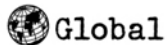
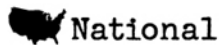


GMHC FOR THE RECORD

Analyzing trends and emerging issues in HIV and AIDS



Global



National



State



City

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Drug Reimportation:

Cheaper Drugs Save Lives

NEW YORK—New York City Mayor Bloomberg recently endorsed a petition to Congress and the US Food and Drug Administration (FDA) to give US consumers access to lower priced prescription drugs from Canada. This bold move puts Mayor Bloomberg squarely at the front of a movement that is gaining momentum in cities and states across the country. Reimportation of prescription drugs is the next phase in a long-running battle over the role of government in regulating the price of prescription drugs sold in this country. With some notable exceptions—such as the Veteran's Administration and the Department of Defense—the US continues to hold firm to the notion that drug prices should be determined not through fair negotiations between buyers and seller, but by pharmaceutical companies' dictate. While support for reimporting prescription drugs is growing, it still faces formidable opposition from the pharmaceutical industry, whose lobbyists have a palpable influence on the Bush Administration and among many Members of Congress.

The high price of prescription drugs, especially antiretroviral medications, is a critical issue for people living with HIV/AIDS. Indeed, the AIDS epidemic is often cited by the pharmaceutical industry to defend high drug prices and to ward off government regulation. The industry has long held that the profits derived from high prices are necessary to support their significant investment in research and development (R&D). As the argument goes, if prices and profits go down, adequate funds will not be available to invest in the development of new drugs, and lives will not be saved. Setting aside

for the moment the billions the drug industry spends on marketing and advertising, it is irrefutable that R&D costs lots of money. The question is, how much? This is one question the drug industry has refused to answer directly. Instead, they have held high drug prices over the heads of consumers with HIV/AIDS and other chronic illnesses and disabilities and made arguments that sky-high prices are the cost of staying alive.

The growing support for and debate over reimportation is proof that the American public is rejecting the drug industry's cataclysmic scenarios of what would happen if cheaper drugs were made available. More and more people now realize that the same drugs we buy here cost a lot less in Canada—thirty to fifty percent less, according to Illinois Governor Rod Blagojevich, who is leading the effort to obtain drugs at a better price for his state's residents. Today, over one million Americans are purchasing their drugs from outside the US market, and the trend is growing. While the pharmaceutical industry has exploited legitimate concerns about drug safety, reports show that drug reimportation poses no threat to consumers. Increased government oversight would actually ensure that reimported drugs are as safe as drugs currently available domestically.

With the support of Mayor Bloomberg, Governor Blagojevich, and public officials across the country, reimportation has come of age. The direct interest of consumers shows that our government cannot shirk its responsibilities to control the escalating drug prices. Access to affordable prescription drugs is too important to be left in the hands of the pharmaceutical industry and its lobbyists. ■

Bad News for Medicaid?

WASHINGTON—Recent developments in the ongoing negotiations over the Medicare prescription drug bill in Congress have HIV/AIDS advocates concerned that the final bill is very likely to weaken both the Medicare and Medicaid programs. According to reports from Capitol Hill, negotiators may prohibit Medicaid from “wrapping around” Medicare for dual eligible individuals—those covered by both Medicaid and Medicare. Currently, Medicaid provides supplemental coverage for low-income seniors and people with disabilities on Medicare who cannot afford co-payments for their drugs. Attempts to prohibit Medicaid from covering Medicare expenses would violate the principle that all Medicaid beneficiaries are entitled to get the full scope of benefits regardless of age or disability status. For people with HIV/AIDS who are eligible for both programs, Medicaid is a critical source of coverage for drugs that they may not be able to afford otherwise. Without access to these medications, dual eligible individuals with HIV/AIDS may experience disruptions in their drug regimes and suffer serious health consequences.

In other Medicare news, conferees reached an agreement in October that would allow the federal government to provide a Medicare drug benefit in any market where private drug plans will not enter. While the notion of a government-administered drug benefit is an important safeguard to ensure Americans can access pharmaceuticals no matter where they live, the system that Congress is creating will set up the government-run program to fail; private drug plans are likely to enter more profitable markets, leaving those

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with high drugs costs to be covered by traditional Medicare.

Deep divisions among House-Senate conference members on remaining issues are hampering efforts to complete the negotiations. Given the concerns that HIV/AIDS and other healthcare advocates have with the emerging bill, failure to agree on a final bill may be the better option. ■

Prison Health is Public Health

ALBANY—Providing adequate healthcare to the more than 66,000 inmates housed in New York prisons is a crucial part of the public health responsibility of the State. Unfortunately, considerable deficiencies exist in the care provided to inmates, illustrating the need for oversight of the prison health system by the New York State Department of Health (DOH).

New York State inmates suffer disproportionately from serious illness. For example, of the 66,800 inmates in the custody of the Department of Correctional Services (DOCS), approximately 10,000 are infected with Hepatitis C and more than 6,000 are HIV-infected. These are the highest rates of HIV infection in the US.

For the most part, men and women in the correctional system have not had access to healthcare prior to incarceration. At the same time, they have experienced high incidences of chronic diseases, mental illness and substance use. Incarceration provides a crucial public health opportunity to voluntarily test, treat, and educate this population. With 29,000 inmates returning home to their communities each year, ensuring their healthcare needs are met is as important for them as it is for the communities to which they return.

Currently, the DOCS system does not provide adequate education about the benefits of early detection and treatment of HIV and other chronic illnesses. The prisons do not have sufficient numbers of HIV specialists to care for or supervise the care of HIV-positive inmates. DOCS health staff fail to prescribe care that is consistent with clinical guidelines supported by DOH. Further, they do not

ensure that patient care is available to all requiring it and that it is delivered without interruption. There is little continuity of care during prison-to-prison transfers or on release from prison into the community.

These deficiencies, among others in different areas of care, are significant and should require oversight by DOH, just as is required of any other health care facility in the state. Unfortunately, many of these deficiencies occur in part because prisons are shielded from public scrutiny. Currently, no state agency or independent authority is consistently reviewing the healthcare provided to inmates.

Good prison healthcare is good public health. GMHC, as part of the Legislative Action Coalition on Prison Health, is supporting a package of bills that would help ensure proper healthcare, including HIV & HCV prevention and education, to inmates in New York's prison system. A public hearing is set for Friday, November 14 in Albany, convened jointly by the Assembly's Health and Correction committees. For more information or to join GMHC in participating in the hearing, please call 212-367-1045 or email micheleb@gmhc.org. ■

The Incredible Appearing Hit List

WASHINGTON—Many prominent researchers funded by the National Institutes of Health (NIH) to perform public health studies were shocked to receive a call from NIH informing them that they were being singled out for additional scrutiny and were possibly in danger of losing their funding. Researchers from Arizona to Washington, studying a variety of factors including how to promote safer behaviors among sexually active adolescents, to the role that childhood trauma plays in adult sexual behavior, were all included on a list of over 150 researchers. US Representatives Henry Waxman (D-CA) and Tom Lantos (D-CA) immediately wrote letters to Health & Human Services Secretary Tommy Thompson expressing their outrage, calling the situation “appalling” and questioning the atmosphere of “sexual

McCarthyism” created by such a list. In addition, the congressmen demanded an investigation of any attempts to undermine peer-reviewed research at NIH. The “hit list” of targeted researchers and their grants was prepared by the Traditional Values Coalition, a conservative group. The list was sent to NIH by Congressional Republicans and discussed at a recent Senate hearing on the future of NIH.

In response to the well-justified outcry from Members of Congress, the scientific community, and newspapers such as *The New York Times*, the damage control machine went to work. Congressional Republicans are now calling the whole situation “a crazy mix-up” by an “errant staffer.” For its part, NIH denied any intimidation tactics, saying that it was being helpful to its grantees by letting them know that they were on the list. While we at GMHC are certainly glad that these tactics, as antithetical to the public health as they are, have been disavowed, something tells us we have not seen the last of this list. Our concern is heightened since this “hit list” is another example of the politicization of science that has become a hallmark of the Bush administration and its conservative allies in Congress. ■