To Cut the Nation's Deficit, Look To the National AIDS Strategy

February 24, 2011 By David Ernesto Munar

On February 17, I had the pleasure of speaking at the AIDSWatch congressional briefing session. My prepared remarks and recommendations for congressional members and advocates follows.

As Congress debates destructive funding cuts for a vast array of non-military services, the AIDS community needs to speak with one voice in opposition to these ill conceived plans.

On the line are nearly $60 billion for health reform implementation, global AIDS, biomedical research, public health at the CDC, family planning, AmeriCorps, and other essential services for the nation's sick and poor. And this doesn't even count deeper service reductions sought by House leaders for the federal fiscal year that begins October 1, 2011.

Motivating House leaders who championed the historic divestment in federal services--passed and sent to the Senate last week--is the burgeoning federal deficit, which is on course to grow even larger as a result of extended tax breaks passed earlier this year.

Congressional reasoning for such massive service reductions doesn't add up.

Consider, for example, the arduous financial decisions low-income Americans must make every day to make ends meet. Deciding to not pay your bills might seem like the simplest course of action, but it's not responsible.

What happens if you stop paying the rent, utilities, and medicine? You'll certainly save money but face agonizing consequences, including discontinued utilities, eviction, and/or severe health complications.

No parent would forgo infant formula to save a few bucks, even in hard times. But these are essentially the very trade-offs some in Congress are all too willing to make.

Responsible budgeting is not so simple. It requires discipline, thoughtful planning, sacrifice, and some reasonable accommodations. HIV case managers and their clients tackle such challenges all the time in weighing how to assist individuals in getting by on limited incomes. What expenses can be shed or reduced? Cut the cable? Eliminate the magazines? Cut back on soda? If income drops dramatically, maybe downsize to a cheaper apartment or double up. People with disabilities

make even harder sacrifices everyday.

Doing more with less is also nothing new for AIDS service providers, advocates, and public health officials. In fact, advocates for the National HIV/AIDS Strategy sought the plan precisely to maximize the use of limited resources and get more bang-for-our-collective-buck from HIV-related investments.

In this regard the National HIV/AIDS Strategy should be viewed and characterized as nothing short of a **responsible budget plan.** By implementing the Strategy, the U.S. can leverage greater gains from our scarce anti-HIV investments.

The Strategy demands that every investment--public or private--be calibrated to achieve the three essential steps to end the epidemic: curb new HIV infections; increase care access and improve health outcomes for people living with HIV; and reduce the impact of HIV on hard-hit populations.

Consider ...

... Curbing new HIV infections now means our future public and private care systems will spend *fewer* resources treating a smaller pool of HIV-positive people.

... Assisting more HIV-positive individuals to accept testing and link to ongoing care services means billions in future savings that would otherwise be spent on costly emergency room visits, hospitalizations, nursing homes, and end-of-life care. This doesn't even count savings in non-medical care and the economic boost of a healthier workforce.

... Slowing the spread of HIV among African Americans, Latino/as and gay/bisexual men means giving these communities a fighting chance at enjoying American prosperity and contributing fully to our society.

As we take our messages to Capitol Hill, we must underscore that the National HIV/AIDS Strategy is fundamentally a responsible budget plan. It's not a wish list of all we could do in the fight against HIV/AIDS but a strategic roadmap of all we *must* do to control this epidemic.

Controlling healthcare costs--a powerful lever of expanded entitlement expenditures--requires a more effective response to HIV/AIDS in America.

The Strategy is designed to bring about a more coordinated, effective and accountable HIV/AIDS response in the U.S. with existing resources and new strategic investments, exactly what we need in these tough economic times.

To truly embrace responsible budgeting, our nation's leaders must focus on achieving results with our limited investments. And ultimately achieving greater results in the fight against HIV/AIDS is what we want from our U.S. government.

Valued programs such as ADAP, housing, food subsidies, biomedical research and others are critically important precisely because of their ability to deliver.

As we go up on Capitol Hill, let's make sure to urge members of Congress to:

1. Invest in full implementation of the National HIV/AIDS Strategy, with strategic investments toward each of the plan's three goals

2. Monitor implementation efforts on an ongoing basis, including local and state efforts

3. Be fully informed of the needed costs and potential future savings of the National AIDS Strategy

Toward this last recommendation, advocates should call on members of Congress to join the Quigley/Lee letter to the Congressional Budget Office requesting an official estimate of the cost and saving of the National HIV/AIDS Strategy. House members can join the letter until March 1. See: http://nationalaidsstrategy.org for more information.

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