Remarks of Dr. Gene Copello, Executive Director, The AIDS Institute

Twenty three (23) years into the AIDS pandemic, an entire generation has grown up in the era of AIDS.

Global impact on human society worldwide, including an epidemic in the United States claiming 40,000 new HIV infections every year.

Today we have a microscope on the Southern United States, a region that has emerged as a major epicenter. However, many of the issues impacting the South are felt across the nation, and, indeed, across the world.

Given migration and other factors, it is no longer reasonable to think of HIV/AIDS exclusively in regional terms. As the late Jonathan Mann, Director of the WHO GPA once said, “no nation will be safe from AIDS until every nation is safe from AIDS”. Domestically, we can say, no region of the United States will be safe from AIDS until the whole country is safe from AIDS.

That safe passage requires adequate government funding, science-based comprehensive prevention, compassionate care giving and treatment, and the continued search for a cure and vaccine. These are needs true across our land. They are certainly being felt in the South. Access to services and the quality of those services both need to be improved.

Some statistics about the South drawn from the Centers for Disease Control and Prevention (CDC) and the Kaiser Family Foundation:

Looking at AIDS case rates per 100,000 people:

- 7 of the 10 states with the highest case rates are in the South
- 6 of the 10 metropolitan areas with the highest case rates are in the South

In the South there is:

- A large disproportionate number of new infections in minority populations, especially among African Americans, who account for 53% of AIDS cases in the region, the highest regional percentage in the nation
- An increase of infections among women of child bearing age
- A greater number of children impacted by HIV positive parents
- A growing rural HIV positive population

The incidence of AIDS in the South is 46%, compared to 28% for the Northeast, 16% for the West, and 10% for the Midwest.
This translates into a 9 percent increase in AIDS incidence in the South between 2000 and 2001 alone. During the same period, incidence nationwide increased by only 1%.

Associated Factors:

- Poverty Level: the South leads the nation in poverty with 13.8% of the Southern population living in poverty
- Very high rates of other sexually transmitted diseases
- High level of medically uninsured with 17 million Southerners without insurance
- Generally, inadequate state Medicaid systems and state budget deficits
- Lack of basic AIDS drugs, waiting lists for health and social services, and a limited pool of trained healthcare providers
- Lack of prevention programs

The AIDS Institute is a national public policy research and advocacy organization. For the past 3 years we have paid attention to the situation in the South through a specialized program. This has included providing training and technical assistance to communities and coalitions as well as public policy analysis.

Some of recommendations of The AIDS Institute:

- In order to curb the AIDS emergency in the South, in the short-term, The AIDS Institute concurs with the request of the Southern AIDS Coalition for a special allocation from Congress of approximately $128 million to address the most pressing and immediate treatment, care, and social needs associated with HIV/AIDS in the region.
- As recently documented by the Institute of Medicine, access to AIDS care and the quality of that care needs to be improved. This is a national as well as regional problem. The AIDS Institute recommends that the current system of HIV/AIDS care be carefully reviewed and reformed to improve access to care and quality of care nationwide. This includes an array of federal programs: Ryan White CARE Act, Medicaid, Medicare, and many others. Such reform will address the issues hampering the Southern epidemic as well as the national epidemic.
- An increase in funding for HIV prevention programs that are science based, comprehensive, and culturally competent nationwide is crucial.
- For FY 2005, we urge the highest possible levels of funding for domestic AIDS programs including the Ryan White CARE Act, Housing Opportunities for People with AIDS (HOPWA), CDC HIV prevention programs, and HIV research at the National Institutes of Health.

Fighting the HIV/AIDS epidemic in the Southern United States will take continued community participation and courage; local and state funding and programmatic increases; increased federal funding of all federally funded AIDS programs nationwide; review and reform of the nation’s HIV/AIDS care and prevention system; and participation from the private and corporate sectors. Together, we can win the battle against AIDS in the South, the nation, and our global community.