

I am an AIDS activist new to Oregon with 20 years of experience with ACT-UP/Golden Gate and HEAL (Health Education AIDS Liaison). I also direct a grassroots initiative called "prepispoison.com" and have spent over 1000 hours investigating fraud in AIDS-drug clinical trials and problems with HIV and AIDS science.

My primary concern about this legislation is it increases the use of HIV-rapid tests that are CLIA-waived. This is a very bad idea in Oregon which is a low-prevalence population creating a risk of false positives. By the CDC's own admission, the risk of false positives in Oregon's prevalence population is over 68%. In fact, the OHA's favored rapid testing algorithm uses a cheek swab rapid test that was banned in 2005 in San Francisco and Los Angeles County because of false positives. Many European countries and Australia ban rapid testing all together – a policy Oregon should consider. Pharmacists are not trained in the nuances of HIV testing algorithms. On my website, prepispoison.com/testing I have an article called "problems with the HIV tests" and an hour long documentary on the HIV test validation problems.

In addition:

- PrEP's approval was rushed through in 2012, and the FDA did not see the results from two clinical trials (VOICE and FEMPrEP) that showed zero efficacy. This was blamed on low adherence, but in 2017 investigators revealed adherence was the same as the two trials that the FDA did see, which only showed 2% marginal efficacy. These trials also have evidence of data fraud to fabricate efficacy, which I detail at prepispoison.com.

- PrEP consists of two nucleoside analogues (DNA chain terminators) and have never been clinically trialed for the expected duration of use: 20-30 years. These are chemotherapies and have a cumulative toxic impact. TAF (an ingredient of Descovy) was only released in 2016 and post-marketing it is becoming associated with high serum lipid levels, indicating it may cause long-term cardiovascular damage and heart attacks. Are we looking at the next Vioxx?

- Although PrEP has been available in Oregon since 2012 and many sexually active gay men report taking it, there has been no significant change to the state's annually reported seroconversions hovering at about 250/year.

- PrEP retails at \$1,890/month, and the negotiated price paid by insurers is around \$650/month. This will raise the cost of health care for all Oregonians. Officially, the risk of HIV sexual transmission is 1 out of every 1000 exposures. Such exposure only really occurs within the extreme promiscuity associated with amphetamine use. The state's MSM prevalence likely understates drug use as the primary risk group because MSMs wisely don't admit it to government investigators. Do we need to pay \$22,680 per year for non-drug using MSMs to have a false sense of security when they are not even at risk?

- OneMedical in San Francisco has a large gay patient base, and they reported among their PrEP patients that rates of syphilis skyrocketed. This is consistent with SFDPH data over the last decade.

- The next-generation of PrEP in the pipeline (injected "integrase inhibitors") are known to be psychoactive and addictive and expose recipients to withdrawal. A similar situation exists with the protease inhibitor Sustiva which is used recreationally. It is chemically almost identical to LSD, and In 2014, the HHS Inspector General uncovered a \$60 Million dollar fraud scheme to obtain prescriptions destined for recreational use.

- Cui Bono? Gilead Sciences (PrEP's main proponent) has been implicated in numerous frauds and scandals including their useless drugs TamiFlu and Resdemivir and pay-to-play government kickbacks. I worked for many years on the staff of gay community service organizations and personally witnessed how this pharmaceutical bought and corrupted gay community leaders and media. Corporate Pharma and Street Dealers are equally predatory on their clients with zero regard for health.