

# Presidential Advisory Council on HIV/AIDS Eighteenth Meeting of the Full Council

July 19-20, 2001

The Hubert H. Humphrey Building  
Room 800  
Washington, DC

## MINUTES

### **Council Members Present:**

Ronald V. Dellums, Chair  
Terje Anderson  
Regina Aragon  
Ignatius Bau, J.D.  
Judith A. Billings, J.D.  
Charles W. Blackwell  
Stephen L. Boswell, M.D.  
Stuart C. Burden  
Philip P. Burgess, R.Ph.  
Lynne M. Cooper, D.Min.  
Joseph A. Cristina  
Debra Fraser-Howze  
Cynthia Gomez, Ph.D.  
Bob Hattoy  
Jack C. Jackson, Jr.  
Ronald S. Johnson  
Caya B. Lewis, M.P.H.  
Miguel Milanés, M.P.A.  
Brent Tucker Minor

Helen M. Miramontes, M.S.N., R.N., FAAN  
Ernesto Ortiz Parra, M.D., M.P.H.  
John A. Perez  
Michael Rankin, M.D., M.P.H.  
Todd Summers

Greg Smiley, M.P.H., Designated  
Federal Official, HHS

### **Invited Participants:**

Chris Bates, Deputy Director, HHS  
Office of HIV/AIDS Policy  
Scott Evertz, Director, White House  
Office of National AIDS Policy  
Terrell Halaska, Deputy Chief of Staff,  
Office of the Secretary, HHS  
Ernest Hopkins, CAEAR Coalition  
Bertil Lindblad, Senior Liaison Officer,  
The Joint United Nations Programme  
on HIV/AIDS

*July 19, 2001*

### **Morning Session**

#### **Welcome**

Mr. Smiley called the meeting to order at 9:20 a.m. Mr. Dellums welcomed everyone. He said that it was important to have a last meeting and for everyone to be here in order to reemphasize the importance of AIDS and the recommendations of the Council, to communicate with the Bush Administration and offer help, and for the Administration to thank the Council.

#### **Update on Interim Activities**

Mr. Smiley thanked the Council members for coming on short notice. He also thanked those members who couldn't attend the meeting for their service. Mr. Smiley announced that the Presidential Advisory Council on HIV/AIDS (PACHA) Web site is up and

running ([www.pacha.gov](http://www.pacha.gov)) and discussed some details about the reception for the Council members at the Old Executive Office Building.

### **Office of National AIDS Policy (ONAP) Update**

Following an introduction by Mr. Dellums, Scott Evertz thanked the Council for the opportunity to be here and for its leadership and service.

According to Mr. Evertz, the announcement of the continuance of Council on HIV/AIDS will occur on Friday, July 20. The Administration plans to recharter the Council instead of issuing a new Executive Order. Mr. Evertz hoped that those Council members with unexpired terms would stay and said that the Council has done good work.

Regarding the Office of National AIDS Policy (ONAP), the Deputy Director is on board and is working on the global health fund project. Mr. Evertz said that they were off to a good start on the international front.

On Monday, July 23, ONAP will get a new detailee from the Department of Health and Human Services (DHHS). Mr. Evertz was pleased with the spirit of cooperation from the Clinton Administration staff. He mentioned that at the UN meeting a nongovernment organization (NGO) from San Francisco was allowed to participate in the roundtable because of the input/intervention of the White House. The document coming out of that meeting calls for aggressive AIDS work.

Mr. Summers asked a question about the appropriations request from the Administration and HHS Secretary Thompson's comments on June 5. What is the Administration's position on addressing the unmet needs for care, prevention, and access to drugs? What further actions are planned regarding the Ryan White program? Mr. Evertz replied that the Cabinet Task Force will create a subcommittee to deal with budget issues. The AIDS Drug Assistance Program (ADAP) program works, and its recommendations will be taken into consideration. The AIDS service community's concerns will not be ignored.

Mr. Burden stated that he hopes for a \$200 million down payment en route to what will become an annual payment. Mr. Evertz said that he doesn't know what will occur. The payment will be a percentage as opposed to a dollar amount. The United States wants to be the largest donor to international funding.

A council member asked about the G8 meeting—will President Bush raise any issues regarding AIDS? Mr. Evertz replied that President Bush will talk with our partners about their participation in the global fund. The recommended amount of \$7 to \$10 billion needs to be spent on AIDS. Mr. Evertz said that the Council should not look at the total amount going to the fund. Others will participate outside of the fund.

Ms. Aragon thought that the caution on how to look at the fund was good. The ongoing programs must also continue. The Council supports the U.S. contribution of \$1 billion annually. This Council is concerned that the minority HIV/AIDS issue has not been funded. Mr. Evertz stated that the Administration doesn't know how it will fund the

minority AIDS issue and that he will be a strong advocate within the Administration on this issue.

Mr. Johnson asked a question on intellectual property rights. How is the Cabinet Task Force addressing global access to treatment? Mr. Evertz responded that the Cabinet Task Force will create subcommittees and funnel the activities of PACHA into the subcommittees and the Task Force. Everyone in the Administration will be included in the process but the Task Force will have the ultimate say. He said that dialogue is needed as opposed to yelling at the Administration.

Mr. Summers mentioned the CDC reports of AIDS among youth. The Surgeon General's report (*The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior*) was not supported by the Administration. What will the Administration do? Mr. Evertz replied that good public health science will be relied upon. He stated that the Administration's response to Dr. Satcher's report was influenced by political considerations.

Mr. Minor praised the fact of the continuation of Council. He felt that strides are being made in bipartisanship but was concerned with the response to the Surgeon General's report. Truth should be a bipartisan issue. What is the next step for the report? Mr. Evertz said that he has read the report. The Administration will use some of the data from the report that is valuable. Good public health science will direct their efforts. Secretary Thompson's speech before the Kaiser Foundation was brave, Mr. Evertz felt.

Ms. Fraser-Howze praised Mr. Evertz's remarks about people of color. She continued that the minority AIDS initiative is bipartisan. Senator Arlen Specter's support was important. What can the Council do to help on the domestic side, especially on the minority AIDS issue? PACHA is working with all communities of color. What more will the Administration do? Mr. Evertz advised the Council to be fierce advocates for programs that work. The White House will hear the Council's concerns. ADAP is especially vocal. Don't assume that the Administration won't listen, he said. Don't stop using the White House the way it was done in the Clinton Administration. The numbers are staggering and they present more challenges, not fewer.

Mr. Milanese cited problems in the Caribbean and Latin America and urged a renewed interest in the places that are often ignored. Mr. Evertz said that in New York, Secretary Thompson led a field trip to Flatbush and will lead a delegation to the Caribbean.

Dr. Cooper wants a refreshing openness to learn about new issues. ADAP funding needs to be understood by the President. Locals are panicking about the fragile infrastructure related to medicine, homelessness, and death. Mr. Evertz replied that a meeting with people from the states may be possible.

Mr. Dellums stated that Secretary General Kofi Annan of the UN wants to fund \$7 to \$20 billion annually. If the United States gives \$1 billion to the fund, others will follow at a 2

to 1 ratio. The money will be leveraged. The private sector needs to match the U.S. funds. That doesn't preclude other contributions from other governments.

End-of-the-road strategies will require money for many issues. From \$7 to \$10 billion is required for the greatest human health threat—AIDS. In Latin America and Haiti already significant numbers will increase dramatically. Mr. Dellums continued by advocating that regular order should be suspended. Affordability should be taken out of the equation. The drug companies should accept the difference between cost and zero. The debate goes on while people die. Life in the United States is not more valuable than life anywhere else. Mr. Evertz responded that he didn't disagree. He agrees on the drug issue. The human family is a concept, and we're not there yet.

Mr. Dellums stated that he was pleased that the White House will embrace citizen involvement and continuation of the Council. He added that the Secretary may visit the Council today but he is involved in a hearing on Capitol Hill. A representative from the Office of Management and Budget (OMB) will not speak, despite what is indicated on the agenda. Instead, the next presentation will be in the Minority HIV/AIDS Initiative.

**Minority HIV/AIDS Initiative**—Chris Bates, Deputy Director, HHS Office of HIV/AIDS Policy

The CDC and Jackson handouts were circulated. Mr. Bates conveyed greetings from Dr. Gustee [spelling?] and Dr. Cargill.

There are two campaigns: the Leadership Campaign on AIDS, which has brought everyone to the table, and the crisis response team. Council support has made a difference. It wants to reach out to Native Americans and Asian and Pacific Islanders.

Ms. Fraser-Howze offered the same support she had made to Mr. Evertz. She continued by saying that the minority AIDS initiative has come a long way but this Council brought another level of credibility to the initiative. She referred to section 5 in the Council notebook. Many different caucuses are involved, and other communities will be called upon to be active. Recommendations have already been submitted to President Bush as a result of the National Black Leadership Commission on AIDS meeting in Atlanta in June.

Ms. Aragon congratulated the National Black Leadership Commission on AIDS. She said that coordination and collaboration has increased in the last year. Obtaining \$540 million is the rallying cry. The Administration's commitment should be obtained in a timely way.

Rev. Edwin Saunders, Senior Pastor, Metropolitan Interdenominational Church in Nashville, spoke to the Council. He said that the June meeting in Atlanta is evidence of what can occur with the commitment of many communities. Continued funding is crucial for continued development of infrastructure. Declaring a state of emergency is critical. Money must follow the trends of the disease. Grassroots initiatives are important to developing partnerships for impact on AIDS. Rev. Saunders gave as an example South Africa and the Satcher trip. Connections made there resulted in paying off the land and

upgrading the facility. Bureaucracy is not required. Atlanta leadership helps to see models like this.

Symbolic significance was added to the report of the Commission—it was done on the Morehouse campus in the Martin Luther King, Jr. chapel. Rev. Saunders urged the Council to support the recommendations that resulted from the Atlanta meeting. Ms. Lewis echoed her support for the Atlanta recommendations.

Mr. Bau added notes of caution about \_\_\_\_\_ [transcript] and the bureaucracy. There is a lack of infrastructure in minority organizations. A double standard is created on evaluation activities. The Centers for Disease Control and Prevention (CDC) requires that all organizations request assistance, which creates bureaucratic burdens. The devil is in the details, he said. Ms. Fraser-Howze agreed with Mr. Bau. All of these requirements have nothing to do with legislation. It is important for all communities to take responsibility and to move forward.

Mr. Summers added that organizations are struggling to survive. The Health Resources and Services Administration (HRSA) has made this a struggle to survive. He stated that administrative oversight is needed over the agencies. Mr. Jackson added that Native Americans are trying to get support.

Rev. Saunders said that his congregation ended up buying the land in South Africa. He added that \$5,000 to \$7,000 per month has a significant impact. It is equal to the entire contribution of the South African Government to this project. Rev. Saunders wants to share models.

Mr. Milanes asked about the faith-based initiative and its impact on groups like Rev. Saunders'. He added that CDC already had a faith initiative, which has been eliminated. The faith initiative must emphasize faith versus a religious agenda. Historical response must not be compromised.

Ms. Fraser-Howze suggested that the Council add another recommendation to the Secretary on support for a minority HIV/AIDS initiative (discussed in detail later).

### **FY '02 Budget Update**

Mr. Anderson stated that it is early in the appropriations process. He didn't have a clear indication of the way things are going. The Labor-HHS appropriations will not go forward until September but other appropriations bills will. (Ms. Aragon pointed out that the National Organizations Responding to AIDS [NORA] recommendations are in the notebook with detailed information.)

Mr. Anderson said that the core level of funding—core grants—needs to be talked about.

Mr. Burgess asked about how the shortfall with ADAP developed. Mr. Anderson explained that every state has a different ADAP. It depends on how generous the

Medicaid program in each state is. Twelve states are in eminent danger of crisis. Mr. Burgess asked if the solution is to go back to the governors and legislators? Mr. Anderson replied that it's hard for states to step up sometimes to meet the matching requirements.

Ms. Miramontes pointed out that the Secretary of the Army has a list of programs to cut, including AIDS. Mr. Anderson hadn't heard that. Often the military doesn't want the money.

Mr. Hattoy thought a good contact might be Matt Fong.

Mr. Boswell said that a change in treatment guidelines might lead to less funding urgency. Mr. Anderson argued that the focus should be to bring new people into care. There are 40,000 new infections each year in the United States.

Mr. Summers expressed frustration that nobody from OMB had spoken to the Council. He pointed out that Mr. Evertz's comments about ADAP being the only strategy will exclude other Ryan White programs. Medicaid expansion is a pressure point for domestic programs.

Ms. Aragon said that we need a comprehensive approach. It can't be just an ADAP approach, it can't be only the minority portfolio, it can't be just a global approach. It needs to be across-the-board.

Mr. Anderson added that positive initiatives in substance abuse treatment, community health centers, and increases at NIH will face a difficult political dynamic, especially with the projections of the surplus shrinking. It will be a painful process with discretionary programs and a difficult environment.

### **Overview of September 2000 Report: Highlights of Key Recommendations and Review of New Recommendations to the Administration**

Ms. Aragon spoke about the proposed changes and how they evolved. Later in the day two subcommittees—Prevention and Services—will form to discuss six recommendations, hopefully without a lot of changes.

There are essentially three issues [transcript]:

1. Minority HIV/AIDS—Council member Isbell wanted to refer to gay men of color
- 2.
- 3.

Ms. Aragon wanted to propose language for inclusion, which was agreed to by unanimous consent.

After discussion, Mr. Dellums asked if there was a consensus that the millennium recommendations were agreed to. The millennium recommendations mirror the minority recommendation. He got the sense from the group that they agreed.

Council member Levine, who was absent from this meeting, had commented to Ms. Aragon that Recommendation 2 (Increased Appropriations for U.S. and Global HIV/AIDS Programs in FY 2002) was too long. Ms. Aragon didn't agree, and thought that domestic and global issues should be grouped together.

Dr. Levine also commented on the Surgeon General's *Call to Action*. She thought this was very important and shouldn't be buried. This precipitated a discussion on various options on where it should be placed by Ms. Aragon, Dr. Gomez, Ms. Lewis, Mr. Boswell, Mr. Dellums, and Mr. Anderson. Creating a new Recommendation 6 supporting the Surgeon General's report with an emphasis on youth was agreed to by unanimous consent.

During the discussion two other issues emerged. Mr. Blackwell wondered how compatible the Surgeon General's report was with the youth recommendation. Mr. Minor thought that the report was more specific on funding than on youth. He urged that the two concepts be separated to not dilute either.

Mr. Anderson expressed the opinion that the upcoming issue of abstinence versus condoms warranted a standalone recommendation. Mr. Summers asked about the political implications on the condom issue. Mr. Burden suggested that everyone read the Surgeon General's report. Mr. Bau thought findings should be emphasized, not the Surgeon General's report, because of political considerations. Mr. Dellums argued that good science is good science, not ignoring what you don't want, and that the science is inconclusive that using condoms will prevent sexually transmitted diseases (STDs). Dr. Gomez felt that condoms and what they protect for should be in the recommendation. Mr. Milanes thought Recommendation 2.7 was sufficient. Mr. Summers and Mr. Dellums observed that the purpose of these recommendations was to present new information since the September 2000 recommendations.

Ms. Aragon summed up the discussion: Recommendation 1 will include millennium recommendations and the study on gay men of color, and 6 will focus on sex and youth.

Mr. Summers raised the issue about the continuation of the Council and expectations for the future. He wanted the continuation to be real, for the Council to really be used. Mr. Dellums thought that this issue should not be in the context of the recommendations.

Dr. Gomez wanted the prevention message not to be overlooked in the introduction. She was also worried about timing—coming to consensus before the Secretary would meet this afternoon with the Council. Mr. Smiley suggested shortening the lunch period to continue work on the recommendations.

Ms. Aragon wanted process. Mr. Smiley explained the Secretary's timing to come to this meeting. There was discussion about whether everything could be finished and agreed to by 2:00. Many felt that care should be taken with the concepts in the recommendations. There was agreement that the subcommittees should discuss the recommendations and

present some revised language for the Council to consider. Mr. Boswell urged that unanimous support was important.

Mr. Burgess and Mr. Blackwell had problems with 5.5, which discussed abortion counseling. Ms. Lewis wanted to discuss Mr. Burgess's concern before the full Council.

Ms. Aragon suggested that the Prevention subcommittee work on Recommendations 4, 5, and 6, and that the Services subcommittee work on Recommendations 1, 2, 3, and the introduction.

Earlier Mr. Perez had suggested scripting the presentation for the discussion with the Secretary and that small groups should work out the philosophical issues on the recommendations.

Ms. Fraser-Howze wanted to know what the Secretary had been told about coming to this meeting. She suggested that introductions be made, and that Mr. Dellums and the heads of the subcommittees speak about their concerns. She wanted to make another appointment for the Council to meet with Secretary Thompson to discuss the recommendations. She wondered, what is the Secretary's expectation of this meeting? Mr. Smiley thought that three speakers should offer the services of the Council to the administration, present new recommendations, and [transcript]. Mr. Dellums wanted the Secretary to appear at the meeting in order to dignify the group. Then he suggested that the recommendations be presented in conference call.

Mr. Summers said that he didn't want to miss the opportunity to present ideas to Secretary Thompson on appropriations, minority issues, and NIH talking points. There was basic agreement on this idea. Dr. Gomez suggested that the effort should be recognized on the recommendations presented to the Secretary. Mr. Bau wanted to hear the Secretary's remarks and allow time for a question-and-answer period. Mr. Hattoy suggested that there may be things to ask for, such as the budget and NIH report.

### **Afternoon Session**

**Overview of the United Nations General Assembly Special Session on HIV/AIDS and Update on the Global HIV/AIDS Fund**—Bertil Lindblad, Senior Liaison Officer, the Joint United Nations Programme on HIV/AIDS, New York

Mr. Lindblad gave a PowerPoint presentation and provided an update on the UNAIDS co-sponsoring mechanism. He said that the special session was a turning point that led to an unprecedented high-level political commitment to tackle the AIDS epidemic. AIDS was recognized as a political issue and as a development challenge.

The Declaration of Commitment on HIV/AIDS was adopted by acclamation. Mr. Lindblad characterized the Declaration as being strong and action-oriented, and he said that the Declaration calls for resources commensurate with the epidemic. Among other things, the Declaration of Commitment includes leadership; prevention of new infections;

and care, support, and treatment. It deals with HIV/AIDS and human rights; the reduction of vulnerability; children orphaned and made vulnerable by HIV/AIDS; and the alleviation of the social and economic impact of the epidemic.

Mr. Lindblad said that the Declaration of Commitment is unique in that it recognizes the driving forces of the epidemic and sets new targets. The strong gender perspective recognizes the importance of protection of human rights as key element, stresses importance of partnerships at all levels, and underscores involvement of people living with HIV/AIDS.

The next steps include a letter going out from Secretary General, a guidance note to be prepared, UNAIDS to develop indicators, follow-up with civil society partners, and a work plan to support implementation.

The global fund is evolving for HIV/AIDS, malaria, and tuberculosis. By mid-December recommendations for the fund will hopefully be approved. One billion dollars has come into the fund as of now.

Mr. Summers asked where UNAIDS goes from here, with a statement from country to country? Mr. Lindblad responded that the Declaration was a gift to UNAIDS. All of the pieces are now in one place—the UNAIDS secretariat co-sponsored the Declaration and the Secretary General will have this as a backbone. A more technical version of the report is being developed.

Mr. Burden asked about the World Bank role—will it be new or different? Funding is imaginative through NGOs, but what is the likelihood of funding these organizations? Mr. Lindblad said that the White House is a co-sponsoring agency and has some of its own programs. It was agreed to use the World Bank as fiduciary body. It's important to have a smooth mechanism for funding NGOs. How funding will be directed is still unclear.

Ms. Fraser-Howze asked, given the mission of Council, what does Mr. Lindblad want to ask from PACHA? Mr. Lindblad suggested that the Council go through the Declaration at its next meeting and place it in the context of global and domestic issues.

Mr. Dellums said that Secretary of State Powell, President Bush, and Secretary General Annan each have called for a global fund, as has the Leach-Lee bill. Mr. Dellums doesn't want to end up with several global funds with limited resources.

Mr. Lindblad suggested that Council members visit the UNAIDS Web site.

Ernest Hopkins from the CAEAR Coalition (Communities Advocating Emergency AIDS Relief) presented the NGO perspective to the Council. He said that groups are lobbying on Capitol Hill now for domestic issues. Mr. Hopkins saluted members of the Council for support and their collaboration.

A lot of work was done in advance of the UN meeting. There was a good listserv, which Mr. Hopkins characterized as “breaking the silence.” Many NGOs were frustrated around the Declaration—they felt no sense of collaboration. They sensed that the deal was already cut before the meeting. In addition, there was little opportunity for NGOs to participate. NGOs from other countries were very sophisticated about the epidemic in their countries.

Mr. Hopkins characterized the meeting as the best of times and the worst of times. Language in the Declaration supporting reproductive rights and targeted populations in need of direct services was controversial. There was a lack of support on the part of the UN. The U.S. delegation set up a process to make themselves available to NGOs. As an American, Mr. Hopkins said he was disappointed in the remarks of Secretary Powell in the general session.

There is still significant disagreement among nations about the global fund—who should receive funds, how they should be administered, and whether NGOs should receive funds directly. Mr. Hopkins said that a “misunderstanding” was the amount of money to be in the fund.

Mr. Summers asked if the document gives U.S. groups background to push for a more comprehensive plan for America. Mr. Hopkins responded that yes, the document can be used to move forward, and Mr. Lindblad agreed. The final draft is strong, according to Mr. Hopkins. The discussions that took place on the floor are important. Governments had to tackle this and discuss issues they had never before addressed, such as men having sex with men.

Mr. Dellums stated that no one knows where AIDS will take us on this planet. There must be a world commitment to solving AIDS. We must conquer problems never attacked before. Ten billion dollars is a low level when considering all of the world.

Mr. Bau commented that the United States is better at telling other nations what to do than doing it ourselves.

Mr. Anderson pointed out that the Council hadn’t talked about U.S. immigration regulations to waive travel requirements to attend the UN meeting. This is a violation of human rights.

Ms. Fraser-Howze asked Mr. Hopkins, knowing this Council, what would you recommend the Council consider regarding the Declaration? Mr. Hopkins suggested taking the document apart and identifying goals and objectives, then comparing it with what is in place in the United States. Expose the shortcomings.

Ms. Fraser-Howze remarked that there are dueling funds. Mr. Dellums thought that was good question to ask Secretary Thompson. There is some concern about the global fund having a U.S. label on it.

Ms. Billings said that even though reproductive rights aren't in the document, it's very encouraging that the Secretary General let the chips fall where they may by speaking out.

Mr. Anderson distributed three documents, one a CNN article that was just obtained online. The handouts were CNN.com, "Condom Report Questions STD Protection"; NIAID, DHHS, "Draft Workshop Summary: Scientific Evidence on Condom Effectiveness for STD Prevention"; and "The AIDS Community Responds. An Unscientific Review: A Politically Motivated Report" to the "Scientific Report on Condom Effectiveness for STD Prevention."

Revisiting the Council recommendations, Ms. Lewis commented on Recommendation 5 (Improved Coordination and Continued Leadership in the Global Fight Against HIV/AIDS) by asking, are we not discussing domestic coordinated effort? Ms. Aragon explained the history of the recommendation.

Mr. Cristina thought that the introduction needed a more comprehensive theme. He would like Recommendation 2 to refer to the 13 million children that are orphaned worldwide. He suggested some language.

Returning to the issue raised by Mr. Burgess, he stated that Recommendation 5 goes into a new arena (STDs instead of AIDS). Abortion services should also not be here. The Bush agenda is known. By raising this issue, the entire document will be branded as off base.

Ms. Aragon thought that there was a way to address this with language. She explained how the current language had been developed and made stronger. The most important message is no funding restrictions. Mr. Hattoy agrees with Ms. Aragon's new language but is concerned that any abortion issue may preclude other education.

Mr. Perez moved that Recommendations 4 and 5 be switched and that new language be inserted. The motion was agreed to.

Dr. Gomez mentioned the new Recommendation 6 and improving education of sexual health through abstinence only.

Mr. Burgess wanted the first section modified. Mr. Summers thought that Dr. Gomez and Mr. Anderson were talking about two different things. Dr. Parra thought youth should be given more emphasis. Dr. Gomez thought it didn't deal exclusively with youth. Ms. Lewis suggested that youth be moved up.

### **Public Comments**

Kaethe Morris Hoffer, Manager of Federal Affairs, AIDS Foundation of Chicago, thanked Mr. Burden and Mr. Burgess for their work. They are also from Chicago. In addition, she singled out Ms. Aragon and Mr. Anderson.

Ms. Hoffer considers the Council to be very useful and hopes that the Administration will work with the Council.

She is distressed by the Administration's comments on AIDS. This Administration is not interested in fighting AIDS, she said. Ms. Hoffer supports the Council's efforts to urge the President and Secretary Thompson to recognize the AIDS crisis in the people of color community, how it affects young people and women, and to learn about the inequality. She said the Council should help the Administration to fund programs, encourage the Administration to not support abstinence-only education, and help the Administration understand affordable health care and housing. Given the role of bigotry, the President must fight AIDS and not support poverty or bigotry.

Dr. Michael Burke, Senior Research Associate, American Institutes for Research Prospect Center, spoke as a member of the public. He is concerned with the faith-based initiative—it should not force a mission statement on meetings of organizations. Regarding syphilis, the faith community sees sex education as the enemy, not dealing with values, including self-esteem building. On the minority health initiative, at the grassroots, groups are not working together. There needs to be education about all minorities. The Evertz presentation stated that the budget surplus is disappearing. There needs to be discussion about reproductive health—STDs, HIV/AIDS—and make linkages. There needs to be an ecumenical approach to other stakeholders.

The Council then broke into two subcommittees to edit and discuss amendments to the new recommendations. Following the breakout sessions, Ms. Aragon described the Services group's actions. Discussion followed on different opinions as to the language that should be used. It was suggested that Mr. Blackwell offer some revised language, which must be finalized by Friday. Mr. Jackson pointed out his testimony before the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Congressional Asian Pacific American Caucus (distributed earlier), which Mr. Blackwell agreed to read.

Following a suggestion, Mr. Hattoy said that many communities have been invisible and that group names should be included. Ms. Fraser-Howze suggested that there be a vote on the revised new recommendations with another discussion on the 1.3 issue. Mr. Burgess moved to accept the changes of the Services subcommittee with the exception of 1.3. Dr. Cooper seconded the motion and it carried.

Changes were discussed from the Prevention subcommittee. After discussion it was decided to change “international purchase fund” to “global fund to ensure purchase and distribution.”

The motion and second to accept this committee's work were agreed to.

Mr. Dellums talked about asking for the Secretary or his designee to meet with Council or come to the reception. A representative will be here tomorrow.

The Council meeting was adjourned for the day at 6:15.

*July 20, 2001*

### **Morning Session**

Mr. Dellums called the Council meeting to order at 9:05 a.m.

Mr. Blackwell had some proposed language for Recommendation 3.1, which was accepted. Mr. Dellums moved that the Council adopt the six recommendations and the introduction. The motion was agreed to by unanimous consent.

Mr. Dellums announced that at 10:00 PACHA will meet with a designee of Secretary Thompson. Mr. Smiley said that Ms. Halaska will come back this morning since the Secretary can't be here.

Mr. Dellums asked for discussion on what to say to the designee. Mr. Summers stated that this person is not in a policymaking position, which won't be helpful. The embargo of the NIH study was lifted today. He expressed frustration with Bush Administration proposals, and Mr. Summers suggested that one possibility for discussion is appropriations. Dr. Gomez expressed frustration with the Secretary not appearing, since all of the Council members had to rearrange their schedules for this meeting. She asked if there was a more radical approach to take. Mr. Minor suggested asking what the next steps for the Surgeon General's report will be. Ms. Aragon said that appropriations should emphasize domestic issues as well as global issues, and the importance of care and treatment, prevention, and research. A Council member thought that the group should stress a comprehensive approach, and NGOs ability to apply for funds directly and not through host governments.

Mr. Bau questioned whether Ms. Halaska is the best person to speak to. He thought PACHA should ask her to outline the Secretary's vision of the Council and its role, about access to other officials outside of HHS, and which Council members will be rotating off. Ms. Aragon suggested asking for the Administration's response to the Council recommendations in writing by a certain date. Mr. Burden pointed to the lack of an OMB representative and the Secretary's not coming. He thought the Council should shift the conversation to Ms. Halaska's priorities. Ms. Fraser-Howze said this presents opportunity to speak about appropriations. She has never seen a meeting at this level before with no top officials coming. She recommended that Mr. Dellums write the letter to the Secretary expressing the disappointment of the Council about their not appearing at the meeting.

Mr. Dellums announced that the Secretary did sign certificates of appreciation for the Council. Discussion continued about the frustration of the Council and the apparent lack of interest of the Administration in PACHA. Various suggestions were made as to the next steps. The consensus was for Mr. Dellums to lead off in speaking to Ms. Halaska reflecting concerns, and for the others to join in if need be. The designee, Ms. Halaska,

would then speak. The floor will be open for questions regarding the nature of the Council, concerns about appropriations, and other issues. Dr. Gomez should talk about the recommendations. Dr. Gomez asked for clarification on reading the recommendations.

Mr. Smiley introduced Tracy Carson [spelling], who will work with Mr. Evertz. He said it was a pleasure and honor to work with the Council. He may be going to Barcelona to plan the next international AIDS conference.

Ms. Fraser-Howze thanked Mr. Smiley for his work. Mr. Summers asked Mr. Dellums to express the Council's appreciation for Daniel Montoya, the former PACHA executive director. Mr. Dellums will do that.

Ms. Terrell Halaska then arrived. Mr. Dellums stressed that the comments of the Council are not directed to the messenger and that there is significant concern that the message sent by having no high-level Administration officials come to this meeting is wrong. Mr. Dellums underscored that the Council is concerned that it is laboring in isolation. He asked Ms. Halaska to communicate these concerns to the Administration.

Ms. Halaska responded by saying that some anger should be directed at her for overscheduling Secretary Thompson. The Secretary sends his regrets. She said that the door to Mr. Thompson's office is open for Council members to meet with him individually. She continued, saying that the first Cabinet Council will meet today. The Cabinet Secretaries will meet on domestic and international concerns to look across government to address issues. The international and domestic are interwoven. Ms. Halaska pointed to the Flatbush visit as an example of both domestic and international issues converging. She stated that there is a need to approach the issues holistically. DHHS programs will be examined to see how they can work more effectively. The Department will be spending \$10.2 billion annually. The next step is governmentwide effectiveness.

PACHA rechartering will be announced within the next week. Eight or nine terms will not expire, and the new members will be announced soon.

Mr. Bau asked how the Secretary will view the role of the Council, changes in operation, interaction between the Council and the White House, and its role with the Cabinet Council Task Force.

Ms. Halaska said that it is most important for the Administration to hear from outside Government what is going on. We need to find a way to work on the community level to prevent, treat, and care. How can the Federal Government support these efforts? The work of PACHA will be funneled to the Cabinet Council Task Force and ONAP. DHHS Deputy Secretary Allen's review will look for holes and overlap, and reach outside of the department.

Dr. Gomez wanted to convey the work of this Council since its report was released. She hopes the Secretary looks at the report. The Council has reemphasized issues that have emerged in the interim. Dr. Gomez spoke briefly about the six new recommendations. Mr. Summers said that the Council wanted to emphasize the recommendations that need immediate action, especially appropriations and support for increases to NIH. He is concerned with the lack of increased funding in treatment, care, housing, and the minority AIDS issue.

Ms. Fraser-Howze said that Ms. Halaska has an awesome task. It is the Administration's burden to take responsibility for the issues now that the Council recommendations are complete. Ms. Fraser-Howze gave some statistics on communities of color being undercounted. In addition to the trip to Flatbush, the Secretary should also look at Watts and Bedford-Styvesant. People in the United States in communities of color have third world health conditions. They die at outrageous rates. Ms. Fraser-Howze urged that an emergency be declared on the issue of AIDS in the minority population. She said that of the \$10.2 billion proposed, a lot of the money is in Medicaid. The minority initiative is one of first initiatives to focus on communities of color. She wants the President's support for funding. Not enough attention is paid to international communities in the United States. The Administration must respond with cultural competency and it should embrace this cause.

Ms. Halaska agreed with everyone's comments. Including entitlements in money for AIDS, it is important to look at what Medicaid has been doing. Things can be done better—the waiver process needs improvement. Secretary Thompson will launch a major preventive health care initiative, although not specifically aimed at AIDS. He will reach out to the Council on preventive health care.

Mr. Summers said that substance abuse funding is important. The Ryan White program is concerned with issues in addition to AIDS, and it needs more funds. Mr. Summers cautioned that there is a misperception on the misuse of funds. The Administration needs to make a commitment to invest in prevention. Ms. Halaska responded that it was not her intention to criticize how money is being spent. We need to figure out how to spend it better. Mr. Summers wants the Council to be used in this.

Following the departure of Ms. Halaska, discussion covered several issues, including immigration restrictions. Mr. Dellums noted that he has a meeting coming up with Deputy Secretary Allen and an August 7 meeting with Secretary of State Powell to discuss AIDS. He will bring the Council's report to Powell's attention. This should institutionalize the State Department relationship with Council.

Mr. Smiley thanked the Council for meeting and all who helped.

The meeting was adjourned at 11:00 a.m.