

STATEMENT OF SENATOR GORDON H. SMITH
Aging Hearing
HIV Over Fifty: Exploring the New Threat
May 12, 2005

Thank you all for coming today.

Today's hearing will focus on a growing problem that too often is overlooked – the increasing incidence of HIV and AIDS among persons over age 50. We are very fortunate to have with us today a number of impressive witnesses who will share their insight on the unique issues and problems faced by seniors infected with HIV.

Although we often hear how the face of HIV/AIDS is changing to include women, children, and people of color, we generally do not think of it as a problem facing our America's seniors. However, significant breakthroughs in the treatment of HIV – particularly the rise of highly effective antiretroviral therapies – have allowed infected persons to live longer, fuller lives. In other words, people with HIV are aging.

Today, in the U.S., 28 percent of those living with HIV/AIDS are over age 50. Moreover, by the year 2015, the number of those over 50 years who are infected with HIV/AIDS will increase to 50 percent.

As we will learn today, preventing the spread of HIV/AIDS among this population poses many unique challenges.

Most notably, more than 70 percent of seniors with HIV/AIDS live alone and few are connected with family or churches. This often makes it more difficult for communities and health care workers to identify those in need and to reach out to them.

Most also face challenges associated managing other chronic illnesses common among the elderly, such as diabetes, high blood pressure and heart disease, in addition to their HIV.

Moreover, women, people of color, or non-English-speaking Americans generally face additional barriers to care.

As the number of seniors living with HIV continues to grow, so too will the demand for services. We need to assure those seniors that have HIV/AIDS that they are not alone, that they have a voice, and that they have access to the treatments and services they need.

Stereotypes and lack of awareness about the disease is another challenge in preventing the spread of HIV among seniors.

Despite myths, many seniors are sexually active and their behavior can put them at risk for HIV infection. Older women in particular are at risk because they no longer are under the threat of pregnancy due to menopause. Therefore, most do not believe condoms are necessary. Further, apprehension by health care providers about discussing sexual matters with seniors and failure of HIV/AIDS public health messages to focus on this age group contribute to an overall lack of awareness and increased risk among those over age 50 years.

Luckily, there are examples of how to reach this group. A number of federal, state, and community programs – especially those in Oregon – have made a positive difference in helping seniors who are living with HIV/AIDS. However, I believe we can and should do more.

Today’s hearing is focused on determining how well current programs work, whether they offer the tools and the resources needed to more effectively help people and how to make them even better.

Today’s testimony will examine a number of areas specific to the elderly HIV community, including outreach and education, support programs, funding issues, and ensuring access to affordable drug treatments.

Using this hearing as the starting point, I will be working with my colleagues and the HIV/AIDS community to develop legislative proposals that result in increased public awareness about this growing threat to our nation’s seniors and provide new ideas on how to improve the programs that serve them.

With the Ryan White Act scheduled for reauthorization, I believe now is the time to act.

I’ll now turn to my colleague Senator Kohl for his comments.