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On Behalf Of: HEAL Testimony Part III
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This continues my testimony about how expanding PrEP access (which this bill does) is bad policy:

As I stated in Part II, the current goal of the Pharmaceutical lobby is to expand the market for PrEP by convincing people who are not at risk of HIV that they are. Going to state legislatures to bypass the FDA and allow/expand pharmacist-dispensed PrEP is part of that strategy because it allows consumers to self-assess their HIV risk based upon propaganda they may have heard in 1990's high school sex-ed classes. In the 1980's and early 1990's, the CDC funded a huge AIDS awareness campaign targeting heterosexuals, and as the Wall Street Journal reported in 1996, the CDC was fully aware that their campaign was "highly misleading" (<https://www.wsj.com/articles/SB830928388747448000>). The public and most healthcare professionals still live under the spell of this propaganda. Even for gay men, the vast majority are not at any risk of HIV and it is not promiscuity but rather drug use (especially meth) that is the greatest indicator of becoming HIV positive. The same is true of sex workers - if you go to the medical literature, they are not at risk of HIV unless they use drugs. The largest and most judiciously conducted prospective epidemiological study of gay men, the MACS study, found that the only sexual act relating to becoming HIV antibody positive is receptive anal intercourse, and in absolute terms, this is actually more prevalent among heterosexual couples. The wives of HIV positive hemophiliacs are almost never HIV positive.

But because "others at risk" was vague, Gilead lobbied the US Preventative Services Task force to broaden its prep recommendations to heterosexuals in 2023 measured

I was trained as an HIV testing counselor, and counseling was FDA-required with HIV testing until about 2005. Pharmacists today are not trained in this counseling. What was drilled into us was to screen out people who were low-risk so as to avoid false positives. HIV tests were developed for screening blood donations - as such they are overly sensitive and not specific; therefore, we were encouraged to counsel individuals who did not present with risk factors not to take the test. This is still true of rapid Hepatitis C tests, but in the world of HIV given the lucrative drug market for annuity customers, the testing protocol eroded and the standard of care was rigged toward immediate ARV treatment. Currently, there is an epidemic of false positives made possible by a 2014 change in the CDC testing protocol that dropped the confirmatory western blot. Too many individuals were antibody positive but PCR ("viral load") undetectable, so the CDC made the PCR test the "confirmatory" test. ARV's were not clinically trialed against AID\$ or HIV, bur rather against changing the

results of the PCR test as a surrogate marker, so of course if the PCR test is re-run again after someone is on ARV's because after one test they were told they would otherwise die the test comes up negative - but were they ever truly positive?

If you go to a gay website or log into a dating app today, you will be overwhelmed by PrEP advertising. I even saw Cascade AID\$ put up a PrEP ad at a local thrift store. These ads especially target people of color. These ads link to online pharmacies easy access to PrEP for anyone with insurance. Insurers - whose "medical necessity" standard of coverage insisted on HIV and Kidney function testing along with an honest risk assessment by a qualified professional. Pharmacists are not qualified to provide this honest risk assessment. Orgs such as Cascade AID\$ or Inside Out Syringe Exchange that run 340b pharmacies earn a cut of the PrEP and PEP prescriptions they generate. The AIDS Healthcare Foundation's pharmacy chain generates millions every year from the drugs it promotes which is ploughed back into real estate and political favors. These pharmacists have a conflict of interest.