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Scientists' Roles in AIDS Control

Experts now project that by 1991 as many as 54,000 Americans will be dying each year from AIDS. Given the extent of infection by the virus in the present population (conservatively, 1 million people), the fact that transmission of the virus is invisible and usually unwitting, and the likelihood that developing a vaccine is at best a number of years away, the United States—and other societies—are still near the onset of an agonizing episode that will have far-reaching personal, social, economic, and political ramifications.

It is obvious to all that we must plan for the serious dislocations that will surely come. We do in principle know what must be done to stop the spread of infection. Epidemiologists tell us, for example, that of the projected 54,000 who will, statistically speaking, die in 1991, some substantial share are not currently infected with the virus: perhaps 13,000 individuals could be saved in 1991 by preventing transmission of the disease to them.

In recent months, officials at the Public Health Service (PHS) have acknowledged that, in the absence of a vaccine and effective treatment, our most powerful tools in the next few years will be information, education, and prevention campaigns. To some scientists these terms may sound abstract, even vacuous—but not to public health professionals or social scientists. These endeavors have specific procedural meaning, and they save lives. Social scientists have a crucial role, both in preparing for societal stresses of major proportions and in devising effective means for intervention and prevention of illness. They know how to elicit reliable reports of personal behavior, knowledge, and attitudes; how to reach special cultural groups; how social networks, peer interactions, and voluntary associations function within the general society; how political processes work at the local level; and how to effect attitude change. They have studied risk-seeking and addictive patterns and the basis for cooperative rather than selfish behavior.

There is, in addition, a long-established tradition of cooperation between social scientists and public health workers—in improving diet, preventing infection, and introducing healthful practices on a significant scale. There is a similarly recognized partnership between social science and experimental medicine—in the design of trials, assessment of outcomes, evaluation of illness-correlated factors, and reinforcement of new behavior.

There has been a marked reluctance by the federal government—reflecting a natural distaste for sex, drugs, and disease—to launch serious programs of prevention or even to conduct strategic research. But officials of the PHS are now seeking a trebling of the administration's 1987 budget for AIDS education and risk reduction. It is a courageous move; all concerned scientists should support it.

Coordinated intervention projects on a demonstration basis must be undertaken in communities across the country, without delay. However, as demands on public health professionals and social scientists increase, it will be essential to have designed already ways to evaluate what is done in the field. An effort by the National Research Council or similar organization will be needed for sound scientific evaluation of health promotion and disease prevention projects funded by government or by private groups.

It is also important that a program of directed applied research be started, covering, for example, how to reach particular segments of the population, how to protect the medical care system from intolerable strain, and how to deal with persons who may be infectious for the rest of their lives. The National Institutes of Health's system of investigator-initiated research proposals is not efficient for this purpose; a central coordinating mechanism is needed. It is also crucial, however, that NIH and other agencies fund longer range basic research. Ironically, the AIDS crisis may stimulate work on fundamental research topics where little is known: the malleability of sexual behavior in adult life, psychobiological aspects of risk-seeking, or community organization and cultural change as a response to external threat.

As citizens, social scientists should advocate and participate in knowledge-based action in their own locales. No university town or rural area will prove an Isle of the Blest, safe from threat. As professional scientists, they should insist on proper funding levels for both directed and fundamental research. Finally, they should move to participate as consultants, partners, and leaders in the enormous effort that lies ahead.—DAVID JENNESS, *Executive Director, Consortium of Social Science Associations, Washington, DC 20036*