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Patsy Fleming Speeches - June 1995

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Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

AIDS Action Foundation

June 21, 1995

GOOD EVENING:

What an honor to accept an award for Elizabeth Glaser, my friend, my ally, and my role model. There's not a day that goes by that I don't think about Elizabeth and her work on behalf of people with AIDS. In fact, I keep a picture of Elizabeth on my desk, so she can look over my shoulder and make sure I'm still on the right track.

I first met Elizabeth Glaser in November of 1992, when I was working on President Clinton's transition team. It was an exciting time, filled with optimism and hope that finally, after 12 long years, we were finally going to be able to turn around the government response to this terrible epidemic.

I had admired Elizabeth from afar. Seeing her lift a nation with her remarkable speech at the Democratic Convention. Reading about her remarkable achievements with the Pediatric AIDS Foundation. And watching her amazing success in bringing together the disparate parts of our society toward a single purpose -- putting an end to AIDS.

Elizabeth spoke with the clarity of a person who knew, in her soul, what her life's purpose was. There was no equivocation in her speech or her manner. Elizabeth charged ahead, knowing that everyone would follow behind.

On the day I met Elizabeth, I was busy reading reports and writing memos, making phone calls and picking up faxes. Suddenly this gust of wind crossed my desk. It almost seemed as if the piles of papers on my desk were going to scatter in the breeze.

Needless to say, my secretary didn't need to tell me that Ms. Glaser was here to see me. We sat down and she began to tell me what she wanted the new President and his Administration to do. She had a long list.

As she spoke, I found myself caught up in her energy, her commitment, and her certainty that we could make a difference. And, that smile. Who could forget that smile.

I made a friend that day. A friend who would lift my spirits, warm my heart, and inspire me to be better than I had been before. Elizabeth stole a piece of my heart that cold December day and two years later she broke part of my heart when she left us.

Elizabeth's life, her work, and the foundation she left behind should inspire us all. She taught us that while AIDS affects so many different parts of our society, we must respond as one society if we are going to defeat it. She taught us that collaboration may not make as many headlines as confrontation, but it achieves so much more. And she taught us that if we don't keep our eyes focused on our singular goal, we will lose sight of where we need to go.

The AIDS Action Foundation and the AIDS Action Council embody that spirit, that message, and that purpose. I know that Elizabeth would be honored to receive this award and to stand here tonight with so many other men and women who have committed their talent and their lives to this important fight.

So, I accept this award on Elizabeth's behalf and in her honor and on behalf of Paul and Zach and in memory of Ariel.

Thank you.

THE WHITE HOUSE

WASHINGTON

Remarks of
Patricia S. Fleming
National AIDS Policy Director
to
AIDS Action Foundation

June 21, 1995

GOOD EVENING:

This is an award for Elizabeth Glaser, not for Patsy Fleming, and I wish -- more than you can imagine -- that she were here to accept it.

Elizabeth Glaser was my friend, my ally, and my role model. There's not a day that goes by that I don't think about Elizabeth and her incredible work on behalf of people with AIDS. In fact, I keep a picture of Elizabeth on my desk, so she can look over my shoulder and make sure I'm still on the right track.

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Thank you.

Office of
National AIDS Policy

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Correspondence Routing Slip

PF's remarks in Atlanta June 7, '95

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From: Denise Webster & Elizabeth Wilson

Webster Wilson Ink

Staff Action:

Reviewed By Jeff: _____ **Reviewed By: Patsy** ✓

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To Support Staff: _____

Date of Response: 9-7-95

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WEBSTER
WILSON
INK

August 30, 1995

Ms. Patricia S. Fleming
White House Office of AIDS Policy
750 17th Street, NW
Suite 600
Washington, D.C. 20006

Dear Ms. Fleming:

Enclosed is a copy of your remarks from the DASH HIV/School Conference in Atlanta, June 12-16, 1995. In order to help us prepare the official proceedings of the conference, please review your remarks and return any changes to Webster Wilson Ink no later than September 13, 1995. An addressed return envelope is included for your convenience. You will need to add postage.

Your remarks have been edited, or may be edited, to convert them from a spoken to a written format. If you have any questions, please contact Elizabeth Wilson at 404/284-8320 or Denise Webster at 404/875-3239.

Thank you for your assistance.

Denise Webster

Elizabeth Wilson

DW/EW
Enclosures

818 Durant Place, NE Atlanta, GA 30308 404 875-3239/284-8320 FAX 404 724-9531/284-7285

Patricia S. Fleming
National AIDS Policy Director
White House Office of AIDS Policy

Thank you, Lloyd, for that gracious introduction. Also, thank you for the important work you and your colleagues at DASH do, and for having this conference, which is attempting to figure out ways to better help young people from becoming infected with HIV. Lloyd's office keeps its finger on the pulse of American youth and provides us all with the kind of information and advice we need to keep our young people healthy.

This administration has worked very hard to turn around the national response to AIDS. In the three budgets he has submitted to Congress, the President has increased funding for AIDS research, prevention and care by 40%, despite the pressures of a zero-growth budget. In fact, while AIDS funding has increased by 40%, overall discretionary spending has increased by only 3%. When the President was in Billings, Montana, a week and a half ago at a town hall, he was asked a question by someone in the audience about AIDS funding and his commitment to AIDS. Nowhere is that commitment more clearly demonstrated than in his budgets. He said at that time that the AIDS budget had risen three times faster than the overall discretionary budget. Well, I had someone on my staff look into that and it turns out it was 13 times faster. To think he put a 40% increase into AIDS funding, when the rest of the budget only increased by 3%, really is remarkable. Included in that number is a 108% increase for Ryan White funding. And we all know what Ryan White provides communities funding for people who desperately need care for HIV and AIDS.

But funding increases, as we all know, are not the whole answer to AIDS. The critical element is leadership. And the President has used his bully pulpit at the White House to speak to the nation about the importance, not only of fighting AIDS, but also in caring for and respecting those who are living with the disease.

It's a great pleasure to be here today at this important conference. And I'm honored to share the stage with two young people who have lent their brains and their passion to the fight against AIDS. I think we all agree that if we are to win this fight, we need the active involvement of people like Troix and Amy in the planning, implementation, and oversight of our prevention efforts. Otherwise, it's like shooting in the dark.

The reason I say this is that today, in America, our young people are becoming increasingly endangered by HIV. We know AIDS is more and more a disease affecting adolescents and young adults. Last year, more than 17,000 Americans between the ages of 13 and 24 were diagnosed with AIDS. That's a record number. But you and I know the diagnoses of AIDS are only the tip of the iceberg of HIV.

Earlier this year, CDC announced that AIDS is the leading killer of people between the ages of 25 and 44 in this country. Given the amount of time it takes for HIV to wear down the immune system from the time of infection, it is likely that a majority of those people who die between the ages of 25 and 44 were infected in their teens or early 20s. We are seeing disturbing trends in the rate of HIV infection among young people. Last year, an estimated 40,000 Americans were newly infected with HIV. Of that total, one-half were under the age of 25. And one-quarter were teenagers. In other words, more than 10,000 teenagers were infected with HIV in the last 12 months alone. And those infections come at a time when we are spending more than half a billion dollars a year trying to prevent this disease that remains a killer.

Clearly we are not doing all we can and all we should be doing to prevent the outbreak of this disease among young people. That's one reason why the Clinton administration worked so hard to introduce community planning into our prevention programs. Until recently, AIDS prevention programs were designed here in Atlanta or in Washington, D.C. by government officials with little, if any, input from the people affected by the epidemic. At the same time, legislators were placing limitations on the kinds of messages and on who could deliver those prevention messages. Is it any wonder the ~~these~~ messages are not getting through?

So, we've removed some of the gags and untied some of the hands of our experts and put them together with people at the community level who know what works and what doesn't work. And I've been very pleased with the results. But we still need to do more.

I've been particularly distressed by the recent report from CDC that the cases of AIDS are rising quite rapidly among gay men of color. In the last five years, CDC reports, while the number of AIDS cases among white gay men of all ages has risen by 14%, the number of cases among black gay men has risen by an astounding 79%. And the number of cases among Hispanic gay men has jumped 61%. Those numbers are troubling when you look at young gay men especially. Among young white gay men, the number of cases has actually dropped by 31%. But among young black gay men, it has risen 31%. And the number of cases among young Hispanic gay men has jumped 39%.

It's my firm belief that an important factor in the spread of HIV among young gay men of all races is homophobia. When society tells a young person that their sexual orientation makes them worthless and a target of bigotry and hatred and even violence, it is no wonder that these emotions are internalized and form the basis for risky behavior.

As AIDS educators, we cannot ignore the issue of homophobia as a cofactor of HIV infection. That's one reason I recently visited the Hedrick Martin Institute in New York, which operates a school

for young gay and lesbian people. I met some terrific kids who reminded me of the importance of self-esteem in their lives. I think that each of us can learn some important lessons from these young people.

One of the lessons is we can't ignore the fact that our kids, gay or straight, are having sex. For too long, our government and our society chose to pretend our young people didn't have sex and, if they did have sex, they certainly didn't have it with people of the same gender. Our young people are paying a high price for that deliberate ignorance. When it comes to HIV, we can no longer treat all young people the same. It's not one size fits all. Different people need different messages if they are to act to protect themselves.

We cannot and we should not ignore the fact that an increasing number of young people are beginning to question whether it is wise for them to begin having sex. We need to encourage this movement toward the so-called "new virginity" where it appears, and support it with our public health messages. For those young people who are just beginning to experiment with sex, we need to encourage them to delay having sex and to try to find other ways to express their love and affection toward each other. And I do believe in old-fashioned notions like holding hands and necking and petting, and doing things like "outercourse," which is a new way of describing the things I just mentioned.

But those messages are a waste of time for young people who are fully engaged in the sexual life. For them, we need a strong message about the need for correct and consistent use of condoms. The public service announcements, developed last year by CDC, deliver both of those messages to young people about delaying sex and about using condoms, if you're going to have penetrative sex.

We also need to find better ways to reach kids who live on the streets. For them, the AIDS epidemic is all too real. In San Francisco, more than 8% of runaways are infected with HIV. In New York City, it's more than 5%. And that compares with an infection rate across the country of less than 1%. Young people who have left home or who have been kicked out of their homes and have to fend for themselves have a much higher rate of risky behavior, including unprotected sex and injectable drug use. That's not hard to understand. Without a supportive family structure around them, these young people are forced to make decisions for themselves most of us face much later in life. So we must find a way to reach these young people and help them change their behavior.

This is my charge to you and CDC, of all the things I am saying to you this morning, the one thing that I would like to leave with you is a request. And that is that you reach out to these young people who are not in school, not living at home. They are hard to find, but you can find them if you try. And for young people who are

living with HIV, we must also improve our service programs so that they meet their needs. But government alone cannot do this job. Certainly not the Federal government. We need a partnership that involves Federal, state, and local governments, as well as local school boards, community organizations, parents, teachers, and student groups. As CDC's community planning process is beginning to move us in that direction, it's essential that the community planning ~~councels~~ councils include young people and representatives of the local and state boards of education.

We need the active involvement of young people. Troix and Amy are proof of what we all know. Peer counseling is the most effective way to educate young people about HIV or any other issue. Amy and I, or Troix and I could deliver exactly the same message. We could even use the same words. But if I say it, most young people will tune out because I remind them of their parents. It sounds like their mother telling them what to do and shaking her finger in their faces. But if Amy or Troix say it, the young people's heads are more likely to move up and down than from side to side.

In November, the President asked me to prepare a report for him on the status of the AIDS epidemic among young people. I was determined that such a report must be prepared with the active involvement of young people, including some with HIV, and that's what we've done. Over the last few months, my staff and I have met with hundreds of young people like Troix and Amy who are deeply committed to changing the course of HIV. They've given us sound advice that will be reflected in the blueprint that's delivered to the President later this year. Let me take this moment to thank them, but also to recommend to all of you that you follow a similar course. Include them in your discussions, in your plans, and in your implementation of programs.

The actions we take in the months ahead will, in many ways, shape the future of our nation. The young people who depend on us represent our next generation of leaders. They will be our doctors, nurses, lawyers, teachers, accountants, senators, even the President of the United States. And they will provide us with the new ideas that we need to move our nation forward into the 21st century. We owe it to them to create the kind of world that will enable them to grow up healthy and to fulfill the promise of their lives. And I think the work that you've been doing here this week is an important beginning and I wish you good luck as you continue. Thank you.

Remarks

Patricia S. Fleming

National AIDS Policy Director

to

Conference on Preventing HIV Infection

Among School-Aged Youth

June 14, 1995

GOOD MORNING:

Thank you Lloyd Kolbe for that gracious introduction and for the important work you and your colleagues here at the CDC perform. Lloyd's office keeps its finger on the pulse of American youth and provides us all with the kind of information and advice we need to keep our young people healthy.

This Administration has worked very hard to turn around the national response to AIDS. In the three budgets that he has submitted to the Congress, the President has increased funding for AIDS research, prevention, and care by 40 percent despite the pressures of a zero-growth budget. In fact, while AIDS funding has increased by 40 percent, overall discretionary spending has risen by only 3 percent. Included in that is a 108 percent increase in funding for the Ryan White CARE Act, which provides vitally needed services to people living with HIV and AIDS.

But funding increases, while very important, aren't the whole answer to AIDS. A critical element is leadership. The President has used his bully pulpit at the White House to speak to the nation about the importance not only of fighting AIDS but in caring for and respecting those who are living with this disease.

It is a real pleasure to be with you today at this very important conference. I'm honored to share the stage with two young people who have lent their brains and their passion to the fight against AIDS. I think we all agree that if we are to win the battle against AIDS, we need the active involvement of people like Troix and Amy in the planning, implementation, and oversight of our prevention efforts. Otherwise, it's sort of like shooting in the dark.

The reason I say this is an important conference is that today, in America, our young people are becoming increasingly endangered by HIV.

As I am sure many of your speakers have noted, today, AIDS is the number one cause of death among Americans between the ages of 25 and 44. That statistic shocked many Americans but not too many of us in this room who live, day to day, with this epidemic.

Because we know that AIDS has been becoming, more and more, a disease affecting adolescents and young adults.

Last year, more than 17,000 Americans between the ages of 13 and 24 were diagnosed with AIDS. That's a record number.

But you and I know that diagnoses are only the tip of the HIV iceberg. Earlier this year, CDC announced that AIDS is the leading killer of Americans 25 to 44. With what we know about the amount of time it takes HIV to wear down the body's immune system, it is likely that a majority of those people were first infected in their teens or their early twenties.

We are also seeing disturbing trends in the rate of HIV infection among young people. Last year, an estimated 40,000 Americans were infected with HIV. Of that total, one-quarter were under the age of 20. And one-half were under 25.

In other words, more than 10,000 American teenagers were infected with HIV in the last twelve months alone.

And those infections come at a time when we are spending more than a half a billion dollars a year trying to prevent a disease that remains virtually a certain killer.

Clearly, we are not doing all that we can to prevent the outbreak of this disease among our young people.

That's one of the reasons why the Clinton Administration worked so hard to introduce community planning into our prevention programs. Until recently, AIDS prevention programs were designed by government officials here in Atlanta and up in Washington DC with little, if any, input from the people affected by this epidemic. At the same time, legislators were placing all kinds of limitations on the content of prevention messages and on who could deliver those messages. Is it any wonder that those messages were not getting through?

So we've removed some of the gags and untied the hands of our experts and put them together with people at the community level who know what works and what doesn't. I've been very proud and pleased by the results. But we still need to do more.

As an African-American woman and the mother of three sons -- one of whom is gay -- I was particularly distressed by the recent report by CDC that cases of AIDS are rising quite rapidly among gay men of color.

In the last five years, while the number of AIDS cases among white gay men has risen by 14 percent, the number of cases among black gay men has risen an astounding 79 percent. And the number of cases among hispanic gay men has jumped 61 percent.

Those numbers are even more troubling when you look at young gay men. Among young, white, gay men, the number of AIDS cases has actually dropped 31 percent. But among young, black, gay men, the number of cases has jumped 31 percent. And the number of cases among young, hispanic, gay men has jumped 39 percent.

These are very troubling trends that threaten to wipe out a considerable portion of our next generation of leaders.

It is my firm belief that an important element of the spread of HIV among young gay men is society's continuing expression of homophobia. When society tells a young person that their sexual orientation makes them worthless and a target of bigotry and even violence, it is no wonder that those emotions are internalized and form the basis for risky behavior.

As AIDS educators, we cannot ignore the issue of homophobia as a cofactor of HIV infection. That's one reason why I recently visited the Hetrick-Martin Institute in New York, which operates a school of young gay and lesbian people. I met with some terrific young people who reminded me of the importance of self-esteem in their lives. I think each of us can learn some important lessons from these young people.

One of those lessons is that we can't ignore the fact that our kids -- gay and straight -- are having sex. For too long, our government and our society chose to pretend that teenagers didn't have sex and if they did have sex, they certainly didn't have it with people of the same gender. Our young people paid a very dear price for that deliberate ignorance.

When it comes to HIV, we can no longer treat all young people the same. It is not, one size fits all. Different people need different messages if they are to act to protect themselves.

We cannot and should not ignore the fact that an increasing number of young people are beginning to question whether it is wise for them to begin having sex. We need to encourage this movement toward the "New Virginity" and support it with our public health messages.

For those young people who are just beginning to experiment with sex, we need to encourage them to delay having sex and to try other ways to express their love and affection toward one another. I believe in old-fashioned notions like holding hands, necking, and, yes, even petting.

But those messages are a waste of time for young people who are fully engaged in a sexually active life. For them, we need a strong message about the need for correct and consistent use of condoms. I'm very proud of the PSAs developed last year by the CDC that deliver both of these messages to our young people.

We also need to find better ways to reach out to kids who live on the streets. For them, the AIDS epidemic is all too real. In San Francisco, more than 8 percent of runaways are infected with the AIDS virus. In New York City, more than 5 percent of these kids are infected. That compares with an infection rate of less that one percent among everyone in the U.S.

Young people who have left home and have to fend for themselves have a much higher rate of risky behavior including unprotected sex and injectible drug use. That's not hard to understand.

Without a supportive family structure around them, these young people are forced to make decisions for themselves that most of us face much later in our lives. So, we need to find a way to reach these young people and help them change their lives.

For young people who are living with HIV, we must improve service programs so that they meet their needs.

Government alone cannot do this job. Certainly not the Federal government. We need a partnership that involves Federal, State, and Local government as well as local school boards, community organizations, parents, teachers, and student groups.

And we need the active involvement of young people. Troix and Amy are proof of what we all know. Peer counseling is the most effective way to educate young people about HIV or any other issue. Amy and I can deliver exactly the same message. We can even use the same words. But if I say it, most young people are going to tune out because I remind them of their mothers wagging a finger in their faces. If Amy or Troix say it the heads nod up and down, not side to side.

In November, the President asked me to prepare a report for him on the status of the AIDS epidemic among young people. I was determined that such a report must be prepared with the active involvement of young people, including young people with HIV. And that's exactly what we've done.

Ms. Cristale Brown
Stanford University, Mirrielees House #229,
Standford, CA 94305

Dear

Over the last few months, my staff and I have met with hundreds of young people live Troix and Amy who are deeply committed to changing the course of HIV. They have given us sound advice that will be reflected in the blueprint that we deliver to the President later this year. Let me take this moment to thank them but also to recommend to all of you that you take a similar tack.

The actions we take in the months ahead will, in many ways, shape the future of our nation. The young people who depend on us represent our next generation of leaders. They are our next doctors, nurses lawyers, teachers, accountants, Senators, Congressmen, and even Presidents. And they will provide us with the new ideas that are needed to move our nation forward into the 21st century.