The first AIDS cases in the United States were reported the year that President Obama transferred to Columbia College in 1981, exactly 30 years ago. Without any treatment options, AIDS was an inescapable death sentence. Today, effective treatment options are available, so why are people still dying from AIDS? The answer is in part due to President Obama’s failure to lead the fight against AIDS. The importance of American leadership for HIV/AIDS policies is monumental. The U.S. is the largest donor to HIV treatment internationally and our contributions greatly influence commitment from other nations. Last year, when the U.S. reduced its pledge to the Global Fund, other nations followed suit and some stopped donating entirely. As a result, the Global Fund cancelled its most recent round of grants last week. Tomorrow on World AIDS Day, 30 years into the AIDS pandemic, President Obama must decide whether to accept leadership and raise funding to the level needed—six million on treatment by 2013—or to let down his alma mater and deny treatment to millions of people around the world.

Two years after Obama’s graduation, the Gay Health Advocacy Project (GHAP) was founded by current director Laura Pinsky, beginning a strong commitment on this campus to fight AIDS. The group greatly expanded student access to HIV prevention information and testing. Today, over 1,000 students are tested there yearly free of charge—a vital service considering that over 20 percent of HIV-positive Americans do not know their status and 42 percent of new HIV infections occur in people ages 15 to 24. On top of excellent health care, a dedicated core of faculty working on HIV treatment, vaccine trials, and epidemiology, plus an ongoing student commitment to advocating for global health justice, has placed Columbia at the forefront of the fight against AIDS. Columbia took the lead when there was little hope in this fight, and today we continue that legacy knowing that the end of AIDS is possible.

Research published this past year has turned optimism into pragmatism, proving that we can now truly end the pandemic. A National Institute of Health clinical study (HPTN 052—published in May 2011) demonstrated that people living with HIV who received treatment were 96 percent less likely to transmit the virus to their partner in comparison to those not receiving treatment. We can accomplish two goals at once: HIV treatment and prevention now effectively come in one dose.
Unless President Obama takes leadership, these remarkable breakthroughs will not actualize their full life-saving potential. The economic barrier to ending the pandemic will be reduced if Obama takes action now. In June, The Economist considered the results of the NIH study and reported that scaling up HIV treatment to a maximum of $22 billion by 2015 would prevent 12.4 million people from becoming HIV-positive and save the lives of 7.4 million people with AIDS. The upfront treatment costs required now would pay for themselves in savings by preventing millions of infections in the future. Scaling up treatment now could end AIDS by 2041. Today we stand 30 years into the AIDS pandemic, and if funding allows, 30 years from now AIDS will be history.

The President sits at a crucial moment in history—we could truly be at the turning point of the pandemic. If he decides to take leadership and fund treatment to the level needed—6 million on treatment by 2013—we will stand strongly behind him. Should he choose not to do so, he must live with the knowledge of exactly how long, by his inaction, he has extended this pandemic.

For our part, we hope he makes the former decision on World AIDS Day tomorrow. Because when hindsight is 20/20, you sure as hell better like what you see.

Margaret Meder is a Barnard College sophomore majoring in Chemistry and is director of Outreach for Columbia University Student Global AIDS Campaign. Amirah Seguerra is a Columbia College senior majoring in history and is co-president of CU SGAC. This op-ed reflects the views of CU SGAC.

**The upfront treatment costs required now would pay for themselves in the future.**