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THE WHITE HOUSE

WASHINGTON

Remarks
Patricia S. Fleming
National AIDS Policy Director
to the
National Conference on Runaway Youth

January 30, 1995

GOOD MORNING:

Thank you Marie Pohutsky for that gracious introduction. I am very happy to be here this morning.

Looking out over this room I see a wonderful mosaic of faces. Young people and older people, who have come together because of their common commitment to help our next generation get off to a better start.

Let me take a moment to thank the National Network of Runaway and Youth Services. Over the past nineteen years, this organization has expanded to serve a growing number of young people who often have no one to turn to. You provide a warm meal, good clean clothes, a place to live, and, most importantly, a feeling of love. In other words, you tell our young people that they matter and you tell the rest of us that we need to care.

Today, our young people face too many problems created by those of us who are older and should be wiser. A young man or a young woman growing up today faces a society that has too much crime and too much violence; too many drugs and not enough drug treatment; too much AIDS and not enough sex education.

At a time in their lives when they should be planning for college, working on the year book, and deciding which boy or girl to take to the prom, many of our young people are trying to figure out where they're going to sleep tonight and where they'll get their next meal.

As the mother of three sons, my instinct is to bring all of these young people home with me for a good meal and some hugs. But one dose of caring won't solve problems that are so large and complex. Our young people need us to work together to make their lives safer and healthier.

I know only too well the impact that HIV is having on the safety and health of our next generation of leaders. Let me share with you just a few statistics. They are very frightening.

Last year, nearly 81,000 Americans of all ages were diagnosed with AIDS. That's more than 220 people every day. Last year, more than 40,000 Americans of all ages died of AIDS. That's more than 100 people every day. Last year more than 40,000 Americans of all ages were infected with HIV, the virus that causes AIDS. But the most appalling new statistic is this one: One out of every four people infected with HIV in 1994 was under 20 years old. And one in two were under 25.

In other words, young people -- especially teenagers -- are laying their lives on the line by ignoring the public health messages that teach them how to protect themselves from this deadly virus.

For kids who live on the streets, the AIDS epidemic is very real. A recent study shows that in San Francisco, more than 8 percent of runaways are infected with the AIDS virus. In New York City, more than 5 percent of these kids are infected. That compares with an infection rate of less that one percent among everyone in the U.S.

Young people who have left home and have to fend for themselves have a much higher rate of risky behavior including unprotected sex and injectible drug use. That's not hard to understand. Without a supportive family structure around them, these young people are forced to make decisions for themselves that most of us face much later in our lives.

And let's not forget why so many of these young men and women are out on their own. It's not as if they suddenly decided one day in the middle of a Cub Scout meeting that they didn't like living in their warm house in the suburbs and wanted to see what it's like to live on the streets of New York or Chicago or Washington DC. No, many of these kids were pushed out or thrown out of their homes or saw their families fall apart and literally leave them on their own.

And let's face it, a large number of runaway youth were thrown out of their homes because their parents couldn't deal with the fact that they are gay, lesbian or bisexual.

Today, an estimated 5 hundred thousand to one-and-a-half million young people run away from or are forced out of their homes. About 2 hundred thousand of these kids are homeless. It is no wonder, then, that many of them practice unprotected sex, shoot drugs, or become sex workers. When the people who brought you into this world tell you that you're worthless or call you vile names and throw you out of your home, what does that do to your feelings of self-worth? Low self-esteem is as much a public health menace as cigarette smoking or drunk driving.

Kids who are rejected by their families or sexually and physically abused by parents or other adults can't help but feel alienated, powerless, and worthless. Well, let me tell every one of you in this room today: You matter. I know that. You have to know that. And the rest of our country has to learn it, too.

So, you might ask, what are we going to do about it?

Well, first of all we have to recognize that not all kids are the same. The problems faced by runaway youth have very little to do with the problems that confront many suburban teenagers.

The same holds true for young people of all kinds. We can't assume that with kids one size fits all. Because it doesn't. We need different strategies for different kids.

We need to encourage young people who are not yet sexually active to delay sex for as long as possible. We have to find ways to show them that being a virgin doesn't make them a loser. For young people who have just begun to experiment with sex, we need to talk about delaying intercourse and trying something I call "outercourse." For those of you in the room from my generation, outercourse includes long walks, holding hands, and making out. And for those who are sexually active and certain to remain so, we must talk openly and bluntly about the need to use latex condoms correctly and consistently. We can't bury our heads in the sand and hope HIV will go away. The statistics I discussed earlier make it clear -- it won't go away. In fact, it just gets worse.

When it comes to runaway youth, we need all of these approaches and more. But before we focus on risky behavior, we need to help them with housing and food and clothing, and love. We have to help them feel wanted.

But we know, too, that runaway youth aren't likely to listen to a lot of what adults have to say. That's certainly understandable. After all, for many of them, the reason they're on the streets is because of the actions of adults who let them down or kicked them out. Why should they trust us now just because we say they can?

One way around this sound barrier is to use peer counseling. Many of you here today have proven the effectiveness of this approach with your daily work. When a peer reaches out to a runaway youth, the hand isn't always slapped away. And once those hands connect, important messages about HIV can get through.

One of the best peer counselors I ever knew was Pedro Zamora, a young man who died of AIDS late last year at the age of 22. Pedro wasn't a runaway but he could talk to kids on the street the same way he could talk to kids in school. And they listened. That's because Pedro knew the pain they felt and he understood the anger they had in their hearts. After all, Pedro had those feelings too. But Pedro turned his pain and anger into action and in the process he saved a lot of lives.

We need more Pedro Zamoras in this world. Many of you have those same talents and are saving lives every day. My job is to find more of you and to provide you with the tools you need to do this very important work.

Let me leave you today with some of Pedro's own words. Words he spoke to a Congressional committee two years ago. He said:

> *"I needed positive messages about my sexuality. I needed to know about condoms, how to use them correctly and where to buy them. I needed to know that you can be sexual without having intercourse. I needed skills to negotiate relationships. I needed to know how to say, 'I don't want to have intercourse, I just want to be held.'"*

Together, we must make sure that more of our young people are empowered to recognize the truth in Pedro's message. And, as your very appropriate conference theme says, together we must begin weaving the future.

Thank you.

Remarks of

Patricia S. Fleming

National AIDS Policy Director

to the

U.S. Conference of Mayors

Task Force on AIDS

January 25, 1995

GOOD MORNING:

Thank you Mayor Acevedo for that gracious introduction and for your invitation to speak here today.

It is a great pleasure to meet with the members of the U.S. Conference of Mayors' Task Force on AIDS. I had the honor of meeting yesterday with Mayor Acevedo to talk about the commitment of the Mayors' Conference to the fight against AIDS. I know that for many of you, AIDS policy seems like a minefield, full of dangerous political decisions. But as your chairman said, ignoring AIDS can turn that minefield into an atomic bomb.

Since the beginning of the AIDS epidemic in 1981, mayors have been on the front line of the battle to control this disease and to restore good health to our American cities. I'm here today to extend my hand in partnership to continue this battle and defeat this insidious disease.

As a lifelong resident of several of our greatest American cities, I am sensitive to the needs of those Americans who live in our urban areas. Cities provide our nation with the blood and oxygen that allow us all to thrive. As such, the health of American cities is critical to the health of our nation.

Much of my career has been spent fighting against poverty and discrimination, just two of the conditions that too often plague our city residents. That commitment brought me naturally to the AIDS epidemic. Beginning in 1983 as an assistant to Representative Ted Weiss, I have spent nearly a decade confronting the dilemmas that HIV and AIDS present.

This epidemic has had a major negative ~~one of the biggest problems we have faced is the~~ economic impact ~~this epidemic has had~~ on our great urban centers. That is why I began fighting for emergency assistance to cities affected by AIDS. That idea saw its fruition in the enactment in 1990 of Title I of the Ryan White CARE Act, which provides direct assistance to cities hardest hit by the AIDS epidemic.

But enactment of Ryan White wasn't enough. For its first three years, this program was severely underfunded as our leaders in Washington promised compassion and assistance ~~out of one side of their mouths and~~ but provided little in the way of true sustenance ~~out of the other~~.

President Clinton recognized the unfairness of this policy and promised during his campaign to fully fund the Ryan White CARE Act. That promise has been fulfilled. In the first two years of his Administration, the President has increased Ryan White funding by 82 percent. That came despite the incredible pressures of a zero growth budget and pressure to reduce spending across the board.

And, when he presents his fiscal year 1996 budget to the Congress on February 6, the President will continue this commitment to our cities and to the thousands of Americans who are living with HIV and AIDS.

The investment in Ryan White has already shown some real dividends. Since the President took office, the number of American cities receiving assistance under Title I has increased from 25 to 42. Cities like Denver, New Haven, Orlando, Phoenix, San Antonio, and Petaluma, California, are now receiving assistance that allows them to serve people in need.

In the next year, we expect that number to increase even ~~further~~ more, to as many as 58 cities. Combined with the funds that mayors like you have provided on the local level and money from your states, this infusion of assistance has meant a greater peace of mind for men, women, and children living with HIV and AIDS.

Today, 80 percent of American cities report having expanded their services to people living with HIV and AIDS. Among the new services being provided are assistance in paying for critically needed drugs and direct services for women and children. As a result of this expansion, Ryan White served an estimated ~~300,000~~ three hundred thousand individuals in the last year and we expect to provide services to even more people this year.

At a time when all of us in public life are examining and re-examining the role of government and the expenditure of public funds, the Ryan White CARE Act stands as a shining example of making government work for people in need.

Let me give you ~~some~~ ~~two~~ some examples of how the Ryan White CARE Act makes a real difference in the lives of people with HIV. Only a few years ago, the leading cause of death among people with AIDS was PCP pneumonia. Researchers provided us with tools to prevent the onset of that disease and the Ryan White CARE Act put that information to work to save lives. Today, PCP pneumonia accounts for a small percentage of AIDS-related deaths. That's a huge step forward.

However, it is clear that not enough is being done in the area of PCP prophylaxis. More than twenty thousand Americans showed up at hospitals last year with PCP who didn't even know they had HIV. Together, we must do better to reach these people with voluntary testing and counseling and early intervention services to prevent the early onset of this preventable condition. The President's budget request includes additional funding under Titles I, II, and III of Ryan White to provide these services.

Last year, our researchers at NIH provided us with the most hopeful piece of news to date. For the first time, they have found that the use of AZT can prevent the transmission of HIV.

By taking AZT during pregnancy and childbirth, an HIV-infected woman reduces the risk of HIV transmission to her child from one in four to one in twelve. With Ryan White funding you can help women who need assistance to get this kind of care and keep their babies healthy.

In the year ahead, the Congress will be acting on the first reauthorization of the Ryan White CARE Act. I plan to work with each of you so that the final product retains the high quality of this important program. We want to ~~One that~~ serve as many individuals in need as possible and shore up your public health systems that are so often stressed by the response to this epidemic.

Five years ago, when the Ryan White CARE Act was first enacted, the final legislation was approved by the Senate on a vote of 95 to 4. The House vote was even more overwhelming -- 408 to 14. I want to see this new Congress act similarly in a bipartisan manner to reauthorize this program. With your help I know it can be done.

And it must be done because this epidemic is not slowing down. If anything, it is speeding up. In 1994, ~~the Centers for Disease Control and Prevention~~ CDC reports that nearly 81,000 Americans were diagnosed with AIDS. That's more than 200 cases every day. ~~In that same time~~ And last year, more than 40,000 Americans died as a result of their HIV infection or an average of more than 100 a day. More than half of these new cases were reported in urban areas.

One of my highest priorities is to reduce the number of new HIV infections in this country. For nearly five years, that number has remained virtually constant at about 40,000 a year. While that number is sharply lower than the figures of the early and mid-1980s, it is very disturbing because it means our prevention messages are not getting through. We must find creative ways to break this stalemate and begin to reduce sharply the number of infections in this country.

I am also concerned about the changing nature of the epidemic. Today, the largest increases in the incidence of HIV infection are among women, racial and ethnic minorities, and adolescents. Women now account for nearly half of all new cases of AIDS in this country. African Americans and Hispanic Americans are a majority of new cases.

And adolescents now comprise more than one-quarter of all new infections. In fact, one in two new HIV infections in this country occurs among people under the age of 25.

And, as Mayor Acevedo pointed out to me, in many cities intravenous drug users are now accounting for the majority of new cases of AIDS and the largest percentage of new HIV infections.

These are very troubling trends and they demand action.

To reverse these trends each of us must rethink the way we have been approaching HIV prevention. Fortunately, that process is already under way.

Two years ago, the CDC began to make a significant change in the way it ~~spent~~ spends its HIV prevention budget. Working with state and local health officials and ~~the~~ community-based AIDS organizations, we turned away from a top-down cookie-cutter approach to prevention and adopted a process that involves each community in the planning of HIV prevention programs. As a result, not one dollar of federal money will be spent until there has been direct input from the community, including people living with HIV and AIDS.

The community planning process has succeeded in changing the atmosphere around HIV prevention programs from one of hostility and confrontation to one of fraternity and cooperation. Each of us can learn important lessons from this for our other public health programs.

In the year ahead, the Clinton Administration will continue to work with the mayors and governors and with state and local health officials to revamp our prevention programs so that we can begin to see this epidemic recede.

In closing, let me thank you again for the truly heroic work each of you is performing both in your own cities and in our national response to the AIDS epidemic. I look forward to working with each of you in the months and years to come.

Thank you.

THE WHITE HOUSE

WASHINGTON

Remarks
Patricia S. Fleming
National AIDS Policy Director
to the
Coalition of Labor Union Women

January 20, 1995

GOOD MORNING:

Thank you Priscilla Holman for that gracious introduction. It is a real pleasure to be with you this morning at this important meeting.

I'd like to begin by thanking you for holding this meeting on women and HIV. The fact that all of you are gathered here today to discuss the impact of HIV and AIDS on women is quite significant. After nearly 15 years of this relentless epidemic, it is perhaps understandable that many people would like to move on to other concerns. But, as you know, AIDS continues to devastate our society.

Let me share with you some of the latest statistics. Last year, more than 81,000 Americans were diagnosed with AIDS. That is an average of more than 200 new cases every day.

Last year, more than 40,000 Americans died as a result of their HIV infection. That's about 100 people every day. And, despite our efforts to slow the spread of this disease, more than 40,000 Americans were infected with the AIDS virus in 1994.

Women are, more and more, at the center of the AIDS epidemic. From 1981 to 1994, more than 50,000 adolescent and adult women in this country have been diagnosed with AIDS. And this disease is now the fourth leading cause of death among American women between the ages of 25 and 44. Among African-American women, AIDS is now the number one cause of death in that age group.

As with most public health crises, AIDS strikes hard at racial and ethnic minorities. That's especially true among women and children.

For example, black and hispanic women are 21 percent of our total population, yet they make up 74 percent of women reported with AIDS. And 84 percent of children diagnosed with AIDS are either black or hispanic.

These are very sobering statistics. And they call for action.

We in government can and must do our part to provide the leadership, coordination, and resources that are necessary to fight the AIDS epidemic. Since he took office, President Clinton has done just that, increasing the federal commitment to fight AIDS by 30 percent at a time when most of the federal budget has been virtually frozen. Those increases include a 25 percent rise in funding for AIDS-related research at the National Institutes of Health and an 82 percent jump in funding for the Ryan White CARE Act, which provides essential medical and support services to people who are living with AIDS.

At the national level, the President has created a greater focus on the AIDS epidemic by setting up my office to direct federal policy from the White House. He also has succeeded in reorganizing AIDS research at NIH and we are in the process of doing the same thing at the Centers for Disease Control and Prevention. These actions ensure that the government is able to move quickly to respond to the very real needs of this epidemic.

And we have involved our communities directly in the fight against AIDS. For far too long, the response to AIDS was designed by federal officials who were too detached from the affected communities. Now, before a single dollar of AIDS money is spent, we consult the affected communities and get their advice on what they need and how we should respond. This community planning process has vastly improved the value of these programs.

We have also launched the Prevention Marketing Initiative. This targets key populations, including young adults between the ages of 18 and 25, for specific HIV prevention messages. For those people who are not sexually active, it encourages delaying sex as long as possible. For those who are having sex, it advises the use of latex condoms. By shifting from a massive one-size-fits-all approach to education, we believe we can begin to change behavior and thus change the course of this epidemic.

But you and I know that government can't solve problems by itself. The response to AIDS must be national in scope and it must include all of us. Families and communities who are affected by HIV and AIDS have been the real heroes in our national response. Frankly, for the first 12 years of the epidemic, community groups carried the ball by themselves with little help from Washington. Today, community groups continue to lead the response but they are doing so in partnership with their state and federal government.

Labor unions have also played an important role in the response to AIDS in the workplace and in our communities. Sensible workplace guidelines have helped to protect workers and alleviate some of the unfounded fears that threatened harmony and effectiveness at the job site. The success of your efforts has led the President to direct all of his Cabinet agencies to launch similar HIV/AIDS education programs for federal employees.

Labor union members -- particularly women -- have also been leaders in their own communities. You have shown us all how to provide the kind of loving responsibility that is needed in this epidemic. For that I thank you.

As women, each of us is used to taking the lead in caring for our families and our communities. We are the mothers and grandmothers, the sisters and daughters, and the wives and lovers of people in need.

We are the ones who get up in the middle of the night to soothe a fevered brow, call the doctor, and drive to the hospital emergency room.

Women have shown our nation how to respond to the AIDS epidemic in a caring and compassionate way. Last month our country lost a leader and I lost a dear friend when Elizabeth Glazer lost her battle with AIDS.

During her struggle, Elizabeth taught us all some fundamental lessons about the importance of a communal response to this epidemic. At a time when others were pitting one group of people against another, Elizabeth stood up and reminded us all that when one person has AIDS all of us suffer and all of us must respond. Her advice to turn anger into action stays with me today and helps guide my work every day.

Through the Pediatric AIDS Foundation that she created, Elizabeth also taught us to pay attention to children and teenagers. Today, one in two new infections occurs among people under the age of 25. One in four new HIV infections is among people under the age of 20. As a result, adolescents represent one of the fastest growing populations affected by HIV.

That's why the President has asked me to provide him with a report on the status of AIDS and HIV in adolescents and young adults. We are reaching out to researchers, public health experts, community organizations, and young people themselves to get the best information we can and develop new ways to reach this often neglected population.

Quite frankly I think one of the biggest problems we face is breaking through the sound barrier that prevents young people from hearing the messages we send.

As the mother of three sons, I know that young people have a remarkable talent for tuning out anyone who reminds them of their parents. That's why we have to be innovative in finding ways to reach our children before it's too late.

One way to do that is to work with peer counselors who can communicate face-to-face with young people. After all, they speak the same language, they share many of the same emotions, and they have that important level of trust that is vital for success.

Let me conclude my remarks today with the words of another powerful woman. That great labor leader, Mother Jones, told us all that we should "pray for the dead and fight like hell for the living." Well, each of us here today has said prayers for far too many of our loved ones and friends who have died of AIDS. We've attended too many funerals and too many memorial services. And we have participated in too many candlelight vigils.

Today, I ask each of you to join me in fighting for the living. Working together, we can begin to reverse the troubling trends I have discussed today. Working together, we can close this sad chapter in our history.

Thank you.

THE WHITE HOUSE

WASHINGTON

Remarks of
Patricia S. Fleming
National AIDS Policy Director
at
Leadership 2000

January 5, 1995

GOOD MORNING:

Thank you for that gracious introduction. It's a real pleasure to be with you today.

Let me offer my congratulations to each of you for your participation in this conference and for your desire to help lead this country into the next century.

As National AIDS Policy Director, part of my responsibility is to look to the future and plan for the needs of our next generation. The AIDS epidemic is nearly 15 years old and shows little sign of abating. So, as we all look to the future we need to take into account the changing nature of the AIDS epidemic.

It is a sad fact of life that your generation is the first to grow up in an age of AIDS. As a result, you have more information about this disease than those who preceded you. But many young people are not using this information to protect themselves. As a result, HIV infection rates among your generation are on the rise.

Last month, President Clinton met in the Oval Office with a group of six young Americans who are living with HIV. They ranged in age from 11 to 27 and also included a seven-month-old baby girl.

It was a remarkable and poignant meeting that featured some very frank discussion about what it's like to live with HIV. There was talk of fear and anger -- that's natural. But there also was talk about hope for the future.

Few of us are used to thinking about young people growing up with what is usually a fatal disease. After all, this is a time in their lives when they should be trying out for the high school swim team, working on the year book, picking colleges, and planning their careers.

Instead, they're are checking their T-cell counts, making sure they take their medication, and reading up on the latest scientific literature for new treatments that might prolong their lives. Their lives have been unalterably changed by a virus that wasn't even on the charts 15 years ago.

These young people represent a third wave of Americans affected by HIV. The early years of the AIDS epidemic swept through the gay male population of our country like a tidal wave, leaving many communities devastated.

The second wave crashed down on minority communities, adding a new layer of misery to lives that were too often already plagued by poverty and discrimination. Today, as AIDS continues to devastate gay men, and men and women of color, the third wave of HIV has begun to sweep through a new generation of Americans.

Now I'm going to give you some new statistics. Listen carefully because they are serious.

In the year just ended, an estimated 10,000 Americans under the age of 20 became infected. That's one in four new infections. In fact, one of every two new infections occurs among people under the age of 25. Let me repeat that. Fifty percent of all new infections are occurring in people 24 and younger. Across all age groups, one in every 250 Americans is infected with HIV.

Another fifteen hundred Americans under the age of 20 died in 1994 as a result of AIDS-related illnesses. That's more than 10 times the number of deaths from AIDS in that age group just five years ago.

The problem goes much deeper than that. As you know, HIV is a virus with a long period of latency. As a result, a person who is infected in his or her teens doesn't begin to experience health problems until they are in their 20s.

In the last five years, AIDS has eclipsed cancer, homicide, and automobile accidents as the leading cause of death among young people. Today, AIDS is the number one cause of death in Americans between the ages of 25 and 44. Remember, many of these people became infected ten years earlier -- in their teens and twenties.

Around the world, HIV and AIDS have swept through country after country on nearly all of our continents. The World Health Organization reported last week that more than a million people have been diagnosed with AIDS since this epidemic began. By the end of the century, that total will have doubled.

These are very sobering statistics and they are the kind of numbers that young people must keep in mind and must take to heart.

These are numbers that demand action. That is why the President has asked me to prepare a report for him on addressing the spread of HIV among teenagers and young adults.

We can only reverse these troubling trends with a coordinated and concerted effort that involves us all.

In doing so, we cannot pull our punches. We must address the needs and the concerns of all of our citizens whether they are young, old, or middle-aged; black, white, brown, or yellow; gay, straight, bisexual, or transgenderal; rich, poor, or middle-class.

But our current efforts are not succeeding as well as we would like. For the past five years, the number of new HIV infections has remained virtually constant at about 40,000 a year.

In part, this is a result of a failure to continuously reshape our prevention message to make sure that it is getting through.

In part, it's a result of our collective squeamishness about sex and drug use. But we've learned the price of burying our heads in the sand.

And, in part, it's a result of a society that doesn't tell kids how much we value them. I strongly believe that low self-esteem is as much a public health menace as cigarettes and alcohol.

If we don't tell our next generation of leaders that we value them as much -- or even more -- than they value themselves, then it's not surprising to hear that drug use is on the rise, that binge drinking is the rage on college and high school campuses, and that teenagers and young adults are having unprotected sex knowing full well that HIV can kill.

So, what are we going to do? I can't pretend to have all the answers. After all, even a Czar needs help sometimes. That's why my office will be working closely with the AIDS community as we shape the report to the President.

But we do know some things already. And one of those things is that not all young people are the same.

In designing HIV prevention programs, we have to be sensitive to the different needs of young people. For example, a young man or woman who is not yet sexually active needs to hear that delaying sex has a lot of benefits, one of which is protection from HIV.

For young people who have just begun to experiment with sex, there is value in talking about delaying sex but there also must be honest discussion about use of latex condoms and non-insertive sex to protect against HIV.

Finally, for those young people who are fully engaged in an active sex life, we cannot ignore the issue and just hope our kids don't get infected. They have to hear about condoms -- both male and female -- and they have to learn about safer sex.

These are not complicated messages but they require innovative delivery mechanisms.

I'd like to close my remarks today by talking about what each of you can do about this important issue.

Each of you can play a vital role in changing the direction of the AIDS epidemic. It is basic common sense that when young people talk to young people, a message can actually get across. But when someone like me delivers the same message, it comes out in a different language.

Young people have a remarkable talent for tuning out anyone who reminds them of their parents. It's sort of like that "Far Side" cartoon about a dog and his owner.

The first panel is labeled, "What you tell your dog." In it, the owner is saying, 'Stay off the furniture, Spot.'

The second panel is labeled, "What your dog hears." In it, the owner is saying, "Blah, blah, blah, Spot."

So, we need you to take this message to your peers and to those who follow you.

One of the finest peer educators I know was Pedro Zamora, a young man who lost his fight with AIDS two months ago at the age of 22.

Through his work in schools and community groups and his appearances on MTV's "The Real World," Pedro reached thousands of young people who had tuned the rest of us out. As a result, Pedro saved a lot of lives.

We need more Pedros in this all too real world and each of you has it within yourself to be that person. AIDS educators don't have to have HIV to be an effective teacher. What they need is the right information and the genuine commitment to making the world a better place to live.

I'm confident that some of you sitting here today are those leaders and I look forward to working with you.

Thank you.