



January 10, 2010

Dr. Kevin Fenton, M.D., Ph.D., F.F.P.H.
Director, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, N.E.
Atlanta, GA 30333

Dear Dr. Fenton:

We are writing as concerned organizations and individuals, including the members and supporters of the HIV Prevention Justice Alliance and Project UNSHACKLE, to urge CDC to take action on the steps it had identified to address the criminalization of HIV.

Last October, you received a widely-endorsed letter from Community HIV/AIDS Mobilization Project (CHAMP) expressing our concerns about criminal prosecution of people living with HIV.

As we noted at that time,

Criminalizing HIV transmission... has no preventative effects, further stigmatizes people already living with HIV and discourages others from disclosing their status or getting tested.

Further, these cases undermine the efforts of public health advocates who have worked tirelessly over the years to educate the public about HIV.

CDC has long maintained that contact with saliva, tears, or sweat does not expose others to an appreciable risk of HIV transmission. The continued perpetuation of false information by the justice system and the media on how the virus is transmitted underscores the need for more effective HIV communication and education strategies at the highest levels that are accessible to the general public.

In light of an unabated and growing HIV epidemic among certain segments of the U.S. population, we believe that it is incumbent upon the CDC to aggressively respond and provide the public with the most accurate information to reduce HIV vulnerability.

In December 2008 - one year ago – you replied in writing that CDC would undertake the following actions:

1. Update and expand the “Rumors, Myths and Hoaxes” section of CDC’s website to more fully address the issues [CHAMP has] raised.
2. Update and expand our factsheet and Q&As addressing HIV transmission so that these materials better address myths and misconceptions.
3. Develop a set of internal talking points to ensure that CDC staff members are equipped to deliver consistent, scientifically accurate information when they receive inquiries from the field on these issues. These talking points will also be made available to our health department partners.

4. Survey state health departments to determine whether they currently have collaborative relationships with criminal justice personnel (e.g., local prosecutors, correctional staff, law enforcement). In states where such ties exist, the survey would include questions for delivering HIV prevention messages and information to those who work in criminal justice settings; it might also incorporate questions about the communication and policy channels health departments employ to address the efforts that misapprehensions about HIV transmission among criminal justice personnel may have on HIV-infected persons and HIV prevention programs.

5. Using information obtained from the surveys, develop a communications strategy plan and tools (e.g., informational brochures, question and answer sets) that state health departments can use to initiate (or further enhance) dialogue and collaboration with their criminal justice counterparts.

On behalf of the HIV Prevention Justice Alliance, CHAMP contacted you in October to request a progress report on these important steps.

While you report that the first three items will be addressed by mid-December, we are deeply concerned to see that the final two items – which would substantively increase the reach and effectiveness of the revised materials – have been taken off the table.

You write that CDC will not survey state health departments, having decided it would be “better to use time and resources to focus on other [unspecified] activities related to criminal justice issues.”

Further, you then say that the development of a communications strategy cannot be done without the completion of the survey. We fail to see how your decision to eliminate the survey plans eliminates the capacity or negates the pressing need for the development of a communications strategy.

In the meantime, the arrest, prosecution and imprisonment of people with HIV continues, spreading misinformation and stigma in its path.

Our initial encouragement at CDC’s list of steps on this issue has been greatly tempered by over a year of delay and a significant diminishment of its scale and scope. What we now see is a process of updating materials without a systematic assessment of local need or even a plan for their pro-active use.

Thus, we request:

- 1) articulation of what “better” activities CDC will engage in, in lieu of a survey,
- 2) a revised and practical plan for assessing the need and opportunities for communication strategies on HIV criminalization, and
- 2) a re-commitment to an aggressive and clear timeline for a strategic communications campaign on these issues.

We would appreciate a response to this letter no later than January 31, 2010.

Sincerely,
Walt Senterfitt
Co-Chair, Community HIV/AIDS Mobilization Project (CHAMP)
Member, Interim Steering Committee, HIV Prevention Justice Alliance

On behalf of the undersigned organizations:

List in formation