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***U.S. Global Health Policy In Focus***  
**Congress and Global Health: What Lies Ahead?**  
**Kaiser Family Foundation**  
**April 21, 2011**

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**JENNIFER KATES:** Good morning and welcome to Kaiser Family Foundation's web cast series, U.S. Global Health Policy In Focus. We're coming to you live from our broadcast studio in Washington, D.C. I'm Jen Kates, Vice President at the Kaiser Family Foundation. In Focus brings you discussions and takes your questions on current issues and debates concerning the U.S. government's role in global health.

Each program features leaders in their fields who share their views and experiences with us, and today, we are very pleased to have an expert panel to discuss global health and the current Congress including what might lay ahead for funding and programs that are part of the U.S. Global Health Initiative.

Today's conversation is a live webcast, and we encourage you to submit questions to us along the way by emailing [infocus@kff.org](mailto:infocus@kff.org). I'll be monitoring them during the show. I would like to now introduce our guests.

We have with us Beth Tritter, the Managing Director at the Glover Park Group and formerly, the Legislative Director for Congresswoman Nita Lowey, the ranking member of the House Appropriations' Subcommittee on State and Foreign Operations; Todd Summer, Senior Advisor for Global Health at the ONE Campaign; and Allen Moore, the Senior Advisor for the Global Health Security Program at the Stimson Center and formerly the

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Deputy Chief of Staff and Policy Director for former Senate Majority Leader, Bill Frist. Thank you all for being here.

So Beth, I'd like to start with you. There are all of us who work in global health, we're anxiously awaiting for the outcome, as I think everyone in whatever field you work in, anxiously awaiting for the outcome of the budget negotiations and averting the government shutdown. So what ended up happening? The budget deal happened, and how did global health do and foreign aid generally?

**BETH TRITTER:** Well I think it's a good news/bad news situation like most things. The good news is that foreign assistance, overall, was not disproportionately cut compared to other types of funding across the government. The news is better for global health than it is for the rest of foreign assistance funding because global health is really held harmless from fiscal year 10.

There are certain things that took a cut, family planning in particular, and there are actually very few things in the final bill that were specified. So really within the overall global health level, taking PEPFAR out of about \$2.5 billion that was in the state foreign operations bill, the Administration's going to have fairly broad discretion to choose how it wants to spend that money. Obviously it wasn't as much money as they were looking for, but the scenario could've been a lot worst.

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If you look at the funding levels that were proposed by the House and then the Senate separately as part of the final negotiations for fiscal year 11, the final numbers turned out much closer to the Senate levels rather than the House levels, which really says something about what a priority this must've been for the Administration.

And also frankly in terms of the good news, the fact that this was not overly, global health funding in particular and foreign assistance funding overall despite all of the polling that you've seen about the American people thinking we should be cutting it in order to balance the budget, it's not as controversial as everyone likes to think it is necessarily.

It isn't that there's no constituency for this. The American people really believe that this is something that's important and should be a priority for the United States, which is why I think you saw that playing out in the bill. Now I don't want to be overly optimistic because there were some-- this is not a total best case scenario obviously.

I think that going into fiscal year 12, the global health budget is not at a particular disadvantage, but the foreign assistance budget is at a disadvantage in general because the numbers were low and I think that this Administration came in with pretty big promises about what they were going to do: doubling foreign assistance spending and a \$63 billion Global Health Initiative.

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I think that we all, in the community, sort of need to take a step back and realize that this is not happening. There's a new reality. We're operating under sort of a different set of circumstances, and so what we thought would happen maybe two years ago, where we thought we would be five years from then is not going to be the case.

**JENNIFER KATES:** So just to recap the good news/bad news, on the one hand, the good news is global health was not disproportionately affected relative to other programs. In fact it did fairly well. The bad news is that the final levels are at, around, fiscal year 10. So for the current year, it's at last year's, essentially, levels.

So that's always a challenge for all programs, and you raise the general issue that I'd love to hear everyone's thoughts on, on the current climate on the Hill and just Congress and there's been so many changes in the Congress and thinking about the current configuration of the Congress and what that might mean for global health.

Clearly the budget and the outcome of the budget is one clear example. As you said, it wasn't -- Congress actually ended up not disproportionately cutting global health, although there were some bumps along the way but I don't know if anyone wants to take that on and talk about where we are.

**TODD SUMMERS:** Well it's interesting because I think that we really did well in not doing badly. So that's kind of

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the good news/bad news story. It would've been really hard to start FY12 having really gone backwards in fiscal year 11 because then you'd be asking for percentage increases that would be politically quite challenging.

I think the other thing to remember is that in the shift that happened in the House and certainly a lot of changes in the Senate, even though it didn't shift in terms of majority party, we lost a lot of champions and a lot of people that were familiar with the accounts and really had, over the years, gotten quite close to understanding them and being supportive of them and could often answer questions from colleagues.

And we lost a lot of those people, meaning when it got to the closed door conversations around what to fund, what programs were good, which weren't working, you had a lot of people who had very little familiarity with them and had little time to come up to speed on particulars when you're dealing with such a massive change.

So I think in that sense, we're also pleased to see a number of new, relatively new, folks in both House and Senate step up in terms of leadership and support of foreign assistance and really try to debunk some of the mythology about thereabout how much it is and whether or not it actually has impact. So there was also some good news there. We're obviously seeking to build more relationships.

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There's a lot of work to try to get staff and members to Africa and to other places where they can really kind of viscerally understand what it is that we're talking about. That work is a little more challenging over the last couple of years, because a lot of the travel rules have become tighter and tighter. But the people that have been champion--and Allen can tell us about Dr. Frist because he certainly is tops among them--are people that have come with an experience that often connects with religious beliefs for many and drives them during these often rancorous budget debates to really step up and champion a program rather than just sort of let it lie on the cutting room floor.

**ALLEN MOORE:** If I just add a word, I agree with much of what they've said. The sad part of all of this is that we're now redefining success. To call a no-growth budget a success after the extraordinary progress that we've made saddens those of us who are advocates, and as Todd points out, the people we have relied on over the years who understood and cared and were willing to fight the fight have mostly disappeared.

I think what happened in this recent case was that it was mostly the White House that decided it is going to resist cutbacks, and I think in this particular instance gets most of the credit for this success that we're now redefining.

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I don't share Beth's notion of where the public is on this, and we may talk further about that. I think the public is fickle. On the one hand, they're supportive of the idea. On the other hand, when push comes to shove, they'll say, "Well if we have to cut something, let's cut the help over there and preserve and protect citizens at home."

That's reflected in the views of a lot of the new Members of Congress. So I think that although we didn't do as badly as we might have, and take some comfort in that, we have very hard days ahead in the fiscal year 12 budget and beyond, and I'm very concerned about the outlook.

**JENNIFER KATES:** Let me ask you a question about that-- the redefining of success. How much of that is specific to global health versus the larger environment in which, the economic crisis, the global economic crisis, which really affected the entire budget landscape in ways that I would say in the last--five years ago we were having a very different discussion. So how much of it is really those broader things at play versus maybe changes in the Congress?

**ALLEN MOORE:** There's no question that the deficit situation has changed everything. If you just think about the last six months, the Democrats in the Congress made a conscious decision last fall not to push forward with a budget for the current fiscal year, the year that started last October 1<sup>st</sup>,

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thinking that they could get it done either in December or then earlier in the year.

After the elections and the outcome of the elections, suddenly that turned out to be not the best decision, shall we say--not that things would've been great back then--but it got worse and worse, and they kept moving the goalpost in terms of what it would take to get a deal and the Administration began and Democrats began to embrace the idea of cuts.

And it's pretty amazing the level of cuts halfway through a fiscal year that were actually agreed to, and as I say, I think it does not bode well looking forward into the future. It's a very, very tough environment driven by these extraordinary deficits.

**TODD SUMMERS:** I think that we're working really hard to try to do a better job about communicating how much foreign assistance really is as a percentage of the overall budget. We're now really connecting a lot of our messaging to the notion that this is all being done for less than one percent of the budget.

I think it certainly speaks to a lot of the research that a lot of groups including Kaiser Family Foundation have done that show that people still misunderstand how much money comes out of the federal budget for things like foreign assistance and particularly for the international relief

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programs. The number includes other things like support to some countries for security issues.

I think that if we do a better job about helping to communicate to people that this is actually such a small percentage of the budget and has such real and demonstrable and important impact on the very poorest people of the world that we can still do a good job of kind of excusing this from the broader discussions around how to solve the deficit, because there's no one who's credible on this discussion who thinks that any significant changes, even the elimination of foreign assistance, is going to make a drop of difference in solving the U.S. budget woes.

**BETH TRITTER:** I mean to answer your question, I don't think this is about global health at all. I don't really think this is about foreign assistance. I mean I think it's all forces that are completely beyond that debate. What it means is that the community really has to, sort of, retrench is the wrong word, but take a step back and think, "Okay, we used to be able to message this in an environment of plenty and talk about why it was important to be doing these things when we had the money to spend."

Now we have to make a sharper case. We have to do a better job than we did before--maybe better's the wrong word, maybe different job than we did before. And also it's not necessarily just that the champions have left or aren't there

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anymore; it's that advocacy and education is about constantly renewing the bench of people who are educated and committed to these issues.

I think that folks came in with this election--there are a huge number of new Members of Congress. I mean I think, I've heard, Mark Green says a lot that half the people who voted for PEPFAR in the Senate are gone and then half in the House as well. So what it really is, it's a couple years of rebuilding that need to be done.

It's not necessarily that these folks who've come in don't get why this is important or fundamentally don't believe we should be doing it. It's that they never encountered the issues before. And so it's up to us to be really smart about how we introduce it: to make sure that we're going in with the right messages, to make sure that we're going in with the right messengers.

Honestly, I think that what's at play here really is a much larger question. It's not necessarily about global health or global development. It's about national security and what encompasses national security, and I think, as part of the--we can talk about it a little later if you want to--but the FY12 debate really has sort of thrown into very stark relief where that debate is right now, and right now I don't think it's trending in our direction.

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**JENNIFER KATES:** Could you say a little bit more about the national security argument? And it's been used in different ways over the years that have benefited global health, and I think that it is shifting.

**BETH TRITTER:** Right. I think the national security argument has always been a double-edged sword, because on the one hand, people have--it's been a bitter pill for some people to swallow who think there are moral reasons why we should be doing this. It shouldn't have anything to do with our own interests. It's in our interest to help people who are poor and hungry and suffering around the world.

But I think that what you've seen in the last few years is more and more people have embraced the notion that foreign assistance overall but also the more humanitarian aspects of foreign assistance like global health really are a national security priority--that it's in the United States' best interest to have stable, healthy, prosperous societies around the world.

I think that there are many in the community who are uncomfortable with that and think that sometimes it goes too far, because what it allows is--it could allow folks who are not necessarily on the side of global health to pick apart the international affairs budget and our foreign assistance and say, "Well, this is national security-related, and this isn't national security-related."

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And I think that what we've seen as part of the fiscal year 12 process is that the Administration really laid out to Congress in its budget request what was for frontline states and what was for the so-called core or enduring accounts.

In many ways, Chairman Ryan sort of took the bait and said, "Okay, great. If this is how you're going to lay it out, then in my budget resolution I'm going to give you everything you asked for for the more hard national security frontline states, but I'm cutting the rest of it by \$20 billion." And that is really where we have the most work to do, which is to sort of unify the perception of this budget as a national security priority.

**TODD SUMMERS:** It probably makes sense to be thinking these things a little bit more as a collection of benefits rather than thinking that you're going to have a message or an argumentation that's going to work universally, because we deal with a diversity of different views on this. It's actually quite helpful to have different kinds of arguments that work for different kinds of people.

So some people respond quite well to a religious argument, some people to a moral argument, some people to a national security argument. So rather than thinking that one of those is going to solve the problem, in fact the benefit of global health investments is that actually you get all of those things at the same time.

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So I think what is true is that the demand for evidence is certainly growing. I think that there is certainly more expectation that you come with facts demonstrating that the investments that are being asked of taxpayers and of politicians actually correspond to the real health outcomes that you're claiming you're getting.

I think we have some work to do there. We also have seen that the support, I think Allen's right about this, even those who are supportive, that support can be cracked pretty easily. We've seen, kind of, the allegations of theft in some countries receiving Global Fund monies. There's a new story about the theft of malaria drugs from Global Fund grantees. GAVI, the Global Alliance for Vaccines and Immunizations, had some issues.

Those are, you know, they're unacceptable, they're awful. They're demoralizing, but they're some of the challenges you face when you're trying to deal with the poorest people in the world that are living in countries with quite weak infrastructures. And they're not unique to the developing world: you can open your paper and find money that leaks out of banks and drugs that leak out of pharmacies right here in the U.S. So we have quite a bit of work to do to help people respond to those things appropriately, but the reaction is really fast because I think people--the support that we have with a lot of people is pretty tenuous.

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I think that we tried before to make a national security case. Remember, former Vice President Gore actually led a national security effort within the United Nations. The Security Council had one of the, I think, first ever session on a health issue as a security issue. And I think that that had some traction, but it was surprising it didn't have a lot of traction.

I think for a lot of people, it's still a couple steps between people being sick, states being at-risk because of a volatile population, and then the security interest of the U.S. being somehow threatened. Those multiple steps can be hard for a lot of people to understand, and the evidence that connects those steps can be a little difficult to gather.

**JENNIFER KATES:** Yes. Actually I think one of the things that's interesting about that, I mean from our surveys of the American public--because I think there's a difference between the arguments that might work with the public and work on the Hill or in the Administration--but we see the public has strong support for global health, except as you alluded to when push comes to shove, if it can affect their pocket, the support goes down.

When you run by different arguments, the national security argument doesn't play very high. It's not that it doesn't play at all, but it doesn't play very high, I think

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because of that disconnect. What plays the highest is it's the right thing to do. So people kind of get that moral argument.

They also seem to get that it does well for the U.S., our view, but I think where the challenge comes, and you were talking about this, is when the decision was made on the budgeting side: let's keep, we're going to protect the national security budget or things that are involved in national security and everything else. That almost defines that discussion. So I think it is a real challenge going forward in that regard.

**BETH TRITTER:** National security messaging, you talk to folks up on the Hill, and staffers routinely say, "Well if you're going to make a pitch to my boss, you need to make a pitch around national security." But that's not, and I think the perception is that that's the kernel that they need in order to justify this to constituents, and then you go and look at all the public polling, and the constituents don't buy it really, which means that, I think we as a community just have a lot of work to do to figure out how you bridge those two things. They're sort of going in two different directions.

**TODD SUMMERS:** And you get some Members who're like, "Well, for me, I get it, because for me I know it's the right thing to do, but for my colleagues, I need the national security argument."

**JENNIFER KATES:** Allen, you look like you?

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**ALLEN MOORE:** Well, I think Todd got it right when he said that every argument has a following, and no argument works for everyone. I think the public does relate and react to the notion of helping others. America's been a very generous society. We are the big donors of the world. We also tire. We get compassion fatigue, and after a period of time, we start wondering what's the next crisis that we can respond to.

Having said that, with something like AIDS that the American public understands, we have had a long willingness to continue to help. But everything has its limits, and when we're in a budget-constrained environment, people are looking at what's going on at the margin, not that we're necessarily spending one percent, and we could spend one-and-a-half percent. It's more if there's extra money, what will we spend it on?

And one of the things about the polls that I've read and that I think about is that the public greatly exaggerates the amount of money we're spending on foreign assistance. We've made that point. They think we spend 15 to 20 percent of our budget. Then they think that the right amount would be about 10 percent.

Then when they say, "We're only spending about one percent," they say, "Oh, well, do you think we should reduce it--increase it to 10?" And then they say, "No, I think it's

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about the right level." That's the sort of public perception challenge that I think we're dealing with.

The security issue that has been around a dozen or so years has had some additional little bumps in the utilization. Colin Powell, when he was Secretary of State, made powerful arguments to that effect.

One of the most effective advocates, I think, for foreign assistance generally and global health has been current Secretary of Defense Robert Gates. Whenever he speaks, he has this extra credibility and authority. And he's sitting on a budget more than 10 times as large as everything we spend on foreign assistance.

And I think his speaking out is really helpful in the broadest context but helpful, again, at the margins. It's not as though we're going to have, at least for the time being while the budget deficit and concerns over it dominate, I don't see sharp increases. We're sadly, I think, in a time of holding our own, maybe small increases and trying to avoid controversy. There are some controversial issues that dominate.

**BETH TRITTER:** I completely agree about having Secretary Gates as validator and a voice and an advocate is very important. I think that there's a limit to that though. And I think that that's really what we're seeing playing out in this FY12 process, which is that it's wonderful to have the

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Secretary of Defense as the biggest cheerleader for the international affairs budget, but ultimately he's the Secretary of Defense, and he has a certain interest in there being certain kinds of funding in the international affairs budget.

And I think that generally you've got his broad messages, but when they filter down, ultimately the message that's heard by people is what's really important is that civilian agencies are backing up the military in hotspots like Afghanistan and Pakistan. What's not being heard is the Global Health Initiative is really important to our national security.

And so we need to do--I think that as some of these voices that have serious military street cred have emerged over the last few years, it's been the tendency of the community to say, "Great, we're so glad to have these validators on board. We're so glad to have these new voices."

But we need to do a better job of taking what they're saying and translating it into what we want said, because otherwise the message gets lost there, and you end up with a situation where we're in now where there's a serious debate going on over whether, you know, we thought probably two years ago if you would ask, "Is there a consensus that this is important to national security?", everyone would've said, "Yes, absolutely." What we've seen now is there isn't. There's still a debate going on when we might've thought the debate was closed.

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**JENNIFER KATES:** We've actually had several questions come in in the last couple days and then just now around the budget and health funding and fiscal year 12. Some people asking, "What should people be doing in the next 90 days, next three months, four months, five months to redefine or think about this?".

But I guess one question, just to lay it out for people watching, is helping everyone understand what does the fiscal year 12 reality mean? I mean there was a budget presented by, a request that came out by the Administration before the final budget deal for fiscal year 11. That's unusual.

We usually have, know what current year is before that future is proposed, and that didn't happen. And so now we're at a situation where we have essentially last year's levels, and a budget request over here. So what does that really mean? And then we have Ryan's budget. How do we understand that? Is it a huge gap?

**TODD SUMMERS:** Well, we were talking earlier, and I think it's a little bit of a joke but it's also partly true that the President's budget is important because it is a statement of priorities and a policy. But in many ways, given the budget environment, it's probably best seen as the high watermark for a lot of accounts rather than what's going to really be dictating the conversation that's going to happen on the Hill.

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It seems certainly likely that Congress is going to start its own conversation, almost de novo. There will obviously be a look to what was in the Administration's budget, but it doesn't seem, these days, that the old practice in taking the President's budget and tweaking it is as much as it is kind of starting afresh with your own.

In that sense, I think global health did relatively well. I think that the Administration was supportive. I think that there's continued support behind the Global Health Initiative. There's broader support for other parts of foreign assistance, which actually have a clear impact on global health. So global health is part of a broader set of budget lines, which are critical to health. So we saw some leadership in that area. What that's going to do in terms of Congressional support, who knows? I mean these are the experts.

**ALLEN MOORE:** Well, the President's budget was based, for FY12, was based on an expectation that his FY11 budget, more or less, might succeed, in fact. That was a significantly higher base than the base we're actually dealing with. So I totally agree with Todd that the budget is a high watermark. It's also just dreamworld. We will not get close to what the President asked for, because we have a new base and a different environment. You asked what can folks do in this very difficult environment.

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**TODD SUMMERS:** You're going to tell them to join the ONE Campaign right?

**ALLEN MOORE:** Well, absolutely they should join the ONE Campaign, but there's an important group of players that we've not yet mentioned--they were really important throughout the Administration of President Bush--who've, in my mind, largely been ignored in the last couple of years, and that is religious conservatives, particularly evangelical leaders.

They were really important in the first decade of this millennium when so much was changing and so much was happening when PEPFAR was created, when the President's Malaria Initiative was created. They were responding, if you will, to the very bad news of what was going on in the world back in 2000-2001. It wasn't new news.

Todd was in the Clinton White House struggling with this, but the world missed the boat in the 1990s in trying to get out in front of or catch up with the global AIDS pandemic, and the devastation that was occurring. And by the time President Bush came into office in 2001, the evidence was clear.

There was bipartisan support to do more, and sadly the table was set because of the human disaster and human devastation. Part of the dynamic that moved this country forward was the support of religious conservatives who were

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beginning to stand up and think, "I've not done a thing. I didn't even realize."

And they were an important part, not only, that fed into the White House thinking but also fed into thinking of some key players up in the Congress--key players who have controversial views on some issues but who were willing to say, "We will spend more money. We will spend a lot more money, because it really is the right, correct, moral thing to do."

There are lots of religious organizations that have been involved, but I think the religious conservatives played a really important role. And I think in the first couple years of this Administration, they didn't get a considerable priority. Had they gotten one, I'm not saying the results would've been different, because the deficit swamps everything.

But those people, those organizations, those leaders still have a powerful voice. They still have ears of critically important Members of Congress. So yes, join the ONE Campaign, but two, acknowledge that there are some other players with whom one might not agree on every issue who are really important to helping get through some of the roadblocks with key Members in the Congress.

**JENNIFER KATES:** I mean I think it would be interesting to see what that would do at this point with the current--new configuration of Congress. And then I have a few specific questions on issues.

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**BETH TRITTER:** Yes, I mean I think that--can you build something, can you build momentum like that in the next three months? Probably not, but I fully agree with Allen in terms of the need to bring in new voices and also really the need to, it's just to re-energize.

I think you talked about compassion fatigue, and I think that it's really true, right? We've been at this for over 10 years now, I guess, in terms of major increases and really sort of energizing the U.S. commitment to global health and development. And there is fatigue.

Then on top of the fatigue that would normally be setting, and then you have this budget crisis. So I think that I remember very vividly one of the most thrilling moments of my entire career was being on the floor when the amendment passed to the foreign operations bill--1999 or 2000 or whatever, I don't remember exactly, I think it was 2000--that provided \$200-something million in debt relief. It was the hugest victory of this Jubilee 2000 campaign.

I never thought it was going to happen. There was a Member, it was a Democratic member, Congressman Kilpatrick, who offered this amendment. I said, "There's no way the Republicans are going to vote for it." And I remember sitting there and watching the votes come in, and you're watching this board light up with yeses, and you realize, "Oh my goodness,

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we've done it. We've won. This is amazing, and the reason we've won is because it became a bipartisan priority."

And you really felt this surge of momentum. I feel like we need that momentum again. We need to recreate the momentum and recreate the sort of strange bedfellows' coalition that really energized people behind that, but it just needs to be created around the need to stay compassionate even when the United States is not experiencing a time of plenty.

I think before it was a little bit easier. And now it's not, and I think that we need to take a step back and say, "Okay, these things are still important even when we are not flush. We need to keep spending even when we're not flush, and here's why." I don't think we've done that yet.

**TODD SUMMERS:** I want to just distinguish, I think that that's true, but it may be more true in the biosphere that is Washington, D.C. than it is the United States. So a lot of us get a chance to kind of travel outside. My organization does a lot of work on campuses and communities across the country.

There is a tremendous amount of excitement among global health. I mean ask anyone who's visited a medical school now about how many folks who are going to medical school really want to do something to help people in the developing world. Even young evangelicals have really expressed quite a desire to put a lot more energy into alleviating suffering and helping

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the poor and maybe less, even though the opinions may be the same, less energy in some of the divisive social issues.

There's a huge amount of energy. I mean we had 150 of our volunteers here last weekend--those folks were on fire. We spent two days in a hotel learning everything they did, and then they exploded onto the Hill. They had 180 meetings, which was a world record for us and got really quite positive responses. And then you ask what people can do, most of those folks do most of their work at home.

So when their political representatives come home, they are far more accessible and interested in communication than they are here in Washington, D.C. And so engaging those folks at home and just saying, "I care about this stuff, and I want you to as well" is really probably the most critical thing we can get people to do.

**JENNIFER KATES:** I have a question, and this actually came in as a question in part as well. You talked about re-energizing this bipartisan coalition in a sense. The GHI, the Global Health Initiative, how has that, as a concept, does that play on the Hill?

I mean PEPFAR--and it relates to another question I have about PEPFAR and where's PEPFAR fit in this current environment?--there were concerns when the GHI was first launched, I think in large part, because people didn't understand the connection between PEPFAR and the GHI with

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PEPFAR being part of it but what would it mean for PEPFAR, but now we're at a different place.

So I guess two questions, one is how does the GHI as a concept play on the Hill, and then where does PEPFAR fit or what do you think, how is PEPFAR being viewed going forward?

**BETH TRITTER:** I'll let Allen—

**ALLEN MOORE:** Well, I think the Administration early on made a sincere effort to try to figure out how to put its own stamp on global health activity. It had a legitimate desire to get more bang for the buck for everything we do. And it created this monster of an enterprise to try to figure out what a global health initiative would be.

Upfront they announced a number, \$63 billion over six years, which sounded big but was not--represented virtually no growth over the path that it appeared that we were on because we had recently reauthorized the PEPFAR bill, and that was \$48 billion for AIDS, TB, and malaria. They tacked on a year, and they added other global health spending. So it was a no-growth, but we'll squeeze more benefits out.

Budget, they didn't consult the Congress. The Congress showed little interest. And it took them a very, very long time to define what they meant, and when they finally came forward with something, it disappointed a lot of the advocates.

So nobody disagreed with the objectives. Nobody disagreed with the notion that we could do more, that we could

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coordinate better, we could build a platform, and be more comprehensive. We could work on sustainability and health systems and health workers, but those activities were already underway.

**JENNIFER KATES:** A large part of what PEPFAR reauthorization talked about?

**ALLEN MOORE:** PEPFAR reauthorization and PEPFAR and particularly the 15 focus countries where its resources were concentrated was already beginning to build such platforms. There was nothing wrong with the ideas behind GHI, but I think we lost some time in general. And two, I think the biggest mistake was not getting any significant congressional buy-in from it that was sustained and meaningful.

So now you have a feeling in the Hill, as I understand it, and these guys have their own links to the Congress as well, but it's kind of a ho-hum. There wasn't that much there.

We don't have a strong vested interest in it.

So at a time when the economy was beginning to dominate all these issues, this good faith effort didn't produce what people were hoping. So I don't mean to be overly critical. We talked about it a couple of years ago, I think, in this very room, and some of those concerns were expressed at the time, and they seemed to have been borne out.

**TODD SUMMERS:** I think they're making some efforts. I think that Lois Quam has come in as the new Director of the

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Global Health Initiative. She's sitting at the State Department. She reports directly to the Secretary of State. That's a good step. I think the original vision of having three leaders--one at AID, one at State, and one at CDC--was a bit of a challenge actually to figure out how to move the thing forward.

So there's been some good movement there. They now have a website. They're trying to increase their communication about what's happening. I think the original vision though was, as Allen said, still to be determined if it's actually taking place.

It wasn't as much about the money. It was about how the money was going to be spent and about bringing coherence to the different things that the government was doing.

So it wasn't necessarily about expanding greatly one thing or another. It was about bringing them together in part of a more coherent package that worked better for countries and for people than the current stovepipe way that we're doing things right now. I think a lot of us still share the vision of GHI. I think a lot of us are still waiting to see whether or not it's still happening.

The worry, frankly, is that they put it out there as sort of the big vision and haven't necessarily backed it up with evidence that it's actually effective. That could damage the whole concept that is behind GHI, not just the kind of

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slogan or the name, but the thought that actually we could do a better job.

The other thing I'd say is that because of the fiscal environment, GHI matters more than it ever has, especially the part about doing better with what we have. We are clearly not going to be getting the kind of increases we had and yet the need that remains is substantial.

We've done great in getting people on AIDS treatment. There are a whole lot more people who still are waiting in line. We're doing great around malaria, huge strides. The U.S. President's Malaria Initiative has been fantastic. The Global Fund is out there with a lot of resources. We're seeing malaria go down in communities like we've never seen, but that doesn't mean you walk away. Bednets that were given a few years ago need to get replaced. Kids that get malaria still need to get shots. You still got to spray to keep mosquitoes down. That requires a flow of funding and an increase as we get better and cover more people.

So I think GHI still calls on us to do a better job around efficiency, coherence, trying to help moms figure out how to get all their services in one place. And it also means making the investment case to taxpayers and to politicians that the \$63 billion they ask for is \$63 billion that'll be well-spent.

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So we have a lot to do to push the Administration to be even better by communicating what it is already doing, the success of Global Fund and GAVI and other things, and the bilateral programs. But we also have to be pushing them to make that case to the Hill better, because I fear that the potential of leaving it out there without a lot of support gives global health a black eye.

**ALLEN MOORE:** Thinking about the earlier days of GHI, I think as people would ask folks in the Administration who were involved in the planning, "What's this all about? What are you trying to do? Why?". I think what may have happened is there were some, in my judgment, exaggerated criticisms of what we were already doing. The criticisms stuck. The new vision never emerged.

So you're kind of left with the criticisms. That was certainly not the intention, but I think that may have been an unfortunate byproduct of their lack of a clear vision on where they were going. And in trying to defend what they were doing, there was a natural tendency to exaggerate some of the criticisms, not acknowledge that some of what they were trying to achieve was already happening, particularly in PEPFAR countries.

So having said that, I do agree we're going down the GHI road. We need to make it work, and no one would argue the notion that we should maximize our outputs for our investment.

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And it's that fact, which I'll just shift slightly--we haven't talked that much about the Global Fund. Todd, who's a true expert on the Global Fund and who's sat on the board, a lot of us are fans and supporters of the Global Fund, but in the Congress, some of the key players who we're going to rely on for global health spending either don't like the Global Fund or detractors of the Global Fund or would say, "PEPFAR versus the Global Fund, I will go with PEPFAR, thank you very much. It's under American control. It's bigger. We can really hold our people accountable. The Global Fund is a multilateral, and we don't like everything they do. It's not just the U.S. as a donor."

Other major donors also pick apart the Global Fund. I really feel sorry for these people, because there's some terrific people at the Global Fund and I like what it is that they're doing. But in the current political environment, if it's PEPFAR versus the Global Fund and the Congress, PEPFAR wins, Global Fund loses. So we don't need to spend too much time on the Global Fund, but that's a dynamic--

**JENNIFER KATES:** I think that's important. One of the issues--and I want to get at some of the issues--and I think what's challenging, a lot of the issues play out in terms of funding, but they're issues and controversies or difference of opinion. One is around multilateral/bilateral. I think on the one hand, you have the arguments that you were saying that some

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on the Hill are making around where we can control our investments, corruption--whether it's founded or justified to believe that or not--and all of those things, but the flipside being we can't do it alone--these are key parts of our response. We're caught in the middle of that.

Global Fund is probably where it plays out most starkly, but there's other examples of that, and we can probably get into those a little bit too. There's what are we going to do around GAVI going forward, UNFPA funding. I mean there's a lot of issues around this that have to do with the issues behind support.

**ALLEN MOORE:** Yes, you have to start a lot of conversations with unwinding perceptions or misperceptions rather than starting fresh with either a positive sense of what's going on or at least even a clean slate. So sometimes the press stories, which are usually a little bit off of center, can really introduce an organization or a concept to people in a way that's quite negative.

So we've had to spend a lot of time working backwards and say, "Look, wouldn't it be great if we had an organization that pooled all the donor resources and allowed that buying power to get discounted vaccines to help a lot of children in the developing world avoid a lifetime of disease or potential early death?". Then everyone says, "Oh yes, that's great." Then you talk about GAVI, this multilateral international

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finance institution based in Geneva, and their eyes kind of gloss over. So we have a bit of work to do to help people understand some things.

There's also, underlying some of this, there is clearly a resurgence of concern around United Nations' organizations and multilateralism in general. And what we don't want to do is to somehow say, "Well, we're different, therefore better," or to somehow excuse the anti-U.N. rhetoric, but it is the case that the Global Fund and GAVI are not U.N. institutions.

They're independent foundations, and sometimes it helps to be able to show where there are advantages to that kind of a situation.

I really think that we continue to have to work to get over this pitting one thing against the other. I mean we worked quite a bit of time to say that HIV prevention and treatment were not somehow in tension with one another but, in fact, were synergistic.

I think now that we know that having someone who's on AIDS treatment successfully can really have a strong prevention benefit--because the likelihood of their transmitting to someone else goes down substantially--that just shows in a quite medical way that prevention and treatment are together.

I think the same thing is true of a multilateral and a bilateral approach. PEPFAR has been a phenomenal success.

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Americans should just be thrilled that their money has been used so effectively to help so many people.

And the Global Fund is often there hand-in-hand with them in country. The Global Fund is a very different thing. The Global Fund is literally a collection of donors working together to send resources into the country. There's none of the technical assistance. There are no offices outside of Geneva where they're based.

So it isn't the PEPFAR--in reality, it's not PEPFAR versus Global Fund. I truly understand the political dynamic that often put the two together, but we have to do a better job of understanding that if we do it right, PEPFAR can be where we build local capacity and we really invest with a huge technical capacity of the U.S. government to help a country be in a place where the Global Fund, which is just more of a financing instrument, can be taking out the U.S. PEPFAR support.

And I think Eric Goosby, the head of the PEPFAR program, has really talked about that transition where we sort of wind down some of the intensive technical support that PEPFAR brings, wind up with the country support they get from the Global Fund and their own resources, and move on to other places where the U.S. is more needed.

**BETH TRITTER:** I mean I think that there are a couple different things that we need to keep in mind. Obviously, the notion of multilaterals--there are some people who are always

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going to be uncomfortable with it, and there's some things that are just very difficult to overcome, and anti-U.N. sentiment is running very high in Congress right now.

And I think, as you said, even if the Fund and GAVI aren't U.N. agencies, sometimes they're all sort of lumped in together. I think that the Administration needs to start to think about how it wants to frame our multilateral engagement, particularly with respect to foreign assistance, and frame it in the context of getting more out of the resources that we have.

So how do our contributions to multilaterals leverage other people's contributions and make more money available than there would be if we were doing things all by ourselves?

I think that tapping into the notion right now that we shouldn't be doing this all alone, that we need to share the burdens a lot more equitably, is something that it hasn't been done to the extent that it should've been done. I think as these new Members of Congress particularly being educated, there's a huge appetite for that.

I think that what the Administration has come out with in the Global Development Policy that the President released in September was a commitment to doing foreign assistance that was much more pulled by developing countries than pushed by donor countries. And I think that multilaterals-- you've seen just the way the Fund works with all the country coordinating

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mechanisms, the way that it works in the country in terms of building a stakeholder community around what they want to do with the funding--it's the kind of thing that we should be seeking to emulate. It's the kind of thing that we should be seeking to bolster with our support. I think that these are concepts that will play very well with policymakers if they are made in a very strong way.

**JENNIFER KATES:** Yes, that's one of the things I was interested in. Is there an appetite in the current Congress to talk about, think more about coordination with other donors to leverage resources and impact. And I agree that conversation hasn't always happened, and it would be interesting to see, especially with emerging donors, because I know there's also concern about supporting emerging donors with multilateral funding, let's say from the Global Fund, like China.

**TODD SUMMERS:** Well if you don't have a Global Fund and GAVI that allows you to effectively capture those new sources and existing sources of resources, there are often no other channels for those countries to be partners with us. So the U.S. is unique in terms of the depth of its bilateral technical capacity.

A number of its donor partners have some bilateral capacity, but a lot of them really have kind of a checkbook or nothing, and if we don't have the Global Funds and the GAVIs, our ability to sort of attract resources as these economies

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grow from the Koreas, the Brazils, even the Chinas is really going to be more of a challenge.

So I think in some ways, we still have to explain that what people articulate they want generically, actually exist. We have to somehow connect the dots for people. You want shared effort. You want local control. You want to build capacity. You want hard, performance-based assessments before the money flows. Those things that are actually part of what we got. We just have to make sure people understand that that is the Global Fund; that is GAVI.

**ALLEN MOORE:** I think that we would all agree that multilaterals can work very well, but let's also accept the reality that most donor countries like the U.S. give most of their money bilaterally. I think we have to be careful not to get involved in a side issue and be very realistic, especially during this period of time, that while we're trying to educate about the benefits of multilateral approach, we're losing our money.

There's a whole other issue that's floating around out there that has not yet come up on this conversation, and it needs to. And that is abortion and abortion politics and the fight over family planning that we saw play out in this recent issue, the recent final accommodation of FY11 spending where suddenly the funding of Planned Parenthood here in the U.S. emerged as a hang-up issue.

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This issue--the issue of abortion, abortion rights, and the extent to which the U.S. supports organizations that in any way have any involvement in abortion whether it's information, counseling, or providing services--is a huge issue. There are very important players in the Congress who believe that this Administration has, as part of its agenda, the desire to expand access to safe, legal abortion.

I'm not arguing the case. I am saying that there are major players who believe that that objective underlies some of what this Administration is all about. And while that issue is out there, during this time of budget deficits and restraint on spending, my concern is that while that issue lives on, there's collateral damage.

**JENNIFER KATES:** Well, I'm going to actually turn to Beth, because the way you defined it, it was interesting. And you talked about one aspect of a range of services and programs--family planning, reproductive health--that often all of these things get conflated, and I'd just love to hear your perspective. I know you thought a lot about this and thinking about Congress.

**BETH TRITTER:** Yes. Let me just back up, because I think what you also sort of, you suggested that the debate over multilaterals is a, sort of, a sideshow right now. I don't actually think it is. I mean I don't think that it diminishes

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the arguments that need to be made up on Capitol Hill to policymakers.

I think that we're in a new era now. We're in an era in which this isn't just about the United States giving money to countries or giving money to NGOs to work in countries. This is about bringing about more global cooperation on this from private voluntary organizations and the private corporate sector and donor governments and multilaterals.

And I think that if we don't start talking about how we're going to achieve the significant goals that we have in terms of global health with a brand new paradigm, I think we're falling back on top line messaging that ultimately is not going to serve us in the long run

So that aside, in terms of family planning, I think that I'm not quite sure what you're suggesting, but what I hear when you talk about this is that the notion of the United States supporting family planning around the world endangers the entire United States' global health budget.

The United States doesn't pay for abortions abroad. They just don't. It's been in law for several years. It's probably going to be in law for several more years, if not indefinitely.

What the United States does is help women support the children that they have and have children that they want when they want to have them. It helps women abroad have the same

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sort of rights and access and empowerment that women here in the United States do.

And I think that--I very much, obviously, I have a position on this--it's clear, I think, that this Administration would be remiss if it were to throw those priorities under the bus for the "good" of the entire global health budget because the whole notion of the Global Health Initiative--and I would agree with the comments, many of the comments, that you two made in terms of the way that it was messaged, at least upfront, in terms of really a seeming lack of vision: it was about the number; it wasn't really about what you were trying to achieve; it was about health system strengthening; it wasn't about helping people and patients. And I think that that's changed a lot if you see how the Administration's messaging has changed over time.

I think that for this Administration to step back from a commitment to family planning as part of a comprehensive global health approach would be (a) scientifically inaccurate and completely against all of the evidence about what people in the developing world want and need and what works in terms of a holistic approach to global health but also, just, it would be intellectually dishonest.

**ALLEN MOORE:** I need to respond to that.

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**JENNIFER KATES:** Please do. Just so you know, we have a couple minutes left, so we're just getting into the heat of the—

**BETH TRITTER:** Sorry.

**JENNIFER KATES:** No, no, no, no, no.

**ALLEN MOORE:** No, no, no, and I'm sorry because I want to make it very clear: I am a huge supporter and proponent of family planning, of education, of providing contraceptive commodities and options and opportunities. I think there's a consensus in this country that supports that. Most women in America, most couples, use contraceptives, have used it and support it.

And I hated it when the family planning piece was the only thing that got reduced in this final solution. Family planning moved along with very little growth over the last decade. And it did because of this suspicion that's out there that there's a link to abortion.

It is true we don't fund abortions, but whether we're talking about the overseas policy of Mexico City that prevents U.S. contractors from even being able to talk about abortion or abortion counseling or here in the U.S. with Planned Parenthood, that connection--however tenuous and we could argue that and we won't today--however tenuous, distorts and muddies up the water and undermines this broad consensus for family

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planning services, which I fully embrace and support. And I'd love us to spend over a billion dollars or more.

We will never get there as long as these links exist and people believe what they choose to believe about those links and what the real objectives are. And so my concern is that that issue colors the debate on family planning spending and also indirectly on global health spending, because it sucks a lot of the energy out of the room as people talk and share their suspicions. That's my concern. Thank you.

**JENNIFER KATES:** I would just say--to connect some of that challenge with the multilateral challenge--it's about how it's framed. These are complex issues. It's not usually how, I would say, the conversation always is able to happen in the midst of budget negotiations or policy issues, but I think they both share that, how you frame it and understanding the consensus is hard. That takes a lot of energy and isn't often able to be done at the moment, but it sounds like--

**TODD SUMMERS:** **It's interesting** how so much here is language and how certain phrases become so energized politically, well beyond the point where what they actually technically mean is long lost.

We started with actually talking about reproductive health services, and for some that includes access to safe abortion services, but technically speaking, it's a whole range of services that most people would--as you said, there's

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probably strong consensus in having moms get in to see somebody in the health field before they deliver, during delivery, after delivery--a whole bunch of services that are the collateral damage of this discussion.

So we lost reproductive health, and then people kind of fell back to family planning, and now I fear family planning has been lost even though, as you said, I think what it actually means. So we have to figure out how to do that.

I think foreign aid, in some ways, is kind of lost. When you talk to people about foreign aid, they have one reaction. If you talk about helping people with AIDS treatment or vaccinating babies, they have quite a different.

So we really have to, I think, do a better job, maybe with some people who are expert in this, understanding some of the slang, which and figuring out in some ways how to overcome or unwind some of the ways that this language has been captured in a political debate and used unfortunately as kind of polarizing impact and really get back to saying women should have access to a whole range of services that allow them health and, if they choose to have children, to do that in the most safe and effective way possible.

And I think that most people, even people that are strong opponents of abortion services, would find quite a bit of support for the other services that are now kind of the collateral damage in this discussion.

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**BETH TRITTER:** Can I just add one thing?

**JENNIFER KATES:** Yes, and this is great because we're really out of time, but I would love some final quick thoughts on this.

**BETH TRITTER:** Sorry, really quickly. I think that this is what we were talking about a little bit before in terms of the national security messaging and how there's a dichotomy between what works with policymakers and what works with the American people.

And what I've seen, at least from polling that I've seen fairly recently, is that generally speaking Americans have no idea what family planning is, but if you explain to them that it's about educating women about how to space and plan for their children and providing them access to contraceptives, there's widespread support across all political parties and ethnic stripes and things like that.

I mean people are sort of very broadly supportive of it, yet it is such a hot button issue among policymakers. I think that just like with multilaterals, just like with sort of the overall budget, we need to be finding new ways to talk about these things, not to put ourselves in a box where we take things off the table or throw things under the bus but where we really make a better broader argument for the full range of things that the United States should be supporting.

**TODD SUMMERS:** Agree.

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**JENNIFER KATES:** This is the last word.

**TODD SUMMERS:** Sorry, but these things all interconnect. So we talk a lot about the importance of preventing mother-to-child transmission of HIV. We campaign quite a bit on it. We had a huge positive reaction. People really get behind the idea that moms who are living with HIV should be given the drugs that virtually eliminate the risk of their passing it on to their children. And yet the most effective way to prevent that in the first place is to help her not have children that she doesn't want to have, and that's contraception.

So you end up, in some ways, paying for the more costly effort later on, because the earlier options, which are more effective, are foreclosed because of a political debate. It's very hard when you have friends in Europe to explain all this. So I spent some time trying to help them understand why we have such a hard time talking about reproductive health and family planning in the U.S.

**JENNIFER KATES:** I think what you're all telling me is that we need to continue this conversation with another In Focus that gets at some of these issues, because they're very complicated and I think we're really just touching on so many critical ones. But I want to thank all of you for sharing your views on Congress and global health and kind of what to think about going forward.

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It's been really very informative and hopefully for everyone watching as well. And I'd like to thank everyone for all of your questions and for watching us today. On our website, [globalhealth.kff.org](http://globalhealth.kff.org), you'll find additional resources on today's In Focus. We encourage you to share the video and transcript with your own audiences. We also hope that you will join us for future webcasts of U.S. Global Health Policy In Focus. I'm Jen Kates of the Kaiser Family Foundation. Thank you.

[END RECORDING]

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