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September 22, 2006

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The Honorable Michael O. Leavitt
Secretary
Department of Health and Human Services
200 Independence Avenue
Washington, DC 20201

Dear Secretary Leavitt:

In May, I wrote to Dr. Julie Gerberding, Director of the Centers for Disease Control and Prevention, to ask why the agency had not once updated the Compendium of HIV Prevention Interventions with Evidence of Effectiveness.¹ This key compilation of proven programs was supposed to be revised annually, yet the CDC has not released a single update since the document was first issued in 1999. Noting that the list of proven interventions does not include any abstinence-only programs, I expressed my concern that this decision may have been influenced by ideological or political considerations.

The response I recently received from Dr. Gerberding has done nothing to answer my questions or alleviate my concern. She acknowledged that CDC experts have identified new effective programs since the original 1999 publication. She noted — as I did in my original letter — that a subset have been translated into program materials or incorporated into CDC-run trainings. Yet she offered no explanation of why CDC would not want to provide the prevention community with a full compilation of programs that have been found to be effective. Instead, she cited a set of journal articles and conference presentations as “effective and expeditious methods to provide the latest available information to our colleagues and prevention partners.”²

This characterization is unpersuasive. The Institute of Medicine found in 2001 that although research had yielded valuable information on interventions that reduce HIV risk, the results of this research were not being disseminated effectively:

¹ Letter from Rep. Henry A. Waxman to Dr. Julie Gerberding (May 30, 2006) (online at <http://www.democrats.reform.house.gov/story.asp?ID=1060>).

² Letter from Dr. Julie Gerberding to Rep. Henry A. Waxman (Sept. 7, 2006).

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Although such research projects are valuable for the development of better social and behavioral prevention tools, their findings typically have been disseminated in a very select manner (e.g., peer-reviewed articles) via very select mechanisms (e.g., clinical or academic journals) to a very select audience (e.g., other researchers). This strategy is effective in reaching mainly academic audiences, but it is ineffective in disseminating the methodologies and findings to those who need them the most: state- and local-level workers who are planning, developing, adapting, and implementing prevention activities in their communities.³

In fact, IOM noted that when the Presidential Advisory Council on HIV/AIDS had urged broader dissemination of research findings, CDC responded that the Prevention Research Synthesis project — which created the original Compendium — would achieve this.⁴ Yet today, the CDC appears to be describing a return to precisely the limited type of distribution that the project, and Compendium, were designed to address.

The Compendium served — and should continue to serve — a role that these narrower forms of distribution cannot. Government experts' findings on HIV prevention should be disseminated as broadly as possible, with the agency's and your Department's imprimatur. Yet Dr. Gerberding's letter provided no explanation of why CDC has failed to update this crucial resource.

I am writing to Dr. Gerberding to repeat my request for an explanation of why CDC is not updating the Compendium. However, as Secretary of Health and Human Services, you are ultimately responsible for ensuring that the federal government disseminates crucial public health information as effectively as possible. Therefore, I request an explanation of the Department's role in the failure to issue an updated document by October 13, 2006.

Sincerely,



Henry A. Waxman
Ranking Minority Member

³ Institute of Medicine, *No Time to Lose: Getting More From HIV Prevention* at 21 (2001).

⁴ *Id.*