

Congress of the United States

Washington, DC 20515

October 9, 2002

The Honorable Tommy Thompson
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Ave., SW
Washington, DC 20201

Dear Mr. Secretary:

Thank you for your prompt response to our July 17, 2002 letter regarding the July AIDS Conference held in Barcelona, Spain.

According to your letter, "a total of **236 HHS employees** traveled to Barcelona to participate in the [AIDS] Conference this year" with the total cost to the American taxpayers for the conference amounting to an astonishing **\$3.6 million**.

The amount of financial support and the number of employees sent to attend to this single conference appears extremely excessive. We are concerned that rather than an isolated incident, there seems to be a pattern of largess with conferences and trips by bureaucrats.

Would not the \$3.6 million spent on this single AIDS conference have been better spent providing medicine to the hundreds of Americans with HIV who lack access to medical care or in supporting research for an HIV vaccine or cure?

We are not contending that conferences are never necessary, but to send 236 taxpayer-funded employees across the Atlantic at a whopping cost of \$3.6 million begs scrutiny and oversight. For instance, it appears from information you supplied to us, that travel costs made up over \$1 million of the total cost. The CDC, for example, spent \$908,866 on travel to Barcelona. Is there any type of agency cap on travel expenditures? If not, would you agree to work with us regarding the implementation of such a cap, whether administratively set or legislatively required?

One agency, NIDA, sent nine employees and yet had a line item cost for over one-hundred thousand dollars (\$117,098.69 to be exact). Could you please provide us with a further explanation of what exactly "satellite costs" are and why the costs would run over one hundred thousand dollars?

Is there a system within HHS for reviewing travel budgets and for automatic oversight for such large administrative expenditures?

Cutting down on expenditures such as a 200-plus contingency to Barcelona could result—without even increasing the existing levels of federal appropriations— in real differences for real people if these resources were reprioritized properly.

We would recommend that the Department consider adopting rules limiting the number of individuals who attend conferences to those who will actually present or otherwise directly participate. If such changes require legislative action, we would be very interested in working with you on prioritizing federal spending on the health care needs of Americans.

We would also like to know the total amount the Department spends annually on financing conferences in direct or indirect support and what, if any, restrictions have been placed on conference attendance by HHS employees.

Finally, we thank you for discussing the need for broader inclusion, particularly among faith-based organizations in future AIDS conferences. We would request that you keep us updated on what activities the Department and the conference organizers are taking to ensure acceptable accommodations are made in this regard for the next conference.

Sincerely,

Long M. H.

Jim Bellmont

Sam Burton

Nick Smith

Walter B. Jones

John T. Little

Sam Johnson

David Elder MD

Phil Kene

Henry

Virgil Gooden

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