Remarks for Secretary Kathleen Sebelius to the 2009 National HIV Prevention Conference

Atlanta, GA - August 24, 2009

Remarks as prepared for delivery

Thank you, Dr. Frieden, for that introduction. Among his many other accomplishments in New York City, Dr. Frieden was a great advocate for HIV prevention. And he's done a terrific job in his first few months leading the CDC. We're grateful to have him.

I'd also like to acknowledge Dr. Fenton. Dr. Fenton's brought great energy to the fight against HIV/AIDS in the US. He's helped us build new partnerships and reach out to underserved minority communities who make up a disproportionate percentage of HIV cases.

Six years ago, the United State announced the most ambitious plan to fight global HIV/AIDS in the history of the world. This plan combined a new level of focus, new funding, and a new commitment to using proven approaches.

PEPFAR has been a great success. But while we've made strides in Africa and around the world, our progress towards ending the disease here in the US has stalled. In 2006, more than 56,000 Americans were newly infected with HIV, a rate that has been stable over the past 10 years.

Because HIV infection is fatal if not treated- and its transmission can be prevented with proven interventions - this isn't just a statistic. It's a tragedy.

If the results aren't changing, our actions have to. That's why one of the first things President Obama did after he took office was to begin developing the first-ever National HIV/AIDS Strategy. This strategy will take a page from the successes of PEPFAR - a new level of focus, and a new commitment to proven approaches - and apply it to HIV/AIDS here in the US.

This strategy comes at an important moment. At a time when more Americans than ever are living with HIV/AIDS - an estimated 1.1 million - fewer Americans are worrying about it.

In 1997, 1 in 4 Americans said they were "very concerned" about being infected with HIV. Today, it's 1 in 8. Over the last five years, the share of Americans who say they've seen a lot of AIDS-related messaging went from one in three to one in six.

We're at a turning point as a country. Either we choose to get used to HIV/AIDS...to accept that it is a permanent feature of society...to be satisfied with lengthening lives instead of saving them. Or we decide to double our efforts and start bringing the number of new infections down. President Obama has chosen the second course, by calling on us to focus our efforts on reducing HIV incidence, getting all people living with HIV into care, and working to reduce HIV-related health disparities.

Earlier today, you heard about the new national HIV/AIDS strategy from Jeffrey Crowley, the director of the White House Office of National AIDS Policy. Tomorrow, you will have an opportunity to share with us your input on how to improve our national response to HIV/AIDS. In the coming weeks, we'll be taking conversations like this one across the country. But for now, I'd like to tell you more about what we at the Department of Health and Human Services are already doing to advance the President's agenda.

Our Department deals with every aspect of HIV/AIDS.

Taken together, Medicaid and Medicare funds make up the largest share of all federal funding for HIV/AIDS care and services, and provide a cornerstone for the HIV care delivery system.

We know that many people living with HIV/AIDS have co-occurring mental health or substance abuse problems and the Substance Abuse and Mental Health Services Administration provides critical evidence-based interventions to help support people in recovery.

The National Institutes of Health conduct and fund cutting-edge research that led to lifesaving antiretroviral therapies and will bring us even better treatments, behavioral interventions, and hopefully viable vaccines in the future.

The Health Resources and Services Administration operates the Ryan White programs that provide support for crucial medical care and supportive services around the country. And let me pause and say that the Obama Administration is committed to working with you to reauthorize this program and ensure that critical services are funded after the end of September.

And last, but certainly far from least, the CDC works with health departments and others across the country to provide an array of HIV prevention services to the American people.

The Office of HIV/AIDS Policy hosts AIDS.GOV, a gateway portal for all federal HIV/AIDS information, and advises me on this broad range of HIV-related policy we are charged with carrying out.

We're looking for opportunities to increase our effectiveness in all of these areas. For example, we know that testing is one of the keys to stopping the spread of HIV/AIDS. We also know that it's a key to lengthening the lives of people living with HIV, since the earlier you learn your HIV status, the earlier you can start taking steps to protect your own health and reduce the risk that you will transmit HIV to others.

That's why we recently made a subtle but significant change to our testing policy. CDC already recommended opt-out routine screening for HIV in health care settings for adolescents and adults age 13-64. Two months ago, though, we took the step of clarifying for state health officials that federal payments are available when they switch from an opt-in testing policy to an opt-out policy under Medicaid and CHIP. Individuals still have total freedom. They can still choose not to be tested. But the test will be offered as part of routine care.

This might not seem like a major change. But researchers have found, for example, that when 401k plans change from opt-in to opt-out, enrollment goes up as much as thirty percent.

This is something we know works. But information like this is only useful if we can get it in the hands of the people working on the front lines in state and local health departments, clinics, and community based organizations. That's why we're also in the process of refocusing PACHA - the Presidential Advisory Council on HIV and AIDS to continue to advise us on global HIV/AIDS issues, but also to spotlight attention on the domestic epidemic. We hope this council will be a platform to share our plans and insights with the public health community and the broader public. But we also hope that it will be a vehicle to carry your ideas back to us.

I am very excited to announce that I will appoint an internationally acclaimed leader with a long history of working to end the epidemic around the world, but also here at home in the United States to serve as the Chair of PACHA. Dr. Helene Gayle, President and CEO of CARE, and a former Director of CDC's National Center for HIV, STD, and TB Prevention will serve as the Chair. I would note that Helene sponsored the first National HIV Prevention Conference. The President and I are grateful for her willingness to serve and we look forward to her leadership.

We're eager to know what you think. And we're committed to reaching an even broader audience. That's why the CDC launched the first federal HIV education campaign since 1987. Act Against AIDS is a $45 million investment over five years to let Americans know that the threat of HIV/AIDS isn't going away. That effort will focus on underserved communities to include racial/ethnic minorities, women and gay and bisexual men.

We're targeting our efforts at high-risk groups like African Americans. Today, African Americans make up just over a tenth of the population. But they account for nearly half of new HIV infections. One in 30 African-American women will be diagnosed in her lifetime. One in sixteen African-American men will be diagnosed with HIV. In 2005, the CDC reported that in five major cities, almost half of all African-American gay men were HIV-positive. The situation is also dire for Latinos.

Think about that. Imagine if it were half the straight white women in Atlanta. Wouldn't we be calling this a national emergency? Shouldn't we be? That's how we at HHS are treating it. So we're experimenting with innovative new ways to reach these groups - from a new online banner campaign

that targets gay African-American men to partnering with groups like the Black Women's HIV/AIDS network. But this is just a beginning, we are also reaching out to the Latino community and expect to introduce a culturally appropriate campaign early next year. We will continue to do the same for other populations at heightened risk for infection in due time.

In our outreach attempts, we are battling two opposite forces.

On the one hand, there are the people who think that in this age of multi-drug cocktails, AIDS is no big deal. We need to reach them with the message that AIDS is still a devastating disease. It still kills 14,000 Americans a year. It still costs hundreds of thousands of dollars to treat over a patient's lifetime.

On the other hand, we know that HIV/AIDS stigma remains a huge problem with real repercussions in people's lives. There are people who don't get tested because they're afraid they could get beaten up or lose their place to live if the test comes back positive. They don't pick up a flyer about treatment because they're afraid if they're seen with it, someone will make a judgment about their sexual orientation or their drug use. Because we care about all of our friends, families, and neighbors, we need to send a message that HIV/AIDS may be a serious condition, but we have the knowledge and tools to help people live successfully with this condition.

Sometime later this year, we will strike a major blow against this stigma when we finally lift the rule -sometimes referred to as the "HIV entry ban"- that includes HIV on the list of diseases that can bar entry into this country. This change has been a long time coming.

The ban was not only unfair. It was also unsafe. The more accepted people with HIV/AIDS feel, the more open they are about their HIV status. The more open people can be about their HIV status, the more likely other people are to get tested. The more likely people are to get tested, the slower the spread of HIV. It's a virtuous cycle and it starts with ending the stigma.

Overturning the HIV entry ban is not all the Obama Administration will be doing this fall. As some of you may have heard, we are also in the middle of a major push to reform our health care system. I know that I am speaking to

an audience that understands what is at stake in this debate and how important it is, not only for people living with HIV/AIDS, but all Americans. Despite all of the things we do right to support people living with HIV/AIDS through Medicaid, Medicare, SAMHSA, and Ryan White, we leave too many people living with HIV uninsured and underinsured.

There has been a lot of noise in the media and in conversations across the country. Let me clarify some things: The President's plan to expand coverage and improve our health insurance system has some clear benefits for Americans living with HIV/AIDS. For example, it would end insurance company discrimination based on preexisting conditions, which would give people more insurance options. It would also cap out-of-pocket expenses, which can quickly add up even for people living with HIV who have health insurance. Reform will be helpful for Medicare beneficiaries with AIDS. Right now, the high cost of HIV medications leaves people with HIV/AIDS with income too high for the low-income subsidy with thousands of dollars of out-of-pocket expenses-or potentially treatment interruptions if they cannot pay for their drugs. But as part of reform, we are working with the drug manufacturers to provide assistance to mitigate that coverage gap in the Medicare prescription drug program.

Our scientists are also predicting that infections from the new 2009 H1N1 flu will rise this fall. People with HIVAIDS could be at especially high risk. That means it's particularly important that they practice prevention, which means washing our hands frequently with soap and water, coughing or sneezing into our elbows, and staying away from other people who are sick.

Americans with HIV/AIDS should also be sure to get two flu vaccines this fall. The seasonal flu vaccine is already available and vaccine makers say the H1N1 vaccine should be ready by mid-October. In the meantime, as a precaution, Americans with HIV/AIDS should call their doctor or seek medical care as soon as possible if they develop flu-like symptoms as they may need to take anti-flu medications.

As I said earlier, when it comes to HIV/AIDS in the US we have a choice. We can choose to get used to HIV/AIDS...to accept that it is a permanent feature of society...to be satisfied with lengthening lives instead of saving them. The President has taken the other path-to work to lower HIV incidence, to

work to get all people living with HIV into care and improve their health outcomes, and to work to end HIV-related health disparities.

When you do the math on new HIV infections, it turns out that one American gets infected with HIV every nine and a half minutes. That means that since I started talking, another two Americans have acquired this fatal and totally preventable disease.

The Obama Administration is grateful for the work you do. We're excited to work with you. We're bringing a new focus, new resources, and a new commitment to using proven approaches to this problem.

And now I'd like to introduce one of the spots from the new Act Against AIDS campaign. It's called "Nine and a Half Minutes" and it will be airing all over the country. It's a reminder to Americans that HIV/AIDS hasn't disappeared and a reminder to us about how far we have to go before it does.