



ENDING THE HIV/AIDS EPIDEMIC

“The loss from HIV/AIDS is almost beyond understanding. This is a fight for people’s lives. We have a moral imperative to do much more, and do it much better.”

– John Edwards

HIV is a preventable disease. But an estimated 40,000 new HIV cases were reported in the U.S. last year, and 4.3 million were reported around the world. HIV/AIDS is a treatable disease. Yet 17,000 Americans and 3 million people globally died from it in 2005. [CDC, 2007; WHO, 2006]

John Edwards was the first presidential candidate – Democratic or Republican – to take on the big insurance and drug companies and propose a plan for quality, affordable health care for every man, woman and child in America that offers everyone the option of a public plan. Today, John Edwards builds on his plan for true universal health care with specific proposals to lead the fight against HIV/AIDS at home and around the world. He will include a comprehensive new national strategy to fight HIV/AIDS, including:

- Guaranteeing health insurance to every American – including HIV/AIDS patients -- the care they need when they need it and expanding Medicaid to cover HIV-positive individuals before they reach later stages of disabilities and AIDS.
- Fighting the disease in the African American and Latino communities, where the harm is now greatest.
- Calling for universal access to HIV/AIDS medicine across the world, investing \$50 billion over five years to meet that goal.

FIGHTING HIV/AIDS AT HOME

HIV/AIDS is still a crisis in America, particularly in African-American and Latino communities. The number of new HIV infections in the U.S. has not fallen in 15 years. As president, Edwards will help end the HIV/AIDS epidemic in America. [CDC, 2005]

Guaranteeing Treatment for Everyone with True Universal Health Care by 2012: People with HIV/AIDS who don’t have health insurance or who have inadequate insurance are significantly more likely to die from the disease. That’s the tragedy of the two health care systems in this country today – one for people who can afford the very best care and one for everyone else. True universal health care must be the foundation for a national HIV/AIDS strategy. Edwards’ plan will ensure every person in America living with HIV/AIDS gets the care they need, when they need it. His plan will also transform chronic care with a new patient-centered “medical home” approach where a primary care physician will make sure patients are getting effective treatment from a coordinated team, including palliative care. [Bhattacharya, 2003]

Edwards supports the Early Treatment for HIV Act which will expand Medicaid to cover HIV-positive individuals in every state before they reach later stages of disability and AIDS. Currently, in most states, individuals must receive an AIDS diagnosis to receive services under Medicaid even though research shows that the sooner individuals living with HIV receive treatment the better the outcomes. [Porco et al., 2004]

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Creating a National HIV/AIDS Strategy: In 2001, the CDC set a national goal of reducing the annual number of new infections in half by 2005, but the actual number of infections has barely budged. A 1998 presidential initiative set a goal of eliminating racial disparities in HIV/AIDS by 2010, but disparities are as bad today as they were then. Our disappointments can be explained in part by the failure to create a national strategy, backed by necessary funding and with clear and bold goals, specific action steps, real accountability and broad participation and buy-in from stakeholders both inside and outside of government. As president, Edwards will develop a National HIV/AIDS Strategy through an honest, comprehensive and fast-tracked process that involves stakeholders from the public and nonprofit sectors. The National Strategy will coordinate the various agencies within and outside of the Department of Health and Human Services (HHS) that affect HIV/AIDS policy. He will hold his HHS Secretary accountable for issuing an annual report on HIV/AIDS that charts progress towards our national goals, and he will appoint a strong director of the White House office of AIDS Policy to keep these issues visible at the highest levels of government. [CDC, 1999, 2001, 2007; HHS, 1998]

Focusing on Disparities: About two-thirds of all new HIV/AIDS cases are diagnosed in African Americans and Latinos. African Americans are infected at nearly 10 times the rate, and Latinos at more than three times the rate, of white Americans. A 2005 study of African-American men who have sex with men in selected cities found that almost half are infected with HIV, and 67 percent do not know they have the disease. Latina women are six times more likely than white women to have HIV/AIDS. Any serious effort to end the HIV/AIDS epidemic must begin in the African-American and Latino communities, including among the incarcerated population, and address their prevention and treatment needs. We must also continue to work intensively with important overlapping groups like gay men. [CDC, 2007; KFF, 2007]

Supporting Ryan White CARE Act Programs and HOPWA: Enacting true universal health care will ensure patients have access to care, but fully funding the Ryan White CARE Act will remain essential to ensure that culturally-competent care is available for the special needs of people living with HIV/AIDS. These programs include outpatient HIV early intervention services, support services like transportation, case management, substance abuse and mental health treatment, nutrition, family-centered care for children, access to clinical trials and delivery to hard-to-reach populations. Maintaining delivery of outreach and treatment services to the LGBT community, for example, is dependent on these programs. Edwards will also put an end to waiting lines for HIV drugs -- for example, more than 300 people with HIV/AIDS are on a waiting list for medication in South Carolina -- and increase funds for the Housing for People with AIDS (HOPWA) programs, only federal program that provides comprehensive, community-based housing for people with HIV/AIDS. [NASTAD, 2007]

Preventing HIV/AIDS with Scientifically-Proven Strategies, Not Political Ideology: The CDC has identified the three most reliable ways to prevent HIV/AIDS infections. Yet the Bush administration focuses on only one of them -- abstinence. As president, Edwards will promote all reliable prevention strategies, including comprehensive, age-appropriate sex education to ensure young people learn all the facts about preventing HIV/AIDS and harm-reduction programs that provide high-risk individuals with access to clean syringes. He will lift the ban on federal funding for needle exchange initiatives. In addition, Edwards will support community and public education that encourages testing. [CDC, Undated; Bush, 2005]

Strengthening America's Research Agenda: It used to be that more than four out of 10 requests for National Institutes of Health grants were approved. Now less than two out of 10 are approved, and existing grants are being cut back. One of those rejected requests might have led to a breakthrough on HIV/AIDS treatments. Edwards supports substantial increases in funding for the National Science Foundation and the National Institutes of Health, as well as measures to ensure transparency in funding decisions, accountability for results and aligning research with outcomes. [NIH, 2007]

FIGHTING HIV/AIDS AROUND THE WORLD

While the Bush administration initially increased funding for the global fight against HIV/AIDS, funding has now flat-lined. We must do more, and do it better. The fight against HIV/AIDS is a fight for people's lives, but President Bush's way has us fighting with one hand tied behind our back. One-third of prevention funding goes to abstinence-only education that has been shown not to work. The U.S. has also refused to fund medicine approved by the World Health Organization, even though requiring FDA approval means the U.S. sometimes pays up to three times more for drugs. This means fewer people receive treatment, as the profits of drug companies are protected. [Goldberg, 2007; Carpenter, 2007; Love, 2007]

To restore our moral standing in the world, Edwards believes that America must be a global leader in the fight against poverty and disease. Fighting global poverty and addressing global health crises is a moral imperative, but it is also a security issue. As president, John Edwards will fundamentally transform America's approach to the world and bring high-level attention to the fight against global HIV/AIDS by:

Providing Universal Access to Treatment Globally: A \$4 dose of medicine can help prevent a mother from transmitting HIV to her newborn at childbirth. In developing countries, HIV/AIDS medications cost as little as \$140 per patient a year – but, by mid-2006, fewer than one in four people who needed it had access to treatment. As part of a comprehensive plan to also fight TB and malaria around the world, Edwards has set an ambitious goal of providing universal access to preventive and treatment drugs for the three “killer diseases” by 2010, investing \$50 billion over five years to meet that goal. This includes fulfilling our moral responsibility to help strengthen public health systems and health care workforces in developing nations. While we can make current spending go further by being more aggressive with the pharmaceutical industry, Edwards will ensure the U.S. contributes its traditional fair share toward the Global Fund to Fight AIDS, Tuberculosis and Malaria, which has proven itself as an innovative, effective model to fight disease. [UNICEF, 2005; U.N. Millennium Project, 2005; WHO, 2007]

Using Trade Policy to Save Lives: Edwards will enact trade policies that save lives, rather than protect the profits of big drug companies. He will ensure that U.S. bilateral trade agreements respect the rights of countries to access and use generic medicines consistent with the Doha Declaration on the TRIPS Agreement and Public Health. We must expand poor countries' right to safe, affordable generic drugs to treat HIV/AIDS. The increased distribution of generic drugs has been a step in the right direction. However, as millions of people develop resistance to these drugs, we must be prepared to facilitate access to more effective medications. As president, Edwards will support efforts to increase the importation and production in developing countries of second-line and

pediatric drugs. He will also re-assess the Bush policy that forces us to pay higher prices for drugs that have been approved by the FDA, when less expensive drugs have already been approved by the WHO and their safety is reliable. WHO safety standards are relied upon by leading international organizations, including the Global Fund.

Expanding the Role of Multilateral Organizations: America's reluctance to engage the world through multilateral organizations under President Bush has hurt our ability to combat poverty and fight HIV/AIDS. Edwards believes multilateral institutions like the Global Fund can be far more efficient at using taxpayer dollars than bilateral agencies like the President's Emergency Plan for AIDS Relief, with far lower overheads. As president, Edwards will support efforts to increase the role of multilateral institutions like the Global Fund in distributing funds to fight HIV/AIDS, rather than just bilateral aid agencies and their contractors.

Rescinding the Global Gag Rule: In 2001, President Bush signed an executive order barring U.S. family planning aid to foreign non-profits that offer abortions, except in the case of a threat to a woman's life or incest, that provide abortion counseling or that lobby to make abortion legal. This "gag rule" stifles free speech and forces non-profits to choose between vital U.S. funds and providing essential health services. The "gag rule" has hurt efforts to ensure access to contraception methods that can prevent the spread of HIV. Edwards will overturn this order and restore support for effective family planning.

Creating a Cabinet-Level Post on Global Poverty: Despite its importance to our national security and international standing, America still lacks a comprehensive strategy to fight global poverty. Our foreign aid programs are fractured and uncoordinated, delivered by over 50 separate government offices. As a result, bureaucrats fight over overlapping jurisdictions and resources are not tied to any government-wide priorities. As president, Edwards will create a new cabinet-level position that will coordinate global development policies across the federal government and be a voice for the fight against global HIV/AIDS.

Promoting Women's Rights and Universal Education: Strengthening the rights of women and increasing education will help change social roles that underlie the spread of HIV in many countries. Reducing violence against women and expanding education are both proven means of preventing HIV. Edwards will aggressively support political and economic rights for women where they do not exist and support efforts to reduce violence against women and children. He will also lead the world toward a primary education for every child, endorsing the goal of achieving universal basic education by 2015. As part of a significant increase in overall funding for poverty-focused development assistance, Edwards will lead a worldwide effort to raise \$10 billion to fund this cause. [UNAIDS, 2005; World Bank, 2002]

Supporting Debt Cancellation: Debt owed to Western lenders prevents many poor countries from making the kinds of investments in health and education that can help prevent the spread of HIV and other diseases. Edwards will take the next step on debt relief by eliminating bilateral debt owed to the United States by the world's poorest countries, freeing up resources for these countries to invest in health and education. He will also call on other lender nations to follow our lead.