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THE WHITE HOUSE

WASHINGTON

Remarks of
Patricia S. Fleming
National AIDS Policy Director
to
U.S. Agency for International Development
Third HIV/AIDS Prevention Conference

August 7, 1995

GOOD MORNING:

Thank you for that gracious introduction and for the invitation to join you today. This is very important conference focused, as it should be, on the critical issue of preventing HIV infection. I'd like to thank Brian Atwood, Sally Shelton, Duff Gillespie, and their colleagues at USAID and the Department of Health and Human Services for putting together this important conference and for their incredible leadership in the global response to HIV and AIDS. Let me also express my appreciation to the Department of Health and Human Services for their support. USAID's efforts under Brian Atwood have been heroic.

I want to also thank Dr. Peter Piot, director of the UNAIDS program for joining us and for his work. In just a few short months, Dr. Piot has surpassed all of the tremendous expectations my country and so many others had for his leadership of this new enterprise. He has brought focus, organization, and passion to this task and I know the battle against AIDS is better for having him.

The UNAIDS program was created in recognition of the uniquely intersectoral nature of this epidemic, and the growing need for better coordination of our efforts at both the country and global levels. Dr. Piot and his staff are working hard to insure that the new program will be positioned best to meet that need. It is our collective responsibility to do everything we can to help Dr. Piot create a framework for success.

I see many other familiar faces in the room today. Friends and colleagues from around the world who have committed themselves to this battle. It is good to see all of you gathered here. It's like a family reunion. A reunion of women and men committed to fighting HIV and AIDS and standing up for the people affected by this insidious disease.

I think we all understand that AIDS is a pandemic that recognizes no borders. It is an equal opportunity destroyer, affecting all people in all countries, either directly or indirectly. There are nearly 17 million people -- including one million children -- living with HIV around the world. One million of those people live here in the United States. In my country, it is estimated that one out of every 250 people is infected with HIV. But in some communities in developing countries, that rate is one in two and the ravages of HIV and AIDS are leaving many nations unable to cope and unable to compete in the world economy.

I want to say here that too often we divide the world into categories -- developed versus developing; Third World versus Super Powers. When it comes to AIDS these divisions are not as clear. For example, there are sectors of the U.S. that have the same problems as developing countries in terms of denial of human rights, poverty and discrimination, sexism and homophobia.

AIDS is wreaking havoc on families around the world. Here in the United States, it is estimated that 80,000 children will be orphaned by the end of this decade. But all of you know that our numbers pale in comparison to the circumstances that exist right now in many other countries. Around the world, we see entire families wiped out by HIV. Mothers, fathers, grandmothers, and grandfathers all dead. Children left to raise themselves or to raise their siblings with no adults left to care for them and teach them how to grow up. These are not just problems to be dealt with today, they are a threat to our very future. When we wipe out a generation of leadership, we erase part of our future. That is something that none of us can afford.

Here in the U.S., the Clinton Administration has made a major effort to revitalize our domestic and international efforts against HIV and AIDS. In the three budgets the President has submitted to Congress, funding for AIDS research, prevention, and care have been increased by 40 percent. These increases have a direct affect not only on our efforts here at home but in the international attack on HIV and AIDS as well. Prevention strategies being developed here are saving lives in other parts of the world, just as prevention initiatives developed abroad -- such as social marketing of condoms -- are saving lives here in the U.S.

The President has also worked hard to provide greater focus to the effort against AIDS by strengthening the Office of AIDS Research at the National Institutes of Health so that it can better plan our research enterprise. He has reorganized the prevention programs at the Centers for Disease Control and Prevention and created a new program of community planning that puts the authority for creating prevention programs at the local level. And he has created the Office of National AIDS Policy at the White House to provide overall coordination and direction for our efforts. And, two weeks ago, the President's Advisory Council on HIV and AIDS held its first meeting here in Washington. Eight of its 23 members are people living with HIV or AIDS.

We have seen some tangible results from this investment of resources and commitment. Two years ago, many of us gathered in Berlin for the International AIDS Conference and were disheartened by the lack of progress on the research front. There was, I recall, a palpable feeling of despair among scientists and community activists alike.

Today, while we are still far from our ultimate goal of a cure, there is reason for hope. In the U.S. scientists have discovered a way to sharply reduce the risk of perinatal transmission of HIV and we are working aggressively to find the best way to put that science to work. We also are seeing progress in the development of protease inhibitors, which may become a more effective anti-viral with fewer side effects.

I am encouraged by these developments and determined that we continue our strong commitment to AIDS research. Just last week, the House of Representatives approved a funding bill for fiscal year 1996 that includes our full request for AIDS research funding. We are hoping for similar support in the Senate so that we can continue our progress.

We have also worked hard in the international arena to maintain and expand the American contribution to the global fight against AIDS. The U.S. -- through USAID -- remains the leading contributor of funds for AIDS prevention and research activities throughout the world, including our contribution to the new UNAIDS program.

USAID has been a leader in addressing the HIV/AIDS epidemic, contributing half of the money spent on prevention worldwide. USAID has established 240 prevention programs in 42 countries, reaching 3.2 million people. USAID has trained more than 58,000 AIDS educators and provided financial support to 210 nongovernmental organizations. And, of course, we are a full partner and donor to the new UN AIDS program.

But are these efforts enough? No, they are not. Not when this pandemic continues to destroy so many people. Every country must become a donor in this struggle, no matter how small the contribution. And the traditional donors must give more if we are to win.

We need to work on the transfer of research results. We cannot, in good conscience, just watch as millions of people around the world are unable to get help from the advances of medical science. We have to find better ways to share the fruits of our labor with the people of developing countries. I don't have the answer to this dilemma, but I am determined to pursue it.

When researchers from developed countries like the U.S. are finished with their investigations and go home, what is left behind? Do the people in those countries benefit from the research? Sometimes, the answer is yes. But often, it is no. It's a matter of resources. It's a matter of dollars and francs, and guilders, and deutch marks. I am chagrined that in much of the world, even AZT, imperfect as it is as an antiviral, is not available, especially now that it can reduce the risk of perinatal transmission. I am chagrined that even an inexpensive drug to prevent PCP is not more widely available.

As with our domestic efforts, our international programs are under attack in this Congress. Proposals by leading members of Congress to eliminate the U.S. Agency for International Development and to sharply reduce our overall international assistance budget have been made in both the House and the Senate. But even the Republican majority Senate has turned back this misguided effort to move AID to the State Department and decimate foreign aid.

The President has stated that he will veto any such attempts and I believe he has the votes in both houses to sustain such a veto.

Let me make one thing clear, no matter how this debate goes, the United States will not retreat from its commitment to be a full partner in the global response to HIV and AIDS. It is much too important a fight for us to sit on the sidelines.

Now, I'd like to discuss a few of my own priorities. We must carry out the declaration signed last December at the Paris AIDS Summit. The initiatives it contains can guide each nation as well as UNAIDS. I am particularly heartened by the attention paid to the issues of human rights and the needs and rights of women, youth, children, and other vulnerable populations.

We must recognize that the fight against AIDS is also a fight against sexism, racism, and homophobia. The rights of people with HIV and AIDS must be protected if we are to protect their health and the health of others. As the mother of a gay son, I have seen the toll that homophobia -- both external and internalized -- can have on the self-esteem of young people. I brought my son up to respect himself and to demand the respect of others. But too many young people must fight against hatred and fear and too often the result of that battle is a lowering of self-esteem and an increase in risk-taking behavior.

As an African-American woman, I have felt the effects of racism and sexism personally. And I have seen their effects on the ability of women to control not only their reproductive rights but their protection from STDs including HIV. In the U.S., AIDS is now the leading cause of death among African-American women between the ages of 25 and 44. And in 1994 alone, 14,000 American women were diagnosed with AIDS, nearly one-fifth of all women diagnosed since 1981. Around the world, AIDS is a major threat to women of all races and nationalities.

A major factor in the spread of HIV among women is the fact that women have had to rely almost solely on the use of condoms by their male partners to protect them from STDs. We are moving ahead with research into vaginal microbicide agents that could be used privately by a woman to protect herself against these infections. In the last two years, we have more than doubled our commitment to microbicide research at NIH. But even though we've made good progress, this life-saving product will take years to develop. When we do discover a microbicide, it must be made available to women around the world, not just in developed countries.

Something we have right now is the female condom, which represents a step forward toward empowering women to control infections. Unfortunately, use of the female condom is not yet widespread and I think we all need to do more to encourage its use.

I want to emphasize the need to involve persons living with HIV and AIDS and non-governmental organizations representing affected communities in all the work that we do. In my own office, we spend a great deal of time reaching out to affected populations and community groups for their views and their guidance in the development of policies that will affect them and the people they serve. I will admit that this is a time-consuming process and it is sometimes difficult. But the benefits are enormous -- better communication, more focused policies, and the engagement of the community in the process. And their presence is a daily reminder of the need to promote human rights.

It was a major victory for us all when ECOSOC agreed that NGOs should participate in the Program Coordinating Board of UNAIDS. I will help them, if they ask me to, as they develop a strategy for working within this governing body.

I know, first hand, the value of gaining a seat at the table. As a Congressional staff person in the 1970s and 1980s, I was often the only African-American in the room when decisions were being made on policies affecting my community. Let me tell you, that made a difference not only for me but for the other people making decisions. So let's not take this responsibility lightly. Let's embrace it and make sure it works.

We also want to encourage stronger links between international and national NGOs. Lessons have been learned and shared across borders. In fact, when Dr. Piot was here during the month of June, I convened a meeting of U.S.-based NGOs to meet with him to encourage these types of links. I also know that a group of international and national NGOs met yesterday to exchange information and share experiences about their AIDS prevention activities in Haiti, Jamaica, and the Dominican Republic. These are but a few examples of the international dialogue and collaboration now going on in many places. I encourage and support their initiatives.

With the assistance of NGOs and others, we will continue to improve our prevention programs. We can design the best interventions in the world, but if they don't work in the real world they aren't worth doing. We need the insight and the input of the community to make sure that the programs we design produce the results we desire.

For it is those on the front lines -- our sisters and brothers who are directly affected by the epidemic -- who remind us that we must work to change risky behavior while at the same time addressing the overarching problems of subsistence and discrimination.

No matter the nation, we often ask ourselves the same questions. Can you teach a drug addicted person who lives on the street to find a way to always clean his needles? Can you teach a woman who is infected but has no food for her children and no roof over her head to always practice safer sex? Can you teach a young gay man who was kicked out of his parents' house how to protect himself when he depends on turning tricks to survive?

We know the answers to these questions. But in many countries around the world, including the U.S., it is becoming more and more difficult to resolve them. I don't have the solutions. But my grandmother often said to me, as grandmothers do, "Patsy, where there's a will, there's a way." I see that among us here there's a lot of will.

Here in this country, we have gone to the community for some of the answers through the community planning process. Instead of a top down approach to prevention, we are asking community councils, along with state and local health departments, to decide how to use their prevention dollars from CDC. We are beginning to see that this kind of empowerment can work.

Just last month, we completed the fourteenth year of this epidemic. In that time, more Americans lost their lives than were killed in the Korean War, the Vietnam War, and the Persian Gulf war combined. Around the world, the death toll is higher. Today, an average of 6,000 people are infected with HIV every day. We must maintain our commitment to ending this epidemic. I pledge to you that as long as this Administration is in office, we shall do just that.

If we are to prevail -- and I believe we will -- we will need an alliance of the hearts and minds and resources of the world. With the passion, compassion, and the will of the people in this room today and our comrades around the world, I know we can prevail. Because we must.

Thank you.