

*INTERNATIONAL CENTER FOR  
AIDS CARE AND TREATMENT PROGRAMS*

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*PROCEEDINGS  
December 1, 2009*

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*Ellen Grauer Court Reporting*

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**Min-U-Script® with Word Index**

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4 INTERNATIONAL CENTER FOR  
5 AIDS CARE AND TREATMENT  
6 PROGRAMS  
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11 Columbia University  
12 New York, New York  
13 December 1, 2009  
14 1:00 p.m.  
15  
16 PROCEEDINGS taken by SHARI COHEN, a  
17 Notary Public within and for the State of New  
18 York.  
19  
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21  
22  
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1 PROCEEDINGS  
2 PRESIDENT BOLLINGER: For a  
3 battle that takes place 365 days a year  
4 we know that the World AIDS Day is  
5 really just a symbol, an opportunity  
6 not only to raise awareness of the  
7 on-going global challenge, but to raise  
8 our sights and to take stock of our  
9 collective work in combating HIV AIDS.  
10 For those around the world and  
11 here at Columbia who are working on the  
12 front lines, today is also a chance to  
13 gather and to reflect both on what  
14 works and on what doesn't work, also to  
15 assess the long path ahead.  
16 This year Worlds AIDS Day theme  
17 is universal access and human rights so  
18 it's fitting that this symposium on HIV  
19 scale up and global health systems is  
20 co-hosted here at Columbia by two  
21 organizations that have admired leaders  
22 in bridging the treatment gap.  
23 Both the William J. Clinton  
24 Foundation and Columbia's International  
25 Center for AIDS Care and Treatment

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1 PROCEEDINGS  
2 Programs or ICAP have demonstrated  
3 transformative leadership in expanding  
4 access to prevention and treatment of  
5 HIV AIDS.  
6 Since 2004 ICAP has supported  
7 HIV AIDS prevention care and treatment  
8 programs and related activities in 13  
9 African countries. It was a great  
10 privilege of mine and my wife Jane to  
11 visit several of them at the very start  
12 of this a few years ago.  
13 Focused on strengthening health  
14 systems through comprehensive programs  
15 that address HIV AIDS as well as  
16 related health issues, ICAP uses a  
17 family centered approach focusing on  
18 service programs, training, research,  
19 monitoring and evaluation as well as  
20 education. It is a proven model of  
21 effectiveness even in areas of limited  
22 resources and challenging conditions.  
23 ICAP has provided more than  
24 750,000 people with access to HIV care  
25 and 358,000 individuals with HIV

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1 PROCEEDINGS  
2 treatment and has indirectly benefitted  
3 millions more.  
4 ICAP is one of the many  
5 initiatives at the Mailman School of  
6 Public Health led by our new wonderful  
7 Dean Linda Fried and indeed throughout  
8 Columbia University making great  
9 strides forward in the fight against  
10 HIV AIDS from Northern Manhattan to  
11 South Asia.  
12 Across the university the crisis  
13 of HIV AIDS is addressed in programs  
14 working in a range of disciplines and  
15 focusing at both global and local  
16 levels. For example, our School of  
17 Social Work Social Intervention Group  
18 is working with the University of  
19 Malaysia to identify forces that fuel  
20 HIV AIDS, the epidemic among commercial  
21 fisherman from Malaysia and neighboring  
22 countries.  
23 Columbia addresses the epidemic  
24 in our own community as well through  
25 the HIV Center for Clinical and

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1 PROCEEDINGS  
2 Behavioral Study, an organization  
3 created in partnership with the New  
4 York State Psychiatric Institute.  
5 Through this initiative we conduct  
6 interdisciplinary research on HIV AIDS  
7 related issues and offer outreach and  
8 support to HIV infected and affected  
9 populations in New York City. These  
10 are just a few of the many on-going  
11 initiatives across Columbia schools and  
12 institutes.  
13 We are deeply grateful also to  
14 President Clinton and the William J.  
15 Clinton Foundation for co-hosting this  
16 event.  
17 President Clinton has been an  
18 extraordinarily important leader in  
19 combating the HIV AIDS crisis. It's  
20 worth noting that in 1995 it was  
21 President Clinton who made the first  
22 official proclamation of World AIDS Day  
23 setting a precedent which prompted  
24 other world leaders to follow suit and  
25 since President Clinton has left

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1 PROCEEDINGS  
2 office, the William J. Clinton  
3 Foundation's work has made huge strides  
4 in closing the gap and access to HIV  
5 AIDS care.  
6 In 2002 President Clinton's HIV  
7 AIDS initiative was established working  
8 both with drug manufacturers to lower  
9 prices for anti viral treatment and  
10 with local governments to improve  
11 health care systems and deliver  
12 medicines.  
13 I'm also glad to say that  
14 despite his extraordinary global  
15 schedule, President Clinton has found  
16 time for several visits to our campus.  
17 We are very pleased with our  
18 collaborations sustained by his being  
19 in the neighborhood on 125th Street and  
20 we are also deeply proud of the fact  
21 that he's a friend and a parent.  
22 The work of organizations like  
23 the William J. Clinton Foundation and  
24 ICAP have had both tangible  
25 consequences on the lives of those

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1 PROCEEDINGS  
2 affected by AIDS while also paving the  
3 way towards improving access to  
4 critical HIV AIDS care.  
5 Recent figures from the CDC note  
6 that at the end of 2008 an estimated 4  
7 million persons in low and middle  
8 income countries were receiving therapy  
9 representing an increase of 36 percent  
10 over the previous year. We are very  
11 proud, the Mailman School, ICAP and the  
12 program and the Clinton Foundation have  
13 helped bring us together today to  
14 discuss the global and domestic state  
15 of AIDS and let me also say that just  
16 as we are in a world in which the  
17 financial media industry is  
18 experiencing a constriction in coverage  
19 of foreign news, it's all the more  
20 important that we have events like this  
21 to help us understand what's going on.  
22 Now I would like to introduce  
23 the panelists.  
24 Of course President Clinton,  
25 founder of the William J. Clinton

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1 PROCEEDINGS  
2 Foundation, Dr. Wafaa El-Sadr, director  
3 International Center for AIDS Care and  
4 Treatment Programs, also a MacArthur  
5 Fellow, C. Virginia Fields, president  
6 and CEO of the National Black  
7 Leadership Commission on AIDS, Kali  
8 Lindsey, senior director for Federal  
9 Policy, Harlem United Community AIDS  
10 Center and Dr. Stephen Lewis,  
11 co-director of the AIDS Free World.  
12 We are very pleased and proud to  
13 have all of these distinguished  
14 individuals here today. Thank you.  
15 MR. LEWIS: All of us having been  
16 introduced, we'll start immediately and  
17 I will direct the first reflective  
18 question to the President which is I  
19 think both an obvious question, but an  
20 important one which is quite simply why  
21 hold an event of this kind on World  
22 AIDS Day at this moment?  
23 PRESIDENT CLINTON: It is a  
24 question asked a lot, I'm honored to  
25 answer it and let me begin by thanking

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1 PROCEEDINGS  
2 President Bollinger and Dean Fried for  
3 having us back at Columbia and I want  
4 to thank our panelists.  
5 I think we should do it for two  
6 reasons because number one, Americans  
7 have tended to grow complacent about  
8 the challenges in America and about  
9 what it would take for us to adequately  
10 meet them and number two, Americans I  
11 think tend to assume that because of  
12 the dramatic increase in activity in  
13 the rest of the world because of the  
14 global fund, because of the PEPFAR  
15 program that President Bush initiated,  
16 because of the work of the Gates  
17 Foundation and the work that our  
18 Foundations do and others that we're on  
19 the way to a complete resolution of  
20 this globally and I don't think either  
21 one of those things are true so I  
22 wanted to do that.  
23 In America we have discreet  
24 populations of Americans where the AIDS  
25 infection rate is going up.

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1 PROCEEDINGS  
2 We still don't have every one on  
3 treatment. We still have not done as  
4 much as we could do on testing and  
5 prevention and other things and in the  
6 world I think we can say with some  
7 conviction that no one will not have  
8 AIDS this year because the drugs are  
9 too expensive or are in short supply,  
10 but a lot of people will die of AIDS  
11 and malaria and tuberculosis and  
12 co-incident cases because of the  
13 absence of health care systems out  
14 there to do the testing, do the  
15 education, do the prevention work, to  
16 do the -- distribute the medicine, to  
17 do the follow up and that's what I hope  
18 we'll talk about today, why we still  
19 need a World AIDS Day and I'll give you  
20 one example.  
21 We had a million people added to  
22 the treatment roles. We have more than  
23 4 million people in four countries  
24 throughout the world on treatment, half  
25 of them will contract our Foundation

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1 PROCEEDINGS  
2 negotiated including we have more than  
3 200,000 children on pediatric medicine  
4 which is more than 60 percent of all  
5 the kids in the world, but it's a tiny  
6 fraction of the children who need it  
7 and it's still barely over 40 percent  
8 of those in the world who need the  
9 medicine to stay alive, the rest of  
10 them are not getting the medicine  
11 primarily because there's no delivery  
12 systems out there so we need to talk  
13 about that and we need to talk about  
14 how we kind of let our attention slip  
15 here at home.  
16 MR. LEWIS: Thank you, sir.  
17 Wafaa, you've dealt so widely  
18 internationally. Yesterday WHO changed  
19 the guidelines on the initiation of  
20 treatment to begin it rather earlier  
21 which means I think objectively that  
22 there's probably something in the  
23 vicinity of over ten million people who  
24 require treatment now according to the  
25 guidelines with only 4 million

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1 PROCEEDINGS  
2 receiving it. There is tremendous  
3 anxiety in this country over what is  
4 described as the flatlining of the  
5 budget, of the administration's budget  
6 and the seeming pull back in providing  
7 the resources that are necessary to  
8 both sustain and increase the  
9 treatment. As a matter of fact, if  
10 this is not presumptuous or untoward, a  
11 group of quite thoughtful activists  
12 yesterday gave President Obama a D plus  
13 which is an unusual mark in this  
14 administration history for the response  
15 to AIDS and there is a very strong  
16 feeling that the slowing down and  
17 funding is going to compromise people's  
18 lives.  
19 Can you comment on all of that?  
20 DR. EL-SADR: Thank you very  
21 much, Stephen. I think if we step back  
22 and think about how we got to where we  
23 got, it was through tremendous  
24 mobilization and clearly groups like  
25 WHO have worked on this for years and

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1 PROCEEDINGS  
2 years including the President and  
3 Clinton Foundation, ICAP and many  
4 others have tried to mobilize the  
5 resources to make a difference and it  
6 really is tragic to reach a point now  
7 where we can reach, we can make a  
8 difference, we are starting to see  
9 improvement in life expectancy in  
10 countries like Botswana, decrease in  
11 mortality in countries like South  
12 Africa that we would not be able to  
13 reach the finish line essentially and  
14 to really advantage HIV both in terms  
15 of treatment and prevention.  
16 In reality even without the  
17 change in the guidelines meaning the  
18 WHO guidelines, even without changing  
19 the guidelines, we still have about  
20 two-thirds people who still need  
21 treatment today so I think the bar is  
22 much higher and it comes at a difficult  
23 time and difficult economic time and a  
24 time when people are making choices  
25 between the domestic epidemic, the

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1 PROCEEDINGS  
2 global epidemic, the other health  
3 threats that are facing the world and  
4 in a way it's a moment where we are  
5 stepping back and we are discussing  
6 today this morning in a full day  
7 symposium how HIV can catalyze  
8 transformation of health systems, how  
9 can we build on the foundation of what  
10 PEPFAR has established, what other  
11 people have funded and established, how  
12 can we build on that so that we can  
13 actually capitalize on the foundation  
14 to be able to reach to do much more.  
15 Nonetheless, without advocacy  
16 and without commitment of new funding  
17 unfortunately people will not get  
18 treatment and unfortunately women will  
19 not be treated and children will not be  
20 treated so on World AIDS Day we come  
21 together to re-energize all of us and  
22 on the cause and on the cause of  
23 maintaining and sustaining the  
24 commitment, the global commitment to  
25 HIV, the global commitment to the

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1 PROCEEDINGS  
2 health of poor people around the world  
3 and the global commitment to  
4 transforming the health systems around  
5 the world to systems that are humane,  
6 appropriate, high quality and  
7 effective.  
8 MR. LEWIS: Do you buy the  
9 argument which is more and more stated  
10 that too much money has gone to AIDS at  
11 the expense of other areas of health  
12 particularly maternal and child health  
13 and that there should be an extraction  
14 of some of the AIDS money for the other  
15 alternatives given the financial  
16 crisis?  
17 DR. EL-SADR: Unfortunately I  
18 find that that argument is not useful.  
19 It's often derisive and it takes people  
20 working who should work on the same  
21 side as enemies across together and I  
22 think the pie has to grow bigger, the  
23 commitment to health is vital to  
24 commitment to development and again  
25 synergizing between HIV, child health

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1 PROCEEDINGS  
2 and maternal health together in the  
3 context of strengthening health systems  
4 can actually get us all to achieve what  
5 we want so I think again it's not a  
6 useful argument to take away from HIV  
7 and put into something else. I think  
8 there is more potential for synergies  
9 and complimentaries and growing  
10 together and solving problems together  
11 rather than pitting people who should  
12 be really battling the same battle  
13 together.  
14 MR. LEWIS: May I say to  
15 colleague panelists that if they want  
16 to jump in on any discussion please do  
17 so and I saw you thinking thoughtfully  
18 to yourself, Virginia, do you want to  
19 comment?  
20 MS. FIELDS: No, just that it  
21 really becomes very derisive when we  
22 talk about whether or not one approach  
23 or one disease should be considered  
24 over another or if money should go in  
25 one area and the reality is we must

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1 PROCEEDINGS  
2 remain focused on all of this so that's  
3 the point I'm agreeing on.  
4 MR. LEWIS: Let me take you  
5 further into the domestic scene which  
6 is clearly important in this discussion  
7 and I'll admit to being an appalling  
8 ignoramus in the context of exactly  
9 what's happening in the United States,  
10 but I get the sense given that there  
11 were 53,000 additional -- more than  
12 53,000 new infections last year and  
13 such a disproportionate number within  
14 the African American community and  
15 particularly amongst women and the  
16 situation we've now learned is extant  
17 in Washington, can you make comment on  
18 all of that from your policy viewpoint  
19 that you've pursued?  
20 MS. FIELDS: I think that it is  
21 true that last year when the Center for  
22 Disease Control released its report it  
23 showed that there were far more new  
24 incidents of HIV than initially  
25 thought, 56,300. Among that population

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1 PROCEEDINGS  
2 we saw a disproportionate amount among  
3 people of color, African Americans,  
4 African American black gay men and  
5 black women. I think that what it has  
6 shown is that we must make sure that we  
7 know exactly where the resources are  
8 going and that the resources are going  
9 into the areas of greatest need and  
10 preliminary work that's been done by  
11 the National Black Leadership  
12 Commission on AIDS where I sit as  
13 president and CEO we're finding that  
14 that is not the case and the  
15 disproportionate numbers that we are  
16 seeing among black women, but when we  
17 see historically women of color and  
18 children have been heavily impacted by  
19 AIDS HIV since its inception and black  
20 women show unusual signs of AIDS very  
21 early on, but they were misdiagnosed or  
22 classified as prostitutes or not  
23 diagnosed at all and now only since  
24 1992 when the Center for Disease  
25 Control expanded its definition to

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1 PROCEEDINGS  
2 include not only tuberculosis,  
3 pneumonia, but Stage III of cervical  
4 cancer did we begin to see major  
5 changes for women living with AIDS so  
6 I'm sure that those numbers are also a  
7 part of what we are seeing now today  
8 and as we look today there are many  
9 issues that are impacting why perhaps  
10 we are seeing this disproportionate  
11 amount among especially black women.  
12 It goes to traditional  
13 relationship structures which I'm sure  
14 many in the audience can agree with and  
15 know about and negotiating. The use of  
16 condoms. You know these men will tell  
17 you things, baby, I'm okay, you know,  
18 you can trust me and it's not always  
19 the case. We've got to push for a  
20 safer sex, use of condoms, getting  
21 people tested, knowing our partners,  
22 reducing the number of partners. All of  
23 those things are a part of I think  
24 where we need to be going today so that  
25 we can reduce the disproportionate

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1 PROCEEDINGS  
2 impact within the African American  
3 community generally and black women  
4 specifically.  
5 MR. LEWIS: Kali, do you want to  
6 enter into this discussion?  
7 MR. LINDSEY: Yes. You know,  
8 it's interesting that we are talking  
9 about how we've grown since the  
10 beginning of the epidemic since 1992.  
11 I think that we've seen -- we've done a  
12 lot of work to expand testing to HIV  
13 testing, technology and medications for  
14 a great amount of people in the  
15 country, but knowing and understanding  
16 that there is far too many individuals  
17 that don't have access to health care.  
18 For the longest period of time I  
19 have been fighting for early access to  
20 treatment to people with HIV before  
21 they progress to an AIDS diagnosis.  
22 Still in 2009 you have to have AIDS  
23 before you qualify for health care  
24 through Medicaid.  
25 Even more astonishing to me is

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1 PROCEEDINGS  
2 that over 70 percent of the initials  
3 that are acquiring HIV in the United  
4 States are bisexual men. We don't even  
5 have a way to access or provide  
6 information to a more comprehensive  
7 public education and our schools  
8 doesn't speak to that, it doesn't  
9 provide them with the information that  
10 they need to protect themselves, to  
11 protect their families and communities.  
12 How can we really get control of  
13 the epidemic if we are not speaking in  
14 a language to the people that we need  
15 to talk to the most and then when we  
16 talk about access to resources, where  
17 can we find affordable clinics, where  
18 can we find quality food and nutrition  
19 in the areas that are most hardest hit  
20 by HIV and that's the poorest  
21 neighborhoods in the Harlem's, in the  
22 Detroit's, in the areas of our country  
23 that are the most populated by poverty,  
24 how do we speak to them and start to  
25 give them empowerment to start to

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1 PROCEEDINGS  
2 control their lives and control their  
3 susceptibility to HIV.  
4 MR. LEWIS: Thank you. You know  
5 it occurs to me that we're beginning to  
6 respond to the issues of sexual  
7 minorities internationally although  
8 very incrementally and in some way  
9 there are steps back when legislation  
10 is very punitive particularly anti-gay  
11 legislation, but around women we seem  
12 in many ways to be stalled. The  
13 disproportionate numbers of women which  
14 is a reality domestically as well as  
15 internationally, the world cannot  
16 adequately respond. Whatever it is that  
17 yields paralysis, the world around  
18 women, the gender and equality is so  
19 deeply entrenched we are just not  
20 making the kind of progress we have to  
21 make. We are still at 60, 61 percent  
22 of all of the population infected in  
23 Africa, 23 million people, 60, 61  
24 percent are women and much higher  
25 percentages between the 15 and 24 age

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1 PROCEEDINGS  
2 groups so where do we go around this  
3 particular issue which is so vexing and  
4 so appalling?  
5 MS. FIELDS: I'd like to say a  
6 couple of things we should look to do.  
7 First let's begin with the message. We  
8 need to have messages that relate to  
9 women across the board. I think there  
10 is still certainly a lot of  
11 misconception that only a certain level  
12 of women are becoming infected, low  
13 income women or women who are in the  
14 streets or women who are engaged in  
15 drug use.  
16 We need a message that speaks to  
17 all women that this is a disease that  
18 effects -- potentially can effect all  
19 women so that message must be directed  
20 to women of all ages, economic groups,  
21 geographical locations and as I talk,  
22 for example, and my organization will  
23 recognize this, one of the women's  
24 organizations which I'm a member of,  
25 the links service organization

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1 PROCEEDINGS  
2 phenomena that they had a convention  
3 about a year back last year and for the  
4 first time they had a session on AIDS  
5 and the title was What Does That  
6 T-H-A-T Have To Do With Me and once we  
7 began to talk about it, the  
8 transmission of this disease and how it  
9 effects all women, that turned around  
10 that conversation to encourage many of  
11 those same women to be active at the  
12 local level making sure that they get  
13 tested, they become more educated and  
14 to get involved so I think the message  
15 is important and the messenger is also  
16 important.  
17 We need to make sure that we are  
18 involving women who are living with  
19 AIDS to be talking about these issues,  
20 to be at the tables making the  
21 decisions about budgets, about  
22 policies, about programs and services  
23 and that they are not sitting on the  
24 sidelines when these kind of decisions  
25 are being made and I think at least

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1 PROCEEDINGS  
2 addressing the issues some from that  
3 perspective will lead us in a direction  
4 that I believe is certainly needed at  
5 this time.  
6 MR. LEWIS: Wafaa?  
7 DR. EL-SADR: I agree completely  
8 with my colleague. I think the issue  
9 is one needs to always reflect on what  
10 is the cause of that vulnerability of  
11 women in our midst in the U.S. and  
12 globally and it's very complex. It has  
13 to do with vulnerability of women in  
14 general, not just to HIV. There are  
15 lots of structural issues about  
16 poverty, social issues, empowerment  
17 issues, control of the economy,  
18 education, access to a lot of  
19 opportunities within societies and I  
20 think in a way one has to think of the  
21 vulnerability of women in the context  
22 of the societies in which they exist  
23 and unfortunately the societies have  
24 often not transformed themselves into  
25 equitable societies that care about the

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1 PROCEEDINGS  
2 women in a manner that could protect  
3 them.  
4 I think in a way our  
5 interventions have been maybe too  
6 narrowly focused. We thought about the  
7 vulnerability in terms of sexual  
8 exposure and protection from a specific  
9 partner rather than thinking of our  
10 interventions much more broadly based  
11 of really broad interventions, more  
12 structured interventions that are  
13 necessary and in this country, for  
14 example, issues about, you know, in  
15 many rural areas in the south where  
16 many of the men are in prison, the  
17 rates of imprisonment in our country is  
18 remarkable especially among African  
19 American men.  
20 The issue of the educational  
21 system of teen-agers and schools and  
22 equality of schools, all of these set  
23 vulnerabilities into motion and I think  
24 we need to reflect and think much more  
25 broad base how to protect women.

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1 PROCEEDINGS  
2 I also think we can't focus on  
3 women alone, we have to focus on the  
4 role of men. Men are very important  
5 and when we are focusing on  
6 vulnerability of women, one needs to  
7 bring the issues of boys and men and  
8 keep them front and central. I think I  
9 was just talking about a program that  
10 we are trying to envision that all men  
11 matter, men do matter when you are  
12 trying to work with women in the field,  
13 trying to protect women.  
14 It's very critical that both are  
15 raised in a society that enables  
16 respect across between boys and girls  
17 and therefore respect between men and  
18 women and there can be the potential  
19 for generation of relationships of  
20 equity and I think it's through these  
21 generations that hopefully we'll see a  
22 society where there's no violence,  
23 there's no sexual violence, there's no  
24 exploitation of women, there is  
25 protection of women as well as also

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1 PROCEEDINGS  
2 creating much more of a harmonious  
3 society and harmonious communities  
4 throughout the world.  
5 MR. LEWIS: Wafaa, those are  
6 generational things that take a lot of  
7 time and the women are being infected  
8 now and are in such a compromised  
9 position, what do you about --  
10 internationally what do you do about  
11 the significant transmission of the  
12 virus through sexual violence whether  
13 it's the politically orchestrated  
14 sexual violence of the Zimbabwe or the  
15 post election violence of the Kenya or  
16 the terrifying violence of a Congo or  
17 Darfur or indeed the kind of studies  
18 that have just been done in Swaziland  
19 which show that young girls have been  
20 subject to incredible degree of sexual  
21 violence within the home they thought  
22 before they did the study and it was a  
23 CDC study that it would in the schools  
24 and it turns out to be in the homes  
25 with intimate partners and relatives,

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1 PROCEEDINGS  
2 how do you deal with those things,  
3 Wafaa, how do we address them?  
4 DR. EL-SADR: It's a very tough  
5 question, but we have to address them  
6 today. I think again we need to  
7 approach it at multi level. I think we  
8 have to have the laws that protect  
9 women, the laws that punish the  
10 perpetrators of violence wherever that  
11 may be, that's very important and not  
12 only have the laws, but also respect  
13 those laws and take them to action so  
14 that people feel they will be  
15 responsible for their actions and then  
16 we need to work with the women that  
17 empower them to speak up, that this is  
18 not the norm, this is not what should  
19 happen, that this is actually abhorrent  
20 behavior that should be stopped and to  
21 enable them through working of women's  
22 groups for example women come together  
23 and one woman is able to speak up and  
24 she creates that environment where  
25 other women can speak up and low and

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1 PROCEEDINGS  
2 behold you have a group of women  
3 speaking up and I think it's an  
4 incremental process that would take --  
5 will not happen overnight, but I think  
6 it has to be at multi levels at all  
7 levels of society so that we can be  
8 working at all these levels to change  
9 and transform and protect these women  
10 from these very horrific events.  
11 MR. LEWIS: The President, you  
12 have been so deeply involved in all of  
13 this since you have traveled, can you  
14 make remarks on this?  
15 PRESIDENT CLINTON: First I think  
16 it's important to have individual role  
17 models who are respected and speak out  
18 and I agree with what Virginia said in  
19 countries where most effective people  
20 are young people or HIV positive who  
21 talk about it and refuse to be victims,  
22 keep in mind a lot of developing  
23 countries there is still a lot of  
24 stigma attached to it and still a lot  
25 of fear and just having people say

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1 PROCEEDINGS  
2 okay, here are the facts, I was raped  
3 and I have AIDS and medicine is keeping  
4 me alive and I refuse to be a victim is  
5 incredibly liberating to women to hear,  
6 young women.  
7 The same thing is true for young  
8 men. I wish that today on World AIDS  
9 Day if I thought about this I wish we  
10 had 100,000 personal stories on  
11 Facebook and You Tube and all these  
12 websites, just people and also with men  
13 saying I've got AIDS and it's really  
14 wrong for me to destroy women's lives  
15 or other men's lives and not behave  
16 responsibly. We just need to flood this  
17 out there and in this world it's highly  
18 empowering to have individuals.  
19 Then I think getting the groups  
20 together are important. I remember  
21 when I was President and I went to  
22 Africa in my second term and Hilary had  
23 been working on this whole issue of  
24 female genital mutilation and she  
25 started by getting women's groups and

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1 PROCEEDINGS  
2 there was always -- every time there  
3 was a women's group there was an  
4 auxiliary group of men who supported  
5 them and pretty soon just because  
6 somebody like us showed up and blessed  
7 them and they got publicity they  
8 couldn't be punished any more, they  
9 couldn't be isolated any more, they  
10 couldn't be marginalized anymore.  
11 I think a lot of this stuff  
12 happens not according to some real  
13 script, but almost organically it comes  
14 up if you could start it in the right  
15 direction and changing the culture is  
16 really hard and I confess, mostly we  
17 focus on just getting out there and  
18 testing people and getting them  
19 medicine, getting the children  
20 nutritional support and we ought to  
21 talk about that in a minute both in  
22 America and elsewhere, but I have seen  
23 this make a difference and I think it's  
24 the only thing that will make a  
25 difference because we all know that

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1 PROCEEDINGS  
2 people are most at risk at  
3 communicating the virus shortly after  
4 they get it when they are least likely  
5 to have been tested and found positive  
6 so this is important that we do this.  
7 MR. LEWIS: Kali, I think you  
8 wanted to say something on this?  
9 MR. LINDSEY: Yeah, I think it  
10 would be wonderful if we got to the  
11 point that we had 100,000 stories on  
12 Face Book, but there's a stigma that's  
13 attached to that as President Clinton  
14 was talking about and for myself also I  
15 know that as soon as I tell people that  
16 I'm a person living with AIDS at the  
17 age of 29 who found out that he had  
18 AIDS at the age of 23 after being  
19 diagnosed with AIDS in a hospital with  
20 104 degree temperature that there would  
21 be a lot less invitations to birthday  
22 parties and social events after this  
23 because there is still a stigma  
24 attached. No one wants to necessarily  
25 be associated with an individual with

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1 PROCEEDINGS  
2 the AIDS virus and we have to do  
3 something about creating a conversation  
4 to do something about the epidemic.  
5 We have to talk about sexuality.  
6 We have to talk about economic and  
7 structural barriers. We have to talk  
8 about the quality of education and  
9 what's going on in our communities and  
10 societies because only when we are able  
11 to have the conversations we are able  
12 to really respond to what's going on in  
13 the street.  
14 With all due respect to  
15 President Clinton, one of the things  
16 that we saw during the recent election  
17 was a celebration around the world from  
18 a tenor and a message that talked about  
19 things that we can do instead of things  
20 that we can't do and we need to find  
21 every opportunity to talk to people  
22 about how we can expand what we are  
23 able to do in this country, how  
24 Americans can act as a leader in the  
25 fight of AIDS instead of following

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1 PROCEEDINGS  
2 other individuals' footsteps, how can  
3 we step out in the forefront and teach  
4 the world how to take control of AIDS.  
5 MR. LEWIS: Go ahead, Virginia.  
6 MS. FIELDS: To add to what Kali  
7 just said with respect to stigma, there  
8 is also complacency. We find this to  
9 be a tremendous barrier as we work  
10 throughout this country in the 12 or  
11 more cities where the National Black  
12 Leadership Commission on AIDS now has  
13 affiliates. There is a sense of  
14 complacency that HIV AIDS no longer is  
15 a problem. Part of it is what people  
16 see on the television, they see on the  
17 billboards, if this person is living  
18 with it, they are okay and all I have  
19 to do is take my medication, not  
20 understanding again as we know there is  
21 no cure for HIV so this sense of  
22 complacency seems to be allowing or  
23 people are more comfortable with having  
24 unprotected sex and risking other ways  
25 of contracting the disease than perhaps

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1 PROCEEDINGS  
2 they should be so we have to break  
3 through that.  
4 Also people don't believe, for  
5 example, I was doing a radio show  
6 earlier this morning and every time I  
7 talk about the 9.5 minutes that CDC  
8 states a new person will become  
9 infected with AIDS and as I was looking  
10 at my watch I think I had been here at  
11 Columbia University for about 90  
12 minutes so that's probably what about  
13 10 or 9 more new persons who've become  
14 infected since we have been in this  
15 place today.  
16 People don't believe the  
17 numbers. The numbers are staggering so  
18 we must do more to talk about it. We  
19 must keep it in the forefront. We must  
20 do more of getting comprehensive sex  
21 education in our public schools as we  
22 are seeing the increase of sexually  
23 transmitted infections among younger  
24 people. We must talk about sex and I  
25 think the role of the black clergy is

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1 PROCEEDINGS  
2 playing in all of this is really making  
3 a difference in many of the cities  
4 where we are.  
5 MR. LEWIS: One of the things  
6 which is true of the United States is  
7 that and my country of Canada is that  
8 there are very, very few children who  
9 are ever infected, but in the world at  
10 large the reality of the need to treat  
11 children and the hundreds of thousands  
12 of children who are born HIV positive  
13 still every year we have not talked  
14 about children and one of the things  
15 the Mailman School did, Wafaa, I  
16 remember when Allen Rosenfield was dean  
17 was the emergence of the PMTCT Plus,  
18 The Prevention of Mother To Child  
19 Transmission Plus where the focus  
20 shifted in significant measure to the  
21 mother, something that the world had  
22 made little attention to before that  
23 moment.  
24 Wafaa, we are still seeing this  
25 terrible number of kids infected year

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1 PROCEEDINGS  
2 after year when the intervention  
3 through drugs should be pretty easy.  
4 Do you want to discuss that; we haven't  
5 talked about children yet?  
6 DR. EL-SADR: I think it's one of  
7 the -- there has been a lot of advances  
8 over the past several years and I think  
9 we need to really celebrate them, we  
10 can't forget how much progress  
11 happened, but in the arena with  
12 children with HIV we have a way to go  
13 and I think it requires and what we  
14 tried to do is reconceptualize the  
15 whole concept of how mother to child,  
16 prevention of mother to child  
17 transmission should be done by thinking  
18 of the mother, by thinking of the  
19 family as the unit of action and  
20 shaping the intervention and shaping  
21 the program so actually it can be a  
22 family approach so that women, pregnant  
23 women can come in to get care, get the  
24 attention they need, get tested, get  
25 the care they need for their own health

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1 PROCEEDINGS  
2 as well as to enable protection of  
3 their children, but nonetheless, I  
4 think in many ways we fail to make the  
5 connection that every single woman,  
6 every single pregnant woman gets  
7 tested, every single pregnant woman  
8 gets the care she needs and every  
9 single pregnant women can protect her  
10 child and her child needs to get access  
11 to the treatment that they need and I  
12 think that's where I think we need to  
13 continue to mobilize the resources to  
14 be able to reach literally millions of  
15 children at risk or infants at risk  
16 without having this enormous expansion  
17 of programs that are focusing on  
18 prevention of transmission.  
19 I think in many ways  
20 unfortunately part of prevention of  
21 mother to child transmission is a  
22 little island by itself and we have to  
23 bring it back into a holistic approach  
24 of comprehensive care to families with  
25 HIV and maybe if we put it into that

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1 PROCEEDINGS  
2 framework and bring it into the  
3 mainstream of HIV programs we actually  
4 might be more effective in reaching --  
5 in preventing new transmission, but  
6 also bringing new children who are  
7 already infected to get access to the  
8 treatment thanks to the work of the  
9 President and his foundation and  
10 providing access to those treatments,  
11 but I do think that it's going to  
12 require a concerted effort and new  
13 partnerships that are happening around  
14 the world to try to help and  
15 reconceptualizing protection of  
16 children and protection of families.  
17 MR. LEWIS: I want to make a  
18 quick confessional so I could sleep  
19 tonight. The people whom I work with do  
20 not use prevention of mother to child  
21 transmission. I'm using it because it's  
22 an easy phrase. We use vertical  
23 transmission because we refuse to  
24 demonize the mother. Nobody ever asks  
25 who infected the mother so when you say

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1 PROCEEDINGS  
2 mother to child transmission, you are  
3 immediately demonizing women which is a  
4 constant pattern in this world which we  
5 want no part, but the truth is that the  
6 pediatric AIDS dimension is something,  
7 Mr. President, that you have thrown the  
8 foundation into which was terribly  
9 neglected before you began to enter  
10 that arena and I remember seeing you in  
11 the Sutu when you were dealing with  
12 kids and it may be worth saying  
13 something about it.  
14 PRESIDENT CLINTON: Let me just  
15 say first of all on the prevention of  
16 mother to child, the thing that I have  
17 seen is if you have some sort of basic  
18 network out there and you get the word  
19 out, mothers don't want their kids to  
20 be born with HIV and they are very  
21 responsible. All you have to do is  
22 empower them to take this medicine and  
23 one of the things that I think we have  
24 to do, I agree with what you said,  
25 Wafaa, about not wanting to get AIDS

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1 PROCEEDINGS  
2 and fight with someone else for limited  
3 dollars, but one of the things that we  
4 see if you build elemental health care  
5 networks in very poor areas where they  
6 don't exist, everything gets better.  
7 You know, AIDS program gets better,  
8 malaria, tuberculosis, maternal and  
9 child health, somehow somebody shows up  
10 and some tropical diseases get treated  
11 that didn't get treated and I think  
12 this is an opportunity to overcome part  
13 of the problem that activists have with  
14 President Obama's project, I think that  
15 for whatever it's worth I personally  
16 strongly disagree with the condemnation  
17 because if you look at the  
18 circumstances that they are facing with  
19 budget and the other options we have to  
20 increase care including taking the food  
21 security budget and setting aside some  
22 for nutritional programs, it  
23 specifically targets people with HIV  
24 and AIDS and especially children and a  
25 lot of other things that can be done. I

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1 PROCEEDINGS  
2 think we can do more with this area and  
3 you have guys running this PEPFAR  
4 office, but anyway I think that the  
5 mother to child transmission every  
6 place in our HIV AIDS people and Neil  
7 Koenig is here today and maybe some  
8 other people from our initiative, they  
9 are really working hard on this and  
10 what we find is if you create an  
11 opportunity they do show up.  
12 If you say this is a problem  
13 hear, you empower people, they show up.  
14 Okay, test me, get me the medicine. We  
15 don't have -- when your children get  
16 involved, you don't have many of the  
17 reservations that still obtain about  
18 the stigma and the other things that  
19 you previously thought, at least that's  
20 our experience so I know I sound like a  
21 broken record but my belief is we do  
22 have nutritional problems, but the  
23 medicine treatment for the kids is  
24 about 60 bucks a year, the mother to  
25 child transmission and you all know

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1 PROCEEDINGS  
2 it's not very expensive, what we have  
3 to do is find an affordable and  
4 predictable revenue stream that will  
5 allow the building of these health care  
6 networks to continue.  
7 I think in the developing world  
8 that's the most important thing. Here  
9 it's a different story, but there I  
10 believe we can make breathtaking  
11 progress on the mother to child  
12 transmission if you have the people out  
13 there in enough places and essentially  
14 you have the global funds and PEPFAR  
15 to be fair is increasingly spending  
16 some of its money on the health  
17 systems.  
18 UNITAID which was set up to  
19 fight diseases of the poor funded  
20 primarily from the French airline tax  
21 decided originally they would be 100  
22 percent in the medicine business, they  
23 gave us a very small percentage of the  
24 overhead to help build out the networks  
25 to deliver, but that's something I

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1 PROCEEDINGS  
2 think we should all be thinking about.  
3 Do we really have our focus on  
4 medicine, on nutrition or anything else  
5 undermine our awareness that there has  
6 -- and we're not talking about  
7 expensive systems here, but just  
8 elemental systems for medical  
9 distribution, checking on adherence,  
10 you know, freezing the blood sample or  
11 refrigerating the blood samples and  
12 transporting them, just stuff that  
13 doesn't cost a lot of money, but makes  
14 all the difference in life and death  
15 out there, that's what I think we  
16 should be focusing on more in the  
17 developing world.  
18 AUDIENCE MEMBER: Mr. Clinton,  
19 will you speak Secretary Clinton about  
20 fully funding PEPFAR's global fund?  
21 Otherwise we won't achieve universal  
22 access and people will die needlessly.  
23 PRESIDENT CLINTON: That's a good  
24 speech, young man, and I appreciate and  
25 I intend to speak to her about it, but

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1 PROCEEDINGS  
2 what would you do if you were the  
3 President, maybe you would say he  
4 should not spend any money in  
5 Afghanistan, but we have -- wait, wait,  
6 wait, I wouldn't say that by the way,  
7 but I'm very sympathetic with the  
8 problem he's in. He just spent \$800  
9 million and the congressional budget  
10 office said it created I think 600,000  
11 and a million-and-a-half jobs. He's in  
12 a terrible bind. He has to get this  
13 money from China. They are trying to  
14 reform the health care system. I  
15 personally believe that you can't have  
16 universal health insurance in a way  
17 that does not benefit people with HIV  
18 and AIDS. I think if we get universal  
19 health care out there it will help a  
20 lot to fund the network we need that  
21 will improve care for people with HIV  
22 and AIDS and I have not talked to  
23 anybody, I didn't know anything about  
24 this I must tell you.  
25 I respect your request. I'm

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1 PROCEEDINGS  
2 embarrassed to say I didn't know what  
3 the budget request was until I started  
4 doing the preparation for World AIDS  
5 Day so I have no idea what the White  
6 House response is, but I know this, if  
7 they pass the health care bill, you  
8 will get a lot more money spent on HIV  
9 and AIDS and if we pass the food  
10 security initiative we will have a lot  
11 more nutrition aid for people with HIV  
12 and AIDS around the world.  
13 Yes, I will speak to them, but I  
14 want to tell you the President has a  
15 nightmare economic situation and the  
16 Congress is coming down on him day and  
17 night while he's trying to get  
18 universal health care which will help  
19 people with HIV and AIDS and he's also  
20 cut back on some of Hilary's  
21 development budget which I didn't like  
22 either, but I have been there and  
23 somehow he has to deal with.  
24 I will speak with him. I think  
25 that they may think America has done so

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1 PROCEEDINGS  
2 much more than everyone else they can  
3 slow down and I don't agree with that,  
4 but let's look and see where there's  
5 other money that we might get.  
6 Let's look and see whether what  
7 if we shifted some money into the  
8 global fund where every dollar we put  
9 up is supposed to be matched by two  
10 dollars from other sources. Are they  
11 prepared to do that. Should we do more  
12 multi-laterally in this regard.  
13 Let's look and see if the food  
14 security initiative which the President  
15 basically charged Hilary with  
16 developing and implementing if that --  
17 how much of that money could be used  
18 for people with HIV and AIDS in the  
19 poor countries.  
20 I think you have a legitimate  
21 point, but the last thing we need to do  
22 is back up. We are only treating 42  
23 percent of the people who need this  
24 medicine to stay alive and a smaller  
25 percentage of the children and every

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1 PROCEEDINGS  
2 time I give a speech and I say that our  
3 partnership with UNITAID has treated  
4 two-thirds of all the poor children in  
5 the world and are getting medicine and  
6 people clap, I make them stop because  
7 then I tell them what a lousy  
8 percentage it is of the total number of  
9 kids that need the medicine to stay  
10 alive so I am extremely sympathetic  
11 with what you said, but I also have to  
12 defend the miserable position the  
13 President and his budgeteers are in  
14 under these circumstances and just  
15 remember at least in America if we get  
16 this health care thing, it will improve  
17 AIDS care, it will.  
18 If we change the Medicaid  
19 guidelines to comport with the testing  
20 recommendations which they could  
21 probably do by executive action, that  
22 that will make a huge difference. There  
23 are other things we can do and I  
24 promise you now that I'm aware of this  
25 I will do my best to squeeze more blood

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1 PROCEEDINGS  
2 out of the term and I thank you.  
3 MR. LEWIS: I want personally to  
4 thank the obstreperous intervention  
5 from I think a health gap calling  
6 because you are a hell of a lot better  
7 than the moderator.  
8 PRESIDENT CLINTON: It was really  
9 good, thank you.  
10 MR. LEWIS: Any other heckling  
11 spasms you would like to invoke?  
12 AUDIENCE MEMBER: What about  
13 needle exchange?  
14 MR. LEWIS: Let's take a moment  
15 then and raise the fact that we are now  
16 entering into the concentrating  
17 epidemics of men having sex with men,  
18 sex workers and injecting drug use and  
19 this fellow was talking about needle  
20 exchanges.  
21 PRESIDENT CLINTON: Let me just  
22 say this, first of all, we should also  
23 give the administration credit for  
24 changing this policy on people with HIV  
25 and AIDS coming to America. I'm

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1 PROCEEDINGS  
2 ashamed of that and that's why we will  
3 get the international AIDS meeting  
4 here. I changed my position on needle  
5 exchange. I think it saves lives and I  
6 think the thing that -- one of the  
7 things that at least we ought to do is  
8 I remember the Republican Congress went  
9 and the President went -- the then  
10 President took away the local options  
11 from the District of Columbia, isn't  
12 that right, and I think that at a  
13 minimum since a lot of these problems  
14 are highly concentrated in urban areas  
15 if they don't want to fade their seat  
16 now one of the things you might  
17 consider doing that I would strongly  
18 support is giving this decision back to  
19 the community AIDS networks and the  
20 local governments involved because I  
21 think there's no question of what we do  
22 here in Harlem, there is no question of  
23 what we do in most of New York City, no  
24 question of what would happen in  
25 Washington, DC where we have a terrible

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1 PROCEEDINGS  
2 problem on our hands so I agree with  
3 you.  
4 I think this was a decision made  
5 by people who live in the areas where  
6 it's not a problem and people are  
7 queasy about drug use that effect the  
8 lives of people who live in areas where  
9 it is a problem and if they don't want  
10 to come out and flat out endorse needle  
11 exchange, you ought to ask them to give  
12 it back and have a local option and I  
13 think that a lot of our communities,  
14 our Harlem AIDS clinic, I think, you  
15 know, we could make a lot of good  
16 happen out of that.  
17 MR. LEWIS: I anticipate there  
18 might be others who could not be  
19 restrained.  
20 AUDIENCE MEMBER: (Inaudible).  
21 PRESIDENT CLINTON: If we do any  
22 more in America, we couldn't do it  
23 without adding that. What we are doing  
24 around the world is providing care for  
25 anybody that shows up that needs it

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1 PROCEEDINGS  
2 including men who have sex with women.  
3 Everywhere we work we try to treat  
4 whoever needs the medicine to stay  
5 alive without discrimination to do  
6 outreach all the population that need  
7 it everywhere in the world we work.  
8 We are not particularly active  
9 here in the United States and one of  
10 the reasons I wanted to have this  
11 meeting today is that I think we all,  
12 not all of us, not the other panelists,  
13 but people like me who think we know  
14 and care a lot about this got a little  
15 too casual about the problems sneaking  
16 back up us on in America and assuming  
17 dimensions that were not properly being  
18 managed so the short answer of your  
19 question is if I could figure out some  
20 place we could make that contribution  
21 consistent with our obligations around  
22 the world which are very large and  
23 include selling medicine in 70  
24 countries and having public health  
25 network in more than 30, yes, I will do

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1 PROCEEDINGS  
2 that and in other countries we do that  
3 right now and we should, everybody  
4 should.  
5 MR. LEWIS: Can I just make the  
6 point and abuse the moderator's  
7 privilege for a moment to say that the  
8 mantra the slogan for World AIDS Day  
9 this year is universal access which  
10 meant full treatment, prevention and  
11 care by the end of 2010 which is  
12 obviously not going to happen and human  
13 rights and one of the phenomenal moves  
14 backward that's presently occurring  
15 internationally on human rights is what  
16 is happening to men who have sex with  
17 men in Uganda in light of a new bill, a  
18 private members bill that's been  
19 introduced into the parliament without  
20 the objection so far of the President  
21 or of his cabinet so it's proceeding at  
22 a pace.  
23 It's a bill which not only  
24 prescribes life in prison for anyone  
25 who's gay, but it also demands of

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1 PROCEEDINGS  
2 everyone in society whether parent or  
3 teacher or doctor or nurse or civil  
4 society activist or whoever if they  
5 suspect or know a person man or woman,  
6 child, a boy or girl who may be gay  
7 they are to report it to the  
8 authorities within 24 hours and on top  
9 of that any HIV positive gay man who  
10 has sex with another gay person is  
11 subject to the death penalty.  
12 It's the most hideous erosion of  
13 human rights and speaks to the  
14 phenomenon that 77 countries in the  
15 world have anti-gay laws and 40 of  
16 those 53 countries are in the  
17 Commonwealth and it's in fact becoming  
18 a very serious issue in the combat of  
19 AIDS in the concentrated epidemic among  
20 men who have sex with men.  
21 I've been given the signal for  
22 one final question. Can I ask each of  
23 you quickly to give a brief sense of  
24 where we should now go. If we were  
25 speaking to young people in particular,

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1 PROCEEDINGS  
2 what is the battleground, how do we  
3 wage this fight here.  
4 Let's start with Kali and we'll  
5 move across quickly.  
6 MR. LINDSEY: I think that really  
7 for me it's love, access and education.  
8 We first have to teach people that  
9 there is love out there, there is  
10 opportunity out there for them and that  
11 those individuals that are being lost  
12 to the system, that are being lost in  
13 the educational system, that are being  
14 lost to poverty, that are being lost to  
15 homelessness because they have come out  
16 in their homes and have been ejected  
17 from their household and forced to face  
18 life on their own like so many people  
19 that are sitting outside of the Ruth  
20 Ellis Center in Detroit, Michigan and  
21 are outside at 4:00 in the morning  
22 without a roof over their head because  
23 they came out to their parents, we have  
24 to establish a system of love in our  
25 country and adapt a zero tolerance for

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1 PROCEEDINGS  
2 any type of abuse or neglect to any  
3 children in this country.  
4 We have to provide comprehensive  
5 and appropriate education to our  
6 children so they know how to compete in  
7 our global economy so they have live  
8 skills so they can take care of  
9 themselves in this world and country  
10 and they have to have access to health.  
11 They have to have access to  
12 quality and affordable education, not  
13 only on a primary and secondary level,  
14 but they also have to have access to  
15 higher education to be competitive in  
16 this world and finally they have to  
17 have access to health care.  
18 With 50 percent of people not  
19 having access to health care in this  
20 country, 21 percent who don't know they  
21 are infected and 29 percent who have  
22 HIV we can't get access to the  
23 medications that would keep them alive.  
24 It's absolutely intolerable in this  
25 country in the United States of America

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1 PROCEEDINGS  
2 and we have to do something about that  
3 today.  
4 MR. LEWIS: Thank you.  
5 MS. FIELDS: I agree wholly would  
6 also say on the government side we have  
7 to invest in prevention. I think  
8 roughly the budget now allows roughly  
9 about 4 percent for prevention and when  
10 we invest in prevention to make sure  
11 the resources are going to those areas  
12 and communities of greatest need so  
13 that we can provide the education, we  
14 can work with the women, the girls, men  
15 who have sex with men and young gay men  
16 now who are also increasing -- the  
17 numbers are increasing in terms of  
18 infection so while we do this work on  
19 the treatment, the care, the housing  
20 which is necessary and we must  
21 continue, but we must focus on what can  
22 we do on the prevention side so we can  
23 begin to keep the numbers down and the  
24 best way I know working through many of  
25 the faith and community based

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1 PROCEEDINGS  
2 organizations and partnering with  
3 health departments throughout the  
4 country and working with other groups  
5 who have focused on these kind of  
6 issues; outreach, education, getting  
7 people educated, getting people tested.  
8 We have to do more in terms of  
9 getting people tested. Here in New  
10 York State we are continuing to work to  
11 try to turn the public law around with  
12 respect to routine testing. We need to  
13 have routine testing and not have  
14 barriers to people getting routine  
15 testing.  
16 Of course we have to look at  
17 something we have not said much about  
18 today, but I think we have to give much  
19 more attention and that's the  
20 incarcerated population. As more  
21 people are being released from prison  
22 coming back into the communities  
23 reestablishing relationships across the  
24 board, we must be concerned and  
25 Congresswoman Maxine Waters has

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1 PROCEEDINGS  
2 phenomenal legislation to address this.  
3 We need to get behind that legislation  
4 that will require testing going in and  
5 testing coming out and lastly I would  
6 say on behalf of the many clergy  
7 members working on these issues across  
8 the country that there's a very  
9 important piece of legislation H.R.  
10 1964, the National Black HIV AIDS  
11 Elimination Act that is designed to  
12 address much of what we are talking  
13 about here today.  
14 The disproportionate impact of  
15 HIV AIDS within the black community  
16 including MSNs must be addressed by  
17 people who have the experience, have  
18 the knowledge and have invested in  
19 making this legislation a reality.  
20 It's comprehensive, it's bold and it  
21 touches among all of the areas that we  
22 have been discussing today so  
23 legislation is important. Thank you.  
24 DR. EL-SADR: I agree with the  
25 previous two speakers. I do think we

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1 PROCEEDINGS  
2 know what works. We know what works in  
3 prevention, we know what works in  
4 treatment and we need to use our  
5 knowledge, the evidence we have and go  
6 out there and implement it where it's  
7 needed and scale it up.  
8 Like the President was saying we  
9 need to take action and we can't wait,  
10 we need to take the needle exchange  
11 work to take it to action and to take  
12 it to scale. Working with communities,  
13 MSNs and African American communities  
14 we need to take that to scale. We have  
15 interventions that we know work, but we  
16 have not taken them to scale, we  
17 haven't implemented them and I think  
18 there's a very important other area  
19 that we need to invest in that's not  
20 been mentioned before and that's  
21 research.  
22 There's lots of unanswered  
23 questions. We've made enormous  
24 progress through research and discovery  
25 in terms of how to tackle this

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1 PROCEEDINGS  
2 epidemic, but there needs to be  
3 continued investment in research.  
4 Research into new ways how to prevent  
5 transmission and better treatment for  
6 people living with HIV.  
7 How to do operations, how to  
8 implement these programs, how to scale  
9 them up, how to develop these networks  
10 whether they be in New York or Harlem,  
11 there is a lot of room for inquiry and  
12 knowledge generation that needs to  
13 continue -- we need to continue to push  
14 on learning more because I think  
15 through learning more we are able to do  
16 more.  
17 MR. LEWIS: Thank you. Mr.  
18 President?  
19 PRESIDENT CLINTON: First, I  
20 agree with what's been said. I  
21 particularly want to emphasize the  
22 importance of listening to people in  
23 discreet populations whether it's men  
24 who have sex with men, whether it's  
25 women who have sex with lovers who got

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1 PROCEEDINGS  
2 out of prison, but I think you have to  
3 listen to whether it's kids that are at  
4 risk population and turn off all the  
5 messages because they look like they  
6 come from old gray haired people like  
7 me and it's boring, we have to figure  
8 out a way to reach people and I  
9 particularly think that we have made a  
10 colossal oversight not doing more with  
11 the imprisoned population. In general,  
12 in general 90 percent of the people in  
13 jail are getting out and now of course  
14 there's all this controversy over this  
15 terrible incident of the shooting of  
16 the police officers in Washington and  
17 whether that man sentenced should have  
18 ever been commuted in Arkansas and  
19 whether he could have been held in  
20 Washington, I don't know about the  
21 facts, but most people released from  
22 prison is automatic, has nothing to do  
23 with clemency. Ninety percent of the  
24 people who are there are going to get  
25 out and we spent all this money to

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1 PROCEEDINGS  
2 warehouse them, put them with people of  
3 the same sex, I think even now only  
4 Mississippi unbelievably is the only  
5 state in the country that allows  
6 conjugal visits for heterosexual  
7 couples. I think they still are and so  
8 -- and by and large education is  
9 limited.  
10 There were scores of great  
11 college education programs in prison  
12 and almost zero reticisim rate until  
13 1995 when the Republican Congress in  
14 one of the first acts after taking  
15 majority was to prohibit program funds  
16 to defray the cost of the college  
17 education so now they went from scores  
18 down to about 11 of which are in New  
19 York I'm proud to say thanks to NGO  
20 here, but we need to go back and go  
21 back to square one on this prison  
22 population and really try to  
23 dramatically reduce the number of  
24 people who are infected while they are  
25 in prison or their inclination out of

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1 PROCEEDINGS  
2 desperation spider whatever to infect  
3 others when they get out. I think  
4 that's important.  
5 I know I sound like a broken  
6 record, but I have seen it too many  
7 times. You train a few community  
8 health workers, you have basic -- I  
9 mean very basic refrigeration and lab  
10 facilities, build national networks and  
11 we'll get the medicine out there and  
12 we'll get the money for it out there  
13 and we'll save the lives.  
14 I will do what I promised the  
15 gentleman over there to do about the  
16 budget, but in the meanwhile I hope you  
17 will hold your fire. They still have a  
18 few cards to play and the President is  
19 in a terrible situation. I do think we  
20 will wind up doing more here and I  
21 think it's imperative that we do. You  
22 cannot be satisfied with the fact that  
23 we increased from 3 to 4 million the  
24 treatment last year when there's more  
25 than five million who need it and we

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1 PROCEEDINGS  
2 have to keep working on driving the  
3 prices down, driving the quality up and  
4 getting the systems up there and that's  
5 what I believe in the rest of the  
6 world. In America it's more discreet  
7 challenges. Thank you.  
8 MR. LEWIS: Let me on your  
9 collective behalf ask you to exert one  
10 further round of appreciation for our  
11 panel. I'm going to call on Dean Linda  
12 Fried who has some final words to say.  
13 I'm sorry, the panel discussion is  
14 complete. Direct your attention to the  
15 Dean.  
16 DEAN FRIED: Good afternoon and I  
17 want to end this really fabulous  
18 discussion with several comments.  
19 First of course HIV AIDS is a  
20 public health problem, but I think the  
21 discussion that we just had among our  
22 wonderful panelists exemplifies that  
23 the solutions sit with all of us and  
24 all of us appreciating what a  
25 multi-sectoral solution might be which

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1 PROCEEDINGS  
2 is appreciating the complexity of the  
3 problem and solving it together with  
4 new knowledge.  
5 I want to thank very much both  
6 the whole audience for being part of  
7 this and our distinguished panel for  
8 leading our thinking as we take stock  
9 of where we are in terms of HIV AIDS  
10 both globally and domestically.  
11 I particularly want to thank  
12 President Bollinger for convening this  
13 along with Dr. El-Sadr, President  
14 Clinton for your critically important  
15 leadership in tackling HIV and other  
16 global health threats, identifying  
17 innovative solutions and mobilizing  
18 partnerships through your Clinton  
19 global initiative and for your support  
20 and many contributions to improving  
21 lives around the world including the  
22 Clinton HIV AIDS initiative which is  
23 helping as we all know 2 million people  
24 living with HIV AIDS access life saving  
25 drugs. I want to thank Virginia Fields

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1 PROCEEDINGS  
2 for your longstanding leadership in  
3 terms of HIV programs and people living  
4 with HIV in New York as well as to the  
5 resolution of disparities broadly. We  
6 are deeply grateful. I want to thank  
7 Steven Lewis for your incomparable  
8 commitment to justice and your  
9 relentless advocacy which we saw a  
10 small glimpse of today and deeply  
11 appreciate broadly and for the  
12 empowerment of women and girls around  
13 the world and to Kali Lindsey, deep  
14 thanks for all of the work that you do  
15 on domestic issues and policy and HIV  
16 AIDS.  
17 I want to acknowledge Dr. Wafaa  
18 El-Sadr and the Mailman School of  
19 Public Health at Columbia University,  
20 the ICAP program, International Center  
21 for AIDS Care and Treatment Programs  
22 which has really brought a unique  
23 approach to helping to solve the issues  
24 and problems of HIV AIDS worldwide.  
25 Their unique approach includes working

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1 PROCEEDINGS  
 2 hand in hand with ministries of health,  
 3 over governmental and non-governmental  
 4 organizations, academia and persons  
 5 with HIV and infected communities  
 6 emphasizing the design of health  
 7 systems that work that create the  
 8 ability with capacity building and  
 9 technical assistance to implement  
 10 adorable response to prevention and  
 11 treatment of HIV and other health  
 12 threats in the communities where it  
 13 works and focusing on this innovative  
 14 family center approach as the winning  
 15 way to respond to the needs of  
 16 communities and strengthen the fabric  
 17 of societies and also as with every one  
 18 on this panel to your dedicated  
 19 attention to both the U.S. and the  
 20 global epidemic with service and  
 21 training.  
 22 Now I would like to attempt to  
 23 summarize what I think we have all  
 24 heard today as our charge for the  
 25 future, but I also recognize that the

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1 PROCEEDINGS  
 2 sufficiently nor can we afford to not  
 3 attend to the fact that only 42 percent  
 4 of people who need treatment are  
 5 getting it or that the rates of HIV  
 6 infection are rising in many  
 7 subpopulations in our communities and  
 8 around the world.  
 9 There are increasing needs for  
 10 meds while budgets are flatlined, we  
 11 need creative solutions and systems  
 12 that work and I honor the panel for  
 13 really trying to address the complexity  
 14 of those needs.  
 15 The problem is complex, the  
 16 solutions that work are not simple  
 17 although they may sometimes seem clear.  
 18 As in public health as a whole public  
 19 health is about all of our health, but  
 20 it's all of our health with an eye to  
 21 ensuring the well being of the most  
 22 vulnerable subsets of our society and  
 23 making sure that they get the equitable  
 24 prevention and care not only that they  
 25 deserve, but that signifies our

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1 PROCEEDINGS  
 2 panel is on a very tight time schedule  
 3 so while I continue, they may well need  
 4 to leave.  
 5 I think many of you have been  
 6 here for the whole day attending a full  
 7 day symposium entitled HIV Program  
 8 Scale Up and Globe Health System  
 9 sponsored by ICAP and supported by the  
 10 Rockefeller Foundation. At this  
 11 symposium what we have heard is a very  
 12 rich discussion of the impact of HIV on  
 13 health systems and the strategies for  
 14 health systems to serve people with HIV  
 15 and to serve the broader needs.  
 16 This I think reflects and brings  
 17 us very much to today's panel and  
 18 reflections of where we are at this  
 19 moment in time and where we must go.  
 20 There clearly as a number of the  
 21 panelists said have been many successes  
 22 led by those of you in the audience as  
 23 well as those of you on the stage, but  
 24 we cannot afford either the complacency  
 25 that has set in that things are working

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1 PROCEEDINGS  
 2 commitment to creating a world of  
 3 equity that we want to live in.  
 4 I think the panel has done a  
 5 fabulous job today in bringing those  
 6 issues together. I thank you deeply  
 7 for the charge you have given us to  
 8 think about how to move forward with a  
 9 commitment at many levels. No one  
 10 solution will be sufficient, but every  
 11 one is needed. Access to universal  
 12 high quality care both domestically and  
 13 globally is necessary, absolutely  
 14 necessary, but will not be sufficient.  
 15 We need the creation of health  
 16 systems as Dr. El-Sadr has said so  
 17 eloquently which address multiple human  
 18 needs in the same person and the family  
 19 and understand that one problem such as  
 20 HIV increases risk for other diseases  
 21 or other outcomes and that people need  
 22 to be treated holistically and with  
 23 their own needs broadly in mind. We  
 24 must move to much more sophisticated  
 25 investment in how we will prevent HIV

1 PROCEEDINGS  
2 for the future as well as treat it more  
3 effectively. That's going to require  
4 all of us working at many levels and  
5 together.  
6 Thank you all so much for a  
7 really momentous afternoon.  
8 PRESIDENT CLINTON: Thank you  
9 very much. I just want to thank all of  
10 you for coming and our former Mayor  
11 David Dinkins, thank you. Thank you  
12 Kenneth Cole and you should know that  
13 one of the participants here and a  
14 great philanthropist and world class  
15 human being here for the Rock and Roll  
16 Hall of Fame Concert is the great  
17 guitarist of U2 is my great friend,  
18 thank you for coming.  
19 Thank you all.  
20 (Time noted: 2:06 p.m.)  
21  
22  
23  
24  
25

1 C E R T I F I C A T E  
2  
3 OF NEW YORK )  
4 ) ss.:  
5 OF NEW YORK )  
6  
7 I, SHARI COHEN, a Notary Public  
8 and for the State of New York, do  
9 certify that the within is a true and  
10 te transcript of the proceedings taken  
11 ember 1, 2009.  
12 I further certify that I am not  
13 d to any of the parties to this action  
14 od or marriage; and that I am in no way  
15 sted in the outcome of this matter.  
16 IN WITNESS WHEREOF, I have  
17 to set my hand this 2nd day of December,  
18  
19  
20  
21 \_\_\_\_\_  
22 SHARI COHEN  
23  
24  
25

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