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Meeting with Dr. Lee 6/23/94

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Day: Thursday
Date: June 23, 1994
Time: 6:15-7:15 PM
Location: Rm. 716-G
Subject: Meeting with Dr. Lee

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

May 12, 1994

TO: DR. LEE
MS. GEBBIE
DR. BOUFFORD
MR. CORR
DR. ELDERS
DR. LAWRENCE

Through: MR. RICKARD Bob

SUBJECT: ASH One-On-One with Kristine Gebbie
May 13, 1994, 10 AM; Room 716-G – **INFORMATION**

Attached is the Agenda for the One-on-One meeting tomorrow with Kristine Gebbie, National AIDS Policy Coordinator.

Also attached is the list of followup actions agreed to at the previous One-on-One with Ms. Gebbie (on March 22).

Barbara A. Brady
PHS Executive Secretariat

Attachments

ONE-ON-ONE MEETING

Dr. Lee and Ms. Kristine Gebbie, National AIDS Policy Coordinator

May 13, 1994
10 AM; Room 716-G

ATTENDEES

Dr. Boufford; Mr. Corr; Dr. Elders, Ms. Hayes-Waller;
Dr. Lawrence; Mr. Rickard

AGENDA

* ONAP Director Position -- (Tom Coates Interview)
* ONAP Establishment and Coordination
* Gay Young Men -- (Need to Followup with the Secretary)
* PHS/HHS Coordinating Committee -- Plan on Meeting
* Progress Reports on:
  - Behavior Research Collaboration
  - Treatment Information Project
  - CDC External Review Status
* Action Agenda Followup
* FY 1996 Budget Development
* Presidential HIV/AIDS Advisory Council
* The Madison Project
* France -- AIDS Summit

REVISED 3-31

ASH/GEBBIE ONE-ON-ONE – March 22, 1994

ATTENDEES: Dr. Lee; Ms. Gebbie; Dr. Boufford; Mr. Corr, Ms. Hayes-Waller; Mr. Walter (for Dr. Lawrence); Mr. Rickard

ISSUE	ACTION	LEAD
Focus Group Meetings: Gay Young Men	All three meetings (Ms. Gebbie's, Ms. Fleming's, Dr. Boufford's) will have been conducted by April 3. Ms. Gebbie will review the summary information from the meetings, combine this with inventory data being prepared by PHS Agencies, and discuss at next one-on-one.	Ms. Gebbie
Interviews for ONAP Director	Dr. Boufford and Ms. Fleming are interviewing candidates; Ms. Gebbie and Drs. Lee and Elders will interview top two candidates.	Ms. Zopf is scheduling
ONAP Establishment and Coordination	Upon formal establishment of ONAP, Ms. Gebbie to actively define ONAP's coordinative role relative to the: White House, Secretary of HHS, ASH, and linkages to PHS Agencies. Office strength across next 3-5 years will be examined in light of current success in establishing long-term policies.	Ms. Gebbie; Dr. Lee
Cooperation between CDC and NIH in Behavior Research	Dr. Boufford and Ms. Gebbie agreed on the preparation of a memo on how CDC and NIH relate in areas of behavioral research. ONAP is drafting.	ONAP
AIDS International Conference - Japan	Ms. Gebbie to obtain White House clearance and inform State Department on PHS staff attending the conference.	Ms. Gebbie

ASH/GEBBIE ONE-ON-ONE -- MARCH 22, 1994

ISSUE	ACTION	LEAD
AIDS Training for PHS Agency Heads	AIDS training kick-off for Senior PHS officials to be at April Agency Heads Meeting. Dr. Boufford requested Ms. Gebbie's participation.	Ms. Gebbie
Dissemination of HIV/AIDS Treatment Guides	Beyond AHCPR Guidelines, Dr. Gebbie having discussions with PHS Agencies on development/distribution of available clinical materials. Formal proposal for joint funding will be put forward in context of future Agency Heads discussions.	Ms. Gebbie with Dr. Lee and Agencies.

Doc:GEB3-22
BBRADY:PHS/ES

THE WHITE HOUSE

WASHINGTON

MARCH 30, 1994

MEMORANDUM TO DR. PHIL LEE
DR. JIM CURRAN
DR. DAVID SATCHER
PATSY FLEMING

VIA FAX

FROM: Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Subject: CDC Guidelines on the Content of Printed and Audiovisual Materials

Language restricting the contents of materials was originally proposed by Sen. Jesse Helms (R-NC) to restrict the use of funding to promote homosexuality, substituted by the Kennedy-Cranston compromise, which effectively asked review panels to make the determination. This original language was interpreted to mean that no printed or audiovisual materials could make reference to sexual activity or bodily organs. The Kennedy-Cranston compromise language expired on December 31, 1991.

Prior to the expiration of the language, CDC internally developed guidelines that mimicked the legislative language, but imposed an obscenity standard. This new guidance became effective on January 1, 1992. The obscenity language was struck down as unconstitutional by the federal court of the southern district of New York in Gay Men's Health Crisis v. Sullivan. CDC amended the guidelines again for an effective date of June 1992. This new guidance withdrew the obscenity standard, but retained the "promote sexual activity, whether heterosexual or homosexual and the use of intravenous drugs." All grant and cooperative agreement applications that go out of CDC for HIV/STD prevention include a certification that a review panel will be in place that will examine all printed and audiovisual materials. The restrictions prohibit the use of federal funds for materials that promote sexual activity, whether heterosexual and homosexual, and the use of intravenous drugs.

This June 1992 guidance is still effective. All grants and cooperative agreement applications which receive funding in FY 1994 have to continue to abide by this language.

The new guidelines on the content of printed and audiovisual materials that CDC has drafted and that were due to become effective January 1, 1994, have not received final clearance. The comment period on the draft concluded in the fall of 1993. The expectation from state and local governments, directly funded CBOs and national organizations was that the change would effectively only require that all printed and audiovisual materials be technically accurate and appropriate for the intended audience. It is imperative that the new guidance be implemented as soon as possible.

Many of the funded activities believe that the restrictions were removed at the end of the comment period. With that in mind, many funded programs may already be working on linguistically specific materials. In February of this year, the General Accounting Office issued a report which in part indicated that CDC is not enforcing the provisions of their own guidance on printed and audiovisual materials. There is a risk that a repeated inquiry on the results of the GAO report may lead CDC programs and funding to be endangered.

I am asking Steve Lee to set up a meeting at which this can be discussed.

THE WHITE HOUSE

WASHINGTON

April 1, 1994

NOTE TO PHIL LEE

FROM: Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Subject: Meeting on Prevention Strategies and Activities at CDC

Attached you will find a memo from Carlos Velez discussing 6 areas of particular interest in the area of HIV/AIDS prevention. As we have discussed, I would like to meet with you and with Drs. Satcher and Curran, at your earliest convenience, to discuss these issues which relate to activities that are currently under way and to the findings of the External Review Committee.

As CDC is well under way in conducting prevention activities, this meeting is intended to address policy perspectives that will impact programs. As staff in my office will be working more extensively with federal departments other than HHS, I believe that delineating a common strategy on prevention will assist in defining the scope of prevention activities that we will encourage other departments and agencies to work on.

Jane Zopf can work with Steve Lee (632-1090) to arrange a time.

Thanks.

To: Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

From: Carlos Velez
HIV/AIDS Prevention Cluster Lead

Date: March 29, 1994

Re: Strategic Issues on Prevention

There are some strategic issues that need to be discussed at a meeting with Drs. Lee, Satcher and Curran in order to assure the continued commonality of our goals and objectives. The purpose of such a meeting would be to affirm a strategic consensus so that CDC can continue in its work and ONAP prevention activities can concentrate on interdepartmental and National policy issues. I have limited the scope of the items described below to those where I believe ONAP input would be the most useful.

1. National HIV Prevention Agenda

At present there is no widely recognized National Agenda for the Prevention of HIV. CDC has had the lead on prevention related activities, and is responsible for the implementation of the agenda items that directly relate to current CDC activities. The inclusion of CDC in a national agenda is part of the mandate of the National AIDS Policy Coordinator.

2. Prevention Priorities

One traditional way of dealing with sexually transmissible diseases has concentrated on testing individuals, providing treatment to those testing positive and communicating to those that may have come in contact with the infected individual to ensure that they are tested, receive treatment and their partners are notified. The process is intended to provide a continuous stream of individuals with information about their status with the idea that at some point all sexual partners that may have come in contact with infected individuals will be brought in for treatment and partner notification.

Due to a Congressional Mandate, up to 71% of the funding that CDC passed through to the states prior to FY94 went to Counselling, Testing, Referral and Partner Notification (CTRPN). According to the findings of the CDC External Review Committee, these activities have not been producing the results that CDC expected that they produce, and even if they had done so, would not have brought about the level of behavior change necessary to stem the HIV epidemic.

Partly through internal evaluation, partly in response to the findings of the External Review Committee and partly in response to more general pressure from the HIV/AIDS advocacy community, CDC began working on the development of the Community Planning Process. This process is intended to include the community in the setting of priorities for prevention activities in the 65 jurisdictions that receive federal prevention funding. We are very

interested in ensuring that this process is successful. CDC must ensure that the jurisdictions that participate in this process are as inclusive as possible of other individuals and ideas relevant to HIV prevention.

Due to the fact that overall funding to be passed through to the states will be level for FY95, it is critical that the states and communities receive technical assistance on ways to shift resources from CTRPN activities to other activities relevant to prevention, including community-based efforts of HIV prevention, and efforts in minority communities.

3. CDC Structure

The External Review Committee also indicated that CDC structure is not conducive to a coordinated response to the epidemic. Primarily due to the fact that the Office of the Deputy Director (HIV) does not have direct programmatic control over the various centers that have impact over HIV prevention activities, some of the policies developed at the Deputy Director level are not implemented promptly at the Center/Division/Branch level, where the actual programs are implemented. It is critical that new initiatives, the Community Planning Process in particular, are implemented fully.

4. Public Information Campaigns

CDC staff did an outstanding job in the implementation of the Prevention Marketing Initiative (PMI). The follow up to the PMI has kept the momentum going among the various organizations that sponsored the campaign. It is critical that CDC continue the PMI Partners effort, as there is a good foundation for the development of future campaigns.

CDC should also be the designated organization to assure consistency in National HIV/AIDS Public Information Campaigns. As there are campaigns being coordinated through NIDA and SAMHSA, the messages already used by CDC and their technical expertise must be used for other HHS and Federal government-sponsored campaigns.

5. Surveillance/Epidemiology

AIDS surveillance work currently done by CDC is excellent. We must concentrate on expanding the knowledge that we have about HIV incidence. Critical in this effort are the policies related to information gathering. CDC is currently providing funding for research on unique identifiers as an alternative to the use of names. The use of unique identifiers is intended to allay fears of persons who might avoid testing though it might be appropriate because they fear discrimination. The carrying this research to fruition must also be accompanied by encouragement to the states to provide anonymous and confidential testing. Only by providing both will we be able to reach those for whom confidentiality is an overarching concern.

6. Behavioral Research

CDC already engages in behavioral research related to HIV/STD transmission. This research

is essential to its work and to the functioning of prevention programs for the nation. NIH conducts behavioral research which is HIV related also. There has been collaboration and information sharing between the two agencies, and there is a new coordinated mechanism for priority setting between the two.

cc: Philip R. Lee, M.D.
David Satcher, M.D.
James Curran, M.D.