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national news

The changing face of AIDS

Deaths overall are down, but women and minorities make up more of new cases and have less access to therapies

by Bob Roehr

Though the death rate for people living with AIDS in the United States continues to fall, tough challenges remain when it comes to actually controlling the epidemic. That according to AIDS specialists who gathered for the annual State of AIDS Forum, held July 14 at the National Press Club in Washington, D.C.

According to the Centers for Disease Control and Prevention, during the first nine months of 1996, 30,700 people in the U.S. died from AIDS complications—a 19 percent decline from the first nine months of 1995.

Dr. Helene Gayle, director of the CDC's national center that deals with AIDS prevention, told a news conference, "We really are entering a new era."

Despite the overall decline, however, Gayle and others raised concerns that women and marginalized communities are not benefiting from new treatments which are extending the lives of some.

According to the CDC, the death rate for men fell 22 percent in the first nine months of 1996 versus the same time period in 1995. By comparison, the death rate for women fell only 7 percent. The death rate for European Americans fell 28 percent compared to only 10 percent for African Americans and 16 percent for Latino/as.

The new cases of AIDS broke down in part to 40 percent gay, 25 percent injection drug users, and 13 percent heterosexual.

Women make up 20 percent of newly reported cases, and for the first time, African Americans surpassed European Americans in gross numbers of new cases. It is estimated that there are at least 40,000 new infections each year in the United States.

"AIDS is not over," says Daniel Zingale, executive director of the AIDS Action Council, the chief sponsor of the forum. "If we treat it like it is over, it never will be."

Specialists say the epidemic is slowing, due in part to people engaging in safer sexual practices, as well as the wider use of protease inhibitors, a drug treatment that, combined with previous treatments such as the well-known AZT, appears to be prolonging and improving the lives of some taking the regimen.

The treatment, however, can cost thousands of dollars a year per patient, thus making it prohibitive for many living with the disease.

Winnie Fairchild, a Washington, D.C., resident living with AIDS, spoke at the event. She talked about how protease inhibitors boosted her T cells from 146 to 388.

"[But] just last month I had a new doctor who wanted to take me off because the medication was too expensive for Medicaid to pay for," she said. "He said it was not his policy to tax the public. I told him it was not my policy to die for them, either."

Christine Lubinski, lobbyist with the AIDS Action Council, said expanding Medicaid eligibility "could contribute to reducing the disparity in death rates between men and women" as well as among ethnic groups.



Dr. Helene Gayle, director of the CDC's National Center for HIV, STD and TB Prevention

PHOTO BY BOB ROEHR

Dr. Victoria Sharp, medical director of St. Luke's-Roosevelt Hospital in New York, offered another insight into the racial disparity: "Riker's Island is our city's jail system—100,000 people a year pass through there. People behind bars in our state are primarily people of color. Up until three days ago if you were HIV-positive and found to be someone who clinically should be on protease

therapy, you did not have access to that therapy."

Other issues were also addressed. Dr. Linda Frank of the Pennsylvania AIDS Education and Training Center, warned about the potential dangers to people with AIDS in a managed-care environment.

"This limitation of time and increased fragmentation can lead to ineffective communications at a time when this communication is more important than ever," she said.

"We are in the eye of the storm," added AIDS activist Gregg Gonsalves of the Treatment Action Group. "We have bought ourselves some time [due to protease inhibitors], but the 20th century has been one of incredible hubris when it comes to pestilence. We thought we had beaten common bacterial infections and defeated things like tuberculosis with antibiotics, and malaria with drugs and pesticides. But in each of those cases it is the bug that has had the last laugh and roared back with a most sophisticated attack."

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