

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

December 8, 1998

The Honorable Donna Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue
Washington, D.C. 20201

Dear Secretary Shalala:

In June 1998, the Presidential Advisory Council on HIV/AIDS (Council) adopted a number of priority areas to serve as its focus for the remainder of its term, including advancing the call for a State of Emergency in the African American and Latino communities and ensuring that HIV/AIDS in racial and ethnic populations is adequately addressed. While we were disappointed that an emergency was not declared, we were very pleased that through the work of the Congressional Black Caucus, the community and the Administration, some \$156 million in targeted funding will be made available to address “the ongoing and severe health crisis” in minority communities.

During our November meeting, we identified a number of issues, which we believe need to be addressed by the Department in order to implement the intent of the CBC Initiative and the Department’s own declaration of a severe and ongoing health crisis. Each issue is addressed below.

CDC’ People of Color Initiative

In July 1997, members of the PACHA Executive and Prevention Subcommittees met with Dr. Helene Gayle, Director, Center for HIV/STD/TB Prevention. During that meeting we were excited to hear that the CDC would be undertaking a People of Color Initiative, which we were informed was still in its planning stages. PACHA made it clear that we were in full support of this effort and asked to be kept informed as it progressed. At its most recent meeting in November 1998, the Prevention Subcommittee was informed by Dr. Gayle that there are no plans to develop this Initiative. Rather, she indicated that CDC plans to invite consultants to further assist the CDC in evaluating its efforts to prevent the spread of HIV in communities of color. This strategic change concerns us.

In March 1998, CDC convened a meeting of leading African American HIV/AIDS advocates and providers to discuss the African American component of what was then being called a People of Color Initiative. We believe that this meeting served as the catalyst for the Congressional Black Caucus request that you declare a state of emergency as it relates to HIV/AIDS and African Americans. The CBC's leadership has led to unprecedented public support from African American leaders for increased funding

and attention to the HIV crisis in African American communities. Because of Congress and the Administration, these communities will have additional resources in FY '99 to continue to expand their capacity to care for people with HIV and prevent the further spread of HIV. PACHA is concerned that the CDC may lack the capacity to continue to support the expanding efforts among African Americans and other people of color. PACHA believes that the CDC must have specific goals and appropriate programmatic activities to ensure that the HIV prevention needs of each racial and ethnic minority population at risk is evaluated continually and consistently and that health department and community-based efforts are monitored appropriately and managed effectively. We recommend that the CDC be requested to report to you on how this new strategy will ensure that it meets these goals as well as the goals of the President's Initiative to Eliminate Racial and Ethnic Disparities in Health Outcomes.

Healthy People 2010

The Council is concerned with the apparent difference in treatment of HIV in the Healthy People 2010 draft objectives. Based on our understanding of the draft objectives, HIV is the only health area in which the goal is to **reduce** racial and ethnic disparities rather than **eliminate** them. The Council is very concerned how this difference will translate into policy and funding decisions, as well as the message it sends. Currently, some objectives indicate that in the year 2010 it will be acceptable Federal policy to have HIV infection rates higher for minorities than for Whites, or that one group of individuals could have a different AIDS case rate than another. Thus, if these objectives were met, the Nation's goals would have been met. While we understand the difference in targets is based on the impact the epidemic is currently having on these populations, the Council believes that the overall goal should be zero new infections (as stated by the President), and zero new AIDS cases. The Council is also concerned about the lack of data and objectives for sub-populations (e.g., Mexicans, Ethiopians, Koreans, Apaches). We already know that programs must be linguistically and culturally appropriate, and we must have the data in order to know where best to target our resources. Finally, the Council is concerned that the development of these objectives appears to have excluded input from both the Presidential Advisory Council on HIV/AIDS and the Office of National AIDS Policy. Given our role, we asks that formal mechanisms be put in place which will allow for ongoing dialogue to occur in a timely manner.

National Minority HIV Plan

At our November meeting, the Council also reviewed the Interim National Minority HIV Plan, which has been developed by the Office of Minority Health (OMH) in conjunction with community advisors and agency representatives. We applaud OMH's efforts to prepare a comprehensive plan to address HIV/AIDS in communities of color, and urge that the final report be released immediately. While the Council believes that the Interim report would benefit from greater specificity on the part of the agencies with respect to their implementation plans, we are most concerned that it be released as soon as possible so that responsible agencies can meet the deadlines established through this planning process.

As you know, a number of the important recommendations included in this report were first made by community members many years ago, but have yet to be implemented by the federal government. In an effort to accurately reflect this history, the Council requests that OMH include in the final draft of the report a preamble, which makes reference to the fact that the report includes both new and outstanding recommendations. The Council would also like to request a progress report by OMH and other agency staff at its March 1999 meeting.

Funding for the Office of Minority Health

The Council would also like to request formally that you do everything in your power to ensure that the \$8 million awarded to the OMH through the Congressional Black Caucus Initiative be restored through a technical amendment to the FY 1999 omnibus spending bill. While the increase is included in Congressional language, it is not included in the accompanying budget charts. This funding is critical to many OMH functions, including implementation and oversight of the National Minority HIV Plan. It would also directly address concerns raised by the CBC regarding OMH's role in addressing HIV in racial and ethnic communities.

Indian Health Service

The Council is very concerned with the lack of responsiveness on the part of the Indian Health Service (IHS), not only to the recommendations of the Council to update its HIV/AIDS Prevention Program Report and Plan, but also to develop case management oversight guidelines. The unique federal trust responsibility mandates appropriately sensitive and aggressive action by IHS to serve all Native Americans on reservations and in rural and urban environments.

Cancellation of the IHS AIDS drug program has caused confusion and detrimental results to many individual Indian people. IHS should take the initiative to assure that the ADAP program includes the availability of drugs for all Native Americans. It would appear that the federal trust responsibility as embodied in the IHS HIV/AIDS policies and procedures is not being appropriately addressed and fulfilled for treatment, surveillance or prevention. The IHS does not appear to be taking appropriate expeditious initiative to work with other federal agencies or with tribal health programs. Your leadership in moving the IHS to address the needs of Indians with AIDS is sorely needed, not only in the areas identified above, but in all AIDS-related activities.

We appreciate the work that the Department has and continues to do to address HIV/AIDS in the United States and internationally and in the relationship that has been developed between the Administration and the Council. We remain committed to working with you and the Department to develop the best response to HIV/AIDS, and look forward to a timely response to our requests.

Sincerely,

(Originally signed 12/8/98)

R. Scott Hitt, M.D.
Chair

Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
Mr. Charles Blackwell
Mr. Nicholas Bollman
Jerry Cade, MD
Lynne M. Cooper, D. Min.
Rabbi Joseph Edelheit
Mr. Robert Fogel
Ms. Debra Fraser-Howze
Ms. Kathleen Gerus
Ms. Phyllis Greenberger
Nilsa Gutierrez, MD
Mr. Bob Hattoy
Mr. B. Thomas Henderson
R. Scott Hitt, MD, Chair
Michael Isbell, JD
Mr. Ronald Johnson
Mr. Jeremy Landau
Alexandra Mary Levine, MD
Mr. Steve Lew
Mr. Miguel Milanés
Ms. Helen Miramontes
Rev. Altagracia Perez
Michael Rankin, MD
Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

