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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED TO THE REGIONAL CONFERENCE ON

ADOLESCENTS AND HIV INFECTION

BETHESDA, MARYLAND

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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I'M VERY PLEASED TO BE YOUR GUEST THIS MORNING TO HELP GET THIS IMPORTANT MEETING UNDER WAY.

YOU HAVE A VERY FULL AGENDA, AND FOR THAT I WANT TO CONGRATULATE THE PLANNERS OF THIS MEETING, MY COLLEAGUES WITHIN THE U.S. PUBLIC HEALTH SERVICE AND THE LEADERSHIP OF THE SOCIETY FOR ADOLESCENT MEDICINE. I THINK THEY DID AN EXCELLENT JOB.

AND I'M ALSO VERY IMPRESSED BY THE QUALITY OF THE INVITATION LIST, THE PEOPLE WHO ARE ACTUALLY GOING TO WORK THEIR WAY THROUGH THE AGENDA FOR THE REST OF TODAY.

MINDFUL OF THE WORK AHEAD OF YOU, I WILL TAKE JUST A FEW MINUTES THIS MORNING TO SHARE WITH YOU MY OWN FEELINGS ABOUT THE SIGNIFICANCE OF THIS MEETING ... WHY I'M GLAD IT'S TAKING PLACE AND WHY I'M DELIGHTED THAT YOU COULD ALL MAKE IT.

FIRST OF ALL, THE FOCUS ON HIGH-RISK ADOLESCENTS IS NEW.

THE ALARM WE ARE SOUNDING IS ALSO FAIRLY NEW TO THE EARS OF THE GENERAL PUBLIC.

AND THE NEED TO BUILD STRONG, WORKING COALITIONS OF YOUTH-CENTERED AGENCIES IS CERTAINLY NEW AS WELL.

AS A VETERAN OF 8 YEARS IN THE FEDERAL BUREAUCRACY, I CAN TELL YOU THAT STARTING ANYTHING NEW IS A MAJOR ENTERPRISE IN ITSELF. CONSIDER, THEN, HOW DIFFICULT IT OUGHT TO HAVE BEEN TO GET THIS PARTICULAR INITIATIVE ROLLING.

NEVERTHELESS, IT IS ROLLING. AND THAT'S BECAUSE THE CONCEPT BEHIND THESE MEETINGS, ONCE HEARD, IS IMMEDIATELY UNDERSTOOD.

IT HAS BUILT INTO IT WHAT WE CALL THE "AH-HA!" FACTOR. YOU TELL PEOPLE WHAT YOUR IDEA IS ... THEY THINK ABOUT IT ... AND THEN AFTER A MOMENT THEIR EYES LIGHT UP AND THEY SAY, "AH-HA!"

THAT'S THE "AH-HA!" FACTOR ... AND IT'S ON OUR SIDE THIS MORNING.

AND NOT A MOMENT TOO SOON, EITHER. A SIGNIFICANT NUMBER OF PERSONS WITH AIDS -- THOSE IN THEIR TWENTIES -- MAY VERY WELL HAVE BECOME INFECTED AS ADOLESCENTS.

YOU ALL KNOW THAT, SO I WON'T DWELL ON WHY IT IS THAT WE'RE PAYING ATTENTION TO THE ISSUE OF ADOLESCENTS AND AIDS. RATHER, WHAT I DO WANT TO EMPHASIZE IS THE PRESSING NEED FOR US TO START ADDRESSING THIS ISSUE -- NOT JUST RECOGNIZE IT. WE'VE DONE THAT ALREADY.

NOW WE HAVE TO ADDRESS THE ISSUE IN A COMPREHENSIVE, COORDINATED MANNER. THAT MAKES OUR JOB A LITTLE HARDER, BUT THERE'S NO OTHER ROUTE TO TAKE.

ADOLESCENT HIV INFECTION IS A PUBLIC HEALTH PROBLEM ... BUT
IT'S ALSO MORE THAN THAT.

IT'S A PROBLEM FOR OUR EDUCATIONAL SYSTEM, THAT'S TRUE ...
BUT IT'S ALSO MORE THAN JUST ANOTHER PROBLEM FOR OUR SCHOOLS TO
SOLVE.

AND, YES, THIS IS A PROBLEM FOR OUR SOCIAL SERVICE SYSTEM,
TOO ... BUT IT'S GOING TO TAKE MUCH MORE THAN JUST SOCIAL
SERVICES TO SOLVE THIS ONE.

IN OTHER WORDS, IF WE'RE GOING TO SOLVE THIS PROBLEM OF ADOLESCENT HIV INFECTION, THEN EVERY PROFESSIONAL IN EVERY ASPECT OF HUMAN SERVICES -- EVERYONE WHO MAY HAVE AN INTEREST IN SERVING ADOLESCENTS -- EVERYONE OF US MUST BEGIN WORKING TOGETHER IN NEW MULTI-DISCIPLINARY RELATIONSHIPS CLEAR DOWN TO THE INSTITUTIONAL AND NEIGHBORHOOD LEVELS.

THE SUB-TITLE OF THIS CONFERENCE REFERS TO THE BUILDING OF CONSORTIA ... OF NEW ORGANIZATIONS AND NEW RELATIONSHIPS THAT BRING TOGETHER DIFFERENT YET COMPLEMENTARY SERVICES ... THE KINDS OF SERVICES THAT HELP INDIVIDUALS WHO ARE GOING THROUGH ONE OF THE MOST DIFFICULT PERIODS OF HUMAN GROWTH -- AND WHO ARE DOING SO IN A HIGH-RISKY, LIFE-THREATENING MANNER.

AND, MY FRIENDS, EVEN THOUGH THE HUMAN RACE HAS GONE THROUGH ADOLESCENCE EVER SINCE THE HUMAN RACE BEGAN ... WE STILL DON'T KNOW VERY MUCH ABOUT IT, NOR DO WE KNOW VERY MUCH ABOUT HOW TO HELP YOUNGSTERS GET THROUGH IT.

WE PHYSICIANS, FOR EXAMPLE, CAN ADVISE THE SCHOOLS TO TELL YOUNG PEOPLE ABOUT THE WAY THE AIDS VIRUS GETS INTO THE BLOOD-STREAM. BUT THAT ASSUMES THAT EDUCATORS ALREADY KNOW EVERYTHING THERE IS TO KNOW ABOUT TEACHING HUMAN BIOLOGY TO ADOLESCENTS. BUT THEY DON'T.

IF THEY DID, THEY WOULDN'T STILL NEED THE "BIOLOGICAL SCIENCES CURRICULUM STUDY." WE'D CLOSE UP THAT SHOP AND SEND ALL THOSE NICE PEOPLE HOME.

BUT WE WON'T.

ON THE OTHER HAND, EDUCATORS CAN ASK PHYSICIANS TO BE MORE FORTHRIGHT WITH YOUNG PEOPLE ABOUT SEXUALITY AND THE HEALTH CONSEQUENCES OF HIGH-RISK SEXUAL BEHAVIOR.

BUT IF PHYSICIANS COULD REALLY DO THAT EFFECTIVELY, WE WOULDN'T HAVE ANY TEENAGE PREGNANCY PROBLEM IN THIS COUNTRY, FOR EXAMPLE, AND THE ENTIRE MEMBERSHIP OF THE SOCIETY FOR ADOLESCENT MEDICINE COULD HOLD ITS ANNUAL BANQUET IN ANY NEIGHBORHOOD McDONALD'S.

BUT OBVIOUSLY THAT'S NOT THE CASE EITHER.

AND MEDICINE AND EDUCATION CAN'T HAND OVER THE PROBLEM OF ADOLESCENT HIV INFECTION TO OUR FRIENDS IN SOCIAL SERVICES TO SOLVE, BECAUSE THEY'RE IN THE SAME BOAT THE REST OF US ARE IN.

THE SOCIAL SERVICES PEOPLE DON'T HAVE ANY COOK-BOOK RECIPES FOR STOPPING TEENAGE VIOLENCE ... PREVENTING UNWANTED TEEN PREGNANCIES ... REDUCING SEXUAL PROMISCUITY ... ELIMINATING SUBSTANCE ABUSE AND EXPERIMENTATION ... OR ANY OTHER PROBLEM COMMON AMONG TEENAGERS.

THERE IS NO COOK-BOOK ... THERE ARE NO SIMPLE, MIX-AND-SERVE RECIPES THAT PRODUCE PALATABLE, WORKABLE ANSWERS TO THE SOCIAL, EDUCATIONAL, OR PUBLIC HEALTH PROBLEMS OF ADOLESCENT GROWTH.

I'M OVER-STATING THE CASE, OF COURSE ... BUT PROBABLY NOT BY MUCH.

BY NOW I HOPE MY POINT IS CLEAR TO YOU. IT'S SIMPLY THIS:

- * OUR SOCIETY IS FACED WITH A VIRULENT AND FATAL DISEASE
CALLED AIDS ...
- * AMONG THE MOST VULNERABLE POPULATIONS TO BE HIT BY AIDS IS
THE ADOLESCENT POPULATION ...
- * YET, DESPITE OUR TOTAL HUMAN EXPERIENCE WITH ADOLESCENCE,
WE'RE STILL TRYING UNDERSTAND IT AND TRULY HELP
YOUNGSTERS GET THROUGH IT SAFELY AND HAPPILY ...
- * BECAUSE WE DON'T WANT YOUNG PEOPLE TO BE LIFE-THREATENING
TO THEMSELVES -- OR TO OTHERS.

THAT'S MY POINT THIS MORNING.

I DO NOT FOR A MINUTE THINK IT'S A SIMPLE ONE. AND I DON'T THINK FOR A MINUTE THAT YOUR MEETING HERE TODAY WILL BE ANYTHING LIKE THE PROVERBIAL "DAY AT THE BEACH." IT WON'T BE LIKE THAT AT ALL.

FOR ONE THING, WE'VE GOT TO LOWER THE FENCES AROUND OUR RESPECTIVE PROFESSIONAL TERRITORIES. AND THAT'S NEVER EASY.

WE'VE GOT TO RID OURSELVES OF THE "TURF MENTALITY." WE CAN DO SOME OF THAT TODAY.

WE'VE ALSO GOT TO SHARE WITH EACH OTHER OUR POSITIVE AND OUR NEGATIVE EXPERIENCES WITH YOUNG PEOPLE. WHAT WORKS ... AND WHAT DOESN'T WORK.

PLEASE, LET'S NOT STAND BY AND WATCH EACH OTHER RE-DISCOVER SOME WELL-KNOWN WHEELS -- SQUARE ONES AS WELL AS ROUND ONES. WITH YOUNG LIVES AT STAKE EVERY DAY, WE DON'T HAVE TIME FOR THAT SORT OF THING.

LET'S SHARE OUR INFORMATION AND OUR EXPERIENCE TODAY ... AND WORRY ABOUT OUR EGOS TOMORROW, IF AT ALL.

AND LET'S THINK ABOUT COMPREHENSIVE CARE. LET'S THINK IN TERMS OF A SEAMLES WEB OF SOCIAL, EDUCATIONAL, AND PUBLIC HEALTH SERVICES.

LET'S NOT NIBBLE THIS PROBLEM TO DEATH OR REDUCE OUR VISION TO PIECEMEAL GLIMPSES OF THE TRAGEDY THAT IS BUILDING IN OUR SOCIETY. LET'S NOT DO THAT

AND WHILE THE PROBLEM OF ADOLESCENT AIDS IS IMMEDIATE ... WHILE IT'S DEFINITELY PART OF THE AMERICAN EXPERIENCE TODAY ... LET'S NOT BE CONTENT TO DEAL WITH IT ONLY IN TERMS OF WHAT CAN BE DONE RIGHT AWAY TODAY.

LET'S PLAN FOR A LONG-TERM EFFORT THAT WILL BE EFFECTIVE
WELL INTO THE FUTURE.

FOR WE MUST ALWAYS KEEP IN MIND THAT AIDS IS GOING TO BE
WITH US FOR A LONG TIME. WE'RE STILL YEARS AWAY FROM HAVING A
SAFE, EFFECTIVE, AND GENERALLY AVAILABLE AIDS VACCINE.

I KNOW THE GENERAL PUBLIC IS IMPATIENT WITH THIS IDEA ...
THEY'RE FRUSTRATED BY THE SLOW PACE OF VACCINE DEVELOPMENT. AND
I CAN'T BLAME THEM.

YET, I KNOW -- AS WE ALL KNOW -- THAT VACCINE DEVELOPMENT IS A VERY SLOW PROCESS. AND WE KNOW THAT THERE'S NO "QUICK FIX" TO THE SPREAD OF THE AIDS VIRUS.

THEREFORE, WE MUST PURSUE OUR DELIBERATIONS WITH THE THOUGHT ALWAYS IN MIND THAT THE PROBLEM WE'RE GRAPPLING WITH TODAY IS A PROBLEM WE'LL BE GRAPPLING WITH TOMORROW ... AND NEXT YEAR ... AND THE YEAR AFTER ... AND, I'M AFRAID, MANY YEARS AFTER THAT AS WELL ... RIGHT INTO THE NEXT CENTURY.

THAT'S NOT PESSIMISM. THAT'S REALISM.

IN ANY CASE, I DIDN'T COME HERE THIS MORNING AS A
PESSIMIST. TO TELL YOU THE TRUTH, DESPITE THE SIZE OF THE TASK
BEFORE YOU, I HONESTLY BELIEVE YOU CAN MAKE A DIFFERENCE -- A BIG
DIFFERENCE -- IN THE LIVES OF YOUNG PEOPLE TODAY AND TOMORROW.

I THINK THE CONSORTIUM IDEA IS A GOOD ONE ... AND IT MAY
WELL BE THE ONLY ONE THAT WILL WORK, FOR ALL THOSE REASONS I
MENTIONED A MOMENT AGO.

AND NOW, A FINAL WORD.

I'VE BEEN TALKING ABOUT YOUNGSTERS ... YOU WILL SOON BE TALKING ABOUT THEM AS WELL ... AND IT'S EASY TO ASSUME FROM OUR REMARKS THAT WE'RE TALKING ABOUT AN ENTIRE GENERATION.

BUT WE AREN'T.

WE DON'T KNOW EVERYTHING ABOUT ADOLESCENCE, BUT WE DO KNOW THAT YOUNG PEOPLE -- FOR ALL THEIR WILD BEHAVIOR AND EXPERIMENTATION -- TEND TO BE VERY CONSERVATIVE IN ATTITUDE AND THOUGHT.

YOU CAN ALWAYS TELL WHICH TEEN-AGERS BELONG TO THE MAN IN THE LOUD PLAID JACKET. THEY'RE THE ONES WHOSE CHEEKS ARE RED AND WHO ARE SLUMPED ALL THE WAY DOWN IN THEIR CHAIRS, HOPING NOT TO BE SEEN.

A SUBSTANTIAL NUMBER FAVOR THE DEATH PENALTY ... THEY OPPOSE ABORTION-ON-DEMAND ... THEY MAY TRY ALCOHOL AND TOBACCO, BUT A CLEAR AND LARGE MAJORITY FROWN ON BOTH THESE SUBSTANCES ... AND DRUGS ARE AN EVER-PRESENT DANGER, BUT MOST YOUNG PEOPLE SEEM TO REJECT DRUGS ON INTUITION AND INSTINCT, AS WELL AS ON THE SCRAPS OF INFORMATION THAT WE ADULTS FLOAT THEIR WAY.

MOST YOUNG PEOPLE IN AMERICA ARE JUST WONDERFUL, AND THANK GOODNESS FOR THAT. OTHERWISE WE WOULD REALLY BE IN TERRIBLE SHAPE.

SO LET'S FOCUS OUR ATTENTION WHERE IT IS NEEDED MOST ... ON THOSE SMALLER, SUB-POPULATIONS OF YOUNG PEOPLE WHO TRULY NEED OUR HELP -- IN SOME CASES, WHO DESPERATELY NEED IT.

BUT AT THE SAME TIME, LET'S REMEMBER THAT OUR GREATEST ALLIES IN THIS BATTLE TO SAVE THE LIVES OF SEVERAL MILLION AT-RISK ADOLESCENT BOYS AND GIRLS ... ARE ALL THE OTHER ADOLESCENT BOYS AND GIRLS WHO ARE NOT AT RISK.

THANK YOU ... AND BEST WISHES FOR A MOST SUCCESSFUL MEETING.

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