price escalation now.

Despite recognition of our crucial opportunity to roll back the national AIDS epidemic, we've seen only sporadic leadership from AIDS advocates and activists, the media, and industry. President Obama and other political leaders have dropped the ball. Last year the president transferred \$25 million in unspent Health and Human Services funds to ADAP: It was too little too late. This year he has so far done nothing. Equally derelict, Republican leaders, who became AIDS champions during the Bush administration, have fallen silent.

There are many budget areas with lower priority than AIDS: That's where the president and Congress can find offsets to transfer funds without raising the deficit. Just as important, leaders in both parties, AIDS activists and the media need to publicly remind the drug companies that "all the traffic will bear" is not an acceptable AIDS pricing practice during the worst economic crisis since the Great Depression.

AIDS is once again a tragedy and an opportunity crying out for leadership. If we fail, those getting sick with HIV disease and infecting others will

be countless, unknown impoverished people. Meanwhile, penny-wise, pound-foolish AIDS funding will aggravate long term U.S. health-care deficits. And our national response to AIDS, which had become a source of pride, will once again become an area of shameful neglect.

The writer is a longtime AIDS activist and a consultant to the AIDS Healthcare Foundation.

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