

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)
PUBLIC HEALTH SERVICE (PHS)
MEMORANDUM OF UNDERSTANDING

THE ATTACHED MEMORANDUM OF UNDERSTANDING COVERING THE PERIOD MARCH 1, 1988 THROUGH MARCH 1, 1989 SETS FORTH THE TERMS AND CONDITIONS FOR SERVICES TO BE PROVIDED BY:

DHHS, PHS, Centers for Disease Control (CDC), Center for Infectious Diseases (CID), AIDS Program, Atlanta, Georgia 30333 (hereinafter referred to as CDC).

AND

DHHS, PHS, Health Resources and Services Administration (HRSA), Bureau of Health Care Delivery and Assistance (BHCDA) Migrant Health Program (MHP) (hereinafter referred to as HRSA).

SUBJECT: Human Immunodeficiency Testing (HIV) in Migrant Farmworkers

I. PURPOSE AND SCOPE

In order to determine the magnitude and extent of HIV infection among migrant farmworkers and to develop appropriate prevention programs targeted to those found at risk for infection, it is proposed that an HIV seroprevalence pilot surveillance study be conducted at various health centers throughout the United States that provide services to migrant farmworkers. The testing will be anonymous or "blinded" (e.g., without names or any information that would identify the person whose blood was tested). This form of anonymous HIV testing will provide an accurate estimate of the prevalence of HIV infection among the various populations of migrant and seasonal farmworkers and thus document the areas of need for appropriate intervention programs. The survey is to be completed in 12 months. The pilot study will be conducted jointly by the CDC, HRSA and those migrant health centers electing to participate.

Specifically, the objectives of this pilot study would be: (1) to obtain estimates (within 95% confidence bounds) of HIV seroprevalence among migrant and seasonal farmworkers, their spouses, and other family members attending health centers and (2) develop recommendations for further testing and appropriate intervention... strategies where indicated.

II. AUTHORITY

This agreement is made under the authority of Section 301 of the Public Health Service Act.

Department of Health and Human Services (DHHS)
Public Health Service (PHS) Memorandum of Understanding

Resource ID#: 1229

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III. SUBSTANCE OF MEMORANDUM OF UNDERSTANDING

HRSA will:

- A. Identify clinics that provide health services to migrant farmworkers to voluntarily participate in a pilot study of the seroprevalence of HIV in that population.
- B. Arrange for such clinics in Delaware, North Carolina, Florida, Michigan, Utah, Texas, Washington, and California to meet with MHP and CDC representatives to establish a work plan. The testing will be anonymous or "blinded" (e.g., without names or any information that would identify the person whose blood was tested). Clinics are responsible for informing their clients of the clinic's participation in this national surveillance project.
- C. Provide necessary orientation and information to health center personnel to assure the proper conduct of the study.
- D. Assure that blood specimens are submitted to CDC weekly by each participating health center.

CDC will:

- A. Develop the study protocol.
- B. Provide technical assistance in the implementation, monitoring, and evaluation of study procedures.
- C. Provide laboratory support for testing of blood specimens.
- D. Analyze and present data for use in the development and implementation of appropriate intervention strategies.

IV. PERIOD OF MEMORANDUM OF UNDERSTANDING

Services will begin March 1, 1988 and continue through March 1, 1989 unless modified or cancelled in accordance with Article V of this memorandum of understanding.

V. MODIFICATION/CANCELLATION PROVISION

- A. Modification: This memorandum of understanding may be modified by a written modification signed by both the HRSA and CDC authorized signatories.
- B. Cancellation: This memorandum of understanding may be cancelled:
 1. by a written notice of cancellation, signed by the HRSA authorized signatory, to the CDC authorized signatory or,
 2. by a written notice, signed by the CDC authorized signatory, to the HRSA authorized signatory.

The notice of cancellation must be dated, signed by the authorized signatory, and mailed to the authorized signatory of the other party at least thirty (30) days prior to the expiration date stated in the notice of cancellation. Receipt of the notice of cancellation must be acknowledged (signed and dated) by the authorized signatory of the party within three (3) days after receipt.

VI. APPROVALS

DHHS, PHS Centers
for Disease Control
Center for Infectious
Diseases

DHHS, PHS, Health Resources and
Services Administration,
Bureau of Health Care Delivery,
and Assistance

BY: [Signature]
Director, AIDS Program

BY: [Signature]

TITLE: _____

TITLE: _____

DATE: 2/23/87

DATE: 2/17/87

AIDS TESTING

PARTICIPATING MIGRANT HEALTH CENTERS

EAST

UPSTREAM

Region III MHC Delmarva Rural Ministries
26 Wyoming Avenue
Dover, DE 19901
(302) 678-2000

Contact: Ms. Debra Singletary,
Executive Director

MHC: Migrant Family Health Services
P.O. Box 5151
Corner Howard Gap Rd. & Rt. #64E
Hendersonville, NC 28793
(704) 692-4289

Contact: Ms. Barbara H. Garrison,

DOWNSTREAM

Region IV MHC: Southwest Florida Health Centers
y Clinicas de Migrantes
1857 High Street
P.O. Box 1257
Ft. Myers, FL 33902
(813) 337-3123

Contact: Ms. Lailai S. Hamric,
Executive Director

DOWNSTREAM

Region IX MHC: El Progreso del Desierto, Inc.
51800 Harrison Avenue, Hwy 86
P.O. Box 245
Coachella, CA 92236
(619) 398-7277

Contact: Sam Maestas
Executive Director