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☐ Response Required?

Response Type	Response Date	Responder ID	Responder Name	Action Promised

Action Completed	Action Date	Addressed To

Notes

response to participation in the the development of the response to the Presidential Directive on Increasing Access to HIV Prevention

Sender's Organization	Sender's Street1	Sender's Street2
U.S. Dep't of Labor		

Sender's City	Sender's State	Sender's Zip
Washington	DC	

U.S. DEPARTMENT OF LABOR

SECRETARY OF LABOR
WASHINGTON, D.C.

MAY 11 1998

Ms. Sandra L. Thurman
Director, Office of National AIDS Policy
White House Office of National AIDS Policy
808 17th Street N.W.
Room 820
Washington, D.C. 20006

Dear Ms. Thurman:

Thank you for inviting the Labor Department to participate in the development of the response to the Presidential Directive on Increasing Access to HIV Prevention. We look forward to continued involvement in your program. At the January 14th meeting, the Labor Department was asked to submit information about AIDS awareness programs that fall under its purview.

While the Department does not have any specific programs that address HIV transmission by adolescents, the Occupational Safety and Health Administration (OSHA) does have a standard that protects workers from occupational exposure to bloodborne pathogens, including HIV. To the extent that people between the ages of 13 and 21 are employed in workplaces where they may come into contact with blood or other potentially infectious materials as a result of their job duties, they would be protected by the OSHA's Bloodborne Pathogens standard. The standard was published December 6, 1991 and has been in effect since March 6, 1992.

OSHA's standard is designed to minimize or eliminate occupational exposures to blood or other potentially infectious materials (which may contain bloodborne pathogens, such as HIV). One of the main provisions of the standard requires employers to train employees about bloodborne pathogens; the tasks and activities in the workplace that could result in exposure to bloodborne pathogens; and how to protect themselves from exposure. Properly administered, these provisions have proven extremely effective in educating young workers about AIDS occupational transmission mechanisms and proper control techniques. The standard also requires employers to minimize or prevent exposures through the use of work practice controls, engineering controls, personal protective equipment, medical surveillance, and recordkeeping.

White House

OSHA estimated that about 5.6 million workers would be affected by the standard in 1990. This number includes workers in hospitals, physicians' offices, other health care facilities and other workplaces where there is occupational exposure to bloodborne pathogens. OSHA does not have data to determine how many of the 5.6 million workers are between the ages of 13 and 21.

Finally, OSHA has conducted a significant number of outreach activities to workers in the health care community. These activities are ongoing and consist of speeches, booklets, fact sheets, and consultative services designed to "get the word out" to the regulated community about its responsibility to prevent the risk of HIV infections through exposure to blood-borne pathogens.

In addition, the Job Corps, a program for "student" youths operated by the Department's Employment and Training Administration, has adopted policies to deal with HIV-related concerns. The Job Corps is primarily residential, with 90 percent of students living at Job Corps centers. The Job Corps takes its responsibility for the well-being of its students very seriously. The Job Corps conducts HIV/AIDS awareness and prevention activities, reinforced through the distribution of brochures and posters.

The Job Corps accepts HIV-positive applicants, following appropriate medical and psychological examinations and counseling, unless they have AIDS-related medical conditions that cannot be handled by the Job Corps facilities or they lack the psychological balance necessary to refrain from behavior that could transmit the HIV infection. Students who become HIV-positive are provided with psychological counseling and medical services designed to support their continued participation in Job Corps.

Please contact Clarinda Giddings at (202) 219-8021 in OSHA's Office of Regulatory Analysis if you have further questions.

Sincerely,

Alexis M. Herman

Alexis M. Herman

Outline for Adolescent HIV-Infection Prevention Program Activities

Please follow the outline listed below in the presentation of your Department's/Agency's prevention activities for HIV-infection prevention activities for adolescents. For each program, you should list:

1. The title of the program;
2. The administrative location of program;
3. A description of the program's purpose and a description of the specific HIV prevention activities, or proposed HIV prevention activities, offered by the program;
4. The number of people served by the program in FY 1997 (or, if numbers are available only for an earlier year, number of people served during that year and funding for the program during that year);
5. The number of people estimated to be served by the program during FY 1998;
6. Fiscal Year 1997 and FY 1998 funding for the program;
7. The name of the program administrator (including all contact information); and
8. A program contact person.(including all contact information).

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THE WHITE HOUSE

WASHINGTON

December 29, 1997

The Honorable Alexis M. Herman
Secretary of Labor
Washington, D.C. 20210

RE: Presidential Directive on Increasing Access to HIV Prevention (issued 12/1/97)

Dear Madam Secretary:

I am writing this letter as a follow-up to two important Presidential initiatives concerning young people and HIV/AIDS. On December 1, 1997, the President issued a directive to all federal departments and agencies that seeks to increase access to HIV prevention and services for young people participating in federally funded programs. In addition, in March of 1996 the White House issued "Youth and HIV/AIDS: An American Agenda," which articulates specific recommendations for improving this nation's response to the growing threat of HIV/AIDS to our youth.

Specifically, the December 1, 1997 Presidential directive mandated that each Federal agency: (1) identify all programs under its control that serve young people ages 13 to 21 and that offer a significant opportunity for preventing HIV infection; and (2) develop a specific plan through which those programs could increase access to HIV prevention and education information, as well as to supportive services and care for those already infected. The President asked that Federal agencies work and collaborate with the Department of Health and Human Services (HHS) and the Office of National AIDS Policy (ONAP) in implementing these directives. The identification of prevention programs is to be completed within 90 days, and the development of specific access plans is to be completed within 180 days.

To facilitate the response to this directive, I am asking that each Department develop a listing of those programs within its jurisdiction that meet the criteria set forth in the Directive. The intent is to identify federal programs that serve the target population and that have some substantive interaction that would allow for increasing access to HIV prevention information, as well as referrals to services for those who are already HIV-positive.

This is not intended to require these federal programs to initiate their own HIV prevention activities, but rather to insure that they are facilitating access to those programs that already exist elsewhere. The directive allows for flexibility in its implementation, and we will strive to keep this directive from becoming unnecessarily burdensome.

Please present the information on your programs in the format indicated in the enclosed outline.

Additionally, I request that your Department review the March, 1996 White House Youth and HIV/AIDS report (copy enclosed) and provide an update on the activities within your jurisdiction that have been undertaken to implement recommendations contained in that report. Where appropriate, you should follow the prevention activities format outlined in the attachment.

I will be convening a meeting of Federal representatives involved in complying with these requests on January 14, 1998 at 2:30 pm in my office at the address listed below. The purpose of this meeting will be to answer any questions you may have about the directive or the report and to propose a process for responding to the Directive. Dr. Eric Goosby, Director of the Office of HIV/AIDS Policy at the Department of Health and Humans Services, will also be in attendance.

Please designate a representative to attend this meeting to discuss your Department's ideas for the content of the plans to address these purposes. Also, please submit the information on your Department's prevention activities and on the activities you have undertaken in response to the White House Youth and HIV/AIDS to me by February 9, 1998, at the following address:

White House Office of National AIDS Policy
Room 820, 808 17th Street N.W.
Washington, D.C. 20006

Telephone number (202) 632-1090
Fax number (202) 632-1096

Should there be any questions in the interim, please feel free to contact Robert Soliz or Todd Summers of my office. Thank you very much for your participation in this very critical activity, and I look forward to meeting with your representative on January 14.

Sincerely,

Sandra L. Thurman
Director, Office of National AIDS Policy

Executive Summary

Youth and HIV/AIDS: An American Agenda

This report is neither a set of new recommendations nor a list of new ideas. It is intended as a catalyst of change in the way Americans view the threat of HIV and AIDS to the next generation.

This report was requested by President Clinton and written after numerous interviews were conducted with young people who are affected by this epidemic as well as professionals who are engaged in HIV research, prevention, and care. What they said, and what is outlined in this report, is that even though progress has been made, this nation must increase its commitment to greater understanding, education, communication, research, and care to bring an end to this tragic disease among America's youth. Until then, adolescents across America will continue to be infected and affected by HIV and AIDS at troubling rates.

One in four new HIV infections in the U.S. are estimated to occur among people under the age of 21.

An estimated 40,000 to 80,000 Americans become infected with HIV each year, or an average of 110 to 220 a day. Under current trends, that means that between 27 and 54 young people in the United States under the age of 21 are infected by HIV each day, or more than two young people every hour. A significant number of young people are engaging in sexual intercourse as well as drug and alcohol use at earlier stages in their lives. This fact, coupled with the disturbing number of adolescents who are prone to high risk behavior due to homelessness, sexual abuse, and other circumstances, places young Americans in a situation that leaves them extremely vulnerable to HIV infection. Experts expect this high rate of infection to continue unless a greater commitment to HIV prevention is made by young people themselves, their families, their educational and cultural institutions, their religious institutions, and their peers.

HIV/AIDS does not discriminate by gender, geography, or sexual orientation.

In the nearly 15 years since the first cases of AIDS were reported in the U.S., the epidemic has spread across the country. Cases have been reported in every state, Puerto Rico, the District of Columbia, and the American territories. Earlier concentrations in urban centers have given way to waves of cases in suburban and rural communities. Young gay men -- especially young gay men of color — remain at very high risk for HIV. Young women are also at an increased risk both biologically and behaviorally.

A concerted effort must be made by parents, community leaders, policy makers, schools, and young people to communicate to America's youth that they have worth and that the decisions they make now can affect them for the rest of their lives.

Reaching out to those who are most at-risk -- gay and lesbian youth, homeless and runaway youth, those in families with lower socioeconomic status, those who have lost a parent to AIDS, those born HIV positive, and illiterate adolescents -- and communicating these important messages can mean the difference between life and death. Homophobia in the design and implementation of AIDS prevention programs drives away many gay and bisexual adolescents from needed information and care.

Unless education and prevention programs are made available and accessible to young people they will continue to be at risk for HIV.

While many adolescents are aware of HIV/AIDS, enough information is not available to them on how to prevent infection and spread of the disease. Education on HIV/AIDS prevention should begin at an early age and be continually reinforced both in and beyond the classroom. Educational programs and preventive messages need to be developed and delivered by parents, teachers, religious leaders, youth leaders, professionals working with adolescents, peers, media, and role models. Young people themselves -- serving as peer educators -- need to be enlisted and relied on as an important part of the prevention effort.

The lack of access to HIV counseling and voluntary testing for young people is a major barrier to prevention and treatment.

In some areas, there is a clear lack of access to voluntary and confidential HIV counseling and testing for young people. Lack of insurance, parental consent laws, personal finances, and transportation logistics are all barriers to access. Enhanced education programs need to include information on how a young person can receive appropriate counseling and testing for HIV. The nation's health care system needs to incorporate HIV prevention information for young people into consumer education programs and provide adequate financial coverage for young people who test positive for HIV.

Adolescents must become a bigger part of the research process.

Adolescent treatment approaches may vary from those used for adults or infants. Because little definitive research has been conducted to date with HIV-positive adolescents, the specific impact of puberty on the course of HIV infection has not yet been determined. Behavioral trends that play a key factor in treatment and prevention have also not been sufficiently studied. Barriers to more age-appropriate treatment research include the difficulties in enrolling young people in research programs and insufficient long-term funding for this research.

Young people are an important resource in the Nation's response to this epidemic.

Government, medical, and community leaders can learn a great deal by listening to the voices of young people as they articulate their needs for understanding, education, communication, and research. Young people must become more involved in our response to the epidemic and help each other understand the scope of this epidemic. They must work together with the nation'sleaders to overcome a disease that threatens all our futures and the future of our country.

The goals the Federal government has established to address the epidemic of HIV/AIDS affecting the youth population, and the methods that have been set forth to achieve them, can serve as an example for states, regions, and communities across the nation.

The Federal government can further address the needs of adolescents affected by HIV/AIDS in the following ways:

♦ Prevention programs increasingly address the needs of young people. The Centers for Disease Control and Prevention has established the Prevention Marketing Initiative and an ambitious broadcast and print public service effort focused on HIV infection in young adults. Young people and their advocates should be included in all HIV prevention community planning councils to provide their perspective on how to best address their needs for prevention programs at the local level.

♦ The Department of Health and Human Services should create a forum of young people who are infected or affected by HIV as well as their parents, advocates, and health care providers to report to Federal officials and help identify and articulate the needs of adolescents in fashioning Federal responses to HIV and AIDS.

♦ The Health Resources and Services Administration should encourage the inclusion of young people and their advocates on AIDS care planning councils to help identify local needs and ways to target Federal funds to help meet the distinct developmental and comprehensive care needs of youth.

♦ The Centers for Disease Control and Prevention (CDC) should encourage the inclusion of young people and their advocates in AIDS prevention planning councils to provide their unique perspective of the needs of youth in prevention efforts.

♦ The Federal government should continue to help the nation's schools and other youth serving agencies implement comprehensive programs to prevent the spread of HIV among young people.

♦ The National Institutes of Health and the Food and Drug Administration should continue to encourage the enrollment of adolescents in government and industry sponsored HIV/AIDS clinical trials.

♦ The Public Health Service should work with the researchers, clinicians, medical community, and patients to develop appropriate clinical practice guidelines for adolescents with HIV/AIDS.

♦ In releasing data from clinical trials, NIH and FDA should include specific data related to adolescents. In those cases where the number of adolescents participating in a trial is too small, anecdotal data should be released on a limited basis to allow clinicians anopportunity to begin building a base of information for their use in treatment.

♦ The Federal government should support expanded access to testing and counseling for young people. The CDC guidelines for testing and counseling should address the special needs of adolescents, such as developmental issues, processes for consent, confidentiality, and payment for services. As part of a grant application for counseling and testing funding, states should demonstrate the availability of testing and counseling services for young people.

♦ The Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA) should collaborate on substance abuse treatment and prevention strategies affecting adolescents to ensure a coordinated effort.