

# GAYS: OUR MOST EXPENSIVE CITIZENS

The following report is reprinted from the April and May 2004 issues of the *Family Research Report*.

We all know that AIDS is a very expensive disease and that it started with male homosexuals and spread from them to others (eg., drug abusers, wives, prostitutes, blood recipients, etc.). Today, half (50.3%) of the people in the United States living with AIDS are males-who-have-sex-with-males (MSM). And, after a bit of a lull in the 1990s, the proportion of HIV infections in MSM is once again rising. In 2002, for those whose risk category was identified, 56% of new HIV infections were among MSM (*CDC, HIV/AIDS Surveillance Report, 2002*). So AIDS started out as a gay disease, remains primarily a gay disease, and is increasingly a gay disease.

So how expensive is AIDS? One report from the *Los Angeles Times* in 1995 summarized the various academic and governmental research, arriving at an estimate that AIDS would consume 0.9% to 1.1% of the nation's annual Gross Domestic Product [GDP] by the year 2000 (*Oldham J., The Economic Cost of AIDS, October 10, 1995*). One percent of the GDP is HUGE.

One percent of GDP in 2001 equaled about \$102 billion. Since gays account for somewhat over half of those suffering from AIDS, at least half of this total or \$51 billion was the cost of sodomy-that-led-to-AIDS. So the 'gay sodomy tax' for AIDS alone in 2001 was about \$359 for every U.S. worker . . . About 20,000 MSM per year are getting infected with HIV . . .

Looked at another way, the CDC has estimated that the medical costs of all accidents in the U.S.—auto, home, work—total about \$117 billion per year (*MMWR January 16, 2004;53 (01);1-4*). Quite a few people—45 million people or 16% of the population—required treatment for injury in 2000. Indeed, injuries accounted for about 10% of all medical expenditures. Likewise, smoking—practiced by about a quarter of all adults—is estimated to consume at least 6.5% of medical costs. So AIDS is almost as expensive as all the medical costs associated with accidents. And each year, the 'gay AIDS tax' would pay for nearly all the costs associated with smoking, and about half of the costs asso-

ciated with accidents . . .

Medicaid is the largest U.S. payer for medical services to those with AIDS. Indeed, about 50% of AIDS patients' treatments were paid for by Medicaid in 2000 (*Graydon, RT Medicaid and the HIV/AIDS epidemic in the United States, Health Care Financing Review, 2000; 22:117-122*).

The lifetime treatment costs per patient on protease inhibitors (the current drug regimen of choice) range from \$71,000 to \$425,000, depending upon when the patient dies. For those merely infected with HIV (but who haven't progressed to AIDS), the protease inhibitor drugs cost \$14,000 per patient per year, which then increases to about \$35,000 per patient per year at the onset of various AIDS-associated complications . . .

Still another source of federal money is the *AIDS Drug Assistance Programs (ADAP)* which "buy 20% of the HIV drugs prescribed in the U.S., enough for 92,000 people." The other 80% have insurance or are covered by federal programs. (*V. Fuhrmann, Medical dilemma: costly new drug for AIDS means some go without, Wall Street Journal, January 13, 2004, A1.*)

The *Blade* pointed out that 3,010 (48%) of the 6,212 AIDS cases in Virginia were covered by ADAP. In addition, ADAP enjoys a charmed existence. In 7 years, its budget has jumped from \$52 million to \$714 million—a 1373% increase! Name another federal program with such a growth curve! ! . . .

AIDS is one of the very few diseases where the government assumes almost all the costs of treatment of those without private insurance. Accident victims don't have all their bills covered. Nor do those with heart conditions, cancer, or diabetes . . .

Research: AIDS research is also expensive, and it has sucked funding from the research funds for other diseases. The *National Institutes of Health* has allocated \$2.5 billion in research funds for AIDS (14,175 people died of AIDS in 2001), \$790 million for diabetes (from which 71,372 died), \$640 million for breast cancer (421,809 deaths), \$595 million for Alzheimer's (53,852 deaths), and \$345 million for prostate cancer (30,719 deaths). (*A. Regalado, Wall Street*

*Journal, January 3, 2004, B1.)*

Translated, these figures amount to about \$178,000 per AIDS death, \$16,000 per breast cancer death, and \$11,000 per death for diabetes, Alzheimer's, and prostate cancer . . .

In 2003, the CDC estimated that 40% of all reported cases of syphilis in the U.S. involved MSM (*Washington Blade, December 26, 2003*).

Since 1999, San Francisco has had the highest rates of primary and secondary syphilis of any metropolitan area in the United States (*MMWR Internet use and early syphilis infection among men who have sex with men—San Francisco, California, 1999-2003. December 19, 2003*). In 1998 . . . the proportion of syphilis cases traceable to gays went from 22% in 1988 to 88% in 2002.

Two case reports are illustrative: a 36 year-old man reported that for the past 12 months he had had 16 partners—4 lived in San Francisco, 3 in Los Angeles, one in Minneapolis, and one in Phoenix. He wasn't sure about the rest. A 43 year old man reported that for the past 3 months he had 13 partners—3 lived in San Francisco, but he didn't know where the rest lived. One of the men he infected reported 50 partners in the past 12 months, of which he had sex with a considerable proportion during travels to Chicago . . .

In the *1996 National Household Survey of Drug Abuse*, 13% of non-homosexuals versus 31% of homosexuals claimed to use an illegal drug in the past 12 months . . .

In the same government survey, homosexuals were also almost twice as apt as non-homosexuals to smoke. And we know what smoking does to medical costs . . .

The CDC has calculated that 800,000 to 900,000 people in the U.S. are infected with HIV, and that 385,000 of these have AIDS (*CDC, HIV prevalence trends in selected populations in United States results from national serosurveillance, 1993-1997, August 2001*). Furthermore, somewhat over half of all those living with HIV or AIDS—amounting to over 400,000

of the infected and about 200,000 of those living with AIDS—are male homosexuals (*Associated Press August 10, 2003*) . . .

If there are as many as 3 million gays, then at least one of every 15 has AIDS and one of every 8 is infected with HIV, for a total of approximately 20% of the homosexual male sub-population.

Now, approximately 80% of MSM with AIDS or HIV are aged 25-49. A male homosexual with AIDS costs society about \$35,000/year in medical costs, while one with HIV costs society about 14,000/year. This compares to the average toll in medical costs for men of the same age of about \$1,700.

MSM with HIV/AIDS thus cost society about 10-20 times more in medical costs per year than non-homosexuals of the same age . . .

And the problem is likely to get worse. Another 20,000 or so MSM get infected with HIV each year (*CNN, May 30, 2001*). Since fewer than 6,000 homosexuals are dying of AIDS per year, the number for whom society will be paying medical costs is bound to grow—for they keep infecting more people!

A fatal disease such as AIDS costs society more than medical care. There are costs for his employer while he is still alive. These include higher insurance premiums and having to periodically fill his position when he is getting medical treatment or feels too poorly to work, etc.

And then, of course, there are the costs of finding and training his replacement. *Los Angeles Times* reporter Jennifer Oldham estimated these employer costs at \$32,000 per AIDS-employee over a five-year period—that is, over \$6,000 per year (*Los Angeles Times, October 13, 1995*).

Oldham also estimated that the indirect cost of AIDS was about seven times the direct medical cost. Of course, today people with AIDS are living longer—and more of them are able to work for a while.

In 1995, it was estimated that medical costs for an AIDS patient were running about \$35,000 per year. These costs in drugs and medical treatment often continue until the patient dies. So if a homosexual practitioner lives 5 years with AIDS, direct medical costs will total about \$175,000 and the indirect costs about \$1.2 million. If he lives 8 years the direct costs will total about \$280,000 and the indirect costs about \$2 million.

**Gay Penetration of the SDA Church**, 60 pp., 8½ x 11, June 1999. Key articles on homosexual efforts to gain acceptance and status in our denomination. \$6.00 + \$2.50 p&h.

**Gay Takeover of America**, 61 pp., 8½ x 11, 1996. A remarkable historical narrative of how it happened. \$6.00 + \$2.50 p&h.