

The AIDS Epidemic in DC

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ABC News

Monday, April 17, 2006; Healthology

In Washington, D.C., nearly 10,000, or about one in every 50 people have AIDS, and there is an unknown but even higher number with HIV. D.C. also has the highest rate of new AIDS cases in the country—12 times the national average—and has more people living with AIDS than all but nine states.

By all accounts it's an epidemic, and the statistics rival a number of African countries. To make matters worse, the problem is growing even though the city has spent \$500 million over the past eight years on medical care, HIV testing, counseling and other services.

"[The city] was never able to get its act together," said Kim Mills, the communications director for the Whitman-Walker Clinic, which specializes in HIV/AIDS treatment and prevention in the D.C. area. "They were not monitoring the epidemic; they were not distributing condoms. Really basic things just weren't happening."

The D.C. Applesseed Center for Law and Justice, which monitors the city's progress in addressing the disease, issued a report last August that put most of the blame on government coordination and leadership. For one thing, the D.C. government has done a poor job of monitoring the spread of the disease. In the city AIDS unit responsible for epidemiology and surveillance, 50 percent of the positions remain vacant. There are no statistics on how many people are HIV positive, though D.C. Applesseed estimates that HIV affects one in 20 residents, meaning there are many people who don't even realize they have contracted the virus.

"People who know their status behave more responsibly," said Mills, whose clinic has two vans that travel around the district offering free HIV tests.

According to D.C. Applesseed's deputy director Josh Levinson, the government has done a poor job of bringing attention to the issue. "The mayor and our delegate at Congress, Eleanor Holmes Norton, are not really vocal about the problem," he said. "And HIV and AIDS is a problem where you have to be vocal."

Levinson also blamed the different D.C. government agencies for failing to coordinate their resources.

"You have to be looking at substance abuse; you have to be looking at mental health issues; you have to be looking at poverty," Levinson said. "[They have] a reputation for working in silos. None of them really work together."

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Governmental Blocks

Yet another problem is that Washington D.C. is prohibited by Congress from spending federal tax dollars on needle exchange programs. In many states, dirty needles can be traded for clean ones on a one-for-one basis. This usually coincides with drug treatment programs, HIV testing and other health services.

"Forty percent of new AIDS cases can be traced back to a dirty needle," Levinson said. The district does have a small, privately funded needle exchange program, but Levinson said it doesn't have enough money to offer the complementary services that would make it more successful.

Even local clinics that do receive federal money, however, have at times had trouble getting funding. The Whitman-Walker Clinic, which gets about \$15 million a year from public sources, often receives its grant money late, Mills said, straining financial resources. The amount of grant money has stayed about the same over the last eight years, she added, while costs have gone up. Other clinics have had similar complaints.

Compounding the epidemic is that the district's schools have poor sexual education programs, according to the D.C. Appleseed report, and the jails have sub-par HIV and substance abuse services.

Changes Being Made

Despite all the problems, though, hope is on the horizon. The D.C. Department of Health's Administration for HIV Policy and Programs (AHPP) recently finalized a partnership with the George Washington University School of Public Health and Health Services. This will help the government fill its epidemiology and surveillance vacancies and will also allow the city to better assess HIV prevalence among sub-populations.

The new head of the AHPP, Dr. Marsha Martin, has also proposed testing every resident in the District of Columbia for HIV by the end of this year.

"Congress people, people in the White House, business people & if they're a District resident, we'd like them to get tested and know their status," said Marcela Howell, AHPP spokeswoman.

Additionally, the AHPP is working to increase its condom distribution program and is helping people with AIDS buy homes.

When D.C. Appleseed issued a report card this March that rated the government's performance, the grades weren't great, but improvement was noted.

"We were, overall, pretty pleased with what we saw," Levinson said. "The proof will be if in one or two year's time, we see the numbers start to go down. Because the numbers have never gone down, they've always gone up."

Name:

Date:

The AIDS Epidemic in DC Reading Comprehension & Interpretation

After carefully reading over the article, review the following questions and answer in the space provided.

1. The highest rate of new AIDS cases in the country is how many times the national average?
2. Where are these high rates occurring?
3. One in how many DC residents has AIDS? How many total DC residents have AIDS?
4. One in how many DC residents is estimated to be infected with HIV?
5. What are some of the consequences when people don't realize they are infected with HIV/AIDS?
6. What percent of new AIDS cases can be traced back to a dirty needle?
7. What are needle exchange programs?

8. Why can't the DC government spend their tax dollars on needle exchange programs?

9. What are the three determining factors for a higher likelihood of becoming infected with HIV, according to Josh Levinson?

10. Do you think that testing every District resident for HIV/AIDS is a good idea?

11. **Reading response:** What is your opinion about the issue? Explain in detail.