

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

April 9, 1999

The Honorable Donna Shalala  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Shalala:

On behalf of the Presidential Advisory Council on HIV and AIDS (Council), we are please to invite you to address the Council during their meeting on, Tuesday June 8, 1999 at 2 pm.

The Council would certainly appreciate the opportunity to hear an update about the many HIV/AIDS services, research and prevention issues that the Department of Health and Human Services (DHHS) overseas. More specifically, the following issues are of significant concern to the Council:

- Increasing Access to Care for People Living with HIV/AIDS;
- AIDS Vaccine Development and Microbicide Development
- Needle Exchange - strategy for dissemination of science
- National "Know Your Status Awareness Campaign"
- Racial and Ethnic Populations - update on allocation and use of \$156 million
- Update on HHS's strategic planning process to strengthen inter-agency collaboration/accountability

The Council would appreciate the opportunity to engage in discussions and questions/answer with regards to these issues.

We look forward to your participation at the June meeting of the Presidential Advisory Council on HIV/AIDS. If you have any questions. Please contact Daniel Montoya at (202) 395-1445.

Sincerely,

[original signed on April 9, 1999]

R. Scott Hitt, M.D.  
Chair

736 Jackson Place NW  
Washington, DC  
20503

cc: Kevin Thurm, Deputy Secretary  
Daniel C. Montoya, Executive Director

Sandra L. Thurman, Office of National AIDS Policy

R. Scott Hitt, M.D.  
Chair  
Presidential Advisory Council on HIV/AIDS

736 Jackson Place, NW  
Washington, DC 20503

Dear Dr. Hitt:

Thank you for your letter and the work that you and all the members of the Presidential Advisory Council on HIV/AIDS do on behalf of all people living with HIV/AIDS, their families and communities. As you know, the Clinton Administration is steadfast in its commitment to address the needs of people living with HIV/AIDS and the Council's efforts are key to our collective successes.

I also want to thank the Council for its efforts to focus attention on the important issues you raised in your letter. HIV/AIDS poses very serious public health challenges for many racial and ethnic minority communities, especially those confronting the dual epidemics of substance abuse and other sexually transmitted diseases. I am pleased to report that the Department of Health and Human Services (HHS) continues to make important progress in addressing the HIV/AIDS epidemic overall. We can all celebrate the continued declines in AIDS incidence and mortality due to prevention and treatment advances. We have made real strides in the search for a safe and effective HIV vaccine. Additionally, important steps have been taken to ensure that many more people have access to treatment services and receive appropriate drug therapies. Perhaps most importantly, HHS continues to examine strategies and methodologies to ensure that all people living with HIV/AIDS, especially those living in communities heavily impacted by HIV/AIDS, STDs and substance abuse have the necessary resources to confront the epidemic. To that end, HHS has expanded its efforts to eliminate the disparities that exist between whites and racial and ethnic minorities in HIV/AIDS.

We also recognize that significant work must still be done in addressing this disease. The Department is currently developing a strategic planning process that will guide our current and future efforts. As part of that strategic planning process, we have sponsored a regional/national dialogue on HIV/AIDS through our HHS Regional Directors' offices in an effort to better understand the changing nature of the HIV/AIDS epidemic, particularly as it impacts minority communities and women. In addition, we are examining implications for broad health policies particularly in the following areas: health care access, health disparities, health care safety net services and long-term care and disability coverage. Please be assured that the issues and priorities that were identified by the Council will be given careful consideration, and that we look forward to hearing from members of PACHA on the plan.

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Your letter raised a number of specific concerns of the Council as it relates to our efforts to address the special needs of ethnic and racial minority communities, which I am happy to address. The following are specific actions to address your concerns:

The Centers for Disease Control and Prevention (CDC) is playing a very important role in the

Department's efforts to implement both the President's HIV/AIDS initiative developed with the Congressional Black Caucus and his campaign to eliminate racial and ethnic health disparities. I agree there is a pressing need for more effective and efficient prevention programs among high risk racial and ethnic minority populations, and in response to this the CDC has been charged with the responsibility to develop more effective and targeted initiatives to complement their existing prevention efforts. These will include more culturally relevant and targeted outreach, counseling and testing activities, prevention interventions for gay men of color and women of color, and creating linkages with prevention and health care services for incarcerated populations returning to community life, among other initiatives. The CDC, along with HHS agencies, will be closely monitoring and evaluating the impact of each of the investments supported as part of this CBC initiative.

- The CDC has also developed the Enhancing HIV Prevention in Communities of Color project, designed to support a comprehensive HIV prevention program for reducing the transmission of HIV in African American, Hispanic, Asian American and Pacific Islander and American Indian and Alaskan Native communities. The focus is on improving internal efforts to deliver effective prevention services to high-risk sub-populations that are responsible for the disproportionate impact of HIV in these communities. By assessing the appropriateness of current policies, research, and intervention strategies targeting people of color, the project will identify gaps in these areas that will be targeted for improvement. Measurable outcomes expected from this effort include: 1) greater capacity for prevention in communities of color through more effective cooperative and collaborative partnerships with Federal, State, and local prevention resources; 2) increased and better targeted public and private funding to meet the prevention needs of these communities; and 3) a decrease in the number of new infections in these populations.
- One of the overriding goals of the Healthy People 2010 programs remains the *elimination* of racial and ethnic disparities. As you know this challenge requires concerted, consistent efforts by public and private sectors absent a cure and vaccine. Please be aware that the 2010 objectives are still in draft and subject to change. In response to comments from numerous meetings around the country, we anticipate that there will be revisions to the draft objectives to incorporate the public comments received. I have forwarded your concerns to the drafting committee and have asked for their response to these issues, including your thoughts on sub-populations.

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Additionally, thank you for your interest in a greater and continuing role for PACHA and the White House Office of National AIDS Policy as this process moves forward.

- The Interim National Minority HIV Plan is currently being revised in light of the significant recent developments in the Federal government's response to the HIV/AIDS epidemic among racial and ethnic minority communities. Specifically, greater attention is being paid to ensuring that the new resources are directed to where they are most needed. I have sent your request for a progress report at your March 1999 meeting to the Office of Minority Health (OMH).

- I am very aware of the FY 1999 Conference report discussion regarding \$8 million for OMH to strengthen its role in HIV health care promotion and prevention at the State and local level. The absence of this money in the final FY 1999-appropriation bill is a regrettable oversight. We are working to have this situation corrected.
- The Indian Health Service (IHS) is responsible for providing for the health care of a specific population rather than for preventing and treating a specific disease. IHS fulfills its responsibility not by setting health care priorities for all Indian Country, but through consultation with local tribes in each of 151 Services Units. Tribal consultation is also the method IHS uses to determine priorities for additional funds and most IHS Services Units have not placed as high a priority on HIV/AIDS as they have on other disease/health problems. As a result of this consultation process, IHS does not purchase AIDS drugs on a system-wide basis. IHS does provide technical assistance and support to local communities developing, implementing and evaluating their own HIV service and prevention programs. It functions as a decentralized agency in the unique position of working with largely autonomous tribal organizations in a government-to-government relationship.
- In response to your specific concern, IHS never directly funded an AIDS drug program. Rather, CDC provided funds from 1992 until 1994 for AIDS drugs at cost of \$700,000. When that funding ended, IHS used its own unobligated funds but these were only available for a brief time. Since that time the IHS budget has been flat and no additional funds have become available.
- When the CDC funding agreement ended, IHS negotiated an agreement with the Veterans Administration (VA) to obtain drugs, at substantially reduced cost, for IHS. These included antiretroviral drugs. For those clients who present to Federal facilities for care and treatment, IHS continues to provide appropriate pharmaceutical therapies. For other clients, primarily from American Indian/Alaskan Native Tribes and Urban Indian Programs, IHS is negotiating with the VA to recognize these autonomous programs so that they will be eligible for the same drugs at reduced cost.

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- With regards to the AIDS Drugs Assistance Program (ADAP), it is important to note that States are responsible for distributing their ADAP funds. Clearly however, Native American people are entitled to AIDS drugs on the same basis as other U.S. citizens. I am asking that the Assistant Secretary for Health/Surgeon General look into this matter and report back this findings.

I appreciate the work of the Presidential Advisory Council on HIV/AIDS and the dedication of its members. Please be assured that we share the same goal, to eradicate HIV/AIDS and to improve the health of all Americans by eliminating HIV/AIDS from our communities.

Sincerely,

[original signed on March 5, 1999]

Donna E. Shalala