FOIA Number: 2018-0755-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Patsy Fleming

Subseries: National AIDS Strategy

OA/ID Number: 10182

FolderID:

Folder Title:
Patsy Fleming Speeches - April 1995

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	9	3

Remarks of
Patricia S. Fleming
National AIDS Policy Director
to
National Association of State and Territorial AIDS Directors

April 26, 1995

GOOD AFTERNOON:

Thank you for that gracious introduction. And thank you for including me in this conference.

It's a great pleasure to join you today. I see so many familiar faces around this room I feel like I'm at a reunion.

In some ways this meeting is a reunion. A reunion of the men and women who spend their days and nights working to ease the pain of this dreadful epidemic. Each of you is a frontline soldier in our national battle against AIDS. Every day, the work you do provides aid and comfort to thousands of Americans who are living with this insidious disease. You truly are the heroes of this epidemic and I want to thank you for your commitment and your love.

We in the Clinton Administration join you in this monumental effort to respond to the challenges that AIDS presents while vigorously pursuing our common goal of a cure for this disease. I am proud of the fact that in the first two years of President Clinton's term in office, we have increased Federal funding for AIDS research, prevention, and services by 30 percent despite the tremendous pressures of a zero-growth budget. And if the Congress approves the President's fiscal year 1996 budget request, that increase will total 40 percent. That is a remarkable accomplishment.

Included in those funding increases are some vital new resources for the Ryan White CARE Act, a program that all of you are quite familiar with. In his first two years in office, the President increased funding for Ryan White by 82 percent, bringing it to full funding. With his fiscal 1996 budget, the President proposes to bring that increase even higher, to 108 percent in three years.

Those numbers are a tangible sign of the President's commitment to fighting the AIDS epidemic on all fronts. But they also are a sign of how this epidemic continues to challenge us all to respond vigorously and compassionately.

AIDS and HIV continue to present enormous demands on Federal, state, and local governments. We must continue to find ways to fund research into the AIDS virus, potential vaccines and treatments for AIDS-related conditions. We must continue to find ways to fund

prevention programs at the local level that enable people to change their behavior and protect themselves from HIV. And we must continue to find ways to provide the critical services that people living with AIDS and HIV require. And we must continue to develop enlightened public health strategies that help to contain the epidemic without trampling on the rights of our people.

These are difficult tasks and they demand innovation as well as commitment. That's why I am so confident in your abilities to rise to these challenges in the months and years ahead.

We are, I believe, at a critical turning point in our national response to HIV and AIDS. The next few months will determine whether we will continue to build on the recent progress we have achieved and move forward or whether we will retrench and retreat.

In the past year, I have been encouraged by the progress we have made in research. Dr. Bill Paul, the esteemed director of the Office of AIDS Research at NIH, recently described the last twelve months as an extraordinary year in AIDS research.

Working with scientists from around the U.S. and around the world, NIH has made tremendous progress in our understanding the dynamics of HIV and how it affects the human immune system.

We have produced the first research results that show that we can actually block HIV transmission from mother to child. Let me remind you that this is the first time scientists have been able to show that a drug can block a retroviral disease of any kind. An ongoing study of long-term non-progressors may help us induce similar reactions in other HIV-infected people. And the work on protease inhibitors and interleukin-2 therapy are very promising indeed.

I'm also encouraged by the work being done to develop a microbicide for women to use privately to protect themselves from HIV without relying on their partners. Funding for such research has been more than doubled and we are beginning to make some headway.

At the Centers for Disease Control and Prevention we have reinvigorated our HIV prevention effort by restoring power to communities and putting the planning process in their hands. The community planning process has been nothing short of remarkable and the members of NASTAD should be proud of their contribution to this success.

And, in the area of services, we have been able to significantly expand provision of high-quality medical and social services to people living with HIV and AIDS. As I mentioned earlier, we have already increased funding for the Ryan White CARE Act by 82 percent. Last year alone, Ryan White programs paid for more than 300,000 client visits across the country.

These are substantial accomplishments that all of us can be proud of. But none of us should waste any time patting ourselves on the back because there is still a great deal to be done.

In the fifteen years of this epidemic, we have already seen more than 400,000 Americans diagnosed with AIDS and 250,000 people die of this insidious disease. Last year alone, 81,000 cases were reported and 40,000 more of our friends and loved ones lost their lives.

HIV continues to spread through our society. An estimated one million Americans are believed to be living with HIV and an average of 40,000 Americans become infected every year.

I am particularly appalled by the fact that one in four new HIV infections occurs among people under the age of 20 and one-half of all new infections occur in people under 25.

It is no wonder, then, that the CDC recently reported that AIDS is now the leading cause of death among Americans between the ages of 25 and 44. The truth is that AIDS is a public health menace for all people in this country and in countries around the world.

And the nature of this epidemic is certainly changing and that demands changes in our strategies to confront AIDS and HIV. At the same time, we are seeing changes in the political atmosphere in Washington that, frankly, make me concerned about our ability to do what needs to be done about this epidemic.

Let me talk first about the changing nature of the epidemic.

Fifteen years ago, when we first became aware of the disease that later became known as AIDS, we did not have a public health infrastructure to deal with an epidemic. In fact, at the same time that AIDS arose, we were in the middle of a political movement to dismantle much of the infrastructure we had. Coupled with the political indifference in Washington, these actions made it much harder to address the new epidemic of AIDS.

A well-organized and persistent gay community was able to partially overcome the political inertia and force a national response.

Today, the AIDS epidemic is shifting ground, moving from an epidemic that predominantly affected white, middle-income, gay men to one that is more often devastating minority communities, and people with low income.

Last year, for the first time since the epidemic began, gay and bisexual men who contracted HIV through sex made up a minority of total AIDS cases. Now let me be perfectly clear, I am not saying that gay men are no longer at the center of the AIDS

epidemic. After all, gay and bisexual men still make up the largest single group of new cases in this country. And young gay men are part of a second wave of HIV infections affecting this community.

Today, gay men are being joined by growing numbers of people of color and women.

In 1994 alone, 14,000 women were diagnosed with AIDS. That's nearly 17 percent of all cases in women since 1981.

African Americans and Hispanics are also being disproportionately impacted by AIDS. Last year, nearly 40 percent of all new cases occurred among black and Hispanic people. That's far in excess of their representation in the general public. And these percentages are even higher among women and children. In fact, nearly 80 percent of children diagnosed with AIDS in the U.S. are African-American or Hispanic.

As AIDS moves aggressively into communities of color and low-income, the demands on the infrastructure we have created become much greater.

When AIDS struck gay men, many of those affected had an established income and a structure of support that enabled them to cope with the medical and financial pressures of living with AIDS. But for many of those who are being affected today, there is not that kind of structure. As a result, many of these people need far greater assistance in obtaining basic care and support.

This is where the changing demographics of the epidemic and the changing political atmosphere in Washington come into conflict.

Sadly, many of the new Republican leaders in Congress appear to have a very different view of the needs of people with AIDS than you and I do.

I have been troubled by the comments of some of these leaders that seem to pit one group of Americans against another. Whether it's a person with AIDS versus a person with cancer; whether it's a person of wealth versus a person in poverty, these kind of comparisons are divisive and do nothing to advance our society.

When it comes to AIDS, this kind of divisiveness is life-threatening.

When Republicans in Congress talk about eliminating the HOPWA program for people with AIDS or putting a cap on the Federal share of Medicaid, it is an attack on poor people with AIDS and one that could surely shorten their lives.

You and I should be very concerned by the proposal by the Republican leadership to cap Medicaid and turn the program over to the states. As you know, nearly 40 percent of people living with AIDS in this country receive their medical coverage through Medicaid.

Medicaid pays for visits to the doctor, for stays in the hospital, and for prescription drugs and other outpatient services that keep people with AIDS alive and improve the quality of their lives. To place a cap on this program would put all of these people in jeopardy.

As people involved in the battle against AIDS, we cannot sit on the sidelines while this proposal is debated. Medicaid funding is as much an AIDS issue as is Ryan White funding. In fact, if Medicaid is capped, it is easy to predict that the demands on the Ryan White CARE Act will become enormous. That's why I will be active in the Administration's effort to defeat this appalling proposal.

As state AIDS policy directors you, too, have a role to play in this. You must make clear to the governors and legislators you serve that such a policy will devastate your ability to meet the needs of people with AIDS in your state.

AIDS does not need to be a partisan issue. In fact, if we are to succeed, it cannot be a partisan issue.

That is why I was very pleased to see last month that the Senate Labor and Human Resources Committee voted unanimously -- let me repeat that, unanimously -- for a five-year reauthorization of the Ryan White CARE Act. Let me take this opportunity to praise Senators Nancy Kassebaum and Ted Kennedy for their leadership on this issue.

The Ryan White CARE Act is a perfect example of a government program that works. It is a partnership between those of us in Washington and those of you in the states. It is also a partnership with hundreds of community based organizations all around this country. It is that partnership that makes the Ryan White CARE Act and it is that partnership that makes this program so popular on Capitol Hill.

That is not to say that the Ryan White Act is perfect and does not need to change. After all, the AIDS epidemic is much different today than it was five years ago. And it will be still more different five years from now. That's why the reauthorization legislation has to recognize the changes that have occurred and build in flexibility for the changes to come.

We are working closely with the Congress on this legislation to make sure that states get the assistance and the flexibility they need to deliver services that people with AIDS require. The President has been particularly attentive to Title II. In his fiscal 1996 budget, the President has proposed nearly 222 million dollars for Title II, an increase of 23.7 million dollars, or 12 percent over fiscal 1995.

But in this new era, we all will need to continue to show what Ryan White is doing for people with AIDS. After all, that is the ultimate test for this program and all other programs. We must be able to show where the dollars are going and what they are buying. We must be certain that we put people with AIDS first and administration and bureaucracy

last. And we must be able to show that people served with Ryan White dollars are getting the best care available. That's why I'm looking forward to working with you to develop a basic standard of care for people with AIDS. This will be a critical step forward.

I continue to be concerned about reaching people with AIDS who live in the more isolated parts of our country. A month ago, when I was in Vermont, I met with a group of people living with AIDS. One man described how he drives two hours each way every week to the doctor for care. His health is so frail that he has to pull over once or twice each way to take a nap. But he still gets in that car and drives because he knows that the care he receives will improve the quality of his life. I am encouraged, then, by the proposal in Congress to increase the minimum grant for states like Vermont from $100,000 to $250,000. Perhaps, then, that two-hour drive won't be necessary.

So, despite the changing political atmosphere, there is reason to be hopeful. The key will be for each of us to be determined to preserve these important programs -- this safety net of support -- for people living with AIDS while we continue our aggressive efforts to find a cure to this dreadful disease.

Nearly fifty years ago, President Franklin Delano Roosevelt, in a time of great global change, said a nation does not have to be cruel to be strong. Today, as we make our way through the changing demographics of AIDS and the changing politics of Washington, let us remember that being cruel not only doesn't make us strong. It makes us genuinely weak.

So, let's be strong together. Let's fight for the rights and the needs of people with AIDS and continue to fight to put an end to this dark chapter in our nation's history.

Thank you.

Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

Black Leadership Commission on AIDS

April 25, 1995

GOOD AFTERNOON:

Thank you Reverend Daughtry for that gracious introduction. And thank you for including me in this important conference.

It's a great pleasure to join you today. I am here, in part, to recognize the significant work and influence of the Black Leadership Commission on AIDS and its talented, energetic, and committed President, Debra Fraser-Howze. I rely on her cool head and good advice to guide me in my work.

I'm here, as well, to lend my support to the critical mission of the black clergy in our national response to AIDS.

Together, you make a powerful team. And, here in New York, you have already proven what an effective team you are by educating not only our black leaders, but also our community about HIV prevention and by fighting for a fair share of AIDS funding in this state.

As an African-American woman, I am well aware of the leadership provided by our churches. Black churches are a source of inspiration and information for the men, women, and children who attend services and participate in the educational and social service programs they provide. In countless black communities, it is the church that holds us together; and it is the church that provides the rock-solid core around which a cohesive community can be built.

The African-American community is rich in the tradition of service, and our churches provide much more than a place to pray. They provide spiritual nourishment, fellowship, shelter from the cold, and frequently a good meal. They are a source of education and training for our young people and they are a source of refuge for neighborhoods that too often must fight the crime and violence that threaten to tear them apart.

So it is only fitting that black ministers, preachers, deacons and others of the clergy play a vital role in our national response to AIDS. At a time when too many other churches are turning their backs on people with AIDS, black churches are reaching out to fight ignorance and discrimination. Of course, many of us have already had plenty of experience

with ignorance and discrimination. We know they are not a part of our family values. They are destroyers of families and communities.

In the past fifteen years of this terrible epidemic, we have seen nearly half a million Americans diagnosed with a disease that hadn't even been on our radar screens. In the past fifteen years, we have lost 250,000 of our brothers and sisters of all races. That's nearly five times as many Americans as died in the war in Vietnam.

Last year alone, AIDS claimed the lives of 40,000 Americans, or an average of more than 100 people every day. Last year alone, 81,000 Americans were diagnosed with AIDS, or an average of more than 200 people every day. Of these new diagnoses, 14,000 were women -- a group that had been left out of previous discussions on AIDS because they were thought not to be at risk.

These numbers reflect the terrible toll that AIDS is taking on our nation. And, as you know, AIDS continues to exact a very heavy price on the African-American community.

Between 1981 and 1994, more than 146,000 African Americans were diagnosed with AIDS, representing 33 percent of total cases in the U.S.

And in 1994 alone, nearly 31,000 African-Americans were diagnosed with AIDS, representing 39 percent of all cases reported in the U.S. that year.

These numbers are shocking enough, but when you consider the fact that African-Americans represent only twelve percent of the total U. S. population, the impact of this epidemic is even more striking. And the rate among blacks is six times higher than it is among whites.

These rates are even more troubling when we look only at black men. In 1994, more than 22,800 black men were diagnosed with AIDS, or one of every 500 black men in this country.

The story is even bleaker for African American children and youth. African American children accounted for more than half of all AIDS cases reported among children in the last year. Black male teenagers make up 31 percent of the AIDS cases reported through December 1994 among male teenagers. But young black women are in the greatest danger -- 64 percent of the adolescent girls who were diagnosed with AIDS last year were African American. This is three times higher than the rate of any other race in this age range.

AIDS devastates families and has created an estimated 20,000 motherless children. Based on projections, about 100,000 children and adolescents will lose their mothers to the AIDS epidemic by the year 2000. Eighty percent of these children will come from African American and Latino families.

The Center for Disease Control recently reported that AIDS is now the leading cause

of death among Americans 25 to 44 years of age. That comes as no surprise to those of us in the African-American community since AIDS has been the leading cause of death in black men and women between 25 and 44 for several years. In their prime of life.

The truth is that AIDS threatens all people in this country and in countries around the world.

When we remember our young people living with AIDS, we must also look at our global community. For instance, AIDS is the leading killer of children under 5 in Zimbabwe. Adolescent girls in Zimbabwe, like their U.S. counterparts, are especially vulnerable to HIV infection. While most men who die of AIDS in Zimbabwe are in their thirties, most women are in their twenties. Given the 8-10 year incubation period, most of these young women are believed to have been infected before they were 15 years old. These numbers are appalling. They demand action. Action from me, but especially action from you.

These are the reasons why AIDS is a high priority of the Clinton Administration. I am proud of the fact that in the first two years of President Clinton's term in office, we have increased Federal funding for AIDS research, prevention, and services by 30 percent despite the tremendous pressures of a zero-growth budget. And if the Congress approves the President's fiscal year 1996 budget request, that increase will total 40 percent. This is a tremendous accomplishment.

Included in those funding increases are new resources for the Ryan White CARE Act, a program that provides vital services to Americans living with HIV and AIDS and brings needed dollars into communities hardest hit by this epidemic. In his first two years in office, the President increased funding for Ryan White by 82 percent. With his fiscal 1996 budget, the President proposes to bring that increase even higher, to 108 percent in three years.

These numbers are a tangible sign of the President's commitment to fighting the AIDS epidemic on all fronts. But they also are a sign of how this epidemic continues to challenge us all to respond vigorously and compassionately.

In the past year, I have been encouraged by the progress we have made in AIDS research. I was particularly pleased by the fact that we have produced the first research results that show that we can actually reduce HIV transmission from mother to child.

I'm also encouraged by the work being done to develop a microbicide for women to use privately to protect themselves from HIV without relying on their partners. Funding for such research has been more than doubled and we are beginning to make some headway.

We have reinvigorated our HIV prevention effort by restoring power to communities and putting the planning of this process in their hands.

And, in the area of services, we have expanded high-quality medical and social

services to people living with HIV and AIDS. As I mentioned earlier, we have already increased funding for the Ryan White CARE Act by 82 percent. Last year alone, Ryan White programs paid for more than 300,000 client visits across the country.

We are looking to you for help in reaching your communities. Next month there will be a conference at Howard University in Washington, DC to provide education, skill building and leadership empowerment to leaders in the African American church community and to educators who want to understand how to effectively reach out to and strengthen the HIV/AIDS education resources of African American churches. The Centers for Disease Control and Prevention is also working with the National Black Churches to conduct focus groups in eight cities so that we can identify why our community members are putting themselves at risk of HIV infection and other health problems. We want to develop strategies to reduce and prevent injuries, diseases and deaths in our African American communities.

These are substantial accomplishments that all of us can be proud of. But none of us should waste any time patting ourselves on the back because there is still a great deal to be done. Our job is to continue to figure out ways to meet the significant challenges this disease presents to us.

First, we must, we must find ways to bring down the number of new infections in this country. This is particularly true among young people. I am particularly appalled by the

fact that one in four new HIV infections occurs among people under the age of 20 and one in two new infections occurs in people under 25.

No matter what approach we take, community leaders like you must play a central role with people, especially the young, who are infected and affected by AIDS.

I was impressed the other day to read that the rate of cigarette smoking among young African-Americans has dropped sharply in the last few years. Four years ago, the rates among black teenagers and white teenagers was almost equal, about one in four. Now, the rate among black teens has dropped to almost 7 percent while the rate among whites has stayed above 20 percent.

That is remarkable. And the evidence shows that a major contributor to that change in behavior has been pressure from families and communities -- including churches -- on young people to protect their health by breaking the habit or never starting to smoke.

Why can't we replicate these results when it comes to HIV? I think we can. In fact, I know we can.

We know how to prevent HIV transmission. The best way is to get our kids to delay having sex. It's an old-fashioned notion but it works. Our job is to help our kids understand that being a virgin doesn't make them losers, it makes them winners, and it can save their

lives.

But we also have to face the fact that a lot of teenagers aren't going to hear that message. So we have to talk openly and honestly about the benefits of using condoms. Aside from abstinence, the regular use of condoms is the most effective way to prevent transmission of HIV. And we have seen a recent rise in the use of condoms by people in this country, including young people.

We also have to talk to our kids about drugs. This is an ongoing dialogue that has had some promising results. Drug use is down among teenagers today but it's still a substantial problem. We must convince them that using drugs is dangerous because of what it does to their bodies and minds and also because it leads to HIV transmission. The sharing of needles is a very efficient way to share HIV. And the use of other drugs that are not injected can reduce people's ability to make clear decisions about whether or not to have sex, and how to have sex when they do.

We need to talk to them about these things. And we have to talk about sexuality as part of who we are. We must not forget to reach out to young, African-American, gay men. Homophobia plagues our society and our community and many of our young people are paying a heavy price for this kind of discrimination.

While we try to prevent HIV transmission, we also must help people with AIDS to

live longer and to live better.

But as the AIDS epidemic moves aggressively into communities of color and low-income, the demands on the AIDS services programs we have created have become much greater.

When AIDS first surfaced in gay white men, many of those affected had an established income and a structure of support that helped them to cope with the medical and financial pressures of living with AIDS. But for many of those who are being affected today, that kind of support does not exist. As a result, many of them need far greater assistance in obtaining care.

Sadly, some of the new Republican leaders in Congress appear to have a very different view of the needs of people with AIDS than you and I do.

I have been troubled by the comments of some of those leaders that seem to pit one group of Americans against another. Whether it's a person with AIDS versus a person with cancer; or a person of wealth versus a person in poverty, these kinds of comparisons are divisive and do nothing to advance our society. Nor does it help those in need.

Unfortunately, many of us are quite used to this sort of divisive talk. But when it comes to AIDS, this divisiveness is life-threatening.

When Republicans talk about eliminating the Housing Opportunities for People with AIDS program--known as HOPWA--or putting a cap on Medicaid, they are attacking poor people with AIDS. These cuts could surely shorten their lives.

The Republican leadership's proposal to cap Medicaid and turn the program over to the states is of deep concern to me and it should be to you as well. Nearly 40 percent of the people living with AIDS in this country receive their medical care through Medicaid. Medicaid pays for doctor office visits, inpatient care, prescription drugs and outpatient services that keep people with AIDS alive and improve the quality of their lives. To place a cap on this program would put all of these people in jeopardy.

AIDS is not a partisan issue. AIDS is, and always has been, a public health issue.

That is why I was very pleased to see last month that under the leadership of Senators Nancy Kassebaum and Ted Kennedy the Senate Labor and Human Resources Committee voted unanimously -- let me repeat that, unanimously -- to reauthorize the Ryan White CARE Act for five years.

Ryan White is a perfect example of a government program that works. It is a partnership with those of us in Washington and those of you in the cities, towns and villages of America. It is a partnership with community groups around the country. It is that partnership that makes the Ryan White CARE Act work and it is that partnership that makes

this program so popular on Capitol Hill.

We at the Office of National AIDS Policy are working closely with the Congress on this legislation to make sure that all localities, including rural areas get the assistance and the flexibility they need to deliver the services that people with AIDS require.

So, despite the new and often threatening political atmosphere, there is reason to be hopeful. The key will be for each of us to be as determined to preserve these programs -- this safety net of support -- for people living with AIDS while we continue our aggressive efforts to find a cure to this dreadful disease.

An Ethiopian proverb tells us that when spider webs are united, they can tie up a lion. Working together, we can control the spread of this disease in our community and in our nation. We can be and we are a compassionate, supportive and caring people. AIDS will not change these qualities.

So, let's be strong together. Let's fight for the rights and the needs of people with AIDS and continue to fight to put an end to this sad chapter in our nation's history.

Thank you.

Draft #3

Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

Black Leadership Commission on AIDS

April 25, 1995

GOOD AFTERNOON:

Thank you Reverend Daughtry for that gracious introduction. And thank you for including me in this important conference.

It's a great pleasure to join you today. I am here, in part, to recognize the significant work and influence of the Black Leadership Commission on AIDS and its talented, energetic, and committed President ~~and CEO~~, Debra Fraser-Howze. I rely on her cool head and good advice to guide me in my work.

I'm here, as well, to lend my support to the critical mission of the black clergy in our national response to AIDS.

Together, you make a powerful team. And, here in New York, you have already

proven what an effective team you are by educating not only our black leaders, but also our community about HIV prevention and by fighting for a fair share of AIDS funding in this state. ~~These are vital efforts for the African-American community.~~

As an African-American woman, I am well aware of the leadership provided by our churches. Black churches are a source of inspiration and information for the men, women, and children who attend services and participate in the educational and social service programs they provide. In countless black communities, it is the church that holds us together; and it is the church that provides the rock-solid core around which a cohesive community can be built.

The African-American community is rich in the tradition of service, and our churches provide much more than a place to pray. They provide spiritual nourishment, fellowship, shelter from the cold, and frequently a good meal. They are a source of education and training for our young people and they are a source of refuge for neighborhoods that too often must fight the crime and violence that threaten to tear them apart.

So it is only fitting that black ministers, preachers, deacons and others of the clergy play a vital role in our national response to AIDS. At a time when too many other churches are turning their backs on people with AIDS, black churches are reaching out to fight ignorance and discrimination. Of course, many of us have already had plenty of experience with ignorance and discrimination. We know they are not a part of our family values. They are destroyers of families and communities.

It is hard to believe that the AIDS epidemic has been with us for nearly fifteen years. Yet many of us have spent a large part of our working life waging war against this disease and trying to find compassionate and effective ways to respond to its terrible impact.

In these past fifteen years, we have seen nearly half a million Americans diagnosed with a disease that hadn't even been on our radar screens. In these past fifteen years, we have lost 250,000 of our brothers and sisters, ~~lovers and loved ones~~ of all races. That's nearly five times as many Americans as died in the war in Vietnam.

Last year alone, AIDS claimed the lives of 40,000 Americans, or an average of more than 100 people every day.

Last year alone, 81,000 Americans were diagnosed with AIDS, or an average of more than 200 people every day. Of these new diagnoses, 14,000 were women -- a group that had been left out of previous discussions on AIDS because they were thought ~~to be safe~~.

These numbers reflect the terrible toll that AIDS is taking on our nation. And, as you know, AIDS continues to exact a very heavy price on the African-American community.

Between 1981 and 1994, more than 146,000 African Americans were diagnosed with AIDS, representing 33 percent of total cases in the U.S.

And in 1994 alone, nearly 31,000 African-Americans were diagnosed with AIDS, representing 39 percent of all cases reported in the U.S. that year.

These numbers are shocking enough, but when you consider the fact that African-Americans represent only twelve percent of ~~our~~ the U.S. total population, the impact of this epidemic is even more striking. ~~In 1994, AIDS affected approximately one out of every 1,000 African Americans in this country. That compares with a rate of one out of every 6,000 White Americans. In other words,~~ And the rate among blacks is six times higher than it is among whites.

These rates are even more troubling when we look only at black men. In 1994, more than 22,800 black men were diagnosed with AIDS, or one of every 500 black men in this country. The story is even bleaker for ~~our~~ African American children and youth. ~~African-American~~ Black children accounted for more than half of all AIDS cases reported among children in the last year. ~~African-American~~ Black male teenagers make up 31 percent of the AIDS cases reported through December 1994 among male teenagers. ~~But African American~~ But young Black women are in the greatest danger -- 64 percent of the adolescent girls who were diagnosed with AIDS last year were African American. This is three times higher than the rate of any other race in this age range. ~~HIV continues to spread through our society. An estimated one million Americans are believed to be living with HIV and an average of 40,000 Americans become infected every year.~~

B → The Centers for Disease Control

~~It is no wonder, then, that the CDC~~ recently reported that AIDS is now the leading

cause of death among Americans 25 to 44 years of age. That comes as no surprise to those of us in the African-American community since AIDS has been the leading cause of death in black men and women between 25 and 44 for several years. In their prime of life. ~~Let me repeat that. In the African-American community, AIDS is still the number one cause of death for men and women in their prime of life.~~

The truth is that AIDS threatens all people in this country and in countries around the world.

move to page 4 (B)

AIDS devastates families and has created an estimated 20,000 motherless children. Based on projections, about 100,000 children and adolescents will lose their mothers to the AIDS epidemic by the year 2000. Eighty percent of these children ~~Sixty percent of these children live in six major cities, including New York City, and 80 percent~~ will come from African American and Latino families.

When we remember our young people living with AIDS, we must also look at our global community. For instance, AIDS is the leading killer of children under 5 in Zimbabwe. Adolescent girls in Zimbabwe, like their U.S. counterparts, are especially vulnerable to HIV infection. While most men who die of AIDS in Zimbabwe are in their thirties, most women are in their twenties. Given the 8-10 year incubation period, most of these young women are believed to have been infected before they were 15 years old. These numbers are appalling. They demand action. Action from me, but especially action from you.

These are the reasons why AIDS is a high priority of the Clinton Administration. I am proud of the fact that in the first two years of President Clinton's term in office, we have increased Federal funding for AIDS research, prevention, and services by 30 percent despite the tremendous pressures of a zero-growth budget. And if the Congress approves the President's fiscal year 1996 budget request, that increase will total 40 percent. This is a tremendous accomplishment.

Included in those funding increases are new resources for the Ryan White CARE Act, a program that provides vital services to Americans living with HIV and AIDS and brings needed dollars into communities hardest hit by this epidemic. In his first two years in office, the President increased funding for Ryan White by 82 percent. With his fiscal 1996 budget, the President proposes to bring that increase even higher, to 108 percent in three years.

These numbers are a tangible sign of the President's commitment to fighting the AIDS epidemic on all fronts. But they also are a sign of how this epidemic continues to challenge us all to respond vigorously and compassionately.

In the past year, I have been encouraged by the progress we have made in AIDS research. I was particularly pleased by the fact that we have produced the first research results that show that we can actually reduce HIV transmission from mother to child.

I'm also encouraged by the work being done to develop a microbicide for women to

use privately to protect themselves from HIV without relying on their partners. Funding for such research has been more than doubled and we are beginning to make some headway.

We have reinvigorated our HIV prevention effort by restoring power to communities and putting the planning of this process in their hands.

And, in the area of services, we have expanded high-quality medical and social services to people living with HIV and AIDS. As I mentioned earlier, we have already increased funding for the Ryan White CARE Act by 82 percent. Last year alone, Ryan White programs paid for more than 300,000 client visits across the country.

We are looking to you for help in reaching your communities. Next month there will be a conference at Howard University in Washington, DC to provide education, skill building and leadership empowerment to leaders in the African American church community and to educators who want to understand how to effectively reach out to and strengthen the HIV/AIDS education resources of African American churches. The Centers for Disease Control and Prevention is also working with the National Black Churches to conduct focus groups in eight cities so that we can identify why our community members are putting themselves at risk of HIV infection and other health problems. We want to develop strategies to reduce and prevent injuries, diseases and deaths in our African American communities.

These are substantial accomplishments that all of us can be proud of. But none of us

should waste any time patting ourselves on the back because there is still a great deal to be done.

Our job is to continue to figure out ways to meet the significant challenges this disease presents to us.

First, we must, we must find ways to bring down the number of new infections in this country. This is particularly true among young people. I am particularly appalled by the fact that one in four new HIV infections occurs among people under the age of 20 and one in two new infections occurs in people under 25.

No matter what approach we take, community leaders like you must play a central role with people, especially the young, who are infected and affected by AIDS.

I was impressed the other day to read that the rate of cigarette smoking among young African-Americans has dropped sharply in the last few years. Four years ago, the rates among black teenagers and white teenagers was almost equal, about one in four. Now, the rate among black teens has dropped to almost 7 percent while the rate among whites has stayed above 20 percent.

That is remarkable. And the evidence shows that a major contributor to that change in behavior has been pressure from families and communities -- including churches -- on young

Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

Black Leadership Commission on AIDS

April 25, 1995

GOOD AFTERNOON:

Thank you Reverend Daughtry for that gracious introduction. And thank you for including me in this important conference.

It's a great pleasure to join you today. I am here, in part, to recognize the significant work and influence of the Black Leadership Commission on AIDS and its talented, energetic, and committed President, Debra Fraser-Howze. I rely on her cool head and good advice to guide me in my work.

I'm here, as well, to lend my support to the critical mission of the black clergy in our national response to AIDS.

Together, you make a powerful team. And, here in New York, you have already proven what an effective team you are by educating not only our black leaders, but also our community about HIV prevention and by fighting for a fair share of AIDS funding in this state.

As an African-American woman, I am well aware of the leadership provided by our churches. Black churches are a source of inspiration and information for the men, women, and children who attend services and participate in the educational and social service programs they provide. In countless black communities, it is the church that holds us together; and it is the church that provides the rock-solid core around which a cohesive community can be built.

The African-American community is rich in the tradition of service, and our churches provide much more than a place to pray. They provide spiritual nourishment, fellowship, shelter from the cold, and frequently a good meal. They are a source of education and training for our young people and they are a source of refuge for neighborhoods that too often must fight the crime and violence that threaten to tear them apart.

So it is only fitting that black ministers, preachers, deacons and others of the clergy play a vital role in our national response to AIDS. At a time when too many other churches are turning their backs on people with AIDS, black churches are reaching out to fight ignorance and discrimination. Of course, many of us have already had plenty of experience with ignorance and discrimination. We know they are not a part of our family values. They are destroyers of families and communities.

In the past fifteen years of this terrible epidemic, we have seen nearly half a million Americans diagnosed with a disease that hadn't even been on our radar screens. In the past fifteen years, we have lost 250,000 of our brothers and sisters of all races. That's nearly five times as many Americans as died in the war in Vietnam.

Last year alone, AIDS claimed the lives of 40,000 Americans, or an average of more than 100 people every day. Last year alone, 81,000 Americans were diagnosed with AIDS, or an average of more than 200 people every day. Of these new diagnoses, 14,000 were women -- a group that had been left out of previous discussions on AIDS because they were thought not to be at risk.

These numbers reflect the terrible toll that AIDS is taking on our nation. And, as you know, AIDS continues to exact a very heavy price on the African-American community.

Between 1981 and 1994, more than 146,000 African Americans were diagnosed with AIDS, representing 33 percent of total cases in the U.S.

And in 1994 alone, nearly 31,000 African-Americans were diagnosed with AIDS, representing 39 percent of all cases reported in the U.S. that year.

These numbers are shocking enough, but when you consider the fact that African-Americans represent only twelve percent of the total U. S. population, the impact of this epidemic is even more striking. And the rate among blacks is six times higher than it is among whites.

These rates are even more troubling when we look only at black men. In 1994, more than 22,800 black men were diagnosed with AIDS, or one of every 500 black men in this country.

The story is even bleaker for African American children and youth. African American children accounted for more than half of all AIDS cases reported among children in the last year. Black male teenagers make up 31 percent of the AIDS cases reported through December 1994 among male teenagers. But young black women are in the greatest danger -- 64 percent of the adolescent girls who were diagnosed with AIDS last year were African American. This is three times higher than the rate of any other race in this age range.

AIDS devastates families and has created an estimated 20,000 motherless children. Based on projections, about 100,000 children and adolescents will lose their mothers to the AIDS epidemic by the year 2000. Eighty percent of these children will come from African American and Latino families.

The Center for Disease Control recently reported that AIDS is now the leading cause of death among Americans 25 to 44 years of age. That comes as no surprise to those of us in the African-American community since AIDS has been the leading cause of death in black men and women between 25 and 44 for several years. In their prime of life.

The truth is that AIDS threatens all people in this country and in countries around the world.

When we remember our young people living with AIDS, we must also look at our global community. For instance, AIDS is the leading killer of children under 5 in Zimbabwe. Adolescent girls in Zimbabwe, like their U.S. counterparts, are especially vulnerable to HIV infection. While most men who die of AIDS in Zimbabwe are in their thirties, most women are in their twenties. Given the 8-10 year incubation period, most of these young women are believed to have been infected before they were 15 years old. These numbers are appalling. They demand action. Action from me, but especially action from you.

These are the reasons why AIDS is a high priority of the Clinton Administration. I am proud of the fact that in the first two years of President Clinton's term in office, we have increased Federal funding for AIDS research, prevention, and services by 30 percent despite the tremendous pressures of a zero-growth budget. And if the Congress approves the President's fiscal year 1996 budget request, that increase will total 40 percent. This is a tremendous accomplishment.

Included in those funding increases are new resources for the Ryan White CARE Act, a program that provides vital services to Americans living with HIV and AIDS and brings needed dollars into communities hardest hit by this epidemic. In his first two years in office, the President increased funding for Ryan White by 82 percent. With his fiscal 1996 budget, the President proposes to bring that increase even higher, to 108 percent in three years.

These numbers are a tangible sign of the President's commitment to fighting the AIDS epidemic on all fronts. But they also are a sign of how this epidemic continues to challenge us all to respond vigorously and compassionately.

In the past year, I have been encouraged by the progress we have made in AIDS research. I was particularly pleased by the fact that we have produced the first research results that show that we can actually reduce HIV transmission from mother to child.

I'm also encouraged by the work being done to develop a microbicide for women to use privately to protect themselves from HIV without relying on their partners. Funding for such research has been more than doubled and we are beginning to make some headway.

We have reinvigorated our HIV prevention effort by restoring power to communities and putting the planning of this process in their hands.

And, in the area of services, we have expanded high-quality medical and social services to people living with HIV and AIDS. As I mentioned earlier, we have already increased funding for the Ryan White CARE Act by 82 percent. Last year alone, Ryan White programs paid for more than 300,000 client visits across the country.

We are looking to you for help in reaching your communities. Next month there will be a conference at Howard University in Washington, DC to provide education, skill building and leadership empowerment to leaders in the African American church community and to educators who want to understand how to effectively reach out to and strengthen the HIV/AIDS education resources of African American churches. The Centers for Disease Control and Prevention is also working with the National Black Churches to conduct focus groups in eight cities so that we can identify why our community members are putting themselves at risk of HIV infection and other health problems. We want to develop strategies to reduce and prevent injuries, diseases and deaths in our African American communities.

These are substantial accomplishments that all of us can be proud of. But none of us should waste any time patting ourselves on the back because there is still a great deal to be done. Our job is to continue to figure out ways to meet the significant challenges this disease presents to us.

First, we must, we must find ways to bring down the number of new infections in this country. This is particularly true among young people. I am particularly appalled by the fact that one in four new HIV infections occurs among people under the age of 20 and one in two new infections occurs in people under 25.

No matter what approach we take, community leaders like you must play a central role with people, especially the young, who are infected and affected by AIDS.

I was impressed the other day to read that the rate of cigarette smoking among young African-Americans has dropped sharply in the last few years. Four years ago, the rates among black teenagers and white teenagers was almost equal, about one in four. Now, the rate among black teens has dropped to almost 7 percent while the rate among whites has stayed above 20 percent.

That is remarkable. And the evidence shows that a major contributor to that change in behavior has been pressure from families and communities -- including churches -- on young people to protect their health by breaking the habit or never starting to smoke.

Why can't we replicate these results when it comes to HIV? I think we can. In fact, I know we can.

We know how to prevent HIV transmission. The best way is to get our kids to delay having sex. It's an old-fashioned notion but it works. Our job is to help our kids understand that being a virgin doesn't make them losers, it makes them winners, and it can save their lives.

But we also have to face the fact that a lot of teenagers aren't going to hear that message. So we have to talk openly and honestly about the benefits of using condoms. Aside from abstinence, the regular use of condoms is the most effective way to prevent transmission of HIV. And we have seen a recent rise in the use of condoms by people in this country, including young people.

We also have to talk to our kids about drugs. This is an ongoing dialogue that has had some promising results. Drug use is down among teenagers today but it's still a substantial problem. We must convince them that using drugs is dangerous because of what it does to their bodies and minds and also because it leads to HIV transmission. The sharing of needles is a very efficient way to share HIV. And the use of other drugs that are not injected can reduce people's ability to make clear decisions about whether or not to have sex, and how to have sex when they do.

We need to talk to them about these things. And we have to talk about sexuality as part of who we are. We must not forget to reach out to young, African-American, gay men. Homophobia plagues our society and our community and many of our young people are paying a heavy price for this kind of discrimination.

While we try to prevent HIV transmission, we also must help people with AIDS to live longer and to live better.

But as the AIDS epidemic moves aggressively into communities of color and low-income, the demands on the AIDS services programs we have created have become much greater.

When AIDS first surfaced in gay white men, many of those affected had an established income and a structure of support that helped them to cope with the medical and financial pressures of living with AIDS. But for many of those who are being affected today, that kind of support does not exist. As a result, many of them need far greater assistance in obtaining care.

Sadly, some of the new Republican leaders in Congress appear to have a very different view of the needs of people with AIDS than you and I do.

I have been troubled by the comments of some of those leaders that seem to pit one group of Americans against another. Whether it's a person with AIDS versus a person with cancer; or a person of wealth versus a person in poverty, these kinds of comparisons are divisive and do nothing to advance our society. Nor does it help those in need.

Unfortunately, many of us are quite used to this sort of divisive talk. But when it comes to AIDS, this divisiveness is life-threatening.

When Republicans talk about eliminating the Housing Opportunities for People with AIDS program--known as HOPWA--or putting a cap on Medicaid, they are attacking poor people with AIDS. These cuts could surely shorten their lives.

The Republican leadership's proposal to cap Medicaid and turn the program over to the states is of deep concern to me and it should be to you as well. Nearly 40 percent of the people living with AIDS in this country receive their medical care through Medicaid. Medicaid pays for doctor office visits, inpatient care, prescription drugs and outpatient services that keep people with AIDS alive and improve the quality of their lives. To place a cap on this program would put all of these people in jeopardy.

AIDS is not a partisan issue. AIDS is, and always has been, a public health issue.

That is why I was very pleased to see last month that under the leadership of Senators Nancy Kassebaum and Ted Kennedy the Senate Labor and Human Resources Committee voted unanimously -- let me repeat that, unanimously -- to reauthorize the Ryan White CARE Act for five years.

Ryan White is a perfect example of a government program that works. It is a partnership with those of us in Washington and those of you in the cities, towns and villages of America. It is a partnership with community groups around the country. It is that partnership that makes the Ryan White CARE Act work and it is that partnership that makes this program so popular on Capitol Hill.

We at the Office of National AIDS Policy are working closely with the Congress on this legislation to make sure that all localities, including rural areas get the assistance and the flexibility they need to deliver the services that people with AIDS require.

So, despite the new and often threatening political atmosphere, there is reason to be hopeful. The key will be for each of us to be as determined to preserve these programs -- this safety net of support -- for people living with AIDS while we continue our aggressive efforts to find a cure to this dreadful disease.

An Ethiopian proverb tells us that when spider webs are united, they can tie up a lion. Working together, we can control the spread of this disease in our community and in our nation. We can be and we are a compassionate, supportive and caring people. AIDS will not change these qualities.

So, let's be strong together. Let's fight for the rights and the needs of people with AIDS and continue to fight to put an end to this sad chapter in our nation's history.

Thank you.

Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

Michigan AIDS Fund

April 6, 1995

GOOD EVENING:

Thank you for that gracious introduction. It's such a pleasure to be here with you tonight. This is one of my hometowns, so it's nice to be able to see some old friends.

I want to thank the Michigan AIDS Fund for asking me to be here with you. And I want to thank my dear friend Mary Fisher for encouraging me to come. One of the real joys of working in the field of AIDS policy is getting to work with people like Mary. Not only is she a remarkable advocate for a compassionate response to AIDS, but she is an incredible inspiration to us all. She has brought sensitivity, love, and compassion to her work and is a role model for me.

I also want to thank Governor Engler for declaring this Michigan AIDS Awareness Week. He recognizes what many of my colleagues in Washington need to remember, that AIDS is not a partisan issue. It's not even a bipartisan issue. It's a nonpartisan issue and one that affects us all. So, I applaud the Governor and urge his fellow leaders to follow his example.

The Michigan AIDS Fund is a remarkable organization. It brings the genius and the commitment of corporate and nonprofit organizations together to serve the vital needs of the people of this state. It has provided a model for other organizations around the country to follow. If we are to meet the challenges of this epidemic, it will be organizations like the Michigan AIDS Fund that lead the way.

I believe we are at an important turning point in our global response to HIV and AIDS. For nearly fifteen years, we have co-existed with this insidious disease while fighting it on every front. But no matter how hard we fight, we are still losing too many of our loved ones. To date, nearly 250,000 Americans have lost their lives to AIDS, including 40,000 last year alone. Here in the state of Michigan, the losses have also been devastating. Nearly 6,000 cases of AIDS were reported between 1981 and 1994 and more than 3,000 residents of this state have lost their lives.

After 15 years of co-existing with this epidemic, we are, as a nation, at a critical turning point. I believe the next few months will determine whether we will continue to build on the recent progress we have achieved and move forward or whether we will retrench and retreat.

As many of us watch our friends and loved ones live -- and die -- with this disease, it is hard to focus on the progress we have made. Yet, in the decade and a half since we began to track the AIDS epidemic, there have been significant advances in the areas of research, prevention, treatment, and direct services to people living with HIV and AIDS.

But clearly there is much more to be done.

I have been encouraged by the progress we have made in research during the past year. Bill Paul, the esteemed director of the Office of AIDS Research at NIH, recently described the last twelve months as an extraordinary year in AIDS research.

Working with scientists from around the country and around the world, researchers at NIH have greatly deepened our understanding of the dynamics of HIV and how it affects the human immune system.

Our research has demonstrated that we can actually block HIV transmission from mother to infant. Let me remind you that this is the first time scientists have been able to block transmission of HIV with a therapeutic agent.

An ongoing study of long-term non-progressors may lead to insight into how the immune system keeps the virus in check and new approaches to vaccine development.

There is renewed optimism about a new class of anti-retrovirals that in early studies looks very promising -- protease inhibitors. And interleukin-2 therapy also bears promise.

I'm also encouraged by the work being done to develop a microbicide that women can use privately to protect themselves from HIV without relying on their partners. Funding for such research has been more than doubled and we are beginning to make some headway.

We cannot forget the fact that lessons learned about retroviruses and the immune system can translate into scientific progress well beyond HIV.

At the CDC we have reinvigorated our HIV prevention effort by empowering communities. We have put a large part of the planning of HIV prevention strategies in their hands. The community planning process has been nothing short of remarkable in its ability to bring together disparate sectors of the community to design interventions that respond to local needs. If we have learned one thing about HIV prevention, it is that programs designed by those affected by HIV are the most effective, especially if they build on sound behavioral research. I am pleased that this Administration has increased its commitment in both ways -- by trusting communities and by supporting behavioral research.

In support of people living with HIV and AIDS, we have achieved significant expansion of high-quality medical and other services. In two years, we have increased funding for the Ryan White CARE Act by 82 percent and, if the Congress approves the President's fiscal year 1996 request, that increase will be 108 percent, remarkable in a time of little or no budget growth. Last year alone, Ryan White programs paid for more than 300,000 client visits in all 50 states, the District of Columbia, and Puerto Rico. The Ryan White CARE Act stands as a model of how community based services combined with quality primary care can improve lives while lowering costs.

These are substantial accomplishments that all of us can be proud of. But none of us should waste any time patting ourselves on the back because, as I said, there is still considerable work to be done.

HIV continues to spread through our society. An estimated one million Americans are believed to be living with HIV and an average of 40,000 Americans become infected each year.

I am particularly saddened by the fact that one out of every four new infections occurs among people under the age of 20 and half of all new infections occur in people under 25.

It is no wonder, then, that CDC recently reported that AIDS is now the leading cause of death among Americans between the ages of 25 and 44. The truth is that AIDS is a public health threat for all people in this country and in countries around the world.

The scientists say this is a virus that constantly changes. The nature of the epidemic has changed as well. This demands changes in our strategies to confront HIV and AIDS. At the same time, we are seeing changes in the political atmosphere in Washington that disturb me. I am concerned that new political roadblocks will inhibit our ability to do what is necessary to continue our struggle against the virus.

Let me talk first about the changing nature of the epidemic.

Fifteen years ago, when we first were aware of the disease that later became known as AIDS, we did not have a public health infrastructure to deal with this kind of an epidemic. In fact, at the same time that AIDS appeared, we were in the middle of a movement to dismantle much of the public health framework we had -- largely due to politics. A weakened public health infrastructure, coupled with Washington's indifference, made it much more difficult to address the new epidemic of AIDS. There are some today who are again questioning our need for a federally supported public health system. The AIDS epidemic is living -- and dying -- proof of the price that is paid for this neglect.

But a well-organized and persistent gay community and a small group of concerned members of the House and Senate were able to partially overcome the political inertia and force a national response.

Today, the AIDS epidemic is shifting ground, moving from one that affected large numbers of white, middle-income, gay men, to one that is increasingly devastating communities of color, and people of little economic means.

Last year, for the first time since the epidemic began, gay and bisexual men who contracted HIV through sex and/or injection drug use made up just under half of new AIDS cases. But the gay community remains deeply affected by the AIDS epidemic. Gay and bisexual men still make up the largest single group of persons with AIDS in this country. And young gay men are part of a second wave of HIV infections affecting this community.

But today, gay men are being joined by growing numbers of women and people of color.

In 1994 alone, 14,000 women were diagnosed with AIDS. That's nearly 17 percent of all cases in women since 1981.

African Americans and Hispanics are also being disproportionately assaulted by AIDS. Last year, nearly 58 percent of all new cases occurred among blacks and Hispanics -- far in excess of their representation in the general public. And these percentages are even higher among women and children of color. In fact, nearly 80 percent of the children diagnosed with AIDS in the U.S. are African-American or Hispanic.

As the epidemic moves aggressively into communities of color and low-income, the demands on the infrastructure of AIDS services we have created become much greater.

When AIDS first struck gay men, many of those affected had an established income and a structure of support that enabled them to cope with the medical and financial pressures of living with AIDS. But for many of those who are being affected today, that kind of support does not exist. As a result, many of them need far greater assistance in obtaining basic treatment, care and other services.

This is where the changing demographics of the epidemic and the changing political atmosphere in Washington come into conflict.

Sadly, some of the new Republican leaders in Congress appear to have a very different view of the needs of people with AIDS than you and I do.

I have been troubled by the comments of some of these leaders that seem to pit one group of Americans against another. Whether it's a person with AIDS versus a person with cancer; or a person of wealth versus a person in poverty, these kinds of comparisons are divisive and do nothing to advance our society.

When it comes to AIDS, this kind of divisiveness is dangerous.

When Republicans talk about eliminating the Housing Opportunities for People with AIDS program or putting a cap on the Federal share of Medicaid, they are attacking poor people with AIDS. These cuts could surely shorten their lives.

The HOPWA program was begun in 1992 after we found strong evidence that people with AIDS often had difficulty finding or retaining housing. In fact, we were faced with a growing phenomenon of homeless people with AIDS. This bipartisan program, has helped to keep thousands of families off the streets by putting a roof over their heads. Here in Michigan, HOPWA provides more than two million dollars this year alone.

Two weeks ago, when I was in Vermont, I met a man living with AIDS who told me he was a couch surfer. Now, I had heard of couch potatoes, and I had heard of channel surfers. But I had never heard of couch surfers. I asked him what he meant and he told me that he could no longer afford his rent so he would sleep on one friend's couch for a few days and then move on to another friend's couch and then another. This sounds amusing, but it's a rotten way to live, especially if you are coping with AIDS. This man, like so many others, desperately needs the kind of support that HOPWA provides.

Yet the House of Representatives has voted to eliminate funding for this program and leave vulnerable all those with HIV and AIDS who need housing assistance. I was pleased to see that the Senate took a very different approach, preserving HOPWA's funding. I will be working with members of both houses to make sure that the final legislation preserves this vital program. Even if we win this battle, we will need to reauthorize HOPWA at a time when all public housing is under attack.

But once the housing fight is over, we will have to turn to an even bigger battle. The Republican proposals to cut spending on essential domestic programs to pay for a tax cut for the wealthy are a clear example of pitting one group of Americans against another. As Vice President Gore said, it's Robin Hood in reverse.

I am particularly concerned by the proposal to cap Medicaid and turn the program over to the states. As you know, nearly 40 percent of people living with AIDS in this country receive their medical coverage through Medicaid. And that percentage will grow each year as AIDS continues to disproportionately affect the poor. Medicaid pays for physician's office visits, in-patient care, prescription drugs, and outpatient services that keep people with AIDS alive and improve the quality of their lives. To place a cap on this program would put all of these people in jeopardy. It would also increase the burden on Ryan White programs that are already stretched to the limit as it is.

As people affected by AIDS, we cannot sit on the sidelines while this proposal is debated. Medicaid funding is as much an AIDS issue as Ryan White funding. That's why my staff and I will be active in the Administration's effort to defeat this proposal.

In the months ahead, we will do a lot of fighting. Fighting for the things we believe in. And fighting for the things that work.

That doesn't mean we will be fighting alone. I was very pleased to see last week that the Senate Labor and Human Resources Committee voted unanimously -- let me repeat that, unanimously -- for a five-year reauthorization of the Ryan White CARE Act. I want to take this opportunity to praise Senators Nancy Kassebaum and Ted Kennedy for their leadership on this legislation.

The Senate version of the reauthorized Ryan White program includes vital services for people with AIDS and new assistance for Detroit and Michigan and across the country that have experienced a more recent increase in the number of AIDS cases.

So, despite the changing political atmosphere, there is some reason for hope. The key will be for each of us to be as determined to preserve these essential programs -- this safety net of support -- for people living with AIDS while we continue our aggressive efforts to find a cure to this insidious disease.

Nearly fifty years ago, President Franklin Delano Roosevelt, in a time of great global change, said a nation does not have to be cruel to be strong. Today, as we make our way through the changing demographics of AIDS and the changing politics of Washington, let us remember that being cruel not only doesn't make us strong. It makes us genuinely weak.

That's not the kind of America I believe in. And I don't think it's the kind of America any of you believe in. We all need to keep this fight going. We must all apply our brains, our strength, our commitment and our passion to the struggle.

Thank you.

Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

Michigan AIDS Fund

April 6, 1995

GOOD EVENING:

Thank you for that gracious introduction. It's such a pleasure to be here with you tonight. This is one of my hometowns, so it's nice to be able to see some old friends.

I want to thank the Michigan AIDS Fund for asking me to be here with you. And I want to thank my dear friend Mary Fisher for encouraging me to come. One of the real joys of working in the field of AIDS policy is getting to work with people like Mary. Not only is she a remarkable advocate for a compassionate response to AIDS, but she is an incredible inspiration to us all. She has brought sensitivity, love, and compassion to her work and is a role model for me.

I also want to thank Governor Engler for declaring this Michigan AIDS Awareness Week. He recognizes what many of my colleagues in Washington need to remember, that

AIDS is not a partisan issue. It's not even a bipartisan issue. It's a nonpartisan issue and one that affects us all. So, I applaud the Governor and urge his fellow leaders to follow his example.

The Michigan AIDS Fund is a remarkable organization. It brings the genius and the commitment of corporate and nonprofit organizations together to serve the vital needs of the people of this state. It has provided a model for other organizations around the country to follow. If we are to meet the challenges of this epidemic, it will be organizations like the Michigan AIDS Fund that lead the way.

I believe we are at an important turning point in our global response to HIV and AIDS. For nearly fifteen years, we have co-existed with this insidious disease while fighting it on every front. But no matter how hard we fight, we are still losing too many of our loved ones. To date, nearly 250,000 Americans have lost their lives to AIDS, including 40,000 last year alone. Here in the state of Michigan, the losses have also been devastating. Nearly 6,000 cases of AIDS were reported between 1981 and 1994 and more than 3,000 residents of this state have lost their lives.

After 15 years of co-existing with this epidemic, we are, as a nation, at a critical turning point. I believe the next few months will determine whether we will continue to build on the recent progress we have achieved and move forward or whether we will retrench and retreat.

As many of us watch our friends and loved ones live -- and die -- with this disease, it is hard to focus on the progress we have made. Yet, in the decade and a half since we began to track the AIDS epidemic, there have been significant advances in the areas of research, prevention, treatment, and direct services to people living with HIV and AIDS. But clearly there is much more to be done.

I have been encouraged by the progress we have made in research during the past year. Bill Paul, the esteemed director of the Office of AIDS Research at NIH, recently described the last twelve months as an extraordinary year in AIDS research.

Working with scientists from around the country and around the world, researchers at NIH have greatly deepened our understanding of the dynamics of HIV and how it affects the human immune system.

Our research has demonstrated that we can actually block HIV transmission from mother to infant. Let me remind you that this is the first time scientists have been able to block transmission of HIV with a therapeutic agent.

An ongoing study of long-term non-progressors may lead to insight into how the immune system keeps the virus in check and new approaches to vaccine development.

There is renewed optimism about a new class of anti-retrovirals that in early studies

looks very promising -- protease inhibitors. And interleukin-2 therapy also bears promise.

I'm also encouraged by the work being done to develop a microbicide that women can use privately to protect themselves from HIV without relying on their partners. Funding for such research has been more than doubled and we are beginning to make some headway.

We cannot forget the fact that lessons learned about retroviruses and the immune system can translate into scientific progress well beyond HIV.

At the CDC we have reinvigorated our HIV prevention effort by empowering communities. We have put a large part of the planning of HIV prevention strategies in their hands. The community planning process has been nothing short of remarkable in its ability to bring together disparate sectors of the community to design interventions that respond to local needs. If we have learned one thing about HIV prevention, it is that programs designed by those affected by HIV are the most effective, especially if they build on sound behavioral research. I am pleased that this Administration has increased its commitment in both ways -- by trusting communities and by supporting behavioral research.

In support of people living with HIV and AIDS, we have achieved significant expansion of high-quality medical and other services. In two years, we have increased funding for the Ryan White CARE Act by 82 percent and, if the Congress approves the President's fiscal year 1996 request, that increase will be 108 percent, remarkable in a time

of little or no budget growth. Last year alone, Ryan White programs paid for more than 300,000 client visits in all 50 states, the District of Columbia, and Puerto Rico. The Ryan White CARE Act stands as a model of how community based services combined with quality primary care can improve lives while lowering costs.

These are substantial accomplishments that all of us can be proud of. But none of us should waste any time patting ourselves on the back because, as I said, there is still considerable work to be done.

HIV continues to spread through our society. An estimated one million Americans are believed to be living with HIV and an average of 40,000 Americans become infected each year.

I am particularly saddened by the fact that one out of every four new infections occurs among people under the age of 20 and half of all new infections occur in people under 25.

It is no wonder, then, that CDC recently reported that AIDS is now the leading cause of death among Americans between the ages of 25 and 44. The truth is that AIDS is a public health threat for all people in this country and in countries around the world.

The scientists say this is a virus that constantly changes. The nature of the epidemic

has changed as well. This demands changes in our strategies to confront HIV and AIDS. At the same time, we are seeing changes in the political atmosphere in Washington that disturb me. I am concerned that new political roadblocks will inhibit our ability to do what is necessary to continue our struggle against the virus.

Let me talk first about the changing nature of the epidemic.

Fifteen years ago, when we first were aware of the disease that later became known as AIDS, we did not have a public health infrastructure to deal with this kind of an epidemic. In fact, at the same time that AIDS appeared, we were in the middle of a movement to dismantle much of the public health framework we had -- largely due to politics. A weakened public health infrastructure, coupled with Washington's indifference, made it much more difficult to address the new epidemic of AIDS. There are some today who are again questioning our need for a federally supported public health system. The AIDS epidemic is living -- and dying -- proof of the price that is paid for this neglect.

But a well-organized and persistent gay community and a small group of concerned members of the House and Senate were able to partially overcome the political inertia and force a national response.

Today, the AIDS epidemic is shifting ground, moving from one that affected large numbers of white, middle-income, gay men, to one that is increasingly devastating

communities of color, and people of little economic means.

Last year, for the first time since the epidemic began, gay and bisexual men who contracted HIV through sex and/or injection drug use made up just under half of new AIDS cases. But the gay community remains deeply affected by the AIDS epidemic. Gay and bisexual men still make up the largest single group of persons with AIDS in this country. And young gay men are part of a second wave of HIV infections affecting this community.

But today, gay men are being joined by growing numbers of women and people of color.

In 1994 alone, 14,000 women were diagnosed with AIDS. That's nearly 17 percent of all cases in women since 1981.

African Americans and Hispanics are also being disproportionately assaulted by AIDS. Last year, nearly 58 percent of all new cases occurred among blacks and Hispanics -- far in excess of their representation in the general public. And these percentages are even higher among women and children of color. In fact, nearly 80 percent of the children diagnosed with AIDS in the U.S. are African-American or Hispanic.

As the epidemic moves aggressively into communities of color and low-income, the demands on the infrastructure of AIDS services we have created become much greater.

When AIDS first struck gay men, many of those affected had an established income and a structure of support that enabled them to cope with the medical and financial pressures of living with AIDS. But for many of those who are being affected today, that kind of support does not exist. As a result, many of them need far greater assistance in obtaining basic treatment, care and other services.

This is where the changing demographics of the epidemic and the changing political atmosphere in Washington come into conflict.

Sadly, some of the new Republican leaders in Congress appear to have a very different view of the needs of people with AIDS than you and I do.

I have been troubled by the comments of some of these leaders that seem to pit one group of Americans against another. Whether it's a person with AIDS versus a person with cancer; or a person of wealth versus a person in poverty, these kinds of comparisons are divisive and do nothing to advance our society.

When it comes to AIDS, this kind of divisiveness is dangerous.

When Republicans talk about eliminating the Housing Opportunities for People with AIDS program or putting a cap on the Federal share of Medicaid, they are attacking poor people with AIDS. These cuts could surely shorten their lives.

The HOPWA program was begun in 1992 after we found strong evidence that people with AIDS often had difficulty finding or retaining housing. In fact, we were faced with a growing phenomenon of homeless people with AIDS. This bipartisan program, has helped to keep thousands of families off the streets by putting a roof over their heads. Here in Michigan, HOPWA provides more than two million dollars this year alone.

Two weeks ago, when I was in Vermont, I met a man living with AIDS who told me he was a couch surfer. Now, I had heard of couch potatoes, and I had heard of channel surfers. But I had never heard of couch surfers. I asked him what he meant and he told me that he could no longer afford his rent so he would sleep on one friend's couch for a few days and then move on to another friend's couch and then another. This sounds amusing, but it's a rotten way to live, especially if you are coping with AIDS. This man, like so many others, desperately needs the kind of support that HOPWA provides.

Yet the House of Representatives has voted to eliminate funding for this program and leave vulnerable all those with HIV and AIDS who need housing assistance. I was pleased to see that the Senate took a very different approach, preserving HOPWA's funding. I will be working with members of both houses to make sure that the final legislation preserves this vital program. Even if we win this battle, we will need to reauthorize HOPWA at a time when all public housing is under attack.

But once the housing fight is over, we will have to turn to an even bigger battle. The

Republican proposals to cut spending on essential domestic programs to pay for a tax cut for the wealthy are a clear example of pitting one group of Americans against another. As Vice President Gore said, it's Robin Hood in reverse.

I am particularly concerned by the proposal to cap Medicaid and turn the program over to the states. As you know, nearly 40 percent of people living with AIDS in this country receive their medical coverage through Medicaid. And that percentage will grow each year as AIDS continues to disproportionately affect the poor. Medicaid pays for physician's office visits, in-patient care, prescription drugs, and outpatient services that keep people with AIDS alive and improve the quality of their lives. To place a cap on this program would put all of these people in jeopardy. It would also increase the burden on Ryan White programs that are already stretched to the limit as it is.

As people affected by AIDS, we cannot sit on the sidelines while this proposal is debated. Medicaid funding is as much an AIDS issue as Ryan White funding. That's why my staff and I will be active in the Administration's effort to defeat this proposal.

In the months ahead, we will do a lot of fighting. Fighting for the things we believe in. And fighting for the things that work.

That doesn't mean we will be fighting alone. I was very pleased to see last week that the Senate Labor and Human Resources Committee voted unanimously -- let me repeat that,

unanimously -- for a five-year reauthorization of the Ryan White CARE Act. I want to take this opportunity to praise Senators Nancy Kassebaum and Ted Kennedy for their leadership on this legislation.

The Senate version of the reauthorized Ryan White program includes vital services for people with AIDS and new assistance for Detroit and Michigan and across the country that have experienced a more recent increase in the number of AIDS cases.

So, despite the changing political atmosphere, there is some reason for hope. The key will be for each of us to be as determined to preserve these essential programs -- this safety net of support -- for people living with AIDS while we continue our aggressive efforts to find a cure to this insidious disease.

Nearly fifty years ago, President Franklin Delano Roosevelt, in a time of great global change, said a nation does not have to be cruel to be strong. Today, as we make our way through the changing demographics of AIDS and the changing politics of Washington, let us remember that being cruel not only doesn't make us strong. It makes us genuinely weak.

That's not the kind of America I believe in. And I don't think it's the kind of America any of you believe in. We all need to keep this fight going. We must all apply our brains, our strength, our commitment and our passion to the struggle.

Thank you.

Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

Harvard AIDS Institute Conference

April 5, 1995

GOOD AFTERNOON:

Thank you for that gracious introduction. And thank you for including me in this conference. My father graduated from Harvard Medical School with highest honors. He was one of the first African Americans to do so. So it's rather a thrill to be here at Harvard giving a speech.

I'm delighted to join you to discuss the need for a strong, coordinated, and effective response to the continuing AIDS pandemic. Each of you here today has already shown your commitment to fighting AIDS in the research labs, in the hospitals and doctors' offices, in our great universities, or in the streets.

After 15 years of co-existing with this epidemic, we are, as a nation, at a critical turning point. I believe the next few months will determine whether we will continue to build on the recent progress we have achieved and move forward or whether we will retrench and retreat.

As many of us watch our friends and loved ones live -- and die -- with this disease, it is hard to focus on the progress we have made. Yet, in the decade and a half since we began to track the AIDS epidemic, there have been significant advances in the areas of research, prevention, treatment, and direct services to people living with HIV and AIDS.

But clearly there is much more to be done.

I have been encouraged by the progress we have made in research during the past year. Bill Paul, the esteemed director of the Office of AIDS Research at NIH, recently described the last twelve months as an extraordinary year in AIDS research.

Working with scientists from around the country and around the world, researchers at NIH have greatly deepened our understanding of the dynamics of HIV and how it affects the human immune system.

Our research has demonstrated that we can actually block HIV transmission from mother to infant. Let me remind you that this is the first time scientists have been able to block transmission of HIV with a therapeutic agent.

An ongoing study of long-term non-progressors may lead to insight into how the immune system keeps the virus in check and new approaches to vaccine development.

There is renewed optimism about a new class of anti-retrovirals that in early studies looks very promising -- protease inhibitors. And interleukin-2 therapy also bears promise.

I'm also encouraged by the work being done to develop a microbicide that women can use privately to protect themselves from HIV without relying on their partners. Funding for such research has been more than doubled and we are beginning to make some headway.

We cannot forget the fact that lessons learned about retroviruses and the immune system can translate into scientific progress well beyond HIV.

At the CDC we have reinvigorated our HIV prevention effort by empowering communities. We have put a large part of the planning of HIV prevention strategies in their hands. The community planning process has been nothing short of remarkable in its ability to bring together disparate sectors of the community to design interventions that respond to local needs. If we have learned one thing about HIV prevention, it is that programs designed by those affected by HIV are the most effective, especially if they build on sound behavioral research. I am pleased that this Administration has increased its commitment in both ways -- by trusting communities and by supporting behavioral research.

In support of people living with HIV and AIDS, we have achieved significant expansion of high-quality medical and other services. In two years, we have increased funding for the Ryan White CARE Act by 82 percent and, if the Congress approves the President's fiscal year 1996 request, that increase will be 108 percent, remarkable in a time of little or no budget growth. Last year alone, Ryan White programs paid for more than 300,000 client visits in all 50 states, the District of Columbia, and Puerto Rico. The Ryan White CARE Act stands as a model of how community based services combined with quality primary care can improve lives while lowering costs.

These are substantial accomplishments that all of us can be proud of. But none of us should waste any time patting ourselves on the back because, as I said, there is still considerable work to be done.

HIV continues to spread through our society. An estimated one million Americans are believed to be living with HIV and an average of 40,000 Americans become infected each year.

I am particularly saddened by the fact that one out of every four new infections occurs among people under the age of 20 and half of all new infections occur in people under 25.

It is no wonder, then, that CDC recently reported that AIDS is now the leading cause of death among Americans between the ages of 25 and 44. The truth is that AIDS is a public health threat for all people in this country and in countries around the world.

The theme of this conference -- Changing Times, Changing Strategies -- is appropriate. After all, the nature of the epidemic is certainly changing. And this demands changes in our strategies to confront HIV and AIDS. At the same time, we are seeing changes in the political atmosphere in Washington that disturb me. I am concerned that new political roadblocks will inhibit our ability to do what is necessary to continue our struggle against the virus.

Let me talk first about the changing nature of the epidemic.

Fifteen years ago, when we first were aware of the disease that later became known as AIDS, we did not have a public health infrastructure to deal with this kind of an epidemic. In fact, at the same time that AIDS appeared, we were in the middle of a movement to dismantle much of the public health framework we had -- largely due to politics. A weakened public health infrastructure, coupled with Washington's indifference, made it much more difficult to address the new epidemic of AIDS. There are some today who are again questioning our need for a federally supported public health system. The AIDS epidemic is living -- and dying -- proof of the price that is paid for this neglect.

But a well-organized and persistent gay community and a small group of concerned members of the House and Senate were able to partially overcome the political inertia and force a national response.

Today, the AIDS epidemic is shifting ground, moving from one that affected large numbers of white, middle-income, gay men, to one that is increasingly devastating communities of color, and people of little economic means.

Last year, for the first time since the epidemic began, gay and bisexual men who contracted HIV through sex and/or injection drug use made up just under half of new AIDS cases. But the gay community remains deeply affected by the AIDS epidemic. Gay and bisexual men still make up the largest single group of persons with AIDS in this country. And young gay men are part of a second wave of HIV infections affecting this community.

But today, gay men are being joined by growing numbers of women and people of color.

In 1994 alone, 14,000 women were diagnosed with AIDS. That's nearly 17 percent of all cases in women since 1981.

African Americans and Hispanics are also being disproportionately assaulted by AIDS. Last year, nearly 58 percent of all new cases occurred among blacks and Hispanics -- far in excess of their representation in the general public. And these percentages are even higher among women and children of color. In fact, nearly 80 percent of the children diagnosed with AIDS in the U.S. are African-American or Hispanic.

As the epidemic moves aggressively into communities of color and low-income, the demands on the infrastructure of AIDS services we have created become much greater.

When AIDS first struck gay men, many of those affected had an established income and a structure of support that enabled them to cope with the medical and financial pressures of living with AIDS. But for many of those who are being affected today, that kind of support does not exist. As a result, many of them need far greater assistance in obtaining basic treatment, care and other services.

This is where the changing demographics of the epidemic and the changing political atmosphere in Washington come into conflict.

Sadly, some of the new Republican leaders in Congress appear to have a very different view of the needs of people with AIDS than you and I do.

I have been troubled by the comments of some of these leaders that seem to pit one group of Americans against another. Whether it's a person with AIDS versus a person with cancer; or a person of wealth versus a person in poverty, these kinds of comparisons are divisive and do nothing to advance our society.

When it comes to AIDS, this kind of divisiveness is dangerous.

When Republicans talk about eliminating the Housing Opportunities for People with AIDS program or putting a cap on the Federal share of Medicaid, they are attacking poor people with AIDS. These cuts could surely shorten their lives.

The HOPWA program was begun in 1992 after we found strong evidence that people with AIDS often had difficulty finding or retaining housing. In fact, we were faced with a growing phenomenon of homeless people with AIDS. This bipartisan program, recently championed by Lucie McKinney of Connecticut, the widow of the late Rep. Stewart McKinney, has helped to keep thousands of families off the streets by putting a roof over their heads. Here in Massachusetts, HOPWA provides more than two million dollars in support. And the New England region receives more than four million dollars.

Two weeks ago, when I was in Vermont, I met a man living with AIDS who told me he was a couch surfer. Now, I had heard of couch potatoes, and I had heard of channel surfers. But I had never heard of couch surfers. I asked him what he meant and he told me that he could no longer afford his rent so he would sleep on one friend's couch for a few days and then move on to another friend's couch and then another. This sounds amusing, but it's a rotten way to live, especially if you are coping with AIDS. This man, like so many others, desperately needs the kind of support that HOPWA provides.

Yet the House of Representatives has voted to eliminate funding for this program and leave vulnerable all those with HIV and AIDS who need housing assistance. I was pleased to see that the Senate took a very different approach, preserving HOPWA's funding. I will be working with members of both houses to make sure that the final legislation preserves this vital program. Even if we win this battle, we will need to reauthorize HOPWA at a time when all public housing is under attack.

But once the housing fight is over, we will have to turn to an even bigger battle. The Republican proposals to cut spending on essential domestic programs to pay for a tax cut for the wealthy are a clear example of pitting one group of Americans against another. As Vice President Gore said, it's Robin Hood in reverse.

I am particularly concerned by the proposal to cap Medicaid and turn the program over to the states. As you know, nearly 40 percent of people living with AIDS in this country receive their medical coverage through Medicaid. And that percentage will grow each year as AIDS continues to disproportionately affect the poor. Medicaid pays for physician's office visits, in-patient care, prescription drugs, and outpatient services that keep people with AIDS alive and improve the quality of their lives. To place a cap on this program would put all of these people in jeopardy. It would also increase the burden on Ryan White programs that are already stretched to the limit as it is.

As people affected by AIDS, we cannot sit on the sidelines while this proposal is debated. Medicaid funding is as much an AIDS issue as Ryan White funding. That's why my staff and I will be active in the Administration's effort to defeat this proposal.

In the months ahead, we will do a lot of fighting. Fighting for the things we believe in. And fighting for the things that work.

That doesn't mean we will be fighting alone. I was very pleased to see last week that the Senate Labor and Human Resources Committee voted unanimously -- let me repeat that, unanimously -- for a five-year reauthorization of the Ryan White CARE Act. I want to take this opportunity to praise Senators Nancy Kassebaum and Ted Kennedy for their leadership on this legislation.

The Senate version of the reauthorized Ryan White program includes vital services for people with AIDS and new assistance for states here in New England and across the country that have experienced a more recent increase in the number of AIDS cases. Minimum grants for states like Vermont and New Hampshire and Maine will be increased from $100,000 to $250,000. This will be particularly helpful for people living in rural areas in those states who may have a difficult time getting to a doctor or a clinic.

So, despite the changing political atmosphere, there is some reason for hope. The key will be for each of us to be as determined to preserve these essential programs -- this safety net of support -- for people living with AIDS while we continue our aggressive efforts to find a cure to this insidious disease.

Nearly fifty years ago, President Franklin Delano Roosevelt, in a time of great global change, said a nation does not have to be cruel to be strong. Today, as we make our way through the changing demographics of AIDS and the changing politics of Washington, let us remember that being cruel not only doesn't make us strong. It makes us genuinely weak.

That's not the kind of America I believe in. And I don't think it's the kind of America any of you believe in. We all need to keep this fight going. We must all apply our brains, our strength, our commitment and our passion to the struggle.

Thank you.