

The 2016 Ryan White Conference on HIV Care and Treatment

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“ As we develop a national framework for this new era of public health, the lessons of the Ryan White HIV/AIDS Program will be front and center. ”

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Introduction

Thank you, Jim [Macrae], for that introduction and for your leadership at HRSA.

When I asked Jim's predecessor, Mary Wakefield, to join me as our Department's Acting Deputy Secretary, we left Jim with some pretty big shoes to fill.

But he wears them well.

In fact, with two great leaders back to back, I'm starting to wonder what's in the water over at HRSA headquarters – and why you all haven't started bottling and selling it.

I know that behind every good leader is an even better team.

So I also want to thank the hardworking team from HRSA joining us today.

And of course, I want to thank all of you – the thousands of professionals working hard on the ground, in your communities, every day.

The forward momentum we have in our fight against HIV and AIDS is the direct result of you pushing us all ahead – in towns and cities across the country, one patient and one family at a time.

Today, I want to start by looking at how far we've come against the HIV epidemic.

I want to touch on how the Ryan White program has played a role, and how this program – and each of you – helps us build a stronger public health system in the United States and around the world.

The HIV Epidemic

But to appreciate how far we've come, we need to acknowledge how tough the road really was.

The outbreak of HIV outpaced many of our best efforts in research and medical science.

Policymakers responded in fits and starts.

And discrimination and stigma too often stood in the way of saving lives.

Our nation could have done better.

In his groundbreaking work, *And the Band Played On*, Randy Shilts said the story of the fight against HIV and AIDS was, “*ultimately, a tale of courage as well as cowardice, compassion as well as bigotry, inspiration as well as venality.*”

We owe many of you right here in this room our thanks for showing us what courage looks like; for offering compassion to patients and their loved ones; and for inspiring us all to do better by them.

Ryan White's Story and His Program

When it passed 26 years ago this month, the Ryan White CARE Act was one way we tried to do better.

As the single largest program created to provide services to people living with HIV, the new program transformed our response to the HIV epidemic.

It didn't fight the epidemic from the top down.

It entrusted the direction of the fight against HIV to the people in these communities fighting this disease every day.

It recognized your strength and your insight.

That meant that as the needs of the epidemic evolved, so could the response.

The flexibility of the Ryan White program allowed the fight against HIV and AIDS to center on the patients.

Caregivers, physicians, and health care workers could collaborate to find the best possible outcome for each patient.

And these patients could manage their disease like other health issues.

Many could even return to normal life.

The success of the Ryan White program speaks for itself.

Clinics funded by the program retain more than 8 out of every 10 patients in their care.

And just as many have achieved “viral suppression,” keeping them healthy and making them much less likely to transmit HIV.

More than half a million Americans are living on the care and treatment you provide today.

That’s real success. That’s real progress.

And it’s why President Obama has called the Ryan White program “a cornerstone of our strategy to address HIV across America.”

The National HIV/AIDS Strategy

Our Administration laid out the first comprehensive federal strategy on HIV and AIDS in 2010, and we have made important progress in the six years since.

Today, more people have the coverage that can help them access lifesaving care.

Thanks to the Affordable Care Act, 9 out of every 10 Americans have health insurance today.

Millions of Americans have access to preventive services at no extra cost – services like testing for HIV.

And no one can be denied coverage because of their HIV status.

We’ve also made incredible breakthroughs in science and innovation.

Thanks to researchers at the National Institutes of Health, we know that early treatment of HIV can reduce the risk of transmission by an astonishing 96 percent.

And tools like pre-exposure prophylaxis, or PrEP, can cut the risk of HIV infection with a single, daily pill.

But we haven't lost sight of the patients in front of us.

We've made sure that people living with HIV get the care and treatment they need.

We've increased funding to HRSA's AIDS Drug Assistance Program – eliminating ADAP waiting lists and supporting services to people living with HIV.

We know that there are still some barriers today that get between HIV patients and the drugs they need, and we want to fix those.

But as we stand here today, more people have the coverage they need to access care, we have new tools and strategies to prevent HIV, and even more people living with this virus now get the care and treatment they need.

These are some strong steps forward.

And they get us closer – inch by inch – patient by patient –to that day when new infections are rare, and when every single American – regardless of where you grow up, who you are, or who you love – can get high-quality care without the shadows of stigma and discrimination.

That's our vision in this Administration, and you're helping us see it clearly every day.

Our Path Forward

At the same time as we see this vision, just over the horizon, the words of the old saying remind us:

“Beyond mountains, there are mountains.”

We still have an uphill climb ahead to slow and eventually end this epidemic.

You know the numbers.

More than 1.2 million people in the United States are estimated to be living with HIV.

Minority communities are particularly burdened – in 2014, African-Americans made up 12 percent of the U.S. population, but they accounted for 44 percent of all new HIV diagnoses.

Twelve percent of people with HIV still don't know that they have it. And a quarter of all new infections are among people between the ages of 13 and 24.

But thanks to the Ryan White HIV/AIDS Program, we have new tools in this fight.

This program has helped us realize that the old siloes in public health no longer work.

Instead, we need to work on social determinants that affect health and well-being.

At HHS, we're calling this approach Public Health 3.0.

It asks us to look at health and well-being as more than just the interaction between a doctor and a patient; not just how we care for people in emergencies and crises, but at how a patient's health interacts with economic well-being, education, housing, or the safety of the neighborhood.

As we develop a national framework for this new era of public health, the lessons of the Ryan White HIV/AIDS Program will be front and center.

The Ryan White HIV/AIDS Program has also taught us the importance of keeping patients in the center of their care.

Because HIV is such a complex and challenging disease, caregivers and doctors, social workers and nurses, all have to work together to help patients manage their illness.

And we've seen that coordinated care can actually help us lower costs, and help patients stay healthy.

It's the centerpiece of our effort to reform our health care delivery system.

The Ryan White HIV/AIDS Program also helped our approach to fighting this epidemic in towns and villages around the world.

Back in 2003, President Bush pushed us to respond to the HIV epidemic in nations around the world through the President's Emergency Plan for AIDS Relief, or PEPFAR.

It was a challenging proposition – to fight an illness this deadly and this complex in some of the most remote parts of the world.

Luckily, the Ryan White program taught us a thing or two about expanding HIV services for people in hard to reach areas.

We learned about the importance of investments in training health care providers.

And how to get the best technical assistance to the people who deliver that lifesaving care.

As a part of this program, your impact stretches far beyond the patients you see in your community.

You've helped us understand public health in new ways.

You've shown us how to build a health care system that works.

And by your example, you've helped our nation protect the health of people you may never meet – oceans and continents away – but whose lives you have changed, and saved.

Conclusion

But as we all know, this progress across our country and around the globe started with a single young man in Indiana.

And I'm told that his mother is joining us today. Jeannie White Ginder, we are so grateful for your years of advocacy.

Like every American who has faced an HIV diagnosis, Ryan White's life could be divided into a "before" and an "after."

And tragically for Ryan, that chasm between a before and an after opened up when he was just 13 years old.

When we ask children what they want to be when they grow up, they usually channel their hope and their imagination into the most fanciful job they can dream of – a ballerina, an astronaut, maybe even President of the United States.

For Ryan, like many people living with HIV, he just wanted to be a regular kid.

When Ryan turned 16, he proudly told his mom that he got his first summer job.

He was working at the local skateboard shop, putting skateboards together.

The one downside: They were only paying him three dollars and fifty cents an hour.

Not even enough to cover his gas to Indianapolis and back.

But as she later recalled, with pride in his voice, Ryan simply said, "I got a job ... just like everyone else."

For Ryan White, for the millions of Americans who have gone through life fighting illnesses as complex as HIV and AIDS, an ordinary life seems extraordinary.

Normal can sometimes seem like a miracle.

But because of you, and the Ryan White program, it's possible.

Thank you for making miracles happen every day.

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