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Patsy Fleming Speeches - January 1996

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BOX #2 FILES TO ARCHIVES - Patsy Fleming

New York
Measurable Goals
Executive Office Staff Memoranda
Brenda's Notes - Women & HIV Conference
U Can't Hurry Love
Names Project
News Briefs (Clippings)
Report NIH Research Evaluation Working Group
    Press Release - PF's Statement
Clinton FY '96 & '97 AIDS Budget, AIDS Spending Tables
Réumé - Misc.
News Clips from California Trip '95
Gloves Incident - PF and Secret Service
PF"s Speech at HIV Prevention Community Planning Co-Chairs Meeting
PF's USAID Speech
PF's Statement about NIH Research Evaluation Working Group Report
Vancouver Microbicides
Draft and Notes "Youth HIV/AIDS: An American Agenda"
PF's Remarks to National Public Health and Hospital Institute, May 1995
PF's Remarks on FY'97 Budget
Documentation on Miguel M. Bustos
Documentation on Alex Danford
Documentation on Lisa DaValle
Documentation on Jesse Schweine
Documentation on LaHoma Romocki
Documentation on Jane Sanville
Documentation on Anthia Atwater
PF's Speeches:
1994; January - December 1995
January - December 1996

ENCLOSURES FILED OVERSIZE ATTACHMENTS 10182

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Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

Joint Center For Political And Economic Studies

Seventh National Policy Institute

January 26, 1996

GOOD AFTERNOON:

Thank you Dr. Bell for that gracious introduction. It's a pleasure to join you today for this important discussion of HIV and AIDS. I bring greetings from President Clinton, who has made the fight against HIV and AIDS a top priority of his Administration.

I want to thank the organizers of this conference for making time on your full agenda for this topic. Too often, the subject of AIDS is ignored or swept under the rug because it makes so many people uncomfortable. Well, you and I know that we can't afford to ignore AIDS because it is one of the greatest challenges to our nation and, in fact, to our world.

In December, more than 300 Americans gathered for the first White House Conference on HIV and AIDS. It was a remarkable day, filled with probing discussions of the major issues that confront us all.

The President made clear on that day that the search for a cure for those who have AIDS and a vaccine and a microbicide to protect all of those who are uninfected is our top priority. He committed his Administration to that effort and has been fighting with the Congress to make sure we have the resources we need for the research that must be conducted.

The search for a cure is a goal that all Americans share because all of us have a stake in its outcome. If we are to protect future generations of Americans against this deadly plague, then we must do all that we can to find a cure.

The President also made clear that we must provide the necessary resources to care for those Americans who are living with HIV and AIDS. Our scientific advances have resulted in people with AIDS living twice as long as they did just ten years ago. But that means more and more people need high-quality care delivered with compassion.

The President also established a goal for this nation to reduce the number of new HIV infections each and every year until there are none. That is a very large task and one that will require contributions at all levels of society, from the Federal government in Washington to the family living rooms across this country. It is not easy to change behavior even with the threat of a fatal illness. But the risk we take by not aggressively attacking this disease is much too great.

Now, I want to share with you a series of shocking statistics that paint a very vivid picture of the state of this epidemic among Americans and, particularly, among African-Americans.

Recently, the Centers for Disease Control and Prevention reported that more than 500,000 Americans have now been diagnosed with AIDS in a little less than 15 years.

That is half a million people in this country who have been diagnosed with a disease that is almost always fatal. And, in fact, more than 300,000 Americans have already lost their lives. Today, nearly one million Americans are living with HIV.

And there are no signs of any of this slowing down. Today, an average of 220 Americans are diagnosed with AIDS every day. More than 150 Americans are infected with HIV every day. And nearly 110 men, women, and children in this country die of AIDS every day.

In the African-American community, the numbers are even more devastating. Even though we make up only 13 percent of the U.S. population, blacks comprise nearly one-third of all AIDS cases. As of December 1995, more than 170,000 African-American men, women, and children have been diagnosed with AIDS and nearly 100,000 have already lost their lives to this epidemic.

Last year, CDC reported that AIDS has become the leading cause of death for all Americans between the ages of 25 and 44. Among African-American men, however, that has been the case since 1990. The number of AIDS cases among black men is almost four times higher than it is among white men of the same age. That rate rose 13 percent between 1993 and 1994.

AIDS accounts for one in five deaths among black women in this age group. The rate of HIV infection among black women rose 30 percent between 1993 and 1994 and more than half of children born with HIV were black babies.

AIDS is also having a tremendous impact among young African-Americans, especially among young women. Nearly half of all reported AIDS cases among teenagers were among black boys and girls, and almost half of them were female. Among adults age 20 to 24, nearly 40 percent of AIDS cases were reported among African-Americans, and about one-third of those cases were among women. We also know that black teenage girls make up nearly half of all reported HIV infections in the 13 to 19 age group and 34 percent of the infections reported among 20 to 24-year-olds.

Finally, we see an explosion of AIDS cases and HIV infections among young, black, gay and bisexual men. This represents the next wave of AIDS cases in our community and it is a wave that could sweep away an entire generation of these young men.

I know that many of you are asking: What are we doing about these terrible numbers? For they represent our sons and daughters, brothers and sisters and friends. How can we turn them around?

It's not simple, but we do have some answers. We must first start with education. Education not only of our young people so that they protect themselves and respect themselves, but education of our older people so that they teach their children and their grandchildren how to be safe. To do that we will have to rid our community of the denial that keeps us from confronting the fact that our children have sex, use drugs, and get AIDS. We can't allow this to be a silent epidemic or we will lose too many of the voices we need to lead us into the future.

The government plays an important part in AIDS education and prevention at the national level, the state level, and the community level. We provide the funding and the expertise that is needed to educate young people about the dangers of HIV transmission. We can tell them how HIV is transmitted and how it is not. We can tell them how to reduce their risk of becoming infected and give them the tools to teach their friends.

We have to start with the understanding that by the time our children reach their senior year in high school, three-quarters of them have already had sex and they are unlikely to stop. We have to understand that one out of every 62 high school seniors admit that they have injected an illegal drug at least once in their life. And we have to admit that those rates may be higher among our own children.

So we need to tell our children that they can protect themselves from AIDS by not having sex or not using drugs but we also have to recognize that they are probably going to do one or the other -- or maybe even both -- anyway. So we have to talk about condoms and we must talk about the consequences of all kinds of drugs, including alcohol. These aren't easy topics for adults to discuss with their children and certainly they're not easy topics for our children to discuss with us. But in this case, silence truly means death and I don't think that's a price we want to pay for our embarrassment.

As government officials we have to do a better job getting these messages through to communities of color. That doesn't mean simply translating generic messages into Spanish or hiring black actors to read the same scripts. It means talking to our young people in the language that they speak and they understand.

I am very proud of the most recent set of public service announcements that CDC issued last month aimed at young adults. For the first time, they feature real young people talking to each other about safe sex and abstinence. They include young black men and women talking about their lives and their experiences. And they include gay men of color. These ads are an important step but they are only one step.

We clearly must increase our efforts to stem the latest trends related to drug use. A new study estimates that half of all new HIV infections in this country are directly related to injectable drug use. Another 25 percent of infections seem to be through

heterosexual contact -- a large number with injectable drug users or associated with crack use. This study estimates that only 25 percent of new infections are among gay and bisexual men.

We have seen some innovative approaches taken by state and local governments to reduce the level of risky behavior. Governors and mayors across the country have taken the political risk of starting needle exchange programs to help reduce HIV transmission among injectable drug users. In doing so, they risked the wrath of those who believe that such programs increase the use of drugs.

That courage has paid off as the results of a recent report by the Institute of Medicine shows. After looking at needle and syringe exchange programs across the country, IOM found that such programs do not increase drug use and they do decrease HIV transmission not only from one drug user to another but also from drug users to their sexual partners and children.

Needle exchange programs should only be part of a comprehensive strategy to attack the problem of HIV transmission related to drug use. That strategy includes drug treatment to help people stop using drugs. And it also includes changes in laws to allow the sale of syringes without a prescription and decriminalization of needle and syringe possession.

We must fight hard to preserve our medical safety net for people with AIDS. For nearly half of Americans living with AIDS, Medicaid is the only source of health care coverage. It pays for doctor visits, inpatient care, home care, and, perhaps most importantly, prescription drugs. Without Medicaid, people with AIDS would get sick much more quickly and would die much sooner than is necessary. It is just that simple.

The President is fighting hard to retain Medicaid as a federal entitlement program. He is facing enormous pressure from the Republican Congress, which wants to repeal the program, cut funding by $85 billion, and replace Medicaid with a state-run block grant. You and I know what the results of that kind of states' rights would be. We must be united in our opposition to this proposal.

We also must fight for the Ryan White CARE Act, which provides critical care to people who have no health insurance. It pays for primary care in an outpatient setting and helps to pay for the often expensive drugs that keep people with HIV and AIDS alive and healthy for longer and longer periods of time. We have seen strong bipartisan support for the CARE Act in the past year, but we still don't have a bill on the President's desk to extend this vital program.

I was pleased to see the Congress pass another short-term funding bill that the President can sign. But we do not have an appropriations bill providing funding for Ryan White for the rest of this year. We need to keep up the pressure for that bill, too.

Finally, as I said earlier, all of our efforts must be guided by the over-arching principle that we must find a cure to AIDS and a vaccine to protect all people -- in this country and around the world -- from HIV. I was pleased to see the Congress approve full-year funding for AIDS research at NIH and very happy to see that they approved every dollar that the President requested for this effort. I have worked hard to assure that African-Americans and other racial and ethnic minorities are fully represented in our research efforts and in the clinical trials that are underway.

We have seen the tangible results of our investment in AIDS research. As I mentioned earlier, people with AIDS are living twice as long because now we know how to treat and even prevent the diseases that often kill them. And last year, scientists at NIH discovered that the use of AZT in pregnant women who are infected with HIV can reduce the risk of transmission from mother to child by as much as 67 percent. It is our job to make sure that all women -- especially women of color who are bearing most of the burden of this part of the epidemic -- know the benefits of voluntary testing and of AZT treatment. It is within our grasp to eradicate the threat of babies being born with this virus. We should do everything we can to accomplish that goal.

We have a lot of work ahead of us, but I believe that we can pull together and put an end to this epidemic.

I'd like to close my remarks with a quote from one of my heroes. During the battle to end slavery, Frederick Douglas said:

> ***"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. The hypocrisy of the nation must be exposed.***

I know that I can count on you for the thunder and the lightning because each of you is a part of the conscience of our nation and together we can change our future. Thank you.

Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

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Please add

January 26, 1996

Dr Goodwin

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Microbicides

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