

*Broadway House for Continuing Care
Jeanine M. Reilly, Executive Director
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Good afternoon Senators:

My name is Jeanine Reilly. I am a Registered Nurse and a Licensed Nursing Home Administrator. I have spent my career primarily as a Long Term Care nurse, and the last five years as the Executive Director of Broadway House for Continuing Care, a 74-bed long-term care facility serving the medical, social and psychiatric need of people living with AIDS. Broadway House is New Jersey's only long-term care facility, exclusively for people with HIV/AIDS. In fact, just a small handful of such long-term care facilities exist in the nation. In addition, I am a Board Member of the National Association for HIV Over Fifty.

In my work at Broadway House, I have seen a dramatic change in my clients over the past few years.

- In 2001, the average age was 31, up from 26 in 1995.
- Today the average age is 44 years old.
- 26-31-44, This disease is aging!

According to the CDC, 11-15% of people with HIV/AIDS in the United States are over the age of 50, and there are 3000 people over the age of 60 with the disease. The reasons for the increase among our seniors are positive and negative.

- **The positive:** The remarkable drug cocktails, [protease inhibitors], are prolonging life for AIDS patients in numbers never seen before. Medications allow people to grow older with the disease, a luxury not seen in the beginning of the epidemic.
- **The negative:** Men and women over 50 are **contracting** the virus in numbers never seen before.

Why?? Baby Boomers are not relinquishing their sexuality just because they're aging.

- Viagra and Cialis are not only available, but really "in our face" through commercials. Every senior knows – what David Letterman and Jay Leno know – if you experience an erection for more than 4 hours, you should seek immediate medical attention...but, the message about the threat of AIDS is not out there. Often condoms are not used because the risk of pregnancy for seniors is no longer an issue, and they don't imagine their peers as potentially HIV+.
- Sexual negotiation techniques are, at this point in time, a "non-starter" for a senior. Asking a potential mate his/her HIV status, and insisting on the use of a condom, is a difficult conversation at any age, but especially hard for our elders.

And in our Nursing Homes....

Many people are contracting the disease while in long-term care – with some researchers calling nursing homes the "new breeding ground for AIDS".

- It is not unusual for prostitutes to visit assisted living and long-term care facilities.
- Widows and widowers living in nursing homes, who have lived monogamously for much of their life, seek companionship with other residents – sometimes with serious health implications.
- Younger HIV+ people are being admitted to long-term care because their disease complicates their health status, and makes the eligible twenty or thirty years earlier.

In short, long-term HIV/AIDS care is needed for a new population... an older population for those working in the AIDS world, and a younger population for those in the Long-Term Care world. A collision of the two worlds is at hand.

In addition, the stigma of HIV in the general population is clearly evident with long-term caregivers. At all levels, there is heightened concern of infection. Whether legitimate or not, many nursing home employees have assumed themselves free of infectious worries because they work in geriatrics. Therefore, the surety of an HIV/AIDS diagnosis terrifies many long-term care staff members and makes a resident with the disease the “He’s got AIDS” guy.

My colleagues in traditional geriatric Nursing Homes are caring for HIV with the necessary skill set. They are expert in caring for the significantly old, which typically means those 80 years old and older, not for a fifty-something with AIDS. It gets more complex and confusing when you realize that AIDS mimics aging in many ways.

This brings us to a core problem in treating those over fifty who are HIV+..... Healthcare Providers.

When an older American goes to a doctor it is not routine to:

- Review sexual or drug history,
 - To educate around safer sex,
- OR*
- To consider an HIV+ diagnosis, even when symptoms are present.

Medical Providers are often uncomfortable discussing sex with seniors, and often don’t believe their elders are still sexually active. This leads to a much later, much more serious diagnosis, with heterosexual women, the fastest growing segments of infected older people.

People over 50 have been omitted from research, clinical trials, prevention programs and intervention efforts when it comes to HIV/AIDS.

Mother Teresa once said, “The biggest disease is not leprosy or tuberculosis.... but rather the feeling of being unwanted, uncared for and deserted by everybody”.

HIV/AIDS often delivers this “big disease” upon diagnosis. We need to do whatever we can, learn all that is possible, and educate others so that no individuals are ever deserted.

Thank you for the opportunity to speak to you today.

I will now take your questions.