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Folder Title:

Admin - ONAP [Office of National AIDS Policy] - Purpose

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Position:

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THE WHITE HOUSE

WASHINGTON

OFFICE OF NATIONAL AIDS POLICY

Statement of Purpose

The Office of National AIDS Policy (ONAP) is established to promote the highest achievable levels of coordination and collaboration in the nation's response to the effects of the HIV/AIDS pandemic on individuals, families, and private and governmental institutions. In pursuit of this purpose, the Office will:

- actively seek the involvement of individuals and families affected by HIV disease and AIDS in its work;
- lead and support efforts to coordinate responses to the HIV epidemic across and among agencies and departments of the Executive Branch;
- maintain a unique relationship with the Department of Health and Human Services to assist in achieving effective coordination across Staff and Operations Divisions of the Department, and among the agencies of the Public Health Service;
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- cultivate and sustain productive working relationships with local and State government units concerned with HIV/AIDS, and with local and national non-governmental organizations responding to the epidemic; and,
- provide professional support to, and seek advice and counsel from the Presidential HIV/AIDS Advisory Council.¹



The National AIDS Policy Coordinator is Kristine M. Gebbie, RN, MN, FAAN. ONAP personnel are organized in three broad functional areas: Policy, Planning and Information, and Liaison. Policy staff focus on *Research, Prevention, Treatment and Services, Ethics and Legal Issues, the International Pandemic, and Health Care Reform and Financing.*

¹ The Presidential HIV/AIDS Advisory Council is to be Chartered in January, 1994.

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KRISTINE M. GEBBIE
National AIDS Policy Coordinator
Appointed by President Bill Clinton

Kristine M. Gebbie, RN, MN, is President Clinton's National AIDS Policy Coordinator, and she currently is working to develop the Administration's AIDS Policy. Prior to her appointment, Ms. Gebbie served as Secretary of the Department of Health for the state of Washington.

She has a lengthy career history in the health field and public policy. She has served as a public health official in the state of Oregon, and was a past coordinator of ambulatory care for St. Louis University Hospitals. Ms. Gebbie also taught health courses at the University of Washington, the Oregon Health Sciences University in Portland, and St. Louis University.

She is active in many professional organizations, and has served as a member of the Executive Board of the American Public Health Association. She also has been a member of the HIV Committee of the Association of State and Territorial Health Officials, she has chaired the Centers for Disease Control Advisory Committee on the Prevention of HIV infection, and she has chaired the Environment, Safety and Health Advisory Committee of the U.S. Department of Energy. She is a member of the Institute of Medicine, and has served on its AIDS oversight Committee.

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OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

Top Three Policy Issues for 1994

- ◆ **Supporting Centers for Disease Control and Prevention, states, and local communities in developing and implementing more carefully-targeted and frank prevention messages/campaigns**

- ◆ **Dealing with major research issues including --**
 - calls (by activists) for a "Manhattan Project" to find a cure
 - establishing new Office of AIDS Research at National Institutes of Health
 - working closely with new Food and Drug Administration-led AIDS Drug Development Task Force
 - continuing participation in Future Directions in AIDS Research process

- ◆ **Monitoring and/or developing policy on major health care and service provision issues including --**
 - provisions for HIV/AIDS care in health care reform
 - reauthorization of the Ryan White CARE Act
 - coordinating with ONDCP and DOJ on syringe exchange policy

THE WHITE HOUSE
WASHINGTON
January, 26, 1993

OFFICE OF NATIONAL AIDS POLICY

PRESENTATION TO THE WHITE HOUSE INTERNS

- | | | |
|-------------|---|---|
| I. | WELCOME AND INTRODUCTION - | JOHN GURROLA, DIRECTOR
OF COMMUNICATIONS |
| II. | PRESENTATION OF PSAs - | JOHN GURROLA |
| III. | DISCUSSION OF SERVICES/TREATMENT - | BUCK BUCKINGHAM,
SPECIAL ASSIST TO THE
COORDINATOR |
| IV. | DISCUSSION OF RESEARCH - | PAUL TRAN, SENIOR
RESEARCH ANALYST |
| V. | DISCUSSION OF PREVENTION - | CARLOS VELEZ, DIRECTOR
OF PREVENTION |
| VI. | WHAT YOU CAN DO TO HELP- | LANCE ALWORTH,
PREVENTION SPECIALIST |
| VI. | INTRODUCTION OF THE NATIONAL
AIDS POLICY COORDINATOR - | AMY HANNAH, OFFICE OF
NATIONAL AIDS POLICY |
| VII. | KRISTINE GEBBIE, THE NATIONAL AIDS POLICY COORDINATOR | |
| VIII | QUESTION AND ANSWER PERIOD | |

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**SELECTED ADMINISTRATION ACCOMPLISHMENTS
IN RESPONSE TO THE HIV EPIDEMIC**

- ◆ Appointment of first National AIDS Policy Coordinator (AIDS "Czar"), Kristine M. Gebbie
- ◆ Increase of \$300 million in funding for the Ryan White CARE Act
- ◆ Increase of \$45 million in prevention funding and a more open, factual approach to prevention with significant community input in planning processes
- ◆ 21% increase in research funding, including \$1.3 billion at National Institutes of Health
- ◆ Establishment of new Drug Development Task Force to speed research and approval process (involves government, pharmaceutical industry, and affected population)
- ◆ Presidential Directive mandating that every Federal employee receive comprehensive workplace education by World AIDS Day 1994. Top White House staff already trained; Department of Energy piloting for Cabinet agencies
- ◆ Plans underway to form new Presidential HIV/AIDS Advisory Council early next year which will be action, not "public hearing" oriented in helping to set national agenda. Plan on significant representation by people with AIDS or their family members
- ◆ Unprecedented presidential meeting with religious leaders in late November to discuss how government and faith communities can support one another in stopping the spread of AIDS and insuring compassionate care for those who are ill



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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Health
Office of Public Health and Science
Washington D.C. 20201

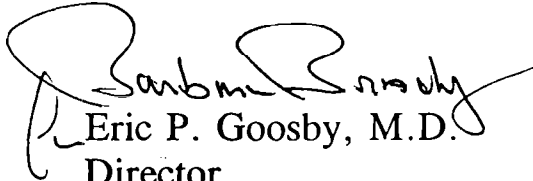
April 17, 1997

NOTE TO DR. BOUFFORD

SUBJECT: Proposal for AIDS Policy Support

Per our discussion last Tuesday, attached is a proposal for discussing the issue of providing AIDS Policy Support to the White House Office of National AIDS Policy.

Please let me know if you wish to discuss.


Eric P. Goosby, M.D.
Director
Office of HIV/AIDS Policy

AIDS POLICY SUPPORT

BACKGROUND

In 1985 as part of the Reagan Administration's response to the AIDS epidemic, former Assistant Secretary for Health Mason designated an AIDS Coordinator position in OASH. The role of the AIDS Coordinator was to advise the ASH on coordinating the PHS response to the HIV/AIDS epidemic. During the next two years, in tandem with the growing epidemic and expanding Federal effort, the position of AIDS Coordinator eventually grew from a one person advisory body to the National AIDS Program Office in 1988, funded by a line item budget and staffed with 28 FTE.

In 1993, during his first year of office, President Clinton appointed a National AIDS Coordinator (Kristine Gebbie) to provide high visibility of the Administration's commitment to further strengthen the Federal effort in HIV/AIDS. As part of this action, the Director of the National AIDS Program Office (NAPO) at HHS also served as the Deputy of the White House Office of National AIDS Policy (ONAP). This arrangement linked the HHS and White House organizationally and afforded the Department the advantage of influencing the development of HIV/AIDS policy based on sound medical and scientific data and public health practice. The offices were linked under one Director with a single budget and staff support of 38 FTE.

Under the second National AIDS Coordinator (Patsy Fleming) the organizational structure of linking the HHS NAPO to the White House ONAP was modified. The White House office and the HHS office were separated organizationally. In order to provide needed health expertise for the ONAP Director, detailees from the HHS OPDIVs were employed. The National AIDS Program Office was reorganized into the Office of HIV/AIDS Policy and its staff was streamlined to 22 FTE.

In 1995, the reorganization of OASH changed the traditional roles of the ASH, devolving line management authority over the PHS Agencies to the Secretary and streamlining the roles and staff offices reporting to the ASH. The OHAP was further streamlined to 4 FTE including the Director and assumed an advisory role within the ASH's office (Office of Public Health and Science.) Also under this configuration HIV/AIDS issues ascend to the level of OS attention and consideration prior to review by the ASH and OHAP and opportunities for providing coordination on cross-cutting issues and policy guidance to the OPDIVs are limited.

DISCUSSION

The newly named National AIDS Coordinator, Sandy Thurman, is in the process of developing an organizational and staffing plan for her office. She has articulated her interest in negotiating a close relationship with HHS to provide policy expertise around HIV/AIDS public health issues. She has requested that the Director of OHAP also serve her office in a capacity of Deputy for Policy.

To maximize effective HIV/AIDS coordination and development of sound policy, the following new model is proposed with clearly defined roles and responsibilities for AIDS policy at HHS and the White House.

Formalizing a Relationship Between OHAP and ONAP

Director of OHAP and ONAP Deputy for Policy

OHAP. The Director, OHAP would continue to provide leadership in defining direction and facilitating coordination and collaboration among HHS OPDIVs on HIV/AIDS issues; define critical areas for policy development and strategic approaches to effectively address the epidemic; review and advise the ASH and the Secretary on HIV/AIDS issues; and serve as the principal contact point for legislative and community HIV-related concerns and issues.

ONAP. In the position of Deputy for Policy at ONAP, the OHAP Director would provide substantive medical knowledge and public health expertise in HIV/AIDS to the White House staff, and participate in the Domestic Policy Council meetings. This position *would be limited to providing policy support, and would not include general administrative responsibilities unrelated to policy within the office of the National AIDS Coordinator.* The title of Deputy for Policy is important and necessary to afford recognition within the White House to ensure access to appropriate meetings and levels of discussion. -[The alternative terms of advisor or consultant do not afford the access needed to fully participate in high level policy discussions and decision-making.]

Staff Support

To enable OHAP to meet the needs of the Department and to provide substantive policy support to the White House office, staffing levels and workload distribution need to be revised to meet expanded demand. Four additional program analyst FTEs (GS 13/14) are requested for OHAP to specifically monitor HIV/AIDS activities in prevention, treatment, research and substance abuse. To maximize the efficiency of policy support staff, the Director of OHAP should have the flexibility to utilize staff to cover policy needs in both venues. In addition, one FTE clerk/typist would be needed for clerical support (this could be identified as an opportunity to hire a GS 4/5/6 welfare recipient).

Benefits of this Configuration

The benefits of this configuration to the Department are considerable and could be viewed as strengthening the ASH and Secretary's role in determining sound HIV/AIDS policy direction on a national level.

- o This configuration offers the Department an opportunity to ground national HIV/AIDS policy development in programmatic medical and science expertise. HHS would play

a formative role in originating policy initiatives, defining policy options and overseeing their later discussion at White House levels. This potentially decreases the confusion around policy issues, goals and priorities - a current perception in the HIV/AIDS community.

To the extent that differences may emerge between an HHS and White House position on any issue, this configuration offers the promise of enhancing understanding of issues and resolving differences prior to initiation of action.

- o Inclusion of the Director, OHAP and Deputy for Policy, ONAP at Domestic Policy Council meetings allows for an infusion of public health and medical science perspectives in all relevant discussions.

While recognizing there may be some concern within HHS regarding this level of access, it would be beneficial overall to HHS and afford proactive opportunities to solve problems and anticipate areas for better coordination. The OHAP Director would be responsible for conveying issues of concern raised at the DPC level to the ASH and Deputy Secretary.

- o Introduction of economies of effort by better coordinating the policy-related activities of both HHS and ONAP. Under the previous ONAP Coordinator, OPDIVs were engaged directly in White House related policy discussions, information requests and document preparation. By better integrating these White House related activities into Departmental channels through OHAP, these activities can be better coordinated at the Department level and the Secretary kept appropriately informed of emerging issues in the OPDIVs and of concern to the White House.
- o Closer coordination between the HHS OHAP and the White House ONAP affords the opportunity to increase the dialogue with the Department of Veterans Affairs, the Department of Defense and other Federal entities in areas pertaining to HIV/AIDS research and treatment issues.

Proposed Budget

PERSONNEL BUDGET

Current FTEs	5	\$ 500,000
Additional FTEs requested		
Program Analysts GS 13/14	4	\$ 365,000
Clerk/Typist GS 4/5/6	1	\$ 35,000
PERSONNEL TOTAL		\$ 900,000

OPERATING BUDGET

Contracts	\$ 50,000
Supplies	\$ 20,000
Travel	\$ 40,000
Mail/Phone/Messenger	\$ 20,000
OPERATING BUDGET TOTAL	\$ 130,000

TOTAL BUDGET REQUEST	\$ 1.03 mil
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Office of National AIDS Policy

Executive Office of the President

The President

DRAFT

Sandra Thurman
Director

*Presidential Advisory
Council on HIV/AIDS*

Todd Summers
Deputy Director

Daniel Montoya
Executive Director, PACHA

To be filled
Executive Assistant

Carmena Parris
Executive Assistant

To be filled
Receptionist

Women's Issues

Communities of
Color

Prevention &
Education

Treatment & Cure

Care & Services

Substance Abuse &
Prisons

Housing

International

Youth

Policy Assistants

Intern

Intern

Intern

Presidential Interns