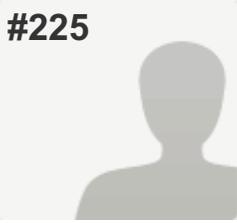


Ending the Epidemic Task Force Recommendation Form

#225



COMPLETE

Collector: Web Link (Web Link)

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Alan
Last Name	Davis
Affiliation	Concerned gay, HIV- citizen
Email Address	formerfarmer@mail.com

Q2: Title of your recommendation PrEP is an insane idea

Q3: Please provide a description of your proposed recommendation

I think it is disgraceful that NYS would consider putting gay men on a powerful drug for the rest of their lives, without regard to what the long-term consequences might be, rather than focus on effective interventions.

NYS is effectively throwing up its hands and giving up on an entire community. "Here's a pill, Queer-boy, now go bareback."

If you can tell me with any scientific certainty that the mass PrEP-ing of an entire community for decades on end will not have any unintended consequences, I will consider changing my mind. Otherwise, I will assume that the NYSDOH is in the pocket of Gilead Sciences, like all the ASOs who are also advocated for this disaster in the making.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply) Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

Change to existing policy

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Permitted under current law

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

Not drugging an entire community for the rest of their lives.

Q10: Are there any concerns with implementing this recommendation that should be considered?

Yea, you wouldn't get any more money from Gilead.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Zero.

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Infinite.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

HIV- men who do not have to put poison in their system every day.

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Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Who knows?

Q15: This recommendation was submitted by one of the following Member of the public