Ambassador Berry’s Remarks for  
Australian Medical Association National Conference  
National Convention Centre, Canberra  

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The Honorable Peter Dutton, Minister for Health and the Minister for Sport

The Honorable Catherine King, Shadow Minister for Health

Dr. Steve Hambleton, President of the AMA

Distinguished guests

Ladies and gentlemen

Health is a central theme of President Obama’s global development agenda, which calls for new and collaborative approaches to preventive medicine, combating disease, and working towards an AIDS-free generation.

U.S. and Australian engagement in health bolsters stability and growth around the world. Investing in better health care -- and working to prevent, detect, and respond to disease threats -- leads to healthier populations, stronger economies -- and more secure nations.

As the world becomes more interconnected, outbreaks of disease can spread quickly and have a much more devastating impact if we do not respond promptly and effectively.

So we are working in countries across the globe to improve local capacity to better understand and treat diseases as they emerge.

Together, our engagement has many facets, and today I’d like to highlight just a few of them:

- One is our leadership in global efforts to stop the spread of HIV/AIDS, tuberculosis, and malaria.

- Another top priority is improving health for women and children.

- At home -- because health is about more than just medicine -- we’re working to help our veterans and disabled Americans build new careers.

- Last, but not least, we’re looking to the future for public and private partnerships and major investments in research in areas such as neuroscience.
HIV is still one of the leading killers of people around the world. This disease has created millions of orphans, stalled economic growth and development, and mired countries in poverty.

In the early 1990s, it was estimated that infection rates in some sub-Saharan countries were as high as 1 in 3 adults. AIDS threatened to destabilize entire societies.

But the international community responded. It was a profound demonstration of hope, of love, and resolve. Deaths from AIDS are down 30 percent since they peaked in 2005. We have averted the worst scenarios, and we are making progress in finding a cure.

The President’s Emergency Plan for AIDS Relief – a program begun under President Bush in 2003 also known as PEPFAR – has rapidly expanded access to quality life-saving drugs.

In 2013, PEPFAR supported HIV testing and counseling for almost 60 million people, providing a critical entry point to prevention, treatment, and care.

Through the Global Fund, we are fighting to eradicate AIDS, tuberculosis, and malaria. For more than a decade, the Global Fund has helped develop partnerships between governments, communities, and private organizations to develop more effective techniques to fight these diseases.

Through 2013, the countries of the East Asia Pacific have contributed $2.3 billion to the Global Fund – 75% of which were donations from Japan – and received in return $3 billion for assistance projects throughout the region.

Together, U.S. and Australian contributions directly help Pacific nations – and we hope that together we can continue to support this very successful program as much as possible.

In July, I’ll be travelling to Melbourne for the International AIDS Conference. This will be an unparalleled opportunity for experts from around the world to discuss ways to better advance international cooperation in the fight against HIV/AIDS.

This conference will underline the global community’s collective responsibility on this front. We have accomplished much -- but every nation, including the United States, needs to do more if we are to see an AIDS-free generation.

One of the issues on the AIDS conference agenda will be providing better care to women and children.

A recent study found that HIV is the leading cause of death among women of reproductive age. This is made worse by gender inequality, differential access to services, and sexual violence against women.
Over the past two years, more than 1.5 million HIV positive pregnant women received help to prevent mother-to-child transmission and to improve maternal health. By providing anti-retroviral drugs, we have cut the risk of transmission to children to less than 5 percent.

That’s encouraging news -- but it’s 5 percent too much.

In some countries, the chance that a woman will die in childbirth is greater than the chance she will finish high school. That is tragic in itself, but maternal death can negatively affect her children’s survival, the economic viability of the family, and the community at large.

So we are working to make childbirth safer, and to ensure that women have more control over reproductive decisions. And we are working to improve women’s access to care.

Healthy children are more likely to finish school, to grow to adulthood, and to have better jobs when they grow up.

We provide immunizations to millions of children around the world so that they do not die from easily preventable diseases. However, because millions of children still die every year from vaccine-preventable diseases, we are expanding our programs to reach an additional 4 million children.

Our maternal and child health programs have been successful in cutting the number of child deaths almost in half from 1990 to 2012. Annual maternal deaths also fell by nearly half between 1990 and 2010. While these numbers are still too high, we’ve made a good start.

You may also have heard that we’ve been talking a little bit about health care in the United States, too. And while making health care affordable is tremendously important, there is a lot more to the discussion.

Over the past ten years, nearly 3 million service members have transitioned back to civilian life. More than a million more will join them as we draw down our military presence in Afghanistan.

Unfortunately, veterans who have served since 9/11 have a significantly higher unemployment rate than their civilian counterparts. There are a variety of reasons for this disparity -- including disability, lack of civilian work experience, and other barriers such as licensing and certification requirements that can make the transition tougher.

This is not acceptable.

So our President saw to it that our nation’s veterans and people with disabilities have greater access to jobs for which they are qualified.
The U.S. government has enacted federal legislation that provides tax credits to businesses that hire unemployed veterans. Those credits increase substantially if the veteran also has a disability or has been unemployed long term.

We have also set up a few programs for veterans who need to translate their military experience into civilian terms or who are having trouble navigating an unfamiliar hiring process.

MyNextMove.org is a website that helps veterans learn what civilian jobs require similar skills and training to the positions they held in the military. It also helps them develop more effective resumes.

Veteran Gold Card, a program run by the Department of Labor, provides six months of in-person services to qualified unemployed veterans. These include labor market analysis, referrals to employers and training, and career development planning.

But we didn’t want to solely rely on the private sector to take care of our veterans. As the federal government, we needed to lead by example.

And I am very proud to have played a part in that effort.

As director of the Office of Personnel Management, or OPM, it was my job to make sure that we hired the best possible workforce for the federal government. Veterans are amongst the most skilled and dedicated Americans, and we wanted to make sure that we did what we could to make the transition back to civilian life smooth and as easy as possible.

As part of the President’s Veterans Employment Initiative, OPM – along with the Department of Labor and the Department of Veterans Affairs – analyzed the hiring practices of 24 federal agencies. Some of them, such as the Department of Defense, were doing a fantastic job hiring veterans.

Others were not doing quite as well. We set 3 different goals for each agency, depending on where they ranked in the number of veterans they were hiring. We met regularly to see how we could improve agency processes.

Agencies with solid records were urged to maintain them -- and to do even better if possible. Others were encouraged to step it up (5%). And agencies lagging behind were told to “get in the game” (10%).

If we didn’t see improvement, we scheduled a meeting in the Oval Office. I’ll bet you understand that the thought of having to explain to the President why you weren’t doing a better job tended to encourage better results!
And we got results.

By 2012, we increased hiring of vets nearly 5% from when we started in ’09 – the highest share in 20 years. Disabled vet hiring grew from 7% to 9% over that same period, also reaching a new height.

For both disabled veterans and civilians, we also aggressively used new and existing federal accommodation programs. Our main goal was to eliminate any objection hiring managers might have to hiring a qualified candidate who just happened to need a little accommodation.

For example, the costs of making technological accommodations for disabled employees would be paid out of the budget of the Department of Defense, rather than the individual agency’s office. This removed a major obstacle for hiring an otherwise qualified candidate.

This consolidated approach made it easier and more cost-effective to procure items such as cueing and memory aids, assistive listening devices, screen magnification, and speech recognition software.

These technological accommodations allow us to hire great, qualified individuals who have a lot to contribute.

And that brings me to the last thing I’d like to talk about today.

President Obama believes that we can’t “win the future” without investment in innovation.

Better research and more innovation mean that the treatments available become better, more successful, and cheaper. And so the Obama administration is focusing heavily on investing in research and development.

Let me give you one example.

The costs of brain disorders – in both human and economic terms – are staggering.

The Alzheimer’s Association estimates the cost of the disease at $200 billion per year in the U.S. alone. Traumatic brain injuries account for more than $76 billion per year.

The scale of the problem is enormous, and the impact -- especially on patients and families, can be devastating. The good news is that even small advances can make a huge difference.
Every year government agencies, universities, research institutes, and pharmaceutical firms spend billions of dollars on neurological disorders. But we need to do more. We need to step up our support for research and development. We need more and better tools for research.

That’s why President Obama announced the launch of the BRAIN Initiative last year. He hopes that, building upon previous efforts, the BRAIN Initiative will lead to dramatic advances in our understanding of how the brain works. In turn, we hope that this will lead to cures for diseases such as Alzheimer’s and help us repair the damage caused by traumatic brain injuries.

In 2014 and 2015 alone, the President is dedicating $300 million to improve our understanding of the human brain and to develop better ways to diagnose, treat, and cure brain disorders. The President hopes that we can eventually map the brain as we did with the human genome.

The initiative is ambitious and wide-ranging, but achievable. An investment in innovative solutions and more research is an investment in our future.

And I am excited about the opportunities to partner with the Australian neuroscience community to make these investments.

Your first-class research facilities like the Queensland Brain Institute and Melbourne Brain Centre are not just cutting edge, but are "leading edge," in worldwide efforts to tackle these challenges.

Australia is a key partner in our efforts to accelerate progress toward a world safe from infectious disease and to promote global health security.

In fact, Australians already have a long history of medical innovation. From the bionic ear to the importance of taking folate in pregnancy, Australians have been at the forefront of medical advances:

- As I just mentioned, brain research being performed in Brisbane, Adelaide, Melbourne, and Sydney is producing results that are little short of miraculous.

- A young Australian woman studying in the United States may have found a cure for malaria.

- The Aussie who invented the HPV vaccine that protects women from cervical cancer may soon have a vaccine on the market for the herpes type 2 virus.

- The Burnet Institute in Melbourne has developed a quick – about 40 minutes -- $5 test to determine when an HIV positive patient should begin anti-retroviral treatment.
Just as the human genome project depended on the cooperation of researchers around the world, so will solving the health problems of the future. I can think of no better group of people to work with than Australians.

For 70 years, we have stood side-by-side as partners for peace and freedom and progress. We have gone to the Moon and driven together on Mars.

If we work together, there is no disease we cannot cure -- and no challenge we cannot overcome.

These are not just words. As my friend Jane Halton likes to say, these health challenges are personal.

All of us know someone who has died of AIDS, or is afflicted with Alzheimers, or who is disabled and struggling to find a job.

These personal stories weave the fabric of a tapestry that should be the ultimate motivation for our efforts.

And to finish up where I started, the United States is committed to improving the quality of life of people around the world -- whether a child suffering from HIV/AIDS in Uganda, or a veteran of Afghanistan coping with traumatic brain injury, or an Australian who suffers from mental illness.

These are personal stories.

Our personal and professional commitment should be to give our very best, every day, to take advantage of the opportunities we have to leave the health of the world in a better place than we found it.

Thank you. On our second date, over dinner, Tom told me that he had “It.”

I knew what “It” was. Everyone knew what “It” was, even if they didn’t like to talk about it. We also knew people were dying from “It”.

Tom said that if I didn’t want to pursue the relationship any further, he understood.

I told him that “It” would be a damn silly reason to abandon something that might turn out to be true love.

And true love it was – for nearly 10 years.

But, in 1996, this horrible disease had shrunk my 6’2” 200 pound athlete partner to less than 100 pounds. In June of that year, he died in my arms.
Thankfully, the world responded to the terrible “It” of 1985 – the disease we know as AIDS. As a result of passionate engagement and research, new drugs have given hope – and life – to millions.

In the early 1990s, it was estimated that infection rates in some sub-Saharan countries were as high as 1 in 3 adults. AIDS threatened to destabilize societies. It created millions of orphans and brought economic development to a screeching halt.

Even a decade ago, AIDS was – in many countries – still a death sentence. Societal and economic conditions in the worst affected countries hadn’t improved.

But, thankfully, the international community responded.

It was an amazing demonstration of hope, of love, and of commitment to human life.

And, today, things have changed.

Around the world, new HIV infections are down almost 33% since 2003. Deaths from AIDS are down 30% since they peaked in 2005.

This is very good news indeed, but we can do better.

I am a member of the generation that survived the worst of the disease at the very beginning. It falls to us to ensure that the next generation will not repeat the same mistakes. And that means educating our young people about prevention and transmission, sharing best practices, and supporting the research that will lead to prevention and a cure.

However, it is alarming that, in both Australia and the United States, new HIV infections are actually on the rise, particularly in young men.

HIV is not the common cold.

It only takes one unsafe encounter to contract this horrible disease.

Both the President and I hope that everyone will commit to an AIDS free generation.

We must ensure that the legacy of those we have lost is love. That their remembrance is a cure. And that we commit this terrible disease to the pages of history so that no one else loses a partner, a child, a parent, or a friend to AIDS.
Let me end tonight as I ended Tom’s eulogy. The final paragraph of Thornton Wilder’s classic *The Bridge of San Luis Rey* is a meditation on love.

“But soon we shall die and all memory will have left earth, and we ourselves shall be loved for a while and forgotten. But the love will have been enough; all those impulses of love return to the love that made them. Even memory is not necessary for love. There is a land of the living and a land of the dead and the bridge is love, the only survival, the only meaning.”