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Child Welfare
League of America

Children Caught in the Crossfire'

Statement by Sandra Thurman

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Child Welfare League of America Conference

Thursday, February 25, 1999

Thank you David Liederman and Rick Flemming for asking me to be a part of this conference and for giving me the opportunity to speak with all of you this morning. In addition, I would like to extend greetings from President and Mrs. Clinton (or should I say President and Senator Clinton) -- and from Vice President and Mrs. Gore. They all send their warmest regards, and wish you much success in this important endeavor.

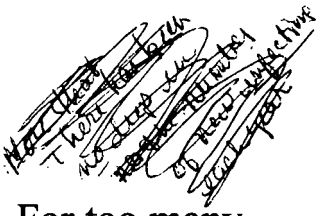
We are all very familiar with the great work of the Child Welfare League and of your member agencies and advocates, and we appreciate your longstanding commitment to the well-being of

America's children and families. Today, in particular, I would like to salute you for your willingness to focus much needed attention on children and families living with HIV and AIDS.

Your conference comes at a critical juncture in our nation's battle against this deadly virus. With hope on the horizon, many Americans, and too many policy makers yearn to believe that the worst is behind us. The sobering truth is that the AIDS epidemic is far from over.

America is a family, and our family has AIDS. Our children, our parents, our brothers and sisters, our extended families, and our communities all have AIDS. And in a host of different ways and from a variety of different vantage points -- our children are caught in the crossfire and are crying out for our help.

We have made and continue to make great strides -- but we



cannot allow good news to breed complacency. For too many children, youth, and families there is still clear and present danger -- and there is more, much more that needs to be done.

Your conference theme -- 'Children 99: Countdown to the New Millennium' -- beckons us toward a range of vitally important policy discussions.

* AZT during pregnancy and childbirth can reduce the spread of HIV from mother to child but is still not universally available to all those who need it -- even in this country, much less the developing world.

* Effective prevention efforts can give our young people the skills they need to stay safe -- but they require us to confront difficult topics of poverty, sex, race, homosexuality, drugs, violence, and other realities our teens face.

* Children, youth, and families infected and affected by HIV can benefit greatly from health, mental health, substance abuse, and support services but they are too often not connected to these essential systems of care.

* And finally, children orphaned by AIDS can survive this devastation if we can help them find their way to love, nurturance, hope, and stability ~~but this requires~~ planning, ~~options~~, and a great deal of support ~~which often comes too little and too late.~~

But with your help, and through effective public-private partnerships, our nation's village can raise its children -- even in a world with AIDS.

The Centers for Disease Control has reported major reductions in HIV transmission from mother to child. In just four years, we have seen a nearly 50% decline in the number of children

diagnosed with AIDS resulting from mother to child transmission. Since the CDC recommended voluntary prenatal HIV counseling, testing, and treatment when needed, pregnant women and their providers have worked together to reduce HIV transmission to children.

This is great news. And while some said it couldn't be done -- doctors, nurses, social workers, activitists, governments, foundations, and families living with AIDS, advocated, organized and delivered to save our children's lives. This is a true testament to the potential of our collective will. And it is what gives us the strength to face the many challenges that lie ahead.

It is now time for us to commit to preventing HIV among our teens and young adults with the same steadfast determination. This year, 40,000 additional Americans will become HIV infected. Half will be under the age of 25. 1 in 4 will be a teenager. Every hour of

every day -- two additional young people become infected with HIV. My friends, we have failed these young people. While we have played it safe -- our children have paid the price. If we are serious about saving lives, we must move beyond raising awareness -- and toward the real empowerment and real life skills development needed to stem the rising tide of infection. And this time -- we must all join the fight.

Too many young people have lost faith in themselves and in their futures -- and need our support and encouragement if they are to build a foundation for healthy and productive adulthood.

I know I don't need to tell you of the special vulnerability of the 20,000 kids each year who leave whatever semblance of stability they found in foster care for a world full of confusion and uncertainty, ~~at best.~~ Many of these young people end up poor, unemployed, homeless and pregnant -- and all are at serious risk of

HIV.

On behalf of these young people, I would like to thank you for advocating for and vigorously supporting the Administration's FY2000 independent living initiative. This $280 million will help them secure safe passage to a better life. With these additional resources for education, training, and career counseling and extended Medicaid benefits, many more will make the successful transition from foster care to real self sufficiency. And for those already slipping through the cracks, funds for community-based organizations will help give street kids a chance to get back on track before HIV, drugs, or crime change their lives forever.

And because this is an equal opportunity epidemic -- women too are increasingly at risk of HIV. In fact, the rate of HIV infection is growing most rapidly among women -- with a disproportionate impact on poor women and women of color -- most of whom have

children or are of childbearing age.

Often these women, and their children, are caught in cycles of despair, poverty, violence, and drugs. All too frequently they feel they lack the control over their own lives needed to make safe choices. Helping these families requires outreach, trust building, cultural sensitivity, and a comprehensive array of services and supports.

New treatments can bring the promise of longer and better lives to children, youth, and families with HIV and AIDS -- but these drugs are a distant dream for far too many of these families.

-- Do they know they are infected? Should they find out?

-- If they do, will they and their children be safe from harm and discrimination? -- Should they try these new drugs? Should

their children?

-- Are they eligible for Medicaid? How do they get it? Does their state Medicaid program cover these drugs? What about the substance abuse treatment?

-- Are the essential support services needed to make access to health care a reality available? Is there a clinic in walking distance from their home or shelter? Can they afford the bus? And who will watch their children while they go or when they get there?

These are just a few of the questions that arise for disenfranchised families struggling to get by. And these real life realities exist long before we even get to the medical reality that unless families can create the space in their lives to take nearly 40 pills a day at precisely the right times each and every day -- these drugs can do more harm than good. This is not a simple 'cocktail' as many have referred to it. It is a complex challenge of highest order.

But we know what we need to do. With funds from the Ryan White CARE Act, we have been able to develop truly comprehensive and family-centered care networks -- programs that understand that when a family has AIDS -- every member of that family needs help, especially the children.

We know that effective therapies are a good start, but drugs alone are not enough. Our experience with immunizations should have taught us that. If are to reach those most in need, comprehensive and user-friendly systems of care and support services are absolutely essential.

And finally, I know that you will spend time today working on issues of permanency planning, standby guardianship, and other critically important child welfare matters. All too often these issues get lost in the many complex challenges we face in the fight against AIDS. I commend you for your focus on planning for our children's

futures.

As a nation, we have only just begun to deal with the fact that 125,000 American children will lose their mothers to AIDS by the turn of the century. These too, are the children of the unfolding AIDS epidemic in America.

In many ways, these are the children of war -- and the enemy is AIDS. The only difference is that frequently the community rallies around children of war. Unfortunately, all too often our children surviving AIDS are shrouded in stigma and plagued by prejudice, fear, and uncertainty.

We must do better and with your help -- I know we can. We need to fight AIDS, not people with AIDS. After more than a decade of this epidemic, people should no longer have to suffer in silence or hide their realities from their natural support systems.

Extended family and kinship networks have traditionally played a critically important support role -- particularly in communities of color -- and these networks are an essential part of planning for children's futures in a world of AIDS. The church and the community too must come to be involved in this effort.

We need a legal system that puts children and families first. A foster care system that provides children with a temporary safe place to live in route to a permanent home. And a society that find ways to support families in understanding their rights, realities, and responsibilities, and supports them whenever possible in planning their children's futures. But you know far more about this than I do -- and I hope you will keep my office advised about how -- working together -- we can do better.

In closing, I would like to make an appeal to the Child Welfare League and to you, its member agencies and advocates, to find ways

to reach out to the children, families, and communities of sub-Saharan Africa who are fighting a plague of biblical proportion. In Washington, we throw around a lot of numbers. But in some very real ways, quantifying reality helps us to raise public awareness and increase public responsiveness. And in the global battle against AIDS -- the numbers are staggering.

* Each and every day, 16,000 additional people around the world become HIV+ -- that's one every 5 seconds. And most of these new infections are among babies, infected by their mothers, and teenagers, infected by their partners.

* In Soweto, we have been working with a doctor at Baragwanth Hospital, who has promising research that may soon help to prevent HIV transmission during delivery for a cost of about $25 dollars. A $25 intervention could save a baby's life. Unfortunately, in many Africa nations, health spending is less than $1per person.

* As a result, AIDS is reversing decades of progress in child survival. In the next ten years, in many Africa countries, infant mortality will double, and child mortality will triple. And in spite of this trend, by the year 2010, more than 40 million children will be orphaned by AIDS -- let me say that again -- 40 -- million -- children -- 95% of whom will live in sub- Saharan Africa. This is the same number as all of the children living east of the Mississippi. And in many African nations, this means that as we move into the new millennium, 1 out of very 3 children will be orphaned by AIDS.

But if there is one thing that I hope you will remember -- it is that behind these numbers are real lives -- lives shattered by tragedy and dreams rekindled by hope.

In Africa, the common belief is not that we have inherited the