



ADAP Advocacy Association (**aaa+**)

With the support of the Community Access National Network

Presents

Early Treatment for HIV Summit

July 20-22, 2009 | Washington, DC

The ADAP Advocacy Association (**aaa+**) will convene its 2009 Annual Conference in Washington, D.C. on July 20-22, 2009, at The Westin City Center Hotel, located at 1400 M Street, NW, Washington, D.C. 20005. The 2009 Annual Conference, "**EARLY TREATMENT FOR HIV SUMMIT**" is being held in partnership with the Community Access National Network (CANN) – formerly the Title II Community AIDS National Network. The purpose of the conference is **to call attention to early HIV/AIDS diagnosis, care and treatment.**

In recent years public attention has shifted away from the issue of HIV/AIDS at home, in the United States, to global HIV/AIDS. Despite this shift of the public eye, HIV/AIDS in America is still a very real issue. In 2003, the Centers for Disease Control and Prevention (CDC) estimated that nearly 1.2 million people in the United States are living with HIV/AIDS. Over the last five years this number has only grown. In 2006 alone, the CDC estimated that approximately 56,300 people were newly diagnosed. These new diagnoses disproportionately impact communities of color. For instance, despite only accounting for 12% of the population, African Americans comprise nearly 50% of the AIDS diagnoses in 2006. In short, the United States cannot afford to forget that HIV/AIDS occurs at home.

The negative stigma associated with HIV/AIDS only fuels the American complacency and hampers our ability to effectively combat the disease. These stigmas force people living with HIV/AIDS to hide behind a veil of secrecy, often compelling HIV-positive patients to avoid proper medical treatment, and disastrously leading other people exposed to infection to shy away from being tested. Until the fear that is driving an undeniable HIV/AIDS stigma is addressed, we will continue to fight a losing battle here at home, and abroad.

The promising news is that due to the advent of innovative treatment methods, such as Highly Active Antiretroviral Therapy (HAART), the number of people dying from HIV/AIDS complications has drastically decreased. However, each year fewer and fewer people living with HIV/AIDS are able to access these life-saving medications for numerous reasons, most notably inadequate federal funding which has resulted in waiting lists – and in some cases, even death. Recent studies have found that nearly half of all people living with HIV/AIDS living in the United States are not receiving care and treatment for their disease.

This is due, in large part, to inadequate private and public sources of health insurance for people living with HIV/AIDS. Within the general population, two thirds of Americans have private insurance. Within the HIV/AIDS population, though, only one third of those who are HIV-positive have private insurance. As such, two thirds of people living with HIV/AIDS in the United States must depend on public sources of healthcare funding. Yet, public sources of Healthcare have failed many of these people. Recent statistics indicate that 20% of people living with HIV/AIDS are completely uninsured. They do not have either private or public healthcare; for them the cost of the medications and care that they need to maintain healthy and productive lives are prohibitive. As such, many go without any care or treatment whatsoever.

This is an abomination. In the United States, one of the most affluent countries in the world, no person should be without the care and treatment that they need to remain productive members of society. As such, the ADAP Advocacy Association and Community Access National Network aim to bring the public eye back on issues of national HIV/AIDS, especially the inadequacy of the healthcare system for this most vulnerable population.

News shared by leading medical experts during the 16th Conference on Retroviruses and Opportunistic Infections in Montreal, Canada, demonstrated what many had already expected – detecting and treating HIV early yields positive results. Radjin Steingrover of the Academic Medical Center in Amsterdam presented the first comprehensive study demonstrating that early treatment could delay the decay of the immune system associated with the disease.

"To the question of whether this is beneficial [to the patient to start treatment early], I think the answer is yes," Steingrover said. "Until now, the benefits to the patient have just been theoretical," Leone said. According to *Bloomberg*, previous recommendations and findings for when to begin treatment range from CD4+ T cell levels of 350 copies per milliliter of blood to 500. According to *Bloomberg*, health workers often encounter difficulty in detecting HIV at the earliest stages because the immune proteins responding to the virus do not typically appear until a few weeks after infection. Therefore, tests to diagnose the virus during the acute phase could help people begin treatment earlier and improve treatment outcomes. According to Leone, the study "suggests that there's an opportunity to do more, if we have more research on what's going on in this early period of infection."¹

Legislative initiatives are already underway before the U.S. Congress – including adopting a National AIDS Strategy. The N.A.S. will undoubtedly include guidelines on how best to leverage America's resources to implement proven prevention strategies. But for those newly infected with HIV/AIDS, it will also include strategies to address early detection, treatment and care. Principally among them, passing the Early Treatment for HIV Act (ETHA), which will save lives by allowing states to provide Medicaid coverage to low-income, HIV-positive Americans.

Whether it is educating at-risk populations about the importance of being tested, or providing the necessary supports and services to those patients newly infected with HIV, early detection, treatment and care must remain a focal point for all HIV/AIDS stakeholders.

The 2009 Annual Conference "**EARLY TREATMENT FOR HIV SUMMIT**" offers:

- **Over 15 Educational Sessions**, including Keynotes, policy roundtables, and Exhibitor programs.
- Diverse attendance of national, state and local **community leaders**.
- Pre-conference **Town Hall Meeting on National AID Strategy**.
- Grassroots advocacy **training**.
- **Exhibitor opportunities** available to help spread the word.
- **Legislative Updates** on National AIDS Strategy and Early Treatment for HIV Act (ETHA).
- **Networking opportunities** throughout the conference.

¹ Bloomberg, "HIV-Positive People Might Benefit From Early Treatment, Study Presented At CROI Indicates", February 12, 2009

AGENDA-AT-A-GLANCE (Tentative):

MONDAY

09:30 AM – 11:30 AM Town Hall Meeting on National AIDS Strategy

12:00 PM – 01:30 PM Opening Plenary Session (lunch served)

01:45 PM – 03:00 PM Plenary Session

Concurrent Breakout Sessions

03:15 PM – 04:30 PM Breakout Session

- Breakout 1 – Legislative Update
- Breakout 2 – Treatment Update

04:45 PM – 06:00 PM Breakout Session

- Breakout 1 – ADAP Update
- Breakout 2 – Treatment Update

06:30 PM – 07:30 PM Networking Reception

TUESDAY

09:00 AM – 10:30 AM Plenary Session

Concurrent Breakout Sessions

10:45 AM – 12:15 PM Breakout Session

- Breakout 1 – ADAP Update
- Breakout 2 – Treatment Update

12:30 PM – 02:00 PM Plenary Session – Congressional Keynote with Rep. Ileana Ros-Lehtinen on ETHA

Concurrent Breakout Sessions

02:15 PM – 03:45 PM Breakout Session

- Breakout 1 – Legislative Update
- Breakout 2 – Treatment Update

04:00 PM – 05:15 PM Breakout Session

- Breakout 1 – Stigma Update
- Breakout 2 – Treatment Update

05:30 PM – 06:00 PM How to Educate Congress

WEDNESDAY

10:00 AM Capitol Hill Visits with your Members of Congress