October 6\textsuperscript{th}, 2009

Honourable Kevin Falcon  
Minister of Health Services  
1515 Blanshard Street  
Victoria, BC  V8W 3C8

Dear Minister Falcon:

I am writing to you on behalf of the 41 community-based member organizations of the Pacific AIDS Network. More than 20 years after its emergence, HIV/AIDS continues to be a serious public health threat in this province.

In 2005, the last year for which we have epi-data on prevalence, there were an estimated 10,420 people living with HIV in BC, representing approximately 18\% of the estimated 58,000 Canadians living with HIV and AIDS in 2005. Given that BC represents approximately 13\% of the overall population of Canada - \textit{BC has a disproportionate share of HIV burden}.

British Columbians continue to be infected by the virus. In 2007 the number of new tests was 395, almost an 11\% increase from the year before. The rate of new infections is 9.1 NI/100,000 people, versus 7.5 NI/100,000 for all of Canada. \textit{BC continues to have one of the highest rates of new infections in the country}.

Despite the latest treatment advances there is no “cure” for HIV/AIDS and it is disproportionately impacting some of the most vulnerable people in our society. There is an \textit{alarming growing HIV/AIDS epidemic in BC’s Aboriginal communities}, especially among young Aboriginal women. HIV/AIDS also continues to be a \textit{significant threat to gay men}. Poverty, homelessness, lack of access to social support networks & health care services, stigma & discrimination...all increase the risk of contracting HIV and the prognosis once infected.

The reality is that every single HIV/AIDS infection represents a significant social and economic cost to the province. \textit{As far back as 2003, it was determined that the direct lifetime medical care and treatment costs for every person infected with HIV was $180,000}. The indirect social costs relating to a loss of productivity and premature death were estimated to be as high as $1 million per person. BC’s 395 new positive test cases in 2007 alone represent an estimated $71.1 million in direct lifetime medical care and treatment costs, and an additional $395 million in indirect social costs. So beyond the ethical and moral considerations, clear economic justifications exist for maintaining the investment in combating the epidemic.
BC’s community-based AIDS service organizations (CBAO’s) play a cost-saving and cost-effective role in addressing the HIV/AIDS epidemic. CBAO’s significantly rely on volunteers to deliver services and programs to PHAs and those most at risk, representing millions of dollars of value to society. Prevention and education programs that help to prevent new infections; and the support, care and treatment information services that help to improve the quality of life and health prognosis of people living with HIV/AIDS – all save the province significant amounts by averting health care costs.

While representing very little of each health authorities total expenditure, CBAO’s represent significant value for the health care dollar. We urge you to consider the cost-benefit analysis provided here and we would be pleased to provide further information to you and your colleague the Honourable Ida Chong, at a meeting in the near future.

Sincerely,

Jennifer Evin Jones
Executive Director
Pacific AIDS Network

cc. Honourable Ida Chong, Minister of Healthy Living and Sport
    Warren O’Briain, Executive Director, Communicable Disease and Addictions Prevention, Ministry of Healthy Living and Sport
    Ciro Panessa, Manager, Harm Reduction and Blood Borne Pathogens, Ministry of Healthy Living and Sport