

# The AIDS Capital of the Nation

by Donald A. Collins

While some ideologues are busily advocating "abstinence only" policies and even suggesting condoms don't work, even though condoms are now the *only* protection for sexually active people against fatal HIV infection, the latest published figures on new AIDS cases for 2000 from the Centers for Disease Control by state and for the District of Columbia are staggeringly in conflict with such naiveté.

- **Fact:** Half our teen girls have had their sexual debut by 18.
- **Fact:** No country, state or territory in North America or South America endures a higher incidence of AIDS than the District of Columbia, except perhaps three countries/territories in the Caribbean.

One of the world's leading AIDS experts, Dr. Roger P. Bernard, an epidemiologist who

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directs an academic action organization known as AIDS Feedback, or AF, located in Geneva, Switzerland, has just furnished me with a stunning compilation of AIDS case rates for North America and Western Europe (except Canada) for 2000. A colleague of mine for some 30 years, Bernard regularly obtains his information from many reputable sources including the CDC, governments in the World Health Organization, and UNAIDS. AF has a long standing tradition of releasing regional and world overviews on AIDS incidence and HIV prevalence, so far to over 600 recipients and conferences.

"Incidence" means the new occurrences over a given period, say a year. AF's latest release pertains to new AIDS case rates for 2000 as co-ranked for both the United States by state and Europe by country (Sources: CDC and Institut de Veille Sanitaire, Paris). In sharp contrast, "prevalence" means all persons living with a given ailment at a given point in time – not reported here but available for year-end 2001 adults living with HIV/AIDS around the world.

## Stunning Pandemic

In a lengthy telephone conversation on September 27, Bernard explained to me in much detail that the data for the United

States and Western Europe are the best around, and the most recent available. His co-ranking of the 2000 AIDS incidence rates for the United States and Western Europe generated this shocking incidence structure that illuminates the horror of this pandemic.

First, the 2000 Census reported the population of Washington, D.C., at 600,000. For every 100,000 people in Washington, D.C., in 2000 there were about 153 new AIDS cases reported. The average for the United States was about 15 cases for every 100,000. Pennsylvania was just below the average with about 14 new cases per 100,000. Compared to Pennsylvania, Washington was 11 times worse.

Second, and this is a real shocker, a comparison of 20 Western European countries showed an average of 2.44 new AIDS cases per 100,000, which compared to the 55 states and territories of the United States at 14.62 new cases per 100,000. That made the United States six times worse off than Western Europe. Vermont, with a population similar to Washington, D.C. had an AIDS rate of 6.24 making the nation's capital 24 times worse. Alaska at 3.67 is 41 times better off.

The performance of Washington, D.C., in caring for its citizens may be regarded as

feckless and irresponsible. Ironically, the tiny Mediterranean island republic of Malta, which is 98 percent Catholic, has a population of 400,000 – about two-thirds that of Washington, D.C., but on about the same land size. The incidence of AIDS in Washington D.C., is more than 190 times that of Malta. Could it be that most Maltese men are using condoms?

Of course, much of Africa is worse. The Bush administration has promised \$15 billion over five years for AIDS in Africa, but funds have yet to be appropriated.

On September 22, Secretary of State Colin L. Powell “defended the Bush administration’s efforts to combat AIDS, one day after a top U.N. AIDS official denounced as a ‘grotesque obscenity’ the disparity between what is being spent on the U.S.-led war on terrorism and the money devoted to halting AIDS in Africa.”

The *Washington Post* (September 24) noted that “delegates to the U.N. General Assembly had heard President Bush ... (at the end of his September 23 address) add a new warning about the dangers of the international trade in sex slaves. The State Department estimates that at least 800,000 women, children and men are sold across borders each year, many for captivity in squalid brothels that foster the spread of AIDS. Bush condemned the “special evil in the abuse and exploitation of the most innocent and vulnerable.” Talk about the assured promise of a burgeoning HIV/AIDS tidal wave! And with our present loose

### Tibet Facing ‘Cultural Genocide’

MADRID (Reuters) – Exiled Tibetan spiritual leader the Dalai Lama says cultural genocide is taking place in his homeland, with a wave of ethnic Chinese migrants making Tibetans a minority. Ethnic Chinese now outnumber Tibetans in most large towns and probably overall in the Tibetan Autonomous Region, although it was difficult to get reliable data, he said yesterday.

The Dalai Lama, who has run a government-in-exile from India since fleeing Tibet after a failed uprising in 1959, said he wanted greater autonomy, not independence, for the Himalayan region. But when the native population was made a minority, autonomy became meaningless, he said.

The Dalai Lama said he had discussed his concerns about Tibet with U.S. President George Bush at a meeting last month. Speaking during a two-day visit to Spain, where he will accept a prize for promoting human rights, the Dalai Lama said any damage to Tibetan culture would be a loss for all of China...

immigration policies – we don’t screen for HIV/AIDS – many infected newcomers could be here soon.

### National Disgrace

In Washington, D.C., we are in what could be dubbed “The AIDS Capital of the United States.” Now we learn that a major Washington, D.C. facility involved in HIV/AIDS prevention and services is in financial trouble. According to a *Washington Post* article of September 19,

*The Whitman-Walker Clinic, which provides HIV/AIDS testing and related health services to thousands of mostly low-income area residents, plans to begin charging for its services and to sell off property to deal with a financial crisis caused by plunging donations and rising costs.*

*Facing a projected budget deficit of \$800,000 by year’s*

*end and with cash reserves falling, the nonprofit organization’s 35-member board approved the measures to avoid severely curtailing services or closing the clinic altogether....*

The financial condition...(of Whitman-Walker) was described as serious (i.e. its cash reserves to drop to nearly zero by the end of this year). Moreover “the clinic’s bank line of credit has been slashed almost in half...which the officials said leaves them with insufficient cash to get through next spring.”

Good grief, folks! There is a major public health hazard right here in Washington, D.C. Our poorest and weakest are at huge risk and the amount of money needed to fix it wouldn’t even buy an hour’s operating costs in Iraq. Will we ignore this threat on grounds of ideology or will we solve it? ■

# Illegal Aliens: The Health Cost Dimension

by Joe Guzzardi

**S**aul Diaz was a penniless, unemployed, uninsured illegal alien living in Georgia when he was severely injured in a car accident. During his year-long hospitalization, Diaz racked up \$1 million in medical expenses.

Officials tried to return Diaz to Mexico after he was stabilized. But Diaz died before he could be removed.

The Gwinnett (GA.) Hospital System expects more illegal immigrants will present themselves for urgent care this year and has established a \$34 million reserve to cover its outlay.

Said Paula Martin, a hospital representative:

"When patients come in the emergency department, we do not know or ask if they are documented, we are obligated to deliver care regardless of their status. And as you know, some people do not admit to being illegally in the U.S."

[*Atlanta Journal-Constitution*,

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Indigent care costs escalating; "Hospitals don't track illegal immigrant factor," by Rick Badie, January 16, 2003]

Okay, you say, we just can't let Diaz die on the highway. As humanitarians we must try to save him.

But take a hypothetical "Gloria," a twenty-year old Los Angeles resident who is seven months pregnant? Like Diaz, Gloria is uninsured, unemployed and illegally in the U.S.

Medi-Cal will cover Gloria's prenatal care and child delivery costs.

If Gloria doesn't speak English, the hospital must, by law, provide her with a Spanish-speaking translator.

Gloria's newborn child will also get car seats and diapers under her Medi-Cal coverage.

In the event of post-partum complications, California will absorb all of the costs.

U.S. taxpayers have spent hundred of millions on patients like Diaz and Gloria. As a consequence, the states are facing a crisis of unparalleled magnitude. As *Los Angeles Times* columnist Ronald Brownstein wrote in his December 30 column "Health-Care Storm Brewing in California Threatens to Swamp U.S.," "the impending Medicaid disaster is not a problem the states can handle alone; their budget

shortfalls are too big."

If you want to reduce the cost of quality health care for U.S. citizens then you cannot provide it to every illegal alien in the country.

And if the government can turn its back on health care for military veterans, as it announced it would last week, then cutting off aliens shouldn't be too tough.

On January 17<sup>th</sup>, Secretary of Veteran Affairs Anthony J. Principi stated that VA health care enrollment for Category 8 veterans would be suspended for one year. (A Category 8 veteran is one who does not have a service-connected disability and has an income in excess of \$13,000.)

World War II veteran Bob Simmons predicts that "one year" means forever.

In justifying his decision, Principi noted that more than 200,000 veterans have to wait six months for an initial appointment and that in today's economy many veterans "may have a false expectation of care."

There's a slice of American life circa 2003: veterans wait while illegal aliens go to the head of the line.

U.S. Marine Corps Captain David Brockett who served in Vietnam more than once between 1968 and 1974 e-mailed me his observation: