



2012 C. Everett Koop HIV/AIDS Public Health Leadership Award

Congressman Henry A. Waxman

Thank you. It is an honor to be introduced by Tony Fauci on any occasion. And it's a particular honor to be introduced by him to receive an award named after Chick Koop. Both of them are heroes of public health, and I am pleased to be in their company.

And it's an honor for me to be with Veronica Miller and this group on the occasion of the National Summit. You—and all of your colleagues in research and in practice and in care—are the heroes who will turn back this epidemic, who will make it possible for America and the world someday to live free of AIDS.

We are on the threshold now. I believe you will lead the world across that threshold soon.

It's been a long, tough fight to get here.

We've made it past the years of denial—when President Reagan didn't even want to acknowledge there was an epidemic. He did, however, inadvertently create history by asking then-Surgeon General Koop to write a report on AIDS.

We've fought to enact the Ryan White Act, which is now providing care to over 500,000 Americans living with HIV/AIDS. We've sidestepped the hysterics who said everyone was going to get the disease. And also past the fanatics who called for quarantines and who kept infected children out of schools and infected adults out of workplaces. And we've made it off the roller-coaster of panic followed by apathy followed by panic again.

Now we have the possibility of real progress.

We have treatments that keep people alive and healthy. We have the opportunity to turn effective treatment into widespread effective prevention. And just around the corner in 2014, we have the promise of universal health insurance, making these medical miracles genuinely accessible.

But as far as we've come, there remain real barriers to achieving the goal of an AIDS-free generation. In fact, we face big problems, almost immediately.

The first are the threats posed by the fiscal cliff. The most immediate issue is the across-the-board cuts of the sequester that are scheduled to take place on January 2. Fortunately, both Medicaid and Veterans' programs are exempt from these cuts.

Representative Henry A. Waxman is the Ranking Member of the House Energy and Commerce Committee

©2012
FORUM FOR
COLLABORATIVE HIV
RESEARCH
<http://www.hivforum.org>

But the AIDS Drug Assistance Program is not—and there may be fifteen thousand people who lose access to their drugs. And NIH is not—and there may be two thousand fewer research grants. And CDC is not—and there may be thousands of fewer people tested for HIV. And FDA is not—and that may mean every review and every inspection is slower by more than a month.

The sequester is a policy to have no policy. The idea behind the sequester is that it is such awful policy that no one would let it happen. It was supposed to be a doomsday machine that no one would want to explode. But if the Republicans in the House remain intransigent about preserving tax breaks for



the wealthiest among us, the sequester could be triggered.

The other major risk is the ongoing possibility that, in order to avoid the sequester and other parts of the fiscal cliff, the House Republicans will propose putting Medicaid and more of Medicare up for cuts instead. Few groups will understand this false economy better than those of you who work on behalf of people with HIV and AIDS.

It may sound benign to propose that federal support for health programs grow more slowly than health costs do. This is what Congressman Ryan specifically suggests should happen with both Medicaid and Medicare.

But you only have to look at the history of AIDS care to see how dangerous these proposals are for people living with HIV and with any chronic illness or disability.

During the era in which AZT was the treatment-of-choice, the cost of drugs per patient was around \$8,000 per year. When the first anti-viral cocktail was approved, the cost of care immediately doubled. And now, even as newer anti-viral drugs are available, the cost is frequently more than that.

If federal funding for health had been limited to grow with the consumer-price index, those new drugs could not have been provided. Indeed, cuts in coverage and care would have been inevitable.

In addition to these federal budget risks, there is a series of other barriers being set up around the country. While upholding the Affordable Care Act, the Supreme Court has said that states can refuse to expand Medicaid to all poor people—even with 100% federal funding. The result has been a string of governors pledging to keep Medicaid as a program for only those currently eligible.

As ACA implementation moves forward, I expect that states will ultimately expand coverage. But if these governors make good on their promises in the short-term, this may mean that insurance will be available to every American—except many of those who are the most poor among us.

We need to do better than this. We have time and time again made it past both the extremists and the apathetic. I don't predict that it will be easy; nothing about HIV has been or will be easy.

But we have important resources that we did not have in the past; alliances between people with HIV and those with other chronic illnesses and disabilities; communities of researchers and care-providers, all working to make AIDS a thing of the past; and momentum toward pulling the nation together over HIV instead of pulling it apart.

In many ways, the initial work of the namesake of this award—Surgeon General Koop—started the creation of these resources when he made his report to the Nation about AIDS more than twenty-five years ago. I am proud to receive this award named for him, and I will be proud to continue in this ongoing work.

Thank you.