

Next wave of AIDS outbreaks expected to strike

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"There has been a general lack of attention to social science and large-scale issues of any kind in the conversation around AIDS," he told IPS, adding that the focus has been on individual behavioral and medical interventions.

Friedman, director of the Social Theory Core at the Center for Drug Use and HIV Research at the U.S.-based National Development and Research Institutes, and researchers from Argentina, Australia, South Africa and the U.S., have identified a number of larger social factors that may affect the spread of HIV and the world's ability to respond to the changing global epidemic—at the cost of derailing the progress already made.

The emerging challenges are outlined in an editorial review published in the April issue of the International AIDS Society's official journal, AIDS. The paper outlines six major themes: "big events" like wars, political transitions, ecological or economic disruption, large-scale HIV epidemics and their social consequences, govern-

ment policies that ignore or defy available evidence; stable societies without generalized epidemics, which face distinctive challenges; emerging biomedical changes; and possible failure of previously effective therapies due to evolution of the HIV virus.

"There is a high probability of massive political, ecological and social changes over the next few years," the authors note. "These threaten large-scale disruption of existing social and risk networks, sexual (and injection) mixing patterns, and sexual and injection behaviors that can impede or facilitate HIV transmission."

The relative lack of such large-scale research has weakened the response, both individual and societal, to the epidemic, states the editorial. It calls for funding agencies, individual researchers and students, non-governmental and community organizations and the general public to become better informed about the bigger picture of the pandemic.

The most important issue in many parts of the world is "preventing epidemics rather

than simply preventing individuals getting infected one by one," said Mr. Friedman.

"We do know that some of the biggest events in the epidemiology of AIDS in the last 15 years have come about partly because of big events," said Friedman, pointing to the huge outbreak of HIV/AIDS in Central Asia and Eastern Europe following the collapse of the former Soviet Union in the early 1990s.

With an estimated 860,000 people HIV-infected in late 2004, Russia has the largest AIDS epidemic in Europe. The situation partly stems from large-scale disruption of existing social networks and the demoralization of youth following the transition period, which led to changed sexual, drug and injection behaviors, he added.

He cited "the continued creation of urban slums with no sanitary facilities and a great deal of exposure to various parasites and malnutrition," as well as the myriad social problems caused or worsened by armed conflicts around the world, and the impact of a possible economic collapse.

However, the authors note that such outbreaks are not inevitable. "Many African wars have not increased HIV

transmission, and the case of the Philippines shows that transitions need not lead to outbreaks either," they say,

calling for further study of the specific social risk factors driving HIV transmission.

Changes possible for prescription drug program after deadline

By Kevin Freking
THE ASSOCIATED PRESS

WASHINGTON - A pivotal Republican is joining the congressional drive to eliminate the financial penalty for people who missed Monday's deadline for enrolling in the Medicare drug benefit, the latest sign of a growing rebellion against President Bush on the issue.

Rep. Nancy Johnson said she has talked to enough colleagues to believe such a proposal would pass, probably in the fall, and plans to introduce legislation to waive the penalty.

"The bottom line is this is a democracy, and the Congress responds to the people and shapes the program so it's good for them," said Johnson, who heads the House Ways and Means' subcommittee on health.

"I think it's fair and reasonable to eliminate the penalty" for 2006, the Connecticut Republican told The Associated Press in an interview.

It is also significant that the Republican chairman of the Senate Finance Committee is not ruling out an effort to block the penalty. Sen. Charles Grassley of Iowa said

he will not consider changes to the prescription drug program, in place since Jan. 1, until he goes over final enrollment figures.

"If I told you on April 15 you didn't have to file your income taxes until April 30, you wouldn't do it," he said.

With the endorsement by one of the program's leading supporters, Johnson joins the handful of GOP lawmakers in the House and Senate who have split publicly with the Bush administration's position that the enrollment deadline and late penalty should remain.

The administration has made an exception for people who qualify for extra help because of their low income.

Under current law, people who wait until December to enroll would have \$2.31 per month added to their monthly premium. That amount would rise annually to reflect the national average premium for that particular year.

Johnson said the drive to waive the penalty does not reflect concerns about a program criticized by Democrats as more beneficial to drug companies and insurers than to older people and the disabled.

"What is true, is absolutely true, is that seniors are saving a lot of money," she said. "It's lifting burdens off the back of retirees to a degree never imagined."

Democrats pledge to keep pressing to extend the deadline and waive the penalty for people who sign up after Monday.

Rep. Charles Rangel of New York, says he hears nothing but complaints about the program from his constituents.

"I really think it's a cruel thing to penalize people for what has been admittedly a very complex procedure in order to get the drugs," he said. "To put a penalty for the rest of their lives on our oldest citizens, I think, is just an improper and wrong thing to do."

Around the country, thousands of volunteers are helping to enroll Medicare beneficiaries into the program.

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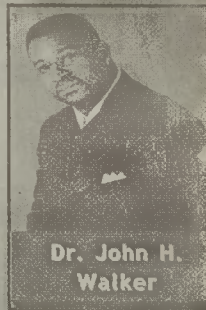
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