

August 16, 2004

HIV Content Guidelines Comments
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Mailstop E56
Atlanta, GA 30333

RE: June 16, 2004 *Federal Register* Notice, pages 33824-33828, Proposed Revision of Interim HIV Content Guidelines for AIDS-Related Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, Marketing Advertising and Web Site Materials, and Education Sessions in CDC “Regional, State, territorial, Local and Community Assistance Programs” and “Educational Sessions in School-Based Assistance Programs”

To Whom It May Concern:

As national, regional and local community-based and professional organizations active in HIV prevention, we appreciate the opportunity to submit the following written comments regarding the CDC’s Proposed Revision of Interim HIV Content Guidelines for AIDS-Related Materials.

We support the materials review process as an essential way to ensure that materials developed for HIV-prevention educational purposes are relevant and appropriate *for their target audiences*. The current program review process, with its strong emphasis on having all stakeholders involved (including individuals from the target populations as well as health education professionals), has been very helpful in developing appropriate HIV prevention interventions and campaigns while steering clear of unnecessary controversy as well as the political biases of small but vocal forces outside the target populations.

We are most concerned that the proposed guideline revisions will weaken the oversight function of program review panels (PRPs) and add an additional level of bureaucracy to the program review process that will undermine the success of prevention programs. In addition, the new requirement would greatly increase both the financial and administrative burden placed upon health departments. Following are specific concerns and recommendations.

Section I (overall): Basic Principles

The general statement of principles continues to promote a message strategy (i.e., one placing primary emphasis on abstinence and monogamy) based on the government’s belief in what behavior among high-risk populations *should be* rather than a forthright recognition of what *is*. Public health policy, and allocation of scarce public health resources, should be based on facts and should be “medically accurate.” The CDC’s own data indicate that more than 62 percent of high-school seniors have had sex, with even higher rates in the adult population. Sexual abstinence has a role in HIV prevention strategies, but promoting the advantages of sexual abstinence cannot – and need not – hinder efforts to promote correct and consistent condom use among sexually active individuals, given the demonstrated effectiveness of condoms for preventing HIV transmission.

Just as with other materials, we agree that website-based materials should be subject to review under the proposed revisions, but only if this material is funded by the CDC. Many organizations with CDC-funded prevention activities also raise funds from other sources to cover different materials and campaigns. We adamantly oppose any regulation of these non-CDC funded activities.

Recommendation: *The “Basic Principles” section of the final guidelines should clarify that, in addition to abstinence, HIV prevention methods include “correct and consistent condom use.” The final guidelines should*

also clarify that these requirements apply only to AIDS-related materials funded, in whole or in part, by the CDC.

Section I (B): Basic Principles

We support the principle that any government funded HIV prevention messages be medically accurate and based on science. A strong scientific consensus supports the principle that correct and consistent condom use is a highly effective means of preventing the sexual transmission of HIV and should be encouraged in sexually active populations. On the other hand, some groups continue to say that condoms are ineffective. Without clarification of the term “medically accurate” in these guidelines, some program review panels could be pressured to rely on selective and skewed data to determine the appropriateness of proposed materials, with widely different standards of “medical accuracy” and approved prevention messages across the country. Without guidance from CDC, any requirement for conforming to “medical accuracy” is meaningless and unenforceable.

Recommendation: *CDC should publish guidelines and standards for PRPs to follow based on broad scientific consensus on what constitutes “medically accurate” information on condom effectiveness. The guidelines should clearly state that according to the best scientific evidence, the correct and consistent use of latex condoms is a highly effective means of preventing HIV transmission in sexually active populations.*

Section II: Program Review Panel

We are very concerned about the proposed revisions requiring that state, local or territorial health or education department officials (depending on the type of grantee) certify that they have independently reviewed and approved HIV prevention materials for compliance with Sections 2500 and 317B of the Public Health Service Act. We find this requirement to be unnecessary, burdensome and detrimental to the prevention strategies being promoted.

The existing review process requires trained PRPs to review materials for compliance. Experience has shown that they are fully capable of making such a determination. Furthermore, the existing PRPs already must include a health department representative among their membership, providing a structural means for ensuring health department input into and oversight of the process. The added level of bureaucracy would place a tremendous – and unfunded – new burden on health departments and would likely have the effect of slowing down the delivery of HIV prevention.

Most importantly, however, this new requirement for separate health department review and approval would weaken the oversight function of existing PRPs and would thus be detrimental to the integrity of the review process and the responsibility to the populations being served. The very purpose of the program review process is to ensure that community standards are maintained while delivering effective and appropriate prevention messages to the populations at high risk. The existing review process has been very successful at doing this. The revised guidelines must continue to ensure access to complete, accurate and relevant information so that the HIV epidemic can be contained and ultimately ended. By providing public health or education departments with veto authority over the existing PRPs, the good judgment of community members is supplanted by individuals who may be subject to the unfortunate politicization of HIV prevention efforts. Such politicization—specifically, the fear of offending certain sectors of society-- could render messages so diluted as to be ineffective in targeting the intended population. In such a scenario, public health loses and the virus wins. Even if unintended, the consequence would be the unnecessary encroachment of HIV into new lives and new communities.

Recommendation: *CDC should delete the proposed revision requiring certification from state, local or territorial health or education department officials that educational materials are in compliance with Sections*

2500 and 317P of the Public Health Services Act. Instead, CDC could require certification from a local health or education official that the program review process has been completed with full due diligence. Such a certification would ensure authenticity and credibility to the program review process, without giving public health or education officials added authority over the panel's collective judgment. Moreover, the standard by which the panel determines whether or not AIDS-related materials are "obscene" should be defined by the intended audience, rather than by its impact on an average person. Materials geared towards an "average person" may be completely ineffective as an HIV prevention tool, and thus waste scarce public resources and miss important prevention opportunities.

The undersigned organizations appreciate the opportunity to comment on these important revisions to the program review process. We would be happy to speak to you further about our comments and recommendations. Please feel free to contact us through the convener of this letter, Julie Davids, Executive Director, Community HIV/AIDS Mobilization Project (CHAMP), at (212) 966-0466, extension 1206 or via email at jdavids@champnetwork.org.

Advocates for Youth (Washington, DC)
AID Atlanta, Inc. (Atlanta, GA)
AIDS Action Baltimore (Baltimore, MD)
AIDS Institute (Washington, DC)
AIDS Medicare Coalition (San Francisco, CA)
AIDS Network (Madison, WI)
AIDS Project Los Angeles (Los Angeles, CA)
AIDS Survival Project (Atlanta, GA)
AIDS Vaccine Advocacy Coalition (AVAC, New York, NY)
AIDS/HIV Health Alternatives (Los Angeles, CA)
Alan Guttmacher Institute (Washington DC)
American Association of Sex Educators, Counselors, & Therapists (AASECT, Richmond, VA)
Aradia Women's Health Center (Seattle, WA)
Atlanta AIDS Partnership Fund (Atlanta, GA)
Being Alive: People With HIV/AIDS Action Coalition (Los Angeles, CA)
Center for Health and Gender Equity (Takoma Park, CA)
Chicago Recovery Alliance (Chicago, IL)
CitiWide Harm Reduction (Bronx, NY)
Community HIV/AIDS Mobilization Project (CHAMP, New York)
Dooley House, Inc. (Camden, NJ)
Foundation for Integrative AIDS Research (FIAR, Brooklyn, NY)
Global Campaign for Microbicides (Washington, DC)
Harlem United Community AIDS Center, Inc (Brooklyn, New York)
Harm Reduction Coalition (New York, NY)
Harm Reduction Services (Sacramento, CA)
HIV AIDS Projects Development and Evaluation Unit, University of Washington (Seattle, WA)
HIV Planning Council's Housing Committee (Orange County, CA)
HIV Resource Center (Roseburg, OR)
HIV/AIDS First Person Speakers Program, Tennessee Department of Education (Nashville, TN)
Hyacinth AIDS Foundation (New Brunswick, NJ)
Illinois Society of Addiction Medicine (Chicago, IL)
Jelani Unified Men's Project (Chicago, IL)
Canticle Ministries (Wheaton, IL)
Lambda Legal Defense and Education Fund (New York, NY)
Lesbian, Gay, Bisexual and Transgender Community Center (New York, NY)
Lifelong AIDS Alliance (Seattle, WA)

Michigan Positive Action Coalition (Detroit, MI)
Minnesota AIDS Project (Minneapolis, MN)
NARAL Pro-Choice America (Washington, DC)
National Association of People with AIDS (NAPWA, Washington, DC)
National Coalition for LGBT Health (Washington, DC)
NEA Health Information Network (Washington, DC)
New Jersey Women and AIDS Network (New Brunswick, NJ)
New York AIDS Coalition (New York, NY)
Northern Virginia AIDS Ministry (NOVAM, Arlington, VA)
New York AIDS Coalition (New York, NY)
Our Bodies Ourselves (Boston, MA)
Out Front (Baltimore, MD)
People of Color Against AIDS (Seattle, WA)
Physicians for Reproductive Choice and Health (New York, NY)
Pierce County AIDS Foundation (Tacoma, WA)
Planned Parenthood of the Inland Northwest (Spokane, WA)
Rise n' Shine (Seattle, WA)
Safe Horizon (New York, NY)
Safer Alternatives thru Networking & Education (SANE, Sacramento, CA)
Southern California HIV/AIDS Advocacy Coalition (SCHAC, Los Angeles, CA)
STOP AIDS Project (San Francisco, CA)
Street Outreach Services (Seattle, WA)
The Night Ministry (Chicago, IL)
Women's Christian Alliance (Philadelphia, PA)