

Leah Machen
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Doug Brutlag
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HIV/AIDS, Socioeconomic Status, and Life Insurance

The burden of being infected with the life-threatening disease HIV/AIDS alone is enough to make a patient feel hopeless. But for those patients of low socioeconomic status, infection is only the beginning of a vicious cycle that will not only affect them, but also their friends and family even after their death. Not only do citizens of low socioeconomic status affected by HIV/AIDS have more difficulty receiving antiretroviral treatment but they also are less likely to be covered by health insurance at all and have nearly no hope of getting a life insurance plan. Studies have shown that patients' insurance status is positively correlated with the amount of antiretroviral treatment they receive and thus chance of survival.

Due to the affects of adverse selection, insurance companies are wary of insuring citizens with illnesses such as HIV/AIDS because of the large costs of treatment and high probability of mortality. This is a system based on perpetuating inequality since those affected patients are the ones who seek insurance to assist with the medical expenses of HAART (highly active anti-retroviral therapy) treatment, and yet no insurance company will insure them without requiring the patient to pay no less than the cost of the treatment. But, if the companies were to insure all of the HIV/AIDS victims

seeking health insurance then adverse selection will guarantee a net loss of money. Therefore, is it fair for insurance companies to essentially deny health insurance to AIDS patients? Is it feasible to expect life insurance to be offered at the same rate to HIV/AIDS patients as healthy patients even though the former has a much higher mortality rate? This paper will go on to analyze the effects of low SES on mortality of HIV infected patients and the discrimination that occurs regarding insurance and how this may even cost them their lives.

Low socioeconomic status has been shown not only to cause lack of access to proper treatment, but also physician discrimination, lack of adherence to proper medication regimes, and poorer quality of life post diagnosis. Many of the problems associated with SES and health care disparities in HIV/AIDS treatment begins with the health care providers themselves. Physicians often discriminate with types of treatment administered to patients based on health insurance alone. In a recent study done in multiple hospital settings it was found that HIV/AIDS patients with Medicaid or Medicare had higher mortality rates than those with private insurance (MaxHealth, 6). Also, greater SES-based discrimination was associated with greater levels of depression and posttraumatic stress symptoms, greater severity of AIDS-related symptoms, lower perceived general health, and less health care satisfaction. Greater SES-based discrimination was also related to lower adherence to antiretroviral medications (Bird, 1). This study accurately showed that the burden of discrimination due to socioeconomic factors can have direct deleterious

affects on the patients health.

Uniquely, HIV/AIDS also promotes a vicious cycle associated with low SES and sustained employment while infected. Studies have shown that once infected with HIV/AIDS patients will likely quit their jobs due to illness or discrimination (if the status of their health was discovered). One study of San-Francisco-based individuals found that 50 percent of those who worked before being diagnosed with HIV had stopped working within two years, and all had stopped working within 10 years after onset of the first symptoms. (Hall, 3). Jobs involving physically demanding labor (like those that citizens of low SES usually have) or jobs that created high levels of stress, depression, and anxiety, significantly influenced the likelihood that employees with HIV/AIDS would stop working (Hall, 3).

This cycle is particularly detrimental to AIDS victims of low SES because if they stop working then their income drastically decreases and, due to lack of funds for medication, their health more rapidly declines. Also, if time off from the work force is needed for proper treatment and recovery, citizens of lower SES do not have the economic mobility to retain their job positions while taking time off, nor do they have the funds to support themselves during their leave of absence. Taking all of these factors into account, a comprehensive study conveyed that lower SES was significantly associated with higher mortality compared with the highest SES groups for all four measures: those with \$10,000 or less in annual income, those with low wealth, those with less than a high school education, and those not currently

working (Maxhealth, 7).

So how does insurance play into all of this? Because of the high mortality rates of HIV/AIDS treatment, life insurance companies in major European countries and the United States have placed a ban on life insurance for all HIV/AIDS patients, meaning that AIDS patients are unable to obtain life insurance. Although HIV/AIDS patients cannot be denied group life insurance through an employer or association, individual life insurance policies that require medical review are "routinely" denied (Kaiser, 1). For low SES patients that suffer the effects of unemployment due to discrimination or illness (and thus don't have the option of group life insurance), this leaves them no options for money to support their families in the event of their death and thus no finances to negate unemployment or debt due to medical treatment.

Not only does this additional stress worsen the patient's health by causing an increase in psychiatric diseases and less adherence to medication, but it also causes the patient to see death as inevitable as the insurance company has already labeled him a lost cause. Although life insurance companies would argue that to insure HIV/AIDS patients would drive their companies into the ground with debt, the problem is that this notion is based on a completely backward way of thinking. These companies are not considering the medical advancements that are taking place regarding HIV/AIDS and the success rate of antiretroviral treatment. A patient who is diagnosed with this disease is not guaranteed to die prematurely as it may have seemed in the past. "The Swiss HIV Cohort

Study” conveyed this point by measuring the mortality rate of patients with HIV with the mortality rate of the general population in Switzerland. Dr. Bernard Hirschel of the Geneva University Hospital, a co-author of the study, said, "Successfully treated HIV-positive and hepatitis C negative patients have a short-term mortality as low as, or lower than that of, patients with cancer who have been successfully treated -- a group that is able to obtain life insurance" (*BBC News*, 9/12). Although through certain companies like Guarantee Trust Life Insurance, AIDS patients can obtain life insurance if they meet certain CD4+ T-cell count requirements, are between the ages of 20-49, and did not contract the virus by blood transfusion or needle drug use, the costs of the insurance policy is unrealistically expensive. For a \$250,000 policy, a 35-year-old HIV-positive man who does not smoke would pay \$1,631 a month, compared with a non-smoking man of the same age with cancer, who would pay \$635 month (Kaiser, 1). This study depicts a clear and unnecessary discrimination of HIV/AIDS patients not just compared to the general population but also compared to those patients that have similarly fatal illnesses like cancer.

Life insurance companies justify this discrimination by claiming that there is “simply not enough information to asses the risks of insuring an AIDS patient,” but that is certainly not a valid reason to continue this disparity in life insurance availability. There are far to few options for HIV/AIDS patients who do not have the funds available to afford life insurance, the costs of treatment, and who do not qualify for medicare or Medicaid. And even if the patient does qualify for medicare or Medicaid is has been proven that those

patients who have private health insurance tend to have better results regarding antiretroviral treatment and overall healthcare experience. There is no excuse for leaving the family of AIDS patients in extreme debt with no compensation because life insurance was either denied or too costly, especially when those patients with cancer have the option of affordable life insurance. Guarantee Trust Life Insurance is headed in the right direction, but there are still too many restrictions and requirements that the patient must meet to qualify. The method of contraction of the virus should not be considered because this does not always imply lifestyle and imposes stigmas upon the patient. Universal healthcare would negate all of these problems, but since the United States is far from adopting a universal healthcare policy we must find a way to standardize the risks of insuring a patient with HIV/AIDS that takes into account the medical advancements of antiretrovirals, and makes life insurance an affordable option for as many patients as possible. In the future, without the implementation of universal healthcare, a realistic goal would be to create a standard set of requirements that the patient must meet to assess a certain level of health and then have the costs of the life insurance be no more than that of a cancer patient with essentially the same life expectancy. Until the United States catches up with many other countries around the world who put us to shame regarding healthcare equality, this is the best possible solution.

1. Bird, Bogarht, Delahanty. "AIDS Patient Care and STDs: Health-Related Correlates of Perceived Discrimination in HIV Care." Jan. 2004.
2. Focus Journal. "New perspectives on the social and economic contexts of HIV/AIDS infection. Fall/Winter 2006.
3. Hall, Carl T. San Francisco Chronicle: HIV and Job Retention in San Francisco. August 2006
4. MaxHealth. "Patients of low socioeconomic Status likelier to die sooner than others." 2005.
5. Kaiser HIV/AIDS Report. Kaiser Family Foundation. September 13, 2004.