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Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

Family Health International

November 20, 1996

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GOOD EVENING:

Thank you Raphael for that gracious introduction and for the opportunity to join you at this auspicious celebration.

I first want to acknowledge the presence here tonight of the Ambassadors from Cameroon and Tanzania as well as my good friend and colleague in the struggle against AIDS, Congresswoman Nancy Pelosi. Her work in the House has led the way for many other members and resulted in better policies and higher appropriations for AIDS.

Also, to Dr. Theodore King, President of FHI and Dr. Malcolm Potts, Past President, Peter Lamptey, Senior for AIDS Programs and all the FHI, my thanks for all of your good work.

USAID through FHI has also given me and my office a great gift - LaHoma Smith Romocki who has worked with me on international AIDS and other issues for more than a year. It has been a joy and a priviledge to have her by my side. So Thank you FHI for LaHoma.

For 25 years, Family Health International has been a leader in the global effort to protect and improve our public health. Let me add my congratulations to this remarkable organization and again, my thanks for all that you have done and all that you will do in the future.

I am especially appreciative of what you have done in response to the pandemic of HIV and AIDS.

For more than 15 years, this epidemic has ravaged our planet. AIDS has taken from all of us far too many of our loved ones. It has devastated families, communities, and nations. But it has also brought all of us together in ways that were not thought possible. For that, at least, we can be grateful.

The global response to HIV and AIDS has been remarkable in its focus and its determination. We have formed new organizations and raised money from traditional and nontraditional sources to fund research, prevention, and care for people affected by this disease. We have formed partnerships between governments and non-governmental organizations that have enriched us all. And we have stood unified against the often hateful discrimination that has been aimed at those who are living with HIV and AIDS.

The barely one year old global program called UNAIDS is one example of this new unity.

To echo the words Donna Shalala, one of my dear colleagues and a champion of this battle, any breach of our solidarity against HIV is a victory for this insidious virus.

We have accomplished a great deal together but it is very clear that much more needs to be done. In this country, under the leadership of President Clinton, we have increased our government's commitment to domestic AIDS programs by more than 50 percent in the last four years. I wish we had been as successful in obtaining support for our international efforts. But we have managed to hold the line against a wave of protectionism in the last Congress that threatened to wash away all that we had accomplished. Now our job is to begin to reverse that tide and increase our commitments to our global partners. And I know that Nancy Pelosi will be at the forefront of that effort.

The toll that HIV is exacting on our planet is quite severe. More than six million of our fellow citizens have already lost their lives and more than 21 million men, women, and children are living with HIV today. Another three million people are expected to become infected in this year alone. That's more than five people every minute of every day.

It is clear, then, that HIV is an equal opportunity destroyer that recognizes no national borders. It is, therefore, imperative that we do the same in our battle against this disease. In eleven days we will all commemorate World AIDS Day. It is an opportunity to pause and remember those whom we have lost and to honor those who fight to survive every day. And it is an opportunity to recharge our batteries and re-energize our collective efforts.

The theme of World AIDS Day is "One World, One Hope." It is a beautiful expression of solidarity but we must make it much more than that.

This past year has been filled with reason for hope. For the first time we are seeing drug therapies that are reducing the level of HIV in the bloodstream to often undetectable levels. We are seeing people with AIDS whose health is improving every day. And we are seeing signs that these therapies can reduce the risk of transmission of HIV.

These are genuine reasons for hope. And we in the U.S. have tried to build on that hope so that more and more of our people can have access to these therapies. In the last year alone, we more than tripled our budget for AIDS drug assistance so that low-income persons living with HIV can have access to these very expensive drugs. This is not only the moral thing to do, it is the smart thing to do.

But this creates a very genuine dilemma for all of us who recognize that the cost of these drugs and the care that must go with them is beyond the reach of citizens in virtually every developing nation on this planet. Yet, at the same time, we also know that 90 percent of all HIV infections are occurring in these very same countries.

There are no easy answers to this question but we all must work on finding ways to resolve it. After all, "One World, One Hope," means just that. All of our futures are tied together and it is only as a unified planet that we can protect all our citizens.

We must work together to reduce the cost of these drugs through bulk purchasing and price reductions. We should encourage drug manufacturers to increase their donations of drugs to developing nations. And we should work with international financial institutions such as the World Bank and the International Monetary Fund to increase assistance to those nations to help them pay for the drugs.

While we work to expand access to these and other essential treatments, we must also continue research to find new treatments and new methods of prevention. We have already seen dramatic results from the findings that use of AZT during pregnancy and childbirth can reduce the risk of perinatal transmission. In fact, we have already seen a decline of more than 25% in the number of babies born in the U.S. who are infected with HIV. Now we must find a way to make this intervention available to other women around the world.

While we work to resolve the issue of access to more costly treatments, let us not lose sight of the fact that there are relatively inexpensive prevention strategies already available and others that are in the pipeline. I know that Prevention has been the highest priority for USAID's AIDS program, and the US government should continue to make prevention one of our priorities. Condom distribution programs certainly have saved the lives of millions of people around the world. But we also must empower women to protect themselves without relying on their partner to use a condom. That is why I am such a strong advocate for research and development of topical microbicides. Earlier this year, I was very pleased to see Secretary Shalala announce a four-year microbicide initiative at the International AIDS Conference in Vancouver. When this effort is successful -- and I am convinced that it will be -- it will allow us to reduce infections around the world.

There are also inexpensive methods to treat and prevent sexually transmitted diseases. We know, thanks to the work in countries like Tanzania that aggressive prevention and treatment of STDs can reduce the HIV transmission rate by as much as 40 percent. These are tools that are already within the reach of many countries and can and should be disseminated widely.

We must also maintain and strengthen our partnerships with NGOs and the affected community. No government, no matter how wise and compassionate, can make decisions about how to attack this epidemic without the constant participation of those who are living and fighting with AIDS every day of their lives. I know that we in government benefit greatly from this alliance and I am certain that our allies feel the same way.

No treatments are effective if our health care professionals aren't trained in the proper way to use them. This is a problem here in the United States as well as in many nations around the world. Recent studies have indicated that the level of experience that a physician has with AIDS care has a direct relationship to the quality of care that doctor's patients receive and also how long they survive. We must find better ways to share the knowledge and the expertise of the many highly-trained and caring professionals here in the U.S. who now shoulder the burden of AIDS care with health care providers in developing countries.

I know that FHI has been an active player in many of these critical prevention and research efforts. I encourage you to continue your work towards improving reproductive health worldwide, especially in the tragic area of HIV/AIDS.

I want to give you another reminder of the importance of fighting discrimination against people with AIDS. I believe our planet has come a long way and that the rights of people with AIDS are better protected today than they have been before. But, again, we can and must do better in our fight against not only HIV but also racism, sexism, and homophobia which are co-factors of HIV infection.

I'd like to leave you with a quote from one of my heroes, Frederick Douglas, the great abolitionist. When faced with the horrors of segregation, he 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."***

I know that I can count on you for the thunder and lightening because each of you is a part of the conscience of our planet. Together we can change our future. And each of you is already doing some of the work that needs to get done. Know that you have an ally in the United States and in me.

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