

13 April 2010

TO: Ben Hayes, Isela Gonzalez and Grant Colfax
Co-Chairs, HIV Prevention Planning Council

Steering Committee Members
HIV Prevention Planning Council

FR: Edward Byrom, Member
HIV Prevention Planning Council



RE: Further Council discussion and Council Vote
on New Directions in HIV Prevention.

Dear Ben, Isela and Grant:

I have already sent a formal, albeit brief, note regarding a request to further publically discuss New Directions in HIV Prevention proposal along with the request for a council vote. I believe that presentations of New Directions in HIV Prevention Plan proposal and that of the HIV Prevention Plan are being discussed interchangeably and therefore giving the impression that the HPPC has “endorsed” the New Directions in HIV Prevention Plan proposal as one in the same.

I would also like to inform the Co-Chairs and the Steering Committee that in reviewing the Bylaws of the Council, I and others have come across Article V which allows for “special council meetings” being called by either the co-chairs or by six (6) council members. There are seven (7) of us who believe that further dedicated discussions and a vote should be taken. It is my hope that a vote by the council would be allowed to happen soon and without council members needing to go through the formal process of calling for a full special meeting. My concern is that in May our regular meeting is a joint meeting with CARE and the meeting to re-present the New Directions is not a mandatory meeting. There is no guarantee of a quorum where a vote could take place.

I have been asked to give a brief summary of what my thoughts are on this. In brief:

- 1) New Directions is an overly narrow perspective of the entire plan.
- 2) New Directions is a radical shift in HIV Prevention in San Francisco.
- 3) The process has been top down rather than community driven.
- 4) New Directions prioritizes the five (5) priorities in a way that is not reflected in the plan.
- 5) There are pre-set funding percentages for the newly “ranked” priorities.
- 6) Over prioritizing “status awareness” (testing) creates hardship for services provided to “hard to reach” populations