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FAX MESSAGE

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From:

Name: Doug Fleming

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I'm very happy to be with you tonight. I bring greetings from President Clinton, who thanks you for your involvement.

The President and I care deeply about the impact that AIDS is having on great American cities like New York. That's why we're fighting so hard with the Congress to get more money for AIDS research, prevention, and care.

We also cares a great deal about young people. We knows -- as you do -- that young people represent the future of this country and that if we don't protect your health we will have a dimmer future.

I recognize that I'm the only person standing between you and the music, so I'm going to make my comments very brief.

First, let me thank the remarkable people at Lifebeat who organized and put on this concert, especially Andre Hurell, Veronica Webb, Tim Rosta and Fred Jackson. I'd also like to thank all of the performers who are here tonight and who have so generously donated their time and talents to help fight AIDS and drop some science on us. I, personally, love the sounds of Queen Latifa, Mary J. Bridge, Salt-N-Pepa and Jodeci [pronounced Joe-De-See] and my son, Doug, is down with the sounds of TLC, the Wu-Tang Clan, Heavy D, the Notorious "B"- "I"- "G" to name just a

few. I know some of you have written some wonderful songs or rhymes that deal with safe sex and AIDS awareness. Now I call on all of you to write one song or rhyme -- or one more, that will help get the message out and save lives! And, most importantly, let me thank all of you **[POINT TO CROWD]** for coming out to show your support for AIDS awareness.

I don't need to tell you how important AIDS awareness is. Our country has been living with AIDS for nearly 15 years and more Americans have died of AIDS than were killed in the Korean War, the Vietnam War, and the Gulf War combined. Today, 100 Americans die of AIDS every day.

Until we have a cure, the only way to stop this epidemic is through education and prevention.

That means safer sex!

That means no sharing of needles!

That means not mixing drugs and alcohol and sex!

And that means not only knowing how to prevent AIDS but acting on that information. Not just sometimes, but always. All it takes is once and you can get infected and then you will die - that's it, bye bye-see ya. The bad news is that you are

the AIDS generation. Many of you were born after this epidemic began. Some of you are coming of age in the middle of it. And like it or not all of you have to deal with it.

The good news is you are the ones who are going to lead us out of this mess. Young people have the power to change the course of the AIDS epidemic. You have the power to save not only your own lives but the lives of millions of other people your age -- and those who are younger than you.

We need to change the direction of this epidemic because the current direction is very troubling. Last year, 10,000 American teenagers became infected with the virus that causes AIDS. That's one in every four infections. And AIDS is having a particularly serious impact on young people of color. It is the leading cause of death of black males ages 25-44!! On the average, those infections occurred in people between the ages of 15-34. Our brother Eazy E was only 32 when he was dropped by this deadly disease.

AIDS is rapidly becoming a young person's disease. We can't let that happen. We can't!

I had the honor to meet Pedro Zamora before he died from AIDS, some of you may remember him from MTV's show "The Real World", and I got to talk to him about the important work he did

as a peer educator. He recognized the power that he had to save other young men and women from the fate he saw ahead of him. He used that power to educate young people and old people -- including a lot of people in Washington.

Pedro's gone now but many of you here tonight have the power to be the next Pedro. You can save lives but only if you get involved and stay involved.

Your presence here tonight is proof that you care and that you want to help. Don't let that end tonight. Keep caring and keep helping because you can make a difference.

Peace.

Good afternoon. And thank you for that gracious introduction. I am so very glad to be here. This conference and those of you who attend it each year represent the heart and soul of our nation's response to the HIV epidemic. I am proud to be with you today and to be associated with your work. I also want to commend the three national organizations who work so hard to make this annual conference happen. NMAC, NAPWA, and ANIN -- in working so well together -- provide a model for all of us.

I want this to be a dialogue today, so I will keep my remarks brief. I will find ways during the question and answer period to tell you about the fine work of this Administration:

... about its unprecedented commitment to fully funding all AIDS programs, including the Ryan White CARE Act,

...about its commitment to finding a cure for HIV and its strong support for the work of the Office of AIDS Research and the scientists at NIH,

...and its commitment to including those infected and affected by HIV in all aspects of decision making -- from Ryan White Planning Councils and HIV Prevention Planning Groups to all other aspects of Federal AIDS policy making,

I won't say any of that just now.

But I will say that after 12 long years of Federal non-leadership that shunned the AIDS community, how wonderful it is to be in an Administration that embraces the AIDS community. This will culminate in December with the first ever White House Conference on HIV/AIDS -- bringing Americans to the White House complex to discuss the impact of HIV on this country.

And I will say how great it felt when the Clinton Administration stood up and just said no to Jesse Helms and the negative amendments he tried to attach to the Ryan White CARE Act.

And I will say how proud I was of the President when he spoke out to the American people about the bigotry behind what Jesse Helms was doing and said there was no place for these attitudes in American society.

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While AIDS programs have generally been spared the budget axe, we're clearly not keeping pace with the epidemic. Essentially flat federal funding, when combined with the major growth in cases we are seeing in many states and cities, spells disaster for your capacity to keep up with the demand placed on your programs.

This has major implications for how we do our work. In the programs we run, we need to make sure that the basics are taken care of first -- that we are plugging the holes in the safety net-- the old holes that are still in need of repair and the new ones the Republicans are punching out for us.

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But when all is said and done, our first priority must be to assure as many people with HIV as possible the basic primary care and treatments they need -- even if it means shifting resources from other services.

It also means that the AIDS community must redouble its own advocacy and education efforts on policy issues. When resources are tight, there is always a tendency among community-based organizations to focus on programs and drop policy education efforts. That is totally understandable: the needs of the person with HIV in your waiting room are far more real than the abstract need to make the AIDS community's voice louder in Washington or your state capital.

But the truth is, as things get tougher, the AIDS community cannot be silent -- because then things will get even worse, not better. We can, together, fight to preserve basic public health programs in this country. But if you drop out of this fight, then next year you will have to turn even more people away.

And you must make your voice heard not just in Washington and your state capitals. You must also educate your clients about what their elected officials are doing for them or to them. You must train your clients not just to be advocates in

the health care system, but also in the political system.

I am reminded of a story I was told of a CBO director who -- whenever one of his clients complained about cuts in services -- would ask the client if he or she had voted in the last election. If the answer was no, he would register them to vote on the spot. That's how we can turn things around.

Obviously, it's not just on AIDS-specific programs where the AIDS community's voice needs to be heard. In fact, as high as the stakes may be on issues like reauthorizing Ryan White or funding HIV prevention programs, the stakes are even higher for people living with HIV in the current battle over the future of Medicaid.

For people living with HIV and AIDS, Medicaid is the largest single payer for health care services. The Federal government pays \$3.6 billion a year on Medicaid services for people with AIDS; that's six times the total spending on the Ryan White CARE Act.

Nearly 50 percent of all people with AIDS rely on Medicaid for their basic health care coverage. And that includes 92 percent of children with AIDS.

Medicaid pays for their doctor visits, for their hospital stays, for their home care, and for their prescription drugs. Without Medicaid, thousands of people with AIDS would be left with no coverage at all. After all, who would sell them an insurance policy? And if they would, at what price?

The Republicans in Congress want to slash Medicaid funding by \$182 billion over the next seven years. The Republicans would eliminate any requirement that states cover specific populations or that states even maintain their current level of funding for Medicaid. In fact, under the Republican block grant, states could choose to spend Federal Medicaid dollars any way they wished -- with no requirement that even the poor and disabled be covered. That includes people with AIDS.

A courageous attempt by Senator Chafee, a moderate Republican, to at least require some coverage for those who are disabled and poor was approved by the Senate Finance Committee and then, in secret dealings led by Senator Bob Dole, the majority leader, this vote was ignored and the Chafee provision was dropped.

There is nothing left in the Republican Medicaid package that would prevent

a state from dropping people with AIDS from Medicaid, no matter how poor or how sick they are. That is very frightening.

When you try to cut \$182 billion out of the Medicaid system, you are essentially forcing cuts to the core. If Congress approves this plan, states will be faced with three very difficult choices.

First, they could choose to reduce what they pay for medical services. With Medicaid already paying the lowest rates in town, that means more people on Medicaid will get substandard care.

Second, they could choose to reduce the number of services they cover. For example, they could put a limit on the number of hospital days they will pay for. Or they can eliminate expensive drugs from their formularies, which could mean most AIDS drugs.

Or third, and most frightening of all, they could simply choose to throw people off of the program and allow them to fend for themselves. The Urban Institute estimates 1.4 million disabled persons would lose coverage.

The last time Congress enacted cuts that were even somewhat comparable to these, states kicked one million people off of Medicaid in two years. And they cut what they paid for services. And they reduced the number of services they covered. So we might end up with all three of these bad choices.

If you take away health coverage from people with AIDS, they will die more quickly. It's just that simple. It's just that frightening. Take away a person's ability to go to the doctor, to get a bed in the hospital, or to pay for drugs like AZT and Bactrim and you will shorten the length and lower the quality of their lives. Don't let anybody fool you into thinking anything else.

And don't let the Republicans in Congress silence you because of their support for the Ryan White CARE Act. I am delighted that the CARE Act passed by such overwhelming margins in both houses with such tremendous support from both sides of the aisle. But that is a testament to the success you have made of this program. The CARE Act was always meant to be a supplement to -- not a substitute for -- Medicaid and other public health safety net programs.

We need your voices to be heard loud and clear in this debate. This is a life and

death matter for your clients and for many of the people in this room. Your national organizations have been vigorous and effective players in this fight; you must continue to support them in their work on this cause.

And I assure you that the President will be there too -- ready with his veto pen if the Republicans insist on sending forward cuts of this magnitude.

There are so many challenges facing all of us working on this epidemic. I am not one to cry wolf -- but I think you can sense the urgency of this battle over Medicaid. And I know you will be with us.

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SKILLS BUILDING

10/20/95 Los Angeles

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Administration:

AIDS primary care
specialize AIDS care

AIDS & health
Registration

Susan Dewar

question - Does ADA apply to Medicaid

San Braun -

~~should insist~~

Jeff Levi

Pat Frank
PPGs -

? Lose comm. planning

Hard for advocates to lobby

Miguelina -

PPG Guidelines - don't require

comm. planning. Only comm. participation

No requirement for states to focus on continuing
successful programs

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~~Medicaid~~

Phila - Managed care

55m profit - private co.

What protections will we have
that.

Waivers

Loss of fed oversight & accountability

Irene

Need representation of ♀ - Council +
conference.

Martina

National Agenda for ♀
Regional meetings

Ron Rowell

- 1) IHS is isolated in policy-making
think how we can integrate.
Not getting Rx either.
- 2) IHS abolishing Reg. Coordinators - AD
Beimidji
Albuquerque
Nashville

Leonard - Bkln Fed AIDS Inst.
HIV + male parent.

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Pasadena AIDS Svc. Ctr.

Carving out \$ from other pgms
for AIDS.

SKILLS BUILDING

Los Ang.

10/20/95

Medicaid -

ADA

Who does she sue

State

Outreach worker

Fake of HIV care networks

Title 2

T2

Admin costs / consortia \$

e

♀ Coverage thru AFDC -

Not yet covered by SSI not disabled.

Some states -

Raise with Welfare people

Portland -

Native Amer -

PPGs - Where are

Indian tribes fitting in ?

First pre-paid HC system
- Paid many ways.

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Houston
Judge - Title 1 Funds -

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Ryan White. ~~C. 1990~~

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to get a bed in the hospital, or to pay for drugs like AZT and ddI Bactrim and you will shorten the length and lower the quality of their lives. Don't let anybody fool you into thinking anything else. *But of course you know this.*

And don't let the Republicans in Congress silence you because of their support for ~~the~~ Ryan White ~~Act~~. I am delighted that the CARE Act passed by such overwhelming margins in both houses with such tremendous support from both sides of the aisle. *all but 3 Senators. Voice vote in the House!* But that is a testament to the success you have made of this program. The CARE Act was always meant to be a supplement to -- not a substitute for -- Medicaid and other public health safety net programs.

We need your voices to be heard loud and clear in this debate. This is a life and death matter for your clients and for many of the people in this room. Your national organizations have been vigorous and effective players in this fight; you must continue to support them in their work on this cause.

And I assure you that the President will be there too -- ready with his veto pen if the Republicans insist on sending forward cuts of this magnitude.

There are so many challenges facing all of us working on this epidemic. I am not one to cry wolf -- but I think you can sense the urgency of this battle over Medicaid. And I know you will be with us.

Thank you. I'll take your questions now.

Remarks of
Patricia S. Fleming
National AIDS Policy Director
to
Jay County AIDS Task Force

October 12, 1995

GOOD EVENING:

*visit
Portland Indiana*

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Exec. dir. of the Jay County AIDS Task Force
John Moser, for his invitation to ~~join you~~. As I'm sure you all
know, John is a remarkable person and a remarkable leader.

His lends his voice and his heart and his ~~voice~~ *and his courage* ~~in the fight to~~
to helping people with ~~HIV and AIDS~~ HIV and AIDS.
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to all of you
I bring greetings from President Clinton, who ~~is very~~ *has demonstrated*
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There is no reason to shun them. They should
be offered compassion. A hand. A shoulder.
They should not have to hide. ~~Fear causes discrimination.~~
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When most Americans think about AIDS, they don't think

of small towns like Portland. They think AIDS is a problem
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I am also very concerned with the latest trends in the AIDS epidemic. For the last five years, we have been unable to reduce the number of new HIV infections below 40,000 a year. As a result, an estimated one million Americans are living with HIV but have not yet been diagnosed with AIDS. That means we will not see a drop in the number of new cases until well into the next decade.

I am even more concerned by the fact that those who are becoming infected are getting younger and younger. At the beginning of the epidemic, HIV usually hit people in their twenties or thirties. Now, fully one-quarter of all new infections occur in people under the age of 20. And half of new infections occur in people under 25. That means 10,000 American teenagers are becoming infected every year. And ~~And~~ many of them are in small communities like Portland.

As I told the high school class this morning, young people have got to learn that they have the power to protect themselves from HIV. Young people who are not having sex should wait as long as possible before they begin. But we can't turn our backs on young people who are having sex. Because we know that 71 percent of high school seniors have already had sex in this country. We have to let young people know that if they are going to have sex, they must use a latex condom each and every time they do. They must. It's a matter of life and death.

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I am convinced that the best way to protect young people is to involve them directly in AIDS prevention. Peer counselors are some of the best educators we have. If young people are going to believe the message they have to believe in the messenger.

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We also have to make sure that people living with AIDS have the services they need to stay healthy for as long as possible. One of our best tools in this battle ^{is} named for a remarkable young man who came from ^{the} ~~this~~ ^{of Indiana.} state. The Ryan White CARE Act ^{can be} a lifeline to people with AIDS, particularly those who live in small and rural communities. It provides funding for local clinics to provide the specialized care that people need. ^{But nevertheless,} I am very proud of the fact that the Clinton Administration has increased funding for the Ryan White CARE Act by 82 percent in two years. Here in Indiana, the CARE Act has provided nearly nine million dollars, including 1.5 million dollars ^{in 1995} ~~this year~~.

Kim Wheat

As I learned today from a social worker who coordinates care for persons living with HIV and AIDS, the ~~that is~~ Ryan White CARE funds are far from adequate. ~~But they~~

Another important source of support for people with AIDS is the Medicaid program. ~~Only~~ ^{all} one-half of people living with AIDS in this country -- and 92 percent of children with AIDS -- rely on Medicaid to pay their medical bills. That's why I'm so concerned by the proposals pending in Congress/ to do away with Medicaid and replace it with a block grant program. The majority party in Congress wants to cut federal support for Medicaid by \$182 billion over the next seven years. That would force many states -- especially medium-

sized states like Indiana -- to cut thousands or even millions of people off the ^{Medicaid} program. For a person with AIDS, losing their health insurance is like losing their reason to hope. ~~We cannot~~ ^{We cannot} let this happen. We ~~must not~~ ^{must not} let this happen. →

And, states will have to reduce services. And - pay doctors and other health care providers less. And The proposed ~~Medicaid~~ block grant will require states to contribute only 40% of what they now pay for Medicaid.

I want to close by telling you the story of a man I met in Vermont. Like many of you, he lived in a beautiful, but isolated community that had very few physicians trained in the kind of care a person with AIDS requires. Every ^{other week} ~~month~~, this man drove two hours to a the only clinic in his state that provides care to AIDS patients. But his health was so poor, that halfway there he always had to stop along the road and take a nap. And he did the same thing on his way home later that day.

I asked him if he ever felt like giving up. He looked me in the eye and said he would never give up as long as he had enough strength to make that trip, no matter how many naps he had to take.

There are residents of this community / of Portland / who ^{are forced to} do this kind of commute to Indianapolis and other cities / for care. And I know / that one of them / John Moser / will Never give up.

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It has been an honor to join you tonight. And it has been
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a great pleasure to visit this ~~wonderful community~~.

Thank you.

GOOD EVENING:

Thanks + congrats
Beverly Priest, President
+ entire Task Force
Board

1

Thank you for that gracious introduction. I want to thank
inviting me to Portland.

John Moser for ~~his invitation to join you~~. As I'm sure you all

know/ John is a remarkable person/ and a remarkable leader.

His lends his voice and his heart and his ^{*courage*} ~~vision~~ to the fight to

defeat AIDS *and to helping people affected by the epidemic.*

I bring ^{*to you*} greetings from President Clinton, who ^{*has demonstrated*} ~~is very~~
for the people affected by AIDS + HIV and his dedication to
the fight against it.
his concerned ~~about the status of the epidemic~~. In fact, in

December, the President will hold the first White House

Conference on HIV and AIDS/ to highlight the very real needs

of the people of this nation, and the ~~the~~ efforts of his Administration
on their behalf.

^{very rewarding}
 I've had a ~~amazing~~ day here in Indiana. I had the
 opportunity to ^{talk} ~~meet~~ with a group of ~~young~~ high school
^{seniors + sophmores}
 students to hear ~~about~~ their thoughts and their concerns,
 and answer their questions.
 Young people have a way of cutting right to the heart of the

matter and shed ~~some~~ light on often complicated subjects.
 Their teacher, Flo Golden, is dedicated to helping her students
 stay healthy. She has developed an excellent curriculum
 for her Family Relations class that includes HIV and AIDS aware-
 ness. She is probably saving lives right there in her classroom.

I also spent some time with a group of extraordinary ~~people~~
^{people} ^(HIV and) who are living with AIDS. They reminded me of

some of the very difficult problems they face in getting the
^{state like Indiana.}
 care they need and in living in a ~~small community~~. ~~But~~ They

also told me about the love and caring they get from ~~their~~
 some of their friends and families.

~~friendship and support from men and women who have known~~

~~them since they were children and have been a part of~~

~~them part of their extended families.~~ But the people who
 came to this small meeting were from other
 parts of Indiana — like Muncie and Indianapolis.
 The only Portland resident I met with — with
 HIV or AIDS is John Moser / who organized the
 meeting. Why so few and why no others
 from Portland?

Because of discrimination. Because of the
stigma still →

2A

associated with this disease. Because of fear.
Fear on the part of persons living with HIV
and AIDS that if they are discovered, if
~~folks~~ they work with, or live ^{next} ~~to~~ to find out,
~~they will be shunned~~, They will lose a very
needed job; They will lose health insurance;
They will be evicted; ~~and~~ they will be
shunned.

I want to applaud each and every one
of you who came to this dinner, and, by
~~your~~ your presence, have demonstrated
your support, and compassion, for those
living with this insidious disease.

I want to point out something
about ~~HIV~~ ^{that you may know} ~~infection~~ from the time
of infection, until a full blown AIDS, takes
on average, about 10 years. ^{For many} ~~they~~ it is even
longer. During this period / they are well and
strong and healthy. They work / they play sports
they care for their families and they ~~conduct~~
contribute to their communities. ~~that HIV is hard to~~
~~get~~ Washed body fluids must be shared.

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She ~~probably~~ ^{probably} is saving lives right there in her classroom.

But the people who came to this small meeting were from other parts of Indiana — Muncie and Indianapolis. The only Portland resident I met with who is living with HIV or AIDS ~~is~~ was John Moser, who organized the meeting. Why so few and why no others from Portland? Because of discrimination. Because of the stigma still over

There is no reason to shun them. They should be offered compassion. A hand. A shoulder. They should not have to hide. // Fear also causes discrimination.
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It's hard to believe that this epidemic has been with us for nearly 15 years. In that time, more than 270,000 Americans have died of AIDS and nearly half a million Americans have been diagnosed with AIDS. Here in Indiana, the number of cases has been much smaller but they are growing. Between 1981 and the middle of this year, more ^{thirty-five hundred} than 3,500 people in Indiana have been diagnosed with AIDS and more than 2,000 people have already died. Last year alone, more than 600 cases were reported in Indiana and nearly 300 people lost their lives to this ^{tragic} ~~insidious~~ disease.

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I am even more concerned by the fact that those who are becoming infected are getting younger and younger. At the beginning of the epidemic, HIV usually hit people in their twenties or thirties. Now, ~~fully~~ ^{Teenagers.} one-quarter of all new infections occur in people under the age of 20. And half of all new infections occur in people under 25. That means 10,000 American teenagers are becoming infected every year. And many of them are in small communities like Portland.

As I told the high school class this morning, young people have got to learn that they have the power to protect themselves from HIV. Young people who are not having sex should wait as long as possible before they begin. But we can't turn our backs on young people who are having sex. Because we know that 71 percent of high school seniors have already had sex in this country. We have to let young people know that if they are going to have sex, they must use a latex condom each and every time they do. They must. It's a matter of life and death.

We also must reach out to young people who are tempted by drugs. People who use injectible drugs like heroin ^{are} ~~and~~ at a very high risk for HIV if they share needles.

But it's not just heroin users who are at risk. Their sex partners are also at risk. It is estimated that half of all new infections are a direct result of injectable drug use and another one-quarter are infected indirectly by drug-using sex partners.

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I am convinced that the best way to protect young people is to involve them directly in AIDS prevention. Peer counselors are some of the best educators we have. If young people are going to believe the message they have to believe in the messenger.

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We also have to make sure that people living with AIDS have the services they need to stay healthy for as long as possible. One of our best tools in this battle is named for a remarkable young man who came from ~~this~~ ^{the} ^{of Indiana} state. The Ryan White CARE Act ^{can be} a lifeline to people with AIDS, particularly those who live in small and rural communities. It provides funding for local clinics ^{for} ~~to provide~~ the specialized care that people need. I am very proud of the fact that the Clinton

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Patricia S. Fleming
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