

**PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS  
PREVENTION and TREATMENT & CARE SUBCOMMITTEES**

The Treatment and Care, AND Prevention Subcommittees have met jointly to consider the state of HIV/AIDS among African Americans;

WHEREAS in 2002, the AIDS annual rate for African Americans was 10 times greater than the rate for white Americans (78.5/100,000 vs. 7.8/100,000);

WHEREAS in 2002, African Americans accounted for 50% of the more than 42,000 estimated AIDS cases diagnosed in the US;

WHEREAS HIV/AIDS is among the top three leading causes of death for African American men ages 25 - 54 and African American women ages 35 - 44;

WHEREAS the leading cause of HIV infection among African American women is heterosexual contact;

WHEREAS the leading cause of HIV infection among African American men is sexual contact with other men, followed by injection drug use;

WHEREAS in 2001, 61% of adolescents, 13 to 19 years of age, with AIDS were African American and 48% of them were females;

WHEREAS in 2002, Sixty-two percent (62%) of children born to HIV infected mothers were African American;

WHEREAS African Americans represented approximately 64% of all AIDS cases among women in 2001;

WHEREAS it is estimated that approximately 1 in 160 African American women is infected with HIV, as compares to 1 in 400 Latina women, and 1 in 3,000 white women;

BE IT RESOLVED that PACHA recommends to the President and the Secretary of Health and Human Services that all programmatic initiatives and resource allocations follow the epidemic and in particular address the devastating and disproportionate impact HIV disease currently has among African Americans.

BE IT FURTHER RESOLVED that PACHA advises that the President and Secretary to encourage African American leaders from all sectors, including the political, faith-based, corporate, all media, education, community youth leaders, healthcare, and support services arenas to speak out more forcefully about HIV disease to stimulate discussion about both its consequences and means of prevention.

BE IT FURTHER RESOLVED that PACHA recommends expedited funding of additional and targeted behavioral research to identify cultural, institutional, and societal issues that can inform future prevention, care and treatment initiatives to effectively alleviate the impact of HIV in the African American community.

**UNANIMOUSLY APPROVED.**

**PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS  
TREATMENT & CARE SUBCOMMITTEE**

Whereas the AIDS Drug Assistance Program (ADAP) is the primary source of Public Health Service (PHS) recommended antiretroviral therapies for 136,000+ uninsured or under-insured Americans living with HIV/AIDS each year<sup>1</sup> and

Whereas highly active antiretroviral therapy for HIV-infection has reduced the death rate from AIDS by 72% since 1995 and are cost effective overall, and

Whereas recent scientific studies have found that people living with HIV/AIDS receiving highly active antiretroviral therapy have a 60% reduction in infectivity to partners, making treatment an important tool for prevention, and

Whereas in May of 2004, 11 ADAPs had waiting lists representing 1,629 people, and 8 ADAPs have put cost containment measures in place, and 10 ADAPs are anticipating instituting cost-containment measures including closed enrollment to new clients and reduced formularies<sup>1</sup>, and

Whereas any long-term solution to the ADAP crisis cannot be instituted until the Ryan White CARE Act is reauthorized in 2005, a short term resolution to the problem facing Americans awaiting access to life-sustaining drugs must be addressed immediately, and

Whereas any changes to the present formula distribution of federal earmark ADAP funds will not go into effect until FY07,

Whereas the President has recognized the importance of eliminating the ADAP waiting list and recently authorized the expenditure of \$20 million to address this issue,

BE IT RESOLVED THAT PACHA thanks President Bush for his leadership to address the ongoing ADAP crisis and for making the elimination of waiting lists a top priority in his AIDS agenda, and

BE IT FURTHER RESOLVED THAT these funds are targeted to those areas demonstrating the greatest need and are spent expeditiously to maximize their benefit to the community, and

BE IT FURTHER RESOLVED THAT the President and Secretary continue to ensure the availability of funds for HIV/AIDS medications until a long-term solution is enacted.

1. *The ADAP Watch*, June 2004; National Association of State and Territorial AIDS Directors (NASTAD)

**UNANIMOUSLY APPROVED.**

**PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS  
INTERNATIONAL SUBCOMMITTEE**

Whereas the Asian AIDS epidemic, with more than ten million cases, is second only to the Sub-Saharan epidemic, is expanding faster, and is expected to overtake the Sub-Saharan epidemic by 2010.

Whereas the XVth International AIDS Conference in Bangkok this July will focus international attention of the hitherto neglected Asian epidemic.

Whereas in Asia, as in Africa, the AIDS epidemic, if unchecked, threatens to destabilize whole countries and is currently a factor in destabilizing Myanmar, and whereas the AIDS destabilization threat to Asia is as real as it is to Africa, the major difference being the timeframe.

Whereas the worldwide economic and geopolitical consequences of destabilization in China, India, and Southeast Asia would be grave.

Whereas Asia, while undergoing rapid economic advances, is politically less stable and its healthcare infrastructure is less well developed than in Europe and North America.

Whereas many Asian countries are recognizing the implications and extent of their AIDS epidemics and want to act.

Whereas these countries often have the basic economic resources to provide ARV treatment but lack the expertise to quickly implement AIDS treatment and prevention programs.

Whereas the US has wide experience and expertise in implementing AIDS treatment and prevention programs.

Whereas there is a window of opportunity in both India and China to block the bridging of HIV infections from high risk groups to the general population.

Whereas appropriate preventive interventions can have significant impact on national HIV prevalence prior to such bridging.

Be it therefore resolved that PACHA recommends to the President that HIV/AIDS prevention and treatment be on the agenda at all appropriate bilateral discussions with these two countries, and that discussions be initiated in the near future with India and China on establishing cost sharing programs to facilitate access to American expertise in implementing AIDS prevention and treatment.

**UNANIMOUSLY APPROVED.**