

## Remarks on World AIDS Day December 1, 2000

Thank you very much. Thank you. Belynda, thank you for your wonderful remarks. I'm not going anywhere. I'm just going to be in a different line of work, you know. *[Laughter]* I'll still be there for you. I want you all to know, this remarkable woman actually had a minor car accident yesterday and was told not to come here, but she showed up anyway. And that's the kind of commitment we need from people.

Archbishop Ndugane, I'm delighted to be on the podium with you in this beautiful chapel at Howard. And as you know, I admired your predecessor, Archbishop Tutu, my friend, and I can see he has a worthy successor. Your remarks were wise, and we thank you, sir, very much for what you said.

I thank President Swygert for making us welcome at Howard. And I would like to acknowledge a couple of people—first, a Member of our United States Congress from Oakland, California, and the champion of America, doing more in the global AIDS effort, Representative Barbara Lee. Thank you very much. Thank you. I also was honored to ride over here with our former United Nations Ambassador and Congressman and my great friend Andrew Young. I thank him for his part here.

And Belynda, I thank you for what you said about Sandy Thurman. I knew she wasn't a Barbie doll when I appointed her. *[Laughter]* She had actually spent a lot of her life working in Atlanta at the grassroots with people with HIV and AIDS. And I tried to fill a lot of positions in Government with people who don't often get to serve, because sometimes the best qualified people to serve are the people that are out there on the frontlines. And if they spend their lives on the frontlines, they don't have enough time to play up to the politicians so they can get these appointments. But somehow I found Sandy, and she's been wonderful, and I thank her and all the members of our advisory council, many of whom are here today.

I want to offer a special word of welcome to the distinguished religious leaders and citizens who have come here from around the world, including the First Lady of Lesotho, Mrs. Mathato Mosisili. And we have, I think, 23 others—we have 23 others here from Africa alone,

who are here to focus on the HIV/AIDS issue as part of the State Department's international visitors program. We have religious leaders here from Africa, from Asia, from Latin America, and we thank them all for being here.

Today we have come together, people from all over the world, from different circumstances, to ask ourselves a simple, stark question: whether we are prepared to do what is necessary to save millions of lives, to save the lives of those who are living with HIV and AIDS and all those who might yet avoid it. How we answer will depend upon how well we work together as partners across lines of nationality, faith, religion, color, sexual orientation. It will depend upon, in equal measure, our will and our wallet. And it will depend upon, in some places, still, sadly, going beyond denial. I don't know whether this works when translated into French and the other languages that are here, but my daughter's generation has a wonderful saying, that denial is not just a river in Egypt. *[Laughter]* And we even have to laugh, you know, sometimes just to keep going. But that also is important, and I want to highlight some of the heroes in that struggle later.

In the United States there are millions of people involved in the struggle against HIV and AIDS. They are in clinics and community-based organizations across the land, offering information and testing to those at risk; treatment and care to nearly a million people living with HIV; dignity to thousands who are dying. Churches, synagogues, mosques, and temples here are more and more speaking out with a single, clear voice about the importance of prevention as well as care.

For the last few years I have tried to put our Government on the side of this fight. We created an Office of AIDS Research at the National Institutes of Health, and the White House Office of AIDS National Policy. We have the first-ever national AIDS strategy. We have the first biomedical research plan, and we have expanded health insurance options for people with HIV and AIDS. Our overall Federal funding has more than doubled over the last 8 years, and funding for care is up almost 400 percent; help to buy drugs in this country up more than

1,000 percent. As Congress comes back to work, I hope that it will ensure that our global and domestic AIDS programs actually receive the funding increases they are currently slated to receive this year, thanks to people like Representative Barbara Lee.

As Belynda Dunn's story illustrates, marrying our money to our intentions is a formula for real progress here in the United States, a formula for delivering more powerful anti-HIV drugs to more Americans, for helping more HIV-positive pregnant women avoid passing the virus to their babies, for providing better access to health care and housing for those living with HIV. It is a formula, in other words, for people living longer and better lives.

Today, the mortality rate for HIV and AIDS in the United States is down more than 70 percent since 1995. The death rate from the infection is at its lowest rate since 1987. For those of you here from our country who have worked on this, you can be justifiably proud. But we must be humbled by how very far we all have to go, especially around the world.

Today's reality is much worse than the worst case scenarios of just 10 years ago. At the beginning of the 1990's, health experts told us that between 15 million and 20 million people would be living with HIV this year. Well, the real number is 36 million. The religious leaders from around the world who are here understand that these numbers mean something quite stark in human terms, not only for the individuals and the families but, as the Archbishop intimated, for whole nations.

When the disease threatens to triple child mortality and to reduce life expectancy by 20 years in some African countries, it is time to say that AIDS is also a moral crisis. When South Africa's GDP—listen to this—South Africa's GDP is expected to be 17 percent lower in 2010 because of AIDS, it is time to say that AIDS is an economic crisis. When 10 times more Africans died of AIDS last year than in all the continent's wars combined and when the fastest growing infection rates are now in Eastern Europe and the nations of the former Soviet Union—complicated in many countries by a virtual breakdown of the public health systems there—where nations are already struggling against great odds to build prosperity and democracy, it is time to say that AIDS is also an international security crisis.

Once we recognize that AIDS is all these things, it becomes crystal clear that we have to use every available tool to fight it and that the United States, because we have been blessed at this particular moment in history with exceptional prosperity, has an extra responsibility to take a leadership role.

Many developing countries are doing remarkable things to help themselves. By focusing its resources on prevention, Uganda became the first country in sub-Saharan Africa to reverse its own epidemic, nearly halving its HIV prevalence. But in too many nations, resources are simply insufficient, and the gap between what people want to do and what they can afford to do is denying millions a chance to survive the onslaught. Together, we must do more to close the gap.

Today our National Institutes of Health is releasing the first-ever strategic plan for international AIDS research, a \$100 million blueprint for pursuing new research opportunities with universities in over 50 countries in Asia, Africa, Europe, and Latin America. Our administration has also launched the LIFE initiative, that in the last 2 years will likely triple U.S. investment in international HIV-AIDS efforts.

That is why we fought for and won passage of the global HIV/AIDS and TB relief act, which authorizes additional funding for prevention, care, and vaccine development, and why I signed an Executive order to help make AIDS drugs more affordable in sub-Saharan Africa, and why we are pushing Congress to pass—to respond to the Archbishop's comment—a vaccine tax credit and to put more resources behind the World Bank's AIDS trust fund.

Right now, it is a problem for our pharmaceutical companies because they know that while there is an enormous need for an AIDS vaccine, the people who need it the worst are the least able to pay for it. And we know that research is very expensive. So the best way we can help get the research done—we get the medicine, and then we'll worry about how to get it out there; we can do that, but we have to get the breakthrough first—is, in effect, gives these companies a tax credit for the research they do, so that the taxpayers share a hefty portion of the cost. And I hope and pray that the Congress will agree to adopt that when they come back in just a few days, or early next year at the very latest.

The Peace Corps is training every one of its 2,400 volunteers in Africa, every one of them, as prevention counselors. And the issue of HIV and AIDS in developing countries was put on the agenda this year for the annual G-8 Summit. I also made it an important part of our relationship with the European Union, and I have worked hard, as the Archbishop said, for debt relief and for mobilizing billions of dollars for the fight against AIDS. And finally, that is why the United States placed HIV and AIDS squarely before both the U.N. Security Council and the United Nations Millennium Summit.

This effort is now on the international agenda. We've got a long way to go, but those of you who worked hard to put it on the world's agenda should also know that you have succeeded, and we're only going to go forward, not backward, now.

Now, despite these efforts, we all know a lot more is needed. Much, much more is needed to make drugs for AIDS and related infectious diseases more affordable and accessible everywhere. I told you, just in the United States, with all of our wealth, we increased funding to help people buy drugs here in this country by a 1,000 percent, tenfold, in 8 years, and we didn't get a tenfold increase in drugs, because of the increase in the costs. So we know that we have to do more to help developing nations in this area.

We know that more is needed to ensure that countries have the health care infrastructure needed to effectively deliver the drugs and the treatment. As I said a moment ago, one of the things that really concerns me about the rising rates in some of the nations of the former Soviet Union is that they are accompanied by a real deterioration in the public health systems, systems which once worked under a very different social and political structure and have not yet been replaced by the kind of grassroots community networks that we see in a lot of other developing countries that were not part of a totalitarian system before. And it's something we have to work very, very hard on.

But let's not forget, as so many of you have proved, even limited resources, well used, can go a long way. And let's all remember that, for all their differences, the fight against AIDS here in the United States and the fight abroad have much in common. To begin, we need to understand that patterns of infection in the U.S. now actually mirror those found elsewhere, with

the burden falling most heavily on women, young people, poor people, and people of color. That makes our challenges more alike than different, both practically and morally. It means we must be more vigilant, both in targeting our resources and in overcoming prejudice.

Last August, in Nigeria, I was honored to meet John Ibekwe. He was sitting here on the front row, but his daughter started crying, and he took her out, which is a great expression of family values because he knew I was going to introduce him, and he took care of his child anyway. [Laughter] At an event during my trip, he told the story of his great love for his wife, whom he married even though she was HIV-positive and family and friends disapproved. He told how he pleaded with and lobbied with his pastor to persuade him that it was the morally right thing to do. He talked about how when he married, his wife became pregnant, and he became HIV-positive. And then he struggled to hold a job in the face of great prejudice. He told us how he saved enough money somehow for the drugs that allowed his baby to be born without the virus. And when he told this story, the President of Nigeria, President Obasanjo, and his wife stood on the stage, and they embraced John and his wife. I'm told the image had an electrifying impact all over Nigeria on how people should think about and deal with people with AIDS.

As I said, John and his daughter just walked out, but his wife is here, and I'd like to ask her to stand up. [Applause] Thank you. There they are. Thank you. John, with that kind of timing, I think you have a future in politics. [Laughter] That was well done.

Now, let me say something very serious. The second thing we have to do is to remember that AIDS everywhere is still 100 percent preventable. Prevention is the most effective tool in our arsenal. No matter the cultural or religious factors to be overcome, families must talk about the facts of life before too many more learn the facts of death. Meeting both these challenges—overcoming stigma and overcoming silence—will be impossible without the moral leadership that in so many places only religious leaders, like those who are here today, can provide.

In our tradition it has been said that AIDS is an epidemic of Biblical proportions. Maybe that refers to the sheer geographic scope or perhaps the numbers of people or the enormous

scale of suffering. But I think it also is an apt phrase because it implies that there is a required moral response.

In the New Testament of the Christian Bible, it says that when we bear one another's burdens, we fulfill the law of God. So I ask you to go forth here, remembering that a happy heart is good medicine, too. Do not grow weary in doing this. Know that the sequencing of the human genome will dramatically hasten the day when we will find a medical cure. But in the meanwhile, there are millions, indeed tens and tens of millions, of people whose lives are riding on our common efforts. We can do this if we do it together.

Thank you, and God bless you all.

NOTE: The President spoke at 12:13 p.m. in the Rankin Chapel at Howard University. In his remarks, he referred to Belynda Dunn, chair, National Association of People With AIDS; Archbishop of South Africa Njongonkulu Ndugane and his predecessor, Archbishop Desmond Tutu; H. Patrick Swygert, president, Howard University; John Ibekwe, president, Nigerian Network of People Living With HIV/AIDS; and President Olusegun Obasanjo of Nigeria, and his wife, Stella. The World AIDS Day proclamation of November 30 is listed in Appendix D at the end of this volume.

## Statement on a Study on Tobacco Use and Lung and Bronchial Cancer Rates

*December 1, 2000*

A new study by the Centers for Disease Control and Prevention and the California Department of Health Services demonstrates that over the last decade, California's extensive antismoking efforts have resulted in dramatic decreases in lung and bronchial cancer rates. These new findings remind us that the lives of Americans are at stake, not just in California but nationwide, and that comprehensive tobacco prevention and education efforts can make a difference.

More than 400,000 Americans die each year from tobacco-related health diseases, and more than 80 percent of them started smoking as children. That is why my administration developed a nationwide plan to protect our children from the dangers of tobacco, and I have continued

to call on Congress to affirm the FDA's authority to implement this plan and take other steps to ensure that our children have healthy, tobacco-free futures.

The tobacco companies spend 10 times more to market their products than all 50 States combined are spending on tobacco prevention and cessation. California's efforts demonstrate the progress that can be made when States use comprehensive tobacco control and prevention approaches, as recommended in the Surgeon General's recent report, "Reducing Tobacco Use." Today I again urge all States to implement these effective approaches, because we must all work together to improve our Nation's health and save our children's lives.

## Letter to Congressional Leaders on Modifications to the List of Beneficiary Developing Countries Under the Generalized System of Preferences

*December 1, 2000*

*Dear Mr. Speaker: (Dear Mr. President:)*

I hereby notify you of my intent to modify the list of beneficiary developing countries under the Generalized System of Preferences (GSP), which offers duty-free access to the U.S.

market for eligible products imported from designated beneficiary developing countries. Specifically, I intend to change the designation of "Western Samoa" to "Samoa," to reflect this nation's current name, in the list of beneficiary