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September 22, 2006

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

Dear Dr. Gerberding:

In May, I wrote to ask why CDC 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 your agency 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 you has done nothing to answer my questions or alleviate my concern. You acknowledged that CDC experts have identified new effective programs since the original 1999 publication. You noted — as I did in my original letter — that a subset have been translated into program materials or incorporated into CDC-run trainings. Yet you 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, you 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:

Although such research projects are valuable for the development of better social and behavioral prevention tools,

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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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, you appear 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. Your experts' findings on HIV prevention should be disseminated as broadly as possible, with the agency's imprimatur. Yet your letter provided no explanation of why CDC has failed to update this crucial resource.

I am writing to Secretary of Health and Human Services Michael O. Leavitt to request information about the Department's role in the failure to update the Compendium. While I fully support all of the CDC HIV prevention efforts that you described in your letter, I must repeat my request for an explanation of why you are not updating the Compendium to provide information on the full range of effective programs. Please respond to this letter 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 69 (2001).

⁴ *Id.*