



**THE UNITED STATES SENATE
SUBCOMMITTEE ON FEDERAL FINANCIAL MANAGEMENT,
GOVERNMENT INFORMATION AND INTERNATIONAL SECURITY
MINORITY OFFICE
UNDER THE DIRECTION OF SENATOR TOM COBURN
RANKING MINORITY MEMBER
JUNE 2007**



CDC OFF CENTER

A review of how an agency tasked with fighting and preventing disease has spent hundreds of millions of tax dollars for failed prevention efforts, international junkets, and lavish facilities, but cannot demonstrate it is controlling disease.

As part of my commitment to question how Washington spends your money, I plan to release a series of oversight reports on federal agencies. My hope is that this effort will assist federal agencies and those of us in Congress overseeing their budgets, to rein in wasteful spending, to demand measurable results from programs and grantees, and to reevaluate current spending before asking Congress and taxpayers to send more.

I hope that agencies and other congressional committees alike will welcome this oversight and work with us to help identify even more areas of waste, fraud, and abuse and new ways to better prioritize our nation's limited financial resources.

As this report notes, "CDC Off Center" was not produced because of any personal animosity against the CDC, nor the good people it employs. As a practicing physician, I have consulted CDC's experts and materials to help me successfully treat my patients, and I value the good work it is capable of doing. Unfortunately in many areas, CDC is just one among many federal agencies that I believe is not properly living up to its own mission.

For some reason, the federal government has a difficult time prioritizing spending and demanding measurable results from those entrusted with billions of hard-earned tax dollars to help carry out its crucial missions. I believe that you, the American taxpayer, deserve better.

As President Lincoln said, we are a "government of the people, by the people, for the people" and to uphold that principle we need your help. As part of my ongoing effort to shine the light on the federal government, I encourage anyone with examples of government waste, fraud, or abuse to let us know about it.

To submit a tip (anonymously, if you wish) through the Internet, please visit my tip page: <http://coburn.senate.gov/ffm/index.cfm?FuseAction=SubmitATip.Home>.

Or to submit a tip by mail to my subcommittee office, please mail to:
Senator Tom Coburn
Subcommittee on Federal Financial Management, Government Information, and
International Security
340 Dirksen Senate Office Building
Washington, DC 20510

With your help we can begin making a difference and change the way Washington works.

Sincerely,

Tom Coburn, M.D.
United States Senator

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EXECUTIVE SUMMARY

A recent survey showed that Americans overwhelmingly know of the Centers for Disease Control (CDC) and most give it positive remarks for the job they believe CDC is doing.¹

Bolstered by this public perception, year after year, supporters of the CDC seek additional funding for the agency, often under the auspices of making America healthier and safer.

Yet while CDC has been given millions, and in some cases billions, of dollars to help prevent certain diseases among Americans, for many of these diseases the rates have not decreased, but have stayed the same or even increased under CDC's watch. In the case of HIV, despite spending billions of dollars, CDC cannot even report how many Americans have the communicable disease.²

This is not to say that CDC is not trying to tackle these diseases, or that the people who work at the agency are intentionally misusing taxpayers' hard-earned money. A review of recent CDC expenditures, however, demonstrates that a reprioritization of CDC funding and a review of the approach to certain types of disease prevention are long overdue.

In fiscal year 2007, the CDC has a budget of \$10 billion and a stated mission "To promote health and quality of life by preventing and controlling disease, injury, and disability."

The CDC's website says the agency, "pledges to the American people: To be a diligent steward of the funds entrusted to it. ...To place the benefits to society above the benefits to the institution" and it lists as one of its core values "accountability." The mission statement continues: "As diligent stewards of public trust and public funds, we act decisively and compassionately in service to the people's health. We ensure that our research and our services are based on sound science and meet real public needs to achieve our public health goals."³

This report seeks to hold CDC accountable to the taxpayers and to highlight spending decisions that, in some instances, appear to demonstrate questionable stewardship of public funds.

¹ "CDC, FAA, NIH, FDA, FBI and USDA Get the Highest Ratings of Thirteen Federal Government Agencies," Harris Interactive (R) online survey of 2,337 adults between January 11 and 18, 2007, http://www.prnewswire.com/news/index_mail.shtml?ACCT=104&STORY=/www/story/02-06-2007/0004521666&EDATE=.

² "Disease Burdens in the United States," Congressional Research Service (CRS) Memorandum to Senator Tom Coburn (R-OK) from CRS Specialist in Public Health and Epidemiology Domestic Social Policy Division, dated March 12, 2007.

³ CDC website, <http://www.cdc.gov/about/mission.htm>, <http://www.cdc.gov/fmo/PDFs/halfFY06AppropFactsheet.pdf>, accessed October 2006.

I. BACKGROUND

CDC's History¹

The Centers for Disease Control and Prevention (CDC) was founded in 1946 to help control malaria, and today it makes up one of the 13 major operating components of the Department of Health and Human Services (HHS).

CDC says it has “remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats.” It is responsible for applying “research and findings to improve people’s daily lives” and responding to health emergencies.

Working with states and other partners, CDC provides a system of health surveillance to monitor and prevent disease outbreaks (and other public safety threats, including bioterrorism), implement disease prevention strategies, and maintain national health statistics. CDC also guards against international disease transmission, with personnel stationed in more than 25 foreign countries.

The agency espouses the following agency-wide “health impact goals”:

Healthy People in Every Stage of Life

All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

Healthy People in Healthy Places

The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities.

People Prepared for Emerging Health Threats

People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.

Healthy People in a Healthy World

People around the world will live safer, healthier and longer lives through health promotion, health security, and health diplomacy.

¹ All information from CDC website, <http://www.cdc.gov/about/default.htm>, accessed February 2007.

CDC Funding¹

CDC FUNDING STEADILY INCREASING:

CDC's funding has almost tripled over the past decade, with large increases coming after the 2001 anthrax attacks and the 2005 avian flu scare. **Yet, depending on which CDC document taxpayers refer to, the agency's funding is either increasing or decreasing.**

NOT "COUNTING" BILLIONS OF DOLLARS:

For example, in one year's budget documents, CDC states in a small footnote to a chart, "Funding does not include transfers to CDC from the Department of State Office of the Global AIDS Coordinator [OGAC] (\$439.0 million in FY2005), as part of the President's Emergency Plan for AIDS Relief."² Following publication of the budget with this footnote, an additional \$600,000 was transferred from OGAC to CDC, bringing the total transfer to CDC to \$439.6 million in FY2005.³ In other words, CDC did not "count" almost a half a billion dollars in its budget for HIV/AIDS, even though that money was transferred to and spent by CDC on HIV/AIDS.

In subsequent budget documents, CDC again states in a small footnote to HIV/AIDS spending, "Funding does not include transfers to CDC from the Department of State Office of the Global AIDS Coordinator (\$604 million in FY 2006), as part of the President's Emergency Plan for AIDS Relief."⁴ Evidently, the number cited by CDC in its own budget documents, is not accurate. In fact, \$604 million was not even a "real" number but only an estimate (though taxpayers would not know that from reading the document) and the actual amount transferred from OGAC to CDC in FY2006 was \$578.2 million.⁵

In FY07, CDC so far has received \$815 million from OGAC, a figure which CDC reports is "likely to increase" before the end of the fiscal year, as OGAC is "likely to transfer additional money later this year."⁶

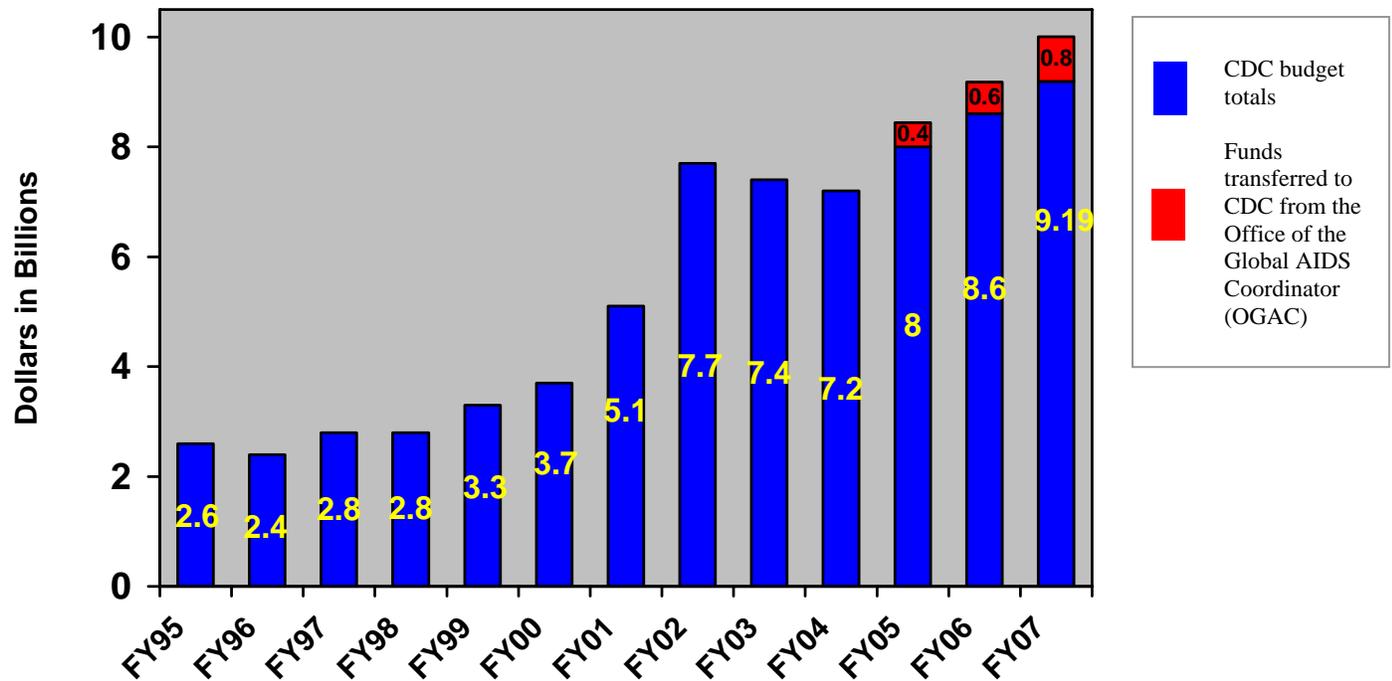
Perhaps there is a budgetary reason why CDC does not "count" over a \$1.8 billion dollars it has received and spent over the last few years on HIV/AIDS, but doing so makes it complicated for researchers to compare actual CDC expenditures from year to year.

FOLLOWING THE MONEY:

If researchers try to calculate CDC's budget by only counting what Congress appropriates directly to the CDC, they may leave out billions of dollars in spending such as the HIV/AIDS funding noted above.

Taxpayers should follow the line in CDC budget tables that refers to the total program levels, rather than the line for total Labor, HHS, and Education Appropriations funding, which sometimes does not include supplemental appropriations (such as avian flu funding) and does not count billions in transferred funds from other agencies to CDC.⁷

Figure 1. CDC’s Budget by Fiscal Year (FY)⁸



¹ CDC FY06 Budget Summary, <http://www.cdc.gov/fmo/PDFs/FY06budgetreqsummary.pdf>, page 29; CRS report “Labor, Health and Human Services, and Education: FY2006 Appropriations,” updated February 22, 2006, <http://www.congress.gov/erp/ra/pdf/RL32952.pdf>; CRS report “Labor, Health and Human Services, and Education: FY2007 Appropriations,” updated March 21, 2007, <http://www.congress.gov/erp/ra/pdf/RL33576.pdf>. Note: In FY2006 the CDC’s funding included \$4.3 in the Labor/HHS/Education Appropriations bill and \$76 million in the Interior Appropriations bill (for the Agency for Toxic Substances and Disease Registry (ATSDR)), as well as \$1.6 billion in terrorism funds, \$1.5 billion in vaccines for children, and \$2.2 million in user fees.

² “FY 2006 CDC/ATSDR Functional Table Financial Management Office,” January 26, 2006, <http://www.cdc.gov/fmo/PDFs/FY06FundFunctAreaTable.pdf>.

³ E-mail correspondence between CDC Program Analyst and the office of Senator Tom Coburn, May 2, 2007.

⁴ HHS Fiscal Year 2008 Justification of Estimates for Appropriation Committees, http://www.cdc.gov/fmo/PDFs/FY08_CDC_CJ_Final.pdf.

⁵ Footnote 3, op. cit.

⁶ Ibid.

⁷ See page 34 of CDC’s FY06 Budget Summary, <http://www.cdc.gov/fmo/PDFs/FY06budgetreqsummary.pdf>; page 31 of CDC’s FY08 Justification of Estimates for Appropriation Committees, http://www.cdc.gov/fmo/PDFs/FY08_CDC_CJ_Final.pdf.

⁸ The FY95 through FY05 funding figures come from the “CDC Funding History” graph on page 36 of CDC’s FY06 Budget Summary (<http://www.cdc.gov/fmo/PDFs/FY06budgetreqsummary.pdf>). Based on the FY04-FY06 figures (see page 34 of same document), it appears the CDC Funding History chart reflects the historical total program funding levels, which would include terrorism funding and give a more accurate calculation for taxpayer funds CDC actually received. The increase in FY02 funding reflects one-time terrorism preparedness funding not reflected in FY03, according to CDC. The additional \$439.6 million shown in red for FY05 is the amount transferred to CDC from the OGAC, according to a footnote in the FY06 Budget Summary and an updated and unpublished figure from CDC. The FY06 funding figure is from the table on page 31 in the FY08 Justification of Estimates for Appropriation Committees that reports the total CDC/ATSDR funding level for FY06 was \$8.6 billion, and that this funding level does not count \$604 million in money spent on HIV/AIDS that was transferred from OGAC (http://www.cdc.gov/fmo/PDFs/FY08_CDC_CJ_Final.pdf). According to updated and unpublished information from CDC, the report of OGAC transferring \$604 million to CDC was an estimate (though the justification document fails to mention this fact) and the actual amount transferred to CDC was \$578.2 million (shown in the figure above in red). The FY07 figure of \$9.19 billion is from “FY2007 Joint Resolution [CDC] Detail Table,” http://www.cdc.gov/fmo/PDFs/FY_2007_JR_Detail_Table.pdf, accessed May 2007. The OGAC FY07 transfer of \$815 million (shown in the figure above in red) is based on an unpublished CDC figure which is “likely to increase” before the end of the fiscal year, as OGAC is “likely to transfer additional money later this year.”

II. FINDINGS

CDC FACILITIES: LAVISH SPENDING OR PRIORITY NEEDS?

CDC's \$106 million Thomas R. Harkin Global Communications (& Visitor) Center: a Metaphor for Agency's Prioritization¹



Since 1996 the CDC had a visitor center which drew 15,000 visitors a year. The agency itself is located in Atlanta, Georgia, home to one of the largest 24-hour cable news networks. Yet when faced with static HIV transmission rates, *e-coli* outbreaks, and the threat of bioterrorism, CDC spent \$106 million of taxpayers' dollars to build a lavish new visitor center, which includes a 70-foot-wide by 25-foot-tall video wall of rear-projection and plasma television screens inside its new communications center, which houses a \$20 million new studio for communicating CDC "information."

The CDC spent \$106 million to fund the new 202,000 square foot Thomas R. Harkin Global Communications Center in Atlanta, Georgia, which includes a conference center, an information center, and a media services facility.² In 2005, the U.S. Senate voted to name the building after Senator Tom Harkin, a Democrat from Iowa, who at the time was the ranking member on the appropriations committee which funds the CDC.³ The Center has been built amid a sloping "greenscape" with a stream running over and around artificial rocks where rainwater is collected and sent down the stream to a pond and then pumped back up to the top of the slope and sent

down again.⁴ It has limestone bridges, waterfalls and Japanese gardens and fountains, according to the *Wall Street Journal* (WSJ).⁵

The WSJ reports a CDC spokesman said that the Visitor Center portion of the building will be “a world class destination,” with red ants, rats, monkeys, art work and a giant model mosquito, all of which will make the museum a “must-see place for tourists.”⁶

According to the *Washington Post*, CDC director Dr. Julie Gerberding has dubbed this structure “a metaphor” for the new CDC.⁷ The WSJ called it “CDC’s new Taj Mahal.”⁸

In response to congressional inquiry, the CDC reported that the visitor center portion of the building, which includes a scientific education and exhibit area, cost \$6.9 million to construct and comprises 20,500 square feet or 10 percent of the building.⁹ Dr. Gerberding said “this new building houses the distance learning capabilities, video and audio production facilities, conference space, and other information resources that are essential for quickly and effectively communicating CDC’s science, research and health-protection information to the many people who need it.”¹⁰ The studio equipment, installation, and software programming cost \$18.6 million, and the “Audio Visual Integration” equipment, installation, and software programming cost \$5.1 million.¹¹

THERE ALREADY WAS A CDC VISITOR CENTER:

The new center replaces another 3,500 square foot CDC visitor center, in existence since 1996, which drew approximately 15,000 visitors a year.¹² Called the Global Health Odyssey Museum, the museum was advertised as showing visitors “how public health and the CDC’s efforts reach into their daily lives” with a mission of teaching its visitors about the CDC, public health, and the benefits of prevention.¹³ Emphasis was placed on increasing visitors’ awareness of the role of the individual in preventing disease, injury, and death. The visitor center museum consisted of a small exhibit area with an attached theater and served as both a visitors’ center and an interactive educational facility. The Global Health Odyssey tour began with a 5-minute introductory video and then visitors viewed a series of four displays illustrating CDC’s work. Historic exhibits and artifacts followed, with an overview of CDC’s heritage and its development over the years. Visitors could also enter the Discovery Theater to view educational videos, demonstrations, and hear CDC volunteer speakers on a variety of topics.¹⁴

It is not clear why CDC prioritized its spending on a new visitor center when it already had one.

CDC’S CENTER FEATURES WALL OF PLASMA’S TV’S CALLED “THE GLOBAL SYMPHONY”:

According to the new Visitor Center’s website:

“[The] *Global Symphony* [top right photo on previous page] is an unparalleled multi-media installation highlighting the world of CDC and public health. ... Public health messages are communicated through intriguing narratives alternated with visual vignettes. The installation serves as an introduction to CDC and public health for all visitors. Recently, the *Global Symphony* featured three, three-minute stories that describe in depth CDC’s contributions to the elimination of polio, the eradication of Legionnaire’s disease, and the battle to stem the rise of obesity in the United States. The stories are

complemented by a wide range of statistics on public health topics ranging from HIV/AIDS to worker safety.”¹⁵

It is unclear why an agency that is tasked with controlling and preventing diseases is spending millions of dollars budgeted for those fights on audio visual equipment, including a wall of rear-projection and plasma television screens displaying “visual vignettes.”

The 70-foot-wide by 25-foot-tall video wall is “a very welcoming environment,” and “a complex ballet of light and display,” according to *Archi Tech Magazine*. “The program that would be displayed on this array of rear-projection and plasma screenage is a complex digital ballet of hundreds of video elements that play randomly ... The payoff was a unique information environment that makes what many consider to be an intimidating place at a time of global pandemic warnings a lot more welcoming.”¹⁶

Though the architectural community applauds its design, most taxpayers would agree a federal agency should not be working to make its lobby more welcoming, but to make its work more effective.

According to the Congressional Research Service, the CDC spent more than \$1 billion on construction and repairs of its buildings and facilities from fiscal years 2000 to 2005.¹⁷

HARKIN CENTER EXHIBIT TEACHES ABOUT BENEFITS OF ENTHUSIASM:

CDC argues that its visitor center can help educate Americans on healthy living. Few taxpayers would question the need for Americans to live healthy lives, but whether or not hosting an exhibit detailing the health benefits of “enthusiasm” is the best use of CDC’s resources is a question some rightfully might ask.

From October 2006 through January 2007, the CDC’s Harkin Center featured “Through the Eyes of the Eagle: Illustrating Healthy Living for Children” where “[t]hrough Native American characters and scenes, the stories engage children in the joys of physical activity and healthy living as they learn about diabetes prevention.”¹⁸

One of the components of the exhibit dealing with healthy living involved “enthusiasm.” According to the CDC website:

“Enthusiasm can be reflected in joy, in determination, and in quests for learning. It can be part of keeping our bodies, minds, and spirits in balance. For many people, it has something to do with being grateful for the gifts we have been given.

“It can be part of finding out what activities you like to do or want to try. People can be enthusiastic about many different things. Some are enthusiastic about dance or sports. Some people are enthusiastic about nature. They may enjoy hiking or camping. ...Others may enjoy fishing or walking along the beach. Some people are enthusiastic about going to school. They enjoy studying and learning many different things. ...Some people are enthusiastic about helping others. They may enjoy helping their family at home or their neighbors in the

community. Some may enjoy doing volunteer work to help people they do not know. Some people are enthusiastic about being artistic or creative. They may enjoy painting or weaving. Some may enjoy writing poetry or music. Enthusiasm can go up and down. And sometimes we have experiences that make us just very sad. Our energy and enthusiasm can get low. Remember, you are not alone.”¹⁹

HARKIN CENTER EXHIBIT FEATURES “WOMAN” MADE OF VEGETABLES

Perhaps the CDC decided to invest \$6.9 million in a new visitor center so it could highlight critical disease fighting tools such as a “woman” made out of vegetables, which was one display featured at the Harkin Center. The CDC did not simply feature this “woman,” but the agency actually helped *pay to create* the vegetable woman, though most taxpayers would put “produce art” on the bottom of the list of things CDC should be purchasing with limited federal funds.

Meanwhile, CDC researchers have reported that fewer than a third of more than 300,000 people surveyed in 2005 said they ate the absolute minimum recommended number of fruits and vegetables, which health experts say should be at least five servings a day of fruit and vegetables, or, better yet, three to five servings of fruit and four to eight servings of vegetables every day.

“In 2005, approximately 32.6 percent of the U.S. adult population surveyed consumed fruit two or more times per day, and 27.2 percent ate vegetables three or more times per day,” Heidi Blanck and colleagues wrote in the CDC’s weekly report on death and disease. The authors concluded that that CDC and other agencies need to do more to persuade Americans to eat fruits and vegetables.²⁰

It’s hard to imagine this task is accomplished by spending tax dollars to create a woman made of vegetables and putting “her” in the CDC’s lobby in Atlanta.



From January 22 through April 6, 2007, the Global Health Odyssey/Tom Harkin Global Communications Center featured an interactive exhibit entitled “The Changing Face of Women’s Health.” The exhibit was created “with funding from the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), MetLife Foundation, and Pfizer Women’s Health.”²¹

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- ¹ Photos: www.cdc.gov;
<http://www.splis.com/pdf/52dfb09be832bffee6a9fceb542c9f30.pdf#search=%22tvs%20harkin%20center%22>;
<http://www.tvsa.com/index.asp>.
- ² February 13, 2006 HHS response letter to Senator Tom Coburn's January 11, 2006 written inquiry, signed by Charles Johnson, Office of the Secretary, re: Building #19; Letter to the editor from Dr. Julie Gerberding, CDC Director, *Wall Street Journal*, December 23, 2005; Note: The building was originally going to be named the Visitor and Education Center according to the CDC Foundation,
http://www.cdcfoundation.org/frontline/2004/helps_outfit_cdcs_new_visitor_education_center.aspx, accessed November 2006.
- ³ Senator Daniel Inouye (D-HI) amendment (S.Amdt. 2222) to the FY06 Labor/HHS/Education Appropriations bill (H.R. 3010), October 25, 2005, agreed to by the full Senate by voice vote.
- ⁴ "CDC's Redesign Eyes Security, Collegiality," *Washington Post*, August 29, 2005.
- ⁵ "Deadly Avian Spending Virus," *Wall Street Journal*, December 14, 2005.
- ⁶ Ibid.
- ⁷ Footnote 4, op. cit.
- ⁸ Footnote 5, op. cit.
- ⁹ Footnote 2, HHS response letter, op. cit.
- ¹⁰ Footnote 2, letter to the editor, op. cit.
- ¹¹ Supra footnote 2, HHS response letter.
- ¹² "CDC plans snazzy new visitors center," *The Atlanta Journal-Constitution*, October 1, 2003.
- ¹³ "Member Spotlight: Global Health Odyssey," E-Newsletter of the National Association of Health Education Centers, May 31, 2002, <http://www.nahec.org>, accessed October 2006.
- ¹⁴ Ibid.
- ¹⁵ CDC website, http://www.cdc.gov/gcc/exhibit/exhibitions_permanent.htm, accessed October 2, 2006.
- ¹⁶ "Lighting The Way CDC Visitors Center; Facility demonstrates a complex ballet of light and display," *Archi Tech Magazine*, 2006, <http://architechmag.com/avawards2006/visitor/>, accessed November 2006.
- ¹⁷ CRS response to Senator Tom Coburn's request, September 2005. FY00-05 CDC construction and repair project expenditures equal \$1,044,083,943. FY 2000: \$45,732,105; FY 2001: \$72,609,521; FY 2002: \$260,558,270; FY 2003: \$83,697,080; FY 2004: \$211,778,967; and FY 2005: \$269,708,000.
- ¹⁸ "CDC Exhibit Open to the Public," *The Weekly*, October 3, 2006,
http://www.theweekly.com/news/2006/October/03/CDC_exhibit.html, accessed October 2006.
- ¹⁹ CDC website, <http://www.cdc.gov/diabetes/eagle/enthusiasm.html>, accessed October 2006.
- ²⁰ "Americans still not eating their veggies, CDC says," *Reuters*, March 15, 2007.
- ²¹ Office of Women's Health, <http://www.cdc.gov/women/exhibit/>, accessed March 2007. Note: The CDC Fruit and Vegetable account, from which the funds likely came to pay for the vegetable "woman," had a budget of \$1.4 million in FY06 and \$1.4 million in FY07 according to "FY2007 Joint Resolution [CDC] Detail Table," http://www.cdc.gov/fmo/PDFs/FY_2007_JR_Detail_Table.pdf, accessed May 2007.

CDC's New \$109.8 Million Arlen Specter Headquarters and Emergency Operations Center has \$10 Million in Furniture



No one disputes the need for CDC's employees to work in professional surroundings with its researchers having access to state-of-the-art technology. Whether or not taxpayers' funds are best spent on \$10 million worth of top-of-the-line furniture, however, is another matter.

The CDC spent \$109.8 million to build the new 325,000 square foot Arlen Specter Headquarters and Emergency Operations Center in Atlanta, Georgia.¹ In 2005, the U.S. Senate voted to name the building after Senator Arlen Specter, a Republican from Pennsylvania, who at the time was the chairman of the appropriations committee which funds the CDC.² According to the CDC, the new Headquarters building “promotes collaboration by consolidating in one building employees from across the agency, particularly the Office of the Director, the Emergency Operations Center, and the Office of Terrorism Preparedness and Emergency Response.”³

In response to congressional inquiry, the CDC reported that furniture in the Operations Center cost \$9.8 million.⁴ According to one CDC source, this amounts to over \$12,000 per person working in the building.⁵ CDC also reported that the building equipment “audio visual systems, monitors/screens, [and] teleconferencing” amounted to \$6 million.⁶ According to a CDC source, TVS, the company that designed the furniture package for the building, included Scandanvian “Randers guest chairs,” which reportedly cost \$590 each.⁷

According to the Congressional Research Service, the CDC has spent more than \$1 billion on building construction and repairs of its buildings and facilities from fiscal years 2000 to 2005.⁸

¹ February 13, 2006, HHS response letter to Senator Tom Coburn's January 11, 2006 written inquiry, signed by Charles Johnson, Office of the Secretary, re: Building #21; building and room photos from architectural firm TVSA's website, <http://www.tvsa.com/index.asp>, accessed October 2006.

² Senator Daniel Inouye (D-HI) amendment (S.Amdt. 2222) to the FY06 Labor/HHS/Education Appropriations bill (H.R. 3010), October 25, 2005, agreed to by the full Senate by voice vote.

³ CDC website, <http://www.cdc.gov/about/facilities.htm>, accessed October 2006.

⁴ Photos from <http://www.tvsa.com/index.asp>; Footnote 1, HHS response letter, op. cit., Building #21; “furniture (chairs, tables, work stations, file cabinets, etc.) \$9,872,413.”

⁵ CDC Chatter, March 21, 2006 posting, <http://www.cdchatter.net/index.php?name=News&file=article&sid=100&thold=1&mode=thread&order=0>, accessed October 2006.

⁶ Supra footnote 1, HHS response letter, Building #21; “equipment (audio visual systems, monitors/screens, teleconferencing) \$6,014,900.”

⁷Footnote 5, op. cit. Note: Randers guest chairs pictured here http://modern-dimension.com/en-eu/OS/catalog/seating/stacking_chairs/stacking_chairs/Also_Chair_o0.htm#, appear to match the chairs in the TVSA photo of furniture in the Specter building, thus seeming to confirm the posting.

⁸ CRS response to Senator Tom Coburn's request, September 2005. FY00-05 CDC construction and repair project expenditures equal \$1,044,083,943. FY 2000: \$45,732,105; FY 2001: \$72,609,521; FY 2002: \$260,558,270; FY 2003: \$83,697,080; FY 2004: \$211,778,967; and FY 2005: \$269,708,000.

CDC's "Modest" \$200,000 Fitness Center: Includes saunas, zero-gravity chairs, and "mood enhancing" light shows



"No Sweat! [CDC employee] gets a sneak peek at the sauna before the opening of the new building and Lifestyle center."



"As you lie in the zero gravity chair in the quiet room, you can watch a mood-enhancing light show. The chair takes the stress and pressure off your joints and back."

Keeping America healthy is part of the CDC's core mission. Many federal facilities, including Congress, have fitness centers for their employees to assist them in maintaining healthy lifestyles and many charge employees to use the on-site facility.¹ Some federal agencies have negotiated discounted rates for their employees at America's numerous private and non-profit sports and fitness clubs. The CDC choose to build a new state-of-the-art fitness center called the Lifestyle Facility, located inside a \$21 million, five-story building on the CDC's Atlanta campus, and give its employees free access.² It is not necessarily the building of a new CDC fitness center that some taxpayers may question, but the decision to spend tax dollars on some of the center's more lavish attributes, such as on light shows, high-tech (and high-cost) mood chairs, and saunas.

The 16,000-square-foot center features a large light-filled training room and over \$200,000 in equipment, including more than 70 strength-training and cardiovascular-priming machines, according to the CDC and the *Associated Press (AP)*.³

The center also features: a 12-bike indoor cycling room with images of the Tour de France and other race courses flashing on the walls, an aerobics room with seven Gravity Training System machines, saunas in the locker rooms, and two "quiet rooms," reminiscent of "Star Trek," that allow employees to sit in zero-gravity chairs in a dark room listening to music and viewing a panel of changing pastel lights.⁴ The architecture firm TVS used bamboo and river stones "to add extra, welcoming touches," according to the *AP*.⁵

In February 2006, in response to congressional inquiry regarding the cost of the new CDC buildings, CDC told Congress "The [fitness center] project does not fund any exercise equipment. **CDC will use current fitness center equipment in the new space**" (emphasis added).⁶ And yet, not even a year later, CDC admitted to Congress that it spent \$200,000 in taxpayer funds for **new** fitness center equipment.⁷

According to the CDC, its Office of Health and Safety purchased the \$200,000 in exercise equipment from CDC's program support funds. Included in that total are the following costs:

- 2 rotating pastel lights (pictured above) at a total cost of \$2,000;
- 2 zero-gravity chairs at a cost of \$1,750 each, for a total of \$3,500;
- 2 “dry-heat saunas” (pictured above) at a cost of \$15,000 each, \$30,000 total;
- 1 sound system, with eight “sound zones” at a cost of \$70,000;
- 12 bikes at a total cost of \$9,540;
- 9 “spinning certifications” at a total cost of \$2,249.55⁸; and
- 7 Gravity Training System machines at a cost of \$2,895 each, for a total cost of \$21,143.⁹

According to a CDC employee newsletter, the quiet rooms — which are to be made available by appointment — have “music, and mood lighting, and each has a chair that is designed with a ‘zero gravity’ seating position which helps to relieve muscle tension, increase circulation and reduce pressure on your heart and spine. As you lie in the zero gravity chair in the quiet room, you can watch a mood-enhancing light show.” One employee who had tested the light show reported, “They change from green to blue, very soothing. Color can really affect your mood.”¹⁰

In response to congressional inquiry, CDC defended these expenditures:

“The rotating pastel lights, sound system, sauna and zero gravity chairs are facility attributes that enhance the overall health and wellness experience for patrons. ...CDC's new fitness center adheres to Federal guidelines for fitness facilities and is considered a modest facility by government and corporate sector standards. ...The rotating pastel lights, sound system, sauna and zero gravity chairs are comparable to health and wellness attributes at Department of Defense [DOD] Naval Installations at Bremerton and Bangor, the Home Depot Wellness Center, the YMCA – Buckhead in Atlanta, Blue Cross Blue Shield and Merrill Lynch.”¹¹

Some taxpayers might question why a taxpayer-funded agency with a limited budget and a mission of fiscal accountability is modeling its fitness center on those of private, for-profit companies. In addition, the DOD Bremerton and Bangor facilities mentioned as models for the new CDC fitness center do not appear to have gone through the regular funding process, but were instead funded through the earmarks of their home state's U.S. Senator.¹² Earmarked projects are not subject to the regular federal oversight process and the process of earmarking has recently come under intense scrutiny, in part because it diverts funds from agency priorities to projects labeled home-state “pork.”

Of the 15,000 CDC employees and contract workers, the gym now sees visits from approximately 600 employees a month.¹³ The new facility replaced an older, out-of-date gym that had only three treadmills (compared to the eight in the new facility), and reportedly frequently had at least one out of order.

A CDC spokesman told the *AP*, “We want this to become a model for companies and others to copy.”¹⁴ The CDC newsletter predicted, “From quiet, meditation rooms for relaxation, to wonderful outdoor spaces for walking and stretching, to the massive strength and cardio areas, this center will turn heads for certain!”¹⁵

Taxpayers might well question whether or not the CDC’s mission of fighting and preventing diseases includes designing employee fitness centers that will turn heads, or be models for private companies.

¹ Congress, unlike the CDC, charges its employees for use of the gym.

² “CDC Practices What It Preaches,” *CDC Connects* (employee newsletter), July 19, 2006; photo captions taken directly from newsletter.

³ E-mail correspondence from HHS Legislative Affairs to the office of Senator Tom Coburn, dated December 8, 2006; “CDC Opens Model Employee Fitness Center,” *The Associated Press (AP)*, November 27, 2006.

⁴ *AP*, *Ibid.*

⁵ *Id.*

⁶ February 13, 2006 HHS response letter to Senator Tom Coburn’s January 11, 2006 written inquiry, signed by Charles Johnson, Office of the Secretary, re: Building #20.

⁷ Footnote 3, e-mail correspondence, *op. cit.*

⁸ Spinning is a type of exercise class that uses stationary bicycles. Presumably the certifications are for people to teach these exercise classes at the Lifestyle Facility.

⁹ *Supra* footnote 3, e-mail correspondence.

¹⁰ Footnote 2, *op. cit.*

¹¹ *Supra* footnote 3, e-mail correspondence.

¹² Document entitled “Washington State Military Construction Appropriations 1998 – 2005” from the office of Senator Patty Murray (D-WA), which lists two Washington State earmarks in Fiscal Year 1999: “Fitness facility, NAVSUBASE, Bangor \$ 1,117,000” and Fiscal Year 2001: “Fleet recreation center, Bremerton \$1,400,000” with a note that these are “Additions or Increases by Senator Murray,” <http://murray.senate.gov/defense/milcon.pdf>, accessed December 2006.

¹³ *Supra* footnote 3, *AP*.

¹⁴ *Ibid.*

¹⁵ *Supra* footnote 2.

Hawaii Politician Who Oversees CDC Funding Announces New CDC Hawaiian Office



There are two ways to ensure the growth of a federal agency: create jobs in desirable areas to live and work, and spread out resources and programs into as many of the states and districts of Members of Congress who fund the agency as possible. CDC is on track to do both with a recent announcement that the agency is likely opening a university-affiliated office in Honolulu that may serve as a model for other CDC-university affiliated offices.

CDC WEST: A MILE FROM WAIKIKI?

At the suggestion of a former CDC employee, and current University of Hawaii Institute director Duane Gubler, CDC officials traveled to Hawaii to discuss the possibility of the agency opening an office in Honolulu in the summer of 2007. CDC would partner with the University of Hawaii, whose main campus is located just a mile from the famous Waikiki beach. The CDC is interested in the Hawaiian location, according to a CDC official who visited, because of its proximity to Asian and Pacific nations and also because it hopes to collaborate with the NIH-funded secure laboratory at the medical school's Asia-Pacific Institute of Tropical Medicine and Infectious Diseases.¹

Gubler, who suggested the Hawaii-CDC partnership, was director of the CDC's Fort Collins, Colorado, infectious disease laboratory before joining Hawaii's medical school three years ago, where he currently serves as Director of the Asia-Pacific Institute of Tropical Medicine and Infectious Diseases.² News reports indicate Gubler is considered a national authority on infectious disease, and he told a reporter that he was working with his former colleagues to develop a business plan "to move ahead with CDC West and to embed a CDC office" at the Institute he directs.³

SENATOR ANNOUNCES CDC SAYS "ALOHA" TO TROPICAL ISLAND OUTPOST:

That this new CDC office would be located in Hawaii, the state of the second highest ranking Senator on the committee that funds the CDC, could be just a coincidence.

It also could be a coincidence that the same Senator, Senator Daniel Inouye (D-HI), was first to announce the finalization of what had been reported as a proposal. Hawaii news reported on April 10, 2007, that CDC was contemplating an office in Hawaii. On April 19, 2007, Senator Inouye issued a press release entitled, “Centers for Disease Control and Prevention to Set up ‘Forward Base’ in Hawaii to Strengthen Asia-Pacific Disease Detection and Response.”⁴ The release stated the Senator had been informed by the Director of the CDC that it was opening an office in his home state.

This office is not the first time CDC and Hawaii have teamed up; evidently the first project was done at the request of the Senator. “Several years ago, the Centers for Disease Control and Prevention, **at Senator Inouye’s request**, established a small occupational health center at the University of Hawaii at Hilo,” the press release noted (emphasis added). “It has taken the lead in addressing the public health implications of volcano emissions and childhood asthma.”⁵

A SMALL STATE AND UNIVERSITY CONTINUE TO RECEIVE TOP DOLLAR IN EARMARKS:

“While the funding and the location of the [new] field station still need to be worked out, it is clear that the CDC is committed to expanding its Asia-Pacific focus with Hawaii having a key role,” Senator Inouye said.⁶ Senator Inouye sits on the appropriations committee that funds the CDC, and will likely play a large role in securing funds for an agency under his jurisdiction to start an outpost in the state he represents.

It appears Hawaii and its university may have benefited from Senator Inouye’s appropriations committee seat in the past:

- The State of Hawaii received \$432.7 million in earmarks in fiscal year 2005, which earned it the third-highest ranking in earmarks per capita.⁷
- In fiscal year 2005, the University of Hawaii was ranked eighth among the top earmark recipients in the entire nation, receiving \$87.8 million from congressional appropriators.⁸
- In 2003, the University of Hawaii-Manoa was ranked fourth among the “Top Recipients of Pork” because it received \$30.6 million in earmarks from congressional appropriators.⁹

In response to congressional inquiry, CDC reported that in grants and contracts (not including the vaccines for children program) the state of Hawaii received a total of \$22.2 million from the CDC in 2006. This amount included \$818,349 for infectious disease and over \$8 million for terrorism preparedness and emergency response.¹⁰

UNIVERSITY DOESN’T TRACK EARMARKS ... UNLESS THEY ARE BEING “CUT”:

On September 25, 2006, the University of Hawaii (the location for the CDC’s new office) responded to a congressional inquiry requesting a detailed list of and amount of federal appropriations earmarked to the University since 2000.

The University wrote:

“We do not maintain a separate list of congressionally directed appropriations [earmarks] at the University of Hawaii. We do maintain a listing of all Federal contracts and grants received that includes congressionally directed appropriations and competitively awarded

contracts and grants. However, **we do not annotate whether the contract or grant received is a result of a congressionally directed appropriation** or a successful application to a competitive solicitation” (emphasis added).¹¹

Yet by March 5, 2007, (not even six months later) after Congress passed the fiscal year 2007 funding bill largely without earmarks, the University of Hawaii’s main campus at Manoa suddenly could track how many earmarks it received in fiscal year 2006 down to the exact dollar amount and specific grant number.

The University was not tracking the earmarks to notify or even update the inquiring oversight committee in Congress, but to report on how much it stood to “lose” in federal funding because Congress funded the 2007 fiscal year under a continuing resolution. The University claimed the absence of earmarks in the continuing resolution equaled a “net loss” of over \$8 million for the campus from 2006 to 2007 — though no explanation was given as to why it assumed funds for 2006 earmarks would continue in 2007, when earmarks, by definition, are line-items added to one-year appropriations bills by Members of Congress.

Though the University told Congress in 2006 that it did not track whether its grants or contracts were received as earmarks, not only did the University of Hawaii at Manoa report that it received \$9,241,171 in fiscal year 2006 earmarks, but it actually titled the document “CTAHR_Loss_of_Earmarks.pdf.”¹²

POLITICIAN KNEW BEFORE INSTITUTE:

Raising additional questions about how and why CDC made its decision to open a new Hawaiian office, news reports indicate that those at the future home of the CDC Hawaiian outpost first learned a decision had been made through the press release of their home-state Senator. According to the *Star Bulletin*, “Dr. Duane Gubler, director of the University of Hawaii’s Asia-Pacific Institute for Tropical Medicine and Infectious Diseases, said he did not know of the decision until he saw [Senator Inouye’s] news release. ‘I wasn’t in the loop in discussions with the senator, so it caught me by surprise, but it’s the kind of surprise you’d like to receive,’ he said.”¹³

CDC OFFICIAL SAYS IT’S HARD TO WORK WITH OTHER COUNTRIES “FROM ATLANTA”: BUT CDC SENT EMPLOYEES ABROAD UNDER SAME JUSTIFICATION:

Michael Sage, CDC’s portfolio management project director who visited the Hawaii site, said opening a Hawaii office would help the agency rapidly detect and respond quickly to emerging threats and would help CDC work more closely with other countries on responding to emergencies and building closer working relationships with them. “That’s hard to do from Atlanta,” he said.¹⁴

Sage told *The Honolulu Advisor* that CDC representatives in Hawaii could provide a front line for the agency and travel to areas in Asia and the Pacific more quickly than those coming from the headquarters.¹⁵ This “front line” reportedly is going to start with two CDC employees in Hawaii, even though dozens of CDC employees are already stationed in the countries and regions Sage discussed. For example, CDC currently has officials stationed in Asia and the Pacific, many under this same front-line rationale. CDC also spends \$3 million a year in

taxpayer funds to lease a private jet for emergency travel, which the agency reports has helped get employees on location faster.¹⁶

In 2001, CDC told Congress that it had full- or part-time employees stationed with outside agencies in Asia and the Pacific, including in China, India, Vietnam, Korea, the Philippines, Thailand, Bangladesh, Cambodia, Indonesia, and Nepal.¹⁷ These “outside agency” CDC employees join an unreported number of employees at official CDC offices, which are located in countries such as China.¹⁸

In response to congressional inquiry, to date CDC has not been able to provide documentation that describes a Hawaii office or any other office between mainland U.S. and Asia as part of its disease control and prevention planning. Nor has CDC been able to provide any documentation that such offices were included in or envisioned in any of the agency’s strategic plans.¹⁹ In addition, a new office is not in the President’s fiscal year 2007 or 2008 budget, though news reports say the Hawaii office could open as early as the summer of 2007.

OFFICE INITIALLY MAY HOUSE STAFF OF TWO, BUT FUTURE EXPANSION EYED:

According to news reports, if a proposal to partner with the University of Hawaii’s medical school is approved, the CDC will base a manager and medical epidemiologist in Honolulu. Reports also note the possibility of a future expansion of the Hawaii office staff, including relocating CDC training and technical personnel to the tropical island.²⁰

CDC’s Sage told the *Honolulu Advertiser*, “CDC has never had a similar partnership with a university and it could serve as a model for others if successful.”

Once universities around the country (and their home-state politicians) get word that the CDC will set up outposts on college campuses, it is not hard to imagine the outposts multiplying exponentially, along with CDC’s budget request and number of full-time federal employees.

Simply locating offices at universities in the states of every Member of the House and Senate Appropriations Committee (the committee that oversees CDC’s budget) would fill the national landscape with CDC outposts. If asserting a public health interest is all that is needed to start a CDC office a mile from Waikiki beach, taxpayers should bunker down for big financial waves on the horizon.

¹ “CDC mulls opening Hawaii facility,” *United Press International (UPI)*, April 10, 2007.

² *Ibid.*

³ *Id.*; “CDC eyes Hawaii as key defense for outbreaks: The federal agency would partner with UH to create an early warning system,” *Star Bulletin*, April 14, 2007.

⁴ Senator Daniel Inouye’s press release, dated April 19, 2007, <http://www.inouye.senate.gov/>, accessed April 2007.

⁵ *Ibid.*

⁶ *Id.*

⁷ Porkbusters’ extrapolation of White House Office of Management and Budget (OMB) list of 2005 appropriations earmarks, http://porkbusters.org/2007/04/omb_releases_earmark_data_fun.php#comments, accessed April 2007; <http://www.whitehouse.gov/omb/earmarks/public-site-preview/by-state/summary.html>.

⁸ *Ibid.*

⁹ “Government & Politics: Top Recipients of Pork,” *The Chronicle of Higher Education*, September 26, 2003.

¹⁰ “CDC Funds for State and Local Health Departments, Universities, & Other Public and Private Agencies” Draft FY2006, provided by HHS legislative to the Office of Senator Tom Coburn, ranking member of the Federal Financial Management Subcommittee.

¹¹ Letter from University of Hawaii President David McClain to Senator Tom Coburn, Chairman of the Subcommittee on Federal Financial Management, Government Information, and International Security, dated September 25, 2006, http://coburn.senate.gov/ffm/index.cfm?FuseAction=Files.View&FileStore_id=3c5fba3f-26d9-46ff-ab17-45b1c6224f74 in response to request from Senator Coburn dated July 27, 2006, http://coburn.senate.gov/ffm/index.cfm?FuseAction=Files.View&FileStore_id=f3737254-4808-4d32-a4c3-9c3e09c6ce9f.

¹² “Cooperative State Research, Education, and Extension Service Comparison of Actual FY 2006 and Estimated FY 2007,” document posted on University of Hawaii at Manoa’s website, dated March 5, 2007, http://www.ctahr.hawaii.edu/vincent/earmarks/CTAHR_Loss_of_Earmarks.pdf, accessed April 2007.

¹³ “CDC picks isles as epidemic outpost; The U.S. Centers for Disease Control and Prevention will put Hawaii at the forefront of a disease war,” *Star Bulletin*, April 20, 2007.

¹⁴ “CDC discusses Isle lab with UH med school,” *The Honolulu Advertiser*, April 10, 2007.

¹⁵ Ibid.

¹⁶ “Cabinet official is primary user of CDC jet,” *The Atlanta Journal-Constitution*, June 16, 2006; “CDC Plane Decreases Response Time, Increases Readiness,” CDC website document, last modified June 14, 2006, http://www.bt.cdc.gov/planning/cdc_plane.asp, accessed April 2007.

¹⁷ Letter from CDC Director Jeffrey Koplan, M.D., to Representative Mark Souder, dated April 26, 2001, which lists full- and part-time CDC employees stationed with “outside agencies” in Asia and the Pacific.

¹⁸ “Most Chinese HIV-AIDS cases unaware of infection,” *AFP wire in Taipei Times*, March 3, 2004.

¹⁹ Multiple e-mail and phone contacts between CDC legislative affairs and the Office of Senator Tom Coburn, April 2007.

²⁰Footnote 13, op. cit.

CDC TARGETS DISEASES ... RESULTS STILL PENDING:

CDC Versus HIV/AIDS

*\$5 Billion over Seven Years in Prevention Funding
Includes International Junkets, Fraud, & “Widespread Deficiencies”*

Human Immunodeficiency Virus (HIV) is a communicable infection that causes the disease Acquired Immune Deficiency Syndrome (AIDS), and one of the top-funded diseases at CDC. The agency will spend \$837 million on domestic HIV/AIDS activities in FY2007, according to the HHS Budget Office.¹ Each year CDC is given more than three-quarters of a billion dollars to fight and prevent HIV and AIDS in the U.S., and yet after spending billions of dollars, CDC year after year continues to report to Congress that an estimated 40,000 people are infected with HIV annually.² This number of new infections has remained unchanged for 12 years. Taxpayers are justified in asking if infection rates are not changing, what has this agency — tasked with the nationwide prevention of HIV/AIDS — done with the \$5 billion domestic HIV/AIDS prevention budget it has received and spent over the past seven years?³

The answer lies in a complicated morass of politics and missing statistics, as well as a lack of internal accountability and oversight procedures. Like few diseases, HIV/AIDS funding levels are highly politicized, with attempts to modify funding or even question grant expenditures being met with extremely heavy resistance and frequent ad hominem attacks on the questioner (one AIDS activist called those attempting to do oversight on prevention funding “right-wing jihadists”).⁴ Even standard oversight practices, such as auditing grantees’ financial records, expected practice in other industries, are met among HIV/AIDS grantees with public relations campaigns and cries to the media of partisan attacks.⁵

Every year CDC presents its budget request to the congressional appropriations committee, and every year, the witnesses testify that HIV/AIDS is a horrible, yet mostly preventable, disease plaguing our nation. The agency and the administration then request additional or level funding for domestic prevention efforts. Past financial irregularities and lack of measurably successful outcomes (such as a reduced rate of infections) do not appear to affect the funding level, or politicians’ eagerness to direct funds toward fighting the disease. This environment helps to continue the cycle of what some call AIDS “exceptionalism” and the creation of an “AIDS industry” that has grown up around and makes a living off government funding.⁶

Inspector General and budget reports have questioned how CDC spends its HIV/AIDS funding, whether the agency was measuring success as reducing the rate of HIV/AIDS, or whether “success” to the CDC meant merely detailing how the agency spent all the funds it received from the taxpayers. Recently the agency has begun to reform by announcing goals and performance measures to account for the billions of dollars appropriated. Congress has responded to the lack of statistics by requiring that by 2011, states report the disease’s case numbers in a uniform manner. Meanwhile, the CDC’s latest request for HIV/AIDS domestic prevention funding is an increase over its previous year funding.

\$5 BILLION OVER SEVEN YEARS IN CDC PREVENTION FUNDING:

In FY2007, federal government spending on HIV/AIDS is estimated to be \$23.3 billion, including \$15.4 billion on treatment and \$2.7 billion on prevention.⁷

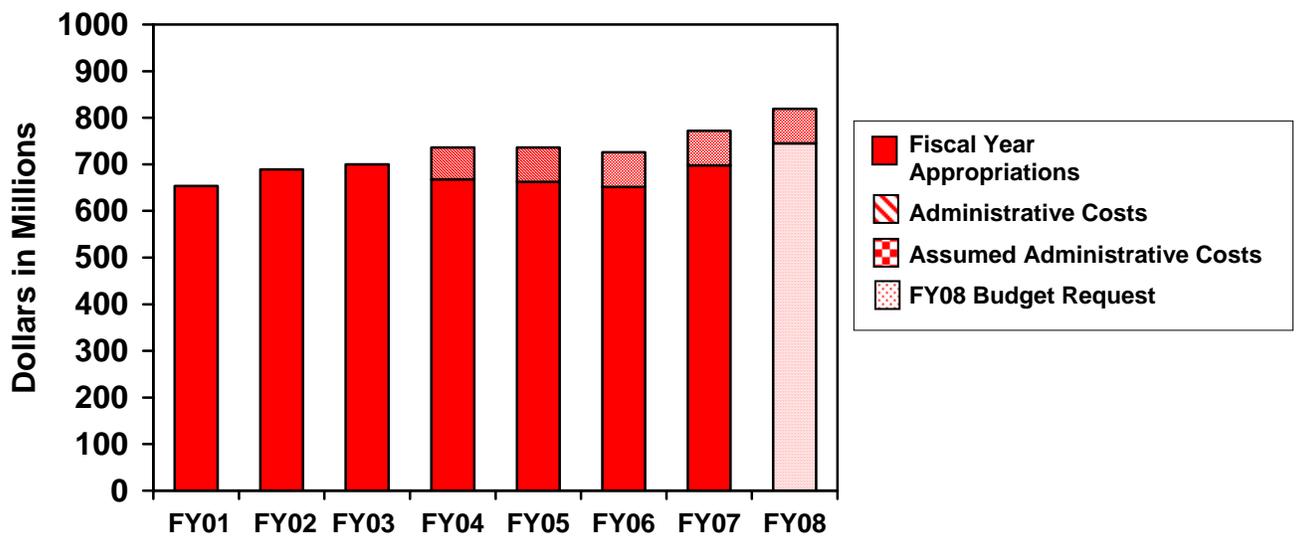
Approximately 93 percent of FY2007 HHS discretionary funding for HIV/AIDS is allocated to three HHS agencies: CDC, which supports HIV/AIDS *prevention* programs; the National Institutes of Health (NIH), which supports HIV/AIDS *research*; and the Health Resources and Services Administration (HRSA), which administers the Ryan White CARE Act, an HIV/AIDS *care, services, and treatment* program.⁸

In FY2007, HIV/AIDS programs within HHS account for 71 percent of federal HIV/AIDS spending, a total of \$16.5 billion for both discretionary and entitlement programs. Within the HHS discretionary budget, funding for HIV/AIDS research, prevention, and treatment programs has increased from \$200,000 in FY1981 to an estimated \$6.2 billion in FY2007.⁹

CDC will be spending \$837 million on HIV/AIDS activities in FY2007, according to the HHS Budget Office.¹⁰ (Note: This total includes the following accounts not included in Figure 2 below: Infectious Diseases Control, Chronic Disease Prevention, Health Promotion, and Genomics, and Birth Defects, Developmental Disabilities, Disability and Health.)

The \$837 million figure does not include the almost \$123 million that comes to CDC as part of the Global AIDS Program.¹¹ Nor does the total, it is worth repeating, include the \$815 million it has already received from the Department of State’s Office of the Global AIDS Coordinator (OGAC) nor any additional funds in FY07.¹² CDC does not “count” these hundreds of millions of dollars from OGAC when releasing its budget, which has the potential to mislead researchers and taxpayers alike when they try to determine how much money CDC has been allocated to fight HIV/AIDS.”¹³

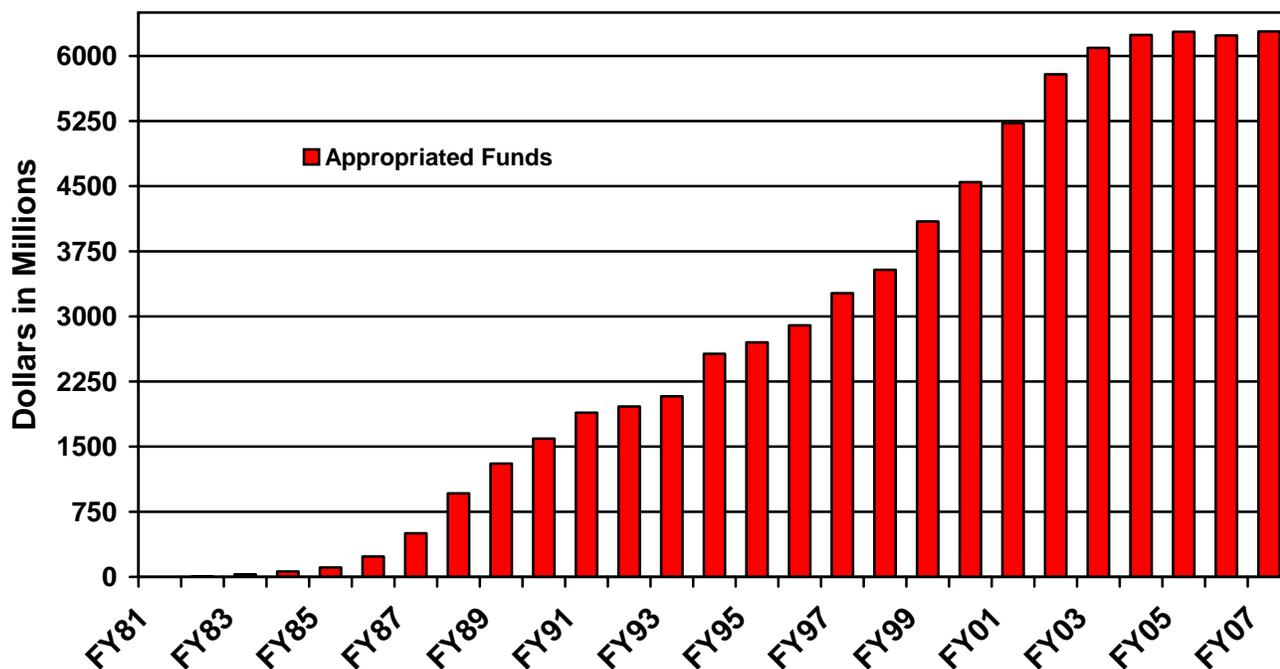
Figure 2. CDC’s Domestic HIV/AIDS Funding by Fiscal Year¹⁴



CHANGE IN BUDGET CALCULATIONS COMPLICATES YEAR-TO-YEAR COMPARISONS:

In fiscal year 2004, CDC adjusted its budget calculation process; no longer listing administrative and management costs for HIV/AIDS in the HIV/AIDS budget. Instead, those costs now are counted elsewhere, thus complicating subsequent year-to-year HIV/AIDS budget comparisons. The Congressional Research Service reported CDC's administrative and management costs for HIV/AIDS in FY04 and FY05, based on CDC's unpublished, internal calculations. Subsequently, CDC stopped calculating and providing such figures and thus FY06-FY08 administrative and management costs are unavailable.¹⁵ For Figure 2 above, it is assumed that administrative costs for the CDC's HIV/AIDS programs have remained constant since FY05.

Figure 3. HHS Discretionary Funding for HIV/AIDS¹⁶



CDC SETS AND MISSES 5-YEAR GOAL TO CUT HIV IN HALF:

In January 2001, the CDC announced its “three-part plan to cut annual HIV infections in the United States in half within five years.” The agency sought to reduce by half the number of Americans who contract HIV each year, from 40,000 people to 20,000 people.¹⁷ In 2006, CDC testified before Congress that there are still an estimated 40,000 people a year infected with HIV.¹⁸ In other words, the CDC goal has not yet been met; in fact the number of new infections has remained unchanged, despite billions in domestic expenditures.

CDC STILL DOES NOT KNOW HOW MANY AMERICANS HAVE HIV:

Though the CDC is able to come up with statistics on how many Americans are bitten by dogs each year (4.7 million), it cannot report how many Americans currently are living with HIV.¹⁹ According to the CDC, approximately 40,000 new people in the United States become infected

with HIV each year.²⁰ That estimate has been repeated in CDC statistics since 1995, regardless of federal HIV spending.²¹

Year after year, CDC releases volumes of data on HIV and AIDS, including estimated rates of infection for certain areas and states and rates of infection among racial and gender subgroups, but nowhere in these reports does CDC release the numbers of Americans infected with virus that causes AIDS.

In June 1988, a Presidential Commission on the HIV epidemic reported to President Ronald Reagan that CDC was an “obstacle to progress” in HIV. The Commission noted a “Lack of strong CDC leadership in the public health community for obtaining and coordinating HIV infection data.”²²

The 1988 Commission recommended that every “reasonable effort” be made to increase the precision of the HIV prevalence and infection rate. Despite years of CDC funding to fight HIV, the Commission wrote that “As of March 1988, CDC acknowledged that a precise statement of the prevalence and rate of spread of HIV infection in the general population is still not available.” And yet, almost 20 years later, CDC still does not have an actual count of Americans living with HIV, and still relies on an estimate for the number of new annual infections.

In 2005, at a national HIV prevention conference, CDC released two possible estimates for calculating HIV and AIDS cases from two years earlier. One of the estimates calculated that “at the end of 2003 an estimated 1,039,000 to 1,185,000 persons in the United States were living with HIV/AIDS, with 24-27% undiagnosed and unaware of their HIV infection. Of these, 417,000 persons were living with HIV (not AIDS), 415,000 were living with AIDS, and 252,000-312,000 were undiagnosed.”²³ This estimate is frequently used by HIV/AIDS groups and it has been repeated by CDC in congressional testimony.

AFTER 20 YEARS OF FUNDING, NO UNIFORM STATE REPORTING OF HIV CASES:

The CDC does not know how many Americans have HIV because despite over 20 years of federal funding to support states’ efforts to track the disease, there currently is not a uniform, nationwide reporting system for HIV cases. This has been due, in part, to the fact that some states adopted different reporting protocols for HIV rather than following long-standing protocols for reporting cases of communicable disease.

In 1998, 20 states and the District of Columbia had their own coded system for recording confirmed HIV cases using, for example, patients’ initials, or social security numbers to create a coded record.²⁴ Reportedly these code-based systems were adopted under the political pressure of AIDS activists who claimed that due to the stigma surrounding HIV/AIDS in the early years of the disease, there was a fear that name-based reporting would discourage HIV testing.²⁵

Instead of trying to require confidential, name-based reporting for HIV cases, CDC actually opposed congressional legislation to implement it nationwide. Despite the fact that since the 1980s, all states have reported AIDS cases to the CDC under a confidential, name-based reporting protocol, in 1998, Helene Gayle, Director of the CDC’s National Center for HIV, STD, and TB Prevention, testified before Congress that proposed legislation requiring name-based reporting for HIV cases “would not add further public health benefit.” She testified that the

legislation “departs from the CDC Guidelines and science-based public health practice by mandating reporting of all HIV-positive tests, by client name, without any provision to support the continuation of anonymous testing.” When Gayle was asked how many states had reported breaches of confidentiality in name-based testing, she admitted that none had reported any breaches.²⁶

At the same time the agency was testifying against more accurate, name-based reporting methods, CDC itself would not count HIV reports from states if they did not come in following confidential, name-based reporting protocols. The agency left the coded reports out of its statistics due to concerns there was double counting of HIV patients and the fact that the different codes could not be reconciled with the name-based reporting system.²⁷

Before the reauthorization of the Ryan White Care Act in 2000, HRSA distributed funding to states through a formula using CDC data on AIDS cases in each state, because every state used a names-based system for AIDS reporting, unlike HIV reporting. This had the effect of some areas getting more HIV/AIDS funding even though their AIDS patients may have already died, while areas with high numbers of HIV cases which had not progressed to AIDS in large numbers, were not receiving adequate treatment funds for their patients due to the funding calculations. In 2000, Congress required that HIV data (from names-based reporting states only) be included for fiscal year 2007 Ryan White funding allocations. This deadline was delayed for some states with certain circumstances.

As of December 2005, only 37 states reported their HIV/AIDS cases in a names-based reporting system which was tallied by CDC.²⁸ Thirteen states, the District of Columbia, and Puerto Rico used a coded system and these 15 jurisdictions, according to one report, might have accounted for almost one-third of all AIDS cases in 2002 (28.7 percent).²⁹ In other words, the CDC was collecting records but not counting perhaps one third of all Americans with HIV/AIDS due to how the data were being reported.

In December 2005, CDC sent a letter to governors of all the non-names-based reporting states warning, “Data from non-name-based systems cannot be included in the counts for the [Ryan White HIV/AIDS federal funding] formulas. Therefore, states that use non-name-based systems are at risk for losing federal dollars.”

JUST AN EDUCATED GUESS ON NUMBERS FOR FIVE MORE YEARS:

Starting in 2011, the Ryan White HIV/AIDS Treatment Modernization Act of 2006 conditions federal HIV/AIDS funds on states having name-based reporting of HIV/AIDS cases, not code-based systems.³⁰ Facing the loss of millions of dollars, most jurisdictions reportedly will work to switch their systems, though such a switch will be costly and time-consuming.³¹

States have slowly come into compliance with HIV reporting protocols and as of December 2006, 51 areas (46 states and five territories) were conducting HIV surveillance using confidential, name-based methods.³²

According to the *Associated Press*, “The names of people infected with HIV will be tracked in all 50 states by the end of 2007.” Illinois switched to names-based reporting in 2006, Massachusetts switched in January 2007 and the remaining three states: Vermont, Maryland and

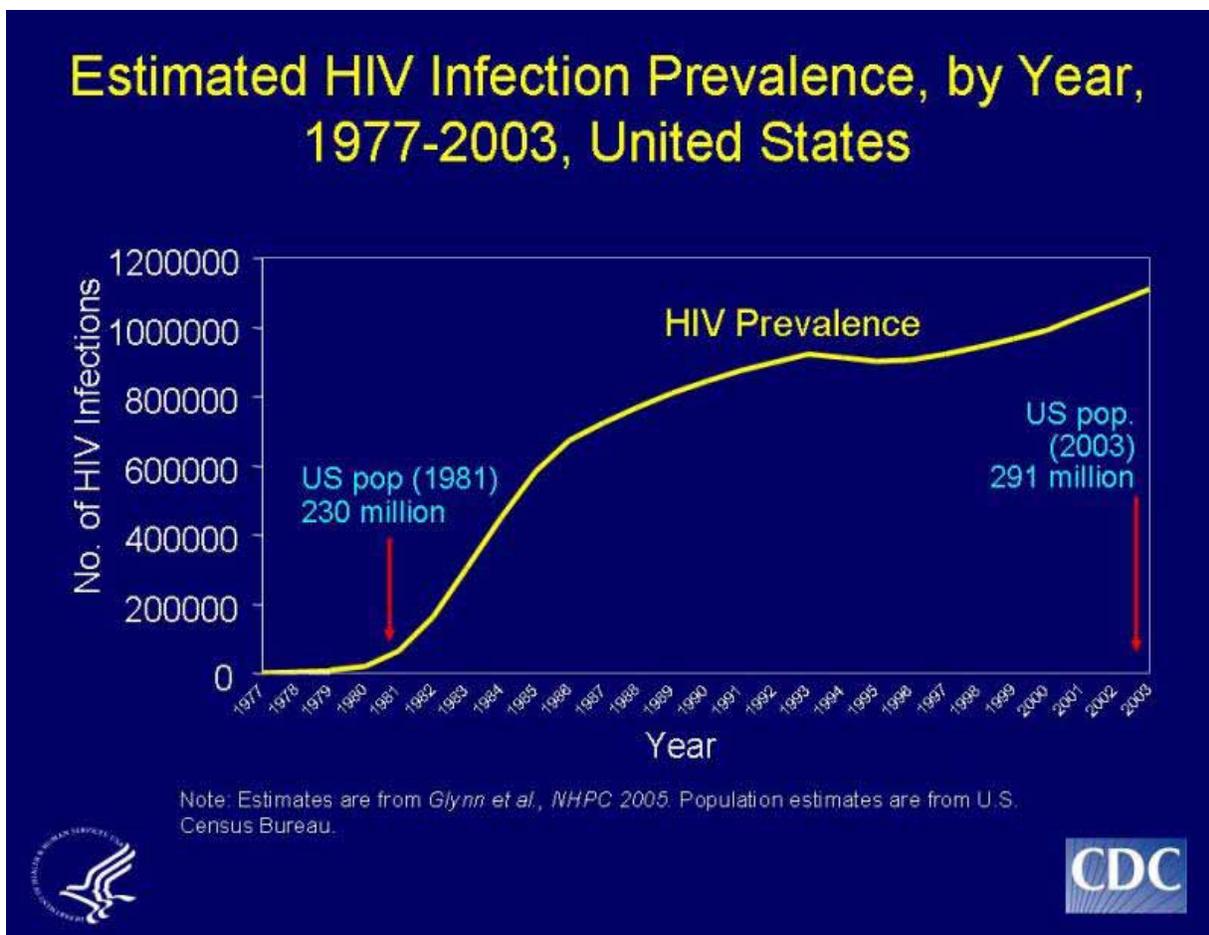
Hawaii, are quickly moving toward adopting names-based surveillance. That more than \$1.4 billion will be distributed in 2007 based on the names-based funding formula is credited with the switch of the final hold-out states.³³

Despite the CDC's yearly budget of over \$800 million to track and prevent the spread of HIV in the U.S., until the states and territories all report uniformly, there will only be estimates of how many Americans live with HIV. The most recent estimate currently available is for three years ago, and that estimate varies by 150,000 people, or more than 10 percent of the cases.

HISTORICAL ESTIMATES FOR U.S. HIV INFECTIONS:

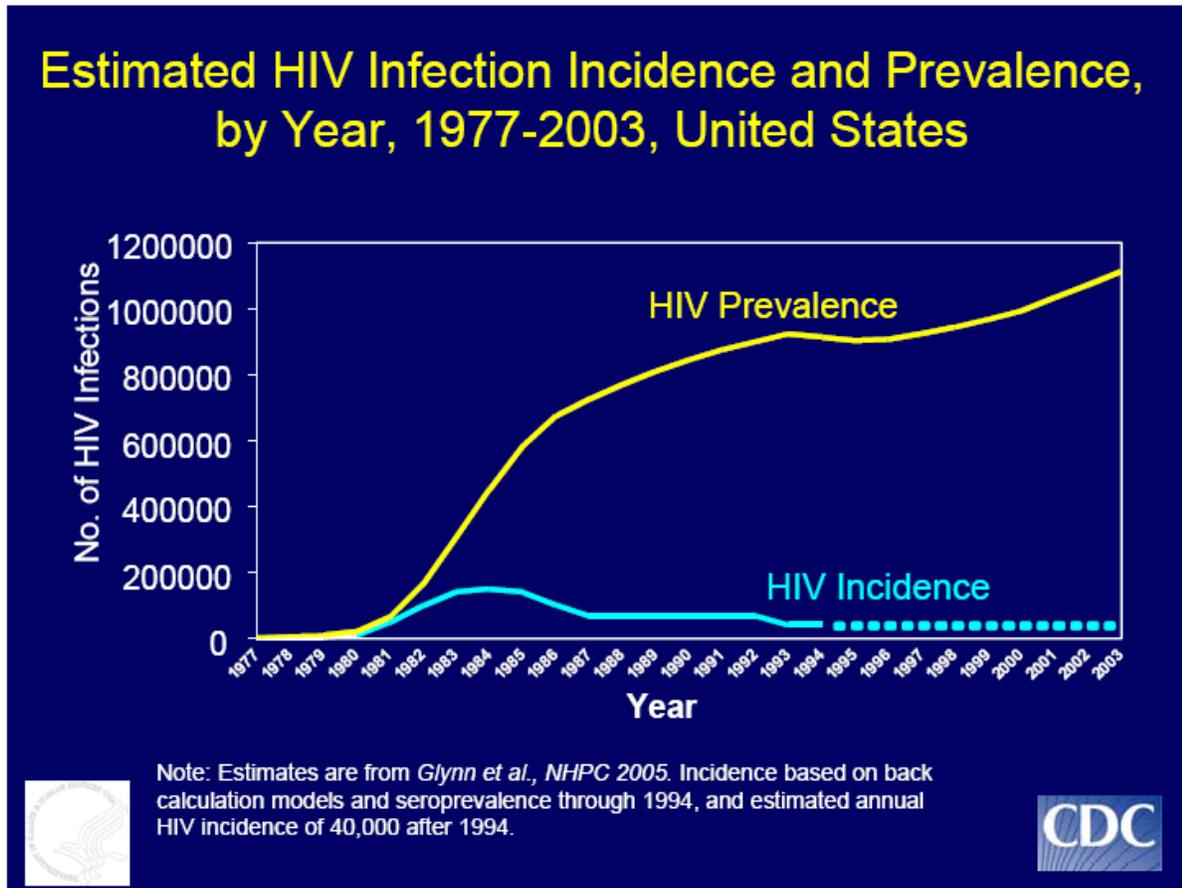
In response to congressional inquiry, CDC released a graph which shows the estimated HIV infection prevalence. HIV prevalence includes all people with HIV infection who are alive at a given point in time, whether or not they have progressed to AIDS. In addition to the estimated new HIV transmissions each year, newer drug therapies are helping people with HIV and AIDS to live longer, a fact which contributes to some of the increases shown.

FIGURE 4. PEOPLE IN THE U.S. LIVING WITH HIV/AIDS



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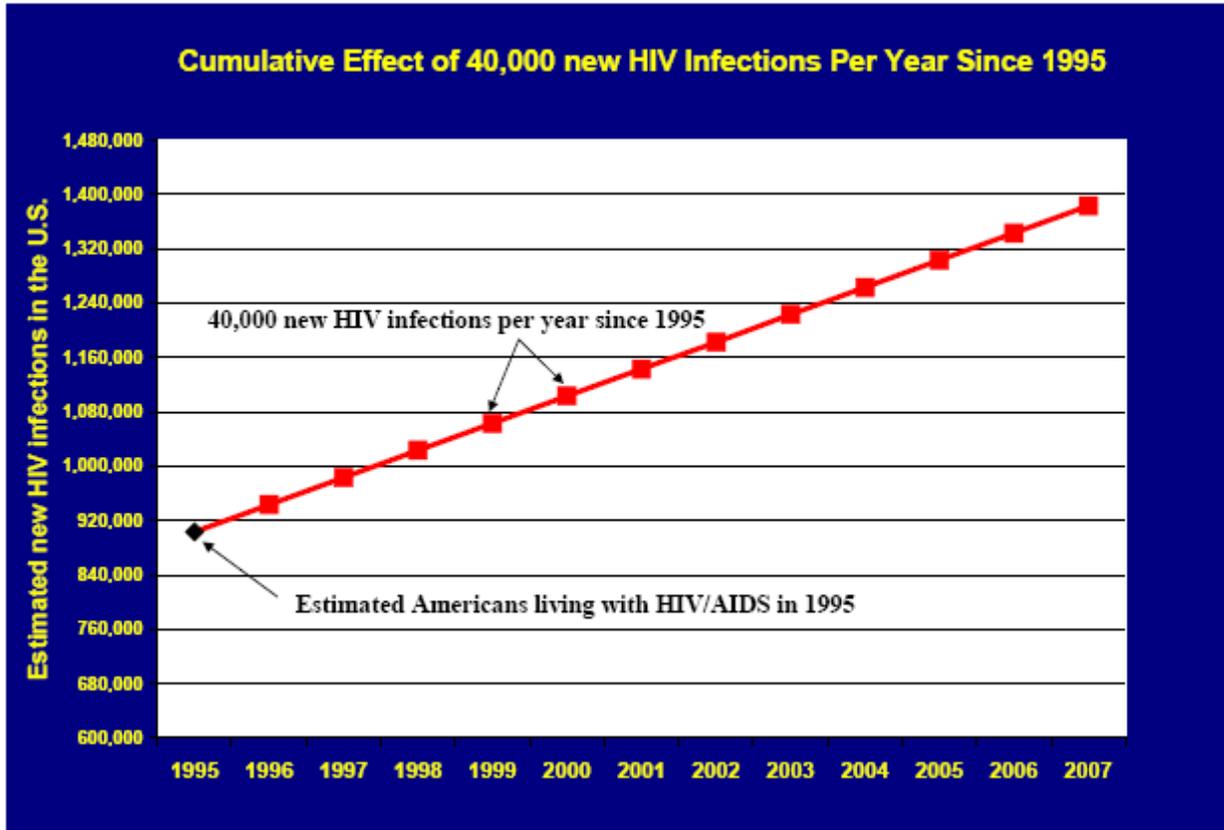
FIGURE 5. PEOPLE IN THE U.S. LIVING WITH HIV/AIDS & YEARLY NEW HIV CASES



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Figure 5 was included in the CDC's 2006 testimony before Congress. The light blue line shows the estimated incidence rate, which is how many new people each year are estimated to have contracted HIV. According to the CDC's testimony, an estimated 40,000 people contract the disease each year, a statistic that has held steady since 1995.

FIGURE 6. 480,000 NEW HIV INFECTIONS IN 12 YEARS



According to unpublished CDC data, the HIV/AIDS prevalence in 1995 was estimated to be 903,265 cases. This means that according to CDC estimates, in 1995, over nine-hundred thousand people in the U.S. had HIV, whether or not the virus had progressed to AIDS.³⁶ In 2006, CDC testified before Congress that each year an estimated 40,000 new people are infected with HIV in the U.S.³⁷

The flat HIV incidence line in Figure 5 may be read by the casual observer as if the infection rate is holding steady and therefore is under control. But in actuality, it is an inexcusable failure that despite billions of dollars in CDC HIV prevention efforts, each year an estimated 40,000 *new* people in the U.S. contract HIV, a communicable and preventable disease.³⁸ The full impact of 40,000 *new* infections each year is more clearly evident in Figure 6, which demonstrates the cumulative effect of 40,000 new HIV infections each and every year. This is not an epidemic that has “stabilized,” as some have suggested, but rather an epidemic that continues to spread unabated.³⁹

Using CDC statistics, over the 12 years shown, an estimated 480,000 people in the United States contracted HIV. Figure 6 does not purport to show how many people were living with an HIV infection that had not progressed to AIDS, because CDC does not have those numbers or historical estimates and it is possible that some of the 40,000 newly infected people each year progressed to AIDS and died and or died of some other cause. Currently, CDC can only provide a one year 2003 estimate of those with only HIV (as discussed above), or a historical estimate that combines HIV and AIDS cases (HIV prevalence shown in Figures 4 and 5).

CDC’S GLOBAL AIDS FUNDING:

In FY2000, for the first time, Congress provided \$34.8 million for CDC’s Global AIDS Program (GAP), and an additional \$11.9 million for global HIV prevention and research through the FY2000 emergency supplemental appropriations. In FY2001, Congress appropriated \$104.5 million to CDC’s GAP (of which \$3 million was committed to Health Resources and Services Administration’s (HRSA) International Training and Education Center on HIV). In FY2002, funding increased again to \$143.7 million. Congress provided about the same level of funding in FY2003: \$142.6 million for GAP and an additional \$40 million for the Prevention of Mother-to-Child HIV Transmission (PMTCT) Initiative. Funding for GAP remained about the same in FY2004; when it received \$142.7 million and an additional \$149.1 million for the PMTCT Initiative.⁴⁰

These funding figures are in addition to global HIV/AIDS funding transferred from OGAC and totaling over \$2 billion in the past four years: FY2004: \$230.6 million, FY2005: \$439.6 million, FY2006 \$578.2 million, and FY2007: \$815 million so far (a figure that is likely to increase, according to the CDC).⁴¹

HIV/AIDS PREVENTION EQUALS INTERNATIONAL TRIPS, FRAUD, & “WIDESPREAD DEFICIENCIES”

The topics summarized below each appear in further detail in subsequent sections of this report:

Taxpayer-Funded “Prevention” Activities (see pages 42-47):

CDC has used its prevention funds to support HIV/AIDS organizations, some of which have very targeted HIV/AIDS prevention missions. Reports indicate some of these groups have used taxpayer HIV/AIDS prevention dollars to hold transgender beauty contests, zoo trips, and classes where men are taught how to flirt and write erotically, among other activities.

Conference Talk Isn’t Cheap:

In response to congressional inquiry, HHS reported that from FY2000 through FY2005, the CDC spent a total of \$44.7 million on conferences, which includes its HIV/AIDS conference costs.⁴² CDC has spent millions on conferences, sending more than 500 CDC employees to international HIV/AIDS conferences, including 157 employees to Vancouver, 90 to Barcelona and 20 to Thailand (down from the 48 originally scheduled to attend).

Conference Circuit (see pages 48-60):

Recent HIV/AIDS conferences supported by and attended by the CDC, its employees, and its grantees have been described as “boisterous political circuses” for the AIDS industry, and those in it that make a living off HIV and AIDS.⁴³ Some examples of CDC attended and funded conferences include:

- A 2002 Barcelona conference that cost U.S. taxpayers \$3.6 million (in HHS costs alone, not including expenditures by USAID and the State Department), where the U.S. Secretary of HHS was shouted down by protestors during his speech. Also in the

audience were 236 HHS attendees, including 90 CDC attendees, though the Vatican, which through its Catholic facilities runs 26 percent of all AIDS treatment centers in the world and treats one-in-every-four AIDS patients, was not invited to attend.⁴⁴

- A 2003 CDC-funded conference in New Orleans featuring a sexually graphic “entertainment” segment about the Vice President of the United States and a workshop on how to defund abstinence education.⁴⁵ Taxpayers paid at least \$300,000 for this prevention conference and the HIV/AIDS prevention group hosting the conference, the National Minority AIDS Council (NMAC), received \$4.7 million in federal funds the same year as the conference.⁴⁶
- A 2004 Thailand conference attended by 17,000 delegates included more than 130 U.S. federal employees, 20 of whom were CDC employees (not including employees stationed in Asia).⁴⁷ The event also featured Brazilian dresses made of condoms, a drag show, art shows, and fashion parades.
- A 2006 Toronto conference, attended by 26,000 people, including 78 HHS employees (of whom many were CDC employees), which cost U.S. taxpayers \$315,000.⁴⁸ The conference included presentations from researchers who said countries must recognize prostitution as “legitimate legal work.”⁴⁹ One convention center exhibit featured three prostitutes lying on a satin-covered bed, which was designed to “look like a typical workplace.”⁵⁰ One prostitute from Thailand was described as “standing amid pillows and sex toys in the [conference’s Stiletto] Lounge. To cheers from a crowd of around 200 people, she demanded health insurance, paid vacation and job security.”⁵¹ The conference also featured a workshop on finding a woman’s erotic zone, one on how to apply condoms through “sex stunts,” and a display of explicit artwork, all of which were described as “hugely popular” at the 16th International AIDS Conference.⁵²
- A fall 2006 conference in Hollywood, Florida, drew 3,500 people, of whom 92 were federal employees, including 67 from the CDC. The HIV/AIDS prevention conference cost U.S. taxpayers over \$410,000 and, among other things, included a session on lobbying, a Latin Fiesta featuring a “sizzling fashion show,” and a beach party that included a 15-foot-high sand sculpture of the CDC-funded sponsor’s logo.⁵³ The executive director of the conference’s sponsor, NMAC (a group that in 2004 received \$3.9 million in government funds and spent \$1.4 million on conferences and \$1 million on consultants), questioned the government’s commitment to HIV/AIDS funding.⁵⁴

Funds for Three International Trips to Talk *About* HIV Could Have Spared 150,000 Infants *From* HIV (see pages 50, 52, and 54):

If the funds CDC spent to register 20 employees for a Thailand conference and to send 90 employees to a Barcelona conference to talk about HIV/AIDS, had instead been used to buy and administer Nevirapine (a retroviral drug that costs less than \$4 a dose and has proven to prevent HIV transmission from mother to child with the administration of just two doses), more than 115,000 infants around the world could have been spared from HIV infection. This does not count the more than 40,000 infants that could have avoided HIV infection if HHS had not sent 78 employees (including an undetermined number of CDC employees) to Toronto to talk about HIV/AIDS at a cost to the federal taxpayers of

over \$300,000. For the cost of these three international conferences alone, more than 150,000 newborns could have been treated with Nevirapine and prevented from contracting HIV.

UNAIDS estimates that 1,800 children worldwide become infected with HIV each day, the vast majority of whom are newborns.⁵⁵ UNAIDS estimates that in 2005, just less than eight percent of pregnant women in low- and middle-income countries had access to services that could prevent the transmission of HIV to their babies.⁵⁶

Inspector General Uncovers Significant Problems Among \$2.6 Billion HIV/AIDS Prevention Grants (see pages 38-40):

CDC's HIV/AIDS prevention grants were found to have "widespread deficiencies" during fiscal years 1999 through 2003 — during which time more than \$2.6 billion was awarded by CDC for state and local HIV/AIDS grants. These findings, contained in a September 2005 HHS Inspector General (IG) report, show a pattern of mismanagement, a lack of oversight, and in one documented example, a willingness of a CDC employee to make up grantee accomplishments simply to keep his projects running.⁵⁷ According to the IG report, "Awards for 14 of the 15 grants lacked clear, specific objectives providing a basis for assessing grantees' accomplishments, and, in fact, 2 of those 14 grants contained no objectives at all."

IG Finds HIV/AIDS Grantees Misuse CDC Funds, Including to Lobby (see pages 84-86):

The HHS IG found a possible misuse of federal HIV/AIDS funds in its audit of the CDC-funded Multicultural AIDS Center (MAC) of Boston, Massachusetts. Over the course of two years, MAC received \$948,000 from the CDC: \$408,000 during 2001 and \$180,000 during 2002 from CDC via the Commonwealth of Massachusetts Department of Public Health's HIV/AIDS Prevention & Education Cooperative Agreement, and \$360,000 in fiscal year 2002 from the CDC under the Community Coalition Development (CCD) Project.⁵⁸

According to the IG audit released in January 2003, "two MAC employees, whose salaries were paid with CDC funds, appeared to be involved in lobbying activities — an unallowable charge under federal regulations. ... [I]t is possible that a portion of the [FY02] total charges of \$360,000 to the CDC's Community Coalition Development Project may have supported unallowable lobbying activities..." The misused CDC funds had been intended "to sustain, improve, and expand HIV prevention services for racial/ethnic minority populations."⁵⁹

Another IG investigation involved the Washington, D.C.-based National Latina/o Lesbian, Gay, Bisexual and Transgender Organization (LLEGO), which was awarded a five-year CDC HIV/AIDS education grant, including a first-year 2004 grant of \$1.15 million. In August 2004, five months after it received its federal grant, LLEGO closed its doors and filed for Chapter 7 bankruptcy after drawing down \$989,255 of its CDC funds.⁶⁰ The federal government is seeking to reclaim more than \$700,000 from LLEGO in bankruptcy court, though it has so far been an unsuccessful effort.⁶¹

The HHS Inspector General determined LLEGO had incurred \$703,181 in “unallowable costs,” instead of on the promised HIV/AIDS education efforts. “LLEGO engaged in activities not covered by CDC’s program announcement, including lobbying, fund-raising and advocating on behalf of gay issues,” the report concluded.⁶²

Funds Go Out, But Results Unknown (see page 41):

Despite spending billions of dollars, the CDC HIV/AIDS prevention programs have been rated as “not performing” and having not demonstrated results, according to the Office of Management and Budget’s (OMB) program assessment.⁶³ This rating indicates that a program has not been able to develop goals or collect data to determine whether it is working.⁶⁴ The OMB report noted that CDC’s HIV/AIDS program “does not have incentives and procedures to make gains more broadly or ways of measuring annual improvements.”

¹ “AIDS Funding for Federal Government Programs: FY1981-FY2008,” Congressional Research Service (CRS), updated March 8, 2007. See Appendix for additional information.

² “A Glance at the HIV/AIDS Epidemic,” CDC, January 2007, <http://www.cdc.gov/hiv/resources/factsheets/At-A-Glance.htm#3>; “Domestic HIV/AIDS Surveillance: Current Trends and Status of HIV Reporting,” testimony of Robert S. Janssen, M.D., CDC’s Director, Divisions of HIV/AIDS Prevention National Center for HIV, STD, and TB Prevention, Coordinating Center for Infectious Diseases, before the Senate Homeland Security and Governmental Affairs Subcommittee on Federal Financial Management, Government Information, and International Security, June 23, 2005, <http://hsgac.senate.gov/files/CDCHIVAIDStestimonyFINAL.pdf>; “The HIV/AIDS Epidemic: 20 Years in the U.S.,” <http://www.whitehouse.gov/onap/facts.html> citing CDC AIDS statistics through June 2000, <http://www.cdc.gov/hiv/stats/hasr1201.htm>.

³ “AIDS Funding for Federal Government Programs: FY1981-FY2007,” CRS, updated April 18, 2006, <http://www.congress.gov/erp/rl/pdf/RL30731.pdf>; CDC FY08 Budget Justification, http://www.cdc.gov/fmo/PDFs/FY08_CDC_CJ_Final.pdf; See Appendix for further detail.

⁴ “U.S. Warns AIDS Group on Funding; CDC Cites S.F. Programs That ‘Appear to Encourage’ Sex,” *Washington Post*, June 14, 2003.

⁵ “Bush Administration Policies on Sex Education, Funding for AIDS Groups ‘Hampering’ Anti-AIDS Efforts, Organizations Say,” *Kaiser Daily HIV/AIDS Report*, October 1, 2002; *Daily HIV/AIDS Report*, August 20, 2002; Inside the Beltway, *The Washington Times*, December 13, 2002.

⁶ “Have We Treated AIDS Too Well? Rationing and the Future of AIDS Exceptionalism,” by David J. Casarett, MD, MA, and John D. Lantos, MD, *Annals of Internal Medicine*, 1 May 1998, Volume 128, Issue 9, <http://www.annals.org/cgi/content/full/128/9/756>; “World spends too much in the fight against Aids,” *The Financial Times*, August 14, 2006, <http://www.ft.com/cms/s/c2fb7574-2bbd-11db-a7e1-0000779e2340.html>, accessed November 2006.

⁷ “AIDS Funding for Federal Government Programs: FY1981-FY2008,” CRS, updated March 8, 2007, <http://www.congress.gov/erp/rl/pdf/RL30731.pdf>.

⁸ Ibid.

⁹ Id.

¹⁰ Id.

¹¹ “Trends in U.S. Global AIDS Spending: FY2000-FY2007,” CRS, December 26, 2006, RL33771.

¹² E-mail correspondence between CDC Program Analyst and the office of Senator Tom Coburn, May 2, 2007.

¹³ “FY2006 CDC/ATSDR Functional Table Financial Management Office,” January 26, 2006, <http://www.cdc.gov/fmo/PDFs/FY06FundFunctAreaTable.pdf>; HHS Fiscal Year 2008 Justification of Estimates for Appropriation Committees http://www.cdc.gov/fmo/PDFs/FY08_CDC_CJ_Final.pdf.

¹⁴ Figure 2 is calculated using unpublished and published data from CDC regarding CDC HIV/AIDS prevention, in addition to “AIDS Funding for Federal Government Programs: FY1981-FY2007,” Congressional Research Service (CRS), updated April 18, 2006, <http://www.congress.gov/erp/rl/pdf/RL30731.pdf>; “AIDS Funding for Federal

Government Programs: FY1981-FY2008,” CRS, Updated March 8, 2007, <http://www.congress.gov/erp/rl/pdf/RL30731.pdf>; HHS Fiscal Year 2008, Centers for Disease Control and Prevention, Justification of Estimates for Appropriation Committees, page 103, http://www.cdc.gov/fmo/PDFs/FY08_CDC_CJ_Final.pdf, accessed February 2007; “Trends in U.S. Global AIDS Spending: FY2000-FY2007,” CRS, updated December 26, 2006; and e-mail correspondence and phone communication with CRS analysts, February-March 2007. The totals shown *include* CDC-wide domestic HIV/AIDS funding, which consists of the following: HIV, Viral Hepatitis, STD, and TB Prevention funding (State and Local Health Departments, Directly Funded Community, National, Regional and Other Organizations, and CDC Research, Surveillance Analysis, Technical Assistance, and Program Support) and administrative and management costs. The totals *do not include* CDC’s HIV/AIDS funding through Infectious Diseases Control funding; Chronic Disease Prevention, Health Promotion, and Genomics funding; Birth Defects, Developmental Disabilities, Disability and Health funding, which are calculated under a different accounting method in recent years and therefore cannot reliably be compared year to year. The totals also do not include funds from the Global AIDS program, either directly from Congress or indirectly through the Office of the Global AIDS Coordinator (OGAC). The FY07 figure is from “FY2007 Joint Resolution [CDC] Detail Table,” http://www.cdc.gov/fmo/PDFs/FY_2007_JR_Detail_Table.pdf, accessed May 2007. (See Appendix for further detail on FY01-08 funding).

¹⁵ “AIDS Funding for Federal Government Programs: FY1981-FY2007,” CRS, updated April 18, 2006, <http://www.congress.gov/erp/rl/pdf/RL30731.pdf>, HIV/AIDS expenditures “have been comparably adjusted downward to reflect the new budget structure at CDC that excludes administrative and management costs. The FY2004 adjustment was about \$68 million, and the FY2005 adjustment was about \$74 million;” HHS Fiscal Year 2008, Centers for Disease Control and Prevention, Justification of Estimates for Appropriation Committees, page 103, http://www.cdc.gov/fmo/PDFs/FY08_CDC_CJ_Final.pdf, accessed February 2007.

¹⁶ “AIDS Funding for Federal Government Programs: FY1981-FY2008,” Table 2. HHS Discretionary Funding for HIV/AIDS, CRS, updated March 8, 2007, <http://www.congress.gov/erp/rl/pdf/RL30731.pdf>. (Note: these figures do not include over \$2 billion in funds for Global AIDS that were transferred from the OGAC.) The FY07 figure is based on the Continuing Resolution level prior to passage of H.J.Res. 20 (Public Law 110-5), which was \$6,236.93 million plus \$45 million in additional HIV funds received by CDC in Public Law 110-5 (\$6281.93 million total). The FY07 figure does not contain an additional \$75 million for HRSA Ryan White funding.

¹⁷ “CDC Aims to Cut New AIDS Infections In Half by Shifting Prevention Strategy,” *Wall Street Journal*, February 7, 2001, <http://www.aegis.com/news/wsj/2001/WJ010204.html>, accessed November 2006.

¹⁸ Footnote 2, Dr. Janssen’s testimony, *op. cit.*

¹⁹ “National Dog Bite Prevention Week,” CDC website, <http://www.cdc.gov/ncipc/duip/biteprevention.htm>, accessed February 2007.

²⁰ *Supra* footnote 2, Dr. Janssen’s testimony.

²¹ *Ibid.*, see Figure 1 of testimony.

²² Executive Summary of the “Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic Submitted to the President of the United States,” June 24, 1988.

²³ “Basic Statistics,” CDC, October 16, 2006, <http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivest>, quoting “Estimated HIV prevalence in the United States at the end of 2003. National HIV Prevention Conference; June 2005; Atlanta, Abstract T1-B1101,” Glynn M, Rhodes P., <http://www.aegis.com/conferences/NHIVPC/2005/T1-B1101.html>, accessed November 2006.

²⁴ Background briefing document prepared for the House Subcommittee on Health and Environment of the Committee on Commerce hearing on the HIV Partner Protection Act (H.R. 4431), September 29, 1998.

²⁵ See “Open Letter to Public Health Officials Regarding Names-Based HIV Reporting,” February 1999, <http://www.glaa.org/archive/1999/namesletter0221.shtml>, accessed February 2007.

²⁶ CDC testimony before the House Subcommittee on Health and Environment of the Committee on Commerce hearing on the HIV Partner Protection Act (H.R. 4431), September 29, 1998.

²⁷ Information from CDC Policy Analyst’s phone conversation with Office of Senator Coburn, January 23, 2007.

²⁸ “Senator Feinstein Calls on CDC To Accept California’s HIV Data,” press release dated May 7, 2004, <http://feinstein.senate.gov/04Releases/r-cdc-hiv.htm>, accessed November 2006.

²⁹ *Ibid.* As of December 31, 2002, 10 areas (California, Hawaii, Illinois, Kentucky, Maryland, Massachusetts, Rhode Island, Vermont, the District of Columbia, and Puerto Rico) had implemented a code-based system to conduct case surveillance for HIV infection. Other areas (Delaware, Maine, Montana, Oregon, and Washington) had implemented a name-to-code system for conducting HIV infection surveillance: initially, names were collected and, after any necessary public health follow-up, names were converted to codes. Connecticut allowed cases of HIV infection in adults and adolescents to be reported by name or code; New Hampshire allowed HIV cases to be reported with or

without a name. Data on cases of HIV infection from these areas were not included in the 2002 HIV data tables, according to CDC's *HIV/AIDS Surveillance Report 2002*,

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2002report/technicalnotes.htm>.

³⁰ Committee Report Number 109-695, accompanying the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

³¹ *Ibid.*; Letter from State of California's Health and Human Services Agency Department of Health Services to health and HIV/AIDS officers, dated August 15, 2006,

http://www.dhs.ca.gov/AIDS/HIVReporting/pdf/LTR_Guidance_to_LHJs_08-14-06%20signed.pdf, accessed March 2007.

³² CDC FY08 Budget Justification, http://www.cdc.gov/fmo/PDFs/FY08_CDC_CJ_Final.pdf.

³³ "HIV Patient Names To Be Tracked Across U.S.: Illinois Switched To Names-Based Reporting In 2006," *Associated Press*, March 30, 2007.

³⁴ CDC graph provided to the office of Senator Tom Coburn, February 2007.

³⁵ *Supra* footnote 2, graph in Dr. Janssen's testimony.

³⁶ Figure provided upon request to the office of Senator Tom Coburn by CDC legislative affairs in e-mail correspondence dated February 13, 2007. The number corresponds with the HIV prevalence line for 1995 in Figures 4 and 5. According to the CDC, this figure is an estimated number "within a range" and is not a "true case coun[t]. There is a 95% chance that the actual count is within the range (i.e., 95% confidence interval)."

³⁷ *Supra* footnote 2, Dr. Janssen's testimony.

³⁸ *Ibid.*

³⁹ The CDC website states, "In the United States, the annual number of new HIV infections has decreased from a peak of more than 150,000 in the mid-1980s and has stabilized since the late 1990s at approximately 40,000."

<http://www.cdc.gov/hiv/topics/aa/cdc.htm>, page last reviewed March 09, 2007.

⁴⁰ "Trends in U.S. Global AIDS Spending: FY2000-FY2007," CRS, December 26, 2006,

<http://www.congress.gov/erp/rl/pdf/RL33771.pdf>.

⁴¹ Footnote 12, *op. cit.*

⁴² October 4, 2005 letter from HHS to Senator Coburn, signed by Assistant Secretary Charles Johnson, CDC "Conference Support Expenditures/Projections by OPDIV/STAFFDIV," FY2000: \$8,558,352; FY01: \$6,982,795; FY02: \$7,642,681; FY03: \$6,926,825; FY04: \$7,056,486; FY05 Projections: \$7,577,478; for a total of \$44,744,647 (Note: CDC Off Center includes later conferences not reflected in these totals).

⁴³ "A Political Circus Is Part of the AIDS Meeting," *op-ed*, *The New York Times*, July 20, 2004.

⁴⁴ "AIDS Conference Excludes Vatican," *ZENIT News Agency*, July 11, 2002, www.zenit.org.

⁴⁵ "Bush bashing' spoils AIDS conference," *The Washington Times*, October 7, 2003,

<http://www.washingtontimes.com/national/20031006-101719-6969r.htm>.

⁴⁶ *Ibid.*

⁴⁷ "Scientists rip US for cutbacks to global AIDS summit," *NATURE MEDICINE*, July 2004.

⁴⁸ May 16, 2006 letter to Rep. Scott Garrett (R-NJ) from HHS, signed by William Steiger, Special Assistant for the Secretary of International Affairs.

⁴⁹ "Legalizing sex trade key to cutting HIV, activists tell AIDS conference," *The Canadian Press*, August 17, 2006.

⁵⁰ *Ibid.*; "Sex workers march for rights at AIDS conference," *Reuters Health*, August 16, 2006; "Sex workers are part of the solution" workshop, <http://www.aids2006.org/PAG/PSession.aspx?s=961>, accessed January 2007.

⁵¹ *Ibid.*, *Reuters*.

⁵² "Sex sells AIDS prevention message at conference," *Agence France Presse*, August 15, 2006; "Where is the Pleasure in Safer Sex?" workshop, <http://www.aids2006.org/PAG/PSession.aspx?s=815>, accessed January 2007.

⁵³ "US Conference on AIDS," Housing Works AIDS Issues Update, September 29, 2006,

http://www.hwadvocacy.com/update/archives/2006/09/us_conference_o.html, accessed October 2006; October 2006

HHS response to an inquiry from Senator Tom Coburn's office reporting that: 5 employees from HRSA, 14 employees from SAMHSA, 67 employees from the CDC, 5 employees from NIH, and one NIH contractor were scheduled to attend and that HRSA spent \$5,827 and CDC spent \$405,000 on the conference; NMAC website, http://www.nmac.org/conferences_trainings/usca/agenda/3893.cfm, accessed October 2006; and e-mailed reports from attendees sent to Senator Tom Coburn's office.

⁵⁴ 2004 National Minority AIDS Council IRS form 990,

<http://www.guidestar.org/FinDocuments/2004/521/578/2004-521578289-021e9463-9.pdf>. Note: the form does not distinguish between federal, state, or local government funding; "AIDS activists urge more funds for treatment," *South Florida Sun-Sentinel*, September 23, 2006.

⁵⁵ "2006 Report on the Global AIDS Epidemic," UNAIDS,

http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp, accessed November 2006.

⁵⁶ Ibid.

⁵⁷ “Management of HIV/AIDS Prevention Grants by the Centers for Disease Control and Prevention,” HHS Inspector General (IG), September 2005, A-04-03-08011, <http://www.oig.hhs.gov/oas/reports/region4/40308011.pdf>.

⁵⁸ “Audit of HIV/AIDS Activities at the Multicultural AIDS Coalition for the Period July 1, 2000 through September 30, 2002,” HHS IG, A-01-02-01503,” <http://oig.hhs.gov/oas/reports/region1/10201503.pdf>.

⁵⁹ CDC’s “Final FY 2004 GPRA Annual Performance Plan, Congressional Justification Submission,” February 2003, <http://www.cdc.gov/od/perfplan/2003/2003perf.pdf>

⁶⁰ “Review of grants issued to the National Latina/o Lesbian, Gay, Bisexual, and Transgender Organization,” HHS IG, June 2006, A-03-05-00351, <http://oig.hhs.gov/oas/reports/region3/30500351.pdf>.

⁶¹ Ibid.; E-mail correspondence from CDC Policy Analyst to office of Senator Tom Coburn dated February 5, 2007.

⁶² “Gay Latino group asked to repay federal grants,” McClatchy Newspapers, October 8, 2006, <http://www.azcentral.com/news/articles/1008gay-latino-group1008.html>, accessed November 2006.

⁶³ OMB Program Assessment, Domestic HIV/AIDS Prevention, <http://www.whitehouse.gov/omb/expectmore/summary.10000254.2005.html>.

⁶⁴ Expectmore.gov.

Some of CDC's \$2.6 Billion in HIV/AIDS Prevention Grants Have No Objectives, Are "Abysmal," and Have Significant Problems ... But Are Funded Anyway

CDC's HIV/AIDS prevention grants were found to have "widespread deficiencies" during fiscal years 1999 through 2003 — during which time more than \$2.6 billion was awarded by CDC for state and local HIV/AIDS grants. These findings, contained in a September 2005 HHS Inspector General (IG) report, show a pattern of mismanagement, a lack of oversight, and in one documented example, a willingness of a CDC employee to make up grantee accomplishments simply to keep his projects running.¹ This IG report shows a disturbing trend that for years and years, once grantees were in the HIV/AIDS grant system, they had access to a never-ending pool of taxpayer dollars, regardless of their performance.

NO OBJECTIVES NEEDED TO WIN SOME CDC HIV/AIDS GRANTS:

According to the IG report, "Awards for 14 of the 15 grants [reviewed] lacked clear, specific objectives providing a basis for assessing grantees' accomplishments, and, in fact, 2 of those 14 grants contained no objectives at all.

"...The objective of one grant, for example, was to evaluate the effectiveness of other grants and to 'provide evaluation resources' to assist other grantees in measuring their own effectiveness. However, the grantee could not develop an evaluation protocol acceptable to CDC during the 3-year grant period and was unable to perform an intended study, even though it expended all grant funds. A grantee official stated that the organization never understood what CDC wanted it to do."

NO ACCOMPLISHMENTS NEEDED TO WIN ADDITIONAL FUNDS:

Of the 15 grants audited by the IG, the CDC awarded continuation grants to 13 organizations, even though they had reported few or no accomplishments or had failed to submit required accomplishment reports.

"CDC awarded continuation grants to all of the 13 organizations with multiyear projects even though the grantees had reported little in the way of actual accomplishments or had failed to report their accomplishments on a timely basis," the IG found.

In some instances, the IG's office observed, and CDC project officers confirmed, that "awards were based on the available funding levels rather than on a realistic determination of the amount actually needed to carry out specific functions. When an existing grantee failed to reapply for continuation funds, for example, the previously earmarked funds were simply reallocated among the remaining grantees *regardless of specific needs*" (emphasis added).

One project officer "termed a grantee's performance 'abysmal' but told us that he had been instructed not to restrict funding on any grants," according to the IG report.

NO BACKGROUND CHECK PERFORMED FOR CDC GRANTEES:

Despite regulations requiring audits, the IG noted, “Files for 11 of the 15 grants did not contain an audit report for any of the 5 years in our audit period, or any evidence that the reports had been obtained, and none of the files contained audit reports for every year. Further, 14 of the 15 grant files had no evidence that CDC personnel had queried databases that catalogued previous grant awards to identify grantees that had been debarred or placed on special restrictions because of significant operational problems. The 15th file indicated that CDC staff checked the databases for 1 of the 5 years but contained no evidence that they analyzed the data.

“If CDC personnel had reviewed A-133 audit reports ... they would have noted that 8 of the 15 grantees were in weak financial positions or had significant management and/or operating deficiencies.”²

CDC CITES SIGNIFICANT PROBLEMS BUT RENEWS GRANTS ANYWAY:

The IG report notes, “The grant files showed that technical reviewers had noted significant deficiencies in 10 of the 13 organizations applying for continuation grants, but CDC did not require corrective action as a condition of the awards. The files contained no evidence that CDC personnel asked 5 of the 10 grantees to provide additional information in response to the noted deficiencies. Further, although grant files contained no evidence of any response from four of the five organizations that had been requested to provide additional information, CDC took no additional action.”

ACCOMPLISHMENTS DOCTORED BY CDC STAFF:

One project manager interviewed by the IG’s auditors was found to have “consistently overstated grantees’ accomplishments” and “acknowledged that he had done so because he had no choice but to characterize his grantees’ accomplishments as at least acceptable to keep his project going.”

In another example, a project office told the auditors “that he believed he had to prepare technical reports praising grantees to maintain their funding and acknowledged that he had prepared inaccurate and unsupported reports.”

DESPITE \$74 MILLION SPENT ON ADMINISTRATIVE COSTS, CDC CLAIMS LACK OF RESOURCES TO MONITOR GRANTS:

The CDC, in response to the IG’s report cited above, admitted “an overarching need to better monitor grants and to better comply with grant administration requirements ... At the same time, CDC recognizes that competing priorities and restricted resources hamper the ongoing ability to better document all aspects of grant administration.”³

The year CDC cited restricted resources as a reason it was hampered in watching over grantees, it is estimated the HIV/AIDS prevention administration and management budget was \$74 million, or 9.4 percent of CDC’s HIV/AIDS domestic budget.⁴

NEVER TOO LATE TO START MONITORING PERFORMANCE:

In the summer of 2001, President George W. Bush's Administration launched the President's Management Agenda, which requires agencies to work to improve government performance. In response to this, and a full twenty years after the federal government started funding HIV/AIDS programs, "CDC **began** in 2002 to identify high-quality outcome measures to more accurately monitor the performance of programs. CDC **began** including performance measures into all new grants and cooperative agreements as a term and condition of the award ... In addition, grantees are **now** required to address progress toward achieving the measurable outcomes of the performance goals ... and discuss measures of effectiveness in progress reports" (emphasis added).⁵

¹ All references in this section are from this Inspector General (IG) Report (unless otherwise noted): "Management of HIV/AIDS Prevention Grants by the Centers for Disease Control and Prevention," HHS IG, September 2005, A-04-03-08011, <http://www.oig.hhs.gov/oas/reports/region4/40308011.pdf>.

² OMB Circular A-133 contains information on Audits of States, Local Governments, and Non-Profit Organizations.

³ Letter to Deputy Inspector General for Audit Services from CDC's Chief Operating Officer, dated May 12, 2005, as contained in Appendix to IG report, <http://www.oig.hhs.gov/oas/reports/region4/40308011.pdf>.

⁴ "AIDS Funding for Federal Government Programs: FY1981-FY2007," CRS, updated April 18, 2006, <http://www.congress.gov/erp/rl/pdf/RL30731.pdf>.

⁵ Footnote 3, op. cit.

CDC's Domestic HIV/AIDS Program: Results Not Demonstrated

Despite spending billions of dollars over the past decade, the CDC HIV/AIDS programs — intended to prevent HIV infection and reduce the incidence of HIV-related illness through research, surveillance and grants for HIV/AIDS prevention activities — have been rated as “not performing” and having not demonstrated results, according to the Office of Management and Budget’s (OMB) program assessment.¹

An OMB rating of “Results Not Demonstrated” indicates that a program has not been able to develop acceptable performance goals or collect data to determine whether it is performing.²

The OMB review reported that initially the domestic HIV/AIDS program “made progress on reducing new infections from 120,000 in the late 1980’s to 40,000 in the mid-1990’s, but this level has not changed for several years. ...The program has taken steps to improve the efficiency of Federal operations, but **does not have** incentives and procedures to make gains more broadly or **ways of measuring annual improvements**” (emphasis added).³

CDC TRACKS THE MONEY, JUST NOT THE RESULTS OR COST EFFECTIVENESS

The following are the results of the OMB assessment of CDC’s HIV prevention program⁴:

Budget Review Question:

- Is the program budget aligned with the program goals in such a way that the impact of funding, policy, and legislative changes on performance is readily known?

Answer:

- No. CDC’s budget is currently aligned for financial accounting purposes, not for measuring performance.

Budget Review Question:

- Does the program demonstrate improved efficiencies and cost effectiveness in achieving program goals each year?

Answer:

- No. There are no measures of efficiency nor cost-effectiveness for this program. CDC’s new initiative, “Advancing HIV Prevention: Strategies for a Changing Epidemic,” has the potential to improve agency efficiency in meeting the program goals.

Taxpayers have a right to expect that an agency spending billions on preventing diseases should in fact be tracking whether or not those diseases are being prevented, should be demanding results and efficiency from its grantees, and should be eliminating non-performing grantees from future eligibility for grants. While CDC currently is trying to reformulate its process in light of OMB’s failing assessment, the fact that there was not a system in place for monitoring performance — after more than two decades and billions of dollars in HIV/AIDS spending — is unconscionable.

¹ OMB Program Assessment, Domestic HIV/AIDS Prevention, <http://www.whitehouse.gov/omb/expectmore/summary.10000254.2005.html>, <http://www.whitehouse.gov/omb/expectmore/detail.10000254.2005.html>

² Expectmore.gov.

³ Footnote 1, op. cit.

⁴ Ibid.

CDC-Funded Events Feature Porn Stars & Prostitute Tips, Transgender Beauty Contests, and Flirting Classes

HIV is a deadly, communicable disease, with known transmission methods and identifiable high-risk populations. Yet, since 1995, CDC reports that every year an estimated 40,000 Americans are infected with HIV. Taxpayers may question whether or not CDC's decision to award prevention grants to certain groups may in fact be to blame for some of these new infections that could have — and should have — been prevented.

Instead of focusing efforts on partner-notification, risk avoidance, early diagnosis through routine testing, and other proven epidemiological approaches for preventing the spread of communicable diseases, all too often many of CDC's largest grantees were hosting events that produced questionable, if any, results and in some cases promoted activities in direct contradiction with known risk-behaviors for spreading the disease.

One of CDC's largest HIV/AIDS grantees was cited for actually using CDC prevention funds to encourage sexual behavior. CDC guidelines for AIDS assistance programs direct that no funds are to "be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse."¹ They further note that this shall "not be construed to restrict the ability of an education program to provide accurate information about ... [AIDS], provided that any informational materials used are not obscene."² After years of congressional inquiry, CDC finally sent a warning letter to the offending group whose activities were encouraging sexual behavior.

RELATIONS WITH MALE PROSTITUTES:

On April 10, 2003, the CDC-funded Stop AIDS Project of San Francisco, California hosted an event regarding "Men for Hire." The featured speaker was Joseph Itiel, who, it was advertised, "presents practical tips and covers the seven guidelines for safe and friendly relations with escorts."³ Mr. Itiel had authored a number of books, including *A Consumer's Guide to Male Hustlers* (which purports to "acquaint readers who have a vigorous sexual appetite with a resource") and *Sex Workers As Virtual Boyfriends*. Shortly after the event, he released *Escort Tales: The Trophy Boy and Other Stories*.⁴

Mr. Itiel told one newspaper that his workshop was an appropriate prevention tool. "Stop AIDS gives options to people where safe sex is discussed and I did discuss safe sex at length. ... My subject was singled out because the powers that be don't view prostitution in a positive light."

According to the *Bay Area Reporter*, Mr. Itiel argues sleeping with a sex worker is a way to engage in safe sex, "If you pick up a sex worker, you have complete control of the situation. ... If you go to a sex club, you can have sex with say 10 people who had sex with another 10 people. If you go to a sex worker, you couldn't afford to see someone 10 times a day. Plus, he has less sex and is exposed to fewer diseases, logically."⁵

FLIRTING 101:

On February 10, 2004, the CDC-funded Stop AIDS Project of San Francisco hosted a two-hour workshop that was advertised as instructing participants how “to flirt with greater finesse.” The event was entitled “Got Love? #2 - Flirt / Date / Score.”⁶

ZOO TRIPS FOR HIV POSITIVE PEOPLE:

In April 2002, the CDC-funded Stop AIDS Project of San Francisco hosted a zoo trip as part of its HIV prevention program for those who are already infected with HIV. According to the CDC, zoo trips and other social outings are important to prevention efforts because it helps to create a “social network” or “peer group” to “influence positive behaviors,” which CDC described as reinforcing and promoting “safe sex norms.”⁷ The CDC reported a total of 27 people participated in the zoo trip. The costs included transportation and staff time and the passes were provided by the zoo.

EROTIC WRITING CLASSES:

In April 2003, the CDC-funded Stop AIDS Project of San Francisco hosted a four-part “erotic writing workshop” where participants were to “Start by exploring your fantasies and get support for you [*sic*] creative writing process.”⁸

AUDIT FINDS GROUP’S ACTIVITIES ENCOURAGE SEXUAL ACTIVITY AND ARE OBSCENE ... YET CDC CONTINUED TO FUND GROUP:

In response to congressional inquiry, it was reported that in 2000, the Stop AIDS Project of San Francisco received \$698,000 in federal funds, including CDC HIV prevention grants and that these funds were used to fund the activities listed above.⁹

In 2001, HHS’s Inspector General (IG) noted that two other CDC-funded STOP AIDS Project HIV prevention workshops, entitled “Booty Call” and “Great Sex,” “could be viewed as ‘encourag[ing], directly ... sexual activity’ in violation of CDC’s guidance ... and as ‘obscene,’ and thus not in compliance with CDC guidance.”¹⁰

Despite the IG’s 2001 findings, the CDC-funded organization advertised the next year for another “Booty Call” workshop, which again provoked congressional inquiries, and subsequently was cancelled on the day of the event. The organization said the event was cancelled for low turnout.¹¹

The IG followed up with the STOP AIDS Project and, according to a 2003 letter to the House Subcommittee on Criminal Justice, Drug Policy and Human Resources, the CDC claimed that “the design and delivery of STOP AIDS prevention activities was based on current accepted behavioral science theories in the areas of health promotion.”¹²

CDC AUDITOR WOULD INVITE MOM TO GRAPHIC WORKSHOPS:

One CDC auditor who was in California to review the STOP AIDS workshops, such as “Booty Call” and “Men for Hire,” is reported to have told another CDC employee, “I would take my mother to this.”¹³

CDC WARNS GROUP, YET FEDERAL FUNDS STILL FLOW:

Despite some CDC employees’ comfort with the federally funded workshops, in June of 2003, CDC Director Dr. Julie Gerberding wrote to San Francisco-based STOP AIDS Project that some of the group’s HIV prevention workshops violate the ban on encouraging sexual activity and asked the group to discontinue the workshops.¹⁴ According to news reports, she threatened to revoke as much as \$500,000 in federal grants if the group failed to comply.¹⁵

STOP AIDS Project’s spokesperson told one newspaper that she was “shocked” by the CDC letter and the director of the San Francisco health department said that he supports the workshops and would use city funds to supplement the Stop AIDS Project budget if the group lost federal funds. “We in San Francisco believe that to reach the men who have sex with men who are at highest risk of HIV transmission, we need to speak the same language they do, and we need to have workshops that draw them in.”¹⁶

One local AIDS activist questioned this rationale. “Stop AIDS Project claims that they can only reach at risk gay men by putting on provocative programs like Booty Call,” said AIDS activist Michael Petrelis of San Francisco. “By their own admission, this program has a low turn out as those they are trying to reach have either been turned off or tuned out their provocative workshops. And while Stop AIDS Project is wasting and misusing federal HIV resources, the City’s HIV rate is soaring to the highest levels in 20 years, according to the SF [San Francisco] health department.”¹⁷

Another AIDS activist seems to imply that no amount of government oversight is reasonable when it comes to CDC prevention funding: “The message you send not just to STOP AIDS Project, but to thousands of grass-roots prevention groups across the country, is that a group of right-wing jihadists with political power will be looking over their shoulders as they attempt to meet the prevention needs of their communities,” Terje Anderson, executive director of the National Association of People with AIDS, wrote to CDC Director Julie L. Gerberding.¹⁸ At the time of his “jihadists” comment, Anderson’s group, the National Association of People with AIDS, was the recipient of \$1.4 million in federal grant funds (much of it likely from CDC), and it continued to receive over \$1.3 million a year for the next two fiscal years.¹⁹

PORN STARS HEADLINE CDC-FUNDED SAFE-SEX EVENT:

In July 2002, a CDC-funded group in Missouri called Blacks Assisting Blacks Against AIDS (BABAA) hired Memphis gay porn star Edgar Gaines, whose movie name is Bobby Blake, to attend a “safe-sex” event at the BABAA’s Executive Director’s downtown loft. Gains was paid \$500 from a syphilis elimination grant.²⁰ The porn star appeared at the event in a towel and cowboy boots.²¹ After an investigation, the money was subsequently reimbursed to the CDC and

the group fired the two people in charge. “We felt that even with [Gaines] being at the event with just a towel and boots on was totally inappropriate and something we don’t condone,” said Donnell Smith, a lawyer and vice chairman of the group’s board.²²

The event also prompted the St. Louis Health Department to cancel the remaining \$6,000 of its \$96,000 syphilis prevention grant to Blacks Assisting Blacks Against AIDS, according to a news report. The grant reportedly was the smaller of two grants BABAA received through the city from the CDC. In 2002, it was reported that BABAA received a total of approximately \$1.6 million in government assistance.²³

According to one news report, the St. Louis City auditors’ report noted the AIDS group bought \$14,487 in equipment without following federal bidding rules and billed one of its grants \$3,642 more for salaries than it actually paid employees. The chairman of BABAA’s board told a newspaper the group hoped to win back the syphilis grant and would continue serving AIDS patients.²⁴

CDC-FUNDED DRAG CONTEST:



On May 12, 2001, the Mr./Ms. UTOPIA pageant entitled “Jewel of the Pacific” was held at the Southeast Community College Auditorium. U.T.O.P.I.A is The United Territories of Polynesian Islanders’ Alliance, a 501(c)(3) located in San Francisco, California. The organization was formed “to provide support to the Polynesian Gay, Lesbian, Bisexual, and Transgender community.”²⁶ A flyer for the event notes “funding by the Centers for Disease Control and Prevention” and “Partial funding by Centers for Disease Control and Prevention through Asian & Pacific Islander Wellness Center.” According to a person answering the phone number listed on the flyer, the event was primarily a transgendered contest, although anyone was welcome to enter.²⁷ HIV testing was advertised as being available on-site at the event.

The Asian & Pacific Islander Wellness Center, the group noted in the flyer as passing CDC funding through to the pageant, has a mission “to educate, support, empower and advocate for Asian and Pacific Islander [A&PI] communities — particularly A&PIs living with, or at-risk for, HIV/AIDS.” In 2001, the Center’s revenue was almost \$3 million. In 2003, according to its website, its revenue was a little less than in 2001, but still near \$3 million. While federal funding figures are unavailable for 2001, the group reports the federal government provided 38 percent of their 2003 budget, which would equal approximately a million dollars. In 2005, the federal government’s portion grew to 49 percent of its \$3.366 million budget, or over \$1.6 million.²⁸

According to CDC data, Asian-Americans have one of the lowest HIV and AIDS rates in the United States. “At the end of 2004, an estimated 212,572 persons were known to be living with HIV (not AIDS) in the 35 areas with confidential name-based HIV infection reporting since 2000: 49% were black, 34% white, 15% Hispanic, and **1%** each were American Indian/Alaska Native and **Asian/Pacific Islander**. At the end of 2004, approximately 415,193 persons in the United States were living with AIDS: 43% were black, 35% white, 20% Hispanic, and [**less than**] **1%** each were American Indian/Alaska Native and **Asian/Pacific Islander**” (emphasis added).²⁹

Despite receiving millions of dollars from the federal government in the past few years, according to the Asian & Pacific Islander Wellness Center’s website, in the last 17 years the organization only has “served over 600 HIV-positive A&PIs.”³⁰

¹ “Interim Revision of Requirements for Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions Used in Centers for Disease Control and Prevention Assistance Programs,” *Federal Register*, June 15, 1992.

² Ibid.

³ Stop AIDS website, <http://www.stopaids.org/>;

http://www.stopaids.org/mod.php?mod=calendar&op=show_event&event_id=391, accessed April 2003.

⁴ Amazon.com, http://www.amazon.com/s/ref=nb_ss_gw/104-2691215-9413507?url=search-alias%3Dstripbooks&field-keywords=Joseph+Itiel+&Go.x=12&Go.y=11&Go=Go, accessed October 2006.

⁵ “Stop AIDS on defensive again,” *Bay Area Reporter*, June 19, 2003.

⁶ STOP AIDS website, <http://www.stopaids.org/programs/events/index.html>, accessed February 2004.

⁷ According to CDC officials on a conference call with the House Government Reform Committee in response to congressional inquiries, April 19, 2002.

⁸ STOP AIDS website, <http://www.stopaids.org/>, accessed April 2003.

⁹ “Federal Funding of San Francisco Stop AIDS Project,” Memorandum from HHS Inspector General Janet Rehnquist to Secretary Tommy Thompson, October 12, 2001. SAP was awarded “almost \$698,000 in Calendar Year 2000 to provide outreach services, develop and hold workshops, and train members of the community as workshop providers... We thus believe that CDC funding was used to support all Project activities.”

¹⁰ Letter from HHS Inspector General Janet Rehnquist to HHS Secretary Tommy Thompson, entitled “Federal Funding of San Francisco Stop AIDS Project – INFORMATION,” dated October 12, 2001, Note: brackets in original letter.

¹¹ “CDC to SF AIDS group: Cancel ‘Booty Call’ event,” blog posting by Michael Petrelis, April 26, 2002, <http://www.indybay.org/newsitems/2002/04/26/1250021.php>, accessed October 2006.

¹² February 2003 letter from the CDC, signed by CDC director Dr. Julie Gerberding, as quoted in “CDC Asks Stop AIDS Project To Discontinue ‘Controversial’ HIV Prevention Programs,” *Kaiser Daily HIV/AIDS Report*, June 16, 2003.

¹³ “Science Gets Sacked,” *The Nation*, September 1, 2003.

¹⁴ “AIDS program could lose funding over explicit material,” *USA Today*, June 16, 2003.

¹⁵ “U.S. Warns AIDS Group on Funding; CDC Cites S.F. Programs That ‘Appear to Encourage’ Sex,” *Washington Post*, June 14, 2003.

¹⁶ Ibid; *AP/Philadelphia Inquirer*, June 16, 2003, as reported in *Kaiser Daily HIV/AIDS Report*, June 16, 2003.

¹⁷ Footnote 11, op. cit.

¹⁸ Footnote 15, op. cit.

¹⁹ According to [fedspending.org](http://www.fedspending.org), the National Association of People with AIDS received the following amounts in federal grants: FY03: \$1,158,927; FY04: \$1,363,236; and FY05: \$1,315,114, http://www.fedspending.org/faads/faads.php?&recipient_name=National%20Association%20of%20People%20with%20AIDS&record_num=f500&detail=0&datatype=T&reptype=r&database=faads&sortby=f.

²⁰ “Two who hired porn star are fired,” *St. Louis Post-Dispatch*, November 6, 2002.

²¹ Ibid.

²² Id.; Note: the group has since changed its name to Regional Education Advocacy Coalition on HIV/AIDS (REACH) according to “AIDS Group May Go Under, Says Audit; Agency’s Budget Might Plummet with Cuts in Grants,” *St. Louis Post-Dispatch*, March 18, 2004.

²³ “Auditors Finds More Problems with AIDS Agency that Used Federal Funds to Hire Porn Star,” *St. Louis Post-Dispatch*, January 28, 2003.

²⁴ Ibid.

²⁵ 2001 Mr./Ms. UTOPIA pageant photos on UTOPIA website, <http://www.polyutopia.com/>, accessed November 2006.

²⁶ UTOPIA website, <http://www.polyutopia.com>, accessed November 2006.

²⁷ E-mail report from House Subcommittee on Criminal Justice, Drug Policy and Human Resources staffer, dated May 7, 2003.

²⁸ The Asian & Pacific Islander Wellness Center website, http://apiwellness.org/financial_account.html, accessed November 2006.

²⁹ CDC’s 2004 *HIV/AIDS Surveillance Report*

http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006supp_vol12no1/commentary.htm;

<http://www.cdc.gov/hiv/topics/surveillance/basic.htm#aidsrace>;

http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006supp_vol12no1/table9.htm.

³⁰ The Asian & Pacific Islander Wellness Center website, updated in 2006, <http://apiwellness.org/livhiv.html>, accessed November 2006.

CDC-Funded Conferences

Was \$45 million spent on conferences the best use of taxpayer funds?¹

Though professional conferences are essential in many fields, CDC-funded conferences appear to have evolved into an industry unto themselves that year after year meets — often in the warmer climates during the colder months — to decry the lack of spending in their particular field. Even conference participants acknowledge that their colleagues travel from conference to conference essentially talking to each other and fighting each other over the pot of federal funding.² It seems little time is spent reflecting on what could be done on the ground to actually fight HIV, for example, if taxpayer funds were not spent on transcontinental flights, hotel accommodations, and large registration fees to attend conference after conference.

In response to congressional inquiry, HHS reported that from FY2000 through FY2005, **the CDC spent \$44.7 million on conferences.**³ Taxpayers have a right to ask if the CDC spending \$45 million on conferences in just six years alone was the best use of taxpayer funds.

The following is just a sample of some of the conferences CDC funded:

YOUTH CONFERENCE FEATURING ABORTION GROUPS, MTV, AND LOBBYING:

The CDC was listed as a platinum sponsor for a June 1-4, 2004, Global Health Council youth conference in Washington, D.C., that was to feature International Planned Parenthood (IPPF), the United Nations Population Fund (UNFPA), MoveOn.org, and MTV, as well as an “advocacy day” on Capitol Hill.⁴

The event entitled “Youth and Health: Generation on the Edge” featured the head of the UNFPA as a keynote speaker. UNFPA lost U.S. federal funding for violating U.S. law through its support of and involvement in China’s coercive one-child policy.⁵ In one undercover investigation, a UNFPA representative in China was found to share an office with the Chinese official responsible for enforcing the one-child policy — an official who carried out his work through coercive and forced abortion and sterilization.⁶ UNFPA has been unapologetic about its work in China and it started a grassroots effort in response to the loss of U.S. funding. The CDC-funded youth conference was not only honoring the UNFPA head with a spot as a featured speaker, but it actually scheduled a conference session so the UNFPA could share how it was mobilizing its supporters to donate more money in response to the loss of U.S. federal funds.

The CDC-sponsored conference also featured an IPPF speaker who helped develop a “youth manifesto” with a goal that “society must recognise the right of all young people to enjoy sex and to express their sexuality in the way that they choose” and that “sexual and reproductive health services for young people must be confidential.”⁷ This terminology is frequently used by IPPF and others in the industry to oppose parental notice and consent efforts regarding contraception and abortion for minors. IPPF is one of the largest abortion-performing organizations in the world, and its director-general was quoted as saying abortion is a “human right” that her group would not sign away.⁸

After congressional backlash, HHS, CDC, and USAID pulled their collective \$365,000 in financial support for the conference, which according to HHS spokesman Bill Pierce was due to a law prohibiting federal dollars to be spent on lobbying. He said the group's plans to hold an "advocacy day" on Capitol Hill would have violated that law.⁹

DRUG LEGALIZATION CONFERENCE:

HHS and CDC sponsored an August 19-20, 2005, Utah conference hosted by the Harm Reduction Project and the Harm Reduction Coalition — organizations that support tacit legalization of drugs, including methamphetamine. Several sessions planned for the conference appear to promote illegal drug use and risky sexual behavior such as, "We Don't Need a 'War' on Methamphetamine," and "You Don't Have to Be Clean & Sober. Or Even Want to Be!"¹⁰

The CDC sent six employees to the conference and \$13,500 in CDC funds were used to support the conference.¹¹ According to the CDC Director, proper protocols were not followed regarding the CDC grantee getting the required CDC approval for expenditure of federal funds.¹²

According to a press release, the Deputy General Counsel of the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control canceled his participation in the conference when he learned about its "disturbing content [and t]he Oklahoma State Bureau of Narcotics and Dangerous Drugs Control conveyed to Dr. Coburn's office their frustration about being misinformed by conference organizers."¹³

One of the presenters had earlier been quoted as saying, "For a lot of people, meth use is a rite of passage and it really does increase sexual pleasure." He also criticized current so-called safer sex messages promoting condom use every time as no longer effective and instead encouraged "harm reduction techniques" during risky sexual behavior.¹⁴

MILLIONS SPENT ON AIDS CONFERENCES:

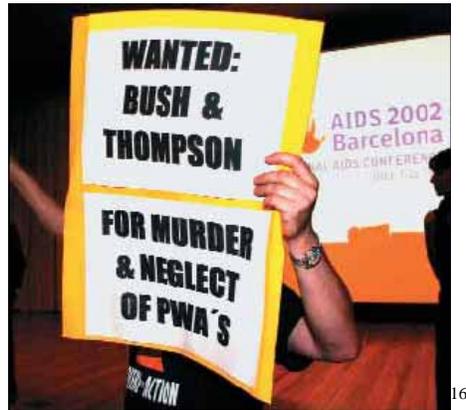
Atlanta 2001: In the spring of 2001, the CDC's HIV/AIDS prevention director notified community-based HIV/AIDS organizations that they could use federal funds to attend an upcoming conference entitled "Capacity building for HIV Prevention" in Atlanta, Georgia. Specifically CDC noted, "Your cooperative agreement funds may be used to support travel, lodging, per diem expenses, and registration fees for your attendance at this meeting" which was to help enhance their skills in the areas of organizational and infrastructure development; intervention design, implementation and evaluation, community mobilization, and HIV prevention community planning participation. One of the skills for these grantees: learning to dance. The preliminary agenda for Wednesday, April 4, 2001, included instruction on the skills of "Cultural Dance — Latin Dance" with a "Disco to follow."

Hundreds of CDC employees travel to talk:

In response to congressional inquiry, CDC reported the following number of CDC employees attending international AIDS conferences:¹⁵

- 1992/Amsterdam: 43
- 1993/Berlin: 50

- 1994/Yokohama, Japan: 30 (estimate)
- 1996/Vancouver: 157
- 1998/Geneva: 80
- 2000/Durban: 68
- 2002/Barcelona: 90
- 2004/Thailand: 20
- 2006/Toronto: 78 HHS employees (includes CDC employees)



Barcelona conference attendee protests U.S. treatment of people with AIDS

Barcelona 2002: The 14th International Conference on AIDS held in Barcelona, Spain, in July 2002 hosted 236 HHS attendees, including 90 CDC attendees, and cost taxpayers \$3.6 million in federal funds. In response to congressional inquiry, HHS reported travel costs made up over \$1 million of the total cost to taxpayers.¹⁷ The CDC alone, it was reported, spent \$908,866 on travel to this conference.¹⁸ HHS Secretary Tommy Thompson flew to Barcelona to deliver an address on HIV/AIDS on behalf of the U.S. (which gives more money to fight the disease than any nation in the world), but was “shouted down” by protestors and was unable to be heard.

Despite the fact that 26 percent of all AIDS treatment centers in the world are Catholic facilities, and that the Catholic Church looks after one-in-every-four AIDS patients, the conference held in Barcelona, Spain, excluded the Vatican.¹⁹

CDC Trip Funds Could Have Spared More Than 113,000 Newborns from HIV

If the funds CDC spent on travel to send 90 employees to Barcelona to talk about HIV/AIDS instead had been spent on Nevirapine (a retroviral drug that costs less than \$4 a dose and has proven to prevent HIV transmission from mother to child with the administration of just two doses), **more than 113,000 infants around the world could have been treated and spared from HIV infection.**

UNAIDS estimates that 1,800 children worldwide become infected with HIV each day, the vast majority of whom are newborns.²⁰ UNAIDS estimates that in 2005, just less than 8 percent of pregnant women in low- and middle-income countries had access to services that could prevent the transmission of HIV to their babies.²¹

New Orleans 2003: On September 18-21, 2003, the CDC-funded National Minority AIDS Council (NMAC) sponsored a 2,800-person AIDS conference in New Orleans featuring an entertainer who, in a skit described by attending AIDS activists as “extremely graphic,” boasted that she had sexual relations with Vice President Dick Cheney. Carole Bernard, director of communications for NMAC, said the song was well-received, “the feedback that we have gotten is that they loved her song. People cheered and applauded.”²²

According to news reports, the conference received at least \$300,000 in funding from several HHS agencies (including CDC and the Health Resources and Services Administration (HRSA)), while the U.S. Agency for International Development (USAID) and the U.S. Department for Housing and Urban Development (HUD) also were listed on the conference program as “government partners.” The conference also featured a workshop entitled “Abstinence-Based vs. Comprehensive Sexuality Education,” where a presenter “provided a blueprint to get abstinence education defunded and out of schools,” according to one attendee.²³ A separate workshop presenter argued that abstinence education is politically motivated and “harmful” to children.²⁴ In 2003, NMAC received \$4.7 million a year in federal funds.²⁵

Thailand 2004: The 15th International AIDS Conference in Bangkok, Thailand, drew more than 17,000 delegates and according to one report, “Science took a back seat to the concurrent sessions on social, economic, legal, policy making and other aspects of AIDS. Three elephants depicted on the conference logo became an unintentional symbol of the boisterous political circuses that AIDS conferences have become.”²⁶ Another report said, “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.”²⁷

The event also featured, “Brazilian dresses made of condoms [and] a drag show from Indonesia ... [along with] dozens of other cultural performances, art shows, fashion parades and films from around the world [that] will be featured at the international AIDS conference this month in Bangkok to break the monotony of scientific sessions,” according to event organizers.²⁸

In response to congressional inquiry, federal agencies reported that more than 130 federal employees, including 20 CDC employees, attended the event. This number does not include employees stationed in Asia.²⁹ The CDC originally, and in violation of HHS restrictions, planned to send 48 employees.³⁰

The registration fee was between \$800 and \$1,250 per person, which amounted to between \$16,000 to \$25,000 in registration fees alone for non-Asia-based CDC employees, not counting travel expenses and hotel costs.³¹ If the originally planned 48 CDC employees had attended, registration costs would have totaled between \$38,400 and \$60,000.

The U.S. Ambassador on AIDS said of the Thailand conference, “You really need to say was the value that was generated by this kind of a conference worth that kind of money or could part of that money be spent more efficiently in some other directions in order to fight HIV/AIDS. ... There is a kind of an industry that’s developed of people who spend their time talking to each other ... I think we need to evaluate ... that the value that is generated by the cost of bringing them here, is something that’s justified as opposed to putting that money in other parts of our HIV efforts.”³²

One report said, “The sound bites from last week’s AIDS conference in Bangkok were straight out of a Michael Moore movie.”³³ AIDS activists denounced the Bush Administration and abstinence-until-marriage education. “The United States contributes more money for AIDS than any other country. Yet participants in Bangkok still harshly criticized the Bush administration for doing too little, emphasizing a policy of abstinence and severely restricting the number of government scientists allowed to attend the conference.”³⁴

CDC Trip Funds Could Have Spared Thousands of Newborns from HIV

Just using the CDC employees’ Thailand conference registration fees, between 2,000 to 3,125 infants around the world could have been treated with two doses of Nevirapine (a retroviral drug that costs less than \$4 a dose and has proven to prevent HIV transmission from mother to child with the administration of just two doses) and spared from HIV infection.

Philadelphia 2004: In March 2004, a CDC-sponsored STD Prevention Conference in Philadelphia included a 200-person, anti-abstinence education protest organized by, among other groups, Housing Works, a New York-based group that received more than \$1.9 million in funding from the Department HUD in 1999 and 2000.³⁵ The same week the protesting grantees gathered, the House Government Reform Committee voted to reduce the CDC’s event and conference funding by \$7 million calling the events “luxuries” and saying past conferences have been “noted for ... political, rather than public health content.”³⁶ A CDC spokesman said, “The protest ... took place outside of the venue and it occurred after the session had ended,” adding that the conference provided a forum for scientists to share “new information about advances in STD prevention.”³⁷

Toronto 2006:



Laxmi Narayan Tripathi, a transvestite from India, looks at a dress made of condoms by Brazilian artist Adriana Bertini, along with another condom dress by the same artist, on exhibit at the International AIDS conference in Toronto³⁸

“T-shirts, condoms, grant proposals and 20,000 people. It must be the International Aids Conference in Toronto ... the biennial jamboree for what now constitutes an ‘Aids industry’ engaging everything from big pharma to ‘anthropologists for sex workers’ rights’ groups. Nearly every participant makes a living in this industry.”³⁹

The 16th Annual International AIDS conference held August 13-18, 2006 in Toronto, Canada, included 26,000 participants from 170 countries, approximately 3,000 of whom were journalists.⁴⁰ One report estimated conferees were spending at least \$13 million on the conference, assuming \$500 per participant.⁴¹

In response to congressional inquiry, HHS reported it planned to spend \$315,000 on the International AIDS Conference in Toronto, Canada, as well as send 78 federal employees.⁴² The costs included \$170,000 for hotel and per diems, \$45,000 for registrations, \$65,000 for airfares, \$15,000 for a share of a booth, and \$20,000 for a satellite HRSA meeting regarding the President’s emergency plan for AIDS relief (PEPFAR).⁴³

The conference included presentations from researchers who said countries must recognize prostitution as “legitimate legal work,” in both criminal law and labor codes, to fight HIV and other diseases among “sex workers” and the broader population.⁴⁴ One convention center exhibit, sponsored by Stella, the Montreal “sex workers” alliance, featured three prostitutes lying on a satin-covered bed, which was designed to “look like a typical workplace.” According to a Stella representative, at least 24 prostitutes from 21 countries, whom she referred to as “sex workers,” were on scholarship to attend the Toledo conference.⁴⁵ One prostitute from Thailand was described as “standing amid pillows and sex toys in the [conference’s Stiletto] Lounge. To cheers from a crowd of around 200 people, she demanded health insurance, paid vacation and job security.”⁴⁶

The conference also featured a workshop on finding a woman’s erotic zone, one on how to apply condoms through “sex stunts,” and a display of explicit artwork, all of which were described as “hugely popular” at the 16th International AIDS Conference.⁴⁷ Also featured was clothing made

from condoms, by artist Adriana Bertini of Sao Paulo, Brazil, who has “been making her condom fashions for 10 years.”⁴⁸

Reports indicated that the Bush Administration, which has funded the world’s largest donor program for HIV/AIDS, repeatedly came “under attack” for focusing on abstinence and monogamous relationships over condom distribution in the prevention of HIV/AIDS and also for refusing to fund needle-exchange programs for drug addicts or any activities “promoting prostitution.”⁴⁹ (The U.S. focus on these areas and the restrictions on funds were enacted into law by the United States Congress by overwhelming majorities in both the House and the Senate. The law does not prohibit the federal government or its grantees from providing health assistance to prostitutes.⁵⁰) According to the U.S. Global AIDS Coordinator, the U.S. planned to distribute 477 million condoms in 2006, up from 320 million in 2001.⁵¹

Stephen Lewis, the UN Secretary General’s Special Envoy for HIV/AIDS in Africa, said in his closing session keynote speech, “What has to happen, I think, is that we place a temporary moratorium on the endless, self-indulgent proliferation of meetings, seminars, roundtables, discussion groups, task forces ad nauseam, plus the production of reports, documents, monographs, statistical data ad repetition, and concentrate every energy at country level.”⁵²

**Federal Trip Funds Could Have Spared
Almost 40,000 Newborns from HIV**

If the funds HHS spent sending 78 employees to Toronto to talk about HIV/AIDS had been spent on Nevirapine (a retroviral drug that costs less than \$4 a dose and has proven to prevent HIV transmission from mother to child with the administration of just two doses), **more than 39,000 infants around the world could have been treated and spared from HIV infection.**

If the 26,000 Toronto conference attendees, who it was estimated spent \$13 million to attend, had instead pooled their resources for retroviral drugs, they could have treated 1.63 million infants.

Hollywood, Florida 2006:



Photo from NMAC registration form ⁵³

More than 3,500 people involved in AIDS work gathered in Hollywood, Florida, in September 2006 for The U.S. Conference on AIDS (USCA), sponsored by the National Minority AIDS Council (NMAC).⁵⁴ In response to congressional inquiry, it was reported that 92 federal employees attended this conference, including 67 from the CDC, and that over \$410,000 in federal funds were spent on the conference.⁵⁵

Conference registration ranged from \$360 to \$595 per person.⁵⁶ Thus, conference registration alone for CDC employees was between \$33,120 to \$54,740, not including transportation and lodging. According to one news report, federal HHS funds paid for “scholarships” that enabled “at least 950” people to attend the conference, which may have cost \$342,000 in registrations alone.⁵⁷

Activists attending the conference said President Bush and Congress have cut money for education campaigns that teach youth and adults how to prevent the AIDS virus through safe sex and abstinence and are not increasing funds to treat additional cases of HIV that the widespread testing will find. NMAC’s government relations director asked, “Where’s the money?”⁵⁸

In fiscal year 2006, the federal government spent \$21.05 billion in 2006 on HIV/AIDS, including \$13.8 billion on treatment, and \$2.2 billion on prevention.⁵⁹ Despite the federal government spending billions of federal HIV/AIDS funds (including grants to NMAC, one of the largest HIV/AIDS grant recipients), there are a reported 40,000 new cases of HIV each year.⁶⁰

According to its 2005 IRS 990 filing, NMAC received \$3.5 million in government funds, spent \$1.5 million on conferences, and earned \$435,695 million from conference registrations. The group paid its executive director \$172,652 in salary and \$8,633 in deferred compensation, and provided him with a \$4,368 expense account. In 2005, NMAC spent \$588,855 on consultants — down from the over \$1 million it paid consultants in 2004.⁶¹

The Hollywood, Florida conference included a session on lobbying, a Latin Fiesta, featuring a “sizzling fashion show,” and a beach party that included a 15-foot high sand sculpture of the NMAC and USCA logo.⁶²

2006 STD CONFERENCE FEATURING THE DANGERS OF ABSTINENCE:

The CDC scheduled a 2006 National STD Prevention Conference with a panel entitled “Are Abstinence-Only-Until-Marriage Programs a Threat to Public Health?” The panel was to be made up of speakers who claim abstinence-until-marriage programs are not effective and are even dangerous.

Among the announced panelists was the vice president for public policy of the Sexuality Information and Education Council of the United States (SIECUS), a federally funded advocacy group that promotes contraception-based, sex-education programs and has spearheaded a campaign to stop federally funded abstinence education programs.⁶³ The CDC scheduled the SIECUS panelist to speak about a report critical of abstinence curricula that was prepared by the partisan congressional staff on the House Government Reform Committee for Democrat Congressman Henry Waxman of California.⁶⁴ Though the “Waxman Report” was released to the press, it was not a peer-reviewed scientific document published in any scientific journal.

Like SIECUS, Congressman Waxman, a long-time proponent of federally funded, contraceptive-based, (often graphic) sex-education programs, has repeatedly called for the defunding of federal abstinence education programs.⁶⁵ This despite the fact that according to one report, in 2002 alone, the government spent \$12 promoting contraception and condom use for every \$1 it spent to encourage teens to abstain from sexual activity.⁶⁶

Another presenter was to focus on why states take federal abstinence funds and why some implement abstinence education instead of comprehensive, contraception-based education to “better understand the political process involved to modify these unfortunate circumstances.”⁶⁷ Abstinence programs, the presenter was to argue, “are not empirically supported and have been tied to actually raising STD infection rates.”

Yet an April 2003 study published in *Adolescent and Family Health* found that increased abstinence accounted for 67 percent of the decline in pregnancy rate for teen girls ages 15 to 19, and 51 percent of the drop in the birth rate for single teen girls was attributed to abstinence. A similar study released in the August 2004 *Journal of Adolescent Health* attributes 53 percent of the decline in pregnancy rates for 15-17 year olds to decreased sexual activity, which was larger than the decline attributed to contraceptive use.⁶⁸ A study released in April 2007 of four of the 400 federally funded abstinence programs reported that “Contrary to concerns raised by some critics of ... abstinence[-until-marriage] funding, however, program group youth were no more likely to have engaged in unprotected sex than control group youth.”⁶⁹

The CDC’s scheduled panel was in direct opposition to what the CDC’s director called “the first line of defense against HIV/AIDS.” In her 2002 speech accepting the appointment to the Director of the CDC, Dr. Julie Gerberding reminded those present that CDC’s core identity is as an “agency that promotes ‘safer, healthier people’ in all communities.” She went on to define healthier people as including “healthy youth – who are physically fit and abstain from smoking and sexual activity that poses a threat of HIV and STDs.” Dr. Gerberding spoke of the successful HIV prevention program in Uganda and said, “Abstinence and monogamy, along with the avoidance of risky behaviors, are the first line of defense against HIV/AIDS.”⁷⁰

After a congressional inquiry from Congressman Mark Souder (R-IN) questioned the panel's balance, the CDC changed the panel to include two supporters of abstinence education programs, and cancelled the presentation on Congressman Waxman's report.⁷¹ In response to CDC actually balancing the panel with both proponents and opponents of federal abstinence-until-marriage programs, Congressman Waxman sent a letter to HHS Secretary Leavitt claiming, "In effect, it appears that presentations at a public health conference were censored because they criticized abstinence-only education. This attempt at thought control should have no place in our government."⁷²

TAXPAYERS PAY FOR CONFERENCE TRIPS FOR GRANTEES IN ADDITION TO FEDERAL EMPLOYEES:

It is not just the federal employees who use tax dollars to travel to conferences, but some of the grantees themselves use CDC grant funds to pay for their trips. A grant application from the Better World Advertising (BWA) company, which received a \$520,000, 12-month CDC contract for HIV prevention services, included a provision that the grantee's "Project Coordinator will attend at least one HIV Prevention related conference this funding cycle."⁷³

The CDC continued to fund this group and pay for its conference travel, despite some of its previously controversial work. For example, one CDC-funded BWA commercial, which included a shirtless transgender with breasts, was rejected for day-time airing by a local television station. BWA's owner evidently felt that the innocence of children was an unfair standard for buying air time. He told the *Bay Area Reporter*, "What KGO [the local station] said is that children six or seven years old will see it and ask their parents about it and they won't know what to say," said Les Pappas, president of Better World Advertising, which produced the ads and had offered the station \$12,000 to air them during daytime TV. "It's outrageous."⁷⁴

Two years later the group again came under fire for placing a cartoon penis and syphilis sores on bus shelters. The owner of the advertising space told the *San Francisco Chronicle*, "Things like that come up, and we're sensitive to it, especially when there are children around. ... We just asked them to tone down the graphics is all." Again BWA's Les Pappas pushed back, "Since it's a public health thing, I think it calls for people to be a little more enlightened."⁷⁵

CONCLUSION

Whether or not it can be demonstrated that grantees benefit from attending federally funded conferences, one thing is clear: the conference circuit appears to have taken on a life of its own, with grantees and federal employees traveling from one conference to another on the taxpayers' dime. At some point, the CDC will need to decide whether or not spending \$45 million over the last six years on conferences is the best use of limited federal funds to prevent and control diseases. Perhaps putting an end to the all-expense-paid visits to the international HIV "biennial jamboree" and putting the money saved toward the direct reduction of mother-to-child transmission of HIV would be a start.⁷⁶ Until such a reprioritization occurs, cries of lack of funding emanating from participants at CDC-funded luxury conferences will continue to ring somewhat hollow.

¹ CDC's website claims the agency, "pledges to the American people: To be a diligent steward of the funds entrusted to it [and to] ensure that our research and our services are based on sound science and meet real public needs to achieve our public health goals;" <http://www.cdc.gov/about/mission.htm>, accessed October 2006.

²2004 op-ed by Laurie Garrett, *The New York Times*, as quoted in *Nature*, August 2006, <http://www.nature.com/nature/journal/v442/n7103/full/442602a.html>; Stephen Lewis' keynote address to Toronto AIDS Conference, August 18, 2006, http://www.stephenlewisfoundation.org/news_speech_item.cfm?news=1382, accessed October 2006.

³ October 4, 2005 letter from HHS to Senator Tom Coburn, signed by Assistant Secretary Charles Johnson, CDC "Conference Support Expenditures/Projections by OPDIV/STAFFDIV" FY2000: \$8,558,352; FY01: \$6,982,795; FY02: \$7,642,681; FY03: \$6,926,825; FY04: \$7,056,486; FY05 Projections: \$7,577,478; for a total of \$44,744,647 (Note: CDC Off Center includes later conferences not reflected in these totals).

⁴ "Outrage as HHS joins MoveOn.org," *The Hill*, April 22, 2004.

⁵ Letter to Congress from Secretary of State Colin Powell, July 21, 2002, <http://www.house.gov/hensarling/rsc/doc/UNFPAletter.pdf>.

⁶ Testimony of Josephine Guy, Director of Governmental Affairs, America 21, before the House Committee on International Relations hearing entitled "Coercive Population Control in China: New Evidence of Forced Abortion and Forced Sterilization," October 17, 2001,

http://commdocs.house.gov/committees/intrel/hfa75761.000/hfa75761_0.HTM, accessed October 2006.

⁷ "Preliminary Program, Youth and Health: Generation on the Edge," Global Health Council 31st Annual Conference, June 1-4, 2004, www.globalhealth.org, accessed May 2004; International Planned Parenthood Youth Manifesto, <http://www.ippf.org/NR/rdonlyres/8D8B8E8E-9224-47A6-8626-A0906F79DBBA/0/youthmanifesto.pdf>, accessed October 2006.

⁸ "Fearing Audit, Group Repays \$700,000 Used to Fund Abortions," *The Washington Times*, Oct. 5, 2000.

⁹ "Health Council's Chief Criticizes Administration," *Washington Post*, June 4, 2004; <http://www.washingtonpost.com/wp-dyn/articles/A13851-2004Jun3.html>.

¹⁰ August 16, 2005 letter from Senators Grassley, Brownback, DeWine, Inhofe, Coburn, and Graham to HHS Secretary Leavitt.

¹¹ October 28, 2005 letter from CDC Director Julie Gerberding, M.D. to Senator Coburn in response to congressional inquiry.

¹² Ibid.

¹³ "Coburn Criticizes U.S. Department of Health and Human Services for Offering Tacit Support of Meth Legalization," press release from the office of Senator Coburn, August 17, 2005.

¹⁴ "Meth conference to focus on 'comprehensive care;' Organizers want to explore mix of drug, unsafe sex, HIV," *Washington Blade*, August 12, 2005, quoting Michael Shernoff, <http://washingtonblade.com/2005/8-12/news/national/meth.cfm>, accessed October 2006.

¹⁵ HHS indicated that the 2004 figure does not include the field staff already in Asia, though it is not clear if the totals from other years have similar exclusions.

¹⁶ "Scientists rip US for cutbacks to global AIDS summit," July 2004, *Nature Medicine*; photo of 2002 Barcelona AIDS conference (PWA stands for people with AIDS).

¹⁷ Follow-up letter from 28 House Republicans to HHS Secretary Tommy Thompson, October 10, 2002, in response to his first reply to a July 17, 2002 congressional letter regarding the Barcelona, Spain AIDS Conference.

¹⁸ Ibid.

¹⁹ "AIDS Conference Excludes Vatican," *ZENIT News Agency*, July 11, 2002, www.zenit.org

²⁰ "2006 Report on the Global AIDS Epidemic," UNAIDS, May 2006, http://www.unaids.org/en/HIV_data/2006GlobalReport/default.asp, accessed October 2006.

²¹ Ibid

²² "Bush bashing' spoils AIDS conference," *The Washington Times*, October 7, 2003, <http://www.washingtontimes.com/national/20031006-101719-6969r.htm>, accessed October 2006.

²³ Ibid.

²⁴ Id.

²⁵ Id.

²⁶ "A Political Circus Is Part of the AIDS Meeting," op-ed, *The New York Times*, July 20, 2004.

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- ²⁷2004 op-ed by Laurie Garrett, *The New York Times*, as quoted in *Nature*, August 2006, <http://www.nature.com/nature/journal/v442/n7103/full/442602a.html>, accessed October 2006.
- ²⁸“Bangkok AIDS Meeting to Feature Drag Show,” *Associated Press*, July 2, 2004.
- ²⁹Footnote 16, *Nature Medicine*, op. cit.
- ³⁰“U.S. cuts 28 CDC experts at forum,” *The Atlanta Journal-Constitution*, July 25, 2004.
- ³¹“Activists fume over cost of ‘access for all’ AIDS conference in Bangkok,” *Agence France Presse*, June 29, 2004; “U.S. Tax Dollars Funding International Conferences?,” *Family News in Focus*, July 19, 2004, <http://www.family.org/cforum/fnif/news/a0032922.cfm>, accessed October 2006. Early registration (presumably before Thailand taxes) was reported as \$800, standard registration was \$900, while late registration was \$1,250 after taxes, which still totals at least \$16,000, if all CDC employees registered early and \$38,400 as the lowest possible cost had the original 48 employees scheduled to attend not been cut back to 20 attendees.
- ³²“Interview With Ambassador Randall Tobias: International AIDS Conference, Bangkok, Thailand,” Kaiser Family Foundation, July 14, 2004, <http://www.kaisernetwork.org/aids2004/tobias>, accessed October 2006.
- ³³“AIDS Activists Misfiring,” op-ed, *The Washington Post*, July 19, 2004, <http://www.washingtonpost.com/wp-dyn/articles/A60578-2004Jul18.html>.
- ³⁴Footnote 26, op. cit.
- ³⁵“Federal funds for event attacked,” *The Washington Times*, March 12, 2004, <http://washingtontimes.com/national/20040311-113621-4202r.htm>.
- ³⁶House Committee on Government Reform Views and Estimates on the Fiscal Year 2005 Budget of the United States.
- ³⁷Footnote 35, op. cit.
- ³⁸*Reuters* photo and caption, August 17, 2006, <http://mdn.mainichi-msn.co.jp/photospecials/graph/060818condomfs/>, accessed October 2006.
- ³⁹“World spends too much in the fight against Aids,” *The Financial Times*, August 14, 2006, <http://www.ft.com/cms/s/c2fb7574-2bbd-11db-a7e1-0000779e2340.html>.
- ⁴⁰Official conference press release, <http://www.aids2006.org/>, accessed October 2006; “Missed chance for U.S.: Bush’s funding curbs means world won’t hear many success stories,” editorial/op-ed, *The Gazette* (Montreal), August 15, 2006.
- ⁴¹“AIDS meeting is just a pricey photo-op,” *Ottawa Citizen*, August 16, 2006.
- ⁴²HHS letter to Rep. Scott Garrett (R-NJ) signed by William Steiger, Special Assistant for the Secretary of International Affairs, dated May 16, 2006.
- ⁴³Ibid.
- ⁴⁴“Legalizing sex trade key to cutting HIV, activists tell AIDS conference,” *The Canadian Press*, August 17, 2006.
- ⁴⁵Ibid; “Sex workers march for rights at AIDS conference,” *Reuters Health*, August 16, 2006; “Sex workers are part of the solution” workshop, <http://www.aids2006.org/PAG/PSession.aspx?s=961>, accessed October 2006.
- ⁴⁶Ibid., *Reuters*.
- ⁴⁷“Sex sells AIDS prevention message at conference,” *Agence France Presse*, August 15, 2006; “Where is the Pleasure in Safer Sex?” workshop, <http://www.aids2006.org/PAG/PSession.aspx?s=815>, accessed January 2007.
- ⁴⁸“Making condoms stylish for everyone,” *Reuters Health*, August 17, 2006.
- ⁴⁹“US AIDS chief denies morality comes before life,” *The Financial Times*, August 16, 2006; “US-led war on drugs ‘inadvertently fuelling HIV epidemic’,” *Aidsmap.com*, August 16, 2006.
- ⁵⁰See text of key provisions: <http://www.house.gov/hensarling/rsc/doc/rights%20under%20HIV-AIDS%20law.pdf>.
- ⁵¹Footnote 49, U.S. AIDS chief, op. cit.
- ⁵²Footnote 2, Stephen Lewis’ address, op. cit.
- ⁵³Photo from NMAC registration form, http://www.nmac.org/PDFDownloads/USCA_reg_form.pdf.
- ⁵⁴“US Conference on AIDS,” Housing Works AIDS Issues Update, September 29, 2006, http://www.hwadvocacy.com/update/archives/2006/09/us_conference_o.html, accessed October 2006.
- ⁵⁵October 2006 HHS response to an inquiry from Senator Tom Coburn’s office reporting that: 5 employees from HRSA, 14 employees from SAMHSA, 67 employees from the CDC, 5 employees from NIH, and one NIH contractor were scheduled to attend and that HRSA spent \$5,827 and CDC spent \$405,000 on the conference.
- ⁵⁶NMAC registration form, http://www.nmac.org/PDFDownloads/USCA_reg_form.pdf, accessed October 2006.
- ⁵⁷“Coburn to investigate AIDS conference spending: Fashion show, luxury suite with grand piano deemed wasteful,” *Washington Blade*, October 20, 2006, <http://www.washblade.com/2006/10-20/news/national/coburn.cfm>, accessed October 2006 (950 scholarships multiplied by early registration fee of \$360 = \$342,000).

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- ⁵⁹ “AIDS Funding for Federal Government Programs: FY1981-FY2007,” updated April 18, 2006, Congressional Research Service, <http://www.congress.gov/erp/rl/pdf/RL30731.pdf>.
- ⁶⁰ “A Glance at the HIV/AIDS Epidemic,” CDC, January 2007, <http://www.cdc.gov/hiv/resources/factsheets/At-A-Glance.htm#3>, accessed February 2007.
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- ⁶² NMAC website, http://www.nmac.org/conferences_trainings/usca/agenda/3893.cfm, accessed October 2006; e-mailed reports from attendees to Senator Tom Coburn’s office.
- ⁶³ “No New Money/No More Money” campaign against funding for “abstinence-only-until-marriage programs,” <http://www.nonewmoney.org/>. “Now that it is clear there is no sound research supporting these programs, no support in the public health community and no support by the American people, we are asking Congress to stop funding these harmful programs,” said William Smith, vice president for public policy at the Sexuality Information and Education Council of the U.S. as quoted in June 6, 2006, SIECUS press release entitled “200 Organizations Launch Nationwide Campaign to Stem Funding for Abstinence-Only-Until-Marriage Programs; No Supporting Research and No Public Support Exists,” <http://www.siecus.org/media/press/press0125.html>, accessed October 2006.
- ⁶⁴ “The Content of Federally Funded Abstinence-Only Education Programs,” prepared for Rep. Henry A. Waxman, Committee on Government Reform, minority staff, December 2004, <http://oversight.house.gov/Documents/20041201102153-50247.pdf>.
- ⁶⁵ Curricula use by comprehensive sex education programs that Rep. Waxman supports, contain sexually explicit material that, for example, have students practice unrolling condoms on bananas, cucumbers, fingers, or model phalluses as well as encouraging teens to practice mutual masturbation and watch erotic movies, according to “Comprehensive Sex Education vs. Authentic Abstinence: A Study of Competing Curricula,” Shannan Martin, Robert Rector, and Melissa G. Pardue, The Heritage Foundation, 2004, <http://www.heritage.org/Research/Abstinence/bg1718.cfm>; “Chastity czar’ wants abstinence to be cool,” *Atlanta Journal-Constitution*, December 4, 2004.
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- ⁷⁰ Remarks by Dr. Julie L. Gerberding, CDC Director, Atlanta, Georgia, July 3, 2002.
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- ⁷² “STD panel’s change stirs questions; A lawmaker asks why HHS got involved in a forum on abstinence,” *Philadelphia Inquirer*, May 11, 2006.
- ⁷³ Federal CDC contract with Better World Advertising, January 1, 2003-December 31, 2003. Total contract amount: \$520,000. Program name: “HIV Stops With Me.”
- ⁷⁴ “KGO bans HIV prevention commercials from daytime TV,” *Bay Area Reporter*, September 21, 2000.
- ⁷⁵ “Criticism over syphilis ad campaign; Firm says cartoon penis too graphic for bus shelters,” *The San Francisco Chronicle*, June 25, 2002.
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CDC Announces Plan to Eliminate Syphilis: Five Years Later Syphilis Rates Up Overall and Up 68% for Men

While one of the CDC's main missions is preventing diseases, the agency has a pattern of announcing million-dollar campaigns targeted at one particular disease and its elimination. Syphilis has been the focus of one such campaign costing hundreds of millions of tax dollars, and yet the rates of the disease are going up.

In 1999, in a report calling for the elimination of syphilis, the CDC announced a national goal to "to reduce [primary and secondary] P&S syphilis cases to 1,000 or fewer and to increase the number of syphilis-free counties to 90% by 2005."¹ Congress responded by nearly doubling the CDC's syphilis budget in 2001 to an amount that was three times the funds allocated to the disease just two years earlier. As the funding went up, unfortunately, so too did the reported cases of sexually transmitted syphilis. From 1999 to 2004, the reported syphilis rates among men not only did not decrease but actually increased by 68 percent. CDC analysis suggests that 64 percent of all adult P&S syphilis cases in 2004 were among homosexual men, up from an estimated five percent in 1999. Syphilis rates also increased among African Americans in 2004, for the first time in more than a decade, including significant increases among black men (up 22.6 percent from 2003 to 2004).²

In 2005, CDC's own STD surveillance statistics reported: "Syphilis: Cases Increase for Fifth Consecutive Year. The rate of primary and secondary (P&S) syphilis — the most infectious stages of the disease — decreased throughout the 1990s, and in 2000 reached an all-time low. However, over the past five years [from 2000-2005], the syphilis rate in the United States has been increasing."³

WHAT IS SYPHILIS?

Syphilis is a sexually transmitted disease caused by the bacteria *Treponema pallidum*. The disease usually can be cured with antibiotics. It is highly contagious during the primary and secondary stages: a single sexual encounter with a person who has syphilis results in infection about one third of the time. An infected person who does not get treatment may infect others during the first two stages when lesions (sores) are present. The bacterium enters the body through mucous membranes, such as those in the vagina or mouth, or through the skin. Within hours, the bacterium reaches nearby lymph nodes, and then spreads throughout the body by way of the bloodstream. In its late stages, untreated syphilis, although not contagious, can cause serious heart abnormalities, mental disorders, blindness, other neurological problems and death.

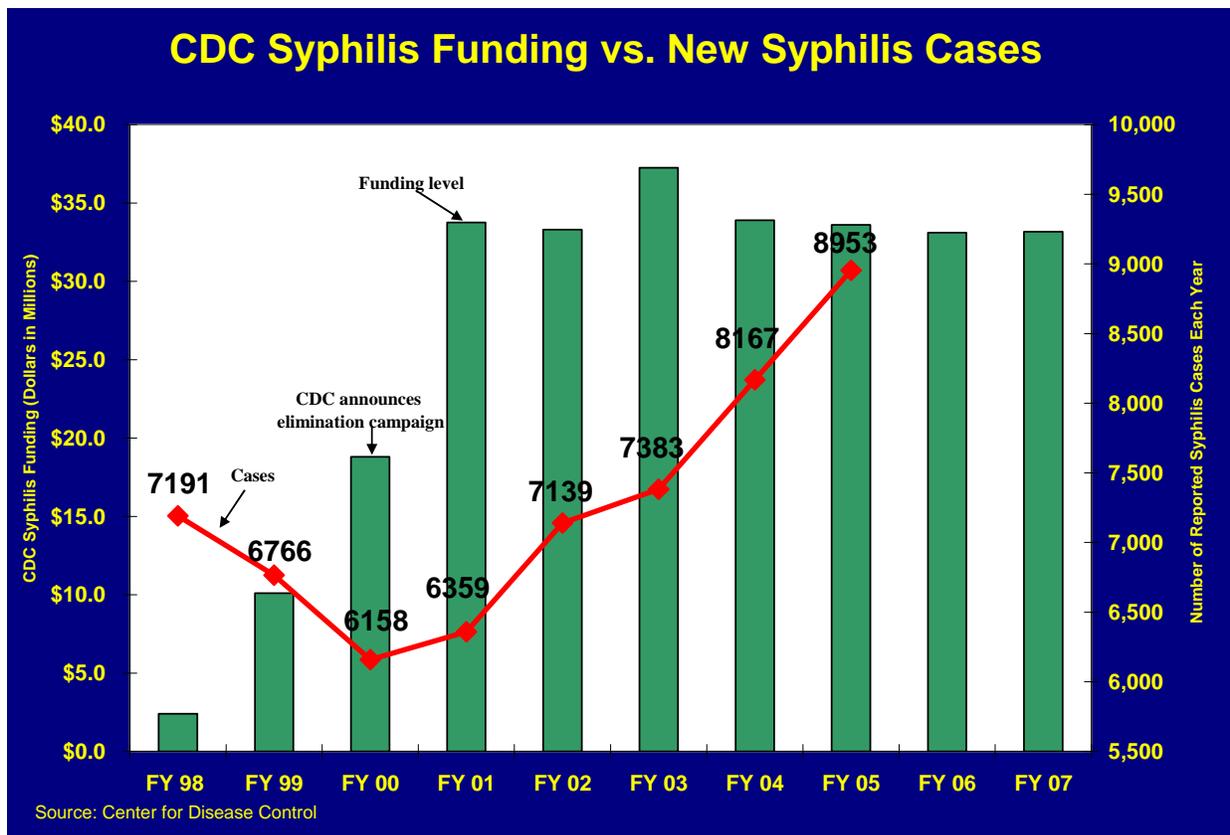
Syphilis also can infect an unborn child in the womb, and can sometimes infect newborns, causing birth defects and other serious mental and physical problems.⁴ This type of syphilis is known as congenital syphilis. Congenital syphilis infections among infants are largely preventable if mothers receive appropriate diagnosis and treatment during prenatal care. Death of the unborn child or newborn infant occurs in up to 40 percent of pregnant women who have untreated syphilis.⁵

In its early stages, this sexually transmitted disease may produce open sores, making it easy for patients to spot and doctors to diagnose. Even asymptomatic infections are easily identified through testing, and the disease usually can be quickly and cheaply cured with just one dose of penicillin. Traditional approaches to STD control — patient education, easy access to testing and treatment, and door-to-door tracking of at-risk sexual partners — reportedly are cost-effective ways to prevent and stop the spread of the disease.⁶

**CDC SPENDS \$269 MILLION ON ELIMINATION EFFORT ...
YET 58,116 NEW REPORTED CASES SINCE 1998:⁷**

- FY98: \$2.4 million
- FY99: \$10.1 million
- FY00: \$18.8 million
- FY01: \$33.750 million
- FY02: \$33.306 million
- FY03: \$37.241 million
- FY04: \$33.901 million
- FY05: \$33.613 million
- FY06: \$33.102 million
- FY07: \$33.173 million

FIGURE 7. NEW CASES CLIMB DESPITE LARGE FUNDING INCREASES



IF AT FIRST YOU DON'T SUCCEED, CHANGE THE GOAL'S DEADLINE ... TWICE:

In 1999, the CDC first announced a national goal to “to reduce P&S [primary and secondary] syphilis cases to 1,000 or fewer and to increase the number of syphilis-free counties to 90% by 2005.”⁸

In a 2004 program assessment, the CDC's long-term measures for STDs included “eliminating syphilis by 2008” (three years after the original elimination goal).⁹

In May 2006, CDC announced a “reframing” of the syphilis elimination effort. The agency named the effort, “Together We Can: The national plan to eliminate syphilis from the United States” and declared that “CDC's vision is to create a dynamic, evidence-based and culturally competent prevention and control action plan for the elimination of syphilis from the United States. By 2010 [five years later than the 1999 effort, and two years later than the 2004 assessment indicated], interim elimination targets will be to reduce rates of primary and secondary syphilis in the United States to less than 2.2 per 100,000 population; congenital syphilis to fewer than 3.9 per 100,000 live births; and Black:White racial disparities to a ratio of less than 3:1.”¹⁰

... OR CUT A FEW CASES BY NOT COUNTING U.S. TERRITORIES:

Even though its prevention mission extends to preventing diseases, such as syphilis, in U.S. territories, CDC frequently leaves out the U.S. territories of Guam, the Virgin Islands, and Puerto Rico when reporting syphilis statistics to the press.¹¹ While they are small territories with small populations, leaving these U.S. territories out of the syphilis case count results in hundreds of fewer new cases reported each year, thus sometimes making the picture rosier than it is.

SYPHILIS ELIMINATION FUNDS USED TO HIRE GAY PORN STAR:

During CDC's first campaign to eliminate syphilis, one CDC grantee used federal syphilis elimination funds to hire a porn star. In July 2002, a CDC-funded group in Missouri called Blacks Assisting Blacks Against AIDS (BABAA) hired Memphis gay porn star Edgar Gaines, whose movie name is Bobby Blake, to attend a “safe-sex” event at the then executive director's downtown loft. He was paid \$500 from a syphilis elimination grant.¹²

The porn star appeared at the event in a towel and cowboy boots.¹³ After an investigation, the money was subsequently reimbursed to the CDC and the group fired the two people in charge (including the executive director). “We felt that even with [Gaines] being at the event with just a towel and boots on was totally inappropriate and something we don't condone,” said Donnell Smith, a lawyer and vice chairman of the group's board.¹⁴

The event also prompted the St. Louis Health Department to cancel the remaining \$6,000 of its \$96,000 syphilis prevention grant to Blacks Assisting Blacks Against AIDS, according to a news report. The grant reportedly was the smaller of two BABAA received through the city from the CDC. In 2002, it was reported that BABAA received a total of approximately \$1.6 million in government assistance.¹⁵

According to one news report, the St. Louis City auditors' report noted the AIDS group bought \$14,487 in equipment without following federal bidding rules and billed one of its grants for \$3,642 more in salary costs than it actually paid out to employees. The chairman of BABAA's board told a newspaper the group hoped to win back the syphilis grant and would continue serving AIDS patients.¹⁶

HHS SECRETARY TELLS GRANTEES TO HIRE THEIR OWN STRIPPERS:

After this event led to additional congressional inquiries and audit requests of federal prevention funding, AIDS-advocacy groups launched media efforts claiming they were the "target of intimidation" by the Bush administration.¹⁷

According to one news report, "Health and Human Services Secretary Tommy G. Thompson didn't beat around the bush when he sat down [on October 31, 2002] with representatives of several AIDS-advocacy groups. ... 'Now with the audits, you've got to realize that not everyone agrees with you and me in Congress. When you take federal dollars and have a sex party or a gay stripper you're going to have audits. Maybe you should use other money to hire a stripper. Audits are there to find out what's working. I believe in audits.'"¹⁸

Reports from the meeting did not indicate whether the HHS Secretary informed attendees that events with strippers are likely counterproductive to HHS's and CDC's disease prevention goals or, at the very least, are not on any respected lists of successful disease prevention strategies.

EASY TO CURE, YET CDC'S GOAL REMAINS ELUSIVE:

The CDC's reframed 2006 elimination effort noted that, "Despite recent challenges, generally low syphilis rates provide an opportunity to achieve this goal. Syphilis elimination is possible because the disease is easy to cure once diagnosed, and because the syphilis epidemic is concentrated in a small number of geographic areas. In 2004, more than 50 percent of infectious (also called primary and secondary, or P&S) syphilis cases were reported from just 20 U.S. counties.

"Elimination of syphilis would have far-reaching public health benefits because it would remove two serious consequences of the disease — increased likelihood of HIV transmission, and serious complications in pregnancy and childbirth, such as spontaneous abortions, stillbirths, and congenital syphilis (syphilis among newborns who acquired it from their mothers)."

THOUGH THERE IS SOME PROGRESS TO REPORT AMONG WOMEN AND INFANTS:

According to the CDC, rates of congenital syphilis have declined 39 percent, while overall, there has been a 92 percent decrease in cases of congenital syphilis since 1991. Because, untreated syphilis during pregnancy can lead to stillbirth, neonatal death, or infant disorders, such as deafness, neurological impairment, and bone deformities, this progress has had a significant impact on many lives.

Also, from 1999 to 2004, primary and secondary syphilis rates "among all women have decreased 55 percent (from 2.0 to 0.9 cases per 100,000)."¹⁹

PLAYING WITH STATISTICS:

While there was temporary success with decreasing rates among African Americans, CDC statistics show the syphilis rates began to climb back up among this subgroup in 2004. Instead of reporting this known setback, CDC's fiscal year 2007 budget summary — which justifies the agency's budget request — uses old statistics to report “significant progress” in its syphilis elimination campaign. The report states, “**Between 1999 and 2004**, primary and secondary syphilis rates among black Americans have decreased 37 percent (from 14.3 to 9.0 cases per 100,000)” (emphasis added).²⁰ While this five year decrease was significant, leaving out the years directly preceding the 2007 budget (which showed something other than “significant progress”), could be an oversight or could be seen as CDC intentionally using statistics that advance the agency's request for additional funding.

CDC THEORY ON SETBACKS — HIGH-RISK BEHAVIOR & “HOMOPHOBIA”:

The 2006 “Together We Can” CDC initiative notes:

“Despite these gains, however, overall rates of primary and secondary syphilis have been on the rise since 2001 presenting challenges and new opportunities for reframing our efforts. By 2004, more than 60% of new diagnoses of P&S syphilis were estimated to occur in men who have sex with men (MSM), with HIV-positive MSM bearing a disproportionate burden of disease. The rising incidence of syphilis in MSM is in part attributable to recent increases in high-risk sexual behavior. High rates of new sex partner acquisition and partner change rates with rises in unprotected ... sex have been documented across the United States.

“The reasons for the increases are complex, however HIV sero-sorting [the practice of choosing or sorting one's sexual partners based on their HIV status], safer sex fatigue, recreational drug use (especially crystal methamphetamine), and HIV treatment optimism combined with expansions in venues and networks that facilitate risky behaviors, have been identified among the major driving factors.”²¹

One observer reports that, in fact, crystal methamphetamine causes erectile dysfunction (E.D.), but the advent of E.D. drugs such as Viagra has helped to counter the effect and, in combination with popular “circuit parties” among homosexual men, has led to the spread of HIV (and presumably other sexually transmitted diseases, such as syphilis).²²

CDC, without explanation or supporting evidence, appears to correlate an individual's decision to engage in risky sexual behavior with the feelings that society reportedly has regarding homosexuality: “All this has occurred within the context of homophobia and discrimination being experienced by many MSM.”²³

Dr. Khalil Ghanem, assistant professor of medicine at Johns Hopkins University School of Medicine, agrees increasing rates among gay men could be attributed to illicit drug use and “safe-sex fatigue,” but also notes that prevention messages might have been “drowned out” due to publicized reports of how AIDS medications are working. “We've been seduced by these amazing drugs and we've fallen behind in our prevention efforts,” Dr. Ghanem told *Medical*

News Today. “We have to get back on track with prevention messages. That’s the only way we will curb this outbreak.”²⁴

CDC’S TUSKEGEE SYPHILIS EXPERIMENTS HINDERS EFFORTS; CDC EMPLOYEE INEXPLICABLY SAYS BLACKS NEED TO TAKE “THE RESPONSIBILITY” FOR TUSKEGEE

According to the CDC, syphilis elimination efforts meet with distrust and therefore some resistance in the African American community because of the federal government’s involvement with a study later known as the “ethically unjustified” Tuskegee human experiments.²⁵

In 1932, the United States Public Health Service (PHS), in cooperation with the Tuskegee Institute (an institute founded to educate free men, former slaves, and their children), initiated a study in Macon County, Alabama, to determine the effects of untreated syphilis. The study would last until 1970 and follow 399 black men diagnosed with syphilis.

Though in 1943 penicillin was widely known and used to cure syphilis, the study subjects were not offered penicillin and local physicians, draft boards and PHS venereal disease eradication programs were given a list of the “subjects” to ensure they would not be treated. After the media exposed the study, it was halted in 1970.²⁶

The Tuskegee syphilis study was a covert medical research study. However, it was widely known in medical circles because articles about it were published in major medical journals. As late as 1969, a committee at the CDC examined the study and agreed to allow it to continue.²⁷

In 1995, CDC brought together “African American external consultants to participate in a consultation meeting with Center for Disease Control and Prevention (CDC) staff, during which they could explore new ways to define and frame the problem of syphilis in the South among African Americans. The group was asked to consider potential intervention strategies to address the epidemic.” The group discussed “the Tuskegee Study and its legacy” and it was mentioned that that CDC had never officially apologized for the Tuskegee Study (though President Bill Clinton subsequently issued a national apology in May 1997).²⁸

According to the meeting minutes, a CDC employee appears to blame African Americans for the unethical experiments imposed on them:

A CDC staff person commented, “This is not as simple as people want to make it, like people do with racism. Racism is a very complex thing, not as simple as we like to try to make it. The experiment could not have been done without the help of the Tuskegee Institute. If blacks do not take the [their share of] responsibility, then such an incident could certainly happen again.”

Note: the phrase “their share of” is added in brackets by the CDC editor, thus indicating it was not in the original CDC employee’s quote.

MEETING THE GOAL:

After steady increases in federal funding and millions of dollars spent trying to eliminate syphilis, CDC is left with at least one gross misuse of funds in a community with rising syphilis rates, and with a fluctuating disease elimination deadline. As one commentator wrote, “Eliminating syphilis was going to be another notch in the belt of public health. But the disease and the people spreading it are not cooperating.”²⁹

Yet eliminating syphilis is still a worthwhile and hopefully attainable goal for the CDC. It is not clear whether CDC’s third deadline for eliminating syphilis using an “evidence-based and culturally competent prevention and control action plan” will finally propel the agency toward meeting its goal.³⁰ Patient education, access to testing and treatment, tracking of at-risk sexual partners, and better screening of syphilis grantees should be an integral part of the CDC’s syphilis elimination effort. Paying grantees to hire porn stars should not be.

¹ “The National Plan to Eliminate Syphilis from the United States,” CDC, October 1999, <http://www.cdc.gov/stopsyphilis/plan.pdf>; <http://www.cdc.gov/stopsyphilis/SEEPlan2006.pdf> elimination is defined by the CDC “as the absence of sustained transmission of the disease.”

² <http://www.cdc.gov/stopsyphilis/plan.pdf>.

³ “Trends in Reportable Sexually Transmitted Diseases in the United States, 2005,” CDC’s STD Surveillance 2005, <http://www.cdc.gov/STD/stats/trends2005.htm> CDC’s STD Surveillance 2005.

⁴ “Sexually Transmitted Diseases, Syphilis,” The Merck Manual of Medical Information--Home Edition, February 2003, <http://www.merck.com/mmhe/print/sec17/ch200/ch200b.html>; “Healthbeat,” Illinois Department of Public Health, <http://www.idph.state.il.us/public/hb/hbsyph.htm>.

⁵ “Sexually Transmitted Diseases, An Overview for Women,” CDC/OD Office of Women’s Health, November, 1997, <http://www.thebody.com/cdc/stdoverview.html>.

⁶ “SYPHILIS: The Persistent Public Enemy: Syphilis is cheap and easy to cure. It ought to be extinct in the U.S. It’s not,” Kaiser Special Report, July 18, 2000, <http://www.kaisernet.org/reports/2000/07/kr000718.1.htm>.

⁷ CDC funding information provided January 9, 2007 and January 17, 2006 in response to request from Senator Coburn’s office. Some of these budget figures are also included in CDC’s FY06 Budget Request Summary, <http://www.cdc.gov/fmo/PDFs/FY06budgetreqsummary.pdf>. Reported cases of P&S Syphilis taken from yearly CDC STD Surveillance reports for 50 U.S. States, the District of Columbia and three U.S. territories: Guam, Puerto Rico, and the Virgin Islands (STD Surveillance 2005 - Syphilis, Table 24 Primary and secondary syphilis, <http://www.cdc.gov/std/stats/tables/table24.htm>; STD Surveillance 2003 - Syphilis, Table 26 Primary and secondary syphilis, <http://www.cdc.gov/std/stats03/tables/table26.htm>; and STD Surveillance 2002 - Syphilis, Table 27 Primary and secondary syphilis, <http://www.cdc.gov/std/stats02/tables/table27.htm>). Though CDC often omits the P&S cases of the three territories when it is quoted in news reports, the agency’s syphilis budget includes a mandate to fight the disease in these territories and thus the territories’ cases are included in Figure 7. Note: The number of cases corresponds to the calendar year, while the funding figures correspond to the fiscal year. For example, in calendar year 1998, CDC reported 7191 primary and secondary syphilis cases, while it received \$2.4 million in fiscal year 1998, which encompassed October 1997 through September 1998. FY07 figure from “FY2007 Joint Resolution [CDC] Detail Table,” http://www.cdc.gov/fmo/PDFs/FY_2007_JR_Detail_Table.pdf, accessed May 2007.

⁸ Footnote 1, op. cit.

⁹ CDC: Sexually Transmitted Diseases and Tuberculosis 2004 Program Assessment, <http://www.whitehouse.gov/omb/expectmore/detail.10002162.2005.html>.

¹⁰ CDC’s “Together we can: The national plan to eliminate syphilis from the United States, May 2006,” <http://www.cdc.gov/stopsyphilis/SEEPlan2006.pdf>.

¹¹ “Rates Of Syphilis In US Gay And Bisexual Men On The Rise,” *Medical News Today*, May 1, 2007, <http://www.medicalnewstoday.com/medicalnews.php?newsid=69150> and Syphilis Fact Sheet, CDC website, <http://www.cdc.gov/std/syphilis/STDFact-Syphilis.htm>, accessed May 2007, both use syphilis case numbers that exclude cases in the territories. Yet the “Syphilis Elimination Effort; State & Outlying Area Profiles: includes the three territories under profiles for syphilis elimination, <http://www.cdc.gov/stopsyphilis/state.htm>, accessed May 2007.

¹² “Two who hired porn star are fired,” *St. Louis Post-Dispatch*, November 6, 2002. Note: the group has since changed its name to Regional Education Advocacy Coalition on HIV/AIDS (REACH) according to “Missouri: AIDS Group May Go Under, Says Audit,” *St. Louis Post-Dispatch*, March 18, 2004.

¹³ Ibid.

¹⁴ Id.; “AIDS Group May Go Under, Says Audit; Agency’s Budget Might Plummet with Cuts in Grants,” *St. Louis Post-Dispatch*, March 18, 2004.

¹⁵ “Auditors Finds More Problems with AIDS Agency that Used Federal Funds to Hire Porn Star,” *St. Louis Post-Dispatch*, January 28, 2003.

¹⁶ Ibid.

¹⁷ “Bush Administration Policies on Sex Education, Funding for AIDS Groups ‘Hampering’ Anti-AIDS Efforts, Organizations Say,” *Kaiser Daily HIV/AIDS Report*, October 1, 2002; *Daily HIV/AIDS Report*, August 20, 2002.

¹⁸ Inside the Beltway, *The Washington Times*, December 13, 2002.

¹⁹ CDC Budget Request Summary Fiscal Year 2007, dated February 2006,

<http://www.cdc.gov/fmo/PDFs/FY07budgetreqsummary.pdf>.

²⁰ Ibid.

²¹ Footnote 10, op. cit.

²² “Deconstructing Reporting on HIV and AIDS: Public health professionals and veteran reporters outline common mistakes in coverage and discuss how to avoid them,” by Bob Roehr, Center for Integration and Improvement of Journalism, <http://www.ciij.org/newswatch?id=152>, accessed January 2007.

²³ Supra footnote 10.

²⁴ Footnote 11, op. cit.

²⁵ “The Tuskegee Timeline,” CDC website, <http://www.cdc.gov/nchstp/od/tuskegee/time.htm>; “Racism and Research: The Case of the Tuskegee Syphilis Study,” by Allen Brandt, Hastings Center Report, December 1978, p. 21; Ad Hoc Advisory Panel, Dept. of Health, Education, and Welfare (later renamed HHS), “Final Report of the Tuskegee Syphilis Study,” 1973.

²⁶ “Prejudice and the Medical Profession: Racism, Sometimes Overt, Sometimes Subtle, Continues to Plague U.S. Health Care,” by Peter Clark, SJ, PhD, *Health Progress*, September-October, 2003, Volume 84, Number 5, <http://www.chausa.org/Pub/MainNav/News/HP/Archive/2003/09SeptOct/articles/HP0309f.htm>, accessed January 2007.

²⁷ Ibid., citing T. W. Murrell, Syphilis and the American Negro,” *JAMA*, vol. 54, no. 11, 1910, p. 847; and H. H. Hazen, “Syphilis in the American Negro,” *JAMA*, vol. 63, no. 13, 1914, p. 463.

²⁸ Meeting notes from “Affected by Syphilis, In the South and Among African Americans,” Interdenominational Theological Center, Atlanta, Georgia, July 18, 1995, page 64, <http://www.cdc.gov/stopsyphilis/plan.pdf>; “The Tuskegee Syphilis Study,” <http://www.anairroads.org/govexperiments/tuskegee.shtml>.

²⁹ Footnote 22, op. cit.

³⁰ Supra footnote 10.

SURVEY DOESN'T SHOW CORRELATION — BUT CDC CLAIMS SUCCESS:

In February 2004, CDC put out a press release claiming success because a survey showed VERB “is Working” and that “Survey Findings Prove the VERB Campaign is Motivating Youth to Get Active.”¹⁰ In actuality, the survey findings, published in the journal *Pediatrics* found that tweens VERB had a very high level of *awareness* about VERB, and that some subgroups of children were more active, but what was less clear (despite the authors’ claims in one section) was whether or not VERB was *causing or even affecting* the children’s activity levels.

The survey’s authors concluded that, “Promoting physical activity with child-focused commercial advertising shows promise,” but also indicated that the survey found:

“**no overall effect** on free-time physical activity sessions was detected at the total-population level[;]

“At the total-population level, **no relationship was found** between levels of awareness and percentage of children engaging in organized physical activity [; and]

“**No pattern of effects** was detected for the previous-day physical activity measure or the measure of trying a new physical activity in the past 2 months” (emphasis added).¹¹

KIDS DO ONE MORE ACTIVITY ... WORTH HUNDREDS OF MILLIONS OF TAX DOLLARS?

What the authors found, and what CDC highlighted in its press release claiming success, was that certain subgroups of interviewed children were more active a year after the VERB campaign started than before. The fact that these children knew about the VERB campaign and were more active than their peers who did not know about the VERB campaign led the CDC to claim that VERB motivated the change. The study’s authors reported, “The finding that 9- to 10-year-old children overall engaged in **1.1 more sessions of activity in their free time than did those not exposed to the campaign** is a notable difference” (emphasis added).¹²

The conclusion: the VERB program is deemed by the CDC as a “success” story in fighting childhood obesity because after hundreds of millions of taxpayer dollars spent on advertising, some children in a targeted group did one more activity in their free time, which may or may not be related to their having watched a CDC-funded ad.

The taxpayer-funded activities through VERB include:



ViRTS: Tweens can create their own physical activity tracking log by creating a ViRT, “a virtual player that tweens energize by recording the time they spend being physically active;”

Play Without Borders: “Students can check out popular games from around the world and discover new ways to play;” and

Yellow Ball: VERB yellowball “is a big, bouncy, world-changing idea that was created to spread play to every kid in America. Here’s the deal. We’re scattering thousands of yellow balls all across the country. It’s up to you to find one, play with it, and most importantly, pass it on. ...Nothing replaces the rush and exhilaration of

physical activity. Yellowball ignites desire for physical activity freeing kids to play out their dreams — I can't NOT play!"¹³

CDC's VERB campaign also provided Crossover Community Organization Kits for organizations that directly serve tweens, which included taxpayer funded bracelets, wrist bands and vinyl inflatable basketballs.¹⁴

CONGRESS DEFUNDS VERB ... YET IT KEEPS ON GOING ...

Congress defunded the VERB campaign in 2006 and yet CDC continued to promote and operate the campaign in 2006. In response to congressional inquiry, CDC reported that the 2006 VERB activities were funded through the previous year's appropriations. The approximately \$51.1 million in VERB 2006 expenditures included: \$36.8 million for advertising, \$8.6 million for events (including "multiple in-market events to directly reach tweens across the nation in their communities such as the VERB mobile tour, VERB guerilla marketing, and VERB street teams"), \$1.9 million for Community & In-school projects (including those at summer camps), \$1.9 million for a Tween Website (<http://www.verbnow.com/>) featuring a "places to play" activity finder, "pro tips" for several sports, VERB e-cards, jokes, and the Yellowball "blog-a-ball" (which allows tweens to blog their latest Yellowball activities), and \$1.9 million for public relations outreach.¹⁵ According to CDC, the VERB program was to officially end on September 30, 2006, and the website was to end on December 31, 2006.¹⁶

¹ Federal Register, December 4, 2006, <http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gpo.gov/2006/pdf/E6-20417.pdf>; Congressional Testimony by Diane Canova of Research to Prevention to House Subcommittee on Labor-HHS-Education Appropriations, May 14, 2003, <http://www.researchtoprevention.org/html/pressevents/events6-2003canova.pdf>, accessed October 2006.

²"VERB," House Republican Study Committee (RSC) document, dated February 2006, FY01 - \$125 million, FY02 - \$68 million, FY03 - \$51 million, FY04 - \$32 million, FY05 - \$59 million, FY06 - \$0 (defunded), http://www.house.gov/hensarling/rsc/doc/020106_VERB_1Pager.doc.

³ VERB website, <http://www.cdc.gov/youthcampaign/index.htm>.

⁴"Generation M: Media in the Lives of 8–18 Year Olds," by Roberts DF, Foehr UG, Rideout V., Kaiser Family Foundation, 2005, <http://www.kff.org/entmedia/entmedia030905pkg.cfm>.

⁵"Children: Year-1 Results of the VERB Campaign," *Pediatrics* 2005; 116; 277-284, by Duke and Carrie D. Heitzler, Marian Huhman, Lance D. Potter, Faye L. Wong, Stephen W. Banspach, Jennifer C., <http://pediatrics.aappublications.org/cgi/reprint/116/2/e277>.

⁶ Frankel website, <http://www.frankel.com/frankel.htm>. Note: As of October 2006, this agency also represents McDonalds, Cuervo (an alcoholic beverage company), and Coca-Cola.

⁷ E-mail from CDC employee to House RSC staffer in response to congressional inquiry, February 23, 2007.

⁸ Ibid.

⁹ Dr. James Marks, director of CDC's National Center for Chronic Disease Prevention and Health Promotion, as quoted in a February 17, 2004 CDC press release on VERB, <http://www.cdc.gov/od/oc/media/pressrel/r040217.htm>.

¹⁰ Ibid.

¹¹ Footnote 5, op. cit.

¹² Ibid.

¹³ VERB website, <http://www.cdc.gov/youthcampaign/materials/tweens/index.htm>.

¹⁴ VERB Materials for Tweens, VERB website, http://www.cdc.gov/youthcampaign/materials/tweens/crossover_cbo/order/index.htm, accessed July 2005.

¹⁵ "VERB: Still Doing?" RSC Blog, Posted by Joelle Cannon, September 05, 2006, <http://www.house.gov/hensarling/RSC/blog.shtml>.

¹⁶ Ibid. Note: as of June 2007, the website was still available online.

CDC Addresses Serious Health Issues Like Land Development and Bike Paths

At times it seems the CDC intentionally inserts itself into controversial political topics, frequently picking sides under the pretext of public health. While property owners, legislatures, and environmentalists battle it out in the public square over land-use issues, the Centers for Disease Control and Prevention provided the resources to produce a paper decrying “sprawl.”

The CDC funded, and CDC employees co-wrote, a paper published in 2001 by the political advocacy group Sprawlwatch, which is a “slow-growth” special interest organization.¹ The CDC-funded paper defines the term sprawl as “uncontrolled, poorly planned, low-density, and single-use community growth [that] depends on individual motor vehicles to flourish.”

“THOUGHTLESS DEVELOPMENT” AT AMERICA’S PERIL:

The CDC-funded paper hypothesizes that the health of Americans is suffering due to urban sprawl and a dependency on automobiles. The Director of the CDC’s National Center for Environmental Health criticizes (without defining) America’s “thoughtless” development: “As America increasingly becomes a nation that permits and even encourages thoughtless development and unmanaged growth, the impact of these factors grows clearer, and we ignore them at our peril.”

Though many new property developments are built with sidewalks and even bike paths, the CDC’s Environmental Health Director asserts, “There is a connection, for example, between the fact that the urban sprawl we live with daily makes no room for sidewalks or bike paths and the fact that we are an overweight, heart disease-ridden society.”

Evidently, the CDC director implies, public health officials cannot encourage people to exercise, if they do not first ensure the people have “welcoming” exercise environments. “It is dishonest to tell our citizens to walk, jog, or bicycle when there is no safe or welcoming place to pursue these ‘life-saving’ activities.”²

PAPER ASSERTS VIOLENCE STEMS FROM COMMUNITIES WITHOUT PARKS:

The paper’s authors might be accused of oversimplifying America’s woes when they write, “The question that remains is whether communities want to spend money up front to create an environment that prevents violence and increases psychological well-being or whether they want to spend money after the fact to address the violence and stress which results from communities without parks and communal areas.”

In fact, local police reports reflect the reality that parks sometimes can become hangouts for gang members and locations for neighborhood crime.³

... AND PARKING LOTS ENCOURAGE SEDENTARY LIVING:

The paper describes residential areas that reflect “the supposition that people will drive to most destinations.” And says that certain designs “encourage sedentary living habits” such as parking lots “built as close as possible to final destinations to increase convenience and safety for motorists.”

YET CDC’S OWN STUDY SHOWS SUBURBANITES THE HEALTHIEST:

Yet, an official CDC study released the same year, in September 2001, entitled “Health, United States, 2001,” found that suburbanites are the healthiest people in the country, exercising more and living longer than residents of rural and urban areas.⁴

The official CDC report, for example, found that suburban women are the group *least* likely to be obese. Furthermore, a 2000 study in the *American Journal of Public Health* concluded that city-dwellers face a greater mortality risk compared to people living in suburbs or rural areas, even after controlling for demographic differences such as age, race, sex, education, income, and marital status.⁵ The same study also found that suburbanites are the most physically active group.⁶

In a letter dated January 14, 2002, Congressman Mark Souder (R-IN), the Chairman of the House Subcommittee on Criminal Justice, Drug Policy, and Human Resources, requested additional information about the study from the CDC, but to date CDC officials have never responded.

¹ “Creating A Healthy Environment: The Impact of the Built Environment on Public Health”, undated 2001 paper by Richard J. Jackson, MD, MPH, Chris Kochtitzky, MSP, Centers for Disease Control and Prevention, <http://www.sprawlwatch.org/health.pdf>, accessed November 2006.

² Ibid., Preface by Richard J. Jackson, MD, MPH, Director of CDC’s National Center for Environmental Health.

³ Gangs and Gang Violence A Regional Perspective 2005, Gaithersburg Maryland Police Department, <http://www.sepcrc.org/pr/GANGSANDGANGVIOLENCE.pdf>; “Activity Drives I.V. Park Improvement Plans,” *Daily Nexus*, September 24, 2006, <http://www.dailynexus.com/article.php?a=11946>.

⁴ CDC’s “Health, United States, 2001 With Urban and Rural Health Chartbook,” <http://www.cdc.gov/nchs/pressroom/01news/hus01.htm>, <http://www.cdc.gov/nchs/data/hus/hus01.pdf>.

⁵ “Excess mortality among urban residents: how much, for whom, and why?” J.S. House, et al., *American Journal of Public Health*, December 2000.

⁶ “Why the Centers for Disease Control Hates the Suburbs,” HealthFactsandFears.com, July 30, 2002, http://www.reason.org/commentaries/schwartz_20020730.shtml#ref1, accessed November 2006.

CDC & Guns as a “Health Problem”

In 1979, the U.S. Surgeon General published the first national agenda for health promotion and included reducing interpersonal violence among the top 15 priorities.¹ This began a gradual involvement of the federal health agencies in violence prevention and guns.

CDC CREATES SECTION TO INVESTIGATE GUN VIOLENCE:

In the late 1980s, the CDC created the Intentional Injuries Section within the Division of Injury Epidemiology and Control. The section, according to its acting chief Dr. Patrick O’Carroll, was focused “not on firearms, but on homicides. We’ve tried to bring a somber approach to determining what role firearms have in violence,” he told the *Journal of the American Medical Association (JAMA)* in 1989. “Clearly, if three fourths of homicides are caused by firearms, we have to look at their role.”²

Dr. O’Carroll’s quotes in this *JAMA* article set off a firestorm regarding CDC’s role with guns and gun control. The article said:

“Bringing about ‘gun control,’ which itself covers a variety of activities from registration to confiscation, was not the specific reason for the [CDC’s violence prevention] section’s creation, O’Carroll says. However, the facts themselves tend to make some form of regulation seem desirable, he says: ‘The way we’re going to do this is to systematically build a case that owning firearms causes death.’”³

Dr. O’Carroll also was quoted by *JAMA* as saying:

“We’re doing the most we can do, given the political realities. The problem is you have polemicists from both camps [gun control advocates and opponents] exerting influence, and Congress is very wary. Even the question of parents restricting their own children’s use of firearms causes some people to get upset” (brackets inserted in original article).⁴

These quotes were used by gun rights defenders to show the CDC — an agency created to study and prevent diseases — was changing its mission to not only study guns but to promote gun control.

Dr. O’Carroll wrote a letter to the editor of *JAMA* saying:

“... I do not believe [the February 3, 1989 *JAMA* article] accurately portrays either my approach to injury prevention research or that of the Centers for Disease Control. ...I am correctly described as saying that the CDC will bring a sober, scientific approach to determining what effect the accessibility of firearms may have on the risk of violent injury. Unfortunately, the next paragraph misquotes me and indicates quite the opposite — that the CDC is trying ‘to systematically build a case that owning firearms causes deaths.’ ...We at the CDC have been careful to avoid such a biased approach.”⁵

GUN CONTROL NOW OR GUN CONTROL EVENTUALLY?

Three years later, CDC officials were still explaining their work with guns, again provoking controversy. In a June 10, 1992 article entitled, “Let’s Be Clear: Violence is a Public Health Problem,” three CDC doctors, including Dr. O’Carroll and Dr. Rosenberg (who would later direct CDC’s center studying guns) wrote: “Just as we were able to save countless lives from motor vehicle injuries without banning cars, we can save many lives from firearm injuries without a total ban on firearms.” The use of the phrase “total ban,” raised the specter that a partial ban on firearms was something the CDC researchers and the agency itself may have been contemplating. The authors continued, “Parents should be encouraged and assisted in every possible way to prevent their children from carrying guns or having unsupervised access to guns.”⁶ For the parents who teach their children to hunt using guns, this quote was also controversial.

On June 25, 1992, soon after the violence-is-a-health-problem article appeared, CDC created the National Center for Injury Prevention and Control (NCIPC), which increased the former section that studied firearms to an entire center dedicated to injury prevention.⁷ The NCIPC’s mission was to increase research and monitoring of injuries caused by fire and accidents, which the unit determined included firearms-related injuries.⁸ By 1995, \$2.3 million, or five percent, of the NCIPC’s budget of \$46 million went to firearm-related research.⁹

In 1993, the NCIPC Director’s Mark Rosenberg was interviewed for a *Rolling Stone* article entitled “Gunning for guns.” The article said:

“[Government] Firearms [working group] co-chair Rosenberg says the group is looking to develop strategies to ‘reframe the debate’ on guns. ‘We’re trying to get away from this notion of gun control,’ Rosenberg says. He envisions a long-term campaign, similar to those on tobacco use and auto safety, to convince Americans that guns are, first and foremost, a public-health menace. ‘We didn’t have to ban cars,’ he says ‘We made cars safer. We made roads safer. We reduced drunk driving.’”¹⁰

Some skeptics might note that the end goal for those focused on “long-term campaigns” on tobacco use, for example, was to actually stop all Americans from smoking and to use lawsuits to drive American tobacco companies out of business.

CDC OFFICIALS FEATURED AT GUN CONTROL EVENTS AND AGENCY FUNDS USED TO ADVOCATE GUN CONTROL:

According to a report sent to the U.S. Senate by the watchdog group Doctors for Integrity in Policy Research Inc. (DIPR), at the Handgun Epidemic Lowering Plan (HELP) strategy conference in 1993 and again in 1995, the CDC’s NCIPC researchers and staff were listed as faculty for a conference “described by its organizer as uniting ‘concerned professionals’ to assist in making it ‘socially unacceptable for private citizens to have handguns.’”¹¹

The CDC's NCIPC also funded a spring 1995 *Injury Prevention Network Newsletter* entitled, "Women, Guns and Domestic Violence," which included an article entitled "What Advocates Can Do." The article included advice for researchers and CDC public health staffers such as:

- "Put gun control on the agenda of your civic or professional organization. Release a statement to the media or explain in your organization's newsletter why gun control is a woman's (or nurses' or pediatricians'...) issue.
- "...Make your support for federal, state, and local gun laws known to your representative. This may include: Opposing repeal of the assault weapons ban; maintaining support for the Brady Law; restricting ammunition availability by caliber and quantity; increasing enforcement of federal firearm laws; maintaining restrictions on issuance of concealed weapons permits...
- "Organize a picket at gun manufacturing sites, perhaps with posters showing pictures of victims of gun violence. (Modeled after the Madres de los Desaparecidos in Argentina and Chile; this can evoke a very powerful moral image.)
- "Work for campaign finance reform to weaken the gun lobby's political clout.
- "Boycott publications that accept advertising from the gun lobby or manufacturers ... Launch a program aimed at getting pediatricians [involved] ... Get media attention for your events. Encourage your local police department to adopt a policy prohibiting officers from recommending that citizens buy guns for protection ..."¹²

James Mercy, M.D., Director of the Violence Prevention Division of the CDC, gave a March 11, 1995 interview that reported, "Dr. Mercy and others who are alarmed at the increase in handgun injuries and deaths hope that out of this broadened perspective, a perspective based on scientific inquiry, Americans will begin to move more cautiously in regard to the purchase and ownership of firearms. Dr. Mercy said, 'The public often buys without taking into account the risks. There is little evidence to show that handguns have a protective effect.'"¹³

The CDC Division Director is also quoted questioning the marketing campaigns of gun manufactures. "Efforts to highlight the risks of handgun ownership have been made more difficult, however, by the advertising campaigns of gun manufacturers that present what advocates of gun control regard as misinformation, particularly with regard to the protection claim. 'Some companies are trying to expand their markets by targeting women,' Dr. Mercy said, 'suggesting that women have most to fear from strangers, whereas the greatest danger of violence is from co-habitants.'"¹⁴

CONGRESS GETS INVOLVED:

In October 1995, a letter signed by eight Senators, including Senators Bob Dole (R-KS) and Trent Lott (R-MS), said that the CDC's NCIPC agency was wasteful, biased and driven by "preordained political goals and not from the desire for scientific, balanced and unbiased inquiry. ...This CDC program can be cut with no diminution of service in administering the public interest, and at a savings to the taxpayer."¹⁵

CONGRESS QUESTIONED CDC'S INVOLVEMENT WITH GUNS:

On March 6, 1996, the House Appropriations Subcommittee on Labor, Health and Human Services, and Education held a hearing where testimony focused on what one witness reported were “the CDC’s NCIPC’s use of suspect data, skewed study populations, dubious research models, and result-oriented research.” Testimony, according to the same witness, was also offered “concerning the inappropriate diversion of taxpayer monies to research for dissemination of partisan newsletters, as well as the participation of NCIPC staff and researchers in partisan anti-gun gatherings.”¹⁶

In July 1996, the House Appropriations Committee passed an amendment by Congressman Jay Dickey (R-AR) to an appropriations bill to shift \$2.6 million away from the NCIPC, an amount determined to be equivalent to funds spent by the NCIPC for its gun campaign. When the appropriations bill came before the full House on July 11, 2006, Congresswoman Nita Lowey (D-NY) unsuccessfully attempted to restore the NCIPC’s \$2.6 million budget for firearm research.¹⁷

Congresswoman Lowey argued, “Gun violence in America is a public health emergency. According to Dr. George Lundberg, an editor of the *Journal of the American Medical Association*, ‘There is no question now that violence is a public health issue. Research to end this epidemic of violence is absolutely vital and it must continue.’”

Congressman Dickey countered that “this is an issue of federally funded political advocacy. We have here an attempt by the CDC through the NCIPC, a disease control agency of the Federal Government, to bring about gun control advocacy all over the United States through seminars, through the staff members and through the funding of different efforts all over the country just on this one issue, to raise emotional sympathy for those people who are for gun control. It is a blatant attempt on the part of government to federally fund lobbying and political advocacy. Rather than calling violence a disease and guns as a germ, these people should be looking at the other root causes of crime: Poverty, drug trade, gangs, and children growing up without parental support, and the cruel trap of welfare dependency. Those things have more to do with crime control than trying to come at it from a disease definition.”¹⁸

Congresswoman Nancy Pelosi, the future Speaker of the House, urged support for the amendment saying, “We need CDC research and expertise to help inform the Nation, to help gun owners have safety.”¹⁹

Congressman Bob Barr (R-GA) said, “Look up the word ‘disease’ in the dictionary, at least any legitimate dictionary. I have done it. There is no reference in any dictionary that I can find that says that accidents or handgun injuries or murders are a disease. There is a reason why they are not found within a definition of disease. They are not diseases. ...[T]he Centers for Disease Control have not eradicated disease. In other words, they have work left to do, very important work they could be doing. Yet they are devoting scarce resources for a political agenda that is, pure and simple, a political agenda ... [and t]he political agenda is well-documented.”²⁰

Finally, Congressman Jim Barcia (D-MI) pointed out that NCIPC's work is duplicative, that "firearms violence is studied already by a number of agencies within the Department of Justice, including the National Institutes of Justice and the Bureau of Justice Statistics as well as the Bureau of Justice Assistance and other programs. In fact, Dr. Arthur Kellermann, an NCIPC grantee recipient who has received millions of taxpayer dollars to study firearms, recently received a grant from the Department of Justice to study firearms violence, a clear indication of the duplicative nature of NCIPC's work in this area."²¹

Congresswoman Lowey's amendment to restore funds was defeated by a 158-263 vote in the House of Representatives. The House-Senate conference did restore the funds, but earmarked the money to study traumatic brain injuries instead, and thus the CDC's 1997 budget for firearm injury related research dropped 80 percent to \$500,000.²²

CDC CAN STILL STUDY GUNS BUT GRANTEES CANNOT PROMOTE GUN CONTROL:

The final bill signed into law also included specific language inserted by Congressman David Obey (D-WI) and Congressman Bob Livingston (R-LA) that stated: "None of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control."²³

Congress modified the CDC gun control provision in the annual appropriations bill for fiscal year 2003 to read: "None of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used, **in whole or in part**, to advocate or promote gun control" (emphasis added). The appropriations committee also included new report language which reads in part:

"The conferees acknowledge that the purpose of this proviso is to prohibit Federal funds from being used to lobby for or against the passage of specific Federal, State or local legislation intended to advocate or promote gun control. The conferees understand that the CDC's responsibility in this area is primarily data collection and the dissemination of information and expect research in this area to be objective and grants to be awarded through an impartial, scientific peer review process. The conferees instruct the CDC to provide a detailed report, within 90 days of enactment, on the steps the CDC has taken to ensure this restriction is being followed."²⁴

In an undated letter to its grantees, the directors of the CDC's NCIPC and the Procurement and Grants Office stated that:

"CDC interprets the appropriations and conference report language regarding gun control to mean that CDC's funds may not be spent on political action or other activities designed to affect the passage of specific Federal, State, or local legislation intended to restrict or control the purchase or use of firearms. This new appropriations requirement still supports CDC's work to:

- collect and support the collection of data related to firearm-related injuries;

- engage in objective scientific, public health research awarded through an impartial, scientific peer review process, directed to preventing injuries related to violence and firearms; and
- publish and disseminate the results of firearm-related injury research and surveillance data.

“Importantly, recipients of CDC funds are subject to the same limitations in using CDC injury prevention and control funds. Recipients are expected to establish appropriate fiscal control and other mechanisms to ensure that CDC funds are not used to promote specific legislation that restricts or controls the purchase or use of firearms through conferences, public events, publications, and ‘grassroots’ activities.”²⁵

These provisions continue to be included in the annual appropriations bills, and thus CDC currently is not prohibited from studying guns and gun violence as a disease or a health problem, but merely is prohibited from allowing its grantees and funds to be used for gun control advocacy.²⁶

OVER A DECADE LATER CDC TASKFORCE SAYS EFFECTS OF GUN CONTROL LAWS UNKNOWN:

In October 2003, the CDC published findings from the Task Force on Community Preventive Services which “conducted a systematic review of scientific evidence regarding the effectiveness of firearms laws in preventing violence, including violent crimes, suicide, and unintentional injury.” The Task Force “found insufficient evidence to determine the effectiveness of any of the firearms laws or combinations of laws reviewed on violent outcomes.”²⁷ The Task Force also found insufficient evidence to determine whether the laws reviewed reduce (or increase) specific violent outcomes because much “existing research suffers from problems with data, analytic methods, or both.”²⁸

So after years of CDC classifying guns as a public health threat and after years of CDC funding groups that advocate gun control laws, the CDC’s own research concludes it is not known whether gun control laws reduce or even increase violent crimes.

¹ “Ideological and Civil Liberties Implications of the Public Health Approach to Guns, Crime and Violence,” Raymond G. Kessler quoting Prothrow-Stith and Weissman 1991, http://www.saf.org/journal/10_civil.html, accessed November 2006.

² “Epidemiologists Aim at New Target: Health Risk of Handgun Proliferation,” *Journal of the American Medical Association (JAMA)*, February 3, 1989.

³ Ibid.

⁴ Id.

⁵ “CDC’s Approach to Firearm Injuries,” letter to the editor signed by Patrick O’Carroll, MD, MPH, Center for Environmental Health and Injury Control, CDC, *JAMA*, July 21, 1989.

⁶ “Let’s be clear: violence is a public health problem,” Rosenberg ML, O’Carroll PW, Powell KE, *JAMA*, June 10, 1992.

⁷ NCIPC website, <http://www.cdc.gov/ncipc/anniversary/default.htm>.

⁸ “Hot Guns, Firearms Industry: The Gun Battle Over Science,” William Kistner, Frontline PBS, May 1997, <http://www.pbs.org/wgbh/pages/frontline/shows/guns/procon/injuries.html>, accessed November 2006; “The Federal Factoid Factory on Firearms and Violence: A Review of CDC Research and Politics,” Paul H. Blackman, Ph.D.,

National Rifle Association paper presented at the annual meeting of the Academy of Criminal Justice Sciences Chicago, Illinois, March 8-12, 1994.

⁹ Ibid, PBS.

¹⁰ “Gunning for Guns,” by Francis Wilkinson, *Rolling Stone*, December 9, 1993.

¹¹ January 1, 1996 letter to Senator Arlen Specter, Labor, Health and Human Services, and Education, and Related Agencies subcommittee chairman, from Dr. William C. Waters, IV, Eastern Director, DIPR, <http://teapot.usask.ca/cdn-firearms/Suter/disband.cdc>, accessed October 2006.

¹² “Docs, Guns, and the CDC,” *The New American*, Miguel A. Faria, Jr., MD, September 30, 1996,

http://thenewamerican.com/tna/1996/vo12no20/vo12no20_guns.htm.

¹³ “Gun Control: New Approaches,” George M. Anderson, *America*, March 11, 1995,

<http://pqasb.pqarchiver.com/americanpress/access/1507735.html?dids=1507735:1507735:1507735&FMT=ABS&FMTS=ABS:FT:PAGE&date=Mar+11%2C+1995&author=Anderson%2C+George+M&pub=America&edition=&startpage=26&desc=Gun+control%3A++New+approaches>.

¹⁴ Ibid.

¹⁵ Supra footnote 8, PBS.

¹⁶ Footnote 12, op. cit.

¹⁷ Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Act of 1997, *Congressional Record* pages: H7280-7287, July 11, 1996.

¹⁸ Ibid

¹⁹ Id.

²⁰ Id.

²¹ Id.

²² Supra footnote 8, PBS; <http://clerk.house.gov/evs/1996/roll302.xml>, Lowey amendment, printed as amendment number 4 in the *Congressional Record* of July 9, 1996, to increase funds appropriated in the bill for the Center for Disease Control research activities by \$2.6 million and reduce funds appropriated for Health Resources and Services Administration commensurately. “The intent of the amendment is to fund research into firearm-related injuries.”

²³ Footnote 17, op. cit., according to floor statements from Rep. Obey.

²⁴ Public Law 108-7, House Report 108-10; Note: report language is not legally binding but it accompanies the law, and is taken as guidance from the appropriations committee by those agencies receiving the funds under the law.

²⁵ CDC website, <http://www.cdc.gov/ncipc/res-opps/restrictions.htm>, accessed October 2006.

²⁶ The report language accompanying the FY06 appropriations bill (Report Number 109-143) included the following: “*Gun Control Advocacy*.--The Committee recommendation maintains language carried in the fiscal year 2005 bill and prior years prohibiting federal funds from being used to lobby for or against the passage of specific federal, state or local legislation intended to advocate or promote gun control. The Committee understands that the CDC’s responsibility in this area is primarily data collection and the dissemination of that information and expects that research in this area to be objective and grants to be awarded through an impartial, scientific peer review process.”

²⁷ “First Reports Evaluating the Effectiveness of Strategies for Preventing Violence: Firearms Laws: Findings from the Task Force on Community Preventive Services,” Recommendations and Reports, October 3, 2003, <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5214a2.htm>, accessed October 2006.

²⁸ Ibid.

CDC'S STATISTIC PROBLEMS AND FRAUD

CDC revises U.S. obesity deaths by 1,400% ... then backtracks Death toll falls from 400,000 to 365,000 to 25,814 in less than a year



There's an old saying about lies, damned lies, and statistics. While most Americans have grown to trust the statistics that come out of the CDC, some of that trust, at least as far as obesity death statistics goes, might have been misplaced.

OBESITY ANNOUNCED AS NUMBER TWO KILLER IN THE NATION:

In March 2004, just months after CDC launched a high-profile effort against obesity, the CDC claimed obesity causes 400,000 deaths a year.¹ The claim appeared in a study, published in the March 10, 2004 issue of the *Journal of the American Medical Association (JAMA)*, which estimated there were 435,000 deaths associated with tobacco use compared with 400,000 deaths from "poor diet and physical inactivity."² The study's four authors included the CDC's Director, Dr. Julie Gerberding.

As the study was released, CDC officials issued dire warnings and urged the nation to take action.³ According to one news report, "Some critics in the food industry and academia contend that the CDC ignored early signs that its death estimates were flawed to avoid undermining its ongoing crusade against obesity."⁴

A May 2004 article in *Science* magazine quoted various researchers and anonymous CDC employees who said the evidence behind the obesity numbers were "weak" or "loosey-goosey." Critics noted that the study's authors added an arbitrary number of deaths from poor nutrition (15,000) to the obesity category, which inflated the statistics.⁵

A CDC scientist says internal discussions on these issues got "very contentious" months before publication and left some feeling that the conclusions were not debatable.⁶ The authors disagreed and one explained that the stipulated 15,000 deaths from poor nutrition in the obesity section, for example, represent a "conservative estimate" obtained by tripling 4,242, the number of death certificates citing this cause in 2000.⁷

In January 2005, the CDC admitted making calculation errors and lowered its death estimate to 365,000 — but still ranked obesity as the number two most preventable cause of U.S. deaths.⁸

OBESITY ANNOUNCEMENT REVISED 1,400 PERCENT — NOT AS DEADLY AS ONCE THOUGHT:

But in April 2005, in the *Journal of the American Medical Association (JAMA)*, the CDC revised its estimate to put the annual death toll from obesity at only 25,814. The April 2005 numbers are 15 times less than the earlier estimate and drop obesity to the seventh most preventable cause of death, behind car crashes and gunshot wounds.⁹

The study, led by Katherine M. Flegal of the National Center for Health Statistics, a branch of the CDC, analyzed mortality according to a person's BMI, or body mass index, which measures weight and height. The study showed that being modestly overweight, but not obese, "was not associated with excess mortality" or a shorter life expectancy. In fact, the research studied showed that being overweight is actually less of a mortality risk factor than being of normal weight.

"The major reason our numbers are lower is that we used some new data sets that provide more recent, better information," said David Williamson, senior epidemiologist for the CDC, who was an investigator in the study. Dr. Julie Gerberding, the CDC's Director, said the CDC will strive to improve its methods for calculating the health consequences of obesity.¹⁰

CDC PRESS CONFERENCE ANNOUNCES OBESITY IS STILL BAD:

In June 2005, the CDC Director held a press conference where she acknowledged potential flaws in the April 2005 *JAMA* study led by Flegal. "It is not okay to be overweight. People need to be fit, they need to have a healthy diet, they need to exercise," she said. "I'm very sorry for the confusion that these scientific discussions have had."¹¹

Some scientists from the Harvard School of Public Health, the American Heart Association and the American Cancer Society have rejected the conclusions from Flegal's April 2005 study, saying the study's main flaw was that it included people with health problems, such as cancer and heart disease, who tend to weigh less because of those problems.

No one discounts that obesity is a serious problem in America. The American Obesity Association estimates that 64.5 percent of adult Americans, approximately 127 million people, are categorized as being overweight or obese. Accurately compiling statistics in a nation of hundreds of millions of people is challenging, and accurately tracking weight, which many people consider private and personal information, obviously has its limitations. But the fact that CDC, the agency tasked with helping to prevent and control disease and which testifies yearly before Congress about the diseases "caused" by obesity, released estimates adjusted by 1,400 percent within just one year, does not lead to confidence in CDC statistics and may lead to public confusion about obesity. Such confusion can be a deadly complication in an area of disease prevention that directly affects millions of people's lives.

¹ “Study is seen as clouding risks to the overweight,” *Boston Globe*, May 9, 2005.

² “Obesity Is Now on Everyone’s Plate,” *JAMA*, 2004; 291: 1186-1188.

³ Footnote 1, op. cit.

⁴ Ibid.

⁵ “Public Enemy Number One: Tobacco or Obesity?” *Science*, May 7, 2004.

⁶ Ibid.

⁷ Id.

⁸ “CDC says obesity deaths overestimated,” *The Washington Times*, April 20, 2005.

⁹ Ibid.

¹⁰ Id.

¹¹ “CDC Chief Backs Away From Report On Obesity,” *Associated Press*, June 3, 2005.

IG Investigates Abuse of CDC Funds

Just three investigations find over a million dollars misused

While some CDC grant recipients react with outrage at the mere suggestion that their books be audited, the Inspector General managed to find, in just three cases (two of which were HIV/AIDS grantees), the misuse of over a million dollars in CDC funds.¹

MASSACHUSETTS:

The HHS Inspector General (IG) found a possible misuse of federal HIV/AIDS funds in its audit of the CDC-funded Multicultural AIDS Center (MAC) of Boston, Massachusetts. Over the course of two years, MAC received \$948,000 from the CDC: \$408,000 during 2001, \$180,000 during 2002 from CDC via the Commonwealth of Massachusetts Department of Public Health's HIV/AIDS Prevention and Education Cooperative Agreement, and \$360,000 in fiscal year 2002 from the CDC under the Community Coalition Development (CCD) Project.²

According to the IG audit released in January 2003, “two MAC employees, whose salaries were paid with CDC funds, appeared to be involved in lobbying activities — an unallowable charge under federal regulations. ... [I]t is possible that a portion of the [FY02] total charges of \$360,000 to the CDC's Community Coalition Development Project may have supported unallowable lobbying activities.”

The stated purpose of the program for which MAC received funds is “to improve and support the health of the African American communities disproportionately affected by HIV, sexually transmitted diseases (STDs), tuberculosis (TB) and substance abuse within their respective communities.”³ Funds made available under this program must support activities directly related to primary HIV prevention and the prevention of other STDs, TB, and substance abuse, according to the IG report. The misused CDC funds had been intended “to sustain, improve, and expand HIV prevention services for racial/ethnic minority populations.”⁴

In 2003, the House Subcommittee on Criminal Justice, Drug Policy and Human Resources asked HHS what, if any, actions were taken against MAC for violating federal lobbying laws and misusing funds for African American communities, though, to date, no response has been received.⁵ In response to congressional inquiry in 2007, CDC reported that MAC has not received CDC funds since 2002.⁶

WASHINGTON, D.C.:

CDC gave the Washington-based National Latina/o Lesbian, Gay, Bisexual and Transgender Organization (LLEGO) federal funds for HIV/AIDS education, including \$1.15 million in 2004, for the first year of a five-year grant. But in August 2004, five months after it received its federal grant, LLEGO closed its doors and filed for Chapter 7 bankruptcy after drawing down \$989,255 of the CDC grant.⁷

The HHS IG determined LLEGO had incurred \$703,181 in “unallowable costs,” instead of funding promised HIV/AIDS education efforts. “LLEGO engaged in activities not covered by CDC’s program announcement, including lobbying, fund-raising and advocating on behalf of gay issues,” the report concluded. In 2003, for instance, the organization’s leaders rallied in Tallahassee, Florida, to support adoption by same-sex couples. The same year, the organization’s leaders rallied in Sacramento to support same-sex marriages. According to a news report, the organization further urged federal lawmakers to oppose a 2004 bill that would strip federal courts of the chance to hear challenges to the Defense of Marriage Act, which declares that states are not obliged to recognize same-sex marriages performed in other states.⁸

The federal government is seeking to reclaim more than \$700,000 from LLEGO in bankruptcy court, though the group’s bankruptcy attorney said the former employees “are the only ones who are going to get paid, because of the limited amount of money available ... If there’s anything left, it will go for taxes,” he told a reporter.⁹

In response to congressional inquiry, CDC reported that it had filed in bankruptcy court and was placed on the creditor list. As of February 2007, “CDC has not recovered [any] funds.”¹⁰

GEORGIA:

In May 2006, the Director of the CDC’s Coordinating Center for Health Promotion pleaded guilty in federal court to a charge of theft of government funds for padding her travel expense accounts by an estimated \$7,500. Over a three year period, Donna Stroup submitted dozens of fraudulent claims and altered receipts for expenses not covered by the agency. Often, she wrote off personal expenses as FedEx or copying charges. One such charge for \$106.22 was described as PowerPoint slides, when instead it was a purchase from Filene’s Basement department store. According to the *Atlanta-Journal Constitution*, in 2004, Stroup “was one of the authors of a widely reported study that said obesity was about to overtake smoking as the nation’s leading cause of death.” (See: “CDC revises U.S. obesity deaths by 1,400% ... then backtracks” (page 81).) Stroup has since resigned.¹¹

ARE THERE MORE CASES?

With billions of dollars spent annually on grant programs and hundreds of millions spent on grant administration and management, taxpayers would be justified in wondering how many more cases of waste and abuse exist, but have yet to be investigated.

¹ “Bush Administration Policies on Sex Education, Funding for AIDS Groups ‘Hampering’ Anti-AIDS Efforts, Organizations Say,” *Kaiser Daily HIV/AIDS Report*, October 1, 2002; *Daily HIV/AIDS Report*, August 20, 2002; Inside the Beltway, *The Washington Times*, December 13, 2002.

² “Audit of HIV/AIDS Activities at the Multicultural AIDS Coalition for the Period July 1, 2000 through September 30, 2002, A-01-02-01503”, <http://oig.hhs.gov/oas/reports/region1/10201503.pdf>.

³ Ibid.

⁴ CDC’s “Final FY 2004 GPRA Annual Performance Plan, Congressional Justification Submission,” February 2003, <http://www.cdc.gov/od/perfplan/2003/2003perf.pdf>, accessed January 2007.

⁵ E-mail correspondence from House Subcommittee on Criminal Justice, Drug Policy and Human Resources to HHS, dated May 5, 2003.

⁶ E-mail correspondence from CDC Policy Analyst to office of Senator Tom Coburn dated February 5, 2007.

⁷ HHS Inspector General “Review of grants issued to the National Latina/o Lesbian, Gay, Bisexual, and Transgender Organization,” June 2006, A-03-05-00351, <http://oig.hhs.gov/oas/reports/region3/30500351.pdf>.

⁸ “Gay Latino group asked to repay federal grants,” McClatchy Newspapers, October 8, 2006,

⁹ Ibid.; Footnote 6, op. cit.

¹⁰ Supra footnote 6.

¹¹ “CDC staffer pleads guilty to fraudulent claims,” *The Atlanta Journal-Constitution*, May 19, 2006.

IT PAYS TO BE A CDC EMPLOYEE

CDC Spends \$1.7 Million for Hollywood Liaison Grant Terrorism and Toxic Substance Funds Tapped

Former CDC Employee on Receiving End of Tinseltown Grant



Some employees watch soap operas on their lunch break or while their boss is not looking, but at the CDC watching soap operas is part of the job description for the those with CDC's Entertainment Education Program.

The CDC Entertainment Education Program collaborates with “entertainment industry leadership to provide accurate depictions of healthy living at all life stages” and also works to provide “public health experts as a resource to entertainment industry writers.”² It seeks to “raise awareness and behavioral change” by providing “accurate depictions of healthy living at all stages of life ... to entertainment industry leadership for possible inclusion in television storylines.”³

In other words, the CDC spends tax dollars to ensure that when a made up character in a fictitious TV show talks about a health topic, he or she talks about it accurately.⁴

WHY CDC IS WATCHING DAYTIME AND PRIMETIME DRAMAS:

According to the CDC, “Popular entertainment provides an ideal outlet for sharing health information and affecting behavior.” CDC says that since many Americans learn about health issues from television, “we believe that prime time and daytime television programs, movies, talk shows and more, are great outlets for our health messages.”⁵

A question taxpayers might consider appropriate: should the CDC spend \$1.9 million to help Hollywood develop its plotlines, and does this type of assistance justify the use of terrorism funds?

\$1.75 MILLION CDC TAX DOLLARS SPENT SO FAR IN LIAISON WITH HOLLYWOOD (IN ADDITION TO \$1.51 MILLION FROM THREE OTHER AGENCIES); MORE IN THE PIPELINE:

CDC's Entertainment Education Program began a collaborative project with the University of Southern California Annenberg's Norman Lear Center on September 30, 2001, with \$300,000 in federal funding. The Lear Center announced its "Hollywood, Health & Society" program in an April 2002 press release.⁶

The Lear Center program has been the sole award recipient of CDC's Entertainment Education Program. The total CDC funding awarded to the Hollywood, Health & Society program to date is as follows:

\$300,000 in fiscal year 2001
\$400,000 in fiscal year 2002
\$406,900 in fiscal year 2003
\$281,500 in fiscal year 2004
\$188,544 in fiscal year 2005
\$158,500 in fiscal year 2006
\$ 18,386 in fiscal year 2007

CDC Total: \$1.75 million⁷

The Lear Center has received funding from three other federal agencies in addition to the CDC. The National Cancer Institute (NCI) at the National Institutes of Health added additional taxpayer funds in 2006, along with the Agency for Healthcare Research and Quality (AHRQ), and the Health Resources Services Administration's (HRSA) Division of Transplantation.⁸

Grants from these four federal agencies to the Norman Lear Center's Hollywood, Health & Society program equaled \$513,500 in 2006 and \$3.26 million from FY01-FY07.⁹

The National Institutes of Health's NCI found "left over resources" in its end of the year 2006 budget and used them to send \$250,000 for the Hollywood-based liaison, according to the Institute's response to congressional inquiry. NCI, from 2003 through 2006, has spent \$1.25 million on the Hollywood, Health, and Society program. Of these funds, \$1.1 million was "for program operations" and \$150,000 was "for evaluation of outcomes."¹⁰

The Hollywood, Health, and Society program received \$55,000 from AHRQ in FY06, an agency which also paid out \$55,000 in FY05 to the program.¹¹

HRSA contributed \$50,000 in 2006 and \$100,000 in 2007 to the Hollywood liaison grant and, according to the agency, its organ transplant experts were able to correct "misinformation" about organ donations in fictitious television storylines such as those on "ER," "House," "Grey's Anatomy," "Young & Restless," and "General Hospital."¹²

TERRORISM FUNDS AMONG THOSE TAPPED TO FUND T.V. SHOW LIAISON:

Of the \$1.75 million CDC funds spent so far on the Hollywood liaison program, \$1.31 million came from the Office of the Director's budget, \$178,500 came from the Health Marketing budget, and \$80,000 came from the Environmental Health and Injury budget.¹³

Most puzzling, in a time of limited federal funds and agency calls for additional funds to prepare for potential bioterrorism attacks, is the decision to spend \$55,000 from the CDC terrorism account (from the Health Education & Communication allotment), and \$18,386 from the Agency for Toxic Substances and Disease Registry budget on the Hollywood program.¹⁴

CDC SPENDS APPROXIMATELY \$6,000 PER TELEVISION EPISODE CONSULT:

CDC reported that efforts by the Hollywood, Health & Society program under its cooperative agreement with the CDC have resulted in over 400 television episodes "which have contained public health information" nearly 90 of which "presented public health issues in major storylines."¹⁵

In response to congressional inquiry, CDC reported that from September 2001 through August 2006, there were 281 television episodes requiring "CDC Topics and Expert Consultations" and an additional 29 episodes for the remainder of 2006 and the beginning of 2007 that received consultation (though it is not specified which of the four agencies performed these 29 consultations).¹⁶ For \$1.75 million in taxpayer funds, CDC's cooperative agreement with the Lear Center produced CDC topics and consultations for a total of somewhere between 281 and 310 episodes. This amounts to spending between \$6,228 and \$5,645 to consult per episode.

SOLE AWARD RECIPIENT IS HEADED BY FORMER CDC EMPLOYEE:

The Hollywood, Health & Society program (funded by CDC's Entertainment Education Program) named Vicki Beck as its first program project director. Beck's last job just happened to be running the Entertainment Education Program as a CDC employee.¹⁷ In fact, not only had Beck run the CDC program, but she is credited with establishing the whole CDC entertainment program in the first place.¹⁸

How Beck created an office of entertainment at the CDC, watched as a Hollywood-based grantee won the sole grant from the federal agency, and then months later found herself as director of that very same grantee's CDC-funded program, is a case study in how it pays to be a former CDC employee.

In response to congressional inquiry, CDC reported that Vicki Beck's CDC resignation was effective January 15, 2002, and though she was working for the Entertainment Education Program at CDC in September 2001 (when the Lear Center was informed of the CDC funding award), she "did not participate in any aspect of the review or grant process."¹⁹

The Lear Center's April 2002 release announcing its Hollywood program's launch bragged that its new director Beck was "until earlier this year" directing the Entertainment-Education

Program at the CDC's headquarters in Atlanta.²⁰ The fact that Beck did not personally choose the Hollywood, Health & Society program (that would later employ her) as a grantee, does not overshadow the fact that while she has been directing the Hollywood-based program, it received \$1.7 millions tax dollars from an office she helped create at the CDC.

HOLLYWOOD LIAISON GRANT TO RECEIVE \$700,000 IN 2007; AND CDC LIKELY TO SEND \$820,000 TO \$1.2 MILLION OVER FIVE YEARS:

Responses from the four federal agencies funding the Hollywood, Health & Society program indicate the program has received over \$3.2 million since its inception. But the Hollywood liaison program is not ending after receiving \$1.7 million from the CDC (including from its terrorism budget), \$1.25 million from the NCI, \$150,000 from HRSA, and \$110,000 from AHRQ.

In fact, CDC has announced the availability of a one-year, \$700,000 cooperative agreement for 2007 to continue the work begun by the Hollywood, Health & Society program in 2002. The agency is soliciting grant proposals through June 7, 2007, for a non-profit, state or local government, or tribal entity to work with CDC in a cooperative agreement for a "project period length" of five years.²¹ There is nothing precluding the Lear Center's "Hollywood, Health & Society" program from winning this next 5-year cooperative agreement.

In response to congressional inquiry, CDC reported that the \$700,000 award will come from four different agencies — CDC, NCI, HRSA, and AHRQ — with CDC contributing approximately \$220,000 of the total amount. CDC's 2007 portion of the cooperative agreement will include \$160,000 from its Health Marketing budget and \$60,000 from the Agency for Toxic Substances and Disease Registry (ATSDR) budget. CDC did note in its congressional response that, "it is possible that CDC will increase its funding allocation prior to and after the award date (September 30, 2007)."²²

Despite CDC's report that three other agencies will join it in funding the \$700,000 grant for 2007, only HRSA has budgeted any funds. HRSA has contributed \$100,000 toward the new grant in 2007. Of the two other agencies that are reportedly part of the interagency grant: AHRQ reported that it has no records "of any funds for this [Interagency Agreement] in FY 2007" and that "There has not been a request submitted" and NCI stated, "The availability of funds for obligation to CDC [contract with the Hollywood, Health, and Society program for 2007] is still not known."²³

When asked how much CDC plans on funding for the remaining four years of this new five-year liaison grant, CDC replied "We expect that CDC funding would be \$150,000 to \$250,000/year." So together with the \$220,000 first-year award amount, over the next five years CDC expects to spend between \$820,000 and \$1.22 million to ensure that fictional television shows contain accurate health messages in their storylines.

“BEST INTEREST” OF THE FEDERAL GOVERNMENT?

The CDC’s new request for applications (RFA) notes the project period length is five years, though continuation of awards for the entertainment industry liaison will be contingent on the “availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.”²⁴ The RFA does *not* mention how awarding \$700,000 for a Hollywood liaison is “in the best interest of the Federal government.”

HOW A CDC EMPLOYEE STARTED A HOLLYWOOD LIAISON OFFICE (AND LATER BECOMES AN OFFICE GRANTEE):

CDC employee Vicki Beck “established and was director of an entertainment education program” at CDC “where she conducted research and provided education and outreach to the entertainment industry.”²⁵ Though the program was not specifically authorized by Congress, CDC appears to have used its broad mandate to disseminate health messages as a justification for getting involved with Tinseltown.²⁶

Beck’s role at CDC’s entertainment education program included “conducting research on soap opera and prime time viewers,” establishing an awards program for TV shows, and hosting an “agenda-setting conference for entertainment education.”²⁷

CDC PROGRAM BEGAN WITH SOAP OPERA AWARDS:

While she was at CDC, Beck started “The Sentinel for Health Award for Daytime Drama” in 1999 to give awards to soap operas that accurately featured health themes. ABC’s “One Life to Live,” CBS’s “The Young and The Restless” and “The Bold and The Beautiful” were among the first to receive the CDC award.²⁸ The Award, which started in 2000 and previously went to four soap operas a year, has grown to also include the categories of prime time comedy, prime time drama, prime time minor storyline, and Spanish-language telenovela.

From cruise ship sanitation to genital warts, the CDC Sentinel for Health Awards “recognize exemplary TV storylines that best inform, educate and motivate viewers to make choices for healthier and safer lives.”²⁹

FEDERAL HEALTH EXPERTS JUDGE T.V. SHOWS:

According to the Health Awards website, CDC and NCI experts take time out of their busy days controlling, preventing, and studying diseases to judge fictitious television shows for accuracy. Finalists that survive the expert scrutiny then move on to the second round of judging for “entertainment value and potential benefit to the viewing audience.”³⁰

WHAT \$1.7 MILLION TAX DOLLARS HAS BOUGHT IN HOLLYWOOD:

CDC officials persuaded producers of NBC’s “ER” to place a condom poster on the set “as a roundabout way of getting the health message to TV viewers,” and made sure that a bioterrorism

scenario on Fox's "24" is accurate.³¹ CDC also makes sure the proper federal agency is referenced in a show, trying to correct past mistakes where one show depicted NIH personnel doing tasks that would more likely have been the CDC's responsibility.³² And all these resources are provided to the entertainment industry free of charge, courtesy of four federal health agencies spending American tax dollars.

"We've focused on being a resource for TV writers who call us all the time," Vicki Beck told one reporter. "They've got an idea, they want, say, a certain character to suffer from a specific disease, and they need to talk to an expert on that topic to see, in fact, whether that makes sense. We then put them in touch with whomever can best help them, whether that person is with the CDC or UCLA or NCI or NIH, wherever."³³

Beck's federal funded program has worked with writers from "ER," "Grey's Anatomy," "House," the various "Law & Order" and "CSI" shows, "Star Trek," "Desperate Housewives," and numerous soap operas such as "General Hospital," among others.

FROM FEDERALLY FUNDED TV TO FEDERALLY FUNDED VIDEO GAME CONSULTING?

The former CDC employee, turned CDC grant recipient is now looking to branch out to what she calls "new emerging media" such as video games, especially since the TV networks are putting more and more interactive technologies on their web sites.³⁴

Vicki Beck told the *Hollywood Reporter*, "For example, NBC currently has over a dozen games on its Web sites, including 'Wheelchair Challenge' on its 'ER' Web page, and we want to be a resource for the game makers, to assist them when, say, they need to know how a wheelchair needs to be used. We can put them in touch with the experts who the game developers' writers need for that sort of information."³⁵

CDC IS NOT ALONE IN FUNDING HOLLYWOOD LIAISONS:

While CDC and its three collaborating agencies (NCI, HRSA, and AHRQ) are paying for the Lear Center Hollywood liaison, federally funded forays into Hollywood do not end there.

Evidently tax dollars also supported a CDC "smoking prevention employee" from 2002 to 2004 to try and get Hollywood movie producers to cut back on on-screen smoking.³⁶

The Department of Defense (DOD) and Department of Homeland Security (DHS), the Central Intelligence Agency (CIA), and the National Aeronautics and Space Administration (NASA) have all paid federal employees to outreach to Hollywood.³⁷ The Department of Homeland Security (DHS) hired Bobby Faye Ferguson in 2004 as DHS's "liaison to the entertainment industry," a post that carried a yearly salary of over \$100,000.³⁸ She is still employed by DHS and spends an additional \$10,000 a year to cover travel, expenses, and equipment/supplies.³⁹ Ferguson previously helped fill the Hollywood liaison slot at NASA.⁴⁰

The Department of Defense has an "Air Force Entertainment Liaison Office" and a website entitled, "Wings Over Hollywood."⁴¹ The Department of the Army uses its public affairs office

in Los Angeles as “the entertainment industry’s direct liaison to the United States Army.”⁴² The CIA has a “Publications & Film Industry Liaison.”⁴³

COULD MEDIA AFFAIRS OFFICE MULTITASK?

No one is suggesting that CDC not answer questions posed of it from the taxpaying public, including the taxpaying public in Hollywood. In fact, the CDC has a media relations department that fields similar questions and requests for expert interviews from members of the news media.⁴⁴ The Entertainment Education Program at CDC functions to reach out to the “media” of entertainment. One possible solution that would save the taxpayers money, eliminate the need for a CDC entertainment office, and free up potentially millions of dollars in funding, would be to have CDC’s media affairs office field questions from the entertainment industry. If many Americans are getting some health news from fictional television shows, as CDC claims, then the media affairs office seems like a logical nexus.

The Army, as noted above, currently uses public affairs employees to work with Hollywood — perhaps the CDC could set up a similar service (without an on-location office).

A ROLE BEST FILLED BY THE PRIVATE SECTOR?

It is hard to argue in this day and age that television producers do not have an incentive, without federal taxpayer involvement, to get their storylines correct. Television shows that are entirely about medicine such as “ER” and “House,” for example, risk losing credibility with their viewers unless they get their medicine and the health storylines correct. Advertisers on those shows, including many related to the health industry, serve as another layer of built-in accountability.

With the multi-billion dollar television industry, million-dollar-per-episode salaries for TV actors, and millions of dollars of revenue from daytime and prime-time dramas, should it be a priority for taxpayers to have CDC-funded Hollywood liaisons to help producers get the health storylines correct?

If there is such an overwhelming need for a liaison to a multi-billion dollar industry, perhaps CDC could use existing personnel whose job descriptions already include connecting health experts with those reporting on health matters. Or, more fiscally prudent, perhaps Hollywood could fund the liaison itself. Conventional wisdom might cause taxpayers to ask, why would Hollywood pay for something if the federal government is giving it to them for free?

¹ Graphic from 2007 entry form, <http://learcenter.org/pdf/Sentinel07Entry.pdf>, accessed April 2007.

² 2007 CDC Notice of Availability of Funds for Cooperative Agreement for the Development, Operation, and Evaluation of an Entertainment Education Program, CDC-RFA-HM07-702, <http://www.cdc.gov/od/pgo/funding/HM07-702.htm>, accessed May 2007.

³ Ibid.

⁴ Id.

⁵ CDC Entertainment Education website, http://www.cdc.gov/communication/entertainment_education.htm, accessed April 2007.

⁶ “Public Health Expertise Brought to Entertainment Industry by USC Annenberg’s Norman Lear Center,” *USC Annenberg News*, April 2, 2002,

<http://annenberg.usc.edu/AboutUs/PublicAffairs/AbergNews/release20020402.aspx>; “AIDS drives plots on TV,” *USA TODAY*, August 7, 2007, http://www.usatoday.com/life/television/news/2006-08-07-aids-on-tv_x.htm; “A healthy approach to game development; Playing Games,” *Hollywood Reporter*, August 17, 2006, http://www.hollywoodreporter.com/hr/search/article_display.jsp?vnu_content_id=1003019257.

⁷ May 11, 2007 e-mail response from CDC official in response to inquiry from Senator Tom Coburn’s office.

⁸ Norman Lear Center website, <http://www.learcenter.org/html/projects/?cm=hhs>, accessed April 2007.

⁹ May 11, 15, 18 and 30, 2007 e-mail responses from CDC and HHS officials in response to inquiry from Senator Tom Coburn’s office.

¹⁰ May 18, 2007 e-mail correspondence from HHS Legislative Affairs regarding NIH’s contribution, in response to congressional inquiry from the office of Senator Tom Coburn. “NCI support of the program has come at the end of each fiscal year, with left over resources being obligated for the CDC contract at the end of the fiscal year.” NCI spent the following funds “FY03: \$300,000 for program operations and \$50,000 for evaluation of outcomes; FY04: \$300,000 for program operations and \$50,000 for evaluation of outcomes; FY05: \$250,000 for program operation and \$50,000 for evaluation of outcomes; FY06: \$250,000 for program operation; FY07 - The availability of funds for obligation to CDC [contract with the Hollywood, Health, and Society program] is still not known. ...NCI does not know if it will have end-of-the-year funds available this year or if funds will be available in FY08. If funds are available, the NCI support would still be provided through the [\$700,000] interagency agreement that CDC is now re-competing.”

¹¹ May 17, 2007 e-mail correspondence from HHS Legislative Affairs regarding AHRQ’s contribution, in response to congressional inquiry from the office of Senator Tom Coburn.

¹² May 30, 2007 e-mail response from HHS and HRSA officials in response to inquiry from Senator Tom Coburn’s office

¹³ Footnote 7, op. cit.

¹⁴ *Ibid.*; May 15, 2007 e-mail response from CDC official in response to follow-up inquiry from Senator Tom Coburn’s office.

¹⁵ Footnote 2, op cit.

¹⁶ *Supra* footnote 7, “Attachment A - Television Episodes.xls” and “Attachment B - Upcoming Air Dates 2006-2007 TV Season.xls.”

¹⁷ Footnote 6, *USC Annenberg News*, op. cit.

¹⁸ Norman Lear Center bio on Vicki Beck, http://learcenter.org/incEngine/incEngine_Player_minimum.php?content=cm&inc=PRINT&cm=beck, accessed April 2007.

¹⁹ *Supra* footnote 7, “The University of Southern California was informed of the award on September 24, 2001. The budget year started September 30, 2001.”

²⁰ *Supra* footnote 6, *USC Annenberg News*.

²¹ *Supra* footnote 2.

²² May 15, 2007 e-mail response from CDC official in response to follow-up inquiry from Senator Tom Coburn’s office.

²³ Footnote 9, op. cit.

²⁴ *Supra* footnote 2.

²⁵ Footnote 18, op. cit.

²⁶ *Supra* footnote 2.

²⁷ *Supra* footnote 18; “Summary Report: Setting a Research Agenda for Entertainment-Education, May 23-24, 2000, Atlanta, Georgia, A Conference Sponsored by CDC’s Office of Communication, <http://www.cdc.gov/communication/eersrcha.htm>, accessed April 2007.

²⁸ Footnote 5, op. cit.

²⁹ “Sentinel for Health Awards” webpage at the Norman Lear Center, <http://learcenter.org/html/projects/?cm=hhs/sentinel>, accessed April 2007.

³⁰ *Ibid.*

³¹ *Supra* footnote 6, *Hollywood Reporter*.

³² “CDC tries to ensure shows get their medical plots right; The agency just wants TV to follow standard doctor advice: First, do no harm,” *The Associated Press*, April 21, 2007.

³³ *Supra* footnote 6, *Hollywood Reporter*.

³⁴ *Ibid.*

³⁵ *Id.*

³⁶ Id.

³⁷ CRS Memo to the Subcommittee on Federal Financial Management, Government Information and International Security/Senate Committee on Homeland Security and Governmental Affairs, dated May 4, 2007, in response to congressional inquiry, regarding “Offices and Programs in Federal Departments and Agencies That Act as Liaisons to the Entertainment Industry.”

³⁸ *USA Today*, March 8, 2005 and March 2004 DHS job posting on www.usajobs.com, as quoted by the House Republican Study Committee’s “Department of Homeland Security Hires Hollywood Liaison,” May 2005, http://www.house.gov/hensarling/rsc/gov_waste.shtml.

³⁹ Footnote 37, op. cit.

⁴⁰ Footnote 38, op. cit.

⁴¹ “Wings Over Hollywood, The U.S. Air Force Entertainment Liaison Office” website, <http://www.airforcehollywood.af.mil/index2.html>, accessed April 2007.

⁴² “Movie and Entertainment FAQ’s,” U.S. Army Outreach website, <http://www4.army.mil/outreach/offices/losAngeles/questions/>, accessed April 2007.

⁴³ Supra footnote 38.

⁴⁴ CDC Media Relations, <http://www.cdc.gov/od/oc/media/index.htm>.

CDC's Top Financial Officers Take Home Bonuses

Sometimes it pays to be in government — literally. Since Bush Administration appointee Dr. Julie L. Gerberding became the director of the CDC in 2002, the people managing the agency have seen their share of bonuses rise.

According to the *New York Times* (*NYT*), the top three CDC financial officers have taken in more than a quarter million dollars in bonuses over the last several years. Taxpayers have paid out \$285,637 in bonuses since 2002 for the CDC's chief operating officer, chief financial officer, and director of finance.¹ Bonuses are as follows:

\$147,863 in premium bonuses (those greater than \$2,500) from 2002 through the first half of 2006 for CDC's chief operating officer (COO), William H. Gimson III;

\$84,894 in bonuses from 2002 through the first half of 2006 for CDC's chief financial officer, Barbara W. Harris;

and **\$52,880** in premium bonuses from 2002 through early 2006 for CDC's former director of finance, John C. Tibbs.²

CDC's COO William Gimson, bonus recipient, has stated: "These are one-time recognitions, and I'm proud to have received [them]. ... We are committed to rewarding the outstanding achievers at CDC."

According to a *NYT* analysis of CDC's financial records, since Dr. Julie Gerberding became director of the centers in 2002, "finance and other management officials have received a growing share of the bonuses. The share of premium bonuses given to those within the director's office has risen at least tenfold under Dr. Gerberding's leadership."³

In 2005, the records show that officials in Dr. Gerberding's office received 60 premium bonuses totaling \$515,075, or about four percent of all bonuses granted within the centers, compared to the \$30,000 in bonuses given out in 2000 (0.4 percent of the bonuses distributed agency wide) in the office of the previous director.

Before Dr. Gerberding's appointment, members of the CDC director's inner circle rarely received premium bonuses of \$2,500 or more. After her arrival, cash awards increased, the *NYT* reported. The bonuses for Mr. Gimson, the COO, which included seven cash awards, were approximately twice the amount granted to any other CDC employee.⁴

CDC explained the bonuses as part of an Administration priority to transform the CDC's management and told the *New York Times*, "If we want to retain people, we need to recognize them. We are operating in a highly competitive environment."⁵

¹ "Inner Circle Taking More of C.D.C. Bonuses," *The New York Times* (*NYT*), September 17, 2006; "Finance Office of Disease Control Agency Is Slipshod, Federal Report Says," *NYT*, September 30, 2006.

² “CDC official replaced in wake of finance probe,” *Atlanta Journal-Constitution*, October 4, 2006. Mr. Tibbs has been reassigned from director of finance to chief management official in the CDC’s Office of Workforce and Career Development.

³ Footnote 1, “Finance Office,” op. cit.

⁴ Footnote 1, “Inner Circle,” op. cit.

⁵ *Ibid.*, quote from Glen Nowak, chief of media relations at the CDC.

The Revolving Door: How a Former CDC Executive Lands CDC Contracts Worth Millions for Minority-Owned Companies



**Jack Jackson, former CDC employee
& minority-owned company executive**

While CDC employees' pay may not be equal to those in the private market, contractors who previously were employed by the CDC appear to have found a lucrative way to make their CDC connections pay off.

In 1999, Arthur "Jack" Jackson retired as the CDC's chief financial officer and the head of management and operations after a 35-year career with the agency. A year after his departure, he became a CDC consultant, and since 2000, the CDC has given almost \$22 million in work to two companies affiliated with Jackson, according to reviews of federal documents by *The Atlanta Journal-Constitution (AJC)*. The CDC has hired Jackson's firms 79 times — 67 times without competitive bidding — for jobs ranging from helping to plan a sweeping reorganization of the agency's management to compiling five news clippings a day for top CDC executives.²

Under a CDC program that gives contracting preferences to small, minority-owned businesses, two firms employing Jackson (who is a white male) won CDC contracts. McKing Consulting Corp. (where in 2004 Jackson was a vice president in charge of an Atlanta office) and Management Assistance Corp. (where he was a vice president from 1999 to 2002) both got contracts either without bidding or after competing only against other minority-owned firms. Lawyers for both companies told the *ACJ* that before they hired Jackson the firms had done little or no business with the CDC.

In fact, before hiring Jackson, McKing Consulting had obtained only one contract from the CDC, said Joanne Zimolzak, a lawyer for the company. Since the former CDC CFO came on board, CDC has awarded McKing 76 jobs, worth \$14.6 million. In 66 instances, according to a database of CDC contracts reviewed by the *AJC*, the agency gave work to McKing without seeking competitive bids. For other work, McKing competed with as few as three other minority-owned firms. CDC officials noted in purchasing documents that the company's

employees “already have a thorough understanding of the organizational structure and administration” of agency programs. McKing, the officials wrote, was “perhaps the only available contractor.”

McKing helped the CDC update its smallpox response plan, evaluated a women’s health program, and provided laboratory analysts, among other jobs. The agency also hired McKing several times for communications and web design jobs. The CDC’s Office of Terrorism and Preparedness Response hired McKing to provide a consultant for “administrative support.” Among the consultant’s required qualifications: “knowledge of front office etiquette.”

When asked about the CDC/Jackson connection, Frank Rapoport, a lawyer for McKing Consulting, said “this is not uncommon ... The revolving door is how the country seems to operate.” When CDC officials need outside help, Rapoport said, “it wouldn’t surprise me if they felt more comfortable if they had someone like Mr. Jackson there.”

William Gimson, the CDC’s chief operating officer, said companies connected with former CDC employees such as Jackson receive no special treatment. However, in an earlier interview, Gimson said, referring to Jackson: “There’s certainly an advantage. He knows the people at CDC, and they know him. ...He would reach out to individuals he would know. Probably more so, they would reach out to him.”

About 45 minority-owned firms qualify for contracting preferences at the CDC, Gimson said. Of the agency’s 31 active contracts with minority businesses, McKing held 15, a government report from late 2003 indicated. In addition, 17 former CDC employees work as consultants to CDC through contracts with Jackson’s firm.

Jackson was prohibited by federal law from doing business with his former agency for one year after his departure, and from working as a consultant on projects in which he had been directly involved as a federal official. According to CDC officials, Jackson went to some lengths to follow the law, and sought guidance on becoming a contractor for federal agencies. One former CDC ethics official noted, “It’s legal and ethical for them to come back under certain circumstances. Mr. Jackson walked a straight and narrow line.” Records do reflect that he appears to have followed these guidelines.

Before starting with McKing Consulting in 2002, Jackson worked for Management Assistance, another minority-owned business. A little over a year after he started there (which coincided with his having been retired from CDC for a little over a year), the company received its first contract from the CDC, the first of three it would get while employing Jackson. He “marketed and obtained” two of the contracts, worth about \$6 million, a company lawyer told the *AJC*, but played no role in the third deal, worth \$1.2 million. One of the contracts Jackson negotiated was awarded with no competitive bidding.

¹ Drawing of Jack Jackson that appears on McKing Consulting website, <http://mcking.com/execs.shtml>, accessed March 2007.

² All references from “Former workers cash in at CDC: Ex-employees take ‘revolving door’ back to agency, where they steer millions to outside contractors,” *The Atlanta Journal-Constitution*, May 19, 2004.

CDC's Interim Ombudsmen and Former Employees Paid \$250,000 to Help Build Employee Morale

New Full-Time Morale Office to Cost Over \$1 Million

At a time of constrained budgets, growing threats of bioterrorism and disease outbreaks, CDC decided to spend hundreds of thousands of dollars on outside contractors to help improve employee morale and the quality of life at CDC. It just happens that the two men hired under a temporary CDC contract are former CDC employees, who work for a firm founded by a former CDC official. The interim ombudsmen have recommended that CDC make the morale job a full-time post, a proposition that would likely cost taxpayers millions of dollars over the next decade. And the CDC wasted little time and has begun a search for a full-time ombudsman.

On October 1, 2006, the CDC hired two former CDC managers to serve as interim ombudsmen under a one-year, \$250,000 contract.¹ The interim ombudsmen, Joseph McDade and Gerald Naehr, both work for Carter Consulting, a firm founded by CDC's former Deputy Chief Operations Officer Joseph Carter.² Their job is to serve "as an additional resource for employees to use in addressing their workplace concerns," to help improve the workplace and also the "quality of work-life at CDC."³

CDC employees can only contact the Atlanta-based office seven hours a day, from 9 a.m. to 4 p.m., Monday through Friday.⁴ According to *The Atlanta Journal-Constitution* (AJC), "The idea of a CDC ombudsman came in part from discussions five former CDC directors had with Gerberding last spring when they raised concerns that poor morale and an exodus of top managers were putting the agency and its public health mission at risk."⁵

ONE PERCENT OF CDC EMPLOYEES CONTACT OMBUDSMAN OFFICE:

In a short, e-mailed report from the CDC ombudsmen to all CDC employees, it was reported that from October 2006 through January 2007, the ombudsmen have had a total of 26 inquiries involving 38 persons.⁶ They reported that of the 26 inquiries, eight were about personnel problems (pay, promotion, or benefits); eight involved CDC policy or management systems; eight were concerns about the workplace environment; one was about office inefficiency; and one was about a technical problem. Nine of the 26 inquiries were resolved; six were referred to other employee resources at CDC; and work on 11 inquiries was reportedly still in progress.

In a March 2007 letter to Senator Charles Grassley (R-IA), CDC Director Dr. Gerberding wrote, "Approximately 50 persons, or less than 1 percent of CDC employees, have contacted [the ombudsmen's] office since September 2006."⁷

According to an April 2007 report from the ombudsman's office, "During the period from October, 2006–March 22, 2007, we had 98 visitors to the Ombudsman Office (i.e., persons who contacted us by telephone or e-mail or came to our office to discuss workplace-related problems)." Collectively, these 98 visitors registered 89 concerns.⁸

TAXPAYERS FOOT BILL FOR PRICEY MORALE CONSULTATIONS:

Out of the more than 15,000 CDC employees and contract workers, this contact rate amounts to taxpayers funding the ombudsman's office for approximately \$2,551 per person visiting or \$2,809 per complaint.

The CDC ombudsman office staff also has visited ombudsman offices at the National Institutes of Health, U.S. Food and Drug Administration, and the Tennessee Valley Authority (the nation's largest public power company) "to understand how those offices operate and to identify the best approaches for CDC's Ombudsman Office" and has met at least once with the CDC director to discuss problems and possible solutions.⁹

THE GROWTH OF GOVERNMENT — CDC POSTS OPENING FOR FULL-TIME "OMBUDS":

The interim ombudsmen recommended to the CDC director that the agency establish a permanent CDC ombudsman office with a full-time director to continue their work, and the director indicated that she planned to follow the suggestion. Dr. Gerberding's spokesman told the *AJC*, "She's both impressed and pleased with the work to date and is committed to moving forward with the next steps in the creation of the ombudsman's office."¹⁰

On April 9, 2007, the CDC posted a job opening for a new, Atlanta-based CDC ombudsman to be paid at a GS-15 salary level. That salary level is between \$107,800 and \$140,200 per year, which amounts to \$1.1-\$1.4 million over the next 10 years. According to the posting, "The incumbent will serve as an Ombuds for the CDC, and will interact with, listen to, and receive and analyze complaints, problems or questions from customers."¹¹

¹ "CDC to hire full-time ombudsman," *The Atlanta Journal-Constitution (AJC)*, January 23, 2007.

² Carter Consulting, Inc. website, <http://www.carterci.com/history.htm>, accessed April 2007.

³ "Subject: Report from CDC's Ombudsman Office, January 2007," e-mail from CDC Ombudsman Announcements, published by the *AJC*, January 23, 2007.

⁴ *Ibid.*

⁵ Footnote 1, *op. cit.*

⁶ *Ibid.*; "Ombudsmen Program," e-mail from CDC Director Dr. Julie Gerberding, January 22, 2007, published by the *AJC*, January 23, 2007.

⁷ Letter from Dr. Julie Gerberding to Senator Charles Grassley dated March 5, 2007, published by the *AJC*, March 23, 2007, <http://alt.coxnewsweb.com/ajc/pdf/cdc/gerberdingletter.pdf>, accessed April 2007.

⁸ "Ombudsman Quarterly Report," e-mailed report to all CDC employees from the Ombudsman Office, April 4, 2007, published by the *AJC*, April 5, 2007.

⁹ Footnote 3, *op. cit.*

¹⁰ *Supra* footnote 1.

¹¹ USAJOBS, Ombudsman GS-301-15, Open Period April 09, 2007 to Monday, April 30, 2007, <http://jobsearch.usajobs.opm.gov/getjob.asp?JobID=56080704&AVSDM=2007%2D04%2D09+07%3A50%3A32&Logo=0&q=ombudsman&FedEmp=Y&sort=rv&vw=d&brd=3876&ss=0&FedPub=Y&SUBMIT1.x=0&SUBMIT1.y=0>, accessed April 2007.

HHS Secretary Uses CDC's Leased Jet for Meetings and Speeches: CDC Defends Use



The CDC has a \$3 million, annual lease on a 14-seat Gulfstream III jet, which costs \$3,000 for every flight hour, in addition to the \$252,000 a-month-cost the CDC pays for 24-hours-a-day, 365-days-a-year jet access. Since December 2005, the agency has leased the jet through Phoenix Air Group, a Georgia aviation company. From January to June 2006, the *Atlantic Journal-Constitution (AJC)* reports that flight logs indicate the CDC had used the jet for 43 total hours, three times for emergencies and three times for training exercises, at a cost of \$164,000.¹

In addition to this jet, as of May 2007, CDC also has access to two other, smaller jets that remain on call in certain circumstances, such as dealing with stockpiles of medicines and supplies for public health emergencies. Together these two smaller jets cost \$3.8 million a year for 180 flight hours, and cost \$2,286 for each additional flight hour.²

JET-SETTING HHS SECRETARY:

According to an analysis of the CDC's Gulfstream III's flight logs by the *AJC*, Health and Human Services (HHS) Secretary Michael Leavitt used the jet for HHS business travel on 19 trips to more than 90 cities from January through mid-June 2006, at an additional flight hour cost to taxpayers of \$720,000.³

According to the Secretary's spokesman, these trips fall under congressional authorization that allows the CDC to share the jet with the HHS secretary "in times of emergencies" and during "significant events." However, according to ABC News, the law makes clear that those significant events should be "unpredictable" disasters like Katrina, not scheduled meetings and speeches.⁴

Secretary Leavitt's spokesman told the *AJC* that Secretary Leavitt used the plane to visit places around the country to help millions of senior citizens sign up for the new Medicare Part D drug benefit, to personally assess some of the early problems with the program, to help mobilize the country in its preparations for a possible influenza pandemic, and to travel to New Orleans to help the city rebuild its health care infrastructure.⁵

Secretary Leavitt defended his use of the jet saying he makes use of it only when commercial travel is too slow to meet his schedule. "Actually, there's nothing political about this," he told ABC News. "This is carrying out the business of the Department of Health and Human Services."⁶

On two occasions in 2006, the CDC needed the jet for medical emergencies, but Secretary Leavitt was using it so the CDC had to hire another jet at additional taxpayer expense.⁷

CDC CALLS SECRETARY’S JET TRAVELS “CRITICALLY IMPORTANT”:

According to “talking points” from the CDC’s communication director, e-mailed out the morning the original *ACJ* article appeared, “It is absolutely imperative that CDC have access to these planes. These planes directly support our mission to be able to mobilize people and supplies on a moment’s notice to protect our nation’s health. Time is precious and in some cases minutes can make the difference between life and death. ...The costs of these planes are necessary to insure that CDC personnel with necessary supplies can be wheels up within two hours of notification. ...Secretary Leavitt[’s] ... trips are critically important to address two of the biggest health challenges facing our country right now — Medicare and Pandemic planning.”⁸

A document posted on the CDC website explains in further detail some other recent uses for the jet including: helping to rush an emergency supply of botulism anti-virus across the country so it could be shipped to Thailand for a possible outbreak, investigating a case in New York City of inhalation anthrax, and monitoring an outbreak of mumps in Kansas. The document notes that the jet can be dispatched only for official use “for mission requirements, such as transporting a sampling team or specimens, or other official travel, such as agency business, typically only after a favorable comparison with the cost of commercial travel.”⁹ The document is silent regarding plane use for public appearances to promote Medicare prescription drug benefits or whether or not those trips were authorized after comparisons with commercial travel.

CONGRESSIONAL EFFORTS TO RESTRICT USE FAIL:

Language was inserted in the Senate version of the fiscal year 2007 HHS funding bill to restrict CDC aircraft travel “for emergency use only,” but the restriction language ultimately was dropped out of the bill passed in January 2007 by the new 110th Congress.¹⁰

¹; “Cabinet official is primary user of CDC jet,” *Atlanta Journal-Constitution (AJC)*, June 14, 2006; “Health chief shouldn’t use CDC jet,” *AJC*, June 16, 2006; photo from CDC website, www.cdc.gov.

² “CDC rarely uses costly leased jets,” *AJC*, May 28, 2007.

³ Footnote 1, Cabinet official, op. cit.

⁴ “HHS Secretary’s Use of CDC Jet Cost Taxpayers \$720,000: Michael Leavitt Authorized to Use Private Plane Only in Emergencies, Not for Political Business” *ABC News*, June 17, 2006, <http://abcnews.go.com/WNT/story?id=2085927>.

⁵ Supra footnote 1.

⁶ Footnote 4, op. cit.

⁷ Ibid.

⁸ E-mail from Donna M. Garland, Director, CDC Office of Enterprise Communication, June 14, 2006.

⁹ “CDC Plane Decreases Response Time, Increases Readiness,” CDC website document, last modified June 14, 2006, http://www.bt.cdc.gov/planning/cdc_plane.asp, accessed November 2006.

¹⁰ Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2007 (S. 3708), “SEC. 221. ...Provided, That travel on such aircraft shall be restricted for emergency use only.”

HOW CDC FUNDING IS COUNTERINTUITIVE:

CDC-funded Bar Night and Manual on How to Throw an Alcohol Party

Some CDC grantees justify the use of non-traditional or risqué approaches “to reach their target population,” but it would seem the CDC would draw the line at grantees actually promoting activities shown to increase the diseases CDC is trying to fight. Research has demonstrated time and time again that drinking alcohol, especially in excess, is considered a risk factor for spreading sexually transmitted diseases (STDs), such as HIV. Alcohol has been shown to decrease a person’s inhibitions, which in turn may lead to risky behavior, including risky sexual behavior.

Unfortunately, in the case of one San Francisco HIV prevention group, its risqué approach trumped sound public policy and taxpayers were left footing the bill.

CDC-FUNDED MAGAZINE DETAILS HOW TO THROW A HOUSE PARTY:

The CDC-funded STOP AIDS Project (SAP) of San Francisco received nearly \$700,000 a year in federal HIV prevention funds from the CDC. SAP published a Winter 1999/2000 resource magazine for black gay and bisexual men of the San Francisco Bay area entitled “Our Love.” The magazine, which states that it was funded “with a grant from the Centers for Disease Control and Prevention,” includes an article entitled “Party at BJ’s,” which explains how to have a “house party” and how much alcohol to serve.¹

THE PARTY AT BJ’S ARTICLE EXPLAINS HOW ALCOHOL HELPS A HOUSE PARTY:

“The Drinks

“One more thing. It may not be a necessity but it sure helps. And that is alcohol. You don’t have to go broke trying to get enough booze for the whole creation to drink, but a selection is a must. Since you have invited people from all of your social circles, you know there will be wine-heads, the beer-nuts, the cocktail luses, and a few folks who simply don’t touch the stuff. And everyone should have a cup in their hand of something that will hit the spot. Here’s what to do. And you may look like a suicidal drunk in the line at the grocery store, but go and buy a little bit of every kind of drink. At least two kinds of wine, red and white. Get at least two kinds of liquors, dark and light (rum and vodka). Have a few beers in the fridge, maybe a 12 pack or two. Have enough juice and soft drinks to use as mixers and to drink straight. And splurge with a little grenadine and some lime. It doesn’t have to be a full bar, but keep smiles on the peoples faces with selection.”

TARGET AUDIENCE HAS HIGH PERCENTAGE OF HIV INFECTION:

A May 2001 CDC study of men who have sex with men (MSM) in six major U.S. cities found that nearly one in every three gay or bisexual African American men is HIV-positive, and prevalence rates in this population continue to climb.² In addition, in 2005, black gay men still represented over 30 percent of the new HIV/AIDS cases among gay men and over 50 percent of the new cases are young adults.³

YET CDC FUNDING WAS USED TO ENCOURAGE USE OF ALCOHOL, A KNOWN HIV RISK FACTOR:

According to CDC's own studies and resources, alcohol increases the risk for HIV.

“The use of alcohol and illegal drugs continues to be prevalent among some MSM and is linked to risk factors for HIV infection and other STDs. Substance use can increase the risk for HIV transmission through the tendency toward risky sexual behaviors while under the influence and through sharing needles or other injection equipment. ...[Methamphetamines and other “party” drugs] along with alcohol and nitrate inhalants (“poppers”), have been associated with risky sexual practices among MSM.”⁴

So the STOP AIDS Project targeted a high-risk, high-rate-of-infection population with an article on how to throw an alcohol party ... and it was done using CDC's HIV prevention funds. If the target audience followed the CDC-subsidized instructions and hosted a booze party that led to risky sexual behavior, it is possible that more HIV infections could have been the result.

BAR NIGHT FOR HIV+ MEN:

Two years later, the same CDC-funded group hosted a “Bar Night” at Club Rendezvous advertised as “A social event with other HIV+ men.” According to the invite, “Non-alcoholic drinks and bar nuts provided. Mixed drinks, beer, and wine are available for purchase. Come find out what question is on everyone's mind!”⁵

To recap: a group that receives federal funds spends money to target not only a high-risk population, but one actually carrying the communicable disease HIV, and hosts the targeted event at a bar with alcohol, a known risk factor for spreading HIV.

¹ Winter 1999/2000 STOP AIDS resource magazine for black gay and bisexual men of the San Francisco Bay area entitled “Our Love,” page 5.

² “Assessing the Impact of HIV/AIDS on African Americans, News and Features,” AmfAR AIDS research, March 21, 2002, <http://www.amfar.org/cgi-bin/iowa/news/record.html?record=58>, accessed December 2006.

³ “Tracking AIDS,” a PBS NewsHour with Jim Lehrer, June 15, 2005, http://www.pbs.org/newshour/bb/health/jan-june05/aids_6-15.html, accessed December 2006.

⁴ CDC website, <http://www.cdc.gov/hiv/topics/msm/resources/factsheets/msm.htm>, accessed January 2007.

⁵ “PF Bar Night Polk,” Tuesday, May 7, 2002, sponsored by the STOP AIDS Project, http://www.stopaids.org/mod.php?mod=calendar&op=show_event&event_id=119, accessed May 2002.

CDC Sets Bioterrorism Results-Oriented Goals *After* Spending Billions

While L.A. spends CDC grant money on gift bags, Hollywood actors, Santa Claus books, and a pool safety video ...



In the post 9/11 environment, Congress has significantly increased funding for homeland security threats such as bioterrorism. As political observers have noted, Members of Congress tend to fight over how this funding gets distributed with nearly everyone claiming his or her state or district as a possible target for terrorism. The bioterrorism grants distributed to states through CDC have become part of this political in-fighting, as Congress directed CDC to dole out the taxpayers' money across all 50 states, and directly to four metropolitan cities. Even though CDC was required to spread the grant money across the country, CDC does not appear to have developed an adequate system of measuring how states were spending the funding and whether or not states were prepared for bioterrorist attacks after spending the billions of taxpayers' dollars sent their way.

In 2004, the CDC distributed \$849.6 million for bioterrorism preparedness grants, part of \$1.3 billion Congress approved that year for states, territories, and four metropolitan areas: Los Angeles County, Chicago, New York City, and Washington, D.C.² It was the third installment since Congress increased public health preparedness grants following the terrorist attacks and anthrax mailings of 2001. According to the HHS Inspector General (IG), bioterrorism funding began in 1999, but CDC funding for bioterrorism preparedness increased 1,276 percent from \$66.7 million in fiscal year 2001 to \$918 million in FY2002.³ From August 1999 until 2004, CDC allocated over \$2 billion to 50 states and 12 localities in bioterrorism preparedness grants.⁴

L.A. COUNTY SPENDS \$2 MILLION IN CDC BIOTERRORISM FUNDS ON QUESTIONABLE EXPENSES; CDC SAYS IT DOESN'T HAVE TIME TO SCRUTINIZE GRANTS:



Over a two year period, from 2002 to 2004, the CDC released more than \$2.7 billion nationwide in bioterrorism grants, with Los Angeles County receiving \$83 million — \$14

million of which went unspent. In 2006, the county was given an additional \$27.9 million.⁶

Spending every federal dollar received, and not necessarily spending it wisely, appeared to be the goal of L.A. County in 2003. The county's bioterrorism preparedness director, according to a report in the *L.A. Times*, told her staff in May 2003 about a meeting to "emphasize the importance" of spending all the grant money given to the county. "We have repeatedly assured Dr. Fielding [the county's public health director], and the Board [of Supervisors], that we will not forgo any of this money," Grigsby wrote. "Please be able to demonstrate how we can make this happen."⁷

And make it happen they did. An *L.A. Times* review found that L.A. County spent more than \$2 million of its CDC bioterrorism grant money for questionable purchases of services and supplies unrelated to bioterrorism, and found that "at times, the spending has stretched the definition of terrorism readiness."⁸



The county used CDC bioterrorism funds to hire Hollywood actors to play patients in a half-day smallpox vaccination drill in 2004. The tab for taxpayers: \$57,045 for the firm to hire the actors, \$10,000 for gift certificates, \$13,600 for pens, digital thermometers and bags to hold the gifts, and thousands more for food and transportation.⁹ The county's public health director told the *L.A. Times* it was much cheaper to use paid actors than county employees.

L.A. County also spent more than \$128,000 in CDC bioterrorism funds "for tchotchkes [trinkets] to be given away to the public, including letter openers, whistles, magnets, mouse pads, flashlights, pens, travel toothbrushes and emergency kits. The department spent \$1,000 on nylon discs for Public Health Week, emblazoned with the slogan 'Nutrition and Physical Activity: Keys to Health.' And it spent \$4,145 on clipboards, notepads and stress balls to give away at a forensic epidemiology conference."¹⁰

Some other expenditures funded by CDC's bioterrorism grants to L.A. County include:

- "At least \$170,000 to train department staff on how to put together videos to be viewed online. Two videos have been produced: one on the role of public health, the other on home pool safety."¹¹
- "A \$4,675 teleprompter so that Fielding and others can 'face the camera and be able to read a prepared speech,' plus nearly \$450 in upgrades to the teleprompter, \$2,187 for a laptop to write scripts for the teleprompter and \$3,392 for a 'very special portable microphone for excellent quality remote interviews and scene descriptions,' according to the expense reports. Hundreds more went to replace a podium that had been 'damaged by rodents.'
- "More than 70 high-end desk chairs at about \$600 each and about 800 computers, although only 171 staff members are funded by the bioterrorism grant." [The County's public health director told the *L.A. Times* the computers are used by public health employees who may be needed to respond to a disaster.]

- “\$4,629 for printer cartridges because of an ‘increased amount of bite reports’ related to West Nile.



- “Assorted inexpensive but puzzling items such as motivational posters, a \$46 mahogany tape dispenser and four copies of the book ‘The Leadership Secrets of Santa Claus.’”¹² [Note: The Santa book begins, “Believe you me, having to smile and be jolly everyday when you’re wearing the same thick, hot, red-wool suit (that itches like crazy) is no picnic.”¹³]

PREPAREDNESS EQUALS DISTRIBUTING TOKEN GIFTS WITH EMERGENCY CONTACT INFORMATION:

The director of the UCLA Center for Public Health and Disasters, which has received hundreds of thousands of dollars from the county to conduct training exercises, told the *L.A. Times*, “The county is better prepared than most counties in the United States to handle a large-scale public health emergency” and that some of the questionable expenses are indeed related to emergency preparedness. He said the trinkets, for instance, have the health department’s contact information or web address, so they could be useful in an emergency.¹⁴

CDC DOESN’T “HAVE THE TIME” TO DETECT WASTE:

According to the *L.A. Times*, “The CDC does not have the time to scrutinize every expense, [director of CDC’s division of state and local readiness Alison] Johnson and [senior CDC official Donna] Knutson said. The agency expects grant recipients to commission outside audits.”¹⁵

CDC REFOCUSSES FUNDING GOALS TO MEASURE OUTCOME IN 2005:

Though CDC bioterrorism funding began in 1999 and increased over 1,000 percent in 2002, it was not until 2005 that CDC announced a new results-oriented focus that would measure how states and localities were meeting bioterrorism goals.

Previously, CDC funding guidelines focused on activities planned or areas reached, a measurement method one grantee described as asking, “How many meetings did you have?”¹⁶

According to a 2004 Office of Management and Budget (OMB) review of CDC’s bioterrorism grant program, CDC funding was not tied to accomplishment of annual and long-term performance goals. OMB reported that in 2004 the CDC was still working to establish “outcome oriented goals and targets for preparedness.” The review did note that congressional requirements to distribute the funds to all the states and locations took

some accountability measures out of CDC's hands: "since states determine allocation of total funding, CDC can not tie funding levels to achievement of specific goals."¹⁷

In May of 2005, when announcing \$862.8 million in bioterrorism grant funding, the CDC announced it was switching to a focus on "preparedness goals or measurements."¹⁸ The CDC confirmed the goals were new: "The preparedness goals or measurements — that is a new piece to the cooperative agreement," CDC spokesman Von Roebuck told one news outlet. "They have not been in there before. They do build a bit up on the past recommendations as far as key points that we wanted to have covered. They actually are a work in progress."¹⁹ *The Atlanta Journal-Constitution (AJC)* also made note of the new agency requirements, "[In 2005], the CDC *began* asking states for information that shows how well they could perform in case of a bioterrorism attack" (emphasis added).²⁰

The new goals fall under the headings "Prevent, Detect/Report, Investigate, Control, Recover, and Improve" and outline particular outcomes, tasks, and measures of performance required by grantees under each goal.²¹ When determining whether or not they are meeting the goal of detecting and reporting dangerous agents in tissue, food, or environmental samples, for example, grantees are now required to measure their ability to send a sample potentially containing an infectious agent to a reference laboratory within 60 minutes of the sample collection.

The CDC's measurement goals now call for speeding up the identification of causes, risk factors, and appropriate interventions for threats to public health, such as being able to start an epidemiologic investigation within three hours after an unusual pattern of disease cases is detected.²²

"We're very pleased to see the switch" in approach, Aggie Leitheiser, assistant commissioner for the Health Protection Bureau in the Minnesota Department of Health, told one news outlet. "Rather than 'How many meetings did you have?' [the CDC is asking], 'Can you show you're able to act effectively?'"²³

According to news reports, the Senate Finance Committee was working with a CDC whistleblower in the spring of 2006 to determine whether "taxpayers have gotten their money's worth" from the \$3.8 billion grant program for states to bolster public health preparedness in case of a bioterrorist attack. The whistleblower reportedly expressed concern about whether the grants were being used effectively. That investigation follows on the heels of reports from the HHS IG raising concerns about the suitability of some purchases and questioning why some of the bioterrorism funding went unspent. Some IG reports have found that bioterrorism funding was inappropriately used to pay for general expenses affected by local budget cuts, the *AJC* reports.²⁴

BILLIONS SPENT ON PREPAREDNESS, BUT CDC SAYS IT DOESN'T NECESSARILY KNOW HOW TO MEASURE IT:

A full six years after bioterrorism funding began, the director of CDC's Coordinating Office for Terrorism Preparedness and Emergency Responses told the *AJC* that CDC still is trying to figure out "how to quantify preparedness."²⁵

After billions of tax dollars were spent funding preparedness grants, it would seem taxpayers could expect that CDC, the agency in charge of dispensing these funds, would have progressed beyond grappling about what it means to be prepared.

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- ¹ A microscopic view of the anthrax bacteria, *Washington Post* image from Fort Detrick, Maryland, <http://www.washingtonpost.com/wp-dyn/nation/specials/attacked/bioterrorism/>, accessed March 2007.
- ² “HHS Awards \$849 Million to Improve Public Health Preparedness,” HHS press release, dated June 17, 2004, <http://www.hhs.gov/news/press/2004pres/20040617.html>, accessed March 2007.
- ³ “State and Local Bioterrorism Preparedness,” HHS Inspector General Report, December 2002, OEI-02-01-00550, <http://oig.hhs.gov/oei/reports/oei-02-01-00550.pdf>.
- ⁴ “Nationwide Audit of State and Local Government Efforts to Record and Monitor Subrecipients’ Use of Public Health Preparedness and Response for Bioterrorism Funds,” HHS Inspector General Report, August 2004, A-05-04-00027, <http://oig.hhs.gov/oas/reports/region5/50400027.pdf>; According to the IG report, CDC bioterrorism preparedness funding equaled: \$40 million for FY2000, \$41 million for FY2001, \$982 million for FY2002-FY2003, and \$1.016 billion for FY2004.
- ⁵ County of Los Angeles Public Health Emergency Preparedness and Response website graphic, <http://www.labt.org/>.
- ⁶ “County aims anti-terrorism cash at some unusual targets,” *Los Angeles Times*, March 6, 2006.
- ⁷ *Ibid.*
- ⁸ *Id.*
- ⁹ *Id.*
- ¹⁰ *Id.*
- ¹¹ The County has a pool safety video online, last updated in May of 2006, which may be the video referred to in the *L.A. Times* article, http://www.lapublichealth.org/ivpp/injury_topics/Water%20Safety/pool_safety_VideoShort.wmv, accessed March 2007.
- ¹² *Supra* footnote 6.
- ¹³ *Leadership Secrets of Santa Claus*, <http://www.amazon.com/Leadership-Secrets-Santa-Claus/dp/1885228554>, accessed March 2007.
- ¹⁴ *Supra* footnote 6.
- ¹⁵ *Ibid.*
- ¹⁶ “New federal bioterrorism funds tied to specific goals,” *CIDRAP News*, May 23, 2005, <http://www.cidrap.umn.edu/cidrap/content/bt/bioprep/news/may2305grants.html>, accessed March 2007.
- ¹⁷ “Detailed Information on the CDC: State and Local Preparedness Grants Assessment,” <http://www.whitehouse.gov/omb/expectmore/detail.10001052.2005.html>.
- ¹⁸ “HHS Announces \$1.3 Billion in Funding to States for Bioterrorism Preparedness,” HHS Press Release dated May 13, 2005, <http://www.hhs.gov/news/press/2005pres/20050513.html>, accessed March 2007.
- ¹⁹ Footnote 16, *op. cit.*
- ²⁰ “Investigators on trail of CDC bioterror grants,” *The Atlanta Journal-Constitution*, May 20, 2006,.
- ²¹ CDC’s Cooperative Agreement Guidance for Public Health Emergency Preparedness <http://www.bt.cdc.gov/planning/guidance05/pdf/annoucement.pdf>; <http://www.bt.cdc.gov/planning/coopagreement/>, accessed March 2007.
- ²² *Supra* footnote 16.
- ²³ *Ibid.*
- ²⁴ Footnote 20, *op. cit.*
- ²⁵ *Ibid.*

III. RECOMMENDATIONS

“An ounce of prevention is worth a pound of cure,” or so the adage goes. Prevention, measured in health care terms, is worth trillions of dollars saved in medical costs, increased productivity, improved quality of life, and added years of healthy living. Over the last century, for example, the average U.S. lifespan has increased by more than 30 years, with 25 of these added years attributed to prevention.¹

Billions of dollars are spent every year on prevention and health promotion by the federal government, but the cost of care for preventable conditions is growing. Federal efforts to prevent disease sometimes are hampered by programs designed to spend taxpayer funds, but lacking methods to measure success and require results as a condition for receiving federal funding, and also by duplicative and overlapping prevention efforts among numerous federal departments and agencies.

With its mission of preventing and controlling disease, the CDC stands in a unique position to positively affect the lives of millions of Americans.

WHY CONSTANT CALLS TO INCREASE CDC FUNDING MISS THE MARK:

Calls from CDC supporters, and, not surprisingly, CDC grantees, to increase CDC’s funding year after year, ignore the fact that CDC should undergo a reevaluation and a reprioritization process before the American taxpayers continue to increase its budget.²

The Campaign for Public Health, for example, seeks to increase the CDC’s budget to \$15 billion by 2012, which would add approximately \$5 billion to the agency’s FY2007 funding. The campaign seeks to advance efforts “in support of a level of funding that will enable the CDC to fulfill its mission ‘to protect health and quality of life by preventing and controlling disease, injury and disability.’”³ The Campaign is built on the premise that more money is required for CDC to fulfill its mission, though nowhere does the campaign or its supporters call for an examination of current funding to see if funding is even the problem, or the only solution to the problem.

Not surprisingly, the Campaign’s website does not mention the fact that 21 of the 40 groups on its advisory council supporting the effort to increase CDC funds actually get CDC funding themselves. Over the last five years, these 21 advisory groups have received over \$300 million from the CDC.⁴

In March 2007, the Campaign for Public Health launched a D.C. media market ad campaign that had the tag line: “Protect the CDC and Increase Its Budget.”⁵ The ad was signed by 21 organizations, 12 of which collectively received over \$60 million in the last five years from the CDC.⁶

It is not hard to see why organizations, even non-profit organizations, that receive money from an agency would have a self-interest in promoting additional funding for that agency.

While many of the groups in this campaign, and others advocating funding increases, have altruistic motives to help those afflicted with some particular disease, they overlook the possibility that reprogramming hundreds of millions of questionably targeted dollars (from conferences, for example), could go a long way toward meeting disease-specific funding goals.

As this “CDC Off Center” report demonstrates, hundreds of millions of tax dollars are used for questionable purposes with often unknown or immeasurable results.

GETTING CDC BACK ON TRACK:

CDC should get back on track toward accountability and responsible disease control by implementing the following six recommendations:

- CDC (and the politicians that fund it) should require the reviews of existing programs, the consolidation of overlapping programs, and the elimination of ineffective programs.
- CDC should reprioritize its funding and efforts toward preventing and controlling diseases. Period.
- Prevention programs should be science-based, subject to rigorous audits and reviews, and continued funding should be tied to measurable outcomes.
- CDC programs and grantees should not promote or support unhealthy or risky behaviors, and those that do so should be defunded.
- CDC preparedness programs should include regular drills and tests to assess and correct weaknesses in planning or execution and allow for a reprogramming or reprioritization of funding.
- CDC should reexamine the profligate spending in its own backyard. Creating a theme-park-like campus in Atlanta, with Japanese gardens, a wall full of plasma screen televisions showing vignettes to visitors, and installing employee saunas and mood-enhancing light shows, strays from CDC’s mission to be good stewards of limited taxpayer dollars.

¹“Guide to Smart Prevention Investments,” Partnership for Prevention, Fall 2001.
http://prevent.org/images/stories/Files/publications/Invest_Final.pdf, accessed March 2007.

²“Background: Mission and History, The Campaign for Public Health,”
http://www.fundcdc.org/cph_bkgd_main.htm, accessed March 2007.

³Ibid.

⁴ May 18, 2007 e-mail from CDC to Senator Tom Coburn’s office in response to congressional inquiry. Of the Campaign’s advisory council listed on its website http://www.fundcdc.org/cph_leadership_main.htm as of May 2007, the following received CDC funding in the last 5 years: American Cancer Society, American College of Emergency Physicians, American College of Preventive Medicine, American Medical Association, American Public Health Association, American Red Cross, American Society for Microbiology, American Trauma Society, Association for Prevention Teaching and Research, Association of Schools of Public Health, Association of State and Territorial Health Officials (only two of five fiscal years available), Association of University Centers on Disabilities, Home Safety Council, Infectious Diseases Society of America, March of Dimes, National Association of County and City Health Officials (only two of five fiscal years available), Parent Project, Partnership for Prevention, Prevent Blindness America, Society for Public Health Education, and The Scripps Research Institute. The CDC official also noted in the e-mail: “... that since no single source captures all of this information in a simple way ... CDC is fairly confident in the information conveyed, but can’t be 100% certain that it’s captured every award.”

⁵ The Campaign for Public Health’s Washington, D.C. advertisement, http://www.fundcdc.org/documents/CPH_HillAd_Final_000.pdf, accessed March 2007.

⁶ Ibid. The 12 of the 21 groups that signed the DC ad and also receive CDC funding are the: American Medical Association, American Public Health Association, American Red Cross, Association of State and Territorial Health Officials (only two of five fiscal years available), Home Safety Council, Infectious Diseases Society of America, March of Dimes, National Association of County and City Health Officials (only two of five fiscal years available), Parent Project, Partnership for Prevention, Prevent Blindness America, and the Society for Public Health Education.

IV. CONCLUSION

The Centers for Disease Control is one of the few government agencies that has been demonstrated to engender trust and confidence among the American public. People are content to believe that those employed at the CDC are watching out for American citizens, whether or not it is responding to and tracking down the causes of *E. coli* outbreaks, preparing for bioterrorism attacks, or working to fight and prevent disease in America.

“CDC Off Center” is not an effort to discredit the good work that the CDC and those who work for it have carried out and the good work that will continue in the future. The report will hopefully be seen for what it is: an effort to shine some light on prevention efforts and funding decisions that may be holding the agency back from fulfilling its central mission of fighting and controlling disease.

In 2007, the CDC has an estimated budget of \$10 billion and a mission “To promote health and quality of life by preventing and controlling disease, injury, and disability.” The funding level and the mission are, by most standards, substantial.

This review of recent CDC expenditures demonstrates that a reprioritization of CDC funding and a review of the approach to certain types of disease prevention are in order.

The CDC says it “pledges to the American people: To be a diligent steward of the funds entrusted to it [...and to] place the benefits to society above the benefits to the institution.”¹ If this pledge is to be more than mere sentiment, the CDC should commence a bottom-up and top-down review of how the agency is spending the taxpayers’ hard-earned money and should institute agency-wide and programmatic reforms where needed.

It is hoped that this report and the recommendations contained within it will assist CDC in identifying areas to look first for that reform.

¹CDC website, <http://www.cdc.gov/about/mission.htm>,
<http://www.cdc.gov/fmo/PDFs/FY06AppropFactsheet.pdf>, accessed October 2006.

APPENDIX

CENTERS FOR DISEASE CONTROL AND PREVENTION								
CDC HIV/AIDS PREVENTION ¹								
FY 2001-2008								
(Dollars in Thousands)								
Budget Activity	FY 2001 Actual	FY 2002 Actual	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Actual	FY 2007 Enacted ¹¹	FY 2008 Budget
HIV, Viral Hepatitis, STD, and TB Prevention²								
--State and Local Health Departments	\$394,629	\$429,152	\$424,806	\$415,544	\$412,016	\$405,944	\$451,811	\$499,224
--Directly Funded Community, National, Regional and Other Organizations	\$166,350	\$175,491	\$190,745	\$179,424	\$177,901	\$170,449	\$170,814	\$170,567
--CDC Research, Surveillance Analysis, Technical Assistance, and Program Support	\$92,483	\$84,526	\$84,069	\$72,972	\$72,350	\$75,264	\$75,425	\$75,316
Management and Administration costs (assumes FY06-FY08)³:				\$68,000	\$74,000	\$74,000	\$74,000	\$74,000
Subtotal HIV/AIDS Prevention⁴	\$653,462	\$689,169	\$699,620	\$735,940	\$736,267	\$725,657	\$772,050	\$819,107
Infectious Diseases Control⁵	\$41,644	\$43,844	\$40,160	\$4,130	\$4,095	--	--	--
Chronic Disease Prevention, Health Promotion, and Genomics⁶	\$54,433	\$54,394	\$53,817	\$48,050	\$47,642	\$46,717	\$46,795	\$46,749
Birth Defects, Developmental Disabilities, Disability and Health²	--	--	--	\$17,852	\$17,701	\$17,291	\$17,321	\$17,304
Subtotal CDC Domestic HIV/AIDS⁷	\$749,539	\$787,407	\$793,597	\$805,972	\$805,705	\$789,665	\$836,166	\$883,160
Global AIDS Program⁸	\$104,527	\$143,700	\$142,600	\$142,700	\$123,830	\$122,560	\$122,769	\$121,223
International Mother and Child Prevention Initiative ⁹			[\$40,000]	[\$150,000]				
Office of Global AIDS Coordinator transferred funds¹⁰				\$230,600	\$439,600	\$578,200	\$815,000+	?
Subtotal prior to OGAC transfer								\$1,004,383
Total CDC HIV/AIDS Prevention:	\$854,066	\$931,107	\$936,127^a	\$1,179,272^a	\$1,369,135	\$1,490,425	\$1,773,935	

¹Funding figures provided by CDC and the Congressional Research Service (CRS), except where noted.

²According to CDC, from FY2003 to FY2004, funding for the Division of AIDS, STD, and TB Laboratory Research was reallocated to various other areas within the CDC budget from the Infectious Diseases Control budget activity. Funding for this activity is now reflected in the Birth Defects, Developmental Disabilities, Disability and Health and HIV/AIDS, Viral Hepatitis, STD, and TB Prevention budget lines.

³In FY2004 and beyond, CDC's new budget structure removed the management and administrative costs from the program lines. For FY04 and FY05, the CRS published the management and administrative costs based on CDC's internal figures. Subsequently, CDC stopped calculating these costs separately. For purposes of comparative analysis, this chart estimates that the management and administrative costs for these HIV programs have remained constant. CRS source: "AIDS Funding for Federal Government Programs: FY1981-FY2008," updated March 8, 2007.

⁴This subtotal for prevention funding is the basis for the funding totals used in Figure 2: CDC's Domestic HIV/AIDS Funding by Fiscal Year.

⁵According to CDC, beginning in FY2007, Infectious Diseases Control HIV/AIDS-related funding was reallocated to the CDC Research, Surveillance Analysis, Technical Assistance, and Program Support line within the HIV/AIDS, Viral Hepatitis, STD, and TB budget as part of the reorganization of the Coordinating Center for Infectious Diseases. Funding in FY2006 is shown comparably.

⁶Includes funds for School Health – HIV/AIDS, Safe Motherhood – HIV/AIDS, Oral Health – HIV/AIDS, and BRFS – HIV/AIDS.

⁷Because funding for the Birth Defects, Developmental Disabilities, Disability and Health accounts and the Infectious Disease Control account were reallocated within the CDC budget during the time period shown (as indicated by the dashes), this subtotal does not provide a true reflection of the CDC's HIV/AIDS budget.

⁸These figures are taken from "Trends in U.S. Global AIDS Spending: FY2000-FY2007," CRS, December 26, 2006, RL33771.

⁹Funding shown for the President's International Mother and Child HIV Prevention Initiative in FY2003 and 2004 is not counted in the subtotals or totals because PMTCT was transferred from CDC to the Department of State's Office of the Global AIDS Coordinator (OGAC) in FY 2005. Funding figures from Public Laws 108-7 and 108-199.

¹⁰CDC does not "count" in its HIV/AIDS budget those funds received from the OGAC, yet amounts shown are spent by CDC on HIV/AIDS prevention. According to CDC, additional funds are "likely to be transferred" in FY07 from OGAC (though the amount is not yet known), and an estimate for the FY08 transfer is not yet available.

^aThese totals do not include PMTCT funds because they were only temporarily counted in CDC's budget.

¹¹FY2007 Joint Resolution [CDC] Detail Table," http://www.cdc.gov/fmo/PDFs/FY_2007_JR_Detail_Table.pdf, accessed May 2007.