

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

May 24, 2001

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The Honorable Tommy G. Thompson
Secretary of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Thompson:

On behalf of the Presidential Advisory Council on HIV/AIDS (Council), I would like to thank you again for meeting with a few Council members on May 7th. It is clear that we share many common concerns over very complex issues.

We appreciated the opportunity to present the Council's views on a number of timely HIV policy issues including the need for:

- ongoing, institutionalized community input into the Bush Administration, such as that provided by this Council, which is very diverse and includes strong representation of people living with HIV/AIDS;
- increased funding for the Ryan White CARE Act, Minority HIV/AIDS Initiative, and other critical HIV prevention and services programs. The modest increases or level funding proposed by the President in his FY 2002 budget do not adequately reflect the growing need for services and impact of HIV, particularly among people of color, women, and youth;
- increased U.S. support and coordination of HIV vaccine and microbicide research efforts, including enhanced public-private partnerships;
- strong U.S. leadership in worldwide efforts to combat the global pandemic that is not made at the expense of ongoing attention and increased funding for domestic programs;
- and science-based HIV prevention policies – including comprehensive sex-education and needle exchange – that will lead to further reduction in new infections.

In addition, as stated in our meeting, the Council would welcome the Administration's review and response to the recommendations issued in its non-partisan blueprint for action entitled, *AIDS: No Time to Spare* (September 2000).

In our meeting, you requested input from the Council on how an advisory body might be organized. Over the course of five years, the Council has modified its structure twice

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in order to ensure that we are better able to respond to changing needs. Such flexibility is essential. Although we recognize that other structures may also be effective, our current organization—which consists of two sub-committees focusing on prevention and services—has worked well. We previously had a separate research committee, however, we eventually decided that it was important to integrate research issues into the work of the other two sub-committees so that research would inform those sub-committee's work and vice versa. Each sub-committee is co-chaired by two council members. In addition to these larger committees, the Council has also used task forces or working groups to focus on important crosscutting issues that do not fit neatly in either the prevention or services arena, including racial and ethnic minority populations, international issues, federal appropriations and HIV in prisons.

In terms of size and composition, we feel that the Council must be sufficiently large to reflect the diversity and complexity of the epidemic, yet small enough to be efficient in its work on several concurrent tasks. Specifically, the Council must strive to include among its members, community experts in a range of areas, including research, public health, HIV policy, medicine, youth, minority communities, global issues, and education. It is also important for the Council to be geographically representative, and to involve people living with HIV/AIDS in a significant way. The current size and membership of the Council meet such criteria and we feel that similar criteria should be maintained.

The Council's current meeting schedule--which includes quarterly face-to-face meetings that result in regular reports and recommendations to the President and to you--enables the Council to address the many policy issues currently under consideration. The use of conference calls and electronic mail between face-to-face meetings has allowed Council business to move with greater efficiency.

Since its inception, the Council has strived to help the Administration make good, informed decisions related to AIDS. We have sought to be a liaison for the community to the Administration and vice versa. This role must continue to ensure that a variety of perspectives are respected. Only through open and honest dialogue can we ensure that federal policymaking is informed by the needs of people living with HIV/AIDS and those at risk for infection.

In closing, I would like to reiterate our request that you release funds budgeted for Council operations so that we may plan our next regularly scheduled, two-day meeting in July. At that time, we would like to invite you to address the full Council. As with all Federal advisory committees, the meeting would be noted in the Federal Register and open to the public. We would like to suggest the following possible meeting dates and hope that you are available during one or more: July 16-17; July 19-20; July 23-24; and July 12-13.

Again, thank you for your attention to these matters. We look forward to hearing from you and stand ready to assist the new Administration, as needed.

Sincerely,

Ronald V. Dellums, Chair
on behalf of the members of the

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Presidential Advisory Council on HIV/AIDS

cc: Scott Evertz, Director, White House Office of National AIDS Policy
Terrell Halaska, Deputy Chief of Staff, HHS
Eric Goosby, Director, Office of HIV/AIDS Policy, HHS

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