

**Global Health Council
HIV/AIDS in Haiti
Thursday, June 26, 2003**

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MS. SOPHIA SOFOMONICO: Can I call the room to order please? If we can all sit down and we'll start our session right now. We are ten minutes behind time - Congressman Sherrod Brown, ladies and gentlemen. Good afternoon and I want to take this opportunity to welcome another member of our session this afternoon.

I'm Sophia Sofomonico (misspelled?) and I'm going to be your moderator for this afternoon and the reason why I was chosen to be your moderator is because most people identify me and - I - I identify myself with the speakers who are here today especially the people who are coming from Haiti. I happen to be a Ugandan by origin and I was heading one of the largest non-governmental organizations looking (unintelligible) people living with HIV and AIDS. Also with the AIDS organization in Uganda and currently I am working as the Senior Aide for (unintelligible) with the Global Health Council. For this session we have only two hours, which actually there are less than two hours now and we shall share those two hours between presentations (unintelligible) with questions and answers.

On behalf of the Global Health Council in partnership with RFK, I would like to welcome you to another organization that I pointed out before and thank you for taking off time from your busy schedules to take advantage of this rare opportunity to hear and share with us their experiences about the tough, but not necessarily insurmountable challenges of the

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At this point in time I would like to call up Congressman Brown to come and share with us some brief remarks and I thank him very much for having hosted this session.

CONGRESSMAN SHERROD BROWN: Thank you very much. It's a pleasure to be here. I welcome such a huge turnout. My first thought was doing something on - I know in the day we're doing Medicare and today in this country is family Medicare and I think that we wouldn't have this kind of turnout and I (unintelligible) thought it would be a smaller room and I expected to see Paul Farmer here with five people and I'm thrilled that so many of you are here. So this is terrific, instead of a small little (unintelligible) crowd. Thank you very much it's good to see my friend Nancy in the back of the room who might - with whom I traveled to Haiti several weeks ago and got to see her country partly through her eyes and in Port Au Prince and then went up to Tenge (misspelled?) and went up to the dam and went to see Paul Farmer in the clinic in Central Highlands and see through her eyes why she loves that country so much and the empathy that she feels for her countrymen and women who have suffered so much beyond their control.

I urge you to do two things if you can. First of all - and I'm not here to sell - I'm not Paul Farmer's book agent but I suggest that you read the book Paul Farmer wrote called "The

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Uses of Haiti" which will explain and explain better than anything I've read why Haiti is where it is today - why - what - what - what we've done with regard to Haiti as a nation the last two hundred years. Haiti as you probably know was the second - the second independent country in our hemisphere yet when they broke away as - as - as slaves - broke away and became independent in the early nineteenth century. For literally sixty years our nation a slave holding nation refused to recognize Haiti as an independent country and all that went with that allowed the French to continue to exploit Haiti and enabled the Western countries to isolate Haiti and - and all that happened in that century coupled with what happened in much of this - much of the first third of this century when U.S. Marines occupied Haiti and it's a sorry tale in our nation's history and one that whether you care about Haiti or not you should know because most of you I think are Americans or at least you're here now and it's the sort of tale that you should know if you care about Haiti because of the impact that it's had on that country.

It's - I thought it (unintelligible) Paul but I'll act like it's (unintelligible) Paul - (unintelligible) Paul. Paul Farmer is - has done more in - Paul Farmer does more good for the world in one day than most of the people in this place do in a week or a month or a year. Not counting those damage (unintelligible) for a week or a month or a year but Paul is -

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is - I'm a (unintelligible) about Paul but Paul has just done terrific work and we'll share those experiences and we'll share what he thinks we - we as policy makers in this country need to do about Haiti. First thing I say is read Paul's book.

Second if you ever have a chance to go to Haiti if you've never been there I suggest you go. It will bring - it will bring to - it will crystallize it in your mind the role of the United States and the world around us but if you can't go to Haiti you should acknowledge - you - go to Haiti and make sure you - you - you - you read and you understand what - what opportunities in this country we have to - to do great things.

One of the joys for me being a part of the Congress in the first part of the twenty first century is that we are so well positioned as the wealthiest country in the world, 35% of the world's GDP is the American GDP. We have an opportunity in this country as the world's military leader, the world's economic leader, the - the - the largest really rich country in the world, we have opportunities beyond our wildest dreams in terms of helping to combat international - international infectious disease around the world.

If you look back in - in medical history over the last several centuries the epidem (misspelled?) - the Black Plague in the fourteenth century killed about 20 million people in Europe and then another several million in Asia. AIDS around the world has already killed 25 million people. There are 42

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million people that are HIV positive around the world today and we have - we will look back twenty years from now if we as a nation haven't done much more than we've done now either with the Global Fund, whether bilaterally, whether by other countries if we look back and have failed to deal with the problems of HIV/AIDS, the problems of tuberculosis, the problems of malaria then we should be ashamed of ourselves. I look around this room and most of you are young enough that in 20 years from now you're going to be in the real prime of your work lives and I hope that most of you or all of you can look back and think that you tried to play the positive role that Paul Farmer plays in dealing with those diseases.

Three million people a year die from TB, two million a year from AIDS, two million a year from tuberculosis. Eleven hundred people in the country of India die every day of tuberculosis. A million people around the world die of malaria every year yet we sit and pat ourselves on the back almost dislocating our shoulders that how we've asked for this or that plan and it's a start but it's not nearly enough although it's done in the right direction. We have so, so, so much more to do as a nation and as citizens of this world and if we think TB/AIDS a TB and AIDS intersection is a problem in places like Africa where almost half the people that die from AIDS actually die from TB. Wait until we see what happens in China, India, and Russia where countries already with serious TB problems are

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beginning to experience problems with HIV/AIDS and what - what - what Paul Farmer's doing in Haiti and what (unintelligible) is doing in Haiti and what Nancy is doing in Haiti and many of the rest of you and as I say this is a major step in dealing with these epidemics but all of us have to step forward and do much, much more for the Global Fund pushing our government to engage in this not missing another opportunity. We've missed opportunities since September 11th almost everyday to engage in the world and in international infectious disease and we can't keep it like this as a rich nation, a rich nation that is aware of the problems around the world and we can't continue to miss these opportunities and turn our backs on what we ought to be doing internationally.

So it's my pleasure to welcome you here and it's my pleasure especially to see my friend Paul Farmer who - who for twenty years has done so much individually with people and so much in - in pushing the domestic situation with Haiti and in the last couple of years has really engaged on an international way with this government, with this Congress some days shaming and other days challenging members of Congress, this government and - and - and the Executive Branch to do the right thing to and so I want to see out of this room several more Paul Farmers that will in your daily lives strive to help others and in your extra-curricular life if you will push government, our government to do a lot more of the right things with these

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dreadful diseases. Thank you.

MS. SOPHIA SOFOMONICO: Thank you very much, Congressman Brown. I think you all agree with me that he is a politician but not just a politician but that caliber of Congressman Brown then somebody like me has very little to say but I am going to say and I will start by saying about what I read in the Koran about five years ago. For those of you who don't know what the Koran is, it is an addition to the Bible for the Christians. So let's (unintelligible) if you were to save the life of one person, it would be as if you'd saved the lives of the whole world and I think that is a very good saying for this session today which is Haiti (unintelligible).

Most of us know Haiti for its beauty as well as impressive and powerful culture. I remember my most powerful and prominent memory of Haiti is voodoo and I don't (unintelligible) but that notwithstanding and in line with our agenda today - this afternoon what some of us also know about Haiti has focused on civil and political rights to the extent that it has impeded the peoples' rights to enjoy the fundamental human right to health and I think that is going to be the focus of today's - this afternoon's session and they'll just highlight for us just some specific sense for us of (unintelligible).

Some of the U.S. sense has been bilateral disengagement and we'll here more about that (unintelligible) developing

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American bank loans that has been approved and ratified by the Haitian government however we have to acknowledge that USAID, Family Health Planning International have a presence in Haiti and the present emergency aid for AIDS relief has singled out Haiti in addition to the other thirteen countries, the developing countries that are countries that need our help on top of what the Global Fund is doing for Haiti.

Another area is we have to bear in mind and I stand to be corrected by the (unintelligible) speakers who are going to speak today is that organizations can be funded to work in Haiti but they're prohibited from working with the government and I stand to be corrected and this afternoon before we met that was corrected but we're going to hear more about it.

We know that PAHO (misspelled?) who is going to be one of our speakers is the only multi-lateral funded organizations to be allowed to work with the Haitian government according to what we read in the papers and we know that in the age of Duvalier (misspelled?) that generous aid flowed from the U.S. when he left the money went with him and Haiti was left with a culture of dependence and an environment of international resources where the (unintelligible) comes from international companies.

When the U.S. first sanctioned on Haiti, Haiti lost (unintelligible). From what I have (unintelligible) because of the organizations' ability to work with the government many

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government hospitals have collapsed or are providing inadequate service for several reasons and many clinics and rural institutions have disappeared. (Unintelligible) receiving international funds from private donors are maintaining the health sector as which are here but before we go into hearing about what our speakers are going to talk about let's just remind ourselves about some of the health facts that are in Haiti.

We know there are eight per 100,000 - there are eight doctors per 100,000 inhabitants according to the UN AIDS Report and that 6.1 of the adults 15 to 49 years population is infected with HIV and AIDS as Congressman Brown said. The ratio of infections between men and women is one to one but we also know that women are more infected. Twelve thousand children are living with HIV and AIDS according to the UN AIDS Report and 54% of patients do not have access to portable water. The other is that adults over 15 years of age is 49.5% according to (unintelligible) and the UN has designated Haiti as the fourth hungriest country in the world, 33% of the Haitian population suffers from chronic malnutrition, 56% of the population is undernourished, the infant mortality rate is 81 per every 1,000 births, the average life expectancy in Haiti is 53 years more than my country and decreasing.

The prevalence of AIDS in the Caribbean region is second only to my region, Southern Africa. There are more than

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200,000 orphaned children of the region because of HIV and AIDS and AIDS and tuberculosis as we have heard are the number one cause of death for the adults 15 to 49 years of age. On average the Haitian government spends \$21 dollars a year in healthcare (unintelligible) to Paul and our second speaker. The average - the average in Latin America is two hundred and (unintelligible) dollars. Forty percent of Haitians are less than 15 years old and lastly only 28% of the population has access and only 28% has access to adequate healthcare.

Ladies and gentlemen I think we all know and from our hearts that the AIDS (unintelligible) and people are beginning to realize their rights to treatment and prevention services. Of all Latin American and Caribbean countries Haiti continues to have the highest prevalence of HIV/AIDS while treatment for diseases remains unavailable but I think at this point let's hear it from the horse's mouth.

Our first speaker is going to be Dr. Hector Ezerealta (misspelled?). Dr. Hector Ezerealta (misspelled?) is currently the Director for the Pan American Health Organization, PAHO immunization unit. His previous appointments at PAHO as the focal point for (unintelligible) eradication during 1999 and 2003. He previously worked at CDC, Centers for Disease Controls in (unintelligible) branch and (unintelligible) vaccine within that branch for all of six years. He also has worked in Africa for five years. I hope he worked in Uganda too. Dr. Hector

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Ezerealta (misspelled?) has (unintelligible) and studied medicine at (unintelligible) and public health at Harvard University. He was trained in epidemiology at CDC's EIS (misspelled?) program and since has made the (unintelligible) as a fellow at the CDC. He has published over thirty peer review and MMMUW (misspelled?) articles and you'll have to explain what that means, including articles on vaccines for preventable diseases in the New England Medical Journal. Please join me in welcoming Dr. Ezerealta (misspelled?) to the podium.

DR. HECTOR EZEREALTA: Thank you. Thank you everyone. In fact the main problem when you speak about Haiti is trying to find a success story that's very fashionable to talk about failures in Haiti. In fact we have a very important success story and (unintelligible).

What we have here - the important point about measles is that in my knowledge this is the most infectious disease known to man. Meaning if you have one case of measles in this room and the infected person leaves this room and you guys come two hours later and are unprotected against measles you will get infected, 8 out of 10 people in this room are likely to get infected. That's the kind of disease that we're talking about. When you talk about measles control, measles immunizations, plus the education, you're talking about a major undertaking that no (unintelligible) in the world has even dared to try except for us that is.

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For those of you who don't know where Haiti is, it is an island - it shares an island with the Dominican Republic and it shares a lot of history and a lot of things with the Dominican Republic. It's near Miami in fact - there's a - and it's simply the poorest country within the region of America. This is a modern map of Haiti and I wanted to give you a map of Haiti. In the (unintelligible) of Haiti the most populated part of Haiti and there are nine (unintelligible) and the distances are very, very short (unintelligible) because the roads are in (unintelligible) but basically if you want to rent (unintelligible) in Haiti you'll have to pay \$150 dollars per day to be able to go from point A to point B. So the farther you are from the capitol typically in the Northwest, this area here called the far west of Haiti because nobody goes to that region, it's very expensive to go there and to get there and when we want the (unintelligible) to reach those areas they often refuse and they say too far, too expensive, we don't go.

Now I'll talk about another disease that seems to be very pertinent here which is polio. In 1991 the region of the Americas interrupted the (unintelligible) of polio (unintelligible). We were the first region in the world to interrupt (unintelligible) of polio. The last paralytic case of polio was in Peru in 1991. Now polio is a very difficult disease to control and it's a very severe disease you know crippled children and then you're crippled for life and there

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is nothing that you can do about it. The advantage with polio is that with 80% (unintelligible) and getting (unintelligible) interrupted and so we did, we did interrupt this before.

Now what happened in Haiti? In the year 2000 we saw some cases of polio in Haiti, but polio has already been eradicated or eliminated in the region ten years before. What happens is we have a vaccine derived case of polio menuritis (misspelled?) and it spread throughout the country.

Now - I'm sorry - okay - it goes for the measles and the polio cases are basically lack of vaccination most children in Haiti were not being vaccinated and that was expected from Haiti with it's system that does not work, rules that are not there, you know political problems et cetera, et cetera so no vaccinations. So we decided to help them with those and the polio rates in Haiti (unintelligible) and you can see here the cases of polio in Haiti and we've through international campaigns we've brought that (unintelligible) Haitian (unintelligible) polio and we did a similar thing for measles and of course measles is the most, more infectious disease and (unintelligible) and the first of - important interruption in infection in Haiti was of the Haitian campaign in the most populated (unintelligible) Port Au France which was the (unintelligible) area and we got high (unintelligible) and in fact in each of these vaccination campaigns we got coverage which was over 90% meaning over 9 out of 10 children in each

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community we served in Haiti was vaccinated and that's how we stopped the measles and that's how we stopped polio.

How did we do it? I mean is it easy to do it? Is it feasible? We worked with the Minister of Health and with the Minister of Health we (unintelligible) many agencies were represented because we are the Pan American Health Organization and we are authorized to work in Haiti and we could get work in U.S. organizations to work with us and help us in these vaccinations. Through these coordination committees we got \$5 million dollars to implement three vaccination campaigns over one year and a half. The vaccination costs per child in Haiti were less than \$50 dollars per child per campaign so it's a very reasonable cost it's the cost of 1/10 of the cost of one dose in the United States. How did we do it? We just went house to house but not really us but the people of Haiti went to the house of every child in Haiti and got the children vaccinated. After the vaccination themes the supervisors went house to house to ensure that every child had been vaccinated with this.

Now we decided to start another campaign. It's one thing to get the people vaccinated through campaigns. We interrupted measles and we interrupted polio menuritis (misspelled?) but right now we are in an effort to keep continuous vaccination in Haiti and that's much more difficult. We've been doing it for five years now and we have micro transported the communities in Haiti. We need operational funds

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for the department, we need transportation, we need nurses who will supervise vaccination in every department and we need (unintelligible).

And these are our goals, four years from now I will come back here that in fact that the (unintelligible) vaccinations in Haiti and the (unintelligible) four years from now in Haiti will be implemented in the vaccination coverage in the average (unintelligible) in America. Why? Because we learned to work with the Haitian government and communities and we learned that you coordinate the work with the Haitian Minister of Health and the Haitian nurses and they do an excellent job, they do comply if you structure the work very well you will not be just throwing your money out. So we have already this plan and we have plans for the first year, probably the second year is on the way and we will get it, we will get (unintelligible) coverage in Haiti and this is them.

So basically the message is that we can do things in Haiti if not through the crisis and because of the difficulties we can (unintelligible). Thank you.

MS. SOPHIA SOFOMONICO: Thank you very much, Hector and I think that you will have all of our collaboration to please the communities, the government and other international communities too. Together we are going to eradicate the diseases in (unintelligible) in Haiti. It's not possible, it's doable and they have actually done it.

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At this point everybody's saying (unintelligible) but we are going to have a small pause and look at a video from kaisnernetnetwork.org. The video (unintelligible) is (unintelligible) and local and (unintelligible) around the world for HIV and AIDS epidemic. Haiti is said to receive \$67 million I think (unintelligible) in grants from the (unintelligible) for tuberculosis, malaria and AIDS (unintelligible) and I am told that most of those funds will be used to open twenty five new facilities (unintelligible). Some money has been designated to provide anti-retro viral therapy to HIV/AIDS patients.

The kaisnernetnetwork.org report prepared by Fred Desenosero (misspelled?) also responded to the (unintelligible) interviews with First Lady Ash Aristide (misspelled?) and doctors, Paul Farmer, before we met him in person and William Tate (misspelled?) who are on the front lines of Haiti's and I hope that I have not announced those names wrong (unintelligible). Let's have a look at the video. This will take a short time but just to break it up. Just to (unintelligible).

This session would not have been possible without the cooperation of Robert F. Kennedy (unintelligible) and their collaboration (unintelligible) representative and thank you very much.

We all think that the rights based on (unintelligible)

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but in our next session we are going to (unintelligible) and make it reality. When I was watching that clip I saw Adeline. Adeline was a woman (unintelligible) my biggest (unintelligible) and she was an orphan since eight and she's eighteen now. When I saw it I thought this could be my daughter and (unintelligible) because of people like Dr. Paul Farmer we can actually change AIDS from a death sentence to (unintelligible). We haven't cured AIDS yet but we can try and people like (unintelligible) and Paul Farmer have illustrated that hope (unintelligible).

Dr. Paul Farmer is a medical (unintelligible) and an infectious disease physician who's clinical responsibilities and actually I'm going to (unintelligible). He co-founded the International Health Organization at (unintelligible) along with his research (unintelligible) the Institute for Health (unintelligible) but for Dr. Paul Farmer. Dr. Farmer has worked in communicable disease control in America for over a decade and is a world renowned authority on (unintelligible) OT (misspelled?). Along with his colleagues in the program on special diseases and special change in the (unintelligible) department at Harvard Medicine Dr. Farmer has co-authored a number of (unintelligible) studies and this is (unintelligible) tuberculosis and sexually transmitted infections including HIV, (unintelligible) and typhoid (unintelligible). He has written extensively as the Congressman Sherrod had (unintelligible)

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about health (unintelligible) and about the role of (unintelligible) inequalities (unintelligible) readily (unintelligible). Dr. Farmer is the author of "AIDS (unintelligible)", "The Uses of Haiti" "(Unintelligible) and Inequalities" and the forthcoming "Pathologies of Power". He co-edited "Women, Poverty and AIDS" by Global (unintelligible). He is currently the medical director of the clinic (unintelligible) since 1980 and an attending physician at the Brigham (unintelligible) and Women's (unintelligible) but before he even stands up to speak I want to recognize one of the most powerful women I met his boss, Lydia (misspelled?) (unintelligible) oh there she is right there and we they told me that you were the boss I concluded like the First Lady said without the women the world would not be (unintelligible). So welcome to my hero, Paul Farmer.

DR. PAUL FARMER: Thank you very much. I'd like to say a few words more about my boss. She's the reason that I'm here. You know I - it's a great privilege to be a physician and it's a privilege and a challenge to be a physician to people who can't afford to pay you and if you think about it unfortunately I think that as Congressman Brown said it that here we are in the middle of this mantling of public health programs in this most influential and affluent country because we have an idea of what it would look like if no one could pay for their healthcare.

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In order to do that you need - obviously you need the medications, you need the diagnostic (unintelligible), you need logistics and support, you need a boss basically who can make things work and that's Moon View (misspelled?) who's here today. Moon (misspelled?) is also the Robert F. Kennedy Memorial Laureate in human rights and the reason that we teamed up with the Robert F. Kennedy Memorial and if you (unintelligible) in the office in Haiti and I were able to nominate Moon (misspelled?) for this prize and of course we're very proud that RFK - RFK Memorial saw fit to honor her in this way because in doing that they honor all of us but also the ideas that underlie these efforts that I'll talk about today and Sophia was good enough to point out that this is a right stage approach and we - I wouldn't blame you if you were skeptical about hearing about rights based approaches for social justice. When these things remain abstract ideas they're really - they're useful - some people think they're useless, I don't but they're really not very compelling in a situation like the one you just saw in that video clip.

What we really need to see are programs (unintelligible) and that's what we've been able to do to some extent but not a great enough extent is to implement a successful HIV prevention and care project.

Now some of what you've already heard today is to - I think a little bit obscure. I mean why is it for example that

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Dr. Hector said you know we were even able to work with the United States? That was a bizarre way of putting it. Or why was it that Sherrod Brown intimated that there were problems between these two oldest countries in the hemisphere? Why was it that Dr. Pop (misspelled?) said in the film that we're not going to be able to change the situation? We have to make due with what's happening. Why was it that I was griping about water, roads, and education? And no one's said it yet but there's actually a reason and I'm going to say it because I'm not from Uruguay or like Dr. Pop (misspelled?) from Haiti I'm from this country and part of what I get to do is be American and come back from Haiti to my homeland and talk to you about how we can make an already pretty good project and maybe we could use that video (unintelligible) been able to do but we could make it a pretty good project and take it from being a pretty good project and make it an excellent project and then scaling that up throughout Haiti.

I can't do that and Dr. Pop (misspelled?) can't do that but I think there are people here in this room that can do it or help to do it or together we could do it but that's going to be the focus of my talk.

I am being in Haiti do not know how to use PowerPoint and so I'm going to use this old fashioned slide projector. Would you mind just advancing it? I'm going to get the - can we turn down the lights? I'm going to skip over some things

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because Sophia did a nice job - did a very nice job actually - can we have the next slide? I can't - this thing can't reach too much - I don't have the (unintelligible) for it not that I don't like barking. All right this stuff we can skip over by and large - one second - well I was just being rhetorical skip back [laughter]

The important thing to remember is that the details are - are important to some but not to everyone so you've really already heard this either in the film clip or from Hector or from Sophia. You know Haiti is the poorest country in the hemisphere you know and I won't talk about that. I'm going to talk about how it came to be that way, what can be done and actually what people in this room either staffers or citizenry might do to alter the situation that I'm going to describe here.

Now this is part of the problem, this is an ugly little slide and hard to see but the country with the fewest physicians per population is actually the neighbor of the country with the most physicians and it's Cuba and Haiti - on the two ends - this is for all the Americas and this is PAHO data and I used mostly official data from PAHO, the United States government and the World Health Organization and some of it sounds so bizarre and that's why two of our medical staff which is all Haitian with two exceptions, I'm the Medical Director and I'm a volunteer and we have a Cuban general

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surgeon and a Cuban pediatrician who are not paid by us they're paid by the Cuban government as part of the Cuban foreign aid program and I mentioned that also about Hector because they participated in the vaccination campaign. So just keep that in mind as we go forward, next slide.

And you know here's the reason why the health outcomes in Haiti are so poor and that is because Haiti is undergoing what might be called economic devolution and that is that the economy is getting smaller and has a negative GDP and I think that's probably the only country in the Americas actually with a negative GDP and it's probably the only country also that has a life expectancy with probably of less than fifty years and this has been debated and the largest problem of infectious disease burden, next slide.

And again Sophia already covered all of this and so we'll skip through this because this is just some basic indices of healthcare in Haiti.

Let me go instead to our project and then very briefly to what's going on? What is all this innuendo and insinuation that has been mentioned by each of the speakers that were in that video? What's going on? And then we'll leave time for debate and discussion because it's a hot topic.

This is the place that we work in central Haiti and this doesn't look so bad especially when it's either very hot or very cold outside and I understand that you had a very cold

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winter and it seems very hot to me now so, next slide.

It's not a natural body of water, it's a hydro-electric dam and interestingly enough I read the American papers when I can and this was built by Brown and Root (misspelled?) which is like Halibert (misspelled?) which is one of these companies that keeps popping up in the strangest places you know, Iraq, Bosnia, Afghanistan - I don't understand it and I'm sure it has nothing to do with politics but it's all very strange.

In any case this is an international development project and we, Moon (misspelled?), Nancy and I work with the people who lost out when this dam was built and that would be the peasants who lived in the backwaters that were flooded, next slide.

And they went up into the hills and the first time I heard this story I had been in Haiti and actually it says more than a decade in the Americas and my mother probably wrote that introduction I know but she gets the dates wrong. I've been there twenty one years actually and when I first went there and started talking to the villagers living there and they said well we left our land the day the waters rose and I just thought they were being poetic. They meant it literally. Then people would say I grabbed a goat and I grabbed a kid and then I ran up into the hills and then I started asking other questions and this is how I became a graduate student in anthropology. Some of you have also had the I think good

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fortune to study that totally scam Ph.D. because all you have to do is hang around and schmooze with people and then they give you a doctorate [laughter]. And so anyway I was hanging around schmoozing with the Haitians and they were telling me what happened and I said you mean you left the day the water - and they said the day the water ate our land and hearing about the hydro-electric plant and I was getting the reports and you know Harvard students do that and get the reports and you'd see one from Brown and Root and one from God knows what agency and it talked about the resettlement plan. Completely discrepant with what the locals were telling me.

Now things sound really good when they're in black in white but I'm here to tell you - well you live in Washington you know don't trust what you read. I came to trust the Haitians as the most valuable trusted resource. Not just any Haitians but the Haitians that I serve because we're about to go into pretty deep water for a physician/anthropologist which is the current political situation and again don't trust what you read. Now my next instinct is to say just trust me but that doesn't feel very well and so I will say try to broaden what you see. Those of you who work for Congressmen and Senators and are somehow involved in making decisions and policy that affects people and so I'm sure it's really important to get the details straight as I'm sure you'll agree.

So they went up into these hills and the Haitians say

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that these are rocks with teeth, next slide, and they went into what Haitians also describe as indecent poverty and this is - by the way back to the rights based approach that was mentioned and that Moon (misspelled?) has made the focus of her life's work what do you do when you're a doctor and you go and visit people in their home and this is where they live? Of course this is one of our patients and if you ask them - if you're - you just don't ask them how can we help you? Because if you ask that they're going to tell you exactly what you can do to help and I will give you three guesses as to what they're going to say, they're going to say food, water, housing, and medical care. Just as you might if you lived in an area like this and again I learned this very rich vocabulary to describe the different degrees of poverty and again this is called indecent poverty and I'll return to this in closing my remarks, next slide.

And so we asked them what it was they wanted and they said it was just those four things which is kind of a drag if you're a medical student and a (unintelligible) student at Harvard because you're in there - going between the classroom - I was literally doing the Harvard/Haiti shuttle and I'm not making this up it's true, I know it takes 11 hours and 14 minutes to get from door to door from rural Haiti to Harvard. There are no direct flights from rural Haiti to Harvard.

But I was hearing two different things, what the

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experts were saying at Harvard and (unintelligible) couple (unintelligible) experts of which I'm now one and the peasants who lived there. The experts were saying it's things like this and you can only do and you know they'd fill in whatever was the passion for the day. It actually at that time was called GOBI (unintelligible) Global Oral Re-hydration Breast feeding and Immunization but it's like you know that was like what you were supposed to do and I was in a class called needs assessment and the professor - this was at the Harvard School of Public Health which a number of my colleagues here have also attended. I should have vaccinated you after that [laughter] Hector but they said okay you need to do this assessment by going around and asking people what they want which we did because I was doing this in real time you know Harvard, Haiti, Harvard, Haiti and so I was taking my little notes in Boston and go back to Haiti and try to do the work and then at the end of the course they told us to do GOBI and I raised my hand and said well professor if - why if you know what you're going to do - why would you ask people what they want if you have no intention of listening to what they say?

And you know that was another one of those same experiences that I have like hearing about the dam that really made me - the Haitians have a word for this it's bayachteeste (misspelled?) it's sufficient and some of you here are Haitian about expert work because it changes every month and you know

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this from your work here in Washington. So I started to think you know maybe experts don't know everything. Maybe people living in poverty know something more about poverty. Maybe people living with HIV know better about what should be done and that was a really - and people say that in Boston or Washington or Geneva but do they really mean it? And our group really came to mean it. I'm not sure we really meant it when we first started saying it but you know you can grow into the people that you want to be but we really meant it when we said we listen to what our papers and patients say and so they said something very different from what the experts said, next slide.

For instance, they said build a hospital and we said oh great couldn't they have said build a clinic, build a health post, build a little - you know but no, a hospital. That's what you get, you ask people what they want and they tell you and we say sorry we're not going to build a hospital we're going to build a little clinic or we can try to build a hospital. So we did. It took us about ten years to build the hospital while running the clinic and all the time saying no we were listening to what you said and we're going to build a hospital and we did. And as you heard it's now the largest clinic in Haiti and I was stunned to see it on Hector's map, there it is Port Au Prince, Port Au Day (misspelled?), Otay (misspelled?), Cange (misspelled?). Cange (misspelled?) is on your map, did you

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notice that? Cange (misspelled?) is a squatter settlement with six hundred people living in it, that's what Cange (misspelled?) is and it's on his map and the reason that it's on his map because now it's called - the villagers call it the Village of Medicine and - and - and as Nancy was telling some of our co-workers from Global Health Council it looks absurd that here you are in a squatters settlement where people live in little shacks and so you sit in a clinic only and you see these people only - actually children coming in with these awful diseases and you have to intervene all along the way. You know doctors talk about a vessel like a vein or an artery as having the distal ends and then the tiny ends and I'm just using that metaphor. You intervene very distally that is you cure anthrax very distally if it's diagnosed in time or you intervene more approximately or higher up the chain and that is that you vaccinate the animals. The same thing with HIV I mean obviously want to prevent HIV whenever possible but some people, 42 million of them that we just heard from Sherrod Brown are already living with HIV and again expert opinion for years was that you can't do HIV care in Haiti you can only do prevention. Now that's not what the locals were saying, next slide.

And we met people like this young woman and this actually this young woman had - well we didn't know what she had when she came in but this is and I use the word from the

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video and this is really the only one I've seen from the whole thing and I use the word militant and this tells you why. This is a woman who'd wandered out - she's not a woman - a girl and you can't even tell because she's bald and her hair has fallen out. The day she was brought in by her father she didn't even care anymore about what was going on, she was just too sick, she was just she had - she didn't even respond to questions, her father answered all the questions for her and it turned out that she had a case of what's called extra-pulmonary tuberculosis but again here's one of those cases that we hear it's not really cost effective to worry about extra-pulmonary tuberculosis. In poor countries you just worry about pulmonary tuberculosis because it's still infectious. That's the infectious kind and you know I can't tell you how many times I hear this from the experts but again not from this girl's father, next slide.

This is the real person that was inside and that's only after five months of therapy, the same young girl. Same young woman, next slide.

Again this is how we get to meet people. They come back from the city dying of AIDS and again you've got expert opinion in one ear and the voices of the afflicted and their families in your other ear and the expert opinion as you know - and this battle is not over and we've won a lot of converts in Washington even but in Washington, London and Geneva. This

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battle is not over though because there is still plenty of people who argue that it's not doable, it's not cost effective and that long list I made and I once got that list up to 17 items by the way of excuses we use not to do a good job for HIV. I've got to write that down somewhere because I had it on a piece of toilet paper but somehow I lost it but 17 I got it up to including some spectacular ones from a previous Secretary of the Treasury who will not be named - will not go unnamed which is (unintelligible) from Washington - I forget who said that Africans have a different concept on time. Gee, I noticed that you were on time Sophia so maybe we don't have a different concept of time. Anyway the list is long and we weren't hearing it from the patients we were hearing it from the patients, people like me. So we said okay we have learned by now, this is the mid-'90's by now so when therapy came along, next slide.

By the time - and this is really - and Uganda's a really complicated case and I won't presume to talk about that in front of my friend and colleague but as you can see the life expectancy - the impact - the impact of HIV on a number of heavily burdened countries has been a disaster and Haiti's among them. The only one in the Americas actually and this was predicted in the mid-'90's but this was published just last fall but the (unintelligible) are just as bad as predicted. So you know that the - the bad predictions came true and the next slide shows the same shaped curve but it's the exact opposite

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and that's what's happened in the United States.

Instead of decreased life expectancy, it's decreased death expectancy. This is age adjusted - age expectancy and mortality rate adjusted in the United States and of course something very remarkable happened in 1995 and that remarkable thing was combination chemotherapy so called triple therapy or cocktails for HIV disease, advanced HIV disease. So there was a huge impact here and you know you could imagine if you were doing the Harvard/Haiti shuffle and you were going back and forth right and I don't mean to make this too first person but since I'm in Washington and I'm an American I am going to close but that won't be for some hours now [laughter].

I am going to close by speaking in first person because I think it's important but just think if you had been in my position and you had been going from a place in Haiti where the patients were begging for treatment to a place, Boston where we were having a lot of the patients were being treated. It was very personally uncomfortable position I can tell you and at that point our project was quite small but Moon (misspelled?) was among those people that was living that experience of going back and forth between Boston and Haiti and I can tell you it was not - I - I - I just couldn't see myself going back to Haiti and telling this Haitian woman well you're not cost effective because you're Haitian. It just didn't seem like a compelling thing to say and one had to say something right? You

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think the Haitians didn't know that in 1995 on the radio that there were effective therapies that would delay or - delay death? Of course they knew. They knew it about five minutes after I did because when the efficacy of the disease intermeshes with clear (unintelligible) in the scientific community then it becomes clear to the rest of the world very rapidly as you know we're here, next slide.

So we ended up doing it the slow way and we thought we were very slow and very - we were pretty embarrassed actually about how slowly we reacted but it just so happened that we were faster than other groups but not fast enough. We didn't keep up with the pandemic mind you. So we started using AZT. We were the first clinic in Haiti to introduce AZT to the formulary of the prenatal clinic and something very striking happened and that is that 30% of the women offered - that is volunteered for voluntary counseling and testing that is urology - 30% of women offered prior to AZT. That went promptly to 90% in the first year of operations. Very small project mind you but it was interesting to learn that a drug could be related to better prevention.

Because you heard Dr. Pop (misspelled?) say in that video that about 100% of patients were very sick in the beginning of their work. What he meant was when they started everybody (unintelligible) the same thing happened in our (unintelligible). Who got tested? People that doctors and

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nurses thought should be tested. They thought this person looks like he or she has AIDS and usually they did but after awhile - I can tell you know about 11% of all of our tests are positive, not 90%, 11% and so that means that almost 90% of the tests are negative which offers the opportunity to do better prevention work. So the impact of meds on prevention was profound and we figured this out early on.

Actually I have another photograph of this woman with my face in the picture with the urology - this is the day that this mother learned that her baby is (unintelligible) negative after getting AZT but I had made a vulgar gesture that I'm not allowed to make in Washington so I had to take the slide out - anyway - just kidding - next slide.

So what we decided to do in 1998 we were having these really painful discussions and meds were costing about \$5,000 dollars per year and you heard the GMP of Haiti was less than a tenth of that and we said well what were the (unintelligible) that we said? Do we mean it? Are we sincere? Are we going to start arguing well it's just not feasible, it's not cost effect and et cetera? So we said well we're not the Ministry of Health and we'll get back to that question in a minute but we decided we'd bite the bullet and buy the meds and we did and it was very difficult to do but the way that we did it and for those of you that are interested in the technical parts we can share with you the description of the program but basically what we

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did was started treating HIV just like tuberculosis. That is a public good to pay for treatment of tuberculosis. I mean you can't pay for tuberculosis treatment in Washington, DC. I guess if you wanted to go to the CDS (misspelled?) and ask them to order your drugs you could but the drugs are free in Washington, even in Washington and they're free in Haiti and throughout the world because an airborne disease is considered a public health investment and we said well what if we were to think of AIDS like that? Like a global health crisis, a real emergency, something important, what would happen if we paid for the drugs instead of the patients? And the answer was pay for the drugs instead of the patients, have community health workers visit the patients everyday and I'll just show you what happened, next slide.

So, first of all, this was before we ever got Global Fund money. We said oh we're doing a bad job, we don't have enough patients on therapy but when we started thinking about it. We thought how many of the patients need therapy right, you know is it 50%? Is it 40%? You know it's not all - not all people are infected with HIV. In Boston, in Harvard if you have someone come in and they're sure that they're infected with HIV and they have (unintelligible) count you wouldn't want to use toxic medications. You'd follow that person over time, see how they did and then decide later on with the patient. So when someone says to you well you can't treat 2.7 million people in

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South Africa you may suspect that they are trying to end the conversation with you not trying to start it because you don't need to treat 2.7 million people in South Africa because you would never treat all people with HIV with anti-retro virals but you treat them with other things or you just follow them and become pals with them while they're well. So again expert opinion, rough commentary or cranky behavior whatever and then what the patients were saying and I was going to extend the truth but I have to be a little more realistic. Anyway it turned out that we didn't have a lot of patients on therapy but it turned out that we had a lot of them on therapy and more than any other group in Haiti, next slide.

And this is what happened when we started using the therapy, only 10% or 11% of the patients and they were falling, first of all a lot less tuberculosis, who knew right? And this is just what MSF (misspelled?) started finding out when they finally started giving therapy to patients who were relatively rich in South Africa the same way we had in Haiti.

What happened to all those people who were coming into the hospital like that woman that you heard on that video? I mean she was in the hospital all the time before she got onto therapy and now she works in the hospital, if you get my meaning, they don't go in the hospital anymore because they're not sick. How sharp was the reduction mortality? Well on the first hundred patients who were started on this community based

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care delivered by community health workers, none have died. In all those years still none have died and I was just talking to a journalist, a radio guy, you know radio guys are really funny because they come down with these big boom microphones and it starts to rain and they're all oh good ambient rain noise, very strange - oh good chicken running across the road! So anyway this guy and Nancy was there and she was translating and I was just speaking on the phone and this was a few years later (unintelligible) United Nations leader and he came down and said ahh people don't believe what you're doing in Haiti is really effective and you know if you spend - if you spend all your time answering to the skeptics then you have no time for patients or for doing what Moon (misspelled?) tells you what to do or whatever. So we try to limit the amount of time we spend responding from skeptics but we did have to do some of it because we were worried about Africa and the rest of Haiti. I mean what about Africa and the rest of Haiti if healthcare is a right then what about those most affected and afflicted by this disease? So we didn't want to spend no time answering these skeptics and so this guy came and I talked to him a few days ago and I said - he said how's so and so and so and so? And I said they're all fine, they're all still there, a bunch of them work with us now. These are the patients that he interviewed in 1999. The sharp reduction in mortality and opportunistic infection and lots more increase in prevention, next slide.

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And I'll go back to this, let the patients speak for themselves and interestingly enough people ask me did the patients give me permission to use their pictures and one of the patients said to me, use our pictures and our names and our testimonies because we don't get invited to Washington to give talks but okay, but this how patients are when they come in, sick but not always some of them are better and as time goes on they're better and better because they're more interested in them getting better. They don't wait until they're on death's door. But this is the same woman after three - next - after three months of anti-retro viral therapy this is from one of the scale up sites not from Cange (misspelled?) because we said no, no, no that's not true you can treat AIDS with (unintelligible) and then people said well only in Cange (misspelled?) and so then it became another battle on the list of 17 reasons why you can't and one of them was that scale up wasn't possible and so scale up has been a primary concern of ours most recently and this is from one of the scale up sites, next slide.

Some of you have heard well you can't treat HIV and this is reason number 12 like the David Letterman show. You see you think I live in Haiti that I don't know these things but I do. They show it on the plane actually. Reason number 12 is that there's too much stigma. Say what? There's too much stigma to treat AIDS? Well why - wouldn't it decrease stigma if you

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made AIDS a chronic disease instead of death sentence? And this is what one guy said I was a walking death sentence before therapy and now he says his family has come back to him but this gratifyingly enough - these two photos were taken by the same medical student from Harvard, one the day he started therapy, his name is Samuez (misspelled?) and the other a year later when he came to a conference on health and human rights. In fact this was the conference where the patients wrote the Declaration of Cange (misspelled?) which you can read on the Partners in Health and the RFK site too I think and you can read what the patients have to say again expert opinion versus the people living with HIV, next slide.

Now let me add one thing for those of you who are health policy wonks and return to this question of this embargo that supposedly doesn't exist. First of all we went to public (unintelligible) - can you work with public (unintelligible) and with the Ministry of Health? And the answer is of course you can and you should and that's who your partner should be. Who is the guarantor of healthcare as a right? Not an NGO, not the Roman Catholic church, not people like me, it's the government, but if the government has no resources how can the government respect the social and economic rights of the people of that country? They can't. You know the budget of the Brigham (misspelled?) Women's Hospital which is the place and train on the rare occasion that I go to Boston is larger than

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the Republic of Haiti, not the health budget but the whole budget. It's over a billion dollars for one hospital, one Harvard teaching hospital. That's what there - I mean these crazy - this is a crazy world we live in now and so you have to work with the Ministry of Health, you should. So we go to these HIV clinics and this is one before we started the scaling up with the Global Fund and the same clinic - and the falling apart and the same clinic after we scaled up the AIDS project and we said there are four things - this is a health policy wonk thing and then I'll go back to the political thing.

There are four things that you have to do to do good HIV prevention and care, one is to do good HIV prevention and care, that's the first thing that you have to do and that's to actually do it and you know good HIV care involves something called anti-retro viral drugs, not just you know just giving people - I mean I've been to programs that are called community based or home based care and they're not doing anything except moving patients out of the hospitals and these are like in Africa and in parts of Asia. They're just moving patients out of the hospital so they can go die somewhere else you know and you say that's not care that's neglect, call that community based neglect you know or community - or home based neglect don't be fooled by that language. Ask the people that are coming to testify before you or when they tell you about the great home based care or community based care for AIDS patients

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find out yes or no do you use anti-virals and if so how? That's the number one thing. Number two is that you have to have good tuberculosis detection and care, especially in poor countries. Number three, women's health, how are you going to do prenatal - how are you going to block - how are you going to send \$15 billion dollars to do this stuff if you don't even have good prenatal care? And what if a woman who's your patient for the neveredeen (misspelled?) project you know the least or smallest thing that you can do and she comes in dying of eclampsia (misspelled?) then what do you do? Say oh gee you see we only do prevention with mother to child transmission, you have to have good women's health and the fourth is all STDS should be diagnosed and treated effectively. Those four pillars - that's what we did for the scale up and then you just start doing other things and we'll talk about that in our exchange. Last words about this goofy embargo, next slide.

Now since Sherrod already mentioned this, Congressman Brown already mentioned this our country, my country has the longest relationship with Haiti than any other country in the world because we were number one and Haiti was number two. You know Haiti sent people to the battle of Savannah and they all remember that but Americans say what was the battle of Savannah but anyway this is important. Those of you who are not Americans and don't want to hear me talk about this just turn off your ears or put on your polarizing filters or whatever

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they distribute in Washington but for Americans we have to know this stuff because we have not done right by Haiti - is that like a warning that I better shut up or John Ashcroft (misspelled?) will kill me [laughter]? I shouldn't - you know I shouldn't say this stuff on CSPAN or whatever this is - anyway - I'm just kidding Mr. Ashcroft (misspelled?) if you're watching you know this is important that we know this because we have embargoed Haiti on and on.

I recently wrote an article for a medical journal called "The Lancet" if you can imagine. I said can I make a table about all the embargoes that we've had against Haiti? And they said sure because they love tables in medical journals. So it starts with this one and ends with Barbara Lee (misspelled?) who produces a bill in 1991 - I love that by the way and I gave it to Barbara Lee (misspelled?) I don't know, does she like it? Anyway, next slide.

The embargoes, now this is just the healthcare thing but let's go stick with the embargo so that we have time to have an exchange, next slide. Let's skip over this one too.

Now, this is a group of young people from Haiti. They're villagers, they're not from Port Au Prince, they're not - they're from the squatter settlement, from the Village of Medicine which shows up on Hector's map now. That blows me away I've got to say. They're from the village and now how do you think they feel now compared to when their parents lost their

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land? They look around at the other villagers and say you know we have more than they do now. We have a hospital, we have a school, we have clean water, let's help the other villagers. This is a group of high school students from Cange (misspelled?) Haiti formerly the squatter settlement helping some tuberculosis afflicted family rebuild its house. So solidarity inside Haiti. You know you hear about all the political violence and nobody can get along? It's just not true. It's true that the upper class of Haiti doesn't like the lower class of Haiti which is the vast majority but that seems pretty true across the world, it seems to me. Again I've had this pretty harsh experience, expert opinion, real opinion. So don't - let's not blame this on the Haitians, they're perfectly happy to help each other, it's meant to look a lot closer to home, next slide (unintelligible).

What is with this NGO thing? I work for an NGO and a university you know the university in the north down route 36 (misspelled?) and you know I don't have any stake in arguing for government backed systems - I'm only arguing this - c'mon I only came up today and met with a senator, who's very interested in Haiti, who's picture appeared on this video and some Congressmen that I know and I'm saying help the Ministry, help the Ministry, help the Global Fund, multilateral and I'm not using these words now because our group would benefit from it because we're an NGO. I'm saying it because we believe - our

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group believes that's the only way to take on these projects. We have to work with the government, we have to work with the Ministry, that's their job, next slide.

What are we doing instead? Well you've heard about water and everyone's griping about water in the (unintelligible) and I have to tell you when I saw that boy for those everyday of those five days when he was admitted he got operated on for an elial (misspelled?) perforation and seeing him everyday for those five days was horrible knowing that he was not going to make it and I'm telling you that I can talk about it now you know because this happens all the time because people don't have clean water and he came from an area that was far away from our clinic and he died of typhoid and does Haiti know that it needs clean water? Of course, next slide.

And they're trying to put in clean water and then put in this (unintelligible) because they know - although they didn't know they would be ranked 147 out of 147 countries on the water poverty index, they didn't know that because the water poverty index hadn't been published yet, but in 1998 Haiti tried to emerge from a dictatorship where we had been only happy to send hundreds of millions of dollars to the Duvaliers (misspelled?), to the military. Two hundred million dollars in the 18 months after 1986 that we sent to the military government in Haiti that we gave them in aid. Now we have a blockade? Please, this makes no sense and we're doing it

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and not the Haitians, next slide.

This is their August 1998 already approved by the Inter(unintelligible) Bank already approved by the Haitian government, already blocked. Why was it blocked? Because the United States asked that it be blocked and now they're saying there's no embargo against Haiti but we have the paper trail, what are they going to do? Yell at me? They're not going to fire me because I don't work for them. In fact they did yell at me. I gave a PAHO centennial. I gave a talk. I don't think you were there and a guy, a vice president of (unintelligible) yelled at me in front of Sir George and all the gang there and they thought that was cool actually. They thought Paul's okay he can take this stuff. I don't like being yelled at but I happen to be telling the truth about this story and you need to know it and why would I say the United States government had blocked (unintelligible) into Haiti if it weren't true? What possible gain would I have from this? Well the gain I'll have from them unblocking (misspelled?) the water is not having to see these children come in with typhoid. So I beg you to help us address this ridiculous embargo, next slide.

There are lots of ways to do this but one of the reasons I'm here is because we have to build new sets of alliances to take on these problems. These are political problems and you know many of them, many of you work in Washington. Certainly my colleagues from RFK and the Global

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Health Council know but we need to broaden because we can't just have experts talking about this thing. We need to get the citizenry involved, you need to be involved, I need to stay involved and not to get discouraged by these things and anyway this is to make you laugh because how many times have you seen Barbara Lee (misspelled?) in white with Sean Penn and Keanu Reeves? Anyway thank you for having us all up here and we look forward to discussion.

MS. SOPHIA SOFOMONICO: We shall only take one second to digest what we have heard. I think we are all full of questions but I am speechless. So for anyone that wants I am opening the floor for questions. We just want you to use the microphones. Who's got them? Yes.

MR. ERIC MASTERSON: I was just wondering if you could speak to the political goals that are coming out of the Haitian government (unintelligible) Dominican Republic and that more of the will is coming from there in terms of finding HIV prevention and treatment for a political will and I want to know what you think the Haitian government is going to do on a national and local level? I'm Eric Masterson (misspelled?) from the University of Georgetown Latin American studies.

DR. PAUL FARMER: Let me just say first of all I'm glad you asked the question because I want to tell you that's not true and you should not trust your Dominican informant and write a little note to yourself of his or her name and write

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next to that not to be trusted. That's a lie and you could say oh that's a bit of a - or there are other ways of looking at it but why don't I just say that's a lie and be straightforward with you. The head of the AIDS Commission is the First Lady, now was that woman on the video you saw - were you here Eric when she was talking? Did she sound ill informed about AIDS? No but I'm saying they were talking about the Haitian government right? No, no, no but I'm saying you saw her right? Didn't she sound like a well informed First Lady? And the reason is and I'm sure that you agree - I'm criticizing your informant, not you, the person from the Dominican Republic who told you that because it's just not true.

Haiti has more political will around AIDS than I've had the good fortune of working for which includes the United States, Peru, Russia and Haiti. A little bit more than in other countries but that's the country that I've worked in that has more political will. Examples abound, the First Lady heads the National AIDS Commission, the President talks about AIDS all the time, when we need help what can they give us? I told you they don't have money, I told you the budget of the hospital in Boston is larger than the budget of the whole Republic of Haiti. They don't have money but they give us other things. They have machinery and personnel and they give us those. Why do you think that we have two Cubans for example? That's part of the official AIDS program. That's a gift to us from the

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Haitian government as well. So I'll be glade to go into details and exchange information with you - so it's really they've done all they can do. Now we need political will on our side unblocking (misspelled?) not blocking aid, not choosing to only go through NGOS and again ending our long disagreement with the Haitian people that goes back 200 years. That's America's job and the Haitian government has done it's job I believe.

MS. LISA BOWE: Thank you for your delightful, informative and interesting presentation. My name is Lisa Bowe (misspelled?) and I represent Planet International and I was wondering if you could just walk us through your scale up schedule and what you predict would be coming up in the next five years?

DR. PAUL FARMER: Thank you, and Eric I hope you didn't take that personally. I was just saying it about your Dominican (unintelligible) I should have (unintelligible). Anyway Lisa's question. Our schedule is to be scaled up across lower central Haiti within the next 18 months and to do that we have to work with public health officials - so far we've only worked with public health officials but there are partners here in this room that agree with us like Frenchie Tomar (misspelled?), the Public Health Facility, the Ministry Facility and a lot of support from U.S. based NGOS and universities and we'd like to scale up across the - for those of you who saw the map all the way from the Dominican border to Hench (misspelled?) within the

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next 18 months. That depends on the ability of my boss, Moon (misspelled?) over there to organize all of this. Everybody knows that she can do it and then in the three years after that, so years 3, 4, and 5 of the Global Fund plans to get it across the entire country which is forbidding terrain because it's so mountainous and there are no roads.

Now what good is that some critics would say? And well it's good for the people that live there and there are a lot of people. It's also good for other extremely poor countries that really could do this. Like I just came back from Rwanda last week and they wanted to know how I became an expert and they were asking all the same things the Haitians were asking and so we have scale up plans and we have (unintelligible).

The other scale up plans are for resource - are for other resource plans to scale up (unintelligible) aren't a lot of people who would do the right thing.

MR. ADAM TAYLOR: My name is Adam Taylor and I'm the Director of Global Justice and Paul why - if you could give us more insight that you have into Bush's plan to react. I know Haiti is one of two Caribbean countries that are meant to get some of that money but I'm wondering if you have had any conversations with their government and have any idea of what their plan of action is? In my conversations with people on the Hill is that even though someone blocks in terms of appropriating the \$3 billion dollars that's been authorized is

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that many are very skeptical that that country is on the list of those 14 countries that could absorb that amount of money and that the plan is undefined and so if you could kind of offer some advice what that plan looked like to you and that we as advocates can eradicate this notion that countries are not in a position to absorb it?

DR. PAUL FARMER: Well you know I can't speculate what's on their minds because that's - you know but I talked to some of them and I talked to some of them today and the one thing that I'm not willing to speculate is that I'm not willing to hear - I don't think that people are powerful and are doing this out of (unintelligible) I really don't. I think there are a lot of people right here in Washington that would like to see something good done and I have to as an AIDS doctor and activist, see it as if they meant to do the right thing. I hope not just because it's convenient to me but I have to believe that that's something that unites us. You know? For example, I have been candid on the embargo issue and many people are in disagreement with me on the embargo issue, influential people Americans of course however we still end up agreeing on AIDS and so I'm going to assume that that's going on here and I know a couple of Republicans who voted for this and pushed it and I have no doubt that they - I met them in Haiti - well I met them in Washington but I saw them in Haiti and I think they want to see this work.

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So then we get to the point and I think what you need to do and what I need to do and what we all need to do is make sure that these smaller projects are successful and there are ways to do that and one is to have a community based project, for example I will not name a country in Southern Africa with a GMP about ten times Haiti's which has a bigger AIDS problem and is so un-community based they actually argue that only doctors can draw blood.

I mean they'll never be able to scale up across that relatively small country if they believe that only doctors can draw blood. No doctor in our group draws blood unless he or she just doesn't want to get up and wants to use what we have in our drawer. Other people have to be involved in this.

So the first thing that needs to be community based in most of these places, it needs to be done by community health workers. They're the missing infrastructure and they should be paid. You now why should they pay me like \$100K to be an AIDS consultant or something and then tell us that peasants in rural Haiti work for free as volunteers. And I hear that all the time - you can't have - you can't have - thank you - you can't pay your community health workers. This is again experts on one ear and people in the community on the other and I don't believe that at all. This has to be community based and the work is done primarily by people living with HIV and community healthcare workers and that they are paid for their efforts or

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I wouldn't call it being paid. I would call it an honorarium and then third - what was third? Oh yes, you have to work with the public health sector. Haiti is not an exception. Haiti is a great place to work with the public health sector.

The public health sector is good to work with but they need resources, money, and solidarity or whatever you want to call it and then we also have to be very careful about equity issues and you know one way to avoid this huge debate about who should picket first but that's something that we need to debate about.

So for those of you who work for Congress, Bradley (misspelled?) and Steve (misspelled?) I would say that the details matter a lot more now suddenly and you know they mattered a lot less two years ago because we couldn't even get people to agree that we should even be treating people and now we're talking about getting \$3 billion dollars from the world's most powerful country, we should be talking about details and that's what we did all day today we got out there and talked to members of Congress who are completely amenable to the idea and that's what we need to do.

MS. MARIA RATCHER: Hi my name is Maria Ratcher (misspelled?) and I'm a graduate from the Fletcher School of Law and Diplomacy. I just wanted to thank you and actually and one of those times that you're in Boston if you could stop by in Fletcher and give us a talk I think it would be really

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interesting to have that. I also wanted to ask you because it was mentioned earlier as to whether HIV/AIDS (unintelligible) in Haiti and I heard a lot of rumors that HIV is a man made disease and I wonder how relevant the origin of HIV is to your work and as an epidemiologist have you come across any clues that might lean towards that and is that something that you all are actively working towards?

DR. PAUL FARMER: Well I'm not an epidemiologist I just play one on TV. Actually I have to say that back in the '80's I wrote a book on those kinds of ideas and it was called "AIDS: An Accusation" right? And that's what it was about and it was read by like three people, two of them related to me, four but you know in recent years I have to - I have to say that I didn't follow it and it isn't now the most - in our clinic it was (unintelligible) why are we spelling out all these (unintelligible) and part of it was our training and once you can see how the epidemic is spread in Haiti or Boston or in Russia where it's taking off and it's nothing like in Haiti, there it's drugs, injection drug use in Haiti that's almost unknown and so that's what I think makes it important for the public health whether the origin itself of HIV (unintelligible) and I think it qualifies but I think Hector does.

MS. PAULA NUMBSKI: Paula Numbski (misspelled?) asking questions on behalf of my two new friends today. Who both just walked out - no Christina's here - who are both in summertime

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internships here in Washington and they are asking me and I am asking you so I can tell my students, who can they go to? Who can they ask? Where can they go to learn what they should know? What should they read to further them along that path of social justice and helping them to develop the developing world if that's an okay phrase to use?

DR. PAUL FARMER: They would come to me of course - no I'm just kidding but I would just like to point out to Adam and to others who would agree that I can't speak enough about being active and I can't speak enough about (unintelligible). Why? Because - well because our own group started out as (unintelligible) and so did Adam's group and these are the by blows of being engage in - well we were in our early 20's and we didn't know that we would be building a hospital or be having one of the first Haitian AIDS programs and that was not the plan. The plan was to become involved in activism and stay involved in activism and it's hard during medical school (unintelligible) internship and other things like that and it doesn't matter what you study it's really hard to be a full time student and also be an involved activist but I recommend it because I think that you develop good habits and not the beer drinking and keg parties but (unintelligible) talking anymore because I'm not in Haiti and it's safe but I think that student activism is great and it doesn't matter what you get into because you're going to come out of it with so many things

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and then coming away with (unintelligible) and that's the part where people in our situation that (unintelligible) lucky to have been born here or to live here and we're sort of a nation that will use (unintelligible) out and it's just in the growing global inequality and you know it's not like it comes down off the tablet that you bought you know I didn't have that quality and so it does - it does (unintelligible) and (unintelligible) be involved and (unintelligible).

MALE VOICE 1: This is a question for Dr. Ezerealta (misspelled?) and maybe Paul would like to comment. You're work in the vaccinations in Haiti is certainly impressive and I was wondering if you encountered any social or other resistance among some portions of the population and the reason that I ask that is because we read that in some countries and in some cultures there's at least some part of the population that has misconceptions, or myths, or misconstrued (unintelligible) about vaccination and that prevents the goal of universal (unintelligible) and I was wondering if that kind of resistance existed in the cultures if that could be a marker of (unintelligible) or a lack thereof in getting drugs for HIV because there are a lot of myths that circulate about HIV and HIV treatment as well and I think those have to be overcome in order to reach the primary scale for which you're shooting.

DR. HECTOR EZEREALTA: The (unintelligible) is one of the big things when it comes to vaccination and it doesn't

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(unintelligible) when I used to go to Hidalgo (misspelled?) in La Paz (misspelled?) which is very high up I went with the vaccination teams and one thing that you do is you don't go with the people who do the work but you work with them (unintelligible) and they were - the people in Hidalgo (misspelled?) were (unintelligible) their dogs at us and you know they had dogs and (unintelligible) but it's interesting and I borrowed a camera from a friend, actually my supervisor and I said can I have your camera? And they thought I'd use the camera but I used it to get the dogs away from me [laughter] and then when I came back Gina Sambina (misspelled?) said how many photographs did you get and I said no I was trying to get rid of the dogs and some of them did do this on purpose because they didn't want us to get into the area you know certain - certain groups. There were (unintelligible) dogs (unintelligible) Spanish (unintelligible) very different and (unintelligible) then after lots of paperwork and it was very difficult you know the disbursement and we did reach a (unintelligible) but you expressed (unintelligible).

When I arrived to Haiti for the first time and Paul I met him there and we had lunch thank you - and the thing is I was expecting to have that kind of problem and I went through most of Haiti particularly the most difficult parts of Haiti but I never found anyone that didn't want to be vaccinated or for their child. So the kind of collaboration (unintelligible).

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DR. PAUL FARMER: I - I just think that what Hector's done is to re-socialize the areas (unintelligible) Native Americans and that's the important thing to (unintelligible) and not (unintelligible) can care (unintelligible) not long.

FREDERICK: Hi. My name is Frederick and I'm with (unintelligible) AIDS Action. I would like you to address this question and the Student (unintelligible) AIDS Campaign is (unintelligible) campus (unintelligible) building knowledge about that and in fact we're starting four of the in Florida using Dr. Farmer's book to inspire the students to read and be educated on the issue but half the problem now is if we're doing enough reaching out to people or are we even doing enough for them but bringing back the \$3 billion dollars that our President has so graciously and our Congress has accepted in spirit and its in appropriations right now in the foreign appropriations to fund that and people are speculating that it's only going to be \$2.2 billion dollars and that's about \$800 million dollars shy and then we realized that this money's between blood and between water and then we know this is blood money and we would hope that the people here would remember the ones who had voted against the Global Fund and the angels are dancing for the ones that voted for it and we hope to get the full amount. I'm sure that everyone's in agreement here.

My question is recognizing that anti-retro virals in the United States is about \$1,000 dollars or about \$1,200

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dollars a month to treat people and how a generic market has opened up internationally with CIPRA (misspelled?). Are you purchasing drugs outside the FDA in Haiti? And are they just as comparable to the \$60 dollar AZT compared to the \$400 dollar AZT?

DR. PAUL FARMER: Part of that is - well we're definitely buying generic. We're also using one drug that we can't find - there's no - we're not qualified to assess the efficacies of the drugs - our group - neither are most doctors or clinicians, they don't know how to do that and so we're leaning a bit on the World Health Organization so that's one thing - so they have a process - and no offense to my pals there but pre-approval is what they call it and in good manufacturing the GMP process what's it called? Process? Process.

So we lean heavily on them in hopes that they're right but we have decided in our work not to switch people off of drugs that they were doing well on. For example Efavorin (misspelled?) all of our patients who are on Efavorin (misspelled?) we don't know of a comparable maker of Efavorin and so we're still buying it. We're buying it at the same price - we're buying it at the price that was mentioned in the film - a reduced price but when you're in the position that I am which is that you do not sell the drug and we're working at and again I'd rather call it a social justice effort rather than a

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charity effort but I don't necessarily think charity is such a bad thing and obviously we need to find the cheapest store for drugs that we can buy without compromising quality of the drugs. So we're buying combinations of AZT and 3DCrumsippa (misspelled?) but we're not buying Efavorin (misspelled?) from - there are a couple of groups that say they're making it but we don't know enough about it yet and so we're acting like a clinician on a shoestring budget. Does that make sense?

In other words we're keeping clinical criteria and all the information that we can find on the manufacturer on the products given that we're not experts in that and when we feel comfortable we're still using that combination. And right now we're starting - we're trying to get all the new patients enrolled on generic combinations because frankly we can buy more and keep more people from dying but we actually haven't - or there are some people that would look at the ideological about this but we're too pragmatic we're not about to afford to pay \$299 dollars per patient or \$1,000 per month and we think that's a good thing for poor people. We use generics, we (unintelligible) and we're not religious about it you know what I mean? Not - the main thing for us to make sure the patient is well. If we had doubts about a drug then we wouldn't even buy it. Is that - did that - too detailed?

What I'm saying is that we don't know that for sure but our group has taken the plunge when the WHO says okay because

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they are the World Health Organization. We're trusting them a lot and I wish they were doing more to assess - what we're doing right now is called batch quality control. So every batch of generics we get we them through the International Dispensary Program in Amsterdam and they test every batch for us and other people can keep up with that too if they (unintelligible).

MS. SOPHIA SOFOMONICO: Just for now it is time to go and end the session. First of all I just want to thank the Global Health Council and (unintelligible) justice must not only be part (unintelligible) but justice must be done and we are organizing a Congressional educational tour to Haiti to see and hear for yourselves. This will be web cast on kaisernetwork.org and lastly join me in thanking all of our speakers.

[END OF RECORDING]

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