

*Comprised of dozens of diverse organizations, the Caucus for Evidence-Based Prevention monitors the use of evidence in HIV prevention programs and policies, reports on HIV prevention-related conference proceedings to a wide audience, and alerts the community when ideology, prejudice, or opinion interfere with evidence-based approaches to reducing the further spread of HIV/AIDS.*

**Special Issue for the  
United States  
Conference on AIDS  
Palm Springs, CA**

### **Sessions to Watch for Wednesday**

Development, Implementation and Evaluation of Effective HIV Prevention and Transition Planning Programs in the Correctional Setting, 10:30am

Adapting and Evaluating DEBIs for Asian and Pacific Islanders, 4:15-6:15pm.

### **Session to Watch for Thursday**

HIV Behind Bars: Advancing HIV Prevention in Correctional Settings, 2:15-4:15pm.

Brothers Saving Brothers: Outreach, Prevention and Care Services for African-American Young Men who Have Sex with Men, 2:15-4:15pm.



# Caucus for Evidence-Based Prevention

Issue 8

November 8, 2007

## **Still 'Business as Usual' for Abstinence-Only**

By William Smith

Just as this newsletter is being produced for the United States Conference on AIDS, one more report has come out failing to find abstinence-only-until-marriage programs effective in promoting positive behavior change. Doug Kirby, Ph.D., a prominent researcher on adolescent health has provided what ought to be the end of the debate about what works when it comes to sex education and HIV prevention. Kirby's report, "Emerging Answers 2007," notes strong evidence that comprehensive sex education programs help delay first intercourse, improve contraceptive use, and prevent pregnancy and sexually transmitted diseases including HIV among teens while abstinence-only programs do not have any effect on teen sexual behavior.

For years, data have demonstrated that abstinence-only-until-marriage programs don't even seem to be effective in promoting abstinence. Nonetheless, nearly \$1.5 billion in federal funds have been squandered on these programs, \$1 billion of it spent under the Bush Administration. Imagine – in the era of HIV – if we had these resources to equip young people with accurate scientific information about HIV and other illnesses rather than programs which tell youth that condoms fail to prevent HIV infection, that teach HIV is transmissible from sweat and tears, and that decry any sex that does not occur within the confines of monogamous, heterosexual marriage.

Yet despite mountains of evidence and near universal consensus from every major public health entity in this country and around the world, the current Congress has indicated that we may be in for more politics as usual. As we gather in Palm Springs, our leaders in Washington are sending to President Bush a bill that increases – yes, increases – funding for abstinence-only-until-marriage programs. If this bill passes, it will mean that the Democratic-led Congress has abandoned evidence-based prevention in favor of an additional \$28 million for the most extreme abstinence-only-until-marriage programs.

For the President and the Gingrich-era Congress

that gave life to these programs, the political and ideological motivation has always been clear. This \$1 billion appropriation has been designed to create a new cadre of prevention workers whose focus is on risk elimination, not reduction. The new Congressional leadership's support for this rationale suggests, at least for the time being, that abandoning evidence for political expedience is a bi-partisan sport.

Several years ago, the HIV/AIDS community arrived at consensus that abstinence-only programs needed to end. Today, our voice is needed more than ever in a Congress that has turned a deaf ear to our plea to stem this epidemic, particularly among young people.

*William Smith is Vice President of Public Policy, the Sexuality Information and Education Council of the U.S. (SIECUS) and a Founding Member of the Caucus for Evidence-Based Prevention*

### **Inside this issue:**

- ◆ Karine Dubé on Prisons and HIV  
Page 2
- ◆ Julie Gamble on Native Americans and HIV  
Page 2
- ◆ Carl Schmid on Routine HIV Testing  
Page 3
- ◆ Vanessa Geffrard on Ab-Only and HIV  
Page 3
- ◆ Spotlight on Caucus Member Sessions and Publications  
Page 4

## Sessions to Watch for Friday

Women Re-Entering the Community from Incarceration, 9:30-11:30am.

Bridging Evidence-Based HIV Prevention Strategies with Community Programs to Improve Outcomes for Women, 9:30-11:30am.

A Comprehensive Cycle of Interventions for IDU/Commercial Sex Workers: "A Spectrum of Interventions from prevention to Treatment, 9:30-11:30am.

Building Sustainability through the Power of Partnerships: Global HIV/AIDS and the U.S. Government Response, 9:30-11:30am.

The Impact of HIV/AIDS on American Indian Communities, 1:45-3:45pm.

CDC's "Tiers of Evidence" Framework for Classifying HIV Behavioral Interventions, 1:45-3:45pm.

National Latino AIDS Awareness Day: An example of an effective social marketing campaign, 4:00-6:00pm.

## Evidence-Based Strategies Can Reduce HIV Infection among Prisoners

By Karine Dubé

It has long been known that HIV disproportionately affects prisoners in the United States. Conservative estimates place the rate of HIV infection in state and federal prisons at more than three times that of the general population, while others calculate an HIV infection rates in prisons as high as 10 times that of the non-incarcerated population. These extremes are even more pronounced among inmates from communities of color. In 2004, 42% of state inmates testing HIV-positive and 66% of state inmates who died of AIDS-related causes were African American.

Human rights advocates are particularly disturbed by these dramatic infection rates for a number of reasons. Prison populations are, by definition, highly vulnerable to HIV infection. Incarcerated for high risk behavior like drug use and commercial sex work, they are provided few prevention tools in prisons. For years, advocates, researchers and community members have called for a range of evidence-based HIV prevention strategies for prisoners including voluntary counseling and testing, condom distribution, prevention education, high-quality care and treatment, and discharge planning. The principle of health justice, which stipulates that prevention

interventions used in the general public should generally be available in prisons, has not been applied in the United States. When implemented, widely accepted HIV prevention strategies can improve health outcomes of inmates and ex-offenders.

Some members of Congress have begun to recognize the crucial role of the correctional system in providing HIV prevention services. Representatives Maxine Waters and Barbara Lee, both of California, have introduced legislation to help reduce the number of HIV infections in prisons. Waters' bipartisan "Stop AIDS in Prison Act of 2007" (H.R. 1943) passed the House in September and was referred to the Senate for further action. The bill provides routine mandatory (opt-out) HIV counseling and testing to all federal prisoners. Earlier this year, Lee introduced the JUSTICE ("Justice for the Unprotected Against Sexually Transmitted Infections among the Confined and Exposed") Act (H.R. 178), which would allow community organizations to provide condoms and HIV prevention education to inmates in federal and especially their partners

*Karine Dubé is a Research and Program Analyst at amfAR, The Foundation for AIDS Research*

## Native Americans and HIV: Honoring the Past Can Improve the Present

By Julie Gamble

Like many communities of color, Native Americans suffer a greater share of the disease burden of HIV/AIDS than their presence in the population would suggest. One reason for this disproportionate rate is the challenge of scaling up HIV prevention interventions that are sensitive to the beliefs and practices of more than 562 tribes across the United States. As with any other intervention, it is crucial that HIV programming is sensitive to the variations between tribes, yet limitations on evidence-based prevention programs and the diverse needs of Native American populations in rural, tribal, and urban settings create barriers for successful HIV prevention.

While empirical evidence suggests that historical trauma and contemporary discrimination influence health outcomes among indigenous populations, an effective model of HIV prevention for Native Americans must parallel traditional prevention models that address holistic health needs.

Because the Native American community is focused on honoring the past, revitalizing the present, and ensuring the future, interventions which encourage healthy behaviors in Native American communities must stem from community development and connection to cultural identity and her

tage. Groups such as the Northeast Two-Spirit Society in New York City aim to facilitate this link through services that not only address HIV but work to improve individuals' self-esteem. Native American HIV/AIDS and health organizations across the country in rural and urban settings aim to do this through programming that involves traditional healers and peer-based recovery

services.

For the first time, the United States Conference on AIDS will feature a plenary on Native American communities. "The State of HIV/AIDS in the Native American, Alaskan Native and Native Hawaiian Communities" will be held on Wednesday, November 7 at 8:30am. Designed to honor and all those who have survived the HIV/AIDS

pandemic and who continue the fight, the plenary will present the needs of Native American communities and make the vital links necessary to address HIV. This year's signature event will be a Celebration of Life ceremony, honoring the spirituality of diverse communities and takes place at the O'Donnell Golf Club, Friday, November 9, at 6:15pm.

*Julie Gamble is a Public Policy Assistant for the National Minority AIDS Council, [www.nmac.org](http://www.nmac.org)*

*...empirical evidence suggests that historical trauma and contemporary discrimination influence health outcomes among indigenous populations.*

## Adolescence Under Ab-Only: What do I know?

By Vanessa Geffard



As a member of Advocates for Youth's International Leadership Council, I've had to look carefully at my own knowledge of sex and sexuality. Beginning in the third grade, I sat through abstinence-only curricula. As a result, my knowledge base about sexual behavior was beyond narrow. In fact, I knew only three things about sex: I knew that sex was made only for people

to procreate. I knew that if you did have sex outside of marriage, God was going to look down upon you. And I knew about male and female anatomy. Abstinence-only-until marriage education kept me from any understanding of sex and how to protect myself from pregnancy and disease.

In my case, the thing that kept me from even thinking about sex was fear. I was scared into not having sex because of the supposed immorality of the act – the fact that God would hate me and I would burn. I knew nothing of my right to decide not

to have sex, my right to protect myself from too early-childbearing or HIV/AIDS or the all-too reasonable fear of sexually transmitted diseases.

*I was scared into not having sex because of the supposed immorality of the act—the fact that God would hate me and I would burn.*

Rape and incest were rarely discussed either. However troubling, these real life scenarios had no role in my abstinence-only programs. Although fear kept me from risky sexual activity, others are not as fortunate. Worldwide almost half of new HIV infections occur in young people under 25. It is time to come to our senses and understand that in order to save young people's bodies, health, and lives, we need to educate them. When are we going to tell them the facts of human sexuality and how to make reasonable decisions?

I look back on my experience with abstinence-only education and this is its legacy: to empower young people, we must start thinking practically.

*Vanessa Geffard is a member of Advocates for Youth's International Youth Leadership Council*

## HIV Testing & Counseling: Implementing Routine Testing

By Carl Schmid

It has been more than a year since the U.S. Centers for Disease Control (CDC) issued its opt-out voluntary testing recommendations in healthcare settings for individuals aged 13 to 64. Implementing such a wide-ranging policy throughout the country has been a huge undertaking. While the CDC has been working directly with some professional organizations on these recommendations, it has released few implementing guidelines.

One of the biggest obstacles in implementing the recommendations is their conflict with many state laws that require written consent prior to testing or prevention counseling. A recent study found that as of July, 33 states require informed consent while 24 require disclosure of information about the testing and disease, either in pretest counseling or in a consent process. Some states have changed their laws; others may do so in the future, while others have indicated they have no intention of changing their current policies. Perhaps the state that has seen the most significant change is California, which passed a law that Governor Schwarzenegger signed in October doing away with separate written consent for an HIV test.

Another significant barrier is reimbursement. While the CDC

recently announced \$35 million in grants to 23 states and cities targeting testing in African-American communities, these resources do not cover entire country and certainly not every healthcare setting. Not all private insurance companies are covering the costs, and reportedly only one state Medicaid program – New York's – covers routine testing. This is an area CDC and the Centers for Medicare and Medicaid will have to focus on in the future.

*While everyone... supports increased testing, there is little consensus on what is the right way to accomplish this.*

It will be years before routine testing is available in all healthcare settings. While everyone recognizes the importance of diagnosing HIV, and supports increased testing, there is little consensus on what is the right way to accomplish this. Whatever one's views are on the CDC recommendations, the HIV prevention community is united in its concern that too much of the CDC's attention and resources is focused on testing, and that resources for prevention counseling, prevention interventions, and general HIV/AIDS education seem to have diminished. We are not going to significantly reduce infections by merely focusing on testing; we have to focus our efforts on all fronts.

*Carl Schmid is the Director of Federal Affairs at The AIDS Institute*

## Creating a forum for progress

### Caucus Members

Academy for Educational Development  
Adventist Development and Relief Agency  
Advocates for Youth  
AIDS Alliance for Women, Children, and Families

AIDS Foundation of Chicago  
AIDS Project Los Angeles  
The AIDS Institute  
AIDS Vaccine Advocacy Coalition  
Alliance for Microbicide Development  
amfAR, the Foundation for AIDS Research

California Campaign for Microbicide  
CARE USA  
Catholics for a Free Choice  
Center for Health and Gender Equity  
Community HIV/AIDS Mobilization Project

CONRAD  
Constella Group  
EngenderHealth  
Family Care International  
Family Health International  
The Female Health Foundation  
Gay Men's Health Crisis  
Global AIDS Alliance  
Global Campaign for Microbicides  
Global Health Council  
Global Health Strategies  
Global Youth Coalition on HIV/AIDS  
Guttmacher Institute  
Harm Reduction Coalition  
HIV Medicine Association  
IBIS Reproductive Health  
International Women's Health Coalition  
Ipas  
Management Sciences for Health  
National Minority AIDS Council  
PAHO  
PATH  
Population Action International  
Population Council  
Population Services International  
PP-Golden Gate  
San Francisco AIDS Foundation  
SIECUS, the Sexuality Information and Education Council of the United States

### General Caucus and Newsletter Inquiries

Phone: 425-577-3412  
E-mail: [sonia.kandathil@yahoo.com](mailto:sonia.kandathil@yahoo.com)

### Media Inquiries

Peter Taback  
[ptaback@sfaf.org](mailto:ptaback@sfaf.org)  
415-487-3029

## Spotlight on Caucus Member Sessions

### THURSDAY, NOVEMBER 8

#### AIDS Action Council

#### A Call for a National AIDS Strategy: What Would it Look Like in the United States?

9:00am-12:00pm

Speakers:

Ronald Johnson, Deputy Executive Director, AIDS Action Council, Washington DC

Chris Collins, Author of "Improving Outcomes: Blueprint for a National AIDS Plan for the United States"

After nearly 27 years of an HIV/AIDS epidemic that has resulted in over 1.7 million cases of infection and over half a million deaths, the United States needs a comprehensive national AIDS strategy to respond to this domestic crisis. The lack of a national AIDS strategy persists despite numerous past efforts, the fact that the U.S. requires its global AIDS funding recipients to adopt a national plan and despite the call for national strategies by 2003 in the 2001 U.N. General Assembly's Special Session on HIV/AIDS (UNGASS). There is a clear need for a call to action. This seminar will provide an overview of proposed critical elements of a national AIDS strategy and engage participants in a meaningful discussion of why a strategy is needed at this point in the epidemic, how to move a national AIDS strategy, mobilize community support, and how to gain the support of national, regional and local leaders.

#### AIDS Alliance for Children, Youth & Families

#### Youth and HIV Prevention

2:15 -4:15pm

Mesquite F, Convention Center

This is roundtable discussion of our the new report, *In a Position to Know: Youth and Parents Living with HIV Speak Out on Sexuality Education*. In the midst of the national debate on sexuality education, there are some voices that are rarely heard - youth and parents who are HIV positive. Because their lives are uniquely affected by what policy makers decide about sexuality and HIV prevention education, AIDS Alliance created a forum for them to be heard. Come learn more about the report, and find out how AIDS Alliance is building a network of HIV-positive youth speaking out. A parent featured in the report will join AIDS Alliance staff to lead the discussion.

#### CHAMP

#### Social Service, Social Change: A Roundtable and Reception

6:45 - 8:45pm, Wyndham Hotel, 888 E. Tahquitz Canyon Way

Santa Rosa Room, First Floor, Ballroom area, *Fajita buffet available*

Nourish your soul and your stomach at a lively, engaging discussion and reception looking at the joys and challenges of maintaining, or initiating, advocacy into the mission and work of our organizations. Our organizations are great community resources, but our work is already overwhelming at times - so how can we take action for positive change on a larger scale in our communities while still doing our day-to-day work?

#### The San Francisco AIDS Foundation and Caucus for Evidence-Based Prevention

#### What Do We Mean By "Evidence" in Evidence-Based HIV Prevention?

2:15-4:15pm, Madera Room, 1st Floor Wyndham Hotel

Experts from research and program evaluation will explore the range of types of evidence used to determine whether HIV prevention interventions and programs really "work." We will discuss how evidence is gathered and assessed, from community-based programs to scientifically-designed randomized, controlled trials, and how these decisions affect choices about what programs to implement and scale-up. Please visit [www.sfaf.org](http://www.sfaf.org).

## Caucus Member Publications

#### AIDS Vaccine Advocacy Coalition

The AIDS Vaccine Advocacy Coalition recently release their annual report, *Resetting the Clock*, which reviews the state of the AIDS vaccine field and HIV prevention research. This year's report outlines some specific challenges in AIDS vaccine scientific strategy, clinical trials, and HIV prevention. The report is inspired by former US President Bill Clinton's 1997 speech calling for an AIDS vaccine in ten years' time; it argue that it's time to reset the clock and set new deadlines for developing novel vaccine concepts and candidates. Please visit, [www.avac.org](http://www.avac.org)

#### IPAS

Ipas recently published, *HIV-positive women, MDGs & Reproductive rights: Actions & Research Needed*. This flyer summarizes actions needed to help achieve the Millennium Development Goals (MDGs) on gender empowerment (MDG3), maternal health (MDG5) and HIV/AIDS (MDG6) for the benefit of HIV-positive women and women affected by HIV/AIDS. It gives suggestions on what governmental and civil-society agents can do regarding interventions and research that will inform policies and programs. To download a Spanish version of the flyer, please visit, [www.ipas.org](http://www.ipas.org)

#### Population Council

#### The Straight Talk Campaign in Uganda: Impact of Mass Media Initiatives—Summary Report

This study in Uganda found that exposure by adolescents to Straight Talk, a mass media initiative focused on adolescent sexual and reproductive health (ASRH), was associated with greater ASRH knowledge, a greater likelihood of having been tested for HIV, and more communication with parents about ASRH issues. Please visit, [www.popcouncil.org](http://www.popcouncil.org).