We Hear You

For people with HIV/AIDS, shifts in health care regulations can be life changing—even potentially life threatening. When news breaks, we in the community often disagree about what it will mean to our health and security. Sometimes, the debate reaches a fever pitch. Here's a current high-decibel example:

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The news: In September 2010, the Institute of Medicine (IOM) recommended that the government adjust Social Security Disability Insurance (SSDI) eligibility rules for people with HIV/AIDS.

The buzz: Some say the new recommendations—which require that a person's CD4 count be 50 or lower to receive benefits, and also list numerous debilitating conditions that ensure coverage—will doom many to illness and death. Others claim the old rules were dated, that people won't suffer from the adjustments—and that some folks have been getting a free ride on disability even though they weren't sick or disabled.

A taste of the talk (collected from comments posted on poz.com):
"[This is] an attack on people with HIV/AIDS. People get SSDI for [things like] fibromyalgia and obesity, but HIV [positive] folks must meet certain lab parameters or diagnostic labels [to get SSDI]. HAART is not the panacea everyone thinks it is. Fatigue, diarrhea, sleeplessness, depression, weakness, lipodystrophy are real issues, and the medical establishment doesn't listen."

"What of the able-bodied pozzies who've been riding the disability gravy train for years?"

"Give these IOM people AIDS and see if they change their minds. I had to be in my death bed just to get SSDI, now they want to kill me all over again."

"All you that can and should be working but instead are collecting benefits and shakin' it at the clubs will be cracked down on. I know several of you!"

Important info: If adopted, the new guidelines would not be retroactive.

Before new regulations take effect, the government will seek comments from the community. Watch poz.com to find out when the comment period starts.

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