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**International Women's Summit:
Women's Leadership on HIV and AIDS
Opening Plenary
World YWCA Council
July 4, 2007**

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[START RECORDING]

MARY ROBINSON: -trying to address HIV and AIDS which was becoming increasingly a terrible, discouraging problem and in developing countries, particularly here in Sub-Saharan Africa, they're all linked human rights, with property rights, with the power imbalance, with the need to have laws on domestic violence and reform of the rape law, et cetera. But I did also learn firsthand about the extent and the severity of the stigma of discrimination.

I listened to women who told me when I went to get tested and I was positive, my husband, of course, he was responsible [inaudible] picked me up and threw myself and the children out of the house and none of his relatives would help and then [inaudible]. Many of you would have these stories and I think on this panel we'll hear wonderful stories, but they didn't still get past the fact that even then, after that struggle and the courage and the sense of becoming an agent for change for the family, those women still suffered stigma discrimination.

It's very relevant that many of you in this room don't want to be on camera and I understand why, and you don't want your families to even know you're here. That's the stigma of discrimination that we still have today. But as I listened even more and became more aware, I saw that there was another

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kind of discrimination that those who [inaudible] who are the absolute experts on the full range of issues related to HIV and AIDS, we're not involved at the table. You were not listened to and heard by those who were pontificating about HIV. You were not at the table of decision making. You were not involved in policy programs concerning HIV. You were not generally involved, except one personal panel at major conferences.

And I was aware that ICA and other networks of positive women were trying to change that, were trying to say, "Listen to us. Involve us. Have us the table." And this came to a head for me at the major HIV conference in Bangkok a couple of years ago. I was part of the program of the U.N. global coalition on women and AIDS and yesterday, the U.N. global coalition was meeting here and some of the panel members were at that meeting.

And as part of the program, we were doing a number of issues and the Ellis [misspelled?] [inaudible] very kindly asked me would I moderate, speak. In fact, I guess, I spoke at a meeting of ICA which was really confined to positive women. And I spoke from the heart, trying to tell a little bit like I'm trying today, but for me when I read Article I of the [inaudible] Declaration of Human Rights, and it reads, "All human beings are born free and equal, and with dignity and

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rights." I like that dignity comes before rights, but when you have this gross stigma of discrimination, where is the human dignity? And afterwards, Ellis and her colleagues asked me if I would become a patron of the International Community of Women Living With HIV and I've had a very good relationship. I'm honorary patron, but I like to be involved when I say that I would be patron.

So I've had many opportunities to work with and to see the work of ICA in London, but also regionally, and I'm really very glad to be supportive. And I saw the impact the ICA and other positive women actually did have in the conference in Toronto, the more recent HIV major conference, but there were still the frustrations.

And what I would say in conclusion is, this is now your space here and [inaudible] leading into the major conference and you have call to actually resonate with the major conference of women leaders on HIV and AIDS. If I may just say one critical thing, it's not exactly an ideal state, is it? I mean, we're far away from each other and there's something [inaudible] that's intimidating, so we have to make sure that it becomes a more and more friendly space.

I would have liked if we'd somehow been a little bit closer together, but I'm sure everything would be done to make it as friendly as possible. At least to me, [inaudible], so for once

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positive women are inside the tent so that the outside trying to make their voice heard. So I urge you [inaudible, applause] that you are challenged to make your voice heard and there are no more voices that are more expert on the issues. And please, frame your voice in human rights terms.

Human rights should really be your friend, be your tool, should be your ally. Remind people about Article I, that all human beings are born free and equal, with dignity and rights. Claim your right to be at the table. Claim your right to be part of the policy making. Claim that your voices are the voices that must be heard. And now, I want to listen to what I know will be a wonderful range of voices at this meeting [inaudible]. Thank you very much.

[Applause]

[PAUSE BETWEEN SESSIONS]

[No AUDIO 17:19-17:56]

LYNDE FRANCIS: -and have reached maturity living in a world that it should never [inaudible] and who has turned what many people would have regarded as a disaster in their life into a victory. Martha works as a volunteer with Mildmay Centre in Uganda and her aim and goal in life is to make young people living with HIV find their voice and be heard. Martha, over to you.

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MARTHA JUDITH NAIGWE: Thank you. I'm Martha from Uganda. I want to say, we should encourage young women to be empowered, to fight discrimination [inaudible] in the new programs coming up because you find most young women are being [inaudible], because we are the future generation. We need quite a lot of help [inaudible], which would lead to better understanding and more flexibility to accommodate each other's [inaudible].

Also the involvement of the young woman at all stages, [inaudible] planning, implementing [inaudible] activities, actions and much [inaudible] and gradually increasing them. So confidence of a young woman, as well as helping to reduce stigma and discrimination. We also advocate for much more education for a young woman, we must be facilitated [inaudible] assured that they have skills, knowledge, to participate in the policy [inaudible], as well as the provision of services, information and counseling. Thank you.

[Applause]

LYNDE FRANCIS: That was short, but very sweet, just like Martha herself. And I think now we are going to proceed to the panel and I would like to say that this panel is intended to stimulate the flow of your juices. We have brought here together the ingredients for a recipe that will inform and direct the rest of this wonderful summit. And each of the speakers on this panel will give you a brief taste of the

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different themes that you will be following in the proceedings today and in the next few days.

It's intended to get your thoughts going, it's intended to get to get your questions ready and to start the whole process in a way that is dedicated to positive women. And as a veteran in this fight, I think this is the first time I've ever been privileged to be in a space that is totally dedicated to positive leadership of women and I really want to thank all the organizers of this for giving us this space and giving us the chance to make our voices heard.

Our first panelist is Dawn [inaudible]. Dawn is also a veteran, diagnosed in 1988 at the age of 19. She has come through a lot of struggle to become an advocate, and an activist and a person who is well known for her voice and her experience in the United States and internationally. She is the founder of a society called - I can't read this - alright, The Well Project. And she is in herself an example of how positive women can use their positive status to affect and help and promote leadership amongst other positive women. Dawn, over to you.

DAWN AVERITT BRIDGE: Thank you. Good morning. It's a somewhat daunting task to sit in a room full of leaders and talk about what makes effective positive women leaders. So with that tribute to all of you in this room, I will share with

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you some of my experience briefly. Like some of you, and as [inaudible] said, I was diagnosed in 1988, 19 years ago, with HIV disease. I was told by my doctor not to read anything, it was too confusing for me, and not to tell anyone because it would ruin my family's life.

My story's not that unique. It's only important in the context of all of our stories. It was an essential part of my journey. It kept me silent for many years, about six or seven, before I was ready to start speaking out. But that burden of silence was incredibly informative for me in my process, finding my voice, and finding my power and my story. And my story was only important and relevant in the context of all of our stories. It's about all of our triumphs and all of our struggles.

No one of us can be the leader. We are all leaders in this fight. So to that end, I tried to think of a few things to distill down for you that might make positive women leaders and the list kept getting longer and longer: timing, patience, perseverance, clarity, focus. But it came down to a few things for me. One is community. None of us can do this alone. It's impossible. We must have each other and it is awesome to be in this room full of other positive women.

Our collective experience is where our strength lies and that is what allows us to go out and be leaders. I'm a little

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utopian. I believe that people really do want to help and I just have to show them how to help. I think it's important for us to speak our truth. Again, all of our experiences are valid. And finally, I think it's critical that we learn to channel our anger. Our anger is an important tool, but we must learn to channel our anger into action and not at individuals.

It is essential when we find ourselves at the table that we can channel that anger effectively. Ultimately, we are the key normalizing HIV disease. All of us have struggled at some level with stigma. But women and girls will change the way the world views HIV. So how do we build on this? I thought, maybe three things each of us could do today to continue to build effective positive women leaders.

One, no one should leave this conference today without having met at least five women you didn't know before, take their names and their numbers, again, our power is in our collective voice. Number two, when you get an invitation to be at the table take another woman. Being the one positive woman at the table doesn't make you a leader and doesn't necessarily give you the power or the ability to act as the power that we all have. And finally, find your voice today. This is a safe space for all of us. Talk to other women, even if you've never been able to speak out before, your voice is important and it's important here today. Thank you.

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[Applause]

LYNDE FRANCIS: Thank you so much. And I must apologize, I am visually challenged and it's very difficult for me to read. It's The Well Project. Such a simple name and I didn't get it right.

Our next speaker is Kousalya Periasamy. Kousalya is also something of a veteran in this struggle and in a very difficult environment. Her mission in life is to not let what happened to her happen to other women and to see that those infected and affected get the care, support and treatment that they need.

Kousalya was only 20 years old when she was diagnosed with HIV. And since then, she has formed the Positive Women's Network in [inaudible]. And she has become a leader and a convener, and a person who empowers other women in her country, both nationally and regionally. I welcome you to speak, Kousalya. She's also a member of the International Community of Women Living With HIV.

KOUSALYA PERIASAMY: Good morning. Welcome, you all. I am living with the virus. I got my status in '95 and I'm HIV-positive. So I am [inaudible]. I am doing whatever I can do in helping women, both men and women, living with HIV and that's my beginning HIV status. So I'm working for Women Living With HIV. So that's my story. And like a few of the men living with men in India [inaudible]. We got this idea

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from Australia because they have [inaudible] Network. So that's something [Inaudible] network in India.

So mainly my motivator is [inaudible], she's sitting here. [Inaudible] my presentation in how our network, nationally and internationally, how our network fosters [inaudible]. And because right now we are not getting any results for [inaudible] working for advocacy are any training [inaudible]. We are struggling with the country to let us run the workshop, run the [inaudible]. We need mainly to independent our selves. [Inaudible] economically toward our [inaudible] and then our network should be run independently without anybody's support.

So that's what my main theme is today. We are [inaudible] network in India. We not defending anybody, we are running it independently. We are starting [inaudible] and state level also in the network. [Inaudible] women living with HIV [inaudible] and children [inaudible]. [Inaudible] without discrimination and anything. [inaudible] we got this vision. [Inaudible] and then we had to build the capacity for women and then [inaudible]. We are running in the one small [inaudible]. And then we are also doing whatever we are doing [inaudible].

LYNDE FRANCIS: Thank you so [inaudible]. Our next speaker Irina Borushek reminds us that while we tend to be focused on the developing world, and sub-Saharan Africa in particular, and the transmission of the virus through heterosexual sex, it

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actually is a virus that [inaudible] all types of societies, languages, ethnicities. Irina comes from the Ukraine and that is an area where I know it has been very, very difficult to work and to get things started. And she is locally, and nationally, and regionally important at a focus point for women living with HIV. And she started the all Ukraine [inaudible] people living with HIV in 2001. Irina, over to you.

IRINA BORUSHEK: Good morning dear friends, ladies, colleagues. I am glad to have the opportunity to speak today on behalf of the women of Eastern Europe and Central Asia. In my region, injecting drug users are those most affected by HIV. Drug users living with HIV are beginning to direct greater attention as a group that is doubly marginalized. However, not enough is said about a group that is greatly stigmatized.

Women living with HIV/AIDS who use drugs in countries where gender equality is often seen as a foreign concept and drug users are still denied access to ARV. I myself was an injecting drug user for 18 years and I want to speak on behalf of the women for whom HIV diagnoses, that decision to beat drugs and the hope of [inaudible] children come together. [Inaudible] the only diagnoses that has been given to the junkie [inaudible]. Pregnancy means being means being offered [inaudible] abortion [inaudible] who refuse even to touch you.

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Sexuality [Inaudible] sexual violence from the police. For drug using women living with HIV/AIDS access to ARV is not only a chance to survive, it is a chance to raise our children, help our partners and improve the [inaudible] is possibly not only of the drug use but the HIV diagnoses. To date [inaudible] attention to the needs of HIV positive injecting drug users [inaudible]. [Inaudible] access to ARV treatment. Reproductive and sexual health will be ensured in all international declaration [inaudible]. [Inaudible] the specific needs of us as women will be met by all programs, including substitution treatment, rehabilitation and social support.

As a representative of the all Ukrainian network of people living with HIV/AIDS, I am proud to speak with nation now [inaudible] is getting more and more involved in the insurance relate through the rights of women living with HIV/AIDS. [Inaudible] voice is getting more and more vocal on all levels of decision making and we want to move forward to make our voice, the voice of injecting drug users, women living with HIV/AIDS, to be heard on international level.

Thank you for your attention and I'm sorry for my bad English.

LYNDE FRANCIS: Thank you so much, Irina. And our next speaker comes from a very different part of the world, a much

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warmer part of the world, and I can claim her as some sort of compatriot because I was born in Trinidad. And she comes from the Caribbean and is a very well-known activist and advocate in that region and a member of the Caribbean Positive Network. Deborah over to you.

DEBORAH V. WILLIAMS: Thank you. Good morning, all my sisters.

AUDIENCE: Good morning.

DEBORAH V. WILLIAMS: I am here to actually talk to you about gender equality as it relates to HIV and AIDS. Women hitch rides with truck drivers on lonely highways in Southern Africa, India, [inaudible], or Russia. They fly business class, with men in their suits too, and walking through the doors of both sex workers and housewives. [Applause] [Inaudible] in college canteen. Plays on the swings in the park. Shops at the grocery around the corner and smiles at you every day when you are at work. [Applause]

Why are the numbers of women living with HIV increasing faster than the numbers of men? Gender inequality, denial, violence and stigma are major dynamics. Starting with the everyday realities of people's lives and with the priorities of positive women are some of the approaches to these problems. We have to work with young men to reflect on and to re-evaluate their attitudes and behaviors towards women.

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HIV and AIDS is not driven only by gender inequality. It puts women, men and children [inaudible] at risk. Example, men who have sex with men, sex workers and drug users. Traditional help-based approaches have been and continue to be inadequate, ignoring the social, cultural, economic and human rights dimension. An important, corrective measure is the focus on sexual and reproductive rights for women and men. Yet, a broader human rights framework is needed to address the rate of inequality that drive HIV and AIDS, including poverty.

The relationship between HIV, gender and poverty is complex. And there are present concerns for short-term survival. This may leave women [inaudible] survival sex, which paradoxically can expose them to the long-term risk of [inaudible] and that's through HIV infection. Girls face sexual abuse and violence in and out of their homes. Women in long-term relationships risk violence if they insist on condom use or refuse sex. Probably also limits people's access to sexual health information, prevention technologies and treatment.

Why Africa is the only region where females outnumber males among the newly infected? Studies show that women and girls in other parts of the developing world, including the Caribbean, Central America, South Asia, have a greater susceptibility to the virus as it moves from high risk groups

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to the general population. Gender norms influence women's vulnerability to HIV. In many places, these norms allow men to have more sexual partners than women and encourage older men to have sexual relations with younger girls. The denial, blame and stigma surrounding HIV has silenced open discussion, delayed effective responses and this is added to the burden of those living with HIV and AIDS.

When it comes to decision-making in relationships, men are expected to dominate and the women to be perfect. So address the gender imbalance [inaudible] HIV and AIDS pandemic. A number of approaches should be made to programs working with men and women on prevention and care. For examples, programs can encourage men to discuss sex, drug use, and HIV and AIDS. Encourage men and boys to explore ways in which they are still raised and how they expected to behave.

Improve men's sex information, confidence supports. Support in efforts to reduce male violence and sexual violence. Advocate for wider understanding and acceptance of men who have sex with men. The complex nature and magnitude of the pandemic requires a quality of [inaudible] should occur at all levels which encompasses different approaches. Such as service delivery, capacity building, research and advocacy and incorporated into all sectors.

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The effectiveness of the response is dependent on our ability to deal with the inequalities that both drive and are entrenched by epidemic. Debate must be opened up around issues of sexuality, [inaudible] gender equality in sexual relationships. And challenge the stigma and discrimination faced by those living with HIV and AIDS.

Some recommendations will be as follows: enforced legislation to protect women and children – sorry – women from sexual and domestic violence and marital rape, and provide training and resources to [inaudible] and government officials to personally [inaudible] reporting and prosecution of sexual gender-based violence to ensure that perpetrators are held accountable for their crime, ensure equal access to health services and education, and take measures to protect girls from sexual violence in the homes.

If you take away our jobs, you will kill us faster than the virus. If we [inaudible] our HIV status this ensures us a regular income and keeps us and our family [inaudible]. Thank you.

LYNDE FRANCIS: Thank you so much. Our next speaker is compatriot and my colleague in ICW. Gcebile is ICW coordinator for the Southern African region, a region which is deeply affected. And Gcebile is a nurse practitioner and midwife by

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profession, who has spent many years working with the terminally ill. Thank you, Gcebile.

GCEBILE NDLOVU Thank you. *Jambo* [foreign dialogue]. It is a great pleasure for me this morning to be [inaudible]. [Inaudible] that you are behind all the work that you do. We do thank you very much. I am encouraged by the [inaudible] ICW and many other [inaudible] in the reproductive rights and health of women living with HIV. Actually, that is one of [inaudible] main areas of [inaudible].

We need to address HIV/AIDS and sexual reproductive rights in health. [Inaudible] cannot be overemphasized. Needless to say, most infections are [inaudible] sexual intercourse. And then HIV infection in [inaudible] and our ability to achieve our full sexual reproductive rights and have [inaudible] and desires should be fulfilled. The [inaudible] in us does not take away our [inaudible]. It might be encouraging to note that government have commitments [inaudible] international conferences such as Beijing 1995, [inaudible] 1994 and [inaudible] right in 1993 have [inaudible] sexual and reproductive rights as human rights that must be enforced.

[Inaudible] governments have agreed that addressing women's reproductive health as a fundamental human right is key to promoting gender equality and the rights to development.

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There's no doubt that women in the [inaudible] political agenda. [Inaudible] obligated to uphold local commitments to women's health and rights by introducing gender-sensitive [inaudible] that guarantee and safeguard women's reproductive rights, locating financial resources to implement a [inaudible] policies and programs, as well as creating [inaudible] to monitor and then show [inaudible].

What are sexual and reproductive rights [inaudible] a powerful tool for advancing women through protective health and empowering women to address the social conditions that jeopardize their health and life. Sexual and reproductive rights are founded on principles of human dignity and well being. Broadly speaking, they include two key [inaudible], all persons have a right to sexual and reproductive health care. All persons have the right to make their own decisions about their sexual and reproductive lives.

Most [inaudible] a broad range of internationally and nationally recognize the political and economic [inaudible]. Social [inaudible] that include the right to life, liberty and security, the right to her reproductive health and family planning, the right to decide the number and timing of children, the right to consent to marriage and equality in marriage, the right to privacy, the right to be free from [inaudible], the right to be free from [inaudible] women and

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girls, the right to be free from sexual violence, as well as the right to enjoy scientific progress and to consent to experimentation.

Our content is HIV-positive women have the level of information [inaudible]. Women living with HIV are [inaudible]. So women who die of cancer instead of [inaudible]. Our other concern is the length of treatments for sexually transmitted infections and environments have caused no access to those treatment. The lack of regular sexual health screening; lack of access to prevention [inaudible] condom, commitment to [inaudible], prevention of [inaudible].

Maybe just to go through our expectations, which are many. I'll highlight just a few. We need our governments to honor their commitment, bring us closer to realizing our rights. We need to be empowered and supported to reclaim our right [inaudible] area. We need to maximize women's access to appropriate information and treatment, issues in their reproductive health record. And then, of course, we need to advocate for access for legal services for positive women. Lastly, let us have women's positive [inaudible] on the issues of [inaudible], as well as termination of pregnancy. Thank you very much.

LYNDE FRANCIS: Thank you, Gcebile. The problem with a panel like this is always to keep to time and leave enough time

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for discussion. But I've kept the best until last, and I speak as a grandmother and probably the oldest member of this panel both in age and in HIV. And on my left is the youngest member of this panel who represents the future of women leadership around HIV.

Stephanie said at our meeting that we had yesterday, she had to tell two truths and a lie. She said, "I have a cat. I've been HIV-positive for 15 years and I have been with my boyfriend for three years now." And the only thing that was a lie was that she doesn't have a cat. And so afterwards I asked her, "How old are you?" And she said, "Fifteen." That's enough to introduce her.

Stephanie comes from Australia and she's a voice for young people not only in her own continent, but all around the world.

[Applause]

STEPHANIE: Good morning, my sisters, mothers and even grandmothers. It is an honor to be here in front of you today. I'm blown away at how many people are here.

My name is Stephanie and I was born 15 years ago in Australia, positive. My story is about living as a teenager in a nation that's often referred to as a lucky country. Lucky, perhaps, if you do not have HIV. You may think that because

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the medical guide in Australia is so good, so is the social guide, but you'd be wrong.

When HIV/AIDS first arrived into our country, the medical response was so strong and immediate, but unfortunately, so was the media response. While I was playing with building blocks when I was little, HIV/AIDS campaign, images of the grim reaper falling over men, women and children in horrific [inaudible] of death. This was the image of AIDS and it's still remembered for its graphic images.

The wider community was so struck with fear they could do nothing but get rid of the diseased people and shut out from society. So today, I come forth to you not like other schoolgirls. I try to be, but I also have to deal with [inaudible], discrimination, uneducated attitudes at school, what to tell my negative friends, and the constant fear of being found out.

A daily normal activity for any teenager is sleeping over at a friend's house. This demands more consideration for me than simply packing pajamas and a toothbrush. It becomes a major issue with my medication, having to hide it from my friends and their family members. But the very fact that people like us are still here shows that we are some of the strongest women in the world.

[Applause]

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We have lived through the long, harsh war of HIV and we are going to continue living and fighting it. I was born during that war and continue to survive, but no one expected me to. For any teenager, high school is hard, but the cloud of the secrecy looms over my head every day. I've heard the worst of the worst of AIDS jokes. Even at my private Catholic school, I separated myself from those who told the jokes, which was pretty much every student there, and when I told the vice principal I was positive, I was asked to leave unless everyone was informed.

I was shocked and horrified to see my nightmare had come true. And even though it is illegal, the school continued to discriminate against me and told everyone there. I bailed out, knowing I could not win. Sometimes I wonder whether my positive friends would have stayed to fight. Would you have stayed to fight?

There are many heartbreaking stories of little kids being humiliated from the illness they inherited. But the teenagers of Australia and the world are not going down without a fight. We will not be stamped out easily and it is sad that having lived through 15 years of social war zone, there is more blood, sweat and tears to be had. [Applause]

The only time in my life where I am free of discrimination is at national camps for HIV-positive children

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and their families. We know as we enter the camp, we're going to be 100-percent understood and loved. But I can tell you now, there's nothing like the bond between the positive teenagers. When we get together, there's no stopping lots of teen support and stories of past members who have died. And it is a terrifying feeling every year on the plane to wonder who is missing this year, and hoping and praying that if they are, it's because they [inaudible]. So many times they are not [inaudible].

I will never forget a speech given by 16-year-old Shanon at a Camp Remembrance ceremony where we late for [inaudible] conveying messages of love for the top members who have died. I was 10 years old and this was my first camp. Shannon had just lost both his parents. He was alone in the world and had no one else to turn but his family at Camp Good Times. And with the knowledge that we would support him, he spoke for the very first time about his hardship of watching his parents die. He's the oldest positive member at camp and he shared with us the pain that gets me through every day.

[Inaudible] that matter do not mind and those that mind do not matter. [Audio gap] afraid to face the illness. Imagine being a kid at school telling the AIDS jokes and then one day coming home to find out you are the one with AIDS. If education were better at school, this child would know they're

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not dirty or infected. They would know they are successful and they could do anything they want and live as long as they want, but sadly, they do not know these facts. If it wasn't for one person here, my mentor, Bev [inaudible], my country was taking a long time to recognize women as positive people. She stood up to the satirical youth and introduced women. She helped started the first women's support group and if it wasn't for her, I would not be here introducing you to the teenagers of Australia.

So today, I ask you to take my story and use your own to make an imprint, to speak up for your rights because you're worth it. You are living proof that you can make it in this harsh world with HIV. I would like to say thank you to my mom and my supportive family for getting me here. And without knowing it, my negative friends, because they showed me how ignorant people can be. For it is worse that from people who have lived that will make a difference, not the words in the textbooks.

I'd like to make a special mention to the HIV speaker's viewer in Australia because they taught me how to speak, to find the words and the strength to touch people's hearts. To the YWCA for making this journey come through for me, thank you. [Inaudible] ladies, sisters, grandmothers, mothers, today I ask you to go out with the power of speech. Do not let

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anyone take away any of your power through fear or discrimination, and remember, you're stronger than you could ever know.

My name is Stephanie and I've lived through the cold, harsh war of HIV and I have something to say to the world. Do you? Thank you.

LYNDE FRANCIS: I'm almost lost for words. I said in the beginning that I'm a veteran of this struggle and this is the hands that I'm handing over to you for leadership in this struggle for the next 25 years, I think we're in very safe hands. We had hoped to have more time for discussions, questions and answers. We have just a little time.

You have the microphone in front of you and you press it to speak and because of time, can you just give your name and where you're coming from? And if it's a question, can you say who you're addressing it to and speak slowly for the translator? And if it's a comment, keep it brief, because we want to get as many people to have a chance to speak as possible.

FEMALE SPEAKER: I can see there's a lady over there with a yellow – she's got her hand up in the fifth row. Can you move to a microphone?

FEMALE SPEAKER: [Inaudible]

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FEMALE SPEAKER: I'm [inaudible]. I work with Women's International [inaudible], which changed my life because they accepted my condition [inaudible]. I was seen that 1996 [inaudible] I'm not going to tell lies. I'm going to tell these women that I'm HIV positive. If they want to take me [inaudible], if they want to leave me out I go back and die. But they say, "Your problem is our problem. And you will [inaudible] women do help other women."

So my testimony is that [inaudible] Uganda, as we separate from the war, we have [inaudible]. [Inaudible sentence]. When I tell them my story, they say, "You look very healthy and happy. We don't believe you are HIV-positive." [Inaudible] show that you are actually HIV-positive. I always go with my doctor's papers and show them. [Inaudible] leave here today positively and very happy. [Inaudible]. So my only advice is that [inaudible] other woman's rights. Thank you.

FEMALE SPEAKER: I realize that as positive women in a very unaccustomed situation of having space to be together, it's tempting to make our testimonies. We will be having time for the [inaudible] for the rest of this day to share with each, to learn from each other, to teach each other. So if you could address your questions and your comments to the panel and to the themes of this day. Please just press your button and speak.

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FEMALE SPEAKER: Good morning ladies. I'm very happy to be here. Though I'm not an HIV-positive lady, but I have a husband, he's already HIV positive. After this I'm working with [inaudible] women. My concern is so big on prevention measures, which we always take. Condom and female condom is not very favorable for the grass roots women.

Myself, I tried to use it, I can't use it. It is very difficult. I think we all talk to the industries to find out a way to make it [inaudible] grass roots women [inaudible]. Grass roots women can use so [inaudible]. It's still going to be a problem with grass roots women if we cannot get away to improve it.

So let us [inaudible] so that it can improve. The scientists can give us some other medicine so that we can prevent ourselves [inaudible]. [Inaudible] because men go through more condom use. Thank you.

FEMALE SPEAKER: Thank you. I think we're going to have a lot of chance in these next few days to discuss all these. One of the reasons for this forum is so that we can prepare one voice to feed into the bigger summit and into the bigger conversation in the world. Next?

FEMALE SPEAKER: Good morning, ladies. My name is Anita Isaacs [misspelled?]. I'm from Namibia. I'm directing to [inaudible]. How do we address our gender inequality if

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women in [inaudible], especially our [inaudible], are not supporting us? This summit should [inaudible], especially in women and also women ministries in our countries. [Inaudible] on how to approach them and get them involved in the fight, because we [inaudible]. This [inaudible] is HIV positive, but she doesn't want to come out. She doesn't want to suffer. Women [inaudible] to the fight. So I want this summit to come up with [inaudible] so that we can get them involved. Thank you.

FEMALE SPEAKER: [Foreign dialogue].

FEMALE SPEAKER: Thank you very much. But I'd like to say please can we address questions to the panel rather than comments and speeches. We're going to have a lot of space for those. There have been hands up over there. The lady over there, can you speak up?

FEMALE SPEAKER: *Buenos dias.* [Spanish dialogue].

FEMALE SPEAKER: Thank you very much. That's very true. I think these comments will feed into the discussion. We have another person over there in the front. Yes?

FEMALE SPEAKER: [Foreign dialogue].

[Interpreter]

IRINA BORUSHEK: I'll make it brief. I just want to say that we'll equally share our experience which was gained in the Ukraine working with drug users.

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[Interpreter]

IRINA BORUSHEK: I believe that we can do it after this session, just come up to me and we can talk together and discuss all the issues.

[Interpreter]

IRINA BORUSHEK: Because if I start telling – sharing with you all the strategies which we use in our country, one working day will not be enough.

FEMALE SPEAKER: Thank you. I'm awfully sorry that I have to say that we only have time for one more question. There's a lady over there with a pink scarf who's had her hand up for a long time and she will be the last speaker. But please keep your questions, please keep your comments, keep the thoughts that have been stimulated by this and bring them into the workshops and the sessions. The problem you're going to have is to choose which one because there's such a wonderful wealth of sessions for you to go into. Please speak.

FEMALE SPEAKER: [Foreign dialogue].

FEMALE SPEAKER: I have been to Brazil several times and I know how much discrimination there can be and also great courage and struggle of many groups that you represent and I would be very happy to [inaudible] what could we do you can find at www.realizingrights.org. [Inaudible]. If I may, could I just pick up on the very important points of [inaudible].

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Actually there is a program in four African countries, Kenya being one of them, where ICW and Realizing Rights, Amnesty International, ICW and [inaudible] are working precisely to get parliamentaries to give leadership in their constituencies. And ICW members are helping them to know how to talk about the issue and how to get in touch and how to address all the legal and discrimination and other problems that we've heard about.

We need parliamentarians of every country to be in [inaudible], that's what they were elected for. So this should be one of your strategies I think. Thank you.

FEMALE SPEAKER: Thank you very much to all my panelists. As always, when positive women get together, there's never enough time. I hope that this panel has given you a little bit of the flavor, a few of the ingredients to bake a big cake to present to the [inaudible] summit. And I really have to say some special thanks yours.

One is to the local positive women's networks who have worked tirelessly to host this and to make it a warm and welcoming place for us together. The biggest one goes to the YWCA for opening themselves and their space to positive women and making our struggle their own.

And last, but not least, to one little diminutive person who was stolen from Africa, continuing a long tradition

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of mining the treasures of Africa and taking them to Europe, Sophie Dilmitis is my compatriot from Zimbabwe who now lives in Geneva and many of you have been getting e-mails from her and you will know that it is her inspiration, her dedication, her commitment, not to mention her gray hairs, her sweated nights, her midnight oil burned for the last several months to put this together and also to make sure that the recipe contains ingredients from the widest possible geographical ethnic and age range possible so at the end of it we'll something that represents us all.

Sophie is a perfect example of the future of women's leadership in this war and I hope that all of us will learn from each other, from our great panel and teach other and share so that Stephanie and the other warriors that are coming out will go with our knowledge and our wisdom and bring to us the fresh blood of a new generation to fight the war.

Before we go I believe there's some [inaudible] supposed to be made. Sophie, are you -

SOPHIE DILMITIS: Yes, thank you. Thank you so much for doing a fantastic job at moderating and to all the speakers and to [inaudible] who do not have a very easy job keeping up with the speakers, so thank you so much to all of you.

[END RECORDING]

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