

**FINAL FOR DELIVERY**

---

**Assistant Secretary for Health**

**Brett P. Giroir, MD**

**ADM, USPHS**

**64<sup>th</sup> Presidential Advisory Council on HIV/AIDS Meeting**

**Monday, July 8 at 1:15 pm (Central)**

---

Thank you, Kaye, for that kind introduction, for your steadfast leadership as the Executive Director of PACHA, and as the Principal Deputy Director of our new Office of Infectious Disease and HIV/AIDS Policy.

On behalf of the U.S. Department of Health and Human Services, I would like to thank our PACHA Co-Chairs and all of the PACHA members for your dedicated efforts since we last met in March.

I would also like to thank our federal partners for your ongoing collaboration and support of the overall initiative.

And finally, I would like to thank everyone in the audience, both in-person and virtually, for joining us today. It is my honor to welcome you to our PACHA meeting held today and tomorrow in Jackson, Mississippi.

As you know, PACHA typically meets in Washington, D.C., but hearing from the community is not only critical, but absolutely essential, for the nation to meet our goals for the *Ending the HIV Epidemic* initiative.

**So WHY HERE?**

Well, the South continues to be disproportionately impacted by HIV.

Southerners are much more likely to have HIV, not know their status, and to die from HIV or its related complications than their counterparts in other parts of the country.

In regards to Mississippi specifically:

- The rate of HIV diagnosis here is almost 50% higher than the national average, and Mississippi ranks #8 in the US for the highest rates of new diagnoses
- Only 71% of newly diagnosed people with HIV are linked to care within a month, compared to the national average of 86% - and our goal is 100% and within days if not immediately
- Only 49% of people diagnosed with HIV in Mississippi achieve viral suppression; although the Ryan White programs here achieve almost 83% among its clients which is the same as the rest of the country
- Of the many thousands of people who have an indication for PrEP in Mississippi, only 7% receive that highly effective prevention against acquiring HIV
- And although Mississippi is doing an above average job in combatting overdose deaths, there is still an opportunity to implement syringe services programs - which are proven to reduce HIV and HCV as well as increase the chances of long term recovery from addiction by more than 250%

Please understand that these statistics are not criticisms – NOT AT ALL  
Rather, these statistics represent great opportunities for us to work together.

And this is exactly why we are here, in Jackson, to learn about the work that you are doing locally, to build new trusting relationships, and to set the overall tone for the next decade of collaborative efforts.

## **Now let me provide just a little background on our HIV Initiative**

As President Trump announced in his State of the Union address, the goals of our initiative are bold: to decrease new HIV infections in America by 75 percent in the next five years, and by 90 percent in the next ten years; by utilizing the *right data, the right tools, and the right leadership*.

We will initially focus our resources on those communities most affected by HIV: 48 counties, Washington, D.C., San Juan, Puerto Rico, and seven states with a disproportionate burden of HIV in rural areas, and that includes Mississippi.

We will also focus our resources on key demographic subgroups disproportionately affected by the disease, including young African American, Latino, and American Indian and Alaskan Native Men who have Sex with Men; the transgender community; people who use IV drugs; and other groups at high risk.

We have the full and enthusiastic support of President Trump and Secretary Azar, and they are putting the money where their mouth is - by proposing an additional \$291 million in new funding to support the first year of our initiative in 2020.

I am privileged, and humbled, to be leading the coordination of federal efforts for this initiative; But alongside me are leaders from many HHS divisions, as well as other departments like Housing and Urban Development – because we recognize the importance of the social determinants of health, particularly for HIV treatment and prevention.

The success of the initiative also heavily relies on recommendations from federal advisory councils, such as PACHA,

**AND let me emphasize, the initiative would be futile without our LOCAL PARTNERS who have been fighting HIV for nearly four decades, and who will actually make this initiative SUCCESSFUL**

Earlier today, I joined PACHA members and federal partners in a site visit to *My Brother's Keeper*.

This community-based organization has the pulse of the work being performed in this state, with three offices in the Jackson metropolitan area, and two offices in South Mississippi.

Their mission is to reduce health disparities by enhancing the health and well-being of minority and marginalized populations through leadership in public and community health practices, collaboration and partnerships.

You will hear about our visit during the presentation from Dr. June Gipson, CEO of the organization. Thank you, Dr. Gipson, for your hospitality and your incredible service to this community and to our nation.

**Now I would like to spend a few moments on the actions we have been able to implement even before the first dollar of new funding is approved in the 2020 budget.**

Immediately following the State of the Union, I designated approximately \$30 million dollars from the FY19 Minority HIV/AIDS Fund to jumpstart this initiative.

There is a current funding opportunity for approximately \$15 million, due July 12, to support local communities in finalizing their own community plans - and to fully engage all local groups and partners. These grants will help prepare communities to immediately implement prevention and care activities in FY2020, if funded by Congress.

In short, I want all communities to have a running start so they can effectively expend the new resources without delay.

In addition, we have recently issued another FY19 funding opportunity to begin actual pilot projects in three jurisdictions: Baltimore City, Maryland; DeKalb County, Georgia; and East Baton Rouge Parish, Louisiana.

These pilots will support capacity building, and ramp up activities in all four pillars of the initiative: diagnosis, treatment, prevention, and outbreak response – and most importantly – support the development of a local workforce **of, by, and for** the community.

Additionally, we are supporting a pilot project, developed by the Indian Health Service, in the Cherokee Nation, which will implement key foundational activities to accelerate progress toward ending the HIV epidemic in Indian Country.

These activities include the expansion of HIV screening and case management for engagement and retention in care within the Cherokee Nation Health Services facilities. The pilot project will also establish a robust PrEP program utilizing clinical pharmacists, and implement a public education campaign centered on HIV care and prevention.

Our level of engagement with community groups will heavily determine whether this initiative is successful.

So going forward, we want PACHA and all stakeholders to understand that when we award local health departments program dollars to implement foundational actions – such as engaging local constituents – **that responsibility** carries through at every level, from my office in the immediate office of the Secretary, to the HHS operating divisions, and down to the grantee.

In this regard – I am also very excited to announce here – for the first time – the fact that we have hired new PACE directors and coordinators – who will be located in Atlanta, Dallas and Los Angeles – to support our regional efforts to *End the HIV Epidemic*.

PACE is an acronym for our “Prevention through Active Community Engagement” program. Our PACE leaders are all U.S. Public Health Service Commissioned Corps officers, like the Surgeon General and me, who will work in collaboration with local leadership to develop targeted, public health interventions specifically geared toward the communities they are representing.

I would like to point out that **this** PACE effort is part of a much larger effort in my office that we have termed “Operation Change the Map,” which is led by my incredibly talented and capable Principal Deputy Assistant Secretary for Health, RADM Sylvia Trent-Adams.

Change the Map refers to our office’s overall plan to improve the health of areas most impacted by health inequities including, of course, HIV, but also Hepatitis C, HPV, hypertension, diabetes and other illnesses that lead to unacceptably low lifespan and quality of life.

**Next I want to say a few words about a major advance we announced in May related to the availability of PrEP**

As a result of discussions between the Trump Administration and Gilead Sciences, Gilead is donating pre-exposure prophylaxis (also known as PrEP) for up to 200,000 individuals each year, for up to 11 years.

The agreement between the HHS and Gilead will last until **at least** December 31, 2025 and possibly through December 31, 2030, and will provide medication to treat individuals who are at risk for HIV **and who are uninsured**. This donation will deliver Gilead’s PrEP medication that currently carries a list price of more than \$20,000 per patient per year, to up to 200,000 people per year.

I want to again thank Gilead for this historic and generous donation.

And please be assured that my leadership team is moving quickly to operationally implement the donation of PrEP. We expect PrEP distribution to qualified individuals to begin **within the next few months**.

Finally, I want to briefly discuss an important issue that was brought to my attention last Wednesday: that PACHA has been discussing the recently announced HHS Conscience Protection Rule and the proposal to amend Section 1557 of the Affordable Care Act (ACA) in the context of barriers to access to care for those suffering from, or at risk for, HIV.

I want to take this opportunity to be very clear

**The Department of Health and Human Services is fully committed to enforcing all antidiscrimination laws Congress has applied to our programs, including civil rights laws and federal conscience protections.**

**HHS is committed to ensuring that persons with HIV/AIDS or at risk for HIV/AIDS are afforded equal access to health care – consistent with the law.** Any change in the Section 1557 regulations will not affect HHS's and OCR's commitment to ensuring that persons with HIV/AIDS or at risk for HIV/AIDS receive such equal access to health care.

As HHS Leadership has repeatedly stated,

**Every person must be treated with dignity and respect, and given every protection afforded by the Constitution and the laws passed by Congress.**

To the extent any concerns remain, the HHS Office for Civil Rights has offered to speak with the co-chairs and representative members of PACHA to hear your concerns and answer your questions about the Conscience Rule. Additionally, while the comment period for the Section 1557 proposed rule is open, I encourage all of you who want to provide formal comments to please do so. We value your input and will take it seriously.

## **Conclusion**

Finally, there has been a collective effort by HHS leadership to visit jurisdictions designated in the first phase of the plan to receive community feedback about specific challenges.

These visits – as well as the funding to be provided in the next months - demonstrate our department-wide commitment **to support each jurisdiction in developing local solutions and plans tailored to their communities.**

Tomorrow you will hear more from Dr. Beckham about the work of the Office of Infectious Disease and HIV/AIDS Policy, including the progress implementing the *Ending the HIV Epidemic* initiative and the status of updating the National HIV/AIDS Strategy and the National Viral Hepatitis Strategy, as well as the development of the first national plan to address Sexually Transmitted Infections – all of which are inter-related and critical to Ending the HIV Epidemic.

Again, welcome to PACHA's 64<sup>th</sup> full council meeting and thank you for your commitment to this fight. This is an exciting time in the work that we do because we have a real chance to end the HIV epidemic for the next generation.

Now, let's get to work!

THANK YOU – and I would be happy to take a few questions from the Committee.