

**From:** Richard Darling, DDS [mailto:rdarling1@dc.rr.com]  
**To:** My Turn (myturn@newsweek.com)  
**Subject:** "My Turn" Essay Submission

Dear Newsweek,

I respectfully submit my "My Turn" essay below for your consideration of publishing. It may be of significance to know the popularity of my thesis: when I exhibit at diabetes conventions a new supporter joins the FAIR Foundation every four minutes for six hours straight. Indeed, this is why we have thousands of members and supporters who now are in all fifty states and the District of Columbia.

Thank you very much.

Gratefully,

*Richard*

Dr. Richard Darling, DDS: [National Public Citizen of the Year \(NASW-'03\)](#)  
President and CEO: [The FAIR Foundation](#), a national movement to reverse inequities in research funding distributions by the NIH and to institute new organ-donor policies to reverse our country's organ-donor crisis  
Founder: [The Coachella Valley Hepatitis C, Liver Disease & Transplant Support Group](#)  
Board of Directors: United Organ Transplant Association  
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## "My Turn"

# Stop HIV/AIDS Research Favoritism

Proper respect should be given to non-HIV/AIDS illnesses

The death rate in our country from AIDS has plummeted as evidenced in 2006 by the 98 percent drop in California's newly infected AIDS patients<sup>[i]</sup> from just under 10,000 to 193 (as of 6/30/07) and the 98 percent drop to 36 in all of Pennsylvania's HIV/AIDS patients for 2005.<sup>[ii]</sup> This success against AIDS is being repeated throughout America, yet AIDS still receives ten percent of the entire National Institutes of Health (NIH) disease research budget.

Such exorbitant funding for AIDS has resulted in unfair allocations for all non-AIDS diseases, including the sixteen<sup>[iii]</sup> that kill a million more Americans than AIDS annually. For example, cardiovascular disease (CVD) kills almost a million Americans compared to 16,316 (2005)<sup>[iv]</sup> for AIDS, yet the NIH is spending only \$40 on each CVD patient versus \$3,052 on

each AIDS patient in research.<sup>[v]</sup> Diabetes kills more citizens than AIDS and breast cancer combined, yet only \$50 is spent on each diabetic in research. More AIDS patients are now dying of hepatitis C than they are of AIDS,<sup>[vi]</sup> and hepatitis C (HCV) affects 4-5 times as many as AIDS yet barely \$25 is allocated for each HCV patient.

Regardless if the funding comparison is measured utilizing “allocation per patient,” “allocation per death” or “total allocation” per disease, the great success of AIDS researchers has resulted in funding for AIDS now being disproportionate and inequitable.

Indeed, our country’s top AIDS researcher and Director of the AIDS budget, Anthony Fauci, MD, recently stated on CNN, “..**the scientific advancements that have been made in HIV [research] are breathtaking [with] highly effective drugs to suppress HIV to the point where what was a death sentence in the early eighties to now having patients who look and feel well, who are leading very productive, very gratifying lives...**”<sup>[vii]</sup>

In addition, hundreds of millions of dollars are raised for AIDS by celebrities and non-profit organizations (amfAR, etc.) while similar efforts do not exist for many other diseases. With the recent \$37 billion stock pledge by Warren Buffett to the \$29 billion Bill and Melinda Gates Foundation and Mr. Buffett’s support for the Gates’s bias in funding to combat HIV disease, the favoritism afforded this disease has reached excessive proportions.

When one reflects that the total NIH bio-medical research budget for every disease known to man is only \$28.4 billion and ten percent of that also goes to HIV research, all patients with non-AIDS illnesses can only be dismayed at the continual favoritism afforded this illness.<sup>[viii]</sup>

The NIH has responded to my request to cease the favoritism afforded HIV/AIDS and to reallocate some of the present AIDS dollars to other diseases by referencing global AIDS, that it is communicable, killing the young and that a vaccine is needed.<sup>[ix]</sup>

The answer to global AIDS is not more research. We must provide the same solutions in foreign countries that have dropped the death rate throughout America and those are well known: preventive education, the drugs which converted AIDS from an acute illness into a chronic illness (HAART or Highly Active Anti-retroviral Therapy), harm-reduction education and we must help develop health infrastructures to deliver these remedies.

Regarding the “communicable” nature of AIDS, Congress must force realization upon the NIH that simply because an illness is “infectious” does not warrant disproportionate research funding. Patients suffering from non-communicable illnesses such as Alzheimer’s disease should not be discriminated against because they cannot transmit their disease to others or because its etiology is congenital or acquired by environmental causes.

In America’s youth, the Centers for Disease Control & Prevention’s most recent report (2005) states that there were seven AIDS deaths in patients under the age of 13, sixty-three under the age of 19 and 677 deaths under age 30.<sup>[x]</sup> The estimated deaths from Sudden Infant Death Syndrome (SIDS) alone are 2,500 each year.<sup>[xi]</sup> Clearly, HIV disease is not a major factor killing our youth.

Expend billions on a vaccine for HIV/AIDS, which has excellent drugs to sustain life? Before we do that, let us spend those monies on fighting maladies that have not yet seen the development of successful remedies.

An unrecognized factor negatively impacting all non-AIDS diseases is the “compounding effect” of present NIH policy. Overall increases to NIH funding applied equally to each disease result in the gap between AIDS funding and non-AIDS illnesses becoming even greater.

With the budgetary limitations resulting from our government’s commitments, including supporting the war in Iraq and restoring the areas ravaged by hurricanes Katrina and Rita, necessary increases for bio-medical research funding have been non-existent. As with the common citizen whose budget is pinched, it is now appropriate to reallocate existing funds, in this case a reasonable portion of HIV/AIDS funding to other illnesses.

**61 million Americans with cardiovascular disease, 21 million diabetics and millions of other non-AIDS sufferers will applaud such an action.**

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[i] <http://fairfoundation.org/quiz/quiz.htm>

[ii]

[http://www.dsf.health.state.pa.us/health/lib/health/hiv aids\\_biannuals/preliminary\\_annual\\_report\\_december\\_2005.pdf](http://www.dsf.health.state.pa.us/health/lib/health/hiv aids_biannuals/preliminary_annual_report_december_2005.pdf)

[iii] <http://www.fairfoundation.org/thesixteen.htm>

[iv] [http://fairfoundation.org/CDC\\_AIDS\\_death\\_estimates\\_2001-2005.pdf](http://fairfoundation.org/CDC_AIDS_death_estimates_2001-2005.pdf)

[v] <http://www.fairfoundation.org/factslinks.htm>

[vi] [http://fairfoundation.org/specter\\_letter\\_hcv\\_in\\_aids\\_pts.pdf](http://fairfoundation.org/specter_letter_hcv_in_aids_pts.pdf)

[vii] <http://fairfoundation.org/fauci.wmv>

[viii] [http://fairfoundation.org/NIH\\_funding\\_2003-2008.pdf](http://fairfoundation.org/NIH_funding_2003-2008.pdf)

[ix] <http://www.fairfoundation.org/nihletter.htm>

[x] [http://fairfoundation.org/CDC\\_AIDS\\_death\\_estimates\\_2001-2005.pdf](http://fairfoundation.org/CDC_AIDS_death_estimates_2001-2005.pdf)

[xi] [http://fairfoundation.org/news\\_letter/2007/02june/SIDS--2,500.pdf](http://fairfoundation.org/news_letter/2007/02june/SIDS--2,500.pdf)