

TRANSCRIPT OF PROCEEDINGS

NATIONAL COMMISSION ON
ACQUIRED IMMUNE DEFICIENCY SYNDROME

MEETING

Pages 1 thru 146

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NATIONAL COMMISSION ON
ACQUIRED IMMUNE DEFICIENCY SYNDROME

MEETING

Thursday, August 3, 1989

Regency A Room
Hyatt Regency Capitol Hill
400 New Jersey Avenue, N.W.
Washington, D.C. 20001

The meeting commenced, pursuant to notice, at 9:30
a.m. before:

DR. JUNE OSBORN, Chairperson

P A R T I C I P A N T S

MEMBERS PRESENT:

HON. J. ROY ROWLAND

SCOTT ALLEN

DONALD S. GOLDMAN

DIANE AHRENS

DON C. DES JARLAIS, PH.D.

JUNE E. OSBORN, M.D.

CHARLES KONIGSBERG, JR., M.D., M.P.H.

HARLON L. DALTON, ESQ.

LARRY KESSLER

EUNICE DIAZ, M.S., M.P.H.

DAVID E. RODGERS, M.D.

BELINDA MASON

DAVID NEWHALL, Department of Defense

SECRETARY EDWARD J. DERWINSKI, Department of Veterans Affairs

SECRETARY DR. LOUIS SULLIVAN, Department of Health and Human Services

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P R O C E E D I N G S

DR. MASON: Good morning, everyone. Good morning.

I am Jim Mason, Assistant Secretary for Health. My job is to convene and call to order the first meeting of the National Committee on Acquired Immune Deficiency Syndrome. In calling this meeting to order, I would also like to have the pleasure of introducing the Honorable Louis W. Sullivan, the Secretary of Health and Human Services, who will conduct this meeting until a permanent chairman is elected later on in the agenda. So it's my pleasure now to turn the meeting over to Secretary Sullivan.

SECRETARY SULLIVAN: Thank you very much, Dr.

Mason, and let me welcome each of the members of the commission here this morning. We are very grateful to each of you for your willingness to serve and to work with us and to help us address a whole range of issues concerning Acquired Immune Deficiency Syndrome. We are certainly looking forward to your advice and counsel. Now I don't need to dwell on the importance of this commission. From the people who are here today, the various organizations that are represented, the media, I think all of us are very much aware of the fact that the nation is looking to this commission for leadership to

help us address the problems that we confront with Acquired Immune Deficiency Syndrome.

This meeting today is primarily an organizational one for the commission to organize itself and plan for its future activities. I would like to acknowledge and introduce to the other members of the panel the author of the legislation that led to the development of this commission, Dr. Roy Rowland. He is a long-standing friend. I knew him when he was in the Georgia legislature, and in that capacity as well as here in the Congress, he has shown leadership on a variety of health issues, and certainly on this issue of Acquired Immune Deficiency Syndrome he has shown great leadership and great interest.

I am very pleased to introduce him to make a few comments. Dr. Rowland.

DR. ROWLAND: Thank you very much, Mr. Secretary, and may I express my appreciation to you, and I assure you I do this for all members of this commission, for facilitating this first organizational meeting. I have a letter from Senator Alan Cranston, who was the sponsor on the Senate side, that I would like to read, if I may.

On this first meeting of the new Commission on

AIDS, I am delighted to extend warm words of welcome to all of you. The challenge ahead is enormous. AIDS will continue to be a major health problem well into the 1990's. We need the best minds to help develop solutions that will bring about an end to this terrible epidemic.

Your demonstrated commitment to these efforts is greatly appreciated. As a Senate sponsor of legislation establishing this commission, I am especially pleased that the commission membership represents the breadth and depth of expertise and experience that we had envisioned when we drafted the law. You are experts on whom Congress and the President will rely. And I am looking forward to your findings and recommendations. Best wishes for a successful meeting. Cordially, Alan Cranston.

And I have a very short statement, Mr. Secretary, that I wish to make. When I first proposed this commission more than two years ago, it had become clear that very serious problems were emerging in the nation's fight against AIDS. Many governmental and private agencies were involved in the fight. And although making substantial progress in education and in testing and research and in treatment, but unfortunately, however, no single agency was providing the

overall direction and coordination the agencies needed.

The result was duplication of effort, gaps in what was being done, conflicts and policy, and the absence of a clear-cut goal and priorities. It was evident then as it is now that if we were to slow down the spread of the disease, save lives and money, then we need to use our limited resources more efficiently. President Reagan's Commission made an outstanding contribution in moving the country towards that goal.

Nevertheless, major problems continue to exist. The AIDS fight still lacks a coherent national direction. This is the phrase used by Robin Wise, Director for AIDS Activities at the Institute of Medicine, in a white paper on AIDS published last spring. The first recommendation made in this important white paper is for President Bush, and I would also add Congress, to give the highest possible priority to the commission by working closely with it in developing that coherent direction.

From the beginning, the concept of the commission has been to make it bipartisan and to bring together people who are AIDS experts in the areas of law, ethics, health care and research. This much has been accomplished, but as noted

in the white paper the commission's existence alone does not guarantee its effectiveness.

So now it's time for us to go to work and get the job done, and I look forward very much to working with all of you to accomplish this goal. Thank you, Mr. Secretary.

SECRETARY SULLIVAN: Thank you very much, Dr. Rowland. Since this is the first meeting of the commission, and all of us are coming together for the first time, we thought we would take this time at this period in our meeting to go around and ask each member of the commission to introduce himself or herself with a cryptic background so that we will know of your interest in AIDS and the perspectives that you have and the constituencies that you may represent. So we will do this at this time.

Let me begin. As you know, in addition to my position as Secretary of Health and Human Services, my professional background prior to becoming an administrator was hematology, and in that sense I have a scientific interest in the problem as well as that of being a physician along with several other members of the commission. So we are very pleased to have this opportunity to work with you and to receive your input and guidance on the range of issues

with which we will be dealing to advise the President and the Congress and certainly the other federal agencies as well.

I am also pleased that we have two other Cabinet secretaries who are members of this commission. I know that Secretary Cheney could not be here today. I spoke with him yesterday. He is out of town today unfortunately. But he is represented by Mr. Newhall, and we have Secretary Derwinski from the Veterans Administration who will be here a little later this morning, but he is also represented by one of his associate administrators as well. And I am going to proceed, and we will just go around to the right.

MR. PERNICK: Thank you, Dr. Sullivan. Irwin Pernick. I am counsel to Secretary Derwinski. The Department of Veterans Affairs, the most recently created Cabinet department, has a major role in the battle against AIDS. With our 172 medical centers and countless outpatient facilities and more than 6,000 reported patients with AIDS in our facilities, we have to be at the forefront of the battle of this commission.

I am pleased here to represent Secretary Derwinski, who I know will be here later on in the morning. Thank you.

SECRETARY SULLIVAN: Thank you. I think everyone

knows Dr. Mason. While Dr. Mason is not a member of the commission, he will be heavily involved as our Assistant Secretary for Health in the Department of Health and Human Services. So Dr. Mason, if you would comment.

DR. MASON: I'll simply say that Dr. Sullivan has asked the Public Health Service through the National AIDS Program Office, and Dr. Jim Allen, to support the council, to be involved in your delivery and your moving forward. So we will provide funds for the council during the remainder of FY '89 and with the help of Congress into the future. So we really appreciate having that responsibility assigned to us.

DR. OSBORN: I'm June Osborn. I'm currently Dean of the School of the Public Health at the University of Michigan, which is a position I took in 1984. Prior to that, I was on the medical school faculty at the University of Wisconsin for 18 years. My background is in virology and immunology and infectious diseases, and I am also a pediatrician and a member of the Pediatric Academy as well as microbiology.

As some of you know, I have been very much involved both in terms of federal advising and working with private foundations and various speaking opportunities in the

epidemic, essentially since its beginning, and I also currently serve as a member of one of the four American members of the Global Commission on AIDS of the World Health Organization.

DR. KONIGSBERG: I am Charles Konigsberg. I am Director of Health for the Kansas Department of Health and Environment. My professional background is in public health. I am certified in public health by the American Board of Preventive Medicine, a native of Knoxville, Tennessee. I have been in my present position since the first of October. Prior to that, I spent four years as Director of Public Health for Broward County, Florida, which is Ft. Lauderdale, just north of Miami, which is where I became very involved with the AIDS issue.

Some of my particular activities with respect to AIDS include serving on the Governor's Task Force, Governor Graham's Task Force in Florida from 1985 to 1987, serving as chairman of the Broward County Community AIDS Task Force for several years.

Some of the problems that we faced in South Florida, I think, are familiar to a number of you. Everything from the severe strain on the health and social services

system to the public health issues. So that my interest will be fairly broadly based. My particular perspective with respect to AIDS relates to my functions over the years as a local health director and as a state health director. I will be in close touch with local health officers as well as state health officers to know their feeling about what situations they face. But my interest will include service and the social services' issues as well as the traditional public health issues. Thank you.

DR. RODGERS: I'm David Rodgers. I'm a physician. I've been the chairman of a department of medicine. I was the Dean of the Hopkins Medical School. The last 15 years I have been President of the Robert Wood Johnson Foundation which early on began working in AIDS. I've recently returned to New York City which is the epicenter of the problem we face. I chair Governor Cuomo's Advisory Council for the AIDS Institute which is New York State's creature for getting things done in AIDS. I chair Mayor Koch's Task Force on AIDS which is trying to decide where we are going to get the beds, the long-term care facilities, et cetera, for New York City.

I am a member of the Bi-State Citizens Commission on AIDS so I am very involved with the problems in New York City

and that area at the moment.

MR. KESSLER: I'm Larry Kessler, the Executive Director of the AIDS Action Committee of Boston, and I have been involved with community-based organizations for the last six and a half years. As a gay man, I am particularly proud of the leadership that the gay community has provided in establishing community-based organizations and community-research initiatives and so on over the past few years, and hope to see that acknowledged, and also that new partnerships can be developed that will enable the work to go on.

I am on the Board of the National AIDS Network, the AIDS Action Council, and a new group, the National Catholic AIDS Network. In addition, I am on the Governor's Task Force in Massachusetts and the City of Boston Mayor's Task Force.

MS. MASON: I'm Belinda Mason. I was diagnosed in July 1987 with ARC. Shortly thereafter I founded the Kentuckiana People With AIDS Coalition which was the first coalition for people with HIV disease in AIDS in both Kentucky and Southern Indiana.

I'm currently President of the Board of Directors of the National Association of People with AIDS which has 12,000 members and 110 local chapters throughout the country.

I also sit on the board along with Larry Kessler of the AIDS Action Council, and at this table today I represent the constituency who has the greatest investment in the outcome of this commission's work. So when I speak I will speak exclusively for the interest of people with AIDS and HIV disease.

Everyone who is sitting here some time or another gets to go away from this issue. The work stops for them, and they get to go home, but for all of us who are living with this disease, we take the issue home with us every night. And so I feel that it was really progressive of the Administration to recognize the important part in this dialogue that we all play in the essential investment in the outcome that we have to live with.

DR. DES JARLAIS: I'm Don Des Jarlais. I'm the Director for Chemical Dependency Research at Beth Israel Medicine Center in New York City. I am currently on leave of absence from my position as AIDS coordinator for the Division of Substance Abuse Services in New York. I've been conducting research on AIDS among IV drug users and their sexual partners since 1982 and have served on various advisory boards including the National Academy of Sciences Commission

on Social Science Research and AIDS and the Steering Committee for Behavioral Science Research in AIDS of the World Health Organization.

MR. DALTON: My name is Harlon Dalton. I'm a lawyer and a law professor at Yale Law School. I'm co-editor of a book called AIDS and the Law. There are actually two books with the same title, but the other costs \$95 so I am not concerned about anyone confusing them. I am, of course, concerned and interested in, and I hope knowledgeable about, the legal aspects of this disease. But that hurriedly suggests the limit of my interest and concerns.

It is not a matter of indifference to me that I am an African-American since we along with our Latino brothers and sisters are increasingly the people who are the targets, in a sense, of this disease. I just want to comment briefly, by the way, that Belinda referred to people who are living with AIDS, and if there is no other lesson that people should walk away from this morning, it's that we should think about people living with AIDS rather than dying from AIDS.

MS. DIAZ: My name is Eunice Diaz. I'm Assistant Clinical Professor of Family Medicine at the USC School of Medicine in Southern California, and at the same time Vice-

Chair of the Los Angeles County AIDS Commission. My work and interest over the last eight years has been geared at working through the community-based organizations in this country to give a greater acknowledgement to the fact that when we talk about AIDS, we're talking about a situation that has hit hard the Black and Hispanic community, as Mr. Dalton said, but we need a greater recognition that about 42 percent of this problem is represented within our community, and that has been the particular area of interest and focus of my activities.

In addition to working with advocacy groups, my greater area of interest is looking at the ways in which the churches of this nation can be mobilized toward a greater involvement in AIDS education and the provision of services with an acknowledgement that we must work in a cohesive partnership with community-based organizations and advocacy groups, many of them represented here today. I acknowledge many of you that have been in the battle there at the front lines and would like to say that with my representation on this commission, you have not only an ally but a partner in looking at the particular needs that persons with AIDS are confronting on a day-to-day basis in many communities

particularly in the state that I also come from, California.

MR. ALLEN: I'm Scott Allen. I'm with the Christian Life Commission of the Baptist General Convention of Texas. I was on the Dallas Planning Commission on Legal and Ethical Issues Concerning AIDS and on the Legislative Task Force on AIDS for Texas, and I am the co-founder and founding Director of the AIDS Interfaith Network of Dallas, and have done quite a bit of pastoral care with persons with AIDS and families affected by this virus.

MR. GOLDMAN: I'm Don Goldman. I'm an attorney in West Orange, New Jersey in private practice. I'm the immediate past President of the National Hemophilia Foundation and currently Vice President of the National Health Council. I first got involved in AIDS in 1982 when then Assistant Secretary Brant, I believe it was, notified us that there had been some cases of AIDS reported by the CDC in the hemophilia community. Hemophilia, as you know, has been in terms of intensity the most severely affected community in the entire world.

In the United States, out of some 20,000 people with hemophilia, there are already almost a thousand cases of diagnosed AIDS plus we estimate close to probably ten times

that many cases in which we are just talking about HIV infection. Involving that in terms of issues, making sure and getting involved in the issues of the safety of the blood supply, mechanisms of delivery in terms of the health care delivery system and financing of care, the availability of drugs for treatment of AIDS, all those issues have been extraordinarily difficult for a community such as the one that I come from severely affected, and also one that shares many of the values and problems that exist in the community as a whole.

People with hemophilia come from all races, colors and creeds. They come from all across the country, in many states in the nation, in many countries across the world. People with hemophilia are the primary, are the first people in the community that get AIDS. People with hemophilia have always served as the early warning system or the do-line, I've called it, of our nation's blood supply. If there is something wrong with the blood supply, it will affect people with hemophilia first. And being involved in that from the very beginning and continuing on has been a rewarding experience.

In my private practice, as well, I have been

involved in terms of many legal and ethical issues including some cases. New Jersey Supreme Court has been very active in a lot of areas, particularly in terms of issues involving right to die and bio-technology, and I have had the pleasure of having been counsel to one side or another in some of those leading cases.

I hope that the experiences that we all have together, and while it is true that we all come perhaps from different constituencies and come from different backgrounds, I would like to think that in doing so we bring to the commission perspectives rather than representation because ultimately we are all in this thing together. Ultimately we can only solve this problem together both as a commission and as a nation. And by bringing the perspectives of the communities that we represent we can all help each other and I hope that we continue to do that.

MR. NEWHALL: Good morning. Representing Secretary Cheney, I am Dave Newhall, Acting Assistant Secretary of Defense for Health Affairs. I have been for the past four years principal Deputy Assistant Secretary for Health Affairs. Our office oversees the military health care system, delivery care, either purchased in the civilian

sector or through our own hospitals and clinics, to 10 million people. Our office has had responsibility for formulating HIV policy. That policy, as all of you know, among other things resulted in a very, very large testing data base, which I think has proved to be of value.

Prior to that time, I served as Chief of Staff of the Department of Health and Human Services, and prior to that was Chief of Staff to Senator Sweikert.

SECRETARY SULLIVAN: Thank you. Secretary Derwinski.

SECRETARY DERWINSKI: Thank you. I don't want to go over the ground that my colleague, Mr. Pernick, may have covered, but we at the VA, especially where, of course, it is our responsibility to veterans who require services that our medical system will provide for AIDS patients, and we do everything we can to cooperate with you, and we take our responsibility as a challenge, but also as a necessary cooperative effort on our part to help you succeed. And to the extent that we can, the VA will give you the fullest possible support and fullest application of our resources keeping in mind our special responsibility to our veterans.

SECRETARY SULLIVAN: Thank you very much, members

of the commission and Secretary Derwinski. I want to read a statement for the record here in my position as chairman pro tem. And then Dr. Mason will have an announcement and then we will proceed with some administrative matters.

I certainly don't need to dwell at any great length on the importance of the work this commission hereby undertakes. It is very clear that the eyes of the nation are on the work that we do; that expectations for our deliberations are very high; and that all relevant publics within the AIDS community have invested an enormous and frankly unprecedented amount of confidence in the expertise and wisdom of the members of this commission.

I am sure that their confidence is well-placed, and that the expectations of the public will not be disappointed. We all know that this nation has passed a milestone in its history, a grim milestone. The statistics on AIDS to be released by the Center for Disease Control this month will show that we have passed the 100,000 mark in the number of AIDS cases reported in the United States and its territories since recognition of the epidemic just over eight years ago.

We all know that the devastation wrought by this disease falls disproportionately on certain population groups

in the nation, and that the burden of providing care for those affected falls disproportionately on a handful of cities and states. Nonetheless, there are some solid signs of progress in our nation's efforts to contain and vanquish this disease. Tremendous progress has been made in biomedical research and in the development and testing of new therapeutic agents that are helpful in fighting the AIDS-related infections.

Such advances are providing new hope and opening new prospects for those living with HIV infection and AIDS. We are also making significant progress in the fight against AIDS-related discrimination. One piece of pending legislation in particular, the Americans with Disabilities Act, provides new hope in this critical area. Despite this progress, much work and many hard decisions lie before us. Our mandate from Congress is clear: monitor what is being done, evaluate what needs to be done, and recommend measures in the areas that require further attention.

This commission has the opportunity and the mandate to ground its deliberations firmly in the work of many groups that have gone before us: the President's Commission on the HIV Epidemic, the Institute of Medicine, and the National

Academy of Sciences, the agencies and staff of the Public Health Service, and countless other researchers, scientists, physicians and health care professionals around the country. Based on that previous work, and based on the abundant wisdom and expertise of those assembled in this room today, our task is to push out the frontiers of understanding in our battle against this disease.

The welfare, indeed the lives, of millions of Americans depend on the work we resolve to begin today. That ends my statement, and I will now ask Dr. Mason for an announcement.

DR. MASON: My announcement is so mundane that I hate to follow up on that excellent statement and the statements that have been made by each of the commissioners. But I am informed, and I have been asked to inform the audience that the coffee service outside is not for this meeting.

(Laughter.)

DR. MASON: It is for the American Society of Engineers and the hotel has asked that neither the council nor the visitors should take the refreshments out there. Now I want to explain that this is not an oversight on the part

of those who staffed this meeting. But we were counseled that although we have adequate funds to support all of you, we cannot use federal funds to buy coffee for coffee breaks. We have chipped in among ourselves and there is coffee for the council members back of that screen.

(Laughter.)

DR. MASON: But we apologize that for this meeting we have not been able to accommodate everyone.

SECRETARY SULLIVAN: Thank you very much, Dr. Mason.

DR. MASON: That is not for the record.

MR. DALTON: Mr. Chair, I am willing to auction off my cup of coffee to the highest bidder.

(Laughter.)

SECRETARY SULLIVAN: Well, we certainly desperately need a permanent chairman to get us moving administratively better than those of us in the federal government can do. So I am going to call on Mr. Wilford Forbush now to go through the administrative requirements and procedures for the commission. Will, why don't you just have a seat right there.

MR. FORBUSH: Thank you very much, Mr. Secretary. And I'm glad Dr. Mason made that announcement rather than me.

We in HHS took the initial steps to do the administrative support for this first meeting. However, for subsequent meetings and subsequent activities of the commission, the General Services Administration will be providing the general administrative support. And Calvin Snowden from GSA is here, and I will turn the microphone over to him in a minute or so.

I just want to say, though, for today our first and the most important administrative activity is to have the members sworn in as the official members of the commission. And to do that, we would ask you to sign an appointment affidavit which we have available here and will be over at the table in a corner. And you can do that signing during the break. Now I am speaking to the non-federal members of the commission.

You can do that signing during the break and then the first order of business after the break, the swearing in can take place, and then you can discharge official business of the commission. For the travel arrangements for this, our department, our executive support staff, made the travel arrangements for this meeting. And in your packets is a form for filling out your expenses, and if you could send that to the executive support staff in HHS, we will take care of

getting the payment for those expenses to you.

I also want to be sure that you know that the room rate for this meeting at this hotel is \$79, not \$89. It is 79 and be sure if anybody says otherwise please insist that it's 79. That has been confirmed to us by the hotel staff. Let me see if there is anything further. We have processed conflict of interest waivers for the two executive branch, non-federal members of the commission. You can understand what that means maybe a little bit later when we have a briefing on that. But that has been done at HHS yesterday. Those don't apply to the legislative branch appointed members.

Okay. I think that covers the things that I would like to do and I now turn it over to Calvin Snowden of GSA.

MR. SNOWDEN: Good morning, Dr. Sullivan, Secretary Derwinski, and distinguished members of this commission. My name is Calvin Snowden, and I will serve as the liaison person for the commission. I am here to service your every need, to keep you in compliance with the regulations that will govern this commission. In that regard, we will be taking over the responsibility of helping you make travel arrangements and getting you into the personnel systems of GSA and the federal government, and welcoming you as new

federal employees, and extending to you those requirements and those regulations that keep us in check like travel regulations, for instance.

You will find that we have a very generous per diem rate for federal employees which you will find very difficult to adhere to but I know that you will do your best and we will be at GSA to keep you in line.

Upon the election of your chairman, I would like to spend a few moments with him talking about the hiring of your executive director, and probably the single-most important person in the commission other than yourselves, your administrative officer, who I will be dealing with on a daily basis in terms of the administrative responsibilities of the commission.

I have placed my business card on the table where you will find your affidavits when you sign in. At any time feel free to call me with any questions as it relates to your travel, your pay, or any other issue as it relates to administrative services. I would like to extend the greetings of our Acting Administrator Richard Allen Austin as well as our Acting Administrator George Moore in welcoming you into the federal community. Thank you.

SECRETARY SULLIVAN: Thank you very much. We also want to thank our about to be federal employees, members of the commission. At this juncture, I think we will take a break. Dr. Mason, let me ask -- we had hoped to have a group photo. Do we have the photographer here?

I would suggest that perhaps the affidavits that you have to sign that might be done during the coffee break, but we will take a 15 minute break following which we will then proceed to elect a chairman and vice chairman of the commission. Thank you.

(Whereupon, a short break was taken.)

SECRETARY SULLIVAN: We are going to take a group photograph. We are going to try our group photograph now. We have the gracious services of a volunteer photographer. We thought we go ahead and try the group now and then we have our HHS photographer who will be here later. We thought we would go ahead and get one picture now because I know that Congressman Rowland may have to be called away for a vote. So we are going to take the ones we have here now. And then later we will have a second picture of the group as well.

So let's line up over here.

(A group photograph was taken.)

SECRETARY SULLIVAN: I am now going to recognize attorney Donald Goldman for the purpose of offering a motion prior to the election of the chairman of the commission.

MR. GOLDMAN: Thank you, Secretary Sullivan.

SECRETARY SULLIVAN: Oh, I'm sorry. Excuse me. I have just been reminded we haven't yet sworn the members of the commission in. So to make sure that everything we do from this point on satisfies the requirements, I am going to ask Dr. Mason if he would, indeed, swear the members of the commission in. Dr. Mason.

DR. MASON: Thank you. You have all completed the appointment affidavits so might I ask the non-federal members of the commission to please stand. Would you please raise your right hand and repeat after me. The first is I, and then mention your own name. I support -- I, and your name, will support and defend the Constitution of the United States against all enemies foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion, and that I will well and faithfully discharge the duties of the office on which I am about to enter, so help me God.

(Oath administered to non-federal commission members.)

DR. MASON: Thank you. You may be seated.

SECRETARY SULLIVAN: We will now recognize Mr. Goldman for purpose of offering a motion.

MR. GOLDMAN: Thank you. I have a motion to propose that the commission elect a chairman and a vice chairman, that the election for the positions as chairman and vice chairman be conducted separately and by secret ballot. And that Secretary Derwinski, Secretary Cheney, and Secretary Sullivan, or their designees, who are non-voting members of the commission, serve as inspectors of election for the purpose of conducting the ballots.

SECRETARY SULLIVAN: Is there a second?

DR. RODGERS: Second.

SECRETARY SULLIVAN: The motion has been seconded.

(Motion made and seconded.)

SECRETARY SULLIVAN: Any discussion? Yes.

MR. DALTON: Yes. Why a secret ballot?

MR. GOLDMAN: I think it makes more sense to do it by secret ballot. I have no preference really one way or the other, but I just think that it will make people feel more

comfortable and let people do it by secret ballot. Elections ought to be by secret unless there is some reason why not.

SECRETARY SULLIVAN: Other questions or discussion?

MS. MASON: Yes, Dr. Sullivan. Don, I am not clear about the vice chairman. Is that a common thing or somebody just needs to enlighten me.

MR. GOLDMAN: I think the reason for it is that based, at least certainly based upon the experience of the past, of the President's Commission and others, the assembly of 15 people all at one place at one time may sometimes be difficult, and it will be useful and convenient, I think, to whichever one of us who elected chairperson to have a vice chairperson who can be designated to conduct those activities during vacations, absences, and also for the purpose of administration to have another colleague available and ready to work closely together with in terms of the conduct of meetings and things of that nature.

SECRETARY SULLIVAN: Yes.

MR. DALTON: I don't want to be mysterious. My question about why a secret ballot really comes from a concern that insofar as there are differences among us, we need to be clear about them and understand them and deal with

them, and I hope that there will be differences among us because it means that we are truly reaching down and expressing ourselves and our concerns.

And I guess I, I at least speaking for myself, think that any one of us could handle being chair knowing that there were people who hadn't voted for you, but would feel comfortable that we would all fall in line behind whoever the chair is. So personally I would prefer that the ballot not be secret, but I am hardly going to stand or fall on that.

MR. GOLDMAN: Well, I agree with you, Mr. Dalton, in the sense that I think that all of us would be pleased and happy if the election of chairman were done by, you know picking names out of a hat. I think hopefully all of us have the respect for each other and the backgrounds that we bring to this commission that any one of us would make a fine chairperson of this committee. And it is for that reason that I don't perceive the election as chairperson as being one of evidencing any significant policy differences that really need to be out there and just to make things start off more smoothly. That is basically all.

SECRETARY SULLIVAN: Other comments? Then the motion that is on the floor is for the election of a chairman

and a vice chairman separately and that the voting be by secret ballot.

MR. GOLDMAN: And that the non-voting Secretaries or their designees serve as inspectors of election for the purpose of counting the ballots.

SECRETARY SULLIVAN: Yes. Then we will proceed with the vote on the motion since there is no further discussion. Those in favor of the motion, please raise your hand.

(A showing of hands.)

SECRETARY SULLIVAN: Opposed? Then that is unanimous. We will then proceed with the election of a chairman. The floor is now open for nominations. Dr. Rodgers.

DR. RODGERS: Secretary Sullivan, first just as a personal comment, let me say how delighted I am to be working with this group. In listening to people go around the room, the amount of energies, the amount of commitment to the AIDS problem just delighted me. And though this will be an odd thing to say, I think we are going to have fun working together, and I hope we are productive. It is the most important thing we can be doing.

It is critically important who we select as the chair. I have thought a lot about it. Some of you have discussed it with me. I would like to recommend that that person be Dr. June Osborn. I don't make that recommendation lightly. Let me just state my reasons. First, her professional qualifications, which many of you know. Second, her commitment to the problem. I have watched her work in this area over the last five to six years, and it has been unwavering.

She knows the field. She knows those who work in it. Third, her abilities to work with people. I have watched her work in difficult situations, and AIDS is a situation that breeds all kinds of difficulties, and she has handled it with grace and with tolerance. I think I should address a couple of potential concerns that she might be too liberal. I would deny it. I think she is -- I have watched her deal comfortably with opinions from all parts, all sectors of society, and I have found that she is able to bring groups to a consensus.

I think she is a healing force, and I would enthusiastically nominate her as our chairman.

SECRETARY SULLIVAN: Yes, Mr. Kessler.

MR. KESSLER: Secretary Sullivan, I would like to second that nomination.

SECRETARY SULLIVAN: Dr. Osborn's nomination has been seconded. Yes, Dr. Rowland.

DR. ROWLAND: I would wish to propose a nomination also, Mr. Secretary. I wish to nominate Dr. David Rodgers. Many of the things that he said about Dr. Osborn certainly would apply to him also. He is well-known for his work in the medical field and also in AIDS. You have the resume here, and I won't go into all of that. But I certainly think anyone, as was mentioned earlier, would be outstanding as chairperson of this commission. So I would like to nominate Dr. Rodgers as chairperson of this commission.

MR. ALLEN: Mr. Chairman, I second that nomination.

SECRETARY SULLIVAN: The Dr. Rodgers' nomination has also been seconded. Any further nominations? There being none, we will declare the nominations for the chairmanship to be closed.

Let me raise one procedural question and see if the group accepts this. I think that perhaps it would be most appropriate to proceed to vote now on the chairman, and then once that is completed, we will then open the floor for

nominations for the vice chairman. Is that acceptable to everyone?

All right. Then if you will please mark your ballot with the name of the individual whom you would wish to serve as the chair. The two nominees are Dr. June Osborn and Dr. David Rodgers.

(Ballots marked and counted.)

SECRETARY SULLIVAN: We will declare Dr. June Osborn chairman of the commission.

(Applause.)

SECRETARY SULLIVAN: Dr. Osborn, we will let you assume the chair now and conduct the election of the vice chairman and the rest of the meeting.

CHAIRPERSON OSBORN: Well, I'd be less than candid if I didn't say how thrilled I am at your vote of confidence and at the opportunity to work with a group of people as exciting as the group gathered around this table. I have wished for a long time that we could be speaking with one national voice in the interest of compassion, the interest of prevention, and I think now we are in a better position than we have been in a long time.

The Presidential Commission has given us a wonderful

base of things that we need to think about and this commission is constituted in such a way that I think we can truly develop a national consensus worthy of this country. So I am very excited about the opportunity, and I do thank you so much for your vote of confidence.

I think the next order of business is to entertain nominations for a vice chairman. Mr. Goldman.

MR. GOLDMAN: I'd like to nominate Dr. Rodgers for the reasons that were eloquently stated by Dr. Rowland for his nomination as chair.

DR. ROWLAND: I'd like to second that.

MR. DALTON: Yes. I would like to nominate Eunice Diaz for many reasons. I agree with Don Goldman that any one of us could ably serve as chair or vice chair, Eunice included. I think it would be also important to have someone who symbolizes the fact that this group is committed to the concerns of black and brown people with respect to this disease as Eunice clearly is.

It is also important that that person be someone whose concern for blacks and browns does not come at the expense of other people who are acutely affected by this disease, and Eunice is, again, in the tradition of a healer

and of a bridge person among many communities, and I think would be outstanding as vice chair.

CHAIRPERSON OSBORN: Thank you. Do we have a second for that nomination?

MS. MASON: I'd like to second the nomination.

CHAIRPERSON OSBORN: Thank you. Other nominations? If not, if you have the other half of your piece of paper, you can so indicate your choice.

Iris just asked me to ask the commissioners to lean into the microphones until they scream at you because they are having trouble getting the volume up, and with the group of very interested listeners we want to be sure we can be heard.

(Ballots marked and counted.)

SECRETARY SULLIVAN: Dr. Rodgers is elected vice chairman.

(Applause.)

CHAIRPERSON OSBORN: Would you like to say something?

DR. RODGERS: Well, only briefly. It's going to be a great treat to work with June Osborn and all the rest of you, and there will be clearly one chairman in this group,

but I will try and make her behave.

(Laughter.)

CHAIRPERSON OSBORN: "Rots of ruck." Well, we have a number of items that I think that we can discuss today. We have not published an agenda, and I don't think, therefore, that we should proceed to truly deep discussions on issues, although the expertise is here to do so. But I think we want to look at how the commission would like to proceed, and to have some ideas both in terms of the pace of progress that we want to make, the kinds of activities that we would like to undertake and some sense of strategy about how best to take on an enormous task that we have in front of us.

I can see a variety of activities for this commission. I think that we do have, as I mentioned, the excellent agenda, if you will, from the Presidential Commission report, and in a way that gives us a great advantage over that group because whereas they really had to start cutting the cloth whole, we have a well-thought out and well-developed statement from a group of predecessors that says here are some problems, some urgent problems, and it was said a year ago. And so I think we can use that as an early agenda offering or template or however you like to look at it to help inspire us initially

as we begin to develop our own collective expertise as a new commission at a new stage of the epidemic.

So there is that. I view that as an exceptionally important resource. In order to have all of us working even from that, I think we need to get the commission staffed quickly and to have that kind of information and a lot of other information. At least part of the list I have in my head, and many of you will have some, too, of things that we might want to read and have as background. Therefore, the most urgent thing we need to do even in developing our own agenda is to appoint an executive director.

As I am sure you know, and have heard said many times, one of the secrets of having anything work in Washington is to know how Washington works, and I think that I am aware of some exceptionally fine opportunities for us as commissioners, people who are eager to work with the commission. And what I would like to suggest, if I recall the language of the bill, I think the chairman is to present a choice of executive director to the commission, and in a rather short time frame actually.

And since I do know of half a dozen or more vitae that have been -- I know some people called me and I suggested

that they send them to Congressman Rowland's office, and I have received a few in the mail. And some of the rest of you may well have, too. I would like to suggest an order of procedure in which any such CVs that have been submitted or any others that would perhaps be submitted be gotten expeditiously to me at an early time, and in consultation with Dr. Rodgers, I think that we can go through looking at these quickly.

I believe it would be one very efficient way of doing things would be to find out how many of the commissioners will be able to attend at least part of the Conference on Minorities and AIDS which is going to be taking place, I believe, in about ten days.

SECRETARY SULLIVAN: August 14.

CHAIRPERSON OSBORN: August 14. I know I will be there. If there were enough of us, I would be glad to proceed quite rapidly with that review of applicants and perhaps have a recommendation at a time. I don't want to take our attention away from that conference, but I think we could do it over a lunch or at some point early in that, if there are enough people to act on it.

And then at that point, we can have somebody who

will proceed directly to the staffing of the commission, allowing us to -- I think we should in this discussion identify some of the things we would like to have as commissioners so that we can have a set of instructions ready-made, but as the staffing proceeds, I think we could ask, then, that we be mailed a lot of things that we can go over in what is left of the summer.

I have a sense of urgency, and I suspect even though not all of you are on academic schedules, I think the world does tend to slow down a little bit in August and speed up a little bit in September for everybody, and it would be great to have this all in our hands as quickly as possible.

What I have in mind is for those who haven't a chance to see it, the original Institute of Medicine National Academy of Sciences Report on AIDS is kind of essential background information, I think. That is said with some prejudice since I was party to it. I think it is a useful source of information, and it has been updated in 1988. I think that is an important document for us to have.

Certainly a copy of the Presidential Commission Report in its detail would be a very important thing, and in fact, we might even see if HHS would help us one more time

with that.

MS. GELBERG: Dr. Osborn, that is what I just put next to you. That is a packet of all of the materials, MMWRs, the Commission reports, the update, and we have mailed them from our office to each of the commissioners.

CHAIRPERSON OSBORN: Oh, super. Don't even have to ask and HHS is there. Thank you, Congressman Rowland. It's a very busy day in the House so he's going to have to leave us.

Good. Well, some of these things we will look through and see. But I think any of you who know of other background information once we've had a chance to see what's in here, that you think we should all have had a chance to look at, I'd like to have that done quite quickly so that we can be -- we have a lot of expertise of different sorts among us. But I think as a commission we want to have a common language and background of information now as we move forward.

Mr. Goldman.

MR. GOLDMAN: Yes. Under the Section 246(a)(1) of the law which created the commission it requires that today was the starting of a clock which expires in 30 days when an executive director is supposed to be appointed by you with

the approval of the commission, which gives us until September 2. Given vacation schedules, particularly the end of August, if you and Dr. Rodgers could possibly find it in your time, and we could do it by the time of the meeting sometime during the course of that meeting, I think that would be an absolutely wonderful thing.

I would point out that under the charter which has been filed by Secretary Sullivan a quorum of the commission is seven members. So that as long as you can find the time somewhere during the course of that meeting when at least seven members of the commission will be there, then we can legally and properly do what we want to do, and I think, I mean speaking for myself I have the full confidence in you and in Dr. Rodgers and in my colleagues that if you choose somebody, it is probably going to be pretty good for me, too.

CHAIRPERSON OSBORN: Good. Well, that brings me to what I wanted to ask which is are there seven of us going to be, at least seven of us going to be at the minority conference? Could you raise your hand if --

SECRETARY SULLIVAN: That's the 14th through the 17th of August.

CHAIRPERSON OSBORN: 14th through the 17th of

August.

(Show of hands.)

CHAIRPERSON OSBORN: Seven. At least seven. And I don't know. Maybe Diane is and Congressman Rowland, I don't think -- I don't know whether he is.

MR. DALTON: Are the same hands going to be there toward the beginning of the conference?

CHAIRPERSON OSBORN: Is everybody going to be there toward the beginning of the conference, the 14th, for instance?

DR. RODGERS: Why don't you pick one date? Yes, pick a date.

CHAIRPERSON OSBORN: Let's try the 14th. Is everybody who raised their hand going to be there on the 14th? Let's do it again.

(Show of hands.)

CHAIRPERSON OSBORN: One, two, three, four, five, oops.

DR. DES JARLAIS: I have a hospital strike scheduled for the 14th.

(Laughter.)

DR. DES JARLAIS: I hope we can get there towards

the end, but the 13th, 14th and 15th I've got this strike called. So I don't think I will get there during those days.

MR. KESSLER: June, I would just like to reinforce the importance, I think, of our presence at that meeting at some point. If it's possible, if other commissioners who have scheduling conflicts could get some relief from those conflicts and be at that conference, it is a place for us to hear the concerns of the communities of color, but also to communicate to them that we are listening and we are concerned about the issues.

I would really like to add stronger emphasis that we make every possible attempt to get there at some point to be identified as part of this commission and to really schmooze and listen and make our presence known.

CHAIRPERSON OSBORN: Yes. I tried the 14th. That may have been an unfortunate. How about the 15th? Is that better?

DR. RODGERS: I'm going to be guided by what day you pick. I will be here.

CHAIRPERSON OSBORN: Okay.

MR. ALLEN: I can be there the 16th or 17th.

CHAIRPERSON OSBORN: 16th or 17th.

DR. DES JARLAIS: 16th or 17th is better for me also.

CHAIRPERSON OSBORN: Eunice?

MS. DIAZ: I would just like to make a statement, agree with someone who said I don't think this commission ought to do anything to detract from the importance and also the emphasis on the minority conference. That has been for a long time in the planning stages, and if, in fact, I would agree with Larry, that we are going to be there and suppose we decide to meet the 17th after the conference is over since it finishes at noon, that we make this known to the conference planners so if there is an opportunity for informal dialogue with individuals who attend this conference that they know that we are available and also they're willing to engage in conversation with individuals who attend this conference. It would be a very positive way of us increasing the accessibility of ourselves to the kinds of concerns that will be reflected there.

CHAIRPERSON OSBORN: Thursday, the 17th is the last day of the conference and from what you say it ends at noon. Is it possible that people could make that a specific commitment participating as much as possible in the rest of

the meeting? I think the commissioners do take this very seriously and I think probably the problem has come up because we are relatively fresh in organizing ourselves so people didn't have a chance to block off calendars.

I trust that the minority communities and others who want to recognize the commission's involvement will take that into account, too, because it's very difficult for people to react in ten days. But perhaps what we could do is set the 17th at noon as a meeting time in order to conduct that one piece of business, and we can have a discussion now as to whether we want to conduct more than one piece of business.

But if we could do that and at least seven people could be there, then we could be sure that the most urgent piece of business was underway.

DR. DES JARLAIS: If the conference is scheduled to end at noon, I would suggest one or 1:30 might be a more realistic time.

CHAIRPERSON OSBORN: Yes, okay. Right. I think that's a good suggestion. How about that? Can we have at least seven people there at 1:30 or 1:00 o'clock?

(Show of hands.)

CHAIRPERSON OSBORN: One, two, three, four, five, six, seven. Okay.

DR. DES JARLAIS: Could we get an eighth just in case something comes up for one of us? I mean we're cutting it a little thin.

MR. GOLDMAN: I mean if necessary, I am only an hour's flight away, and if somebody calls me at nine o'clock in the morning and says cancel everything you're doing and get down here at one, I'll make it; believe me.

CHAIRPERSON OSBORN: All right. Well, I think that's the way we should proceed with that very urgent piece of business then. So let me repeat the first part of what I said. I would like anybody who is aware of persons who would like to be considered, particularly for the executive director position, but I would suggest any involvement, to make that known and have vitae available. Yes?

MR. SNOWDEN: Pardon me. Let me make a comment.

CHAIRPERSON OSBORN: Come and join us because you are going to help us with doing things right.

MR. SNOWDEN: Procedurally, you are covered by the Federal Advisory Commission Act, which requires that you publish any formal meeting in the Federal Register 15 days

prior to any meeting. If you call this a meeting, then we have a problem. You could probably do this on the phone through a conference call, but if you call it a formal meeting, and there is going to be a quorum, we must file so that all interested parties can attend.

CHAIRPERSON OSBORN: Let me ask you a question about that. We explored that rule rather thoroughly in calling this meeting, and because the legislation called for a rather rapid series of steps. The legislation still calls for a rather rapid series of steps, and I would think that the exemption, especially if we do not have an agenda other than that matter, which is why I suggested that we might not have anything else on the agenda, I would think that the exemption that allowed this to happen because of the urgency of the circumstance would allow us also to take that piece of business during the time.

We did have some extensive discussions about how that law pertained to this meeting. Could you comment on that, please?

MR. SNOWDEN: Those exemptions do exist, if we intend to that. There are other ways that we can handle this. Clearly we don't want to call public meetings and have

to go for exemptions every time we meet. I think the urgency of the matter would cause you to -- there are other ways of handling it other than calling a meeting. We can do it over a conference call. If all of the vitaes have been shared, we can go in and ask for an exemption. I will defer to you in terms of that.

CHAIRPERSON OSBORN: I would like to suggest an exemption for that purpose partly because I don't think that sending out all of the vitaes is even appropriate in the context of the discussion, and yet I think it would be nice for people to be able to see them. So I think having them in a central place probably during the course of that meeting for commissioners to look at and have some thoughts about would be very important, and that could be done seriatim as they had a chance.

At the time then of the gathering of the group, which we can call a meeting or not, depending on the Federal Register, then I think we could take that one urgent piece of business and act on it on my recommendation, and I think we also would like in this meeting to set up the first substantial meeting of the commission, set a date for that that is considerably later than that. I was going to suggest fairly

early in September, but well within the boundaries of the Federal Commission Act.

So if that doesn't violate anything too badly, I think we probably do -- I have a very strong sense of urgency. I don't think this commission can get off the ground until we are well-staffed, and I don't think we can become well-staffed until we have an executive director, and I think that needs to be done at least in as much hurry -- in fact, that is one of the reasons for the hurry for this meeting is to get that kind of decision-making well underway so that when we do have our first meeting we will have had abundant time to receive the thing that we want to. And we will have some staff working with us that we can turn to if we set up working groups, if we begin to develop some concrete plans.

So if that works out, I think we could do the one thing and not add to the agenda in order to try.

MR. SNOWDEN: We will move for the exception.

CHAIRPERSON OSBORN: Okay. Good. Eunice.

MS. DIAZ: I would like to know the outcome that you see for that meeting. Will we actually have candidates there that day that you have prescreened or will you have a

final decision based on consensus that you gathered by telephone?

CHAIRPERSON OSBORN: I think the most sensible thing to do would be for me to try to make a decision. That is what the bill says. That the chairman will choose an executive director, present that executive director for the approval of the commission. And so that is why I'm asking that everybody now indicate any thoughts or comments that they may have to me, and that I can then be in a position to give you my best judgment.

Now I think it's appropriate partly because we want to make sure that everybody has had fair notice. In a way it's good to have this at the end rather than the beginning of that conference. I think it is appropriate that we have the commissioners able to see the range of choice, and then I think that, as I mentioned before, I am aware of some outstanding choices. So I know we're not going to come up disappointed. And if, in fact, everybody is comfortable, having looked through and so forth and in informal conversation, we could do a short, tight piece of business and have somebody then in a position to start working for the commission fully based and such.

Does that sound satisfactory to everyone? All right. Good. Now at this point I would like to get the pleasure of the commission about how to proceed today. I think one other thing I think we should do, and perhaps it follows so well we should just do it, is to decide on an early substantive meeting.

And I would think that the first or second week of September would be the time that would work well there unless it's very seriously out of whack for people. David.

DR. RODGERS: June, might I make a suggestion here because it's a very busy group? Why don't we have a little discussion about the frequency of meetings and set up a whole year's meetings? In other words, beyond that your dates will get easier and easier. But for people to get them on their calendar now, I bet a year from now everybody's calendar would be okay. But if we put them on. No one ever minds a meeting being cancelled, but it's very difficult if you've got a conflict. And I would think decide the frequency of meetings, set them up well in advance so that we got them all on our calendar.

I am sure you will have trouble with the first one, but from then on --

CHAIRPERSON OSBORN: The law requires that the commission meet no less than three times a year. My sense is that's probably a little too infrequent, but I would like to hear people's comments about that. I should also tell you that in my thinking about this group with its very special expertise can best function, I think that the concept of working groups is a very important one, and I think there are ways of sketching out areas where some of us can focus our energies. Particularly I do want to have us all staying together with a common base of knowledge that allows us to be responsive to people and to talk with good information about how things stand and how things are proceeding.

Maybe before we talk about frequency, let me tell you a little bit more about what I was thinking of for at least the earliest meetings. I had the privilege of chairing until quite recently when I resigned. I resigned a lot of things recently when I was made a member of this commission. I had the privilege of chairing since 1984 an ad hoc working group at NIH, the Heart, Lung and Blood Institute, that dealt with issues pertaining to the blood supply. And when that was first created, it was created largely to have a free-standing group of people from around the country who were not

deeply involved in specific functions related to the epidemic.

We really didn't know quite how to proceed at the beginning, and when I was asked to chair it because of the sense that it would be nice for us to be working together with a common base of knowledge and then differential expertise, the first couple of meetings in particular I ran almost -- I don't want to use too awesome a term -- but almost as seminars. I asked the people in the Food and Drug Administration to come and tell us about their activities and concerns. We had the Centers for Disease Control give us a specific briefing about where things stood, and in so doing we got to know some of the people who were involved, and we also got a chance to know that we were dealing from very fresh information. And it gave those of us -- it wasn't as diverse a group as this -- so it wasn't as crucial then as it will be now that we develop a common language.

I think the whole sense of working together we're going to find that we do develop a common language and a very useful one for all of us in our special expertise. So my thought was that as we go, however often we meet, we would want to set aside, if we had, for instance, meetings of two days' length, we would set aside at least a half a day of

those two days to keep bringing ourselves forward. This can't be done in a great hurry because there is just too vast an agenda to be able to say, well, we'll have this first meeting and we'll update ourselves on everything.

But I think that we could anticipate by at least a little trouble that is coming up or areas that are going to be particularly difficult in the upcoming months and have a briefing session for the commission -- obviously all of our meetings will be open so the commission and interested attendees -- at the beginning of each of our sessions, and this is where we stand; this is how things are going; and as we do some of that, it will become easier because we can get follow-ups on things that we talked about before, and develop our own internal sense of control over this mass of problems that we're going to be living with and trying to help with.

Eunice.

MS. DIAZ: That appears to be a very sound way to proceed, Dr. Osborn, but I think that in doing that let us not forget that we might receive the orientation at the same time from groups or constituencies around this country that are also involved with a particular issue at hand. I think if we limited our agenda to hearing from --

CHAIRPERSON OSBORN: I'm so glad you spoke up. I stopped half-way through my thought. I was using the NIH example, but I did want to include in the list of participants and briefing the whole range, not just the federal response. But I think that is part of the usefulness of this commission will be to make sure that we can help the federal government in smoothing over. Certainly state and local governments, community-based organizations. As Larry said earlier, there is an enormous amount to be learned from some of the very committed activities that have been undertaken on a local level, and I think we will want to learn as much as we can about that.

So when I talk about a vast agenda, I really had telegraphed too quickly. I meant to extend it way beyond the federal government. The National AIDS Program Office is very able group and will certainly be one of our frequent points of conversation. But we do want to play our full role as a national commission, and that will be to bring in -- I think there is some new and heartening activity in parts of the religious community, and I think it would be very good to have a chance to learn about that.

I know that judicial deliberations have picked up

considerably since some of us participated in a National Institute of Justice meeting, and I think it will be very good to hear about that and the status of things there. So I am glad you spoke up. I had been too quick in my comment. Yes, Don.

MR. GOLDMAN: It seems to me, as I understand the statute, that there is a distinction between hearings and meetings, and that the provisions, and I was going to ask the GSA, with respect to hearings and things of that nature which are not meetings of the commission and which the commission is not going to take any action, but is pursuant to the section that authorizes the commission to among its other powers to conduct hearings and take testimony and receive evidence and so forth, and that delegates any member or employee of the commission to do so in lieu of the entire commission. So I assume, therefore, the quorum requirements would not apply to such hearings, and whether or not they require notices in the Federal Register the same way as everything else. And just so that we understand, we could have them both at the same time.

We can have a hearing in the morning and a meeting in the afternoon, but we're not subject to the same kinds of

scheduling quorum restraints for hearing purposes as we are. And the other thing I would just add is that I am sure that all of us can think of other groups that we would want to add and provide the opportunity to do, and one of those that I would certainly like to hear from itself is members of Congress and provide them the opportunity as well to tell us.

I think it's important that we be as inclusive as possible and allow people the opportunity who have an interest to do. Some of us may disagree on certain issues and policies, but I want to hear from everybody who wants to help, and I may disagree with how they want to help or I may disagree with their suggestions, but if they want to help I want to hear from them.

MR. SNOWDEN: You will not have to publish in the Federal Register hearing dates.

CHAIRPERSON OSBORN: Do people have thoughts? I think that's a helpful set of comments about the hearings, and I think both procedurally and in some other senses is another issue that we will want to address. I think we should start perhaps by looking at how we want to work in meeting format.

And I think there are certain triggers that I can

see that if we didn't have a meeting scheduled, we would want to have one. I think that we do want to be responsive to our creators and among others, I think that we want to be responsive to the executive branch if they care to have us comment or meet on a certain topic. We also want to be responsive to Congress, and there will be legislative triggers that I know of that will come up from time to time where the commission may want to have a meeting and make some commentary that is pertinent to its mission and pertinent to pending legislation.

In fact, that is one of the reasons why I was making the early September suggestion because I think at that stage there will be some legislation about to, as Congress returns, where a statement from the commission may be quite helpful to Congress. So those are the kinds of things that we can anticipate only partly now. If we have a fairly regularly schedule of meetings, we may try to work into that so that we can anticipate just enough not to have to do too much in an urgent and reactive way. Charles.

DR. KONIGSBERG: Yes. Just a couple of comments. I think first of all I would hope that we would not meet in District of Columbia for each meeting. I think it's important

to get out and see some of the other areas of the country. That may prove difficult for us to get to certain areas, but I think we get a better feel for things.

The other thing I would like to support the concept of some working groups after we have identified the major areas that we need to work on. My assumption would be that that small group would go into more depth on those particular issues.

CHAIRPERSON OSBORN: And then come back to the commission and educate us.

DR. KONIGSBERG: Yes.

CHAIRPERSON OSBORN: Yes, that's what I was thinking.

DR. KONIGSBERG: Right.

MR. DALTON: In terms of frequency, can we try out the idea of six times a year of scheduled appointments and see how people feel about that?

CHAIRPERSON OSBORN: How does that strike the members of the commission?

MR. GOLDMAN: For two day meetings or one day meetings?

CHAIRPERSON OSBORN: I think two days. The travel

commitment is such that a one day meeting becomes counterproductive for a lot of people, not for me, because happily it's very easy to get from Detroit to wherever actually with a big airport nearby.

But for others -- I know for Eunice to come -- if we're meeting on the east coast it's going to be hard for her. If we meet on the west coast, the rest of us will notice that travel. And she can do the red-eye but I can't. So I think that I would suggest two day meetings as a very good amount of time. My own experience is that a three day meeting gets to be pretty heavy going if there is a lot of data.

And if we're going to have hearings that might be over and above the two days. But I think that the working structure of a two-day working meeting, perhaps a half a day's worth of briefings or a day in the beginning, and a day in which we deal, grapple with specific issues with or without -- and when we move around the country, certainly having hearings perhaps on top of that for those commissioners who can make the extra time is the way to proceed for starters.

MR. ALLEN: I have a question. Do you perceive the

subgroups meeting in that two days or do you see them as separate?

CHAIRPERSON OSBORN: No. I would think that the subgroups might want to arrange their own schedules although they surely will want to interact during those two days to bring things along. But if we have subgroups that are dealing -- first of all, you get a different set of calendars to put together and it may be easier for subgroups to work together, and also I think conference calls can be quite useful as you move along, and that is something that we will want to organize. David?

DR. RODGERS: I would side with Harlon. I think six meetings seems reasonable. The urgency of the situation is such. No one, again, will complain if one is cancelled. I would caution against longer than two day meetings. I also would say let's not have a meeting unless there is some real red meat to put on the table.

CHAIRPERSON OSBORN: I'm not too worried about that.

DR. RODGERS: And if a meeting is shorter, we do it.

CHAIRPERSON OSBORN: My experience with --

DR. RODGERS: It seems to me six meetings and move in between there.

CHAIRPERSON OSBORN: My experience with agenda building in the committee I was talking about was such that after the very first five minutes I never again worried about whether there was enough to justify a meeting. And I think that is more true now by a long shot. So --

MR. GOLDMAN: I concur that six meetings a year, two days duration, would be fine with the understanding, as I think, that it would be very easy to convert if there weren't sufficient action items on an agenda, then that previously proposed meeting date which actions might be taken could in lieu thereof be a hearing date. And particularly if we scheduled the meetings in different parts of the country, would provide an opportunity well in advance for those particular areas in the country to organize appropriate witnesses who might come before the commission and educate us on how the HIV infection is affecting their communities.

SECRETARY SULLIVAN: Dr. Osborn, let me comment.

CHAIRPERSON OSBORN: Yes.

SECRETARY SULLIVAN: I certainly think it would be very helpful and appropriate for the commission to meet in

other parts of the country, but I would hope that the bias frankly would be towards meetings here in Washington simply because I want to be sure that we do everything we can to have our federal colleagues involved, and I can tell you personally, and I am sure for both Secretary Cheney and Derwinski the same applies, that it is easier for us to be participants in meetings here as well as Congressman Rowland.

I am sure that there will be many times that we can, so I simply wanted to say that.

CHAIRPERSON OSBORN: I'm glad you spoke up because again I think it's useful to make the distinction between the meeting and the hearing. I think that we should try and learn as much as we can about what is going on around the country and speaking from the background of the Institute of Medicine National Academy of Sciences group, I found the hearings that we had in different parts of the country incredibly informative.

I came away very struck with the geographic differences, the demographic differences, the whole different personality of the problems depending on where in the country you were. And I think that is something we all have a sense of, but it gets driven home very strikingly. But I think

your comment about meetings is well-taken because if we are going to make that distinction then having meetings where we can most conveniently have our federal colleagues, but the members of the commission and in addition the staff who we might want to hear from on an updating basis and so on, the most likely place most of the time is going to be here, and I think we should certainly keep that in mind.

I don't know if that makes the hearing/meeting scheduling a little bit of a different concept, and I am certainly eager to have your thoughts. But I know that from even the Institute of Medicine Committee, as soon as we moved away from Washington we became a little less efficient because a lot of the people that we wanted to hear from either had to go through enormous efforts to get to us or couldn't, and we had to deal with less focused presentations or something.

MS. MASON: Dr. Osborn, I would like to suggest that it is really imperative if we are going to be able to have hearings in different parts of the country that we go to communities of people living with AIDS and HIV where there are large concentrations of people.

And even when there is not, because the experience

of someone living with HIV in New York City or San Francisco is significantly different from the experience of someone living in St. Louis, Missouri, and if we're going to form a national consensus, we need all these inputs, and we can't expect people who are living on disability and barely able to afford AZT to travel to Washington to us. We really need to have a serious commitment to get out into the field and hear from them.

CHAIRPERSON OSBORN: Yes. That is why I thought that the hearing format made very good sense for moving around because -- and we could even look at the possibility of doing a sequential set of visits a couple of times to do exactly what you're talking about with our full attention devoted to it. I think that would make some very good sense, and if we do that sort of thing as the central focus of a given gathering and do some traveling in order to become familiar with the immediate circumstances of persons living with AIDS and with people who are worrying about the epidemic in different parts of the country, then we can bring back to a meeting those things that need to be done.

And of course, the meetings will be open so that spokespeople can talk with us, but I think that the direct

experience that you talk about is absolutely irreplaceable, and the little bit of experience I've had makes me feel strongly about that. Harlon.

MR. DALTON: Apropos that, I think that one of our field trips or hearings ought to be in a prison meeting with inmates with AIDS, and so I just wanted to make that recommendation early, and I hope not often.

CHAIRPERSON OSBORN: Actually this is one of the contexts in which the demographic variations are tremendous. So when you say a prison, I would be inclined to say at least two.

DR. RODGERS: Let me just punch that home because I now have a subcommittee working on it. In New York, 800 deaths with AIDS in prisons, 30 percent of them undiagnosed until death. One-third the life expectancy of a person with AIDS outside the prisons. It's a disaster area. 99 percent of the deaths due to pneumocystis pneumonia, a treatable disease. I'll just give you those four.

CHAIRPERSON OSBORN: Yes, and I have received correspondence along the way from people in other parts of the country who are concerned about the prison system. And it plays both ways. There is in some parts of the country

there is a perception that there is HIV everywhere in the prisons, and when it's looked for it's not true.

In New York State, there is an enormous concentration of difficulties there, and that's part of what I meant by making sure we go to at least two is that it's very tempting to come away -- if you see one of anything, that's what that looks like, and I think that the New York State prison issues are really very important. Welcome.

DR. KONIGSBERG: Yes. I'd like to come back again to the concept of getting out in the field, and again reinforce that, and I think it's not only important for those of us who are not full-time federal employees but Secretary Sullivan and others to get out and get a feel for it.

A good example, and Commissioner Diane Ahrens is here, who chaired the NACo Task Force on AIDS. They heard me talk many times about what it was like in Southeast Florida, but until they spent two days in exhausting schedule going from one end of Dade County to another end of Palm Beach County and spent several hours in Belle Glade, I think that is when things began to hit home.

I for one, for example, need to see what is going on in prisons. That is one that I have not done, and I don't

think you can get that by -- so I think we need to do both. I think there are many times it's appropriate to conduct the business here for the reasons that Secretary Sullivan said and for our own reasons.

The other thing, I don't know if any of you had a chance to see this. In the July issue of the American Journal of Public Health, Chris Getty, who was a member of the President's Commission, wrote an article under "Different Views" called the "President's Commission on AIDS: What did it Do?" What I got out of that, and it triggered a call from me to Chris was not so much what it did or didn't do, but Chris' other comments in there.

And one of the things that she pointed out was the need to do a lot of listening. We all come here with thing that we're interested in and agendas or groups that we say we represent, but she really made the point about needing to listen and to take information objectively. So I am sure we can have copies made of this.

CHAIRPERSON OSBORN: Yes. Thank you for pointing that out. She did a brilliant job of encapsulating some of the experiences of the Presidential Commission over and above the blue report. And I think it would be very interesting,

fascinating reading for all of us as we start in on our mission.

Let me interrupt the proceedings to welcome Diane Ahrens, and before you came we all had a chance to introduce ourselves and to talk about how our involvement with AIDS and some of our -- this isn't the way it was put -- but some of the expertise that each person brings to the collective whole. I wonder if you would do that for us, too, and we also elected a chairman which turns out to be me and a vice chairman which turns out to be David Rodgers.

So we are very glad. I know that -- I understand that you had to seriously change some schedules to get here today at all, and we really appreciate it. But would you introduce yourself a little bit to the commission and assembled people?

MS. AHRENS: I'd be happy to. I apologize --

CHAIRPERSON OSBORN: Lean forward. These microphones are not too --

MS. AHRENS: I apologize for my tardiness. Perhaps I should speak to Northwest Air Lines, but at any rate, I am Diane Ahrens, and I happen to have been born in this city and raised here and educated here in part, and am now from

Minnesota. I came at this because I have served for a number of years with the National Association of Counties on their Human Services Steering Committee, and chaired it for several years.

And as the issue of AIDS came to the forefront in this country, it was very clear that the counties played a major role because we are the major health, public health providers across the country in most states. And so it was very, I think, responsible and understanding that the NACo President appointed a special task force on AIDS to examine this issue and make recommendations to the counties across the country as to how they address it.

We met, began meeting about two years ago. We met over a period of a year. We traveled to some of the places where there were high concentrations and I think the task force itself made up primarily of elected officials and some appointed health, county health directors, and Charlie was one of those, I think we not only learned a great deal, but were able to formulate some policies and recommendations to the counties across the country that were not technical particularly or medical particularly because this was a report written by elected officials for elected officials.

But it did give some broad guidelines to counties as to how they should begin to look at this issue both in terms of the county's role, in terms of AIDS in the workplace, and make recommendations as to how we should look at this issue on the state level and on the federal level.

And that report was issued and approved unanimously by NACo's board of directors. It's in its implementation stages. It has been distributed and is continuing to be distributed across the country to the counties. So I think that's how I perhaps came to be suggested for this commission by the National Association of Counties, and I am delighted to be here. And I once again apologize for my lateness. I will try to do better next time.

CHAIRPERSON OSBORN: We appreciate the extra effort you made, and I think we are going to appreciate very much the expertise that you bring because that's an error of discovery for those who don't get involved in local and intermediate levels of government very much. It's an exceptionally important vantage point so thank you.

Yes, Larry.

MR. KESSLER: I just wanted to get back to the scheduling piece for one second. And that is in addition to

meeting six times a year and then also having working groups, I think it would be very important for the staff to keep the commissioners abreast of other meetings and conferences that are occurring. If we are going to be an effective working group, that's another opportunity for us to hear what's going on out in the countryside.

And for those people attending those professional conferences or seminars, whatever, to hear from us. And particularly some of the larger conferences that deal with public health or community organization, minority issues, and so on, that have an AIDS focus or large AIDS component. That also might be the occasion for some of those working groups to gather and sort of handle several issues or kill several birds with one stone at the same time.

I know for myself my organization has been extremely supportive in terms of my role with this commission to the extent that they are also -- it's an expense for my agency because they are going to hire a deputy executive director so that I can commit more time to the commission. And I see this as an important role and I hope that we all will see it more than just something where we meet six times a year. But it becomes part of our vocation and our occupation for the

next two years.

CHAIRPERSON OSBORN: Well, that's why I felt such a sense of urgency about getting an executive director and push the Federal Register issue a little bit because I think I fully agree. We will all become fast friends, I think, and we will all be interacting a great deal more than these formal things that we are talking about now, and I would hope that we will also -- we'll have to discuss the best logistics for us to participate. But just as I understood beforehand that Health and Human Services was planning to have us as commissioners have an opportunity to hear the minority AIDS conference, I am sure that we will have lots of takers that might like to have us participate.

And some of the time I think we will want to be sure that at least some members of the commission can participate in very key meetings and then report back as part of that update thing that I was talking about. That, in fact, turned out to be one of the major formats for this briefing kind of activity in the other committee that I was talking about that as time began to move on and we had gotten our basic A, B, C's, then somebody who had been at a meeting on a specific issue -- transfusion, medicine, or whatever --

would come back, report anything that was germane to the interests of the rest of the group and have that become a very active part of the update.

So I think that we do want to be sure that the commission is represented by one or more of its members whenever there is a meeting that looks to have particular significance. So we will want to work that in and have the staff briefing us, bugging us, you know, keeping us moving as you suggest.

I am told that the photographer would like to have all of us in the picture, and consequently -- and we need, Diane, to have you sworn in before we can really proceed with formal business. So I need to get a sense from the group of how much more work you want to do today. Harlon?

MR. DALTON: I was just going to ask if you know whether Congressman Rowland is coming back?

CHAIRPERSON OSBORN: I'm not sure whether he can come back or not. The House of Representatives is having a whole series of roll calls this morning. I know that.

MR. DALTON: I'm just suggesting it's probably worth seeing if we can get him back for the photograph since I think it would matter to him.

CHAIRPERSON OSBORN: I think it would make a big difference myself, too. And the idea, I think, was to have the whole commission. So we may -- perhaps somebody could call -- Iris, do you want to -- if he's going to come back even for a little bit, we could try to focus on his schedule in order to make sure that we do get a picture.

I also want to get an idea, while we're interrupting ourselves for a moment, whether you would like to work beyond the lunch hour. I guess we do have a lunch arranged for the commissioners, and I see that we have a couple of options. One is that we could get into a little bit of working group discussion as to how we're going to organize ourselves.

I have done some work and will try and do a little bit more before we have such a discussion, and I can see some useful ways to spend a couple of additional hours after lunch. Is that okay with everybody? I put it that way not frivolously, but because the Federal Register notice of this meeting was done on an emergency basis, and as such we should not take up a very detailed and substantive agenda.

But I think that organizing ourselves, organizing working groups and talking some more about how to proceed is a very useful procedural sort of thing, and we'll probably

never again have as good a chance to do it as we do today.
Is that all right with everybody if we keep going after lunch?

MR. DALTON: Yes. A small administrative matter.
Is it possible to put off checking out of the hotel for those
of us who are here?

CHAIRPERSON OSBORN: They say their checkout time
is noon so we need to have some grace period from that.
Okay. Let's get back to the six times a year meetings as
distinct from hearings and I think one thought that I had
while we were talking is that at least one set of visits
perhaps could be one of those six meetings if we actually did
a sort of what a friend of mine calls a "road show" in which
we went and visited some places in sequence as a commission
to the extent possible. There are so many that we could do
that it's going to be a little hard to pick and choose.

On the other hand, I think that there are some
obvious places where many of the commissioners would like to
visit, and perhaps we could focus some of our activities in a
meeting time schedule and then other hearings could be
scheduled where fewer of the commissioners would feel
compelled to change their schedules. Don?

MR. GOLDMAN: Yes, I would like to go back and

suggest again the distinction between hearings and meetings. I see meetings as primarily dealing with action items, not with information gathering. Hearings are the information gathering aspect. Meetings are which we take action of some kind, and where we take action I think the atmosphere and conditions ought to be conducive towards taking action whether or not a hearing can be tacked on to it.

And so I don't think it would be wise at this point in trying to deal with whether or not one of our meetings should be in a hospital, in a prison, in a particular health care delivery setting or in a particular setting at this point in time. I think those questions may be appropriate in terms of where hearings ought to be.

I think one thing that is important, however, is geography, and I think just generally speaking if we are going to have six meetings a year, we might consider having one meeting on the west coast, one meeting somewhere in between, the rest of the four meetings here, as being a fair balance between the desire to be out there in the community, again for meetings purposes only. That doesn't say that there can't and won't be many more hearings above and beyond those, but meetings for the purpose of doing action and

taking action items.

CHAIRPERSON OSBORN: I think that's good. Let me get Diane first and then Harlon.

MS. AHRENS: I'd really like to support the idea of hearings. I think that based on our experience through the National Association of Counties task force, we could not have done and we could not have written the kind of report we wrote if we hadn't been to a Dade County, to Belle Glade, and what is happening there in terms of the international issue of transmitting this disease, particularly to Jamaica.

I think you have to see what the local level is coping with in this issue because it is a local issue. There is no way to get that other than a kind of hands-on site visit.

MR. DALTON: I certainly think that we need to do hearings, but I guess I would want to resist the sharp distinction between hearings and meetings in the sense that I think even our meetings need to be occasions for us to educate ourselves. The fact is that the Federal Advisory Committee statute, in fact, specifies that meetings of advisory committees be places where the public is not only invited but that space be made available for the public to

participate in various ways. So I think our meetings shouldn't only be places where deal with action items, but also places where we learn and hear and listen. So I just sort of resist that kind of sharp.

MR. GOLDMAN: I didn't mean to suggest that there was a sharp distinction. What I mean to say is that it still remains, I think, the primary purpose of meetings that we hold as distinct from hearings is the idea that action items that the commission has to take and that a quorum is required is what technically sets a meeting aside from a hearing. And there is no reason why we can't have hearings in which all of us are present and are of vital importance. But that doesn't mean to suggest that hearings can't be perhaps in certain ways more important than meetings in terms of the work of the commission, at least in terms of our educational process.

CHAIRPERSON OSBORN: Excellent. That's perfect. Congressman Rowland will be able to be back with us in about ten minutes. So why don't we have our discussion till then, and make that the lunch break time, if that works out okay. And then have an announced time to reconvene. That way the people who are with us don't have to be sitting up, standing up and sitting down long, so we can make it a little more

coherent. David.

DR. RODGERS: June, having just stood at the back of the room, I would be very frustrated if I was one of these individuals. They simply are not able to hear. I think you better pick your mike up. Can you all hear me now? Because it's impossible to hear at the edge of the room.

CHAIRPERSON OSBORN: Thank you. I'm trying to lean in here, but does that work well enough if one leans into the microphone? Okay. I get the sense that we want to have six meetings a year, and an additional sense that many of the commissioners feel that hearings are an exceptionally important part of the commission's role and that in both contexts we want to do quite a lot of listening and not just acting.

So I think with that as a sense, we might want to set our first meeting date and anticipate that approximately every two months thereafter we will have one, but that that secondary setting of dates could be done more conveniently, I think, by everybody filling out calendars of what's impossible, and we can do that rather quickly. I may get the National AIDS Program Office to help with that even before we are staffed so that we can get those.

I agree that getting calendars pinned down is terribly important, but if we could work on the first meeting date, and think a little bit about its agenda now, and then get that piece of business done. Then over the lunch hour we can talk a little bit, and then in the afternoon, I think talk about how to organize working groups, how best to take some of these ideas forward in terms of the importance of hearings and visiting the communities affected, frightened, every kind of community.

So, Scott, did you have something?

MR. ALLEN: Would it be wise to wait for Congressman Rowland to get back to talk about the exact dates? But we can talk about the agenda items.

CHAIRPERSON OSBORN: His staff are here, and perhaps they can help us.

MR. ALLEN: Could they participate in this?

CHAIRPERSON OSBORN: Could you help us, Cathy. You don't have the dates? Congress comes back in right after Labor Day, don't they?

CATHY (DR. ROWLAND'S STAFF): That's right. So it's like the 4th or 5th, I believe it is.

CHAIRPERSON OSBORN: Labor Day is the 4th, and I

was sort of hoping that we might be able to identify a couple of days in that week in which, because Congress will be coming back in, we will have at least some sense of the legislative agenda. If not that week, then the week afterwards. I don't think we should let it go much longer than that before we have a working meeting. I think that gives a narrow but possible time to get at least the core of the staffing done and one of the important things in that meeting will be for the commission to get to meet the staff, who have been hired, and to get a sense of how they can be helpful to us.

So that week that includes Labor Day or the week afterwards. I think one of those -- week afterwards, I see lots of people nodding about the week afterwards.

MR. GOLDMAN: June, do you think that not only if we are talking about selecting an executive director by August 17, and then in turn, I suppose, that executive director will in turn identify other support staff that will be needed and necessary, and I assume that some of these people may -- hopefully they will be talented people who will already be employed elsewhere, which means that they will have to give notice to their current employer -- my question

to you is are we really being realistic in terms of having the commission meet with the new staff by the week after Labor Day?

CHAIRPERSON OSBORN: Yes, I think we are being realistic. I think that a number of people have indicated their interest some time back. And even if they were still employed in what they had been doing, I think that that is enough notice for them to be able to meet with the commission.

Now I don't think that we will be fully staffed at that point, and even that, how fully is fully is something that we'll want to look at. But I think that the executive director can identify key other appointments and have individuals designated whether or not they're actually there during their thing quite yet.

I think we've got to have enough of a sense of urgency that we don't let these bits of inertia in the system slow us down. If we don't have every single person who is going to be working for us in place and working in September, I don't care as long as we have got some very key appointments made and we know how we can do some useful business. I think we still have to go forward with it.

The second week in September seems to be winning.

And this is the silent communication stuff. I would think I would like to propose that the Monday and Tuesday of the second week in September be good days.

DR. KONIGSBERG: That's the Santa Fe conference. Picking up on the theme that we ought to participate in some of these things.

CHAIRPERSON OSBORN: Why don't you say that out loud, Charles, so that --

DR. KONIGSBERG: Okay. There is an HHS Tri-Regional Conference involving Region 7, 8 and what's the other one?

MS. GELBERG: Six, seven and eight.

DR. KONIGSBERG: Six, seven and eight in Santa Fe the first part of that week on AIDS, I think should be excellent. I am going. I think Scott Allen indicated that he was.

CHAIRPERSON OSBORN: When you say the first part of the week.

DR. KONIGSBERG: Yes.

MR. GOLDMAN: Thursday and Friday, the 14th and 15th, then would be?

CHAIRPERSON OSBORN: Those are exceptionally

difficult dates for me. I have tried to pare down my obligations, and the University of Michigan is being very kind, but I don't want to push them too hard.

MS. DIAZ: What about Wednesday and Thursday?

CHAIRPERSON OSBORN: I'm sorry? Well, we could look to running into the following week, the Monday and Tuesday of that week? Is that?

DR. KONIGSBERG: What are those dates again?

CHAIRPERSON OSBORN: Diane?

MS. DIAZ: 18th and 19th.

CHAIRPERSON OSBORN: 18th and 19th.

MS. AHRENS: I would just like to say my board meets every Tuesday.

DR. RODGERS: Talk a little louder, Diane. No one can hear you.

MS. AHRENS: I'm sorry. My county board meets every Tuesday. Tuesday will always be a problem for me because I don't wish to get unelected.

CHAIRPERSON OSBORN: I don't know quite -- I think we can try and move things around within the week to accommodate. I'm sure all of us have some problems like that. Wednesdays are my day with the provost. So I'm worried about

that. So I think maybe the way to deal with that is to try and be sure we don't always meet on a whatever. I saw your unhappiness about the 18th and 19th. I didn't see too many other people wince. Don.

DR. DES JARLAIS: I'm booked solid from the 17th through the 30th.

DR. RODGERS: I think you are just going to have to select a date. The first one, I'm sure, you are going to go round and round on.

CHAIRPERSON OSBORN: Yes. A lot of people were unhappy with the first week in September; is that right?

MS. DIAZ: The National Pediatric AIDS Conference will be in LA, and it involves a number of people around this table, and possibly you as the chair.

MR. GOLDMAN: When is that?

MS. DIAZ: It's the entire first week of September, and it starts on Tuesday and it goes through Saturday. Piggybacking on that is the National Surgeon General's Pediatric Conference on the National Pediatric AIDS Conference. That takes people right up through the 9th.

CHAIRPERSON OSBORN: Well, I think maybe I'm going to just use this thing and talk about the 18th and 19th of

September. Sold. That gives a little bit more time for the staffing that Don pointed out will take some time. And I think the first meeting should be here in Washington in order to -- for one thing, I know one of the agenda items would be to get to know the activities of the National AIDS Program Office. And while, Jim, I'm sure, will be glad to travel with us, it's probably much easier to do that and some of the briefing we want to get and certainly to have Dr. Sullivan most able to attend and Secretary Derwinski, and I don't know whether Secretary Cheney. But at least that gives them the opportunity in the first substantive meeting, and I think that's important. Don.

MR. GOLDMAN: I would urge that you give consideration to the idea that at our first meeting it might also, if it would at all be possible, be appropriate to have Admiral Secretary Watkins --

CHAIRPERSON OSBORN: That's a very nice suggestion.

MR. GOLDMAN: -- come before us and share with us his experiences, his insights as to how a commission operates since so much of what we have done and one of our first duties is to monitor the implementation. And I would hope that the various agencies of the federal government would be

able to advise us as to where they have, in fact, implemented the recommendations of the commission, where they have not done so, where they plan to do so, and where for policy reasons, if any, they disagree with the recommendations and do not intend to do so, if any such examples exist.

CHAIRPERSON OSBORN: I think that the idea of having Admiral Watkins is an excellent one and one that I had hoped we could ask although we don't want to impose. He's got a pretty heavy plate again in a different area, but I suspect he'll certainly be eager to work with us as time goes on. His dedication to this area is very impressive.

All right. The 18th and 19th will be the first meetings, and Congressman Rowland has returned to my delight. And I think what we might do is take the break now. Okay. The commissioners will reconvene here at one o'clock. And so those of you who would like to continue listening to the proceedings, that will give you a sense of schedule.

For the commissioners, those of you who want to have a one hour extension to one o'clock for checkout time, we need the room number. And we need to take a picture. Don't anybody from the commission leave.

Okay. If I didn't get the number and anybody wants

a late checkout, see Iris.

MS. GELBERG: Also, any of the personnel forms that were sent to you that you haven't given me back yet, I'll take them now.

CHAIRPERSON OSBORN: Okay. Let's all gather for a picture; members of the commission don't anybody leave.

(Whereupon, at 11:50 a.m., the meeting recessed, to reconvene at 1:40 p.m., this same day.)

A F T E R N O O N S E S S I O N

CHAIRPERSON OSBORN: Let's get started, and I will begin by apologizing to people whose schedules we threw out of whack. We overestimated the speed with which we could get lunch, and I for one had to check out and others, I think, had some of those problems, too. So we will try and have the trains run better in general as the commission does its business.

And for those of you who sat and waited, I do apologize on behalf of the commission for that delay. We had this morning, I think, a useful exchange in which we ended up deciding about, in kind of a general way, how to proceed with both meetings and then hearings, or somebody suggested to me at lunch it might almost be better to say some of the hearings would be in the context of site visits, a chance for us to learn and listen and hear from people that have concerns that they want to voice. So that we have those two kinds of formats.

We also decided in the morning's discussion, I think very usefully, that we shouldn't be so crisp about the distinction between those, that we aren't listening most of the time even when we have meetings. There will be times

when it will be helpful for the commission to take actions, and we will certainly want to do that during the meetings.

But I think there will be a lot of times when we want to bring ourselves along in our understanding of a set of phenomena so complex that all of society is caught up in it. And so I think that our scheduled times will certainly be precious from that point of view as well.

This afternoon we had talked about going further in what out of an almost infinite menu we want to choose to do and how we want to proceed about that. I had brought up very briefly the concept of working groups because I think we have a commission that is beautifully constituted broadly. And all of us have been involved in one way or another in trying to help during the epidemic years. But we have localized expertise of various sorts, and to give you an example of what I'm thinking about, at lunch I was talking with Diane Ahrens and with Charles Konigsberg -- and that is not intended to be an inclusive list but simply a start.

(Laughter.)

CHAIRPERSON OSBORN: And talked about in the context of their expertise working groups that would look at the federal, state, county, municipal interfaces. I think

that we must since the agenda is so big, we must be sure that we don't reduplicate others' efforts. There is a lot of very good work being done. The U.S. Public Health Service has been working terribly hard, and other government agencies have.

What we want to look for are the places where we as a broadly constituted, national consensus commission can spot things that would be hard for people deep in to spot and say here's an area where some more discussion or some greater meeting of the minds could be helpful. And one of the most obvious, I think, is that federal, state, local interface, those interfaces in government.

It may be that there are things that we can be quite helpful with by focusing on that at least for the moment and identifying areas of gaps. So the reason I was talking with Diane and Charles is because both of them bring that kind of expertise. Charles both at the community and then now at the state level and Diane in the county context. And I have just had a bit of an opportunity to be aware that that's an area where the gaps can get very big without it's being anybody's business.

I would like to suggest that the commission make

that sort of gap its business and as you think about ways that we proceed, we should be trying always to look for areas where a commission of this sort can do things that other people can't do because of the breadth of both our backgrounds and our, in a sense, representation. We represent America, but in a very nice way, with congressional and executive input into our membership and so forth.

And so that, I think, gives us the most unique role that we could play as we go forward with the work of the commission. Having said that, I've already kind of suggested one working group focus. And I would be pleased to have people who thought it through. I have sketched out a few others, but I would be awfully -- another that came quickly to mind and that comes quickly to mind is, again, in informal context and by no means the formal wording for such a charge, but a way that we can look at the diversity within our society and try and make that a strength rather than a weakness in terms of our response to the epidemic.

Now that is not a word or a phrase that can charge a working group, but it gives you a sense of what I'm thinking about that with disproportionate impact of the epidemic on various segments of the community that makes our

problems very different from some countries where things are, at least, a little easier to get a handle on. I was reminiscing about somebody from Sweden coming to visit and saying, oh, my goodness after a little while because the degree of heterogeneity in our society, never mind in the epidemic, was so overwhelming.

And I think that that diversity is exactly where our strength is if we can figure out how to say so. And how to help people appreciate that. We certainly don't want to be uniform and that is part of what society is about. So if we can have a way of looking at issues of diversity that will involve ethnic and subgroup issues, a working group that addressed itself especially to that could be very helpful to the commission, too, I think, and so that's the way I was thinking about this working group idea.

Congressman Rowland, you're going to have to forgive me for always referring to you as the father of the commission, but I wondered if you would like to --

DR. ROWLAND: Do I look that old?

CHAIRPERSON OSBORN: I wondered if you wanted to make some comments about your imagination when you put this together?

DR. ROWLAND: I apologize for having to leave this morning and not being here, but it's something I have really no great control over. It was just that the President's Commission was only for a year, and I felt like this disease was going to last longer than a year. And that Congress has been groping for ways to deal with the problem, and as you probably know, most of the legislation that has passed in the House and the Senate, outside of that appropriation for education and research have been amendments to appropriation bills relative to policy.

And certainly that is not the place for policy to be set as amendments to appropriation bills. And I find that many members of the House are very concerned about how to vote on legislation relative to AIDS and I think they need some direction. And it seemed to me that this as an advisory body can give that direction, and we do not in my opinion have a national policy to deal with such things as confidentiality, discrimination, testing. It's being dealt with to some extent on state level and even a local level, which may not be constitutional in some instances.

So it seems to me that as a legislative body, the responsibility falls to Congress to help make a determination

about what national policy should be, and I've always felt that if it was not done in the Congress, it would be done in the courts because people will go to court and we will have national policy to come about through case law rather than statute law, and I don't believe that that is the way that it ought to operate. So that's the reason for my feeling about why we needed to have the commission.

And we are very pleased. I don't know how many of you know this, but this commission originally came out of the House Veterans Affairs Committee. We tied the VA into it. I was not a member of the Energy and Commerce Committee, and at that time, and was looking for some way to get the legislation going, and we were able to get it out of the House Veterans Affairs Committee initially.

And then, of course, it was referred sequentially to the Energy and Commerce Committee, and then they reported it out and that got some momentum going, and I'm sure if you followed it along, we had some stumbling blocks from time to time and finally it wound up being constituted as part of an omnibus health bill that was passed last year. It was not passed as a freestanding piece of legislation. So that's a little bit about the history of it and what I perceived as

being the reason that we needed to have it.

Can I make one other comment about some of the things that you talked about this morning just briefly? You talked about some things to do, and, June, you talked about this just before you stopped about various groups and I guess regions of the country. And in my own state of Georgia right now there is an unbelievable increase in the incidence of sexually transmitted disease. And this is largely related to crack.

Crack is now so readily available and so cheap that we are finding particularly in the black community but not just the black community but especially their women are selling themselves to get money to feed their habit. And that is one of the principal things that is taking place there, and that's a great deal of concern that that is what is going on. And so I hope that we will -- the drug problem and the AIDS problem are so closely related. You cannot separate the two. And so I just wanted to make that comment that if you do have some field trips I want to suggest that you go into some rural areas, too, because I think that is -- it's not something that is just happening in New York. It's happening all over.

CHAIRPERSON OSBORN: Thank you. That's very helpful. Could I get some commissioners' comments about things? David, please.

DR. RODGERS: Well, I'm charmed by the Congressman's statement. One thought, June, I'll just mention a few, too. But it seems to me after this meeting it would be wise for people, say, to write to you with specific areas that they think we are not doing well with. I agree with you the commission shouldn't cover old ground. We should be really trying to put the spotlight on areas where this nation is not doing well with this.

One of the things I have felt about AIDS is it kind of puts the spotlight on many of the chronic, relapsing problems we don't do well with, but let's focus right down on AIDS. We're not doing well with women and children with AIDS -- one thing we might want to take a look at. We've already mentioned AIDS in the prisons which is a dreadful and increasing problem. I would say prisons and jails, and I think it's important to mention the two because it's hideous in jails where people are not necessarily convicted of anything. They're just there.

The drug problem is a terrifying business that we

certainly ought to perhaps take a look at. Or at least go to school on some of the reports so that we keep this on Congress' agenda, on the public agenda in terms of what might be done in some of those areas.

I guess perhaps most importantly, and I am sorry Jim Mason isn't still here, what certainly is --

CHAIRPERSON OSBORN: Jim Allen is, though.

DR. RODGERS: Well, Jim, you can report because it seemed to me Jim Mason --

CHAIRPERSON OSBORN: David, lean into your microphone a little bit, too. I think we still got a problem.

DR. RODGERS: Jim Mason tap-danced around this one a little bit the other day. Because a lot of the problem of getting treatment to people with AIDS which is not hospital, it's residential units, it's home care, it's ambulatory care, it's all of the things we do poorly at the moment in our society for anyone who has chronic disease that doesn't put them in the hospital.

I think Jim was asked how do I pay for this, and in essence, he said, you know, that's somebody else's store. And I don't blame him. But it seems to me that's something we've got to look at because I would say translate AIDS must

be good primary care. Many of it for people who are having a tough time getting it. And it includes all of the diverse things that the Congressman was talking about. But that we're going to have to really put before the American people, it seems to me. I'm sorry, but it does seem to me we're all going to be thinking about things as we go home, too, and that list to you where you could begin to array them and decide these have commonality, there are three groups that I might set up that could work it would be wise.

CHAIRPERSON OSBORN: That's a wonderful suggestion, and particularly because I think that in the next little while, I will have a chance to focus on such input, written input and even though we can't be meeting and getting our business going quickly, that's a very good way for the commissioners to start their work almost immediately. And I'll be glad to share those letters if that's --

DR. RODGERS: Tell them they won't get their travel expenses paid until they give a list to you.

CHAIRPERSON OSBORN: So it's a quick way of getting us all together in a written form and a way that we can start recognizing common places and taking advantage of individual excellence. Charlie and then Eunice.

DR. KONIGSBERG: A couple of points. I wanted to pick up on Dr. Rodgers' comments about service delivery. I think he's right on target. I think the experience that I know that we had in the area that I worked in in Florida was that setting up the primary care system like was mentioned puts a lot of stresses on an already existing inadequate system of care, particularly in the public sector, and I'm just throwing that out, not as to discourage us, but just as a warning that it's pretty complex.

The other thing that I think we need to really take a comprehensive look at service delivery. I mean it's been a lot of concern about funding of AZT and for good reason. And the drugs that are expanding, the clinical uses are expanding. We've got to look at the whole picture.

The second thing I wanted to submit to you is an area that we need to look at in terms of consensus as well as federal, state and local interaction are the prevention and control measures. I know that CDC having worked with Jim Allen and some of the others on numerous groups have attempted to arrive at a consensus from their perspective and have that translate down to states and localities.

But there is a lot more that has to be done. A

good example is the issue of whether to report HIV or not. And the states are doing their own thing. And there really ought to be a national approach with this, and some states want guidance. My state does, for example. I think they are looking for whatever that consensus is. It was probably the way that we'll go. And I hope that we can deal with that, and that testing and counseling would be in that as well.

CHAIRPERSON OSBORN: Thank you. Eunice.

MS. DIAZ: Just a few points to make. I think that in view of why this commission was created or at least a public perception, one of our first agenda items may be in addition to the gracious invitation of Admiral Watkins to give us his experience from the past would be to really look at and dissect that report, the President's Commission Report, quite thoroughly, June.

The reason is that within that report are already some sub-divisions of tasks that need to be addressed or looked at in terms of what's been accomplished, what hasn't. I'm just reflecting back on the planning that's gone into a Fifth Pediatric National Conference and then the Surgeon General's Pediatric Conference. We asked MCH to look back at all the reports they have at hand and tell us in a written

document which of the recommendations put forth in those reports have been worked on, which are still agenda items to address and which are absolutely not addressed because it will make the job of this commission a lot easier if we build upon that.

And so I would say rather than start creating new agendas, being that we are a commission that was to look at that, we do that in a formal way. Ask the Department to help us in delineating where those recommendations are and look at the ones that should be high priority for us.

In addition to that, I think it would be very helpful for us to have from DHHS an organizational chart with structure and the various duties of departments. For example, a number of us may not know that there is a regular inter-agency task force that meets with Dr. Allen and Dr. Mason on a whole variety of AIDS-related matters within the federal government. It's going to be very important for us to hear regularly from him and Dr. Mason what are the reports being brought from all of those agencies that work under the umbrella of government on AIDS activities.

And just like to say that separate from the meetings where we will now, as you say, be site visiting a

place, and bringing forth public comment, that it would be very important and it makes a statement for us, if we were to allow public comment at each one of our meetings. That's been a very enriching force in the Los Angeles County Commission's operations and proceedings, and our meetings are really more substantive from it. At the same time, we are discussing certain agenda items, items of business, we give an opportunity, scheduled opportunity, for individuals to publicly comment on the business of that day.

So I would think that that would be very important to schedule on an ongoing basis. And I think my last thought relates to the opportunity to hear regularly as a commission from the latest medical and scientific evidence and findings that are available. As commissioners, some of us not being clinical or medical or scientific, it would be very important for our deliberations to have an ongoing regular medical and scientific report from the Department at each one of our meetings that briefly tells us in those eight weeks we haven't met together.

It would be a little bit embarrassing for us to count only on that which we hear reported either by the communication vehicles in this country or by newspapers, and

we would like to be an informed commission, and that if programmed and taking place at every meeting, could make us, I think, a stronger commission.

CHAIRPERSON OSBORN: I'm glad you brought up that last point. One communication I wanted to be sure and remember to deliver was from the Oversight Committee of the Institute of Medicine, and they had been constituted and working for some time, and when they knew that this commission was going to be in formation, they have agreed to stay on and continue doing their work to give substantial input into that area that you were just talking about over the next year or so. So that I think that we will have the regular help of the structure that is represented by the National Academy of Sciences and the Institute of Medicine as well as from the federal agencies.

But I agree that we should be broad-reaching in our efforts to learn about progress in a variety of forums and from a variety of directions. But that is very helpful to bring that out. That's what I was trying to get out at the beginning about making sure that we as commissioners could be responsive when people said, oh, you're on the National AIDS Commission, what's this or that. That's the kind of updating

once we get some of the background updating done, that's the kind of thing I thought of as a steady state that we really always ought to be starting out by hearing what's new, what's different, what's a new problem, what's a new piece of progress.

And I'm sure that the U.S. Public Health Service agencies will be very glad to help with that. We have the assurance of the Institute of Medicine that they will be, and I hope that other sources of information we should welcome as well.

MR. ALLEN: I think some of the issues -- this may be some working groups or it may just be subject matter that we need to look at -- but the public policy issues such as the legislative analysis on the legal issues and also appropriations -- is this enough money, is this money being used in the proper way. Also an education committee would be very helpful. How do we talk about education? How do we get this out to the communities? Public and private sector liaison efforts? The role of the private sector, the CBOs, and the religious communities and so forth -- what kind of role can they play? How can we help facilitate their community efforts?

Economic assessment of the work load, of the work force -- what's happening there, how are we going to be impacted? Also, how we can minimize the losing of workers and the workers losing their jobs? And then also research, the international coordination of research as well as drug treatments. I think that's very crucial and how we can help articulate the needs for the drug treatment issues and so forth. Those are just some of issues.

MS. MASON: Thank you, Dr. Osborn. I would like to echo some of what Scott Allen said and some of what Dr. Rogers said. People with HIV infection, our primary issues are related to care or the lack of care and treatment availability and accessibility to systems that already exist.

Something that none of us have mentioned, and I guess maybe we're all taking for granted that we'll be looking at, are the civil rights and human rights issues. So I would hope that we would be able to have a sub-group that looked into those kinds of issues because what are immediate things for us are how do we keep our jobs, how do we keep our homes, how do we get treated decently in our communities, and how do we get the medications that we need to stay alive until the perfect science comes through for us, if it does.

So those are real important, and I would hope that the group specifically dedicated to looking at the primary care issues and the drug treatment issues as well as the discrimination which, as you all know -- I know it's not news to anybody -- it's rampant upon the land. And it's getting harder and harder for people to live decent lives.

MR. GOLDMAN: I think everybody has mentioned a whole bunch of areas, and I don't have anything to add, but I would like to urge that in going through those processes in terms of however we structure ourselves that we think very carefully not only about what policy that we want to deal with but precisely the means by which that policy can be implemented and what role the commission ought to play in that process.

There may be instances in which the commission's role is one of issuing a public document. There may be instances in which the commission's role may be different. It may be able to be more effective in doing other things. It may be effective testifying before Congress. It may be effective -- there are a lot of different ways and means by which we can do what we hopefully will come to a consensus on as to what to do, and I think we have to be very careful in

focusing and making sure that whatever we do, we don't end up issuing a bunch of sterile reports that end up creating dust on library shelves.

I think all of us want to make changes and want the society and the country to not only come to a consensus as to what policy is, but then act upon that consensus, implement it, and make it a reality for those who have AIDS and HIV today, and for those who unfortunately will get it tomorrow.

MS. AHRENS: Madam Chair, I would just like to suggest that in looking back at the law and the charter there, it's very clear and I think rather direct and thoughtful in terms of the focus that they've given us. It may be that we want to think of organizing ourselves around these number of functions that they've given us.

I can think of a few that I would like to add. And we may want to do that, but perhaps that is a good basis in which to start, and in terms of making our report reflect back to the Congress and the President what they gave us to do in that way.

CHAIRPERSON OSBORN: That's a particularly helpful comment for me because I was starting to jot down things that I hadn't jotted down before, and again to realize that we

might without some format end up splitting ourselves. It really is an enormous set of problems that we face. But using the well thought-through language of the legislation as a template, if you would all accept the charge not only to write to me but to write to me having done that, and suggest ways that we can consolidate our numbers and our talents a little bit, that would be very helpful to me.

I've done my own cut at it, but I'm one of 15 of us, and I think we want to take advantage of the fact that there are so many different and expert viewpoints. So I think that's a nice way to suggest that you go about it when you sit down to write your version of how we should go about things. If you can see ways to consolidate some of these issues that are coming up without losing their special emphasis in the consolidation, I think that's going to turn out to be a steady challenge for us to look at how we can be focused and useful in the face of such an enormous set of issues.

I like to quote Fred Robbins about the epidemic: that the only thing really new about AIDS is the virus and the dreadful diseases that it can initiate. The rest of the problems that we face in the epidemic are exacerbations of

things in the society that we needed to deal with anyway so that we can be helpful in ways that will have quite a lot of broad applicability to other people as well.

This is a particularly important point, I think, because sometimes people who themselves have not been caught in the path of the epidemic yet say why are you focusing so much on one disease. Well, the one disease is focusing us on the problems that are attendant on health care and health care delivery, on the drug epidemic, a lot of issues in society that even those that were being addressed, not necessarily were being addressed as urgently or as effectively as we can help do, gives us an opportunity to take some that have been neglected or put aside and readdress them and also to put fresh insights on areas that haven't been easy to address.

So I think getting ourselves into an organizational structure that allows us to meet that challenge, but to do it so we don't just scatter ourselves to the winds, is going to be the name of the game. And that may be a good -- I think the legislation does, indeed, give us an excellent template, if you could all use that to start with.

DR. RODGERS: June, this may be a tad philosophic,

but it builds on what you were saying. And at least it is moderately reassuring for me to think about it this way, because the task does seem so overwhelming, and there are so many ideas coming in. It seems to me if you look at history over time, that great leaders or great commissions or great books have decided not on 50 but have decided three or four outcomes they want to see happen. I don't think it's 25. I think it's three or four, and I bet we could all put them on the back of an old envelope, not how we got there, not how we got there, but what we wanted to see affected.

And it seems to me in these lists that are coming to you if you can say here are three things I'd like to have this commission known for, not 50, three that it accomplished, that it would make our task easier as we went along. I mean you'd say it doesn't make any difference what we decide on this; it doesn't lead us toward or away from that goal. But here's one that is important.

Because my observation has been that groups like this can usually rather readily, I bet the entire room could agree on four things they wanted to see happen that would make life better for people with AIDS, for example, or deal with it. We might tear ourselves to pieces on how to get

there, but we could leave that aside for the moment just to say what do we want to see, how do we want to see the world better in the next year and a half. And then, and only then, decide, okay, what are the routes to Rome? There may be multiple, and we can be tolerant about different ways of people trying to get there as long as it headed toward that goal.

But it seems to me as we send things to you for you to begin to simplify and say, okay, here are five major things or three or two that this commission ought to put up on the wall and say we're going to accomplish these before we're through, that would be to me what characterizes big change events in our society.

CHAIRPERSON OSBORN: You can add that very useful charge to your homework list. While people are thinking about some of the things we've been talking about, I haven't taken the time to tell you what is already in an envelope for you, and I think coming to you from the National AIDS Program Office; is that right? Let me tell you what's in there, and again be thinking about things that you would like to have in addition as your fundamental, the beginnings of the commission library that you are going to keep on a special shelf.

There is the report of the Presidential Commission in its entirety, and one that I think we've all agreed already that makes a very useful basis so that we see what's happened that they've already recommended, what might need some more attention, and what might be, well, recommended but not yet acted on and so forth. So there is that.

There is a very substantial set of Morbidity and Mortality Weekly Reports, both some weekly ones and then some of the special Guidelines Reports. I don't know if everybody gets these now. I happen to so I've seen them. But these are the Centers for Disease Controls statements at periodic intervals about either where things stand or after very careful consideration what's a good way to proceed further in a given area. So you will have that set.

I haven't had a chance to look through all of the smaller documents. Here are a whole set from the Department of Health and Human Services involving various positions and guidance, but I suspect it's quite similar to some of the MMWR stuff. Jim, am I right about that that this is largely a -- it's broader than CDC.

We have the summaries and here I want to ask your sense as a commission. We have the summaries of the Institute

of Medicine and the National Academy of Sciences Studies of which there are three. These are the executive summaries and recommendations in each instance. The 1986 report that, let's say, Don and I and I think the two of us were involved in; the 1988 update; and then the very recent summary of "AIDS, Sexual Behavior and Intravenous Drug Use."

Now each of these is a summary of a document that is about like this, not so much this one, but the other two are summaries of very large documents. I myself find the large documents quite useful and that was the one thing I spotted when I went through here that you might want to have is the full set, and Iris tells me that that is not at all hard to add if you would like to have it.

So that in addition to these summaries, is it the general sense that you would like to have the full background document?

MR. GOLDMAN: Do you recommend it?

CHAIRPERSON OSBORN: I recommend it highly, the red one.

DR. ROWLAND: Excuse me, if I could, I am going to have to leave again, but let me say that I really appreciate all of you being in attendance at the birth of this commis-

sion. I would say it was a normal spontaneous delivery of an apparently normal healthy newborn. And I look for it to grow and something that we will be proud of and do just what we expect it to. Thank you so much, and I am going to have to leave now.

CHAIRPERSON OSBORN: We'll count on you to help us through when we get to be toddlers and again when we get to be adolescents.

DR. ROWLAND: I'll try to hold you by the hand, okay. Thank you so much.

CHAIRPERSON OSBORN: Thank you. Okay. I think there's enough of a sense that people would like the full reports. The worse it does is take up a little bit more shelf space, but I recommend them as very useful places to turn for a quick reference and a quick data source. There is an issue of Public Health Reports, and this is the report of the Second Public Health Service. This is the Charlottesville report, I think. And so that is in your packet already. And I don't know what else I've got here.

Jim, do you want to comment on anything else?

MR. JIM ALLEN: Not really. I think you've done a superb job there of describing what's there. We will order

the other reports. We had those in file, the summaries, but didn't have the complete ones, but we will get those on order for you.

DR. RODGERS: June, there is one other publication, while you're throwing out publications. There are two issues in which I think you are present in one of Detilus called "Living With AIDS" that are really quite thoughtful papers.

CHAIRPERSON OSBORN: Yes, Harlon is going to --

DR. RODGERS: And someone might read.

CHAIRPERSON OSBORN: Yes. Actually, that's a very nice suggestion. The American Academy of Arts and Sciences called together a working group of people, very broadly constituted, to think about AIDS and then write papers about it, and Harlon and I were two of what probably 20 some people who ultimately wrote papers to be contributed with an effort to giving a thoughtful look at various facets of things.

And I think that probably would be an excellent addition for everybody. They're written in the non-technical style even by those of us who are. At the risk of sounding like technicians, they're written in a non-technical style because of the Detilus sponsorship. And so I think that would be good if we could get a-hold of copies of those and

make sure that each commission has. There are two issues, one spring and one summer of 1989. The latter just came out, but the other one has been out for three or four months.

There is also going to be a special issue of the Journal AIDS. There was one in 1988 and there will be another in 1989 in efforts to summarize the international meetings, and again I know about that because I keep, I have been asked to write in each of them. The 1989 one, I can assure you, is not ready yet because some of us haven't done our homework completely. But the 1988 one came out not so very long ago, and it's quite possible it would be easy to get extra copies, and that would give -- I think I would be interested in the commission's feelings about the international issue which somebody brought up just a few minutes ago.

I think we need to be informed as a commission about where things stand internationally both in terms of progress and change that would impact on the United States but also as a world leader and a commission representing the epicenter of the epidemic and a leading country as well.

There are various international things. I will certainly be hoping that you will be interested in a brief commentary after the global commission meetings, which I was

telling some of you at lunch that the next meeting of the Global Commission on AIDS of the World Health Organization is, I think, going to be held in Brazzaville, and I think it's their intention that we do a little site visiting as part of that and get a chance to have an up-front opportunity to sense the extremity of difficulties in that part of Africa, and I think each of the subsequent global commission meetings -- I don't know about each of them, but several of them, I think, will be moving around the world. So that is certainly something straightforward to do.

But then in addition, I guess one other thing that might be very useful, Iris, if we could find them, the World Health Organization had a series of consultations on various issues. I've been involved in some of them. International traveler screening, for instance, they dealt with some long time ago, and came out with a statement that I think has been quite useful, and is certainly something that other countries turn to.

I think getting that whole set of WHO statements for people to have at hand would be something that could be very helpful. There are ones on blood and blood products. There are statements -- there was a consultation held in

January about partner notification that I had an opportunity to participate in. And I know that there are at least a couple upcoming that will probably be of considerable interest to the commission, not that we necessarily would agree. But this will be another set of outcomes for thoughtful people who have sat down and tried to look at these issues with the very different perspectives.

So I think those are some other things that WHO would probably be very happy to help us with in supplying all of the commissioners. Larry and then Belinda.

MR. KESSLER: I was going to add to that, June, that perhaps if we could get the monograph from the 2001 Conference in Geneva and get that distributed. And I also wanted for the record to thank the members of Act Up for their packet, and hope that they would continue to present us with their perspective and the kinds of excellent papers and thoughtful thing that they are doing, not only here in Washington but around the country, because it's a perspective that we need. And they are often more on top of it than the rest of us can be.

CHAIRPERSON OSBORN: Yes.

MS. MASON: Well, as if we don't have enough

already to read to keep us busy for the next two years, the reading alone, I would like to suggest that maybe Iris or somebody obtain copies of Surviving and Thriving with AIDS, Volume II, which is put out by the People With AIDS Coalition of New York, and it's just a wonderful collection of hands-on experiences about AIDS by the people who are experiencing the experiences.

And I think it's excellent reading and very eye-opening for people who have approached the thing so far in more academic and abstract way. Also, there is a couple of other groups that have done some pretty nice paperwork that if we read it, it might keep us, like Eunice sort of suggested, from reinventing the wheel in a way. The National Organizations Responding to AIDS, NORA -- you guys probably know all about them maybe -- they had this thing called the transition document that they presented to the President when he took office that was really well-researched and well-written and outlines this community's positions on a number of issues that we're going to be looking at.

And for the most part, as a person living with HIV, I almost could have written the thing if I had access to that kind of technical language, but it's a very good document.

And I hope that maybe somebody can get that for us to put in this thick mailing that is going to come to all of our mailboxes. So both of those things, I think, are excellent resources and worth taking the trouble to wade through.

CHAIRPERSON OSBORN: I was going to ask you especially to be sure and prod us whenever you become aware of things that would be helpful for us to read because we all have different kinds of involvement, but you have an exceptional role to play to help us in making sure we stay on focus and on track. So as you become aware of things that arise, I hope you will keep on prodding us, and I hope the commission will have that at the top of the reading list each time.

Eunice.

MS. DIAZ: One of the most helpful series of documents or booklets that I have found in my career has been that put out by the Public Health Service called "State Policies and Issues." And it presented both sides of one question. In other words, it would take the issue of testing, and present one side and all the arguments and then the other side and all of the arguments for that. Are you acquainted with that? It's a series of white books about an

inch thick. It's U.S. Public Service. I believe HERSA people had a lot to do with that. Has anyone seen this series, "State Policies and Issues"?

DR. KONIGSBERG: That's Intergovernmental Health Policy Group; is that it?

MS. DIAZ: It would have been about a year old.

DR. KONIGSBERG: Was it a three volume book?

MS. DIAZ: Three volumes.

DR. KONIGSBERG: Did that come from the Intergovernmental Health Policy Project at George Washington University? Is that where?

CHAIRPERSON OSBORN: Yes. I was going to propose that they be one of the earlier groups to talk to us in general. Maybe we can do that.

MS. DIAZ: It's extremely helpful.

CHAIRPERSON OSBORN: It's a very helpful thing. I think it's a little hard to find your way through it unless you have a specific question in mind, or a specific background that you're coming from. But one of the earliest things I was going to suggest in the context of looking for places where things drop between the cracks was to get Dick Merritt or somebody from that group to come and talk to us about

their work and they are the best source I'm aware of of information as to how various or similar the states are in responding.

And since public health is largely a state and local activity, their work has been very important to collect that expertise and knowledge, and if that is what -- I have a couple of those and I think they're good.

DR. KONIGSBERG: The only problem with that particular document is it's always out of date, and I think some contact with Dick Merritt would be in order because he is really up on what goes on in the states.

CHAIRPERSON OSBORN: That's why I was thinking having him come.

DR. KONIGSBERG: The other thing I would recommend which is a small document just for kind of perspective and guidance is something that the Association of State and Territorial Health Officers put out, ASTHO, which -- I forget the exact title -- a guide to community response to AIDS is what it is.

And it is really very comprehensive, and a lot of us at the local level have found that useful because it covers everything that ought to constitute a response to

AIDS, everything that we have talked about in here today.

CHAIRPERSON OSBORN: I think a lot of you have some experience, direct or tangential, with the drug use aspects of the epidemic, but both Don and Larry may have special things to say about that and about things that -- is there anything that we should have added to our list?

DR. DES JARLAIS: The chapter in the Blue Book of the National Academy of Sciences.

CHAIRPERSON OSBORN: The fuller version of this book is something Don recommends especially with respect to drugs. Larry, do you have any?

MR. KESSLER: Well, I would only add to the Congressman's suggestion that we need to look at, certainly need to look at crack and all the drugs, but we need to add alcohol there in terms of its important role as a co-factor for STDs, for AIDS, whatever, and how it interfaces with the lack of treatment, which therefore puts people at risk.

You know, we can talk about wars on all of these things but if we don't create the treatment facilities and certain programs, we're not going to make the headway we need to make.

DR. DES JARLAIS: This ties in a little bit with

the international aspects that we may tend to miss as a national commission. There are a lot of countries that carried out very successful wars on drugs and wars on AIDS at the same time, and have done better on both fronts than the U.S. has. We may be in the middle of carrying out both wars at the same time here, fighting, both groups fighting each other, and I think looking at a lot of international data may be very useful there because there are a lot of countries that have done better in both the drugs and AIDS field, AIDS prevention field, than the U.S. has.

CHAIRPERSON OSBORN: When I talked earlier about issues that we could see coming like a locomotive, the issue of the drug/AIDs interface is one of the ones I had in mind, and I think probably not in September but very early thereafter, we would want -- that is one reason why I was trying to solicit any suggestions you might have right now for beginning familiarity for all of us about it because certainly in some communities, not all, and nationally as a phenomenon, the importance of that interface is growing even as we speak.

And since there is a ten year lag between the time that things start and the time they get realized, and there can be in this epidemic, we really have got an urgent

situation developing. And crack has intensified it to such an extent that we probably are going to have to become pretty sophisticated. David can tell us quite a lot about how hard things can get to be from the New York perspective.

But I think we are all going to have to recognize that we are a commission that is going to need to say something about that. We can't let some other commission handle that one. Larry?

MR. KESSLER: One of the things I would find interesting perhaps next year early on once we get rolling and deal with some of the other questions, the ADA and so on first, would be to have a hearing or a session in which we bring in some of the marketing experts from Madison Avenue who are on one level responsible and very competent about marketing things like alcohol to communities that are already at risk for AIDS in a way that is despicable and find a way to help them market the education and prevention, and really have a no-holds-barred meeting.

Whether or not we'll be able to do it, or whether Congress will pay for it, or the White House approve it, I'd like to know what they would do if they had a clear slate. And create a national campaign without restrictions com-

parable to what they have been able to do in other countries.

But it would be a challenge to at least expand their own consciousness about their knowledge which is considerable, I think, in terms of what Americans are buying and what sells products, what sells lifestyle. We don't around this table, I think, have a good idea of all of the mechanics of it all. But it's important if we are going to change the course of these interfacing epidemics.

CHAIRPERSON OSBORN: Other? Yes, Don?

MR. GOLDMAN: One other thing I think we also ought to be aware of that whatever we come up with, I think that problems that are easily solved have already been solved. The problems that we are facing are problems that are relatively intractable, and I think we have to understand that even what our efforts may be that we are unlikely to find any magic bullets. We are unlikely to find solutions that are going to work all the time for all people. That we have very diverse people and a very diverse population and very diverse communities that we have to deal with, and we are probably the best we are going to be able to do is make recommendations that are going to make a little bit of a dent somewhere.

But sometimes I think in terms of talking to people and people asking me what I think ought to be done, and what kind of recommendations as if somebody or this commission is going to come up with some quote "solution" to any problem, and I hope that we don't make false hopes that any such solution given the diversity of humanity even exists.

CHAIRPERSON OSBORN: Well, I certainly take the point you are making, but I would like to disagree just a little bit. I think that it's stunning to recognize as one moves around the world and sees some other solutions and so forth the fraction of our efforts that we are wasting because of a lack of compassion in this epidemic.

And if we could fix that, some of the solutions that have already been devised would work better, and there would be some obvious solutions that have not popped up because America does not walk away from a little girl who falls into the bottom of a well. America would not walk away from people who were ill if it were put well, and if it were phrased in a way that they understood, my goodness, there are people who are ill and they need care, they need help.

I think what this commission can do uniquely is to articulate that concern. And I think you're right, we can't

solve anything instantly and overnight and in a way that is going to work for everybody, except for that. But that I think we can do, and I think we can do it consistently and knowing who was appointed to the commission I was very hopeful about it, and having heard from all of you today, I am quite confident of it. That we have been missing a critical ingredient to hold together all these efforts that people are making.

And if we can do that and don't achieve a whole lot of unique and eureka kinds of solutions to things, we will have made a contribution. So I would not like to have us go away saying, ah, there is nothing that could be done that hasn't already been done. This is the sort of thing that a commission like this can do. And when I say we want to look for things that others can't and that we can, I think that is something we can do very nicely.

I wish I could give --

DR. RODGERS: May I second that very vigorously.

(Applause.)

CHAIRPERSON OSBORN: -- credit to the person who said this at an AIDS meeting I was at, and I'm going to paraphrase it slightly, but I scribbled so fast that I never

scribbled down who said it. It's not original with me, and I would love to give the credit. It's very much along the lines that David Roy was speaking when he talked in Montreal but I don't think it was David. It was somebody else.

What I scribbled down was, and I'm going to put in terms of the commission now, how to be a very special commission. The recipe for being very special is to create, to prevent, to treat, and to love or in this instance to feel compassion in so exemplary a way that others can recognize without words that love and compassion represent the highest form of human life and that that is attainable.

And I think that's a charge that I actually carry around in the back of my appointment book for when I'm feeling rather tired, and I think that we can carry that as a sort of a charge to the commission that if we can communicate and in the way we go about this a sense of commitment and compassion and a national involvement, then we will have added something that has been lacking to some extent and that the federal government by itself could not have done.

So I think we do have a rather special opportunity and one that we should grasp and go with. Harlon.

MR. DALTON: Yes. I propose as a specific piece of

it, I was thinking that part of our own sort of self-education or re-education both in written form and in terms of inviting people is to take on the issue of homophobia. And there is some interesting stuff written. Gregory Herrick has certainly done some, but I would at least try to find -- I was just saying that apropos of what June was saying, we ought to take on the issue of homophobia both in terms of our self-education and re-education as well as part of our mission of trying to create a sense of national consensus and compassion and empathy.

And so I think the starting point, at least, would be to circulate as part of this massive mailing some writings that have been done on the subject and at some early date invite people in to help us talk about and work through some of those issues.

CHAIRPERSON OSBORN: Larry.

MR. KESSLER: I would second that. I would just like to amend that a bit by saying, by adding racism. Homophobia and racism are the two things that are sort of interlocking when we talk about this epidemic.

MR. DALTON: I absolutely agree. I love the way it happened, and I hope that speaks well for this commission.

CHAIRPERSON OSBORN: I think we may have reached a point where our thinking is now enough focused that you can be very helpful to me by writing to me, using the legislation perhaps as a template to focus your thoughts about how to proceed. We will not lack for either energy or enthusiasm, and we can be sure that we don't lack for expertise.

One of the things I didn't say earlier that is our option, I think, in the nature of this commission is that as we identify expertise that we don't have, and there's lots we don't have, we can ask people to come and be consultants and talk with us. We haven't, for instance, talked about the insurance industry and one of the things for me was a very revealing set of presentations for the National Academy Study in 1986, was representations about how health care financing actually does work right now in this country. Whether we like it or not, that's what we're dealing with.

Whether there is this or that change needed. At least a sense of the realities, and so on the one hand, people running public hospitals would probably want to tell us their troubles, which are pretty severe and in some instances nearly disastrous. People running private hospitals would probably want to talk to us about that.

People urging home care options may want to talk to us about what's involved in that.

People who are involved in keeping the insurance industry as presently constituted afloat may want to tell us what's difficult about that in the face of a lot of young adults becoming ill over time and so forth. So in addition to the people who are here, and I am saying this in part so that everybody around the room will know that we have a broader imagination. In fact, we have been talking about how we represent a lot of different kinds of expertise. But I think it's pretty obvious that it isn't and could not possibly be exhaustive.

We do have, and I think we should take the opportunity to pull together additional expertise to take one -- it's been almost -- we can take advantage of the enormous resources of this country and its human resources in particular, and I think we should be looking and thinking about ways to do that all the time as we go, and thinking of special inputs that we can get that may never have been written as well as they can be said. So I think in addition to the big library shelf, we will want to have our education.

I think I used to tease Dr. Rodgers that I felt

like I should have paid tuition to the Robert Wood Johnson Foundation for the amount I learned in the context of being on the advisory committee for the AIDS Health Services Project. But they don't have a mechanism for charging tuition so it turned out to be a free education. I think we all feel a little bit that way as we go. But we can have some of our learning be group learning in a very efficient way if we identify special consultants and expertise that we want. Harlon.

MR. DALTON: Yes. You seem to be wrapping things up, and that's probably right, but I at least wanted to say, June, that I think you've demonstrated why it is that you are our chair. I mean people around the table who don't know you that well or in the room, I think, have already seen any number of gifts that you bring to this task, one of which is your palpable compassion; another which is your ability to listen and to learn from what you hear.

I'm thinking, for example, of one of Diane Ahrens' suggestions which you just simply took because it was so right. You are somebody when you go to AIDS conferences around the country you listen to what is being said, and you scribble and you learn from it, and you will learn from us,

but we will learn from you. So I am just delighted, and didn't want the meeting to pass without saying that.

CHAIRPERSON OSBORN: That's very kind. Thank you very much.

(Applause.)

DR. RODGERS: Quit while you're ahead.

(Laughter.)

CHAIRPERSON OSBORN: I was trying to figure out how to do that gracefully.

MR. GOLDMAN: I just have one request to make, and that is my address that is in the materials that is in your packet is wrong. That's my home address and not my office address. If you send stuff to my house, it may never get to me. And I would like to give everybody my office address which is 667 Eagle Rock Avenue.

MR. DALTON: Evil?

MR. GOLDMAN: Eagle, like a bald eagle, Eagle Rock Avenue, West Orange, New Jersey 07052-2192.

DR. KONIGSBERG: We need everybody's address.

CHAIRPERSON OSBORN: Yes, I think it's --

MR. GOLDMAN: They're in the packets. But my address is wrong that is in the packet. That's the only

reason I mentioned it.

MS. AHRENS: What's your zip?

MR. GOLDMAN: 07052-2192. I know from experience that it's better to set those things straight from the beginning rather than try to correct it later.

CHAIRPERSON OSBORN: Well, if we're going to do that, then we have to point out that Harry Dalton is Harlon Dalton.

MR. DALTON: Thank you.

CHAIRPERSON OSBORN: And that Charles Konigsbert is Charles Konigsberg. The original press release had those wrong, and it's a little bit like those stickers you get when people solicit you to mail orders. You can tell where they originally came from. Well, I've been tracking various news agencies by seeing Harry Dalton, and I knew better than that.

So under Federal Advisory Commission Act, a federal official needs to adjourn the meeting, and I have here a federal official. Would you like to adjourn the meeting?

MR. JIM ALLEN: June, if I can, just make a very brief closing statement since you will be working closely with us over the next two years. I think it's sobering to reflect on the fact that over the next two years, over the

life of this commission, that we will have perhaps two to three times the number of people living with AIDS alive at that period of time as we do today.

And in fact, that number may be even more than has been projected because of the very exciting progress that is being made in terms of therapies and new drugs that will be coming down the line. The tens of millions, probably hundreds of millions of dollars that have gone into research in the last five, six years, are beginning to pay off, and I think that that is one of the really new elements that this commission must grapple with because as we look at the people that will be here that need the care, that need the services, we've got to assure that we're going to be able to deliver and we're going to be able to pay for it.

And I think that's been reflected in the discussion here, and to me that is one of the biggest and the really new challenge that faces all of you that wasn't there so much two years ago when the Presidential Commission first started. I am excited by the prospect of working with all of you. I think this has been a very good meeting, and I am delighted that we have had the chance to work with you, and we look forward to doing more in the future.

CHAIRPERSON OSBORN: While you are there, Jim, can I ask about the logistics of the minority AIDS meeting. I know I had not yet received anything official about it although I knew about it.

MR. JIM ALLEN: Yes. I will, we will try to get letters out -- we may even be able to get them out this evening by express mail so that you would have them tomorrow. If not, you will have certainly by Monday, and I apologize we haven't gotten it yet. I think it reflects the amount of work that we've had to do in the last couple of months.

But yes, we will get you information about that and the National AIDS Program will pick up the travel for those of you who are not already on the program or otherwise planning to attend the meeting with resources from another area.

Let me just say one other administrative -- go ahead.

CHAIRPERSON OSBORN: I want to make one comment that I almost forgot to, and I would have been very unhappy if I had. I think that the National AIDS Program Office that Jim heads set a modern indoor record for federal response, and we should acknowledge that very strongly.

(Applause.)

MR. JIM ALLEN: Thanks. One other very mundane administrative matter. I think most of you probably are old hands at traveling under government sponsorship. But if not, as you turn your expense vouchers in, be sure to include receipts such as hotel receipts, taxicab receipts, especially if anything goes over about 20 or \$25, have a receipt in there for it.

CHAIRPERSON OSBORN: What is the taxi cutoff? That is the thing that always varies from one --

MR. JIM ALLEN: Formally it's 25. It's just better to get in the habit of asking for one. And the final --

DR. RODGERS: And then wait six months.

MR. JIM ALLEN: I'm sorry?

DR. RODGERS: And then wait six months.

MR. JIM ALLEN: Well, we'll try to do better than that. You may have to. The other thing is to be sure to send back in your airline coupon. You know that little unreadable carbon copy at the back after all the good stuff.

MR. KESSLER: I have a question, Jim. I had a problem at Logan this morning in that they were asking for federal IDs because it was a prepaid ticket, and I don't know

if others experienced that.

CHAIRPERSON OSBORN: That's Boston for you.

MR. JIM ALLEN: Yes, I'm surprised. I don't know. I assume your travel authorization would have been useful.

MR. KESSLER: That's what I finally dug out and they accepted that but with resistance.

MR. JIM ALLEN: All of you except perhaps Belinda should have had a travel order, and usually if you present that travel order there shouldn't be any trouble. So if in the future if we're traveling or whatever GSA does, use that travel order.

MR. GOLDMAN: If the tickets were prepaid, we still have to send them back.

MR. JIM ALLEN: You still have to send a receipt back, yes.

DR. RODGERS: They want to get their --

MR. GOLDMAN: Okay.

MR. JIM ALLEN: Whenever I travel, I have to turn in my little thing also. It's standard.

MR. GOLDMAN: My airline person didn't want -- they just wanted a credit card with my picture on it.

MR. JIM ALLEN: Okay. Anything else?

MS. AHRENS: Just one question. Who do we contact if we're coming in on the 17th for this next meeting? Do we contact you or do we contact Calvin? Who is going to be handling those arrangements?

MR. JIM ALLEN: The meeting -- you're talking about August 17th --

MS. AHRENS: The 17th, yes.

MR. JIM ALLEN: -- for the minority conference. Our office will handle that and we will be in touch with you, and if not, get in touch with Iris Gelberg.

CHAIRPERSON OSBORN: I think the transition over to GSA will probably occur between then or around that time. But since the minority AIDS meeting is being sponsored and hosted by HHS and we were to have been invited anyway as commissioners we'll buy ourselves a little bit of transition time by just -- Jim has agreed to take that on in his office as well. So that you're right to think that we're going to make the transition. But that may be around the time that the transitioning is being done, and we'll just do it through HHS for that one additional session.

MR. JIM ALLEN: Okay. If there are no other comments or questions, I declare this meeting formally

adjourned.

(Applause.)

(Whereupon, at 2:50 p.m., the meeting was ad-
journed.)