

## AIDS Favoritism <sup>(1)</sup> Unfair for Our Diseases

Are you aware that the death rate from AIDS has plummeted in the USA over 90 percent in many states, <sup>(2)</sup> including 97 percent in California's newly infected patients from just under 10,000 in 1992 to 232 in 2006 (as of 6/30/07) <sup>(3)</sup>. Yet AIDS still receives 10 percent <sup>(4)</sup> of the entire federal research budget.

The bias towards AIDS has resulted in gross differences in funding for other diseases. For example, our government is spending only \$50 on each diabetic and \$29 on each patient with cardiovascular disease (CVD) versus \$3,052 on each AIDS patient. When one is aware that diabetes kills more Americans than AIDS and breast cancer combined, and CVD kills 872,000 compared to 16,316 for AIDS one can only shout, "That's not FAIR!" <sup>(5)</sup>

But that's just the tip of the iceberg. The increase in funding for AIDS since 1999 – just the increase – is greater than the entire 2007 budget for almost every disease except cancer and CVD. Although the above statistics involve disease research, one cannot help but notice that the total amount spent on all AIDS programs is 1/5th of a Trillion dollars. <sup>(6)</sup>

And what is the funding for six thousand "orphan" or rare diseases? Their total research allocation is \$1.2 billion, <sup>(7)</sup> which is only \$200,000, on average, for each disease.

"But AIDS is affecting more women and children than ever, and it is a global pandemic deserving of even more funding," AIDS researchers and their activists state.

Heart disease and lung cancer kill 267,000 and 68,122 women respectively compared to 4,128 deaths in women with HIV/AIDS <sup>(8)</sup>. The CDC estimates 68 children under the age of 13 have AIDS <sup>(9)</sup> with seven deaths. <sup>(10)</sup>

Globally, the World Health Organization and UNAIDS report that the AIDS infection rate is less than 1% <sup>(11)</sup> in every country except in Sub-Saharan African and the Caribbean. What do they need: more research dollars? No, they need the same solutions we have employed: namely, the effective drugs that have been developed, prevention education, harm reduction policies and health infrastructures to deliver these remedies.

Our country's top HIV/AIDS researcher, Dr. Fauci has said, ""...the scientific advancements that have been made in HIV [research] are breathtaking [with] highly effective drugs to suppress HIV to the point where what was a death sentence in the early eighties to now having patients who look and feel well, who are leading very productive, very gratifying lives..." <sup>(12)</sup>

I am a proud member of The FAIR Foundation – "FAIR" stands for "Fair Allocations in Research." Along with myself, there are thousands of members and supporters in all fifty states from Maine to Hawaii who are coming together to state that it is now time to redirect a portion of HIV/AIDS research funding to other diseases that are currently receiving billions less than HIV/AIDS, including the sixteen <sup>(13)</sup> that kill over a million more Americans than AIDS annually.

1) <http://www.fairfoundation.org/update.htm>

2) [http://fairfoundation.org/states/hiv-aids\\_deaths\\_by\\_state.htm](http://fairfoundation.org/states/hiv-aids_deaths_by_state.htm)

3) <http://www.dhs.ca.gov/aids/Statistics/pdf/Stats2007/Jun07AIDSMerged.pdf>

4) <http://fairfoundation.org/nih.htm>

5) <http://www.fairfoundation.org/factslinks.htm>

6) <http://www.kff.org/hiv/aids/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=33622>

7) <http://fairfoundation.org/nih.htm>

8) [http://fairfoundation.org/CDC\\_AIDS\\_death\\_estimates\\_2001-2005.pdf](http://fairfoundation.org/CDC_AIDS_death_estimates_2001-2005.pdf)

9) <http://www.cdc.gov/hiv/topics/surveillance/basic.htm#aidsage>

10) [http://fairfoundation.org/CDC\\_AIDS\\_death\\_estimates\\_2001-2005.pdf](http://fairfoundation.org/CDC_AIDS_death_estimates_2001-2005.pdf)

11) <http://www.infoplease.com/ipa/A0800505.html>

12) [http://fairfoundation.org/CNN\\_Fauci.wmv](http://fairfoundation.org/CNN_Fauci.wmv)

13) <http://www.fairfoundation.org/thesixteen.htm>

## **Immediate Action is needed to Reverse America's Organ-Donor Crisis**

A recent USA Today editorial<sup>(1)</sup> calls for paying students to encourage good grades. If that time has come, then surely it is time to provide \$10,000 for burial expenses to families that agree to allow their loved one's organs to be used to save a critically ill patient's life and help reverse America's organ-donor crisis.

If you were a physician in charge of an emergency room in which 97,000<sup>(2)</sup> people were waiting and one was dying every 82 minutes,<sup>(3)</sup> would you tell the hospital directors that you didn't need to try new policies? Of course not, you'd be fired.

Yet those in charge of our transplant system are doing just that by refusing to adopt the new organ donor policies of "Donation Benefits" or "Presumed Consent."<sup>(4)</sup>

But, you reply, payments to donors are forbidden by law--the National Organ Transplant Act (NOTA).<sup>(5)</sup> Yes, and when NOTA was passed in 1984 there were NO waiting list data.<sup>(6)</sup> When the waiting list data was started in 1989 there were only 19,000 patients waiting. With 97,000+ waiting now, we cannot afford the luxury of moralizing that helping a donor family with finances is unethical.

Who should pay the \$10,000? All insurers shall pool their funds to make these payments available. Why would they do that, and be pleased to do so? Sixty percent of transplants are kidneys. Each patient taken off of the kidney waiting list saves insurers up to \$400,000, be they Medicare (60 percent) or private insurance companies. A donor who provides two kidneys, for example, would save insurance companies or Medicare between \$400,000 and \$800,000. The insurers paying the \$10,000 to the beneficiaries under this plan would save millions of dollars—a very cost effective policy and perhaps expensive subscriber premiums could fall or, at least, remain stable.

NOTA allows payment to almost everyone in the transplant chain such as hospitals, organ procurement organs, physicians, nurse coordinators, et al, and appropriately so. Who are the only people not reimbursed?? The most important persons in providing the "Gift of Life"—the deceased donor and his family, who shall accept compensation on his behalf.

Presumed Consent works as follows: The PC motto is, "Your Choice First." Every American's wish will be honored as follows: extensive media publicity will notify all citizens that they will be presumed to be an organ donor and that if they object to that status, they may "opt-out." Indeed, those who say "no" by opting out will be kept in an opt-out registry to insure their wishes are honored. PC is a policy that is in effect in over 20 countries, including Spain whose opt-out rate is 2 percent versus 98 percent who will be donors. If their citizens can do it, our compassionate nation can also. California's donate-life online registry is signing up donors at the rate of approximately one million per year. There are 36 million residents of California—we can't wait 36 years to solve this crisis. When Presumed Consent is signed into law, the registry will be 100 percent filled and everyone will immediately be an organ donor except for those who don't want to be altruistic and opt out.

It is time to admit the obvious and speak to your legislators: the wonderful, philanthropic policy of altruism is failing to meet the demands placed upon it by transplant waiting lists that continue to rise rapidly. The need for you to act today is urgent, waiting patients are dying—every 82 minutes.

1) [http://fairfoundation.org/organdonation/grades\\_for\\_cash.pdf](http://fairfoundation.org/organdonation/grades_for_cash.pdf)

2) <http://www.optn.org/>

3) This is derived by dividing the number of minutes in a year, 525,600 and dividing it by 6,384 deaths in 2006 of those on the waiting list <http://www.unos.org/>

(Data>National>Waiting List Removals> Candidates>Death Removals by UNOS Status by Year)

4) <http://fairfoundation.org/organdonation/contactcongressfororgandonation.htm>

5) Section 274e. <http://www.optn.org/ContentDocuments/NOTA.pdf>

6) [http://fairfoundation.org/organdonation/UNSO\\_wait\\_list\\_history.pdf](http://fairfoundation.org/organdonation/UNSO_wait_list_history.pdf) provided by UNOS