

Re: The Vancouver Sun, January 11, 2010

Drug-resistant infections drop dramatically as HIV treatments improve
The fact that the number of HIV patients who develop drug-resistant infections is dropping dramatically in BC as a result of improved treatments is very good news. Replacing a 30 pill a day treatment regime with one pill a day creates hope for many people some of whom are homeless, marginally housed, addicted and/or mentally ill. These folks may be able to manage one pill a day provided they have support.

According to this article, the BC government has announced a commitment to a 'seek and treat' pilot project that will expand access to HIV drugs to the street involved population in downtown Prince George and Vancouver Downtown Eastside. When I read this I wondered whether the government has erased New Westminster from its maps. While one hand of government is mounting a new seek and treat pilot project, the other hand has just gutted the funding to the Stride with Purpose program, the primary service provider to people who are positive for HIV and Hepatitis C in the North Fraser Health Region. The Stride program was cut from an annual budget of \$160,000 to \$68,000, from 4 employees to 1, effective February 1, 2010.

The employees of the Stride program do not have to 'seek and treat'. The Stride program already serves the most vulnerable, marginalized and under-resourced citizens in the community. They are homeless, marginally housed, unemployed, active in their addiction and/or mentally ill. Currently, there are 165 clients receiving service on a weekly basis. It is fair to say that this program keeps people alive by not only providing HIV/AIDS information, education and medication support but also meeting their basic needs by providing access to showers, laundry, food, access to medical services, and comfort.

Our services reduce the number of visits to emergency rooms, emergency response services, policing and incarceration. The cost to provide our services is \$80.00 per month per client. The cost of one ambulance call is approximately \$100.00. As a result of this cut, there will be an increase in the use of emergency rooms and services, policing and incarceration and all of this will cost significantly more than \$100,000.

I have worked in the social service field for many years and yet I was shocked at this drastic reduction to a small program that saves lives. Could I hazard a guess that this has happened because government folks don't talk to one another, one hand doesn't know what the other is doing, outcomes, accountability, and cost effectiveness are out the window or is it just that 'seek and treat' is now the flavour of the month. Someone explain it to me please!

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