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Patsy Fleming Speech-HIV Prevention Community Planning Co-Chairs Meeting, 1996

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Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

HIV Prevention Community Planning

Co-Chairs Meeting

Atlanta, Georgia

March 7, 1996

GOOD AFTERNOON:

Thank you Terje Anderson for that gracious introduction. I don't need to tell this audience what a remarkable person Terje is. It has been my personal pleasure to work closely with him this past year. He serves with distinction on the Presidential Advisory Council on HIV and AIDS. The Council is making a critical contribution to our national response to the epidemic.

I want to extend a special thanks to Coretta Scott King for participating in this important meeting. She is still the best messenger bringing the blessing of her late husband Dr. Martin Luther King. My thanks also to CDC, NMAC and NASTAD for convening this meeting and Helene Gayle for her passionate commitment to putting an end to the AIDS epidemic. She and David Satcher have breathed new life and energy into CDC and are true leaders in the fight against AIDS.

But most of all my thanks go to you -- the men and women in this room from all over the country who are the front-line soldiers in this battle. You are the driving force for change in your communities and at the national level. You walk the walk and you talk the talk.

Those of us in Washington and Atlanta recognize the value of your work. But we also recognize that this work is not easy. In fact, the business of saving lives is often extremely difficult. That's why it is understandable that many of you may be weary. Some may even be thinking about giving up. But let me make a direct plea to you -- they don't give up, keep on making the sacrifices because the price we will pay is far too great if you leave the field.

The theme of this meeting is the power of HIV prevention. We all know how powerful prevention can be. When done right, HIV prevention programs can change our future. Prevention can make the difference between a life truncated by illness and disease and one that includes the joys and sorrows of a full and meaningful existence.

That is why the work that you perform every day is so essential to the future of our country. This Administration is exceedingly proud of the creation of the community planning process. Just two years ago, we radically reordered the system. Instead of continuing to make decisions in Washington or Atlanta, we returned that power to the communities that know best what their people need. And that change is beginning to pay huge dividends.

But process alone won't do the job. You and I know that we need greater resources. That's why I was so disappointed by the Congress' refusal to approve the President's full fiscal year 1996 budget for AIDS prevention activities at the CDC. The President's request for a $35 million increase in prevention funding was based on the very real needs of the people of this country. But in this Congress, lawmakers are still trying to convince the American people that a decision not to cut the budget of a program is actually an increase. We know that's not the case and we're trying to convince Congress to see it that way, too. That has not been easy.

The President will come back to the Congress in a couple of weeks with his fiscal year 1997 budget and you can be sure that he will continue to fight for additional money for the AIDS prevention programs that you work with day after day.

In December, the President held the first-ever White House Conference on HIV and AIDS. It was a exceptional day of in-depth discussions by more than 300 people from all over the country. In his remarks to that conference, the President laid down a very clear marker for our goal in HIV prevention. He said:

> "We have to reduce the number of new infections each and every year until there are no more new infections."

That's what I call setting the bar high. But it's a goal that we all have to work towards. And I believe it is one we can meet -- because we must. Working together, even without community planning, communities all over the U. S. helped to bring down the number of new infections from more than 100,000 a year in the mid-1980s to a level of 40,000 to 80,000 today. That's still unacceptably high but it is some progress. The problem is that we have been stuck at that level for nearly five years. Clearly a greater investment of resources will help us meet the President's objective. But it can also be achieved by being more creative with the resources we do have and by holding all of our programs to high performance standards.

I believe we have seen a sharpening of our HIV prevention message. Instead of the overly cautious messages out of Washington that we saw in the 1980s, we now have frank and honest messages that are up front with the American people. I am proud of the fact that CDC issued the first government public service announcements advocating not only abstinence but also advocating the use of condoms. Today, that may seem like a mild step. But think back two years and remember how intense the heat got after that announcement was made. Similarly, three months ago, CDC released a new set of PSAs that directly address the concerns of young people in the language and style to which they are accustomed. Those ads include real kids -- not actors -- talking to each other about their lives and their experiences. They include young people who are HIV negative and HIV positive, straight and gay; black, white, and hispanic; sexually active and abstaining from sex. Again, these steps took courage and I commend CDC for their willingness to take these steps forward.

We in the government have learned to listen to our partners in the communities -- even when what they tell us isn't necessarily what we'd like to hear. Last year, after a great deal of thought, we proposed a set of performance partnership grants combining related programs -- HIV, STDs, and TB prevention and simplifying the application process. But we heard -- loud and clear -- that there were serious concerns in the community with the impact this proposal could have on your programs. After careful consideration, we withdrew that proposal. So, yes, even government officials can learn.

As we move forward, each of us is going to have to pay particular attention to the groups of Americans who are experiencing the sharpest increases in HIV infection. By that I mean women, African-Americans, Hispanics, adolescents, and, young gay and bisexual men.

Two days ago, I sent a report to the President on the state of the AIDS epidemic among American teenagers. That report includes the startling fact that today, at least one American teenager is becoming infected with HIV every hour of every day. One-quarter of new infections are among teenagers and one-half are among those under the age of 25. It is clear that many young people are not getting the information they need to protect themselves and far too many are not learning the skills they need to put that information to work to save their own lives.

Young people need information about HIV. They need to know how it is transmitted and how it is prevented. And they also must know how to negotiate relationships; how to say no to sex and drugs; and, when they decide to say yes to sex, how to demand respect and protection. These are not easy lessons but they are critical to the future of young people and to the future of our country.

Each of us has a responsibility to reach out to young people; to draw them into our planning process and give them a voice. Again I urge each of you to find innovative ways to include adolescents and their advocates on your planning councils. I ask that knowing it is not an easy task. But it is one that is worth the effort.

Of course, it's not enough to simply give a young person a seat on the council. They also need the skills to work with the other members; to overcome reluctance to challenge authority figures; and to translate their ideas into tangible suggestions. We all have a responsibility to help them do that as well.

And I want to say one more thing about young people. We are experiencing a second wave of infections among young gay and bisexual men. New statistics indicate that the rate of infection among these men may be as much as seven times greater than in society as a whole. In some areas it is nine times greater. We must reach out to these young men. And many of us must overcome the societal, institutional, and even personal homophobia that often gets in the way. If we, as adults, don't learn to accept or at least tolerate differences in others, how can we expect our young people to respect themselves and protect themselves?

It is also clear that we need to do more to integrate our HIV prevention work with our substance abuse prevention and treatment activities. New data estimate that approximately half of all new infections are caused directly by drug use and perhaps another one-quarter of infections are indirectly linked to drug use. That includes both injection drug use and the use of other drugs that cloud the judgment of people who are under their influence. The President has asked CDC to coordinate a meeting between state and local officials involved in HIV prevention and substance abuse prevention to begin an important dialogue that will lead we hope, to a reversal of these trends.

In that context, we must remember that substance abuse prevention is a remarkably effective form of HIV prevention. If we can help a person stop using drugs, we can prevent behavior that often leads to HIV infection. And if we can convince enough people not to begin using drugs in the first place, we reduce the risk even more.

I'd like to raise one more issue today. That is the rising rates of HIV infection in our federal and state prisons. I was pleased to see that you have a workshop on this subject scheduled during your meeting. A study of the prisons in the five boroughs of New York City showed that 12 percent of the men in those prisons were HIV-positive and 25 percent of the women were infected. We must recognize that many of these infections occur while they are in prison. We've got to start looking for some answers.

Finally -- a few words about the need to increase the number of people who voluntarily seek HIV counseling and testing. You and I know that testing is a bridge between prevention and treatment. A person who comes in for counseling and testing and gets a negative result is a prime candidate for education reinforcement. Trained counselors can determine what behavior helped to push that person to seek counseling and testing and help that person to change those behaviors before it is too late.

Similarly, a positive test is an opportunity to reinforce behavior changes to prevent further transmission of HIV and to link that person to a continuum of care. We know that early treatment is the best chance we have to slow or perhaps stop the progress of this virus. The new

drugs that are being approved in record time can work best if they are applied soon after a person is infected. I have asked some of the people here at CDC to work with me to develop innovative ways to increase both the availability of counseling and testing and the willingness of people to seek such services. We will be asking for your advice as well.

None of what I have discussed today can be achieved in a week or a month or even a year. And none of it can be accomplished by any of us acting alone. It will require what I call a coalition of the heart. Working hand-in-hand we can accomplish our common goal of ending this epidemic. And working heart-to-heart I am confident that we will.

Thank you.