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10/3/05

The Honorable Arlen Specter
Committee on Appropriations
711 Hart Senate Office Building
Washington, D.C. 20515
Ph: 202-224-4254 Fax: 202-228-1229

RE: Pennsylvania residents & National Institutes of Health disease research allocation policy

Dear Senator Specter,

The death rate in our country from AIDS has plummeted as evidenced by the 97 percent drop in California's newly infected AIDS patients to 286 (as of 8/31/05)ⁱ and this success against AIDS is being repeated throughout America, yet AIDS still receives ten percent of the entire National Institutes of Health (NIH) disease research budget.

Such exorbitant funding for AIDS has resulted in unfair allocations for all of your constituents in Pennsylvania with non-AIDS diseases, including those with the sixteen diseases that kill a million more Americans than AIDS annually.ⁱⁱ For example, cardiovascular disease (CVD) kills almost a million Americans compared to 18,017 (2003)ⁱⁱⁱ for AIDS, yet the NIH is spending only \$40 on each CVD patient versus \$3,084 on each AIDS patient in research.^{iv} Diabetes kills more citizens than AIDS and breast cancer combined, yet only \$56 is spent on each diabetic in research and more AIDS patients are now dying of hepatitis C than they are of AIDS, yet only \$25 is allocated for each hepatitis C patient.

Regardless if the funding comparison is measured utilizing "allocation per patient," "allocation per death" or "total allocation" per disease, the great success of AIDS researchers has resulted in funding for AIDS now being disproportionate and inequitable. In addition, hundreds of millions of dollars are raised for AIDS by celebrities and non-profit organizations (amfAR, etc.) while similar efforts do not exist for many other diseases.

The NIH has responded to The FAIR Foundation's request to cease the favoritism afforded HIV/AIDS and to reallocate some of the present AIDS dollars to other diseases by referencing the threat of global AIDS. In addition, they argue the need to keep the status quo because AIDS is communicable (infectious) and AIDS research has benefited other diseases and may continue to do so.

What is the solution for global AIDS—more research? No, the answer to global AIDS is the same solution that has dropped the death rate in California 97 percent, namely: preventive education, the drugs that have been developed that have converted AIDS from an acute illness into a chronic illness (HAART or Highly Active Anti-retroviral Therapy) and Harm Reduction Policies.

Regarding the “communicable” nature of AIDS, Congress must force realization upon the NIH that simply because an illness is “infectious” does not warrant disproportionate research funding, and if one is to use that argument, it must be applied uniformly. The flu is infectious and kills twice as many Americans as AIDS, yet \$50 million is spent on the flu versus \$2.93 billion on HIV/AIDS. Furthermore, patients suffering from non-communicable illnesses such as prostate disease, Alzheimer’s disease, diabetes, arthritis, etc. should not be discriminated against because they cannot transmit their disease to another person or because its etiology is inherited or secondary to environmental causes.

AIDS research has benefited other illnesses and its researchers and activists deserve credit; however, it is not appropriate for Pennsylvania’s residents with non-AIDS illnesses to wait for the by-products of AIDS research efforts.

An unrecognized factor negatively impacting all non-AIDS diseases is the “compounding effect” of present NIH policy. The present funding total of each disease may be viewed as their “principal balance” for this analogy. If the President announces a 2 percent increase in NIH funding, the increase in AIDS funding will be approximately \$60 million whereas Alzheimer’s disease will receive only \$14 million and Chronic Obstructive Pulmonary Disease (COPD) \$1 million even though those two diseases kill, respectively, three and nine times more Americans than AIDS. Each year the additional increases in the principle balance result in the compounding interest effect that increases the disproportionate funding for AIDS to an even greater degree. Consequently, the gap in funding between AIDS and all other diseases grows larger.

The FAIR Foundation (FAIR is an acronym for “Fair Allocations In Research) is a national organization representing thousands of Americans—concerned citizens—from all fifty states who want the success of AIDS advocates and AIDS researchers recognized with a corresponding change in the allocation priorities of the NIH. Today we are representing them and our 27-member Board of Directors in respectfully requesting that AIDS research allocations be reevaluated based on its lessened threat to our society. Our Board members include two gay citizens and one of them, Ray Hill, was one of this country’s most strident AIDS activists. They join in the clarion call for change.

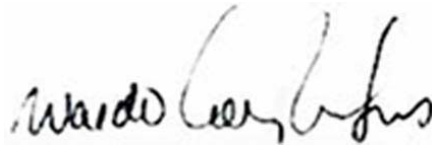
Indeed, with the budgetary limitations resulting from our commitment in Iraq and to restoring the areas ravaged by hurricanes Katrina and Rita, necessary increases for disease research funding are unlikely. As with the common citizen whose budget is pinched, it is appropriate to reallocate funding, in this case, from AIDS to other illnesses.

We thank you for your consideration.

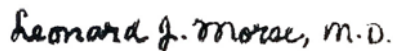
Sincerely yours,



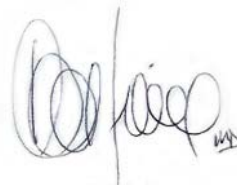
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ⁱ <http://www.dhs.ca.gov/aids/Statistics/pdf/Stats2005/Aug05AIDSmerged.pdf> Page 2

ⁱⁱ <http://www.fairfoundation.org/thesixteen.htm>

ⁱⁱⁱ <http://www.cdc.gov/hiv/stats/2003SurveillanceReport.pdf> Page 16

^{iv} <http://www.fairfoundation.org/factslinks.htm>