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THE WHITE HOUSE

WASHINGTON

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

August 7, 1995

GOOD MORNING:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you.

GOOD AFTERNOON:

Acknowledgements: Patsy Fleming, Secretary Shalala [other Cabinet members?], Scott Hitt, distinguished guests.

Let me first welcome each of you to this historic White House Conference on HIV and AIDS. Each of you here today is one of the human faces and human voices that represent our national commitment to fighting the relentless killer known as AIDS. I welcome you and I thank you, not only for your participation here today but for the work you do every day to improve the lives of the people of our nation and around the world.

I'd also like to thank Dr. Hitt and the members of the President's Advisory Council on HIV and AIDS for their work on this critical issue and for suggesting that we convene this meeting.

And I want to express my appreciation to the two extraordinary Americans who have just shared the stories of their lives with me and with you. It is the passion, the commitment, and, yes, the anger of people like Sean Sasser and Eileen Mitzman that remind us all of the importance of the fight against AIDS that we all are waging.

Each generation of Americans has faced an important challenge that has, in many ways, defined their time here on earth. For my parents' generation, World War Two was that defining moment, unifying a nation against a common foe. For my own generation, the civil rights movement provided the focus and the drive of our lives. But for the generation of my own child and all of those in her age group, the epidemic of HIV and AIDS may well be that defining challenge.

My daughter and her friends were born after the shadow of AIDS was among us. Many other young people have come of age in a world in which AIDS is a very sobering reality.

That reality has already changed the lives of all of us in this room today. It has taken from us too many friends and too many loved ones much too soon. It has shaken our faith in the future. But it has also brought us together and inspired a community spirit that strengthens our values as a nation.

It is our collective responsibility to rise to this challenge and change the future for our ourselves, for our children, and for their children. We can do this. In fact, we must do this.

I want to share with you the story on just one of the people who is here today. Just one of the human faces and human voices of AIDS.

It's the story of a young man who grew up in a typical American suburb as part of a typical American family. He attended college and became politically active. His quick mind and active spirit marked him as a "comer," and after graduating he joined the Corporation for National Service to help start AmeriCorps. It was while he was working for AmeriCorps that he found out he was HIV-positive. He was 23 years old.

Demetri Moshoyannis took that news as a challenge. A challenge to use his communication skills, his organizational skills, and his leadership skills to educate and support his peers and help them protect themselves.

It's that combination of heartbreak and hope that makes this epidemic so unique. And it is what challenges all of us to channel our energy and our talent into the fight to make AIDS a thing of the past.

Ten days ago, the Centers for Disease Control and Prevention reported that our nation has reached another sad milestone in the AIDS epidemic. Half a million Americans have now been diagnosed with AIDS and more than 300,000 men, women, and children have already died of AIDS.

As we meet, on this day, 120 more Americans will lose their lives to AIDS, another 220 people will be diagnosed with AIDS and nearly 140 people in this country will become infected with HIV. And that will happen again tomorrow and the day after that and the day after that. It will continue to happen until we succeed in our efforts to defeat this epidemic.

That is why this meeting is so important. It is an opportunity for us to refocus and reenergize our national commitment to ending this epidemic. It is a time to rally our troops for the fight ahead and arm them with the weapons they need to win this battle. You and I have some important work to do.

I know that you have all been very busy this morning discussing the very critical issues before us and I am looking forward to our discussion in just a few minutes. But first I would like to share with you my thoughts on our national battle against AIDS. Let me start with our common goal -- a cure for all those who are living with HIV and a vaccine to protect all of us from this deadly virus.

Let's be very clear on that. A cure and a vaccine are our number one priority, first and foremost.

In my own lifetime, we have eliminated smallpox from our planet. We have eliminated polio from our hemisphere. And we

are within striking distance of controlling measles. We must -- we must -- find a way to rid our planet of the threat of HIV.

I am proud of the work we have done in these last three years to infuse new resources, new focus, and new leadership into our AIDS research effort. We have increased funding for AIDS research by more than 25 percent, resulting in a larger number of research grants awarded to scientists here and around the world. We have dramatically strengthened the Office of AIDS Research and we have focused our work on basic science and applied research so that we can concurrently unlock the mysteries of HIV while we pursue treatment opportunities that extend and improve the quality of the lives of people living with HIV.

This investment in science has already paid tremendous dividends. Today, people with HIV live twice as long as they did just ten years ago. AIDS-related conditions that often meant a quick and many times painful death for people living with HIV can now be treated and even prevented.

And we have reason to believe that there will more progress in the near future. New classes of AIDS drugs are being approved for use by the FDA that will help to restore the damaged immune systems of people with HIV. Combination drug therapies are showing great promise as a means for controlling the virus in the human body.

And just last year we were able to show that the use of drug therapy could actually block HIV transmission from mother to child. Our scientists tell me that it is within our grasp to virtually eliminate pediatric AIDS by the end of this decade. This is neither science fiction nor a distant dream. It can be accomplished by offering all pregnant women HIV counseling and testing and guaranteeing that they have access to the treatment they need to protect their unborn children. If we do this, we can have a generation of Americans born without HIV. We can do this, we must do this.

These advances have resulted in longer and fuller lives for people living with HIV, but are they enough? Absolutely not! We must do more. We will do more.

I am taking three steps today that I believe will move us forward at a faster pace.

First, I am asking the Vice President to convene a meeting of scientists and leaders of the pharmaceutical industry to identify ways to accelerate the development of vaccines, therapeutics, and microbicides that can protect people from HIV and the infections it causes. There are no guarantees in science, but the collective will of government and industry can overcome even the biggest obstacles.

Second, I am asking Dr. William Paul, director of the Office of AIDS Research at NIH, to convene a permanent working group of scientists from all parts of government to assure a coordinated plan for AIDS research, including a coordinated research budget.

Third, I am asking AIDS Director Patsy Fleming to provide me with quarterly reports on our progress on our search for a cure and an effective vaccine or vaccines. No President can promise success in such an effort but I need to know what needs to be done to move this along.

Of course our work does not end in the laboratories of our great research institutions. It continues in the clinics and the hospitals and the doctors' offices around the country where people with HIV and AIDS go for the care they need to survive, to maintain their health, and to preserve their dignity. When we make advances in science we must match those strides with improvements in our delivery of health care.

For people with AIDS, the current discussions over a balanced federal budget are not some distant political firefight. Let me talk for a few minutes about a subject that is very important to me -- the future of Medicaid.

For people with AIDS, Medicaid is a lifeline of support. Nearly half of the 200,000 Americans who are living with AIDS including 90 percent of the children. It provides access to doctors, hospitals, prescription drugs, and home care that allows people with HIV and AIDS to live their lives more fully. Medicaid pays for the drugs that keep HIV under control for longer and longer periods of time and it pays for the drugs that prevent the infections that often end the lives of those with AIDS. Medicaid pays for the care that allows families to stay together.

Yet today, Medicaid is under attack by the Republican leaders in Congress who want to slash its spending and eliminate the thirty-year common ground commitment we have made to the poor, the elderly, and those with disabilities. We cannot, we must not, and I will not allow us to destroy this vital safety net. I will need your help if we are to win this fight.

Medicaid cannot do the job alone. That's why we created the Ryan White CARE Act to plug the holes in our health care system that left many people with HIV and AIDS out in the cold. Last year, more than 360,000 Americans received care under the Ryan White Act.

When I ran for President, I promised to fully fund the CARE Act and we have. Funding has increased by 108 percent, more than doubling the number of cities receiving funds and enabling every state in the country to receive some level of assistance.

The CARE Act must be extended for another five years. Both houses of Congress have approved legislation to accomplish this but final legislation remains stalled. I am asking the Speaker of the House and the Senate Majority Leader to make every effort to get me a final bill by the end of this month so that I can sign it and we can get on with the work ahead.

I am also fighting for the funding increases that I have requested for the CARE Act as well as housing programs for people with AIDS and our AIDS prevention programs at CDC.

I am concerned by the continued rate of new infections in this country. In the 1980s, we made important progress in reducing the number of new infections by nearly 50 percent. But for the last five years, the estimated number of infections has hovered between 40,000 and 60,000 per year. We also know that as many as half of those infections occur among people under the age of 25 and half are among teenagers.

Until we have a cure and a vaccine, education and prevention are our best hope. For prevention to work it must be targeted and it must be sustained. We saw that at work in the gay community in the 1980s, when activists overcame the inertia of their government to protect their lives.

We must pay particular attention to two populations who are at the center of this epidemic -- young people and those who abuse drugs. I was pleased to see the new public service announcements released last week by Secretary Shalala. They give young people the tools they need to protect themselves.

We have increased the number of drug treatment slots available in this country and I am working to convince the Congress to approve our requests for money to bring that number even higher. We need to recognize that substance abuse treatment is a form of HIV prevention. And we must ensure that those who use drugs receive AIDS prevention services at the same time.

I have asked the CDC to convene a meeting of state and local health officials and their counterparts on substance abuse to develop an action plan to assure the integration of HIV prevention and substance abuse prevention.

As we pursue a cure and a vaccine, we must also continue to aggressively work to drive down the number of new HIV infections in this country. Any new infection is an unnecessary infection. I am setting a goal, today, of reducing the number of new infections in the United States by half in the next five years and to zero within the next decade.

This will require a sustained and consistently funded prevention effort. We cannot afford to freeze prevention funding

-- as the Republicans in Congress have proposed -- because the epidemic cannot be frozen. It will just grow and grow and grow.

We also cannot forget the basic human rights of people living with HIV and AIDS. The stories of AIDS related discrimination break the hearts of all Americans of conscience.

Five years ago, our nation took a huge step forward toward a more just society when we enacted the Americans with Disabilities Act. It offers more than 40 million Americans who are living with physical or mental disabilities -- including those who are living with HIV and AIDS -- protection against discrimination.

The Justice Department, the Equal Employment Opportunities Commission, and the Department of Health and Human Services have been vigorously enforcing the A.D.A. And we are about to launch a new effort to ensure that health care facilities -- nursing homes in particular -- are providing equal access to people with HIV or AIDS.

Still, all of us can do more. We can start by cleaning our own house. I am asking Patsy Fleming to conduct an immediate 60-day review of all government programs that require HIV testing as a condition of participation in government service and government programs. Those that do not have a strong public health rational, must be amended or they must be ended.

We must continue to examine our societal attitudes toward racial and ethnic minorities, gays and lesbians, and others for whom fear of AIDS becomes a convenient excuse for discrimination. We cannot let our fear outweigh our common sense because we all come out behind.

The thing we have to remember is that people with AIDS and those who are living with HIV are part of our American family. They are our sons and daughters; our brothers and sisters; our aunts and uncles; our mothers and fathers; our grandmothers and grandfathers. They are Americans and they need our compassion and they deserve our respect.

Finally, let me say that the fight against AIDS is international in scope. HIV knows no geographic boundaries. It is found on every continent and virtually every country. The World Health Organization estimates that more than 18 million men, women, and children are living with HIV around the world. The United States is and will remain a full partner in the international effort to fight the pandemic.

We must remember that we have a moral and a national interest in helping developing nations with prevention programs, medical care, and other vital services. And when we do find the

cure and the vaccine that we seek, we must find ways to share them with the world.

Frederick Douglas, the great American abolitionist, once wrote:

> *"It is not light that is needed, but fire. It is not the gentle shower, but thunder. We need the storm, the whirlwind, and the earthquake. The feeling of the nation must be quickened. The conscience of the nation must be roused. The propriety of the nation must be startled."*

Each of you has the power to be the thunder and the lightening. Each of you is a part of the conscience of our nation. Together, I am certain, we can change our future for the better.

Thank you.