

TOM DAVIS, VIRGINIA,
CHAIRMAN

DAN BURTON, INDIANA
CHRISTOPHER SHAYS, CONNECTICUT
ILEANA ROS-LEHTINEN, FLORIDA
JOHN M. McHUGH, NEW YORK
JOHN L. MICA, FLORIDA
MARK E. SOUDER, INDIANA
STEVEN C. LATOURETTE, OHIO
DOUG OSE, CALIFORNIA
RON LEWIS, KENTUCKY
JO ANN DAVIS, VIRGINIA
TODD RUSSELL PLATTS, PENNSYLVANIA
CHRIS CANNON, UTAH
ADAM H. PUTNAM, FLORIDA
EDWARD L. SCHROCK, VIRGINIA
JOHN J. DUNCAN, JR., TENNESSEE
NATHAN DEAL, GEORGIA
CANDICE MILLER, MICHIGAN
TIM MURPHY, PENNSYLVANIA
MICHAEL R. TURNER, OHIO
JOHN R. CARTER, TEXAS
MARSHA BLACKBURN, TENNESSEE
PATRICK J. TIBERI, OHIO
KATHERINE HARRIS, FLORIDA

ONE HUNDRED EIGHTH CONGRESS

Congress of the United States

House of Representatives

COMMITTEE ON GOVERNMENT REFORM

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6143

MAJORITY (202) 225-5074
FACSIMILE (202) 225-3974
MINORITY (202) 225-5051
TTY (202) 225-6852

www.house.gov/reform

June 24, 2004

HENRY A. WAXMAN, CALIFORNIA,
RANKING MINORITY MEMBER

TOM LANTOS, CALIFORNIA
MAJOR R. OWENS, NEW YORK
EDOLPHUS TOWNS, NEW YORK
PAUL E. KANJORSKI, PENNSYLVANIA
CAROLYN B. MALONEY, NEW YORK
ELIJAH E. CUMMINGS, MARYLAND
DENNIS J. KUCINICH, OHIO
DANNY K. DAVIS, ILLINOIS
JOHN F. TIERNEY, MASSACHUSETTS
WM. LACY CLAY, MISSOURI
DIANE E. WATSON, CALIFORNIA
STEPHEN F. LYNCH, MASSACHUSETTS
CHRIS VAN HOLLEN, MARYLAND
LINDA T. SANCHEZ, CALIFORNIA
C.A. DUTCH RUPPERSBERGER,
MARYLAND
ELEANOR HOLMES NORTON,
DISTRICT OF COLUMBIA
JIM COOPER, TENNESSEE

BERNARD SANDERS, VERMONT,
INDEPENDENT

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

Dear Mr. Secretary:

I am writing to urge you to rescind a new policy that politicizes the process of providing the expert advice of U.S. scientists to the international community. I have obtained a letter from the Department of Health and Human Services (HHS) that bars the World Health Organization (WHO) from asking experts in the U.S. government to serve as scientific or technical advisors. Instead, WHO must now ask the HHS Office of Global Health, a political office, to pick which federal employee, if any, can provide assistance. This unprecedented process will delay and politicize cooperation on a range of critical public health issues.

The new policy is the latest in a series of actions that restrict the participation of U.S. scientists in international health activities. This spring, HHS sharply limited the number of its scientists participating in the International AIDS Conference. According to conference organizers, this decision led to the cancellation of more than 40 scientific presentations on such key topics as preventing HIV infection, countering the stigma of AIDS, and monitoring for HIV resistance.

The Administration also withdrew at the last moment from a major conference on global health held in Washington from June 1st to June 4th. HHS's withdrawal came in the wake of misleading ideological accusations from conservative groups, and represented the first time the United States has not supported the conference in 30 years.

The trend of increasing political control over scientific exchange is fundamentally misguided. The Administration should not pander to narrow political and ideological interests at a time when global health collaboration can improve the health of millions of people around the world.

A New Policy for Health Experts

Experts at HHS are routinely consulted to provide expertise to government and nongovernment entities. In fact, on the website for the HHS Office of Global Health Affairs, you state in your introduction that “HHS has a wealth of experience to share with our colleagues in other countries and with multilateral organizations such as the World Health Organization and the Pan American Health Organization, as well as nongovernmental organizations linked to this very website.”¹

However, I have obtained a recent letter to WHO from William Steiger, Director of the Office of Global Health and Special Assistant to the HHS Secretary for International Affairs. This letter, a copy of which is attached, states that your agency is changing its policy on WHO access to experts.²

WHO had until now been able to invite specific HHS officials to serve as short-term advisors or technical consultants. Under the new policy, WHO must give the HHS Office of Global Health “the terms of reference and other relevant information for each consultation,” and may only “suggest” specific experts that the Office “will be pleased to consider.”³ The Office of Global Health will then, along with other HHS divisions, select an expert “who can best serve both of our organizations.” Director Steiger concludes by reminding WHO that all HHS experts represent the U.S. government “at all times” and are required to “advocate U.S. Government policies.”

This policy is unprecedented. For the first time, political appointees will routinely be able to keep the top experts in their field from responding to WHO requests for guidance on international health issues. This is a raw attempt to exert political control over scientists and scientific evidence in the area of international health.

Potential Effects

This new policy raises several immediate concerns.

First, WHO will have a diminished ability to seek the scientific and medical advice that it needs. Personnel at WHO have been able to establish effective working relationships with U.S.

¹ U.S. Department of Health and Human Services, *A Greeting by HHS Secretary Tommy G. Thompson* (online at <http://www.globalhealth.gov/greeting.shtml>).

² Letter from William Steiger to Denis G. Aitken, Assistant Director-General and Director of the Office of the Director-General, World Health Organization (Apr. 15, 2004).

³ *Id.*

scientists who are experts in their fields. The new policy is effectively a “take-it-or-leave-it” deal: WHO can “suggest” particular experts, but the Office of Global Health will make every decision about who can ultimately serve. You wrote on the Global Health website that “we are committed to finding and sharing solutions to shared health problems with our global partners.”⁴ However, the new unilateral decision process belies that spirit of partnership.

Second, the policy will cause considerable delay in the sharing of expertise. Acknowledging this likely effect, Director Steiger wrote that the new approval processes will necessitate a “minimum lead-time” of three weeks. The internal consultation process that Director Steiger describes could in fact last for months.

Third, under the new policy the Administration will be able to refuse to provide any experts whenever it wishes to stall international progress on controversial topics. Similarly, officials will be able to suppress the views of scientists whose research does not provide results supporting Administration policies. Compounding these problems, such inappropriate politicizing of public health will be virtually invisible to outside observers.

Withdrawal from International Conferences

More broadly, the new policy appears to be part of a growing pattern at HHS of restrictions on international collaboration on public health. Withdrawals from this year’s International AIDS Conference and from a global conference on youth and health exemplify an alarming restriction of American participation in international public health research.

Earlier this spring, HHS sharply limited the number of its HIV and international health experts permitted to attend the International AIDS Conference in Bangkok, Thailand. In the past, this conference has been a key opportunity for HIV/AIDS researchers from around the world to learn about new scientific findings and to share ideas about future research. For example, at the 1996 conference in Vancouver, researchers reported some of the first data on combination therapy for HIV/AIDS, revolutionizing treatment.

This year, after the deadline for submission of research to the conference passed, the Administration decided that only 50 HIV/AIDS researchers from federal agencies could attend. The Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) will each be allowed 20 participants, with only an additional ten employees from the entire remainder of the Department and its agencies, including the Food and Drug Administration (FDA). The National Institute of Allergy and Infectious Diseases at NIH, one of the world’s biggest funders of AIDS research, will be able to send nine employees. NIH’s Office of AIDS Research is not sending anyone to this critical conference.⁵

⁴ U.S. Department of Health and Human Services, *supra* note 1.

⁵ *Edict Limits U.S. Speakers at Bangkok Conference*, Science (Apr. 23, 2004).

Because your decision to limit participation occurred after the deadline for submissions, the United States was placed in the embarrassing position of having to cancel presentations. According to conference organizers, 40 presentations were withdrawn. These included:

- evidence-based strategies to prevent HIV infection;
- ways to counter AIDS stigma;
- a system to keep track of drug resistance;
- problems with racial and ethnic disparities in HIV care;
- the challenge of addressing women who acquire HIV through heterosexual contact;
- the performance of rapid HIV tests;
- the clinical care of infections associated with HIV in Kenya and South Africa; and
- the molecular biology of the CD4 receptor.⁶

Also canceled were multiple satellite sessions that aimed to teach key skills such as grantwriting and data collection to researchers in developing countries.⁷

The scientific community was outraged by this pullback. The American Foundation for AIDS Research said: “Curtailing the involvement of federal scientists in the International AIDS Conference deprives international participants of access to the latest research findings, opportunities for research support, and opportunities to collaborate.”⁸ Dr. Neal Nathanson, Associate Dean for Global Health Programs at the University of Pennsylvania and Director of NIH’s Office of AIDS Research from 1998 to 2000, stated: “It’s absolutely ridiculous to micromanage CDC and NIH in this way.”⁹

This spring, HHS also withdrew funding for, and discouraged federal employees from attending, an annual conference on international health sponsored by the Global Health Council. This year’s theme was “Youth and Health: A Generation on the Edge.”¹⁰ The United States has supported the Council’s conferences for 30 years, and you yourself spoke at the 2001 event.

⁶ *Withdrawn US Govt Abstracts and Titles* (June 1, 2004) (spreadsheet obtained from the International AIDS Society).

⁷ Laurie Garrett, *This Nasty Game is Scored in Lives*, Los Angeles Times (May 30, 2004).

⁸ Letter from the American Foundation for AIDS Research et al. to Health and Human Services Secretary Tommy G. Thompson (Apr. 29, 2004).

⁹ *Edict Limits U.S. Speakers at Bangkok Conference*, *supra* note 5.

¹⁰ *Health Council’s Chief Criticizes Administration*, Washington Post (June 4, 2004).

In April, however, misinformed and ideologically-driven complaints about this year's conference arose from some congressional offices and conservative interest groups.¹¹ Although these were flawed grounds for altering U.S. support from a scientific conference, HHS and USAID announced a last-minute withdrawal from the conference.¹²

In his keynote address at the conference, Global Health Council President Nils Daulaire denounced "the exploitation of sensitive global health issues for domestic political purposes."¹³ Dr. Daulaire stated that while inaccurate and ideological criticisms from extremists are familiar territory for those trying to improve international health, "[w]hat was surprising — and deeply disappointing — was that our government's health-policy leaders did not respond with the truth."¹⁴

Conclusion

This Administration's actions on international health have often contradicted scientific and medical evidence. The Administration has sided with the tobacco industry in attempts to undercut an international tobacco control treaty; with the food industry in efforts to restrict WHO's work on obesity; and with conservative ideologues in attempting to substitute unproven abstinence programs for proven programs to slow HIV transmission.¹⁵ Such actions contradict consensus among experts, including federal scientists.

¹¹ The complaints centered on the participation of a political advocacy group; and two groups that allegedly supported forced abortions in China. There is no evidence that the two groups that work in China have participated in coercive efforts. In fact, an investigative mission sent to China by the U.S. State Department concluded of one, the United Nations Population Fund, "We find no evidence that UNFPA has knowingly supported or participated in the management of a program of coercive abortion or forced sterilization in the [People's Republic of China]. Indeed, UNFPA has registered its strong opposition to such practices." The political organization criticized by conservatives was no longer on the conference agenda.

¹² *Health Council's Chief Criticizes Administration*, *supra* note 10.

¹³ Nils Daulaire, *Opening Keynote Address at Global Health Council Conference "Youth and Health: Generation on the Edge"* (Jun. 2, 2004).

¹⁴ *Id.*

¹⁵ Rep. Henry A. Waxman, *Politics of International Health in the Bush Administration*, Development (forthcoming).

The appropriate response to the growing disconnect between international health policy and scientific evidence is to revise Administration policy, not to attempt to silence scientists.

Sharing expertise is a low-cost way for the United States to improve health around the world and increase the respect and credibility of our country abroad. Hoarding the expertise, or doling it out only to achieve narrow political goals, diminishes both U.S. scientists' contributions to global health and their ability to learn from their colleagues. The end result threatens progress in efforts to improve the health and lives of millions worldwide.

I ask you to rescind this ill-advised policy until it can be adequately reviewed and justified. In addition, I request that you provide answers to the following questions:

1. How many HHS experts provide technical assistance or advice to the World Health Organization annually?
2. How was the decision made to give the Office of Global Health total authority over the assignment of experts to WHO? Please provide all documents and records pertaining to this decision, including any correspondence or communications with WHO, outside groups and industries.
3. How will the Office of Global Health and the Office of the Secretary ensure the timely approval of WHO requests for expertise? Please list all additional funds available for this process and additional personnel who will be responsible for coordination.
4. Why is there no emergency procedure or exception for emergency consultation?
5. Will an appeals procedure be provided for WHO if an expert assigned by the Office of Global Health is not an appropriate source of the necessary information or expertise?

I request a response by July 7, 2004.

Sincerely,

A handwritten signature in black ink that reads "Henry A. Waxman". The signature is written in a cursive, flowing style.

Henry A. Waxman
Ranking Minority Member

Enclosure



APR 15 2004

Denis G. Aitken
Assistant Director-General
and Director of the Office of the Director-General
World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland

Office of the
Director-General
205211
21 APR 2004

cc David Hohman
LEG

Dear Mr. Aitken: *Denis*

The U.S. Department of Health and Human Services (HHS) is pleased to make its experts available to the World Health Organization (WHO) to serve as technical consultants or temporary advisors. However, the current practice in which the WHO invites specific HHS officials by name to serve in these capacities has not always resulted in the most appropriate selections. While the Office of the Secretary often receives copies of these invitations, this does not provide sufficient time for us to review each proposed selection to ensure HHS can provide the best possible expert from among our 65,000 employees.

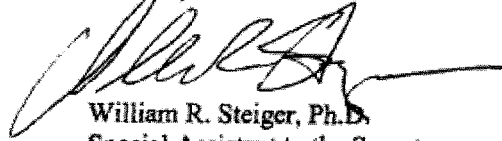
Consequently, and effective immediately, we request the WHO to provide us with the terms of reference and other relevant information for each consultation to which HHS experts can make a contribution. If the WHO has a specific expert to suggest, we will be pleased to consider that recommendation. In consultation with relevant HHS Operating Divisions and Staff Divisions, the Office of Global Health Affairs (OGHA) will then identify an appropriate expert who can best serve both of our organizations. To comply with internal approval processes required by these regulations, we will require a minimum lead-time of three weeks. Please continue to copy David Hohman, our Health Attaché at the U.S. Mission in Geneva, on all invitations to facilitate this coordination.

Further, please remember that, except under very limited circumstances, U.S. Government experts do not and cannot participate in WHO consultations in their individual capacity. U.S. Public Health Service Commissioned Corps and U.S. Civil Service regulations require HHS experts to serve as representatives of the U.S. Government at all times and advocate U.S. Government policies. While this has not necessarily inhibited HHS experts from participation in the past, we want to ensure the WHO is fully cognizant of the terms under which HHS experts can participate in the work of the Organization.

Page 2- Denis G. Aitken

Please call Lou Valdez, the Deputy Director for Policy in OGHA, or me (202/690-6174) if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Steiger', with a long horizontal flourish extending to the right.

William R. Steiger, Ph.D.
Special Assistant to the Secretary
for International Affairs

Copy to: The Honorable Kevin Moley