



Our mission: prevent HIV in youth and adults at highest risk, support men, women and children with HIV/AIDS and their families, and advocate for a strong community response to the epidemic.

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It's Not Over, and for Many Americans Over 50, HIV and AIDS Have Just Begun

I'm here today because I'm certain, that as keepers of the future, as protectors of social health, we're inevitably facing complex challenges of immense proportions related to HIV/AIDS, that as a nation, as a community of citizens, we're vastly under-prepared for.

Dialog related to AIDS and HIV's effect on people over 50 is absent in public consciousness. This disease, which is 100% preventable, doesn't discriminate by gender; does not discriminate by race; does not discriminate by geography; does not discriminate by income; and undoubtedly, as baby boomers of my generation and yours mature by overwhelming numbers, HIV and AIDS does not, and will not, discriminate by age.

The stark reminder of the human impact, that the aging population (gay and heterosexual alike), are at risk of contracting and infecting others, walked into my office last week. Jim's a client, and a 61-year old corporate executive that had been married for over 30 years. With his wife they had a son and daughter. At some point mid-marriage, Jim became depressed, and through a succession of bad luck and poor judgment, was lead to encounter a brief bout of injection drug use. Jim later tested HIV-positive and was convinced his diagnosis was a death sentence. But in Jim's case, it wasn't. The financial and emotional weight of his illness strained his family to the point of divorce.

Fast forward to when eventual fair health and hard-earned confidence prompts Jim's desire to return to dating and sexual activity. Jim's most likely to encounter women over 50, unconcerned about

pregnancy (and condom use), with little to no knowledge about safe sex practices, and unsuspecting of HIV/AIDS risks. Contrary to the basis of ethics, out of momentary passion, fear or shame, he may or may not disclose his HIV-status. Other HIV-infected women and men walk among you and me, each with their own story, and most often, unaware of their own HIV-positive status.

People live longer. Spouses die. Couples divorce. Today's person over 50 is younger, more vital, more physically active, for a longer period of time. Over 10% of new AIDS cases are in people over 50. As masses of people age across the United States, so too will the percentage of HIV and AIDS cases. Here are other critical factors to consider:

- HIV and AIDS impacting citizens over 50 isn't necessarily a new phenomenon, although the volume, social dynamics, and infection rates are. During early to mid stages of this health crisis, people didn't get older; they died. Now, medical and pharmaceutical advances mean younger and middle-aged HIV-infected individuals take the disease with them as they grow older. Today, heterosexual contact and IV drug use are the culprits of infecting people over 50. In less than 15 years, transmission in heterosexual men over 50 went up 94%, and 107% in women. Our current government system isn't equipped, educated, or adequately funded to integrate the age-demographic ramifications, or population volume this devastation's on course for.
- Unlike Cancer, heart disease, diabetes, or other ailments which increase with age, HIV and AIDS remain both 100% preventable and infectious. Disease impact exceeds great numbers beyond the single infected individual, and persists as a public health threat. As a country, we've naively at best, and blindly at worst, overlooked social dialog, education and response to preventing and addressing HIV and AIDS for those over 50.
- Increased life means increased and prolonged expenses. Medical and pharmaceutical advances come with a tremendous price. The hardcore, bottom-line economics are clearly frightening. The costs of reactive care—as opposed to prevention—upon the individual, upon families, upon our health care system, and upon our government, escalate into millions and millions of dollars; precious dollars we know aren't easy to come by.

The solutions lie in the following Federal government's immediate and earnest responses:

- As a country, and as a government charged to protect its citizens, idle time can't be afforded to address the risks of HIV and AIDS in those over 50. They're among the overlooked, blended within thousands across the United States who are infected every minute, of every hour, of every day.
- Aside from adhering to humane and compassionate social justice responses, ignoring this eminent social threat will thrust tremendous financial burden upon our economic system, particularly a fragile health care system. Challenges of caring for the rapidly increasing HIV/AIDS senior population will have devastating social and economic effects if thoughtful analysis isn't given and weighed between prevention costs vs. care costs.

- Adequately-funded prevention programming must be instituted throughout all levels of federal health care agencies and appropriate affiliate agencies. Sources of revenue need to be designated specifically for HIV and AIDS awareness and prevention for those over 50, and not at the expense of cutting other HIV and AIDS programs or outreach efforts assigned for other core groups or demographics.
- Existing senior service-delivery systems, either federally funded or government affiliated, need to begin integrating prevention, awareness education, and outreach into current programming. These efforts shouldn't be incorporated into current processes as an un-funded or under-funded mandate to increase work load; but rather integrated in a fiscally responsible and efficient manner and with ample resources to support them.
- Prevention and awareness efforts need to include both education and outreach components. Targeted materials, communication channels, and knowledgeable available resources must be identified and specified to address this vulnerable population. Further, key sub groups of the senior demographic such as gay seniors, seniors living with HIV-AIDS, widows, etc. need to have appropriately crafted messaging and methods of communication for maximum effectiveness.

It's the Federal government's social, ethical, and economic duty to protect our citizens over 50, and provide them with the tools, resources and education they deserve to stay healthy. Every single one of you has the ability and compassion to deal with this disease in a realistic, forthright, and honorable manner. HIV and AIDS don't discriminate by race, gender or age, nor should the funds allocated to fund prevention and education to protect all American citizens, including those over 50.

Respectfully,

Thomas Bruner, Executive Director
Cascade AIDS Project