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Patsy Fleming Speeches - March 1996

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Remarks of

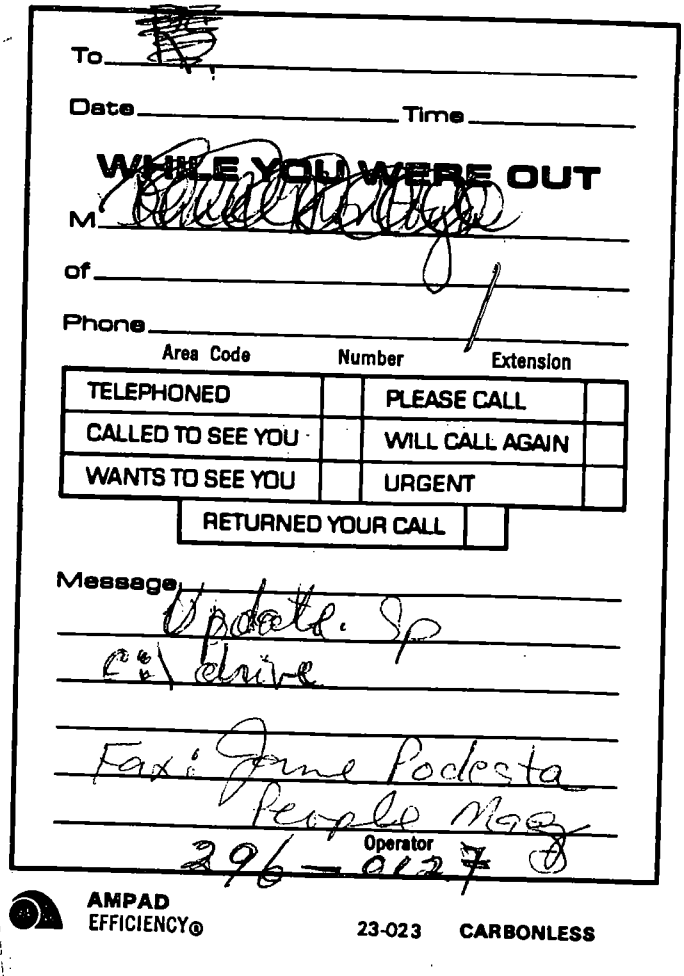
Patricia S. Fleming

National AIDS Policy Director

to

8th Annual National AIDS Update Conference

March 21, 1996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GOOD MORNING:

Thank you for that gracious introduction. And thank you for the invitation to join you today for the 8th annual National AIDS Update Conference. These meetings move us forward in our global response to HIV and AIDS, bringing together the best hearts, minds, and souls in the battle to end the epidemic that is killing the people we love.

I bring you greetings from the President of the United States who stands with you in this battle. Just two days ago, the President released his fiscal year 1997 budget, making clear, once again, that this government remains committed to putting an end to the AIDS epidemic. The budget includes important new resources for research, prevention, and care and preserves the vital social safety net that provides people living with HIV and AIDS with access to medical care, pharmaceuticals, and social support services.

But the President and I know that government alone cannot defeat HIV and AIDS. It requires what I call an alliance of the heart, involving government, business leaders, religious institutions, community organizations, families, and individuals. Each of us has a responsibility and each of us has a stake in the outcome.

The stakes in this fight are, of course, quite high. Each day in the United States, more than 200 men, women, and children are diagnosed with AIDS. Each day in the United States, more than 100 people lose their lives to AIDS. And each day in the United States between 100 and 200 Americans become infected with HIV. And among those who are becoming infected at the highest rates are our teenagers.

Earlier this month, I delivered a report to the President on the troubling recent trends of infection among adolescents. That report found that one in four new HIV infections in this country is occurring among people under the age of 21. And fully one-half of all new infections are occurring in people under 25. In other words, an average of at least one American teenager is becoming infected with HIV every hour of every day. That is appalling and it must change or we will lose a large part of our next generation of leadership in this country.

There are many factors that lead to these high rates of infection among adolescents. One is the fact that teenagers are naturally inquisitive and engaged in a period of experimentation and growth. The fact is that today that period of experimentation often includes sex. A recent poll shows that by the time they finish high school, 70 percent of American teenagers have already engaged in sex and only 50 percent report using condoms on a regular basis.

Compounding this is the fact that while many teenagers appear to understand the basics of HIV infection and prevention, too many teens do not have this basic information. Many schools in this country have done an outstanding job of incorporating AIDS education into

their basic comprehensive health education curriculum. But a growing number of school districts are placing unnecessary limitations on the content of those classes and are, therefore, giving their students less than full information. In this case, partial information is almost as dangerous as no information at all.

And for many of those young people who do receive the information they need, there is still a lack of skills needed to put that information to work. More young people need to learn how to negotiate relationships. They must learn how to say "no" without fear of reprisal. And they have to learn how to insist on condom use even if their partner is reluctant. These are not easy skills to impart. They don't appear in any textbook. They come from a nurturing relationship between young people and their parents, their teachers, their role models, and their peers. We know that peer pressure can exact a negative toll on young people's lives but it can also help to empower a teenager to stand up for his or her rights.

All young people need to hear that abstinence from sex and drugs doesn't make them losers, it makes them winners. And that includes those who are sexually active but may wish to stop. The movement toward secondary virginity should be encouraged because it can save lives.

Young people also need to hear that if they are going to have sex they must use condoms each and every time. They need to hear that from their parents, from their teachers, from their role models, from their peers, and from their government.

Finally, there are groups of young people in this country who are particularly vulnerable to HIV infection because of multiple factors. Out-of-school or runaway youth are vulnerable because the circumstances of their lives often lead to an exchange of sex for food, money, or simple affection. They are disconnected from positive role models who could help them to protect themselves and they often feel discarded by a society that looks upon them as castaways.

Young people who are growing up in poor economic circumstances -- especially those in minority neighborhoods that have a long and unfortunate history of oppression -- are often more vulnerable to HIV infection, too. Schools in such neighborhoods often do not or cannot provide comprehensive AIDS education because of the competing needs of their students. There are fewer community-based AIDS prevention organizations in these neighborhoods and access to condoms can be curtailed by financial barriers. Finally, we should not discount the impact on young people of color of the racism in our society that tells an African-American or hispanic youth that he or she is less valued than their white counterparts. This kind of psychological torture imparts a powerful negative message to young people of color that lowers self-esteem and often leads to risky behavior.

The group of young people who are most vulnerable to HIV infection are young gay men -- especially young gay men of color. Recent studies indicate that the rate of HIV infection in young men who have had sex with other men may be more than seven times greater than it is in the general population. In some cities, the rate is even higher, with nearly one in ten young gay men already living with HIV. This is truly a crisis of national proportions.

Young gay and bisexual men are more vulnerable to HIV infections for a multitude of reasons. But I believe the most overwhelming cause of these very high rates of infection is the homophobia that exists in our society. Whether it is overt or covert; societal or institutional; external or internalized, homophobia imparts a message of hatred to our young people that is often turned into a weapon of destruction. If a young gay man's parents, teachers, coaches, clergy, or peers tell him that his life is less valuable than theirs, it should not be surprising to us that his actions are going to put him at risk. And when you compound this with AIDS education programs that are either by commission or omission homophobic, we are fighting a losing battle.

So what can we do to reverse these troubling trends? Let me start by saying that no single player can solve this problem. Government alone cannot provide the solution and neither can parents, teachers, or other adult role models. But together we can create a powerful influence on our young people that can empower them to protect themselves and their lives.

As the mother of three sons, I believe very strongly that parents can be the best teachers their children will ever have. But for parents to teach their children they must first learn a few lessons themselves. Every parent should learn everything there is to know about HIV and AIDS prevention. And they must be willing to break through the sound barrier that often builds up between parent and child over such issues as sex and drugs and life and death. Parents must also support those in their school districts who are fighting for comprehensive health education in the schools. Schools boards respond to the parents in their communities so they must hear from all parents on this matter. And, finally, parents must teach their children to respect themselves. That begins by showing respect to children no matter which course they take in life. Parental respect leads to self-respect and self-respect leads to safer behavior.

Schools will continue to play a central role in AIDS education and prevention. After all, we know that 98 percent of children between the ages of 5 and 17 are in school full-time. Teachers can help to impart both the information that young people need and some of the skills they require to put that knowledge to work. For young people who have difficult relationships at home, teachers and other adult role models can provide the kind of authority figure that young people need in their lives.

Community-based AIDS organizations also have an important responsibility. We have made great progress in the last two years in returning power to local communities in the design and implementation of prevention strategies. Rather than making decisions in Washington or Atlanta, these decisions are being made in local communities to reflect the pattern of the epidemic in those neighborhoods. This has led to an increase in the amount of attention paid to young people but more work needs to be done. In my travels around the country in preparation for the report to the President, I visited a number of youth programs that use the power of peer education to help young people protect themselves.

None of us is too old to remember the blank looks we gave our parents when they tried to talk to us about protecting ourselves. Whether it was Mom telling us to wear a sweater or not run with the scissors or Dad telling us to wear our seatbelt, we often tuned out. The same thing is true today. When AIDS prevention messages for young people come from adults they are too often ignored. But when those same messages come from their peers -- especially peers who can speak from their life experiences -- those messages hit home. We need more support for peer-to-peer education programs and I will be working with government, business, and nonprofit organizations to increase that support.

In that same vein, we need to find ways to give young people a seat at the table when we make decisions about AIDS prevention and AIDS care. We need to make sure that those who we do bring to the table have a voice in the debate and the skills they need to use that voice.

I have been working with the CDC and HRSA to make sure that young people and their advocates participate in the planning councils for AIDS prevention and care. We are also providing technical assistance training for those young people so that they can actively participate in the decision-making process.

I am also working with the NIH to increase the participation of adolescents in AIDS-related clinical trials. Too often we found that teenagers were treated either as large children or small adults. They are neither and our programs need to reflect that fact. Similarly, I want to see AIDS researchers make more of an effort to release adolescent-specific data even in those cases where the sample size may not be large enough to be significant. More information of this kind can lead to more research in this area.

And I continue to work with the CDC to encourage further innovative approaches like the Prevention Marketing Initiative, which features the voices of real young people talking about their experiences. I was very proud of the ads that were released late last year because, for the first time, they included young gay men of color talking about their lives.

Finally, I am working with CDC and HRSA to find ways to eliminate barriers for teenagers to HIV counseling and testing. That includes clinic hours, transportation, and financial resources. We also are working to reduce unnecessary barriers to care for HIV-positive young people. While parental consent laws make sense in many cases, in this case they may lead to unnecessary delays in providing early intervention for HIV-positive young people.

We have it in our power to change the future. By empowering our young people to protect themselves and their loved ones we can help to ensure a long and healthy lives for our children and their children. One of my favorite songs tells us to "teach the children and let them lead the way." That is the task before us and it is one that we all must commit ourselves to achieve.

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There are groups of young people in this country who are particularly vulnerable to HIV infection because of multiple factors. Out-of-school or runaway youth are vulnerable because the circumstances of their lives often lead to an exchange of sex for food, money and a place to sleep or simple affection. They are disconnected from positive role models who could help them to protect themselves and they often feel discarded by a society that looks upon them as castaways.

Young people who are growing up in poor economic circumstances -- especially those in minority neighborhoods that have a long and unfortunate history of oppression -- are often more vulnerable to HIV infection, too. Schools in such neighborhoods often do not or cannot provide comprehensive AIDS education because of the competing needs of their students.

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HIV-2 leveled off
Africa - Senegal, etc.

Langerhan's cells
Conc. in vagina, penis foreskin, cervix

HIV-E - grows better in cells in
reprod. organs.

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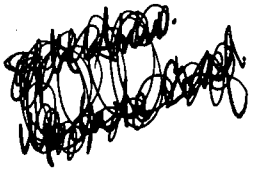

Dr. Mary Pittman, Conf Dir.
Cliff Morrison, Pgm Dir.
Volunteers
Comprehensive Conf.

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Wayne Davis

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT

750 17th Street, N.W.
Washington, DC 20503

Phone: 202-632-1090
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THE WHITE HOUSE

WASHINGTON

Remarks of
Patricia S. Fleming
National AIDS Policy Director
On
Clinton Administration's Fiscal Year 1997 AIDS Budget

March 19, 1996

GOOD AFTERNOON:

Thank you for joining us. It is a pleasure for me to release to you the details of President Clinton's fiscal year 1997 budget for AIDS-related programs. This is the fourth budget the President has submitted to the Congress since he has taken office and it exemplifies this Administration's commitment to combatting HIV and AIDS on all fronts. I want to thank the members of the President's Cabinet and the agency directors who have worked closely with me on this budget. And I want to especially thank Alice Rivlin, the director of the Office of Management and Budget, Nancy-Ann Min, and her talented staff for their support and assistance.

As you know, we still do not have a complete fiscal 1996 budget. For example, neither the Health Resources and Services Administration nor the Substance Abuse and Mental Health Services Administration have been funded for the rest of this year. I am hopeful that Congress will complete action on this legislation next week so that those essential agencies can proceed with their work.

Since the President took office in 1993, this Administration has fought hard to increase our commitment to AIDS research, prevention, and care. We have worked hard to increase the involvement of community-based and national organizations who are on the front lines of the epidemic. And we have tried hard to reduce the level of fear and ignorance in this country.

We have made significant progress in these past three years but there is still much that needs to be done. At the White House Conference on HIV and AIDS, the President made very clear our national goal in this battle. We must find a cure for AIDS. We must find a vaccine against HIV. We must find better prevention methods and therapeutics. And we must provide high-quality compassionate care to people living with HIV or AIDS. Those commitments are what drive this budget and they are what must drive all that we do in the coming months.

We are in a remarkable period of promise in this battle. In this past year we have seen real signs of hope after so many years of despair. Our knowledge of HIV and its impact on the human body is much greater than it was 12 months ago. Our arsenal of drugs has been augmented with remarkable speed. And our ability to actually prevent transmission of the virus from mother to child is already saving the lives of hundreds of babies born to HIV-positive women.

These are genuine accomplishments that give us all a reason to be hopeful and to look ahead to the coming months with optimism.

But optimism alone will not allow us to find a cure. It will not allow us to find a vaccine. And it will not bring us the therapeutics we need to extend the lives of people we love who are living with HIV and AIDS.

That is why the President is proposing to increase the discretionary resources dedicated to the fight against the AIDS epidemic to $3.9 billion in fiscal year 1997, including substantial increases in funding for research, prevention, and care. This is nearly $300 million more than the comparable figure for fiscal 1996.

The release of the Levine Committee report last week makes it very clear that we must continue to increase our commitment to AIDS research at the NIH. The committee echoes what we already know -- we have made important progress in our research efforts but that a great deal still remains to be done.

In December, the President made it clear that the search for a vaccine and a cure are our highest priority. This budget reflects that commitment. In his fiscal 1997 budget the President is requesting $1.4 billion for AIDS related research at NIH, an increase of 1.7 percent. These additional funds will allow us to increase the number of investigator-initiated grants and pump new money into our AIDS vaccine research. In addition, separate funds will assist in the rebuilding the NIH Clinical Center, which provides both research and patient care.

As the Levine Committee suggested, the NIH plans to increase funding for investigator-initiated AIDS research and small business grants by $53 million while decreasing funding by $29 million for research contracts, intramural research, and administrative support mechanisms.

But perhaps as important as this continued infusion of funds, is the authority vested in the Office of AIDS Research to direct the AIDS research effort. The Levine Committee report emphasizes the need for a strong OAR with the full authority granted to it in the 1993 NIH Revitalization Act. If we are to turn this report into an action plan for the future, OAR will need all of this authority, including a consolidated appropriation and the ability to reallocate funding during the course of the year. The President's budget request for AIDS research assumes -- and argues strongly for -- this vital authority.

We are also requesting $72.7 million for the Food and Drug Administration. In the past year, the FDA has had a remarkable record of achievement, approving three new protease inhibitor drugs in record time. In fact, with each approval, the FDA set a new record for accelerated approval of AIDS drugs. FDA Commissioner Kessler deserves high praise for his leadership and his agency's record in this area.

As our scientists continue to unlock the mysteries of HIV, we must be equally vigilant in making sure that the fruits of that labor are enjoyed by the thousands of Americans who are living with HIV or AIDS. Since he took office, the President has been committed to increasing funding for AIDS treatment and care so that no American living with HIV or AIDS is prevented from getting the care they need.

The President's 1997 budget includes $807 million for the Ryan White CARE Act, an increase of 4 percent over fiscal 1996. That includes $424 million for Title I; $285 million for Title II; $65 million for Title III; and $34 million for Title IV. The additional funding for Title I will ensure that each of the 42 communities funded in fiscal 1996 and the 10 new cities that are expected to qualify this year will receive the same formula grant in fiscal 1997. There is also funding included for any new cities that become eligible in fiscal 1997.

I'd like to point out that with those increases, the four-year total increase for the CARE Act would be 132 percent. And the increases for Titles I and II would be 129 percent and 147 percent, respectively. These increases would be exceptional in any budget. In the current climate they are truly extraordinary.

Let me just say here that I'm very pleased with the strong bipartisan support that has been shown for the Ryan White CARE Act during this past year. I am especially grateful for the support shown for the President's $52 million emergency request for the AIDS Drug Assistance Program. I am hopeful that this support will carry over into the fiscal 1997 budget and into completion of the five-year reauthorization of the CARE Act now pending before Congress.

Also in the area of care, we are requesting that Congress restore funding for the AIDS Education and Training Centers to the fiscal 1995 level of $16 million. It is vital, as new treatments become available, that the health care professionals of this country have access to the most up-to-date, state-of-the-art information and training.

Another area that is high on my list of priorities is AIDS prevention. I am quite concerned that we were unable to convince Congress to increase the prevention budget at CDC in fiscal 1996. While I recognize that some believe that in the current climate the absence of a cut is a victory, I cannot accept a frozen AIDS prevention budget as long as 40,000 to 80,000 Americans are becoming infected every year. And, as indicated in the report to the President we released earlier this month, at least one American teenager is becoming infected every hour of every day.

That is why the President is asking for a 6 percent increase in AIDS prevention funding at CDC, bringing that total to $617 million. The $34 million in new prevention funding will be targeted at three population groups that are showing the fastest growing rates of infections -- substance abusers, women, and adolescents, including young gay men.

If we are to reduce the number of new infections in this country, we will also have to increase our efforts in substance abuse prevention. The President's budget includes $2.1 billion for the Substance Abuse and Mental Health Services Administration, an increase of $244 million over fiscal 1996. This includes $1.6 billion for substance abuse treatment and prevention, an increase of $207 million from fiscal 1996. There is also a consolidation of SAMHSA demonstration projects into one pool of money that will include AIDS-related programs. The funds for demonstration projects SAMHSA-wide have been increased by $165 million. This will allow us to maintain or even expand funding for AIDS demonstration programs.

At the Department of Housing and Urban Development, the President is asking for $171 million to continue the Housing Opportunities for People with AIDS program known as HOPWA at current levels.

Finally, let me mention that AIDS continues to have a major impact on programs like Medicaid, Medicare, and Social Security. In fiscal 1997, the federal share of Medicaid spending devoted to AIDS care is expected to be just under $2 billion, an increase of $170 million from fiscal 1996. Medicare spending on AIDS is projected to grow to $780 million, an increase of $90 million.

Each of us in this room today knows that nearly half of all people living with AIDS rely on Medicaid for their health coverage, including more than 90 percent of all children with AIDS. Medicaid remains a lifeline of support for these people and their families. It must be preserved.

That is why the President continues to fight hard against the Republican proposals to block grant Medicaid and do away with the federal guarantee of eligibility for people who are either poor or disabled. As part of his budget, the President proposes a responsible set of Medicaid reforms that will bring additional financial stability to this program along with additional flexibility for the states. The President's plan continues the historic federal-state partnership in Medicaid that assures that federal and state dollars follow the people in need.

The President's budget represents a common ground approach to balancing the federal budget while remaining committed to addressing the very real problems that face the American people. Today, as we discuss this budget, another 200 Americans are being diagnosed with AIDS and another 100 are dying of this disease. There is no time to waste and we in the Office of National AIDS Policy will be working hard to make sure that the Congress fully understands these requests and provides the resources that are needed to carry this battle forward. Thank you.

Increases in AIDS-related Spending: FY 1993 v. FY 1997

(in thousands)

Program	FY93 Budget (Bush Administration)	FY97 Clinton Budget	% change compared to FY93
HRSA	$390,341	$835,685	+114%
Ryan White CARE	*($348,013)*	*($807,465)*	*+132%*
Title I	*($184,757)*	*($423,943)*	*+129%*
Title II	*($115,288)*	*($284,954)*	*+147%*
Title IIIB	*($47,968)*	*($64,568)*	*+35%*
Title IV[a]	....	*($34,000)*	*+55%*
IHS	$3,303	$3,847	+16%
CDC	$498,263	$616,981	+24%
NIH	$1,071,457	$1,431,908	+34%
Total, HHS, Discretionary	**$2,079,191**	**$2,982,592**	**+43%**

[a]The HRSA pediatric demonstration projects were not incorporated into Title IV until FY94 at $22 million.

AIDS Spending
Other Departments & Agencies
(in thousands)

Department/Agency	FY93	FY94	FY95	FY96 Policy*	FY97 President's Budget
AID	$117,000	$115,000	$121,000	$111,000	$97,000
Defense	$159,000	$129,000	$112,000	$103,000	$85,000
HUD/HOPWA	$100,000	$156,000	$171,000	$171,000	$171,000
Justice/Prisons	$5,000	$6,000	$6,000	$6,000	$7,000
Labor	$1,000	$1,000	$1,000	$1,000	$2,000
OPM	$175,000	$193,000	$212,000	$226,000	$241,000
Veterans	$299,000	$312,000	$317,000	$337,000	$347,000

* This includes funds in pending continuing resolutions and proposed add-backs.

AIDS Spending: Health and Human Services Discretionary Programs
(in thousands)

Program	FY93	FY94	FY95	FY96 Policy*	FY97 Pres. Budget	Change compared to FY96
FDA	$72,628	$72,399	$72,745	$72,745	$72,745	...
HRSA	$390,341	$607,796	$661,185	$792,526	$835,685	+5%
Ryan White CARE	*($348,013)*	*($579,365)*	*($632,965)*	*($775,465)*	*($807,465)*	*+4%*
Title I	*($184,757)*	*($325,500)*	*($356,500)*	*($407,000)*	*($423,943)*	*+4%*
Title II	*($115,288)*	*($183,897)*	*($198,147)*	*($273,897)*	*($284,954)*	*+4%*
Title IIIB	*($47,968)*	*($47,968)*	*($52,318)*	*($62,568)*	*($64,568)*	*+3%*
Title IV[a]	....	*($22,000)*	*($26,000)*	*($32,000)*	*($34,000)*	*+6%*
Other HRSA AIDS	*($42,328)*	*($28,431)*	*($28,220)*	*($17,061)*	*($28,220)*	*+65%*
IHS	$3,303	$3,556	$3,637	$3,660	$3,847	+5%
CDC	$498,263	$543,253	$588,731	$583,433	$616,981	+6%
NIH	$1,071,457	$1,296,471	$1,333,875	$1,407,824	$1,431,908	+2%
SAMHSA[b]	$25,656	$27,320	$24,095	$14,300	$11,939	-17%
AHCPR	$9,824	$10,624	$9,084	$6,634	$4,755	-28%
OHAP/OMH/OCR	$7,930	$7,503	$6,046	$4,523	$4,732	+5%
Total, HHS	**$2,079,191**	**$2,568,922**	**$2,699,398**	**$2,885,645**	**$2,982,592**	**+3%**

* This includes funds in pending continuing resolutions and proposed add-backs.

[a]The HRSA pediatric demonstration projects were not incorporated into Title IV until FY94 at $22 million.

[b]The FY97 request for substance abuse and treatment overall at SAMHSA is $1.6 billion, an increase of $207 million over FY96.

AIDS Spending
Entitlement Spending
(in thousands)

Program	FY93	FY94	FY95	FY96 Policy*	FY97 President's Budget	% change compared to FY96
Medicaid (Federal Share)	$1,290,000	$1,490,000	$1,640,000	$1,800,000	$1,970,000	9
Medicare	$386,000	$500,000	$600,000	$690,000	$780,000	13
Social Security (SSI)	$200,000	$240,000	$300,000	$370,000	$450,000	22
Social Security (DI)	$515,000	$600,000	$705,000	$710,000	$795,000	12
Total	**$2,391,000**	**$2,830,000**	**$3,245,000**	**$3,570,000**	**$3,995,000**	**8**

* This includes funds in pending continuing resolutions and proposed add-backs.

Remarks of
Patricia S. Fleming
National AIDS Policy Director
to
HIV Prevention Community Planning
Co-Chairs Meeting
Atlanta, Georgia
March 7, 1996

GOOD AFTERNOON:

Thank you Terje Anderson for that gracious introduction. I don't need to tell this audience what a remarkable person Terje is. It has been my personal pleasure to work closely with him this past year. He serves with distinction on the Presidential Advisory Council on HIV and AIDS. The Council is making a critical contribution to our national response to the epidemic.

I want to extend a special thanks to Coretta Scott King for participating in this important meeting. She is still the best messenger bringing the blessing of her late husband Dr. Martin Luther King. My thanks also to CDC, NMAC and NASTAD for convening this meeting and Helene Gayle for her passionate commitment to putting an end to the AIDS epidemic. She and David Satcher have breathed new life and energy into CDC and are true leaders in the fight against AIDS.

But most of all my thanks go to you -- the men and women in this room from all over the country who are the front-line soldiers in this battle. You are the driving force for change in your communities and at the national level. You walk the walk and you talk the talk.

Those of us in Washington and Atlanta recognize the value of your work. But we also recognize that this work is not easy. In fact, the business of saving lives is often extremely difficult. That's why it is understandable that many of you may be weary. Some may even be thinking about giving up. But let me make a direct plea to you -- they don't give up, keep on making the sacrifices because the price we will pay is far too great if you leave the field.

The theme of this meeting is the power of HIV prevention. We all know how powerful prevention can be. When done right, HIV prevention programs can change our future. Prevention can make the difference between a life truncated by illness and disease and one that includes the joys and sorrows of a full and meaningful existence.

That is why the work that you perform every day is so essential to the future of our country. This Administration is exceedingly proud of the creation of the community planning process. Just two years ago, we radically reordered the system. Instead of continuing to make decisions in Washington or Atlanta, we returned that power to the communities that know best what their people need. And that change is beginning to pay huge dividends.

But process alone won't do the job. You and I know that we need greater resources. That's why I was so disappointed by the Congress' refusal to approve the President's full fiscal year 1996 budget for AIDS prevention activities at the CDC. The President's request for a $35 million increase in prevention funding was based on the very real needs of the people of this country. But in this Congress, lawmakers are still trying to convince the American people that a decision not to cut the budget of a program is actually an increase. We know that's not the case and we're trying to convince Congress to see it that way, too. That has not been easy.

The President will come back to the Congress in a couple of weeks with his fiscal year 1997 budget and you can be sure that he will continue to fight for additional money for the AIDS prevention programs that you work with day after day.

In December, the President held the first-ever White House Conference on HIV and AIDS. It was a exceptional day of in-depth discussions by more than 300 people from all over the country. In his remarks to that conference, the President laid down a very clear marker for our goal in HIV prevention. He said:

> "We have to reduce the number of new infections each and every year until there are no more new infections."

That's what I call setting the bar high. But it's a goal that we all have to work towards. And I believe it is one we can meet -- because we must. Working together, even without community planning, communities all over the U. S. helped to bring down the number of new infections from more than 100,000 a year in the mid-1980s to a level of 40,000 to 80,000 today. That's still unacceptably high but it is some progress. The problem is that we have been stuck at that level for nearly five years. Clearly a greater investment of resources will help us meet the President's objective. But it can also be achieved by being more creative with the resources we do have and by holding all of our programs to high performance standards.

I believe we have seen a sharpening of our HIV prevention message. Instead of the overly cautious messages out of Washington that we saw in the 1980s, we now have frank and honest messages that are up front with the American people. I am proud of the fact that CDC issued the first government public service announcements advocating not only abstinence but also advocating the use of condoms. Today, that may seem like a mild step. But think back two years and remember how intense the heat got after that announcement was made. Similarly, three months ago, CDC released a new set of PSAs that directly address the concerns of young people in the language and style to which they are accustomed. Those ads include real kids -- not actors -- talking to each other about their lives and their experiences. They include young people who

are HIV negative and HIV positive, straight and gay; black, white, and hispanic; sexually active and abstaining from sex. Again, these steps took courage and I commend CDC for their willingness to take these steps forward.

We in the government have learned to listen to our partners in the communities -- even when what they tell us isn't necessarily what we'd like to hear. Last year, after a great deal of thought, we proposed a set of performance partnership grants combining related programs -- HIV, STDs, and TB prevention and simplifying the application process. But we heard -- loud and clear -- that there were serious concerns in the community with the impact this proposal could have on your programs. After careful consideration, we withdrew that proposal. So, yes, even government officials can learn.

As we move forward, each of us is going to have to pay particular attention to the groups of Americans who are experiencing the sharpest increases in HIV infection. By that I mean women, African-Americans, Hispanics, adolescents, and, young gay and bisexual men.

Two days ago, I sent a report to the President on the state of the AIDS epidemic among American teenagers. That report includes the startling fact that today, at least one American teenager is becoming infected with HIV every hour of every day. One-quarter of new infections are among teenagers and one-half are among those under the age of 25. It is clear that many young people are not getting the information they need to protect themselves and far too many are not learning the skills they need to put that information to work to save their own lives.

Young people need information about HIV. They need to know how it is transmitted and how it is prevented. And they also must know how to negotiate relationships; how to say no to sex and drugs; and, when they decide to say yes to sex, how to demand respect and protection. These are not easy lessons but they are critical to the future of young people and to the future of our country.

Each of us has a responsibility to reach out to young people; to draw them into our planning process and give them a voice. Again I urge each of you to find innovative ways to include adolescents and their advocates on your planning councils. I ask that knowing it is not an easy task. But it is one that is worth the effort.

Of course, it's not enough to simply give a young person a seat on the council. They also need the skills to work with the other members; to overcome reluctance to challenge authority figures; and to translate their ideas into tangible suggestions. We all have a responsibility to help them do that as well.

And I want to say one more thing about young people. We are experiencing a second wave of infections among young gay and bisexual men. New statistics indicate that the rate of infection among these men may be as much as seven times greater than in society as a whole. In some areas it is nine times greater. We must reach out to these young men. And many of us must overcome the societal, institutional, and even personal homophobia that often gets in the way. If

we, as adults, don't learn to accept or at least tolerate differences in others, how can we expect our young people to respect themselves and protect themselves?

It is also clear that we need to do more to integrate our HIV prevention work with our substance abuse prevention and treatment activities. New data estimate that approximately half of all new infections are caused directly by drug use and perhaps another one-quarter of infections are indirectly linked to drug use. That includes both injection drug use and the use of other drugs that cloud the judgment of people who are under their influence. The President has asked CDC to coordinate a meeting between state and local officials involved in HIV prevention and substance abuse prevention to begin an important dialogue that will lead we hope, to a reversal of these trends.

In that context, we must remember that substance abuse prevention is a remarkably effective form of HIV prevention. If we can help a person stop using drugs, we can prevent behavior that often leads to HIV infection. And if we can convince enough people not to begin using drugs in the first place, we reduce the risk even more.

I'd like to raise one more issue today. That is the rising rates of HIV infection in our federal and state prisons. I was pleased to see that you have a workshop on this subject scheduled during your meeting. A study of the prisons in the five boroughs of New York City showed that 12 percent of the men in those prisons were HIV-positive and 25 percent of the women were infected. We must recognize that many of these infections occur while they are in prison. We've got to start looking for some answers.

Finally -- a few words about the need to increase the number of people who voluntarily seek HIV counseling and testing. You and I know that testing is a bridge between prevention and treatment. A person who comes in for counseling and testing and gets a negative result is a prime candidate for education reinforcement. Trained counselors can determine what behavior helped to push that person to seek counseling and testing and help that person to change those behaviors before it is too late.

Similarly, a positive test is an opportunity to reinforce behavior changes to prevent further transmission of HIV and to link that person to a continuum of care. We know that early treatment is the best chance we have to slow or perhaps stop the progress of this virus. The new drugs that are being approved in record time can work best if they are applied soon after a person is infected. I have asked some of the people here at CDC to work with me to develop innovative ways to increase both the availability of counseling and testing and the willingness of people to seek such services. We will be asking for your advice as well.

None of what I have discussed today can be achieved in a week or a month or even a year. And none of it can be accomplished by any of us acting alone. It will require what I call a coalition of the heart. Working hand-in-hand we can accomplish our common goal of ending this epidemic. And working heart-to-heart I am confident that we will.

Thank you.

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It is also clear that we need to do more to integrate our HIV prevention work with our substance abuse prevention and treatment activities. New data estimate that approximately half of all new infections are caused directly by drug use and perhaps another one-quarter of infections are indirectly linked to drug use. That includes both injection drug use and the use of other drugs that cloud the judgment of people who are under their influence. The President has asked CDC to coordinate a meeting between state and local officials involved in HIV prevention and substance abuse prevention to begin an important dialogue that will lead we hope, to a reversal of these trends.

In that context, we must remember that substance abuse prevention is a remarkably effective form of HIV prevention. If we can help a person stop using drugs, we can prevent behavior that often leads to HIV infection. And if we can convince enough people not to begin using drugs in the first place, we reduce the risk even more.

I'd like to raise one more issue today. That is the rising rates of HIV infection in our federal and state prisons. I was pleased to see that you have a workshop on this subject scheduled during your meeting. A study of the prisons in the five boroughs of New York City showed that 12 percent of the men in those prisons were HIV-positive and 25 percent of the women were infected. We must recognize that many of these infections occur while they are in prison. We've got to start looking for some answers.

Finally -- a few words about the need to increase the number of people who voluntarily seek HIV counseling and testing. You and I know that testing is a bridge between prevention and treatment. A person who comes in for counseling and testing and gets a negative result is a prime candidate for education reinforcement. Trained counselors can determine what behavior helped to push that person to seek counseling and testing and help that person to change those behaviors before it is too late.

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Thank you.

Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

HIV Prevention Community Planning

Co-Chairs Meeting

Atlanta, Georgia

March 7, 1996

GOOD AFTERNOON:

Thank you Terje Anderson for that gracious introduction. I don't need to tell this audience what a remarkable person Terje is. It has been my personal pleasure to work closely with him this past year. He serves with distinction on the Presidential Advisory Council on HIV and AIDS. The Council is making a critical contribution to our national response to the epidemic.

I want to extend a special thanks to Coretta Scott King for participating in this important meeting. She is still the best messenger bringing the blessing of her late husband Dr. Martin Luther King. My thanks also to CDC, NMAC and NASTAD for convening this meeting and Helene Gayle for her passionate commitment to putting an end to the AIDS epidemic. She and David Satcher have breathed new life and energy into CDC and are true leaders in the fight against AIDS.

But most of all my thanks go to you -- the men and women in this room from all over the country who are the front-line soldiers in this battle. You are the driving force for change in your communities and at the national level. You walk the walk and you talk the talk.

Those of us in Washington and Atlanta recognize the value of your work. But we also recognize that this work is not easy. In fact, the business of saving lives is often extremely difficult. That's why it is understandable that many of you may be weary. Some may even be thinking about giving up. But let me make a direct plea to you -- they don't give up, keep on making the sacrifices because the price we will pay is far too great if you leave the field.

The theme of this meeting is the power of HIV prevention. We all know how powerful prevention can be. When done right, HIV prevention programs can change our future. Prevention can make the difference between a life truncated by illness and disease and one that includes the joys and sorrows of a full and meaningful existence.

That is why the work that you perform every day is so essential to the future of our country. This Administration is exceedingly proud of the creation of the community planning process. Just two years ago, we radically reordered the system. Instead of continuing to make decisions in Washington or Atlanta, we returned that power to the communities that know best what their people need. And that change is beginning to pay huge dividends.

But process alone won't do the job. You and I know that we need greater resources. That's why I was so disappointed by the Congress' refusal to approve the President's full fiscal year 1996 budget for AIDS prevention activities at the CDC. The President's request for a $35 million increase in prevention funding was based on the very real needs of the people of this country. But in this Congress, lawmakers are still trying to convince the American people that a decision not to cut the budget of a program is actually an increase. We know that's not the case and we're trying to convince Congress to see it that way, too. That has not been easy.

The President will come back to the Congress in a couple of weeks with his fiscal year 1997 budget and you can be sure that he will continue to fight for additional money for the AIDS prevention programs that you work with day after day.

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> "We have to reduce the number of new infections each and every year until there are no more new infections."

That's what I call setting the bar high. But it's a goal that we all have to work towards. And I believe it is one we can meet -- because we must. Working together, even without community planning, communities all over the U. S. helped to bring down the number of new infections from more than 100,000 a year in the mid-1980s to a level of 40,000 to 80,000 today. That's still unacceptably high but it is some progress. The problem is that we have been stuck at that level for nearly five years. Clearly a greater investment of resources will help us meet the President's objective. But it can also be achieved by being more creative with the resources we do have and by holding all of our programs to high performance standards.

I believe we have seen a sharpening of our HIV prevention message. Instead of the overly cautious messages out of Washington that we saw in the 1980s, we now have frank and honest messages that are up front with the American people. I am proud of the fact that CDC issued the first government public service announcements advocating not only abstinence but also advocating the use of condoms. Today, that may seem like a mild step. But think back two years and remember how intense the heat got after that announcement was made. Similarly, three months ago, CDC released a new set of PSAs that directly address the concerns of young people in the language and style to which they are accustomed. Those ads include real kids -- not actors -- talking to each other about their lives and their experiences. They include young people who are HIV negative and HIV positive, straight and gay; black, white, and hispanic; sexually active and abstaining from sex. Again, these steps took courage and I commend CDC for their willingness to take these steps forward.

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As we move forward, each of us is going to have to pay particular attention to the groups of Americans who are experiencing the sharpest increases in HIV infection. By that I mean women, African-Americans, Hispanics, adolescents, and, young gay and bisexual men.

Two days ago, I sent a report to the President on the state of the AIDS epidemic among American teenagers. That report includes the startling fact that today, at least one American teenager is becoming infected with HIV every hour of every day. One-quarter of new infections are among teenagers and one-half are among those under the age of 25. It is clear that many young people are not getting the information they need to protect themselves and far too many are not learning the skills they need to put that information to work to save their own lives.

Young people need information about HIV. They need to know how it is transmitted and how it is prevented. And they also must know how to negotiate relationships; how to say no to sex and drugs; and, when they decide to say yes to sex, how to demand respect and protection. These are not easy lessons but they are critical to the future of young people and to the future of our country.

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As we move forward, each of us is going to have to pay particular attention to the groups of Americans who are experiencing the sharpest increases in HIV infection. By that I mean women, African-Americans, Hispanics, adolescents, and, young gay and bisexual men.

Two days ago, I sent a report to the President on the state of the AIDS epidemic among American teenagers. That report includes the startling fact that today, at least one American teenager is becoming infected with HIV every hour of every day. One-quarter of new infections are among teenagers and one-half are among those under the age of 25. It is clear that many young people are not getting the information they need to protect themselves and far too many are not learning the skills they need to put that information to work to save [redacted] their own lives.

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Thank you.

Remarks

Patricia S. Fleming

National AIDS Policy Director

Release of

Youth and HIV/AIDS: An American Agenda

March 5, 1996

GOOD MORNING:

Thank you for joining us today. I am Patsy Fleming, the director of the White House Office of National AIDS Policy, and I am pleased to be here to talk to you about a very important national concern -- protecting future generations of Americans against HIV and AIDS.

Today in America, too many young people are putting themselves at risk for HIV and far too many are paying the ultimate price -- premature death. We all have a responsibility to help them protect themselves.

In December, when President Clinton spoke to the first ever White House Conference on HIV and AIDS, he focused on a very serious aspect of this epidemic -- the dramatic impact AIDS is having on young people. Today in the U.S., nearly half of all new infections are occurring among people under the age of 25. And nearly one-quarter of those infections are in teenagers.

In other words, at least one American teenager is becoming infected with HIV every hour of every day.

This is an appalling fact and one that demands our attention.

Every HIV infection is a needless one and never more so than among young people. AIDS is now the number one killer of Americans between the ages of 25 and 44. That means many of them were infected with HIV when they were in their teens and early twenties.

For too many Americans, the AIDS time bomb is lighted during adolescence and it explodes in early adulthood.

No single segment of our society can provide the solution to these problems. Government has an important role, but the answer lies in all parts of our nation. Families, schools, communities, churches, synagogues, sports teams, youth groups. They all have a responsibility to help save the lives of young people. And, of course, the ultimate responsibility lies with young people themselves.

The keys to AIDS prevention are knowledge and power. The knowledge of how HIV is transmitted and how it is prevented is central. But young people must also have the power to put that information to use. They must have the tools to protect themselves and those whom they love.

Many young people in this country have this knowledge but there are still too many who are uninformed. And far too many adolescents don't have the skills they need -- the power they need -- to put that knowledge to work. All of us must do a better job at educating and empowering young people.

We adults have to learn some new skills, too. We must learn to listen to young people, to their ideas, and to their criticisms. There is incredible power in the minds and voices of young people. Yet too often, those minds are not tapped and those voices are not heard. That has to change.

I've made a point in the last year of visiting programs throughout the United States that are run by young people. I 've come away from those visits deeply impressed with the power of peer education.

As the mother of three sons, I know that many times young people will not listen to what their parents -- or people who remind them of their parents -- say to them. That's just a part of growing up. But when those same words and ideas come from the mouths of their peers, they listen and they respond.

Last month I was in Fort Worth, Texas. I visited an exceptional program where local high school students use their dramatic skills to teach their peers about AIDS and help them learn the skills they need to protect themselves from infection.

A young woman told me that these performances helped her to understand that she has the power to say "no" to sex and drugs. And that when she does say "yes" to sex, she has the power to demand respect and protection. That's an important lesson and one that more of our sons and daughters have to learn.

We need more programs like this one and I will be working to encourage their support.

Finally, we must learn that not all young people lead the same kind of lives that we did when we were growing up. There are groups of adolescents who are more vulnerable to HIV infection because of the lives they lead. I'm talking about runaways and those who have dropped out of school. I'm talking about illiterate kids and those who are living with disabilities. And I'm also talking about gay, lesbian, and bisexual adolescents, especially those who are people of color.

There's a second wave of HIV infections affecting young gay men in this country. New data indicate that the rate of infection among young gay men may be more than seven times greater than it is among the general population.

A major cause of this tragic trend is the continuing struggle with homophobia. Whether it is overt or covert; whether it is external or internalized; homophobia sends a powerful negative message to young people that their lives are not valued. After all, if society tells young people they are not wanted, it's not difficult to understand why their own self-esteem suffers and leads to behavior that puts them at risk. The issue of low self esteem and vulnerability to HIV applies to racial and ethnic miniorities as well.

There are steps that the federal government can take to change the direction of the AIDS epidemic among young people.

First, we must make sure that young people have a place at the table, a voice in the debate, and an ability to be heard.

Second, we must make sure that scientists and medical professionals stop treating adolescents like large children or small adults. They must pay attention to the biological and behavioral factors of puberty that may have an impact on HIV transmission.

And third, we must improve the access that young people have to counseling about HIV, testing for the virus, and medical care for those who are living with HIV.

Before I conclude, I want to say a few words of thanks to the organizations and individuals who have made this report a reality. First, to the National AIDS Fund and the Until There's A Cure Foundation for their support of this project and their passionate commitment to saving young lives. Second, to the four young people who worked with me on this report, bringing to it their unique perspective and their amazing energy. And, finally, to the dozens of organizations and hundreds of young people around the country who shared their ideas with us. And to my own terrific staff who are dedicated to saving kids.

Now I'd like to introduce to you a remarkable woman.
Judy Billings is the first elected superintendent of public instruction in the state of Washington. A teacher, an innovator, and a leader in education. Judy also recently shared with the nation her own experience as a person living with HIV.

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Remarks
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Release of
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Today in America, too many young people are putting themselves at risk for HIV and far too many are paying the ultimate price -- premature death. We all have a responsibility to help them protect themselves.

In December, when President Clinton spoke to the first ever White House Conference on HIV and AIDS, he focused on a very serious aspect of this epidemic -- the dramatic impact AIDS is having on young people. Today in the U.S., nearly half of all new infections are occurring among people under the age of 25. And nearly one-quarter of those infections are in teenagers.

In other words, at least one American teenager is becoming infected with HIV every hour of every day.

This is an appalling statistic and one that demands our attention.

Every HIV infection is a needless one and never more so than among young people. AIDS is now the number one killer of Americans between the ages of 25 and 44. And we know that means many of them were infected with HIV when they were in their teens and early twenties.

For many Americans, the AIDS time bomb is lighted during adolescence and it explodes in early adulthood.

No single segment of our society can provide the solution to these problems. Government has an important role, but the answer lies in all parts of our nation. Families, schools, communities, churches, synagogues, sports teams, and youth groups have a responsibility to help save the lives of young people. And, of course, the ultimate responsibility lies with young people themselves.

The keys to AIDS prevention are knowledge and power. The knowledge of how HIV is spread and how it is prevented is central. But young people also must have the power to put that information to use. They must have the tools to protect themselves and those whom they love.

Many young people in this country have this knowledge but there are still too many who are uninformed. And far too many adolescents don't have the skills they need -- the power they need -- to put that knowledge to work. All of us must do a better job in educating and empowering young people.

We adults also have to learn some new skills and one of them is listening to young people, to their ideas, and to their criticisms. There is incredible power in the minds and voices of young people. Yet too often, those minds are not tapped and those voices are not heard. That has to change.

I've made a point in the last year of visiting programs throughout this country that are run by young people. I have come away from those visits deeply impressed with the power of peer education. As the mother of three sons, I know full well that many times young people will not listen to what their parents -- or people who remind them of their parents -- say to them. That's just a part of growing up. But when those same words and ideas come from the mouths of their peers, they listen and they respond.

Last month I was in Fort Worth Texas. I visited an exceptional program where local high school students use their dramatic skills to teach their peers about AIDS and help them learn the skills they need to protect themselves from infection.

A young woman told me that these performances helped her to understand that she has the power to say "no" to sex and drugs and that when she does say "yes" to sex, she has the power to demand respect and protection. That's an important lesson and one that more of our sons and daughters have to learn.

We need more programs like this one and I will be working to encourage their support.

Finally, we must learn that not all young people lead the same kind of lives that we did when we were growing up. There are groups of adolescents who are at increased risk of HIV infection because of the lives they lead. I'm talking about runaways and those who have dropped out of school. I'm talking about illiterate kids and those who are living with disabilities. And I'm also talking about gay, lesbian, and bisexual adolescents, especially those who are people of color.

There's a second wave of HIV infections affecting young gay men in this country. New data indicate that the rate of infection among young men who have had sex with other men may be more than seven times greater than it is among the general population.

A major cause of this tragic trend is the continuing struggle with homophobia. Whether it is overt or covert; whether it is external or internalized; homophobia sends a powerful negative message to young people that their lives are not valued. After all, if society tells young people they are not wanted, it's not difficult to understand why their own self-esteem suffers and leads to behavior that puts them at risk.

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Release of

Youth and HIV/AIDS: An American Agenda

March 5, 1996

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INFO + Tools

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Delivered Copy

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1-800-342-AIDS

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