May 30, 2006

The Honorable Julie Gerberding
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

Dear Dr. Gerberding:

I am writing to ask why in seven years your agency has failed to update a crucial document identifying HIV prevention programs that have been shown to reduce risk behaviors and HIV transmission.

Since the CDC document, the "Compendium of HIV Prevention Interventions with Evidence of Effectiveness," was first released in 1999, the number of programs identified by CDC's scientific staff as effective in reducing HIV transmission has nearly doubled. However, not a single one of these newly identified prevention programs has been added to the compendium. It is perhaps not coincidental that the new prevention programs include interventions that some political constituencies oppose, such as condom instruction for high-risk populations. None of the new programs involve abstinence-only education that these same interest groups favor, but which has not been determined to have the same effectiveness as the proven interventions.

I am particularly concerned that CDC's inaction may be part of a larger pattern of ideology subverting science at CDC. Earlier this month, CDC capitulated to political pressure to change the content of a scheduled session on abstinence-only programs, which had already gone through a review process, at the National STD Conference. After one lawmaker complained that the session was "hostile" to abstinence-only programs, CDC changed the title of the session, removed two presenters, and replaced them with abstinence-only advocates.[1]

---

[1] Letter from Rep. Henry A. Waxman to Secretary Michael O. Leavitt (May 9, 2006) (online at http://www.democrats.reform.house.gov/Documents/20060509105051-30240.pdf).

Like the choice of presentations for a public health conference, the decision about what programs to include in the important CDC Compendium should be based on science, not political calculations.

Background

The Compendium of HIV Prevention Interventions is the result of an extensive CDC effort to identify and disseminate proven, evidence-based prevention programs.[2] Expert staff in CDC's HIV/AIDS Prevention Research Synthesis (PRS) project reviewed hundreds of studies reporting outcomes of HIV prevention programs.[3] From these studies, they identified interventions that met all of the following criteria:

- Measured sex- or drug-related risk behaviors or incidence rates of HIV or other sexually transmitted diseases;
- Applied rigorous methodology (experimental design including control groups);
- Were conducted inside the United States; and
- Produced positive results in one or more behavior or health outcome, and produced no statistically significant negative results in these outcomes.[4]

In 1999, CDC's experts found that 24 interventions met these criteria, with different programs targeting injection drug users, heterosexual adults, MSM (men who have sex with men), and youth.[5] The resulting Compendium contained a summary of each program, including the target population, comparison group, setting, program goals, description of the intervention, findings, and a contact person.[6] Affiliated projects at CDC, including Replicating Effective Programs (REP) and Diffusion of Effective Behavioral Interventions (DEBI), have, respectively,

---

[2] Centers for Disease Control and Prevention, *Compendium of HIV Prevention Interventions with Evidence of Effectiveness From CDC's HIV/AIDS Prevention Research Synthesis Project*; (Nov. 1999; revised Aug. 31, 2001) (online at www.cdc.gov/hiv/pubs/hivcompendium/hivcompendium.htm).

[3] *Id.* at Appendix A, *HIV/AIDS Prevention Research Synthesis (PRS) Project Purpose and Selection Criteria.*

[4] *Id.*

[5] *Id.*

[6] *Compendium*, *supra* note 1, *Section 1: Summaries of HIV Prevention Interventions* (online at www.cdc.gov/hiv/pubs/hivcompendium/section1.htm).

translated a number of these programs into "toolkits" and provided training assistance for programs that wish to replicate them.[7]

Since it was published, the Compendium has served as a resource for HIV prevention programs nationwide. Many state health departments base their recommendations or requirements for prevention funding on the Compendium.[8] CDC has also based direct HIV prevention funding on the Compendium. For example, a recent announcement for HIV prevention grants requires applicants to be consistent with the Compendium.[9]

The Failure to Update

Because of its important role, the Compendium was appropriately designed to be an evolving resource, providing "state-of-the-science information" to the HIV prevention world.[10] The introduction to the Compendium states: "To meet the ongoing need for current information

---

[7] *Replicating Effective Programs Plus* (online at www.cdc.gov/hiv/projects/rep/default.htm); *Diffusing Effective Behavioral Interventions* (online at www.effectiveinterventions.org/).

[8] See, e.g., Arizona Department of Health Services, *Statewide Guidelines for HIV Prevention Community Planning in Arizona* (Apr. 2004) (online at www.azdhs.gov/phs/hiv/pdf/azcp_guidelines0904.pdf); Mississippi Department of Health, STD/HIV Bureau, Prevention and Education Branch, *2006 Request for Proposal for HIV Prevention Programs* (online at www.health.ms.gov/msdhsite/_static/resources/1530.pdf); Idaho Department of Health and Welfare, *HIV Prevention Interventions* (online at www.healthandwelfare.idaho.gov/Portals/_Rainbow/Documents%5Chealth/WorkplanGuide2006rev.pdf); District of Columbia, *Addendum to the DC Guidance and Standards for HIV Prevention Interventions* (Sept. 2003) (online at http://dchealth.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/administration_offices/hiv_aids/pdf/addendum_on_interventions.pdf&group=1839).

[9] Centers for Disease Control and Prevention, *Capacity-Building Assistance to Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Interventions for Individuals with Known HIV-Positive Serostatus and Their Partners* (2006) (online at www.cdc.gov/od/pgo/funding/PS06-608.htm) ("[Capacity-building assistance] provided must be consistent with CDC's *AHP, Replicating Effective Programs (REP), Diffusion of Effective Behavioral Interventions (DEBI),* the *Compendium of Effective Behavioral Interventions*, and other CDC-supported strategies for specific high-risk subpopulations.")

[10] *Compendium, supra* note 2, *Introduction* (online at www.cdc.gov/hiv/pubs/hivcompendium/introduction.htm).

about what works in HIV prevention, this Compendium will be updated periodically."[11] An agency website updated in 2000 states that "CDC plans to update the Compendium annually."[12]

However, aside from minor revisions in 2001 that did not add any new programs to the list, the Compendium has not been updated, in print or online, for seven years. My Committee staff were referred to the 1999 version, with the minor 2001 revisions, as the working edition for current HIV/AIDS grantees and applicants.[13]

The failure to update the Compendium cannot be explained on the grounds that new interventions are not needed. Annual new HIV infections have hovered at around 40,000 for several years without decline.[14] Women of color continue to represent a disproportionately high number of HIV/AIDS cases, and prevalence rates remain high among many groups including MSM.[15]

Nor is there a lack of newly identified effective programs. An abstract from CDC's 2003 National HIV Prevention Conference states that in 2002 the HIV/AIDS PRS Staff — the office that prepared the original Compendium — "identified an additional 12 studies with evidence of effectiveness, bringing the total number of studies in the Compendium to 36."[16] The abstract also refers to a "Compendium 2002 Update," but no version of the Compendium including these studies appears to be available.

---

[11] *Id.*

[12] Centers for Disease Control and Prevention, Department of HIV/AIDS Prevention, *Compendium of HIV Prevention Interventions with Evidence of Effectiveness/Prevention Research Synthesis* (last updated Jan. 7, 2000) (online at www.cdc.gov/hiv/projects /rep/compend.htm).

[13] Committee staff phone call with CDC (May 24, 2006).

[14] Centers for Disease Control and Prevention, *HIV Prevalence Trends in Selected Populations in the United States: Results from National Serosurveillance, 1993–1997* (2001) (online at www.cdc.gov/hiv/pubs/hivprevalence/HIVPrevalTrendsPop.pdf); Centers for Disease Control and Prevention, *A Glance at the HIV/AIDS Epidemic* (updated June 2005) (online at www.cdc.gov/hiv/pubs/Facts/At-A-Glance.htm#ref1).

[15] Centers for Disease Control and Prevention, *HIV/AIDS Among Women* (updated Dec. 2005) (online at www.cdc.gov/hiv/pubs/facts/women.htm); Centers for Disease Control and Prevention, *HIV/AIDS Among Men Who Have Sex With Men* (updated July 2005) (online at www.cdc.gov/hiv/pubs/facts/msm.htm).

[16] Prevention Synthesis Research Team, *Update of the Compendium of HIV Prevention Interventions With Evidence of Effectiveness*, Natl. HIV Prev. Conf. 2003: abstract no. TP-045 (online at www.aegis.com/conferences/NHIVPC/2003/TP-045.html).

Two years later, at the CDC-Sponsored 2005 HIV Prevention Leadership Summit, the project staff presented a poster titled "Evidence-Based HIV Behavioral Interventions in the United States Identified Through a Systematic Review, 2000-2004."[17] The poster identified 18 new interventions, described in studies published since 1999, which meet the same criteria as those already in the Compendium. According to the poster, the effective programs include:

- 8 programs for heterosexual women (7 predominantly minority)
- 5 for drug users (2 for African-Americans only; 1 for Hispanics only)
- 4 for people with HIV infection (3 predominantly minority)
- 4 for MSM (all predominantly white)
- 3 for high-risk youth (2 for African-Americans only).[18]

The 18 new interventions cover a range of populations and strategies. But they all address knowledge and risk behaviors among people at high risk for contracting or transmitting HIV, such as teaching high-risk populations how to use condoms effectively.

What the new interventions identified by a rigorous scientific process do not include are abstinence-only programs. The Administration is spending $170 million this year promoting abstinence-only approaches in the United States.[19] But despite the rapidly increasing spending, no abstinence-only program appears to have been found by CDC to meet the evidence-based criteria for inclusion in the Compendium.

The Need for Action and Explanation

Your agency's scientific staff has done its work in identifying effective HIV prevention programs as evidence has emerged. Yet the leadership at the Department does not appear to have met its responsibility to ensure that the Compendium is kept up to date.

I understand that several of the 18 new programs are reportedly in the DEBI process.[20] But information on the majority of the interventions has been relegated to a poster instead of

---

[17] Jeffrey H. Herbst et al., *Evidence-based HIV Behavioral Interventions in the United States Identified Through a Systematic Review, 2000 – 2004* (2005)(online at http://www.effectiveinterventions.org/References/prevention_research_synthesis.cfm)

[18] *Id.* The total exceeds 18 because some programs serve more than one population.

[19] In FY 2006, the Administration is spending $113 million on community-based abstinence-only programs, an increase of 465% since FY 2001, the first year of the program. The federal government also spends another $50 million per year on abstinence-only funding that goes through the states. Department of Health and Human Services, *Budget in Brief, Fiscal Year 2007* (online at http://www.hhs.gov/budget/07budget/2007BudgetInBrief.pdf).

[20] Herbst et al., *supra* note 17.

being added to the Compendium.[21] An update to the Compendium is crucial because it was created with the imprimatur of your agency precisely to inform program providers around the country who rely on its recommendations.

I am deeply concerned that prevention policy at CDC is being rewritten to suit a narrow ideological agenda. The reformulation of the session at this month's STD Conference was a blatant case of politically driven censorship. It would be unconscionable if CDC were allowing similar motivations to prevent the broadest possible dissemination of information about effective HIV prevention.

Because of the Compendium's crucial and unique role in providing information about effective HIV prevention, I urge you to update the Compendium without further delay. In addition, I would like an explanation of why no substantive update, even online, has appeared since the document's original publication seven years ago.

I request a response to this letter by June 12.

Sincerely,

Henry A. Waxman
Ranking Minority Member

[21] *Id.*