

Testimony provided to the Senate Subcommittee on Federal Financial Management,  
Government Information and International Security

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Good afternoon Mr. Chairman and distinguished members of the Subcommittee. I would like to thank Senator Coburn for convening this important hearing and the members of the Subcommittee for looking into the issue of government-sponsored and paid for travel to conferences and other meetings.

The perspective I bring to this hearing is as a former appointee who was employed for approximately four years, first at the White House and then at the Department of Health and Human Services (HHS).

From April 2001 to July 2002, I served on President Bush's Domestic Policy Council and as Director of the White House Office of National AIDS Policy. In that capacity, I had the honor of working closely with you, Senator Coburn, when you were co-chair of the President's Advisory Council on HIV and AIDS (PACHA). Thank you again, Mr. Chairman, for your service in that capacity.

From July 2002 to April 2004, I served as Special Assistant to HHS Secretary Tommy Thompson as a special adviser on global HIV/AIDS, with a particular emphasis on supporting his role as Chairman of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria. It is in this latter role, at the Department of HHS, that I observed attitudes and behaviors that are most relevant to my testimony at this hearing.

During my tenure at HHS, I witnessed an attitude of entitlement concerning international travel by many bureaucrats and downright arrogance when senior officials attempted to curtail-- or even question-- the travel of some individuals.

It would appear that there was a limitless travel budget and that individuals could pick and choose which international conferences and meetings they would like to attend, always, of course, arguing that public health would be better served by their attending. Conversely, when officials attempted to restrict excessive travel, the argument was made that public health would be adversely affected if the individual whose travel was being scrutinized did not attend a particular conference or meeting.

It is my observation that many such conferences or meetings are a waste of time and money. Consequently, I never participated in the widely-attended International AIDS Conference during my tenure with the Bush Administration. It was during this period that we developed the architecture for both the President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

These initiatives are, without a doubt, the two most significant international efforts ever launched to combat these pandemics and were developed outside the setting of the international meeting set, although they were established with close consultation with multinational organizations. The lesson here of course is that travel and face-to-face meetings, which can be costly, are not necessary in today's world with the availability of e-mail, teleconference capabilities and other innovative forms of communication.

The 2002 International AIDS Conference held in Barcelona, Spain is particularly noteworthy because HHS spent \$3.6 million to support and sent 236 people, including Secretary Thompson, to attend this event. These amounts do not include participants from other federal departments. The organizers of this conference promote it as "a unique forum for the interaction of science, community and leadership with the goal of bringing knowledge together for changes in the world's response to HIV/AIDS." Yet Secretary Thompson—representing the world's largest contributor to global AIDS efforts—was actually shouted down by other conference attendees and prevented from delivering his remarks. This was hardly a meaningful exchange of ideas or constructive forum for "bringing knowledge together," as claimed by the organizers.

The excesses of the Barcelona conference spurred a review of conference spending by HHS—and much criticism from members of Congress. As a result, the Department decided to "limit" support to the 2004 International AIDS Conference held in Bangkok, Thailand to \$500,000 and attendance to 50 HHS employees plus another 80 scientists, researchers, and AIDS workers. Other agencies also sent participants. The United States Agency for International Development (USAID), for example, sent an additional 74 people to the conference. Even with the U.S. sending more than 200 attendees to this single conference, Administration critics bemoaned the "severe" restrictions being placed on attendance.

Laurie Garrett, a senior fellow for global health at the Council on Foreign Relations, wrote that "it is intolerable to undermine American support of international health meetings" in the Los Angeles Times on May 30. When the conference concluded, she wrote in the New York Times that "The view from Bangkok 2004 is disheartening, even appalling. What began in 1985 as an annual gathering of scientists, aimed at sharing laboratory findings and information from the battlefronts in the war on H.I.V., has been transformed into a meeting of 17,000 consultants, bureaucrats and activists fighting one another for money to build a huge global AIDS treatment program, employing tens of thousands of people." She noted that "this Bangkok gathering is witnessing the worst science ever presented at an AIDS meeting. Nearly half the scientific presentations expected simply failed to materialize, leaving bare white walls where there were supposed to be thousands of bits of useful data. To be blunt, top H.I.V. laboratory researchers simply don't come to the international gathering anymore, finding it irrelevant."

The cost of the 2004 Conference was nearly \$17 million (in U.S. dollars), according to the organizers. This figure does not include a number of independent

expenses incurred by the local host, the Thai Ministry of Public Health, or the actual costs incurred by participants sent by the U.S. or from other nations.

By way of comparison, optimal AIDS combination therapy costs up to \$12,000 per patient per year depending on the regimen and payer. For the cost of this single conference, up to 1,500 individuals living with HIV with no access to life saving treatment could have been treated for an entire year.

Or consider that the inexpensive AIDS drug Nevirapine reduces the risk of mother-to-child HIV infection by fifty percent. One dose of Nevirapine is given to the mother and one to the baby. The two doses cost for only \$5. Without medication, 25 percent of those children born to mothers with HIV would become infected. About 3.4 million doses of Nevirapine could be purchased for the cost of this conference and approximately 425,000 babies could be saved from becoming infected with an AIDS death sentence at birth.

I am not suggesting that this biannual conference should be discontinued but it is rather eye opening to consider how simple prioritizing of the lavish funding spent on conferences could make a real impact in the lives of those living with HIV and with little access to life saving therapies. Real limits in the total amount spent and the number of attendees at conferences could result in savings that could be used to provide treatment and support to those without currently without access. This is especially important when you consider 95 percent of the 40 million people living with HIV/AIDS worldwide currently lack access to anti-retroviral AIDS drugs.

After all, no one has ever died because they could not attend a conference but real people do die when they do not have access to AIDS treatment.

But even without this conference, there would still be plenty of other opportunities for those interested in this disease to meet and exchange ideas. The International AIDS Conference, while it may be the largest, is not the only gathering on HIV/AIDS. In fact, there is an almost never ending meeting circuit. This is a group of individuals that you see one month in Bangkok and the next in Geneva. This time it's Doha. The next it may be Micronesia. No month goes by that there is not an AIDS conference somewhere around the world.

Some deride this never ending "conferencing" as "Spring Break," since many of the conferences are held in scenic vacation settings. Hawaii, the Virgin Islands, Rio de Janeiro, Brazil, and Miami, Florida are all recent locations for AIDS conferences. The Hawaii conference, I might note, was postponed after some activists complained that it was inappropriate for bureaucrats to be traveling to beautiful Hawaii when thousands of Americans with HIV were on treatment waiting lists. Another conference held in New Orleans in 2003, the United States Conference on AIDS (USCA), was sponsored in part by nine federal agencies and received over \$300,000 in federal support. This did not include the costs of sending numerous federal employees.

I believe that decisions concerning attendance by federal employees were often made without the benefit of a review of agendas, topics to be discussed and outcomes to be achieved. This is clearly needed and must be weighed against how the amount that would be spent to attend or support a conference could be otherwise spent on treatment or some other service.

But again, there is an inherent entitlement mentality which exists both among those individuals attending these meetings as well as in the organizational culture surrounding the large numbers of these meetings. In fact, certain meetings have become so sacrosanct that it would be unheard of for certain individuals to decline attending those meetings.

I personally observed this in the field of HIV/AIDS because of my work in the Administration, and quite frankly, I think it is some of those working in the field of HIV/AIDS which may have this jet set "conferencing" lifestyle down to an art. However, it is likely that this same behavior may exist in many other areas and other departments well beyond HHS.

It is the abuse of taxpayer dollars and the fact that HIV/AIDS hits the economically disadvantaged particularly hard that I accepted the invitation to provide this testimony. It is difficult to travel to Africa and see the countless AIDS orphans or infected mothers and children living in poverty who may never have access to treatment and then travel to an exotic conference in Latin America with lavish buffets, lush resorts, beautiful beaches, and well dressed bureaucrats discussing their plight between conference sessions and cocktail receptions.

I mentioned before that I never attended the International AIDS Conference during my tenure in the Administration. That is not to suggest that I, and members of my staff, did not benefit from those conferences and many others. Transcripts of manuscripts presented at such conferences are readily available on line for quick or extensive review based on the value of said manuscripts. Attendance in person at such meetings should be reserved for those who truly need to attend and not those who have simply attended every conference or meeting since such meetings commenced, or - and I ask you to pardon my cynicism - those who "have to be there because they are presenting a poster."

Lest you get the impression, Mr. Chairman and members of the Subcommittee, that I am ruling out the value of such meetings and conferences outright, let me assure you that I am not. There are plenty of meetings at which important work is done, conversations are had, and valuable insights are gathered from peers and those working "in the field." There does, however, need to be some kind of oversight and crackdown on the abuses, of which many good and well-intentioned individuals at the agencies are aware.

I applaud, for instance, Dr. Bill Steiger, with whom I had the opportunity to work alongside at HHS. Dr. Steiger is Special Assistant to the Secretary for International Affairs and, in that role, basically eliminated business class air travel (which saves

thousands of dollars per ticket) and prohibited tacking on one's personal vacation to a business trip, which provided a perverse incentive for individuals to perceive the need to attend a conference and resulted in the U.S. Government footing the bill for the major part of such a vacation, an international plane ticket. Efforts such as these need to continue and expand. Further, there needs to be ingrained some sense that the government employee is working on a budget and spending the taxpayers dollars when he or she travels.

I conclude with a little anecdote I think quite accurately illustrates what can, at times, be absurd thinking when it comes to the travel I referenced during this testimony. The Global Fund to Fight AIDS, Tuberculosis and Malaria holds four Board meetings per year, two in Geneva and two in the developing world. (The last such meeting was held in Morocco which some would not view as “developing,” but I digress.) Each delegation of the Board, including the United States, is entitled to send as many as ten individuals. In the interest of full disclosure, I admit that I was a member of that delegation each and every time the meeting was held while I was with the Administration. Every time the interagency team working on Global Fund gathered to determine who would comprise the delegation, we found it quite difficult to narrow down the number of attendees to ten because there were far more individuals who wanted to attend. As a colleague of mine at the time- whose name I will not mention for fear of reprisal- once asked so profoundly, “so, we spend all this money, sending all these people to Global Fund Board meetings to make sure the Global Fund doesn’t waste our (U.S. Government’s) money.”

That’s right!

Mr. Chairman, members of the Committee, thank you again for giving me the opportunity to present this testimony and applaud you for looking into this issue. I would be happy to answer any questions you might have.

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