HIV/AIDS effort revamped

Centers for Disease Control addresses criticism by centralizing HIV programs

by Richard Shumate

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eeding criticism that its fight against HIV/AIDS was disjointed and didn't focus enough on prevention, the federal Centers for Disease Control and Prevention is revamping its entire HIV program.

The decision to bring 10 separate HIV programs together into a single agency under one leader was made by Dr. David Satcher, who took over as head of the CDC last year.

"The overall goal of our HIV/AIDS reorganization efforts is to significantly enhance our abil-

ity to prevent and control the spread of HIV/ AIDS among individuals and groups in this country and to contribute to the prevention and control of HIV/ AIDS throughout the world," said Satcher in for other sexually transmitted a memo to the CDC staff outlining the changes.

Currently, segments of the CDC's program to track and check the spread of HIV are spread throughout the various entities that make up the CDC. Most are at CDC headquarters in Atlanta, but some are

but not directed, by Dr. Jim Curran, head of the CDC's Office of HIV/AIDS

When the reorganization is complete, in February 1995, 80 percent of the CDC's overall HIV/ AIDS programs will be in one Atlanta-based center, which is likely to be given a new name and placed under the direct authority of a single director, according to CDC spokesman Tom Skinner. A decision has not yet been made on who will head up the new center, he says.

While the change has gotten generally good reviews from HIV/AIDS groups, they caution that this does not amount to a "Manhattan Project" to fight AIDS—a campaign promise of President Clinton that has gone unfulfilled. The CDC reorganization will do little to reorganize or centralize research into treatments or a cure for HIV/AIDS, which are centered not at the CDC but at the National Institutes of Health, a separate agency.

"But [the CDC's reorganization] is a proposal I feel has great potential," says Jeff Graham of ACT UP-Atlanta. "The status quo is not doing anyone any good."

In addition to a change in structure, Satcher's proposal also marks something of a change in philosophy at the CDC.

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sion have, in the past, been lumped in with prevention programs for other sexually transmitted diseases as part of the National Center for Infectious Diseases. Under the reorganization, HIV prevention efforts will be separated from those of other STDs.

A panel that advises the CDC on its HIV prevention efforts recommended that change because of the fundamental differences between HIV and other sexually transmitted dis-

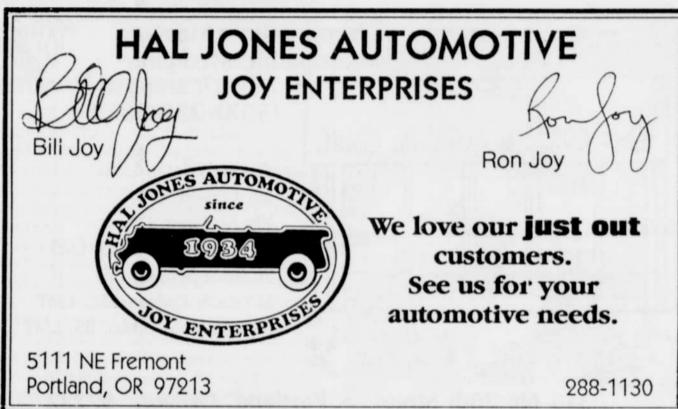
HIV-prevention efforts will also now be located in the same center as programs to prevent tubercu-

at other locations. Their efforts are coordinated, | losis, a recognition of the emergence of TB as a particular threat to people living with HIV/AIDS.

Groups inside and outside the CDC have long been critical of the disjointed organizational structure and the lack of a central clearinghouse for information. Last June, the CDC advisory committee for HIV prevention recommended that all prevention programs be centralized, leading to Satcher's decision.

"We have been studying this for over a year," Skinner says. "We hope this will improve our ability to work with those who are on the front lines of the fight against HIV/AIDS. Over the past 17 years, we've learned that HIV/AIDS directly has an effect on other health programs."

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