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Remarks of

Patricia S. Fleming

National AIDS Policy Director

to

President's Advisory Council on HIV/AIDS

December 15, 1996

GOOD MORNING:

Thank you Scott for those kind words and for your continued leadership of this Advisory Council. I also want to thank each of the members of the Council -- those who are here and those who couldn't make it -- for your contribution to the national and global response to HIV and AIDS.

I would like to add to Scott's comments about our dear friend Ed Gould. Ed was an inspiration to us all. And we will remember Ed for his work on behalf of people living with HIV and AIDS; for his work on behalf of gay and lesbian people of all ages, but especially young people; and for his work on this council to improve the provision of care to people like himself who were living with HIV.

I would like to ask the members of the Council and others in this room **to join me in a moment of silence in tribute to Ed.**

Ed will be missed but we all know that he would want us to carry on because our work together is part of Ed's legacy.

especially Debra Fraser Houze

I'm pleased to welcome you all back to Washington. I'd also like to welcome our newest council member, Rabbi Edelheit, who I understand will be joining us tomorrow. I know from our conversations that he brings a real passion to this council and will make a great contribution.

It has certainly been a busy few months since we last met together so I wanted to bring you up to date on a few things before we get down to business.

As ~~you know~~ you know, this will be my last meeting with you as National AIDS Policy Director. I have let the President know that I plan to leave my position early next year. Let me assure you that my commitment to this cause will continue for as long as it affects our nation and our planet.

I also want to pay tribute to Jeff Levi, who is getting some well-deserved rest and relaxation. Jeff contributed greatly to what we have been able to accomplish in the last two years. And I know he has also been a tremendous asset to this council and the work you have done. We all miss him very much.

Let me reassure you that the President's commitment to this office is unwavering. A new director and a new deputy director will be selected and the work that we have begun together will be carried on. The process of selecting a new director has just begun but I am confident that the person who is selected will be a talented advocate for all of the things we care about.

Another important indication of the President's commitment to fight this epidemic will come tomorrow with the release of the first-ever National AIDS Strategy. My staff has worked with agencies across the government for nearly a year to develop a comprehensive document that outlines what we are doing, what needs to be done, and the opportunities we have for progress in the year ahead. The strategy incorporates virtually all the comments from Council members. And it represents not just the Federal government but also the shared responsibility we have with the private sector.

Let me, once again, thank the members of this council for their input to this historic document. It will be a blueprint for action in the year ahead and will provide continuity between me and my successor.

Since we last met, the President and the Congress reached agreement on a final fiscal year 1997 budget. I believe This is probably the best AIDS budget that has been enacted by any Congress in the history of the epidemic. Thanks to the President's leadership and some very hard work by the national AIDS organizations, we achieved substantial across-the-board increases in every AIDS program.

Funding for the Ryan White CARE Act was increased by 31.5 percent, including a 221 percent increase in the AIDS Drug Assistance Program set-aside. That will guarantee access to high-quality care for thousands of Americans living with HIV and AIDS.

Funding for AIDS research at NIH was increased by 6.7 percent to $1.5 billion. And we were able to restore the authority of the Office of AIDS Research to determine the allocation of those dollars and, if necessary, the reallocation of up to 3 percent of those funds as the need arises.

Funding for AIDS prevention programs at the Centers for Disease Control and Prevention increased by 6 percent, the first increase in that important effort in two years. And CDC is already hard at work figuring out the best way to spend those new dollars.

Finally, support for the Housing Opportunities for People with AIDS program at HUD was increased 14.6 percent to $196 million. This will help to provide shelter to thousands of people and families affected by the epidemic.

These increases are historic and they will go a long way toward meeting the growing demand for services. They are also a very clear sign of the President's continued commitment to this epidemic. Taken all together, these increases mean that in the President's first term, funding for discretionary AIDS programs increased by 55 percent. That's a remarkable accomplishment and one that we can all feel very proud of.

The Administration is now in the process of drafting the fiscal year 1998 budget that will go to the Congress sometime in February. Feb 3 I have to tell you that this will be a very tough budget year. The President and the Congress remain committed to balancing the federal budget over the next five years and that means that discretionary spending increases will be few and far between. I cannot share any numbers with you today -- because they are not yet final. But I can assure you that AIDS programs will continue to be a priority of the Administration and that priority will be reflected in the treatment of those programs as compared to the rest of the budget.

There is a strong base — the FY 97 budget on which to build the 98 numbers

The President also will continue his very strong defense of the Medicaid program. Thanks to his leadership in the last Congress, we were able to preserve the vital Federal entitlement to medical coverage for the poor and the disabled, including more than 50 percent of people living with AIDS in this country. This fight is not yet over. We haven't heard from the Republicans in Congress whether they will pursue this issue again this year. But know that if they do, our position remains very firm.

I am also very excited by the work that is under way to turn our research results into direct care for people with AIDS. The early results of combination therapy are, of course, very encouraging. But I share with you the sense of unease about our lack of definitive answers on many important questions. The Administration is pursuing these answers with a great deal of vigor.

The Forum for Collaborative HIV Research, which my office was instrumental in creating, is already at work on supporting the post-marketing clinical trials that can give us answers on optimal dosages, combinations, duration, and long-term effects.

NIH has already held the first of a series of meetings with AIDS researchers to determine what we now know and what we need to find out.

And Eric Goosby and Tony Fauci have set up an impressive group of experts to work on developing clinical practice guidelines that will give doctors and other practitioners concrete advice on how to best use these new therapies.

Taken together, these steps will provide practitioners and patients with the kind of information they need to develop a treatment plan that fits the needs of each patient. Recognize that there will not be a one-size-fits-all approach to this, but there will be important guidance for practitioners in this country and around the world.

The Administration is also ready to take that information and make sure that it gets to all of the people who need it. HRSA, HCFA, NIH, and the Agency for Health Care Policy and Research will work together to develop innovative ways to disseminate this information.

This council will play an important role in this effort as well. Nick Bollman's working group on treatment access has already helped to focus the efforts of several Federal agencies in this area. We will be looking to you for continued input and ideas.

We have a busy three days ahead of us and I look forward to our discussions. Let me close by again thanking the members of this council not only for your work but for your personal support. It has been an honor to work with each and every one of you.

As I leave this position I want to mention some areas where more work is needed:

1) Drug users esp. injecters — {clinical trials, access to treatment
2) Poor Women — "Women Poverty + AIDS"
3) African Americans — Mtg at Harvard will bring client
4) Microbicides
5) Global AIDS - 90%
6) Some prisoners working on
7) welfare reform
8) Managed care
9) Treatment access

I also want to say a word to my staff, many of whom are here today. I have never worked with a finer group of people or with a group so dedicated to a cause. Your long hours of hard work, inspired sense of commitment, and personal friendship has meant a great deal to me and will be with me forever.

Thank you, one and all.