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**XVII International AIDS Conference Press Conference: The Role
of the AIDS Epidemic in Black America in the Global AIDS
Epidemic
August 4, 2008**

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PHIL WILSON: Good afternoon. On behalf of the Black AIDS Institute, I want to welcome you to this press conference. My name is Phil Wilson. I am the Chief Executive Officer of the Black AIDS Institute. Before we begin, I would like to introduce our panelists.

Beginning with Dr. Helen Gayle, the President and CEO of CARE USA. Next to her is the Honorable Barbara Lee. Next to Congresswoman Lee is Pernessa Seele, Founder and Chief Executive Office of The Balm in Gilead. Next we have Dr. Jacob Gayle, Vice President of the Ford Foundation. And last but not least we have actor and activist, Ms. Sheryl Lee Ralph.

Founded in 1999, The Black AIDS Institute is the only national HIV/AIDS think tank in the United States, focused exclusively on black people. Our mission is to end the AIDS epidemic in black communities by engaging and mobilizing traditional black leaders, institutions, church based organizations, civil rights organizations, in efforts to confront HIV and AIDS. We do that by providing training and capacity building, disseminating information, and acting as advocates for effective AIDS policies. And as we say, we do it from a uniquely and unapologetically Black point of view.

There is a lot of talk here this week about the news that AIDS in the United States is much worse than had previously acknowledged. And while it is shocking to see the

CDC numbers, for most of working in AIDS, particularly those of us working in AIDS in Black America, this is not news. We have known for years that the United States has been under counting its epidemic and consistently failing to respond to the needs of those infected and those most at risk. This failure to respond is particularly acute in Black America.

The institute released the report called "Left Behind" which illustrates just how profoundly AIDS in the United States has become a black disease. Twenty-seven years after the identification of AIDS and twelve years after combination antiretroviral therapy became available, one-half a million Black Americans are infected. And over 25,000 new infections each year.

Maya Angelou said, "When we know better, we do better. When we know better, we do better." After all the news of this week clearly, clearly, we know now better. The question is do we have the moral courage to do better.

Now, enough talk already. It is time for action. And this conference, this press conference, we are calling for action. We are calling today for a national AIDS strategy for the United States. A clear, aggressive plan of action to provide HIV education, prevention, and treatment to all who need it.

This national AIDS strategy would be the equivalent of a U.S. PEPFAR, incorporating many of the same approaches the

U.S. recommends for other countries with serious HIV epidemics. Specifically, this strategy must, number one, set and meet ambitious national AIDS reduction goals through measurable, sustained increases, and access to effective HIV prevention and treatment.

Number two, invest at least 1.3 billion dollars per year, as identified by the Federal AIDS Policy Partnership to implement a comprehensive national prevention strategy that includes sexual risk reduction, including abstinence, negotiated safety, and proper condom usage. Risk reduction, for HIV drug users, including needle exchange programs and other harm reduction strategies. And access to substitution therapy and drug treatment. And access to preventative health care for all Americans.

Number three, support for efforts such as the Test One Million Campaign, a national campaign to raise awareness about the importance of HIV screening and utilization of treatment by providing voluntary testing and counseling to one million African Americans and elevated risk for infection. And who do not know their HIV status.

And number four; support for traditional black institutions to develop their capacity to make AIDS a top priority and a central component of their work.

The "Left Behind" report shows us what Black America would look like if it were a country unto itself. Black

America would have more people living with HIV than the total HIV population of seven of the 15 PEPFAR countries. Outside of Sub-Saharan Africa, only four countries have adult HIV prevalence as high as the conservative estimate, two percent among adults for Black America. Life expectancy in Black America is lower than that of Algeria and the Dominican Republic and Sri Lanka. Infant mortality in Black America is twice as high as infant mortality in Cuba, and markedly higher than in Belarus, Bosnia, Hercegovina, Estonia, and Russia.

The U.S. is a leader against AIDS all over the world. And we strongly applaud that leadership. But the U.S. is not leading against the epidemic within its own border. The U.S. is currently failing its people and that is a direct attack on Black America. Today we are demanding the immediate implementation of a national AIDS strategy for the United States.

As my grandmother used to say, "When you fail to plan you plan to fail." Call it a domestic PEPFAR if you will. Our other speakers will have more to say on this topic and others. But now I would like to introduce our first guest. Someone who has great insight into both the U.S. and global AIDS epidemics. CARE's CEO and President, Dr. Helen Gayle.

HELENE GAYLE, M.A., M.S., PH.D.: Thank you and thank you Phil, and thank you for the leadership that you have shown in producing this report, "Left Behind." I think it really is

high time that we reinvigorate our response to HIV and AIDS in the United States with a focus on the populations most effected by this epidemic.

Now, as Phil mentioned, the data that was just released from the CDC show a large gap in our knowledge on how HIV is moving in American society. And we applaud the efforts to get better numbers and better estimates. But I think it does show that we have been behind the eight ball in many ways. And a significant gap in the national response to the epidemic is evident and it is increasing in an epidemic in Black America.

As an epidemiologist and for somebody who has worked both domestically in the United States and globally for over two decades, I would like to talk about how AIDS manifests in Black America. And how our response to that epidemic in no way matches the reality or the needs.

There are lessons to share between the aspects of the epidemic in Africa and other seriously affected regions and the epidemic among Black people in the United States and that is what I want to talk about.

So what are some of these parallels and what are some of the lessons that we could learn from our work internationally that could help us to address the epidemic among Blacks in America? As in Africa, HIV in the United States takes a tremendous toll on Black women. Black women are 23 times more likely than White women to be diagnosed with

AIDS. As in other parts of the world, many Black women in the United States are more vulnerable to HIV because of gender inequality, lack of decision making in sexual relationships. And Black women often cannot insist on things that we use simplistically in our prevention messages like abstinence or use of condom because of fear of violence or other types of emotional and physical abuse from their partners.

As in Africa and Asia and Eastern Europe, young people in Black America are at high risk for HIV because of inadequate HIV knowledge, high prevalence of intergenerational relationships—particularly for young Black women—and a lack of youth tailored HIV prevention programs that really put prevention in the hands of young people. And have programs that are tailored to their needs, to their culture, to their realities.

As is true throughout the world Black American men who have sex with men are at very risk. More than twice the rate of HIV infection as their White counterparts. Blacks account for more than half of drug related HIV infections in the United States. And the U.S. faces some of the HIV prevention challenges as other parts of the world, including the hostility that we see to harm reduction and the high rates of incarceration without access to HIV prevention and treatment. And the high rates of homophobia.

Black Americans are generally diagnosed with HIV very late in the disease process. The time between HIV diagnosis and AIDS diagnosis is very short in Black America, often less than 12 months. And that rate of late diagnosis is correlated with worse outcomes, including earlier deaths for Black people living with HIV.

The "Left Behind" report points out that the federal government's approach to the epidemic in Black America is fundamentally flawed because it uses only a concentrated epidemic model that focuses exclusively on high risk populations.

However, in many parts of Black America we realize that transmission is being experienced outside of those so-called high risk groups. And that there is greater interface between groups that are considered to be high risk and what would be considered the general population. So that interface is different, and treating it as if it is only concentrated epidemics and using strategies that focus only on concentrated epidemics does not necessarily work in Black populations with the interface occurs.

Black America needs a broader and more intensive mix of prevention initiatives, including initiatives that are designed by Black Americans in the Black community. Such an effort will require more time. It will require more money. And an effort

on the parts of a number of players both inside and outside of the Black community.

But we have already seen what happens when we try to address AIDS quickly, on the cheap, or with a one size fits all strategy. We end up with a bigger epidemic that kills more people. And that is what we have today in Black America. That is what we have to change. And if we do not, then I think we will be back here two years from now and two years from now and two years from now reviewing the same kind of data and the same sort of inadequate response. Thank you.

PHIL WILSON: Thank you Dr. Gayle [applause]. And now we have the Honorable Barbara Lee, a member of the U.S. Congress, representing Alameda County and an instrumental force in the creation and the authorization of PEPFAR.

REPRESENTATIVE BARBARA LEE: Thank you, Phil, first of all, and all of the staff at The Black AIDS Institute for your work in putting this press conference together. But also, for your work in producing this very powerful and very important report.

And I want to also thank you for continuing to raise the importance of the plight of the African American community in terms of the AIDS epidemic to the international arena at these international conferences. It is so important that the world understand that we are part of the global family. And I think this report today that we are discussing, you know,

documents that, puts it in perspective. But your work in The Black AIDS Institute in building for this through these International AIDS Conferences have been remarkable so thank you very much.

Let me also thank all of our panelists here for their leadership in combatting this deadly disease. It is good to be with so many friends. They are out on the front lines each and every day. This is their life's work. And so it is an honor to be with all of you again today.

As the only member of congress, actually, who has been to each of the last five International AIDS Conferences, ever since the Durban Conference in 2000 [applause] I have—let me just say it is important for members of the congress to come to this.

Because these reports, what takes place at these conferences, are so important for Capital Hill to understand. So I am continually trying to educate my colleague about the state of HIV and AIDS throughout the world. And also in the United States, particularly among the African American community and communities of color.

So I am pleased, as I said earlier, to see this report coming forward. It is very thought-provoking. And I am definitely going to make sure that it receives the type of attention on Capital Hill that it truly deserves.

As a co-author, as Phil mentioned, of virtually every bipartisan global AIDS bill that has passed in congress over the last ten years, including the most recent legislation extending and expanding the President's Emergency Plan for AIDS Relief, I am pleased by our progress in combatting this disease globally, abroad.

However, our progress in combatting this disease at home has not met with the same results. As the new numbers from the CDC show, AIDS is still running rampant in America, especially among African American women and young gay men in the African American community.

I want to talk for a moment about PEPFAR and about why I believe that we need to have a domestic PEPFAR bill. The United States, as I said, should be proud of the tremendous accomplishments of the PEPFAR program. In a few years PEPFAR has become the biggest provider of HIV/AIDS treatment and prevention services globally and it has saved many, many lives.

But PEPFAR is not a perfect program. While we have made many improvements in this bill, including which I am very pleased to report we did remove and repeal the 33-percent abstinence until marriage earmark. We got rid of that one [applause] in this PEPFAR. And the president signed it. We did that. But there could be much more to do. There is much more to do. And much more that we will do.

But let us focus on what has been successful about PEPFAR because it provides several important lessons for the HIV/AIDS response we need in our own country. First and foremost, PEPFAR brought together civil society, host governments, donors, and the private sector to support one single, unified national AIDS strategy.

Mind you, a national AIDS strategy to guide implementation of HIV/AIDS initiatives. PEPFAR brought considerable new resources to deliver health services helping to build, which is very important, health infrastructure where few or no services are available.

PEPFAR also brought a results oriented approach with attention to careful monitoring of outcomes in the delivery of prevention and treatment services. At the highest level, PEPFAR sets overall targets for treatment and prevention delivery globally in all partners, including the United States based staff, our focus on saving lives, and delivering measurable results.

On the ground, PEPFAR promotes real partnerships between NGOs and governments. And it requires monitoring of service delivery and outcomes. These elements, significant resources, target setting, monitoring, and partnerships have brought an urgency to the PEPFAR effort that has been so critical to all that has been accomplished.

So where is our PEPFAR for the United States? We need a domestic AIDS response that brings new resources to an effort that has been virtually flat funded for years. Now we need to double CDC's HIV prevention budget to at least, mind you, at least 1.3 billion dollars.

And provide at least 610 million—which is still too low, I believe—for the Minority AIDS Initiative which was established under the leadership of Congresswoman Maxine Waters and the Congressional Black Caucus. I believe it was 1999. And this initiative needs more money. I mean even 600 million is too low for the Minority AIDS Initiative. And we have to expand funding for treatment services under the Ryan White Care Act.

We also need to rebuild our health infrastructure and communities around the country. And in America, we do need universal healthcare. That has got to be high on our agenda [applause]. Universal healthcare. We need a domestic AIDS response that is oriented around achieving clear and ambitious objectives in terms of reducing HIV infection rates, increasing access to care, and reducing racial and ethnic health disparities.

And we need a response that builds stronger partnerships between communities and our public health service agency. Most importantly, we need a national AIDS strategy that can coordinate a targeted national response to stop the

spread of HIV and provide access to treatment for all of those infected [applause].

We need that. And we need that now. We need it now. For years, the United States has been a global leader in the response to the HIV/AIDS pandemic while neglecting our own serious AIDS epidemic at home. So now we must learn the lessons of our own global response and launch a better resourced evidence based and result oriented effort to address AIDS at home.

Finally, let me just say I was very pleased to hear President Clinton, who is such a great leader in the fight against HIV and AIDS. Here he just said that he saw the report, he referenced this report, and he committed the President Bill Clinton Foundation to really begin to address this. And I'll tell you I was so happy to hear him [applause], at this international conference, put that on this agenda.

And in my own county we declared a state of emergency, in Alameda County and Oakland, California, which has taken the lead in many, many respects on the whole testing initiative. So there are things taking place throughout our country that provide us hope. But we need this national strategy. So we must do better. We can do better. And we will do better. Thank you again, Phil, so much for this.

PHIL WILSON: Thank you Congresswoman Lee. Next we have Pernessa Seele, the Founder and CEO of The Balm in Gilead.

The Balm in Gilead has led a pioneering effort to advocate and to recruit faith based organizations in the fight against HIV.

PERNESSA SEELE: Thank you Phil. And welcome to all of you and it is always good to be with my colleagues up here on the dais. As the CEO and Founder of The Balm in Gilead, an organization working both in Africa and in Black America, specially working in Tanzania and in Black America, I am very happy, very honored, very happy of my government's response to Black people in Africa.

But I am very disgusted and very frustrated of my government's response to AIDS among its own citizens. In Tanzania, The Balm in Gilead is a vital component of a comprehensive plan to effectively address HIV/AIDS, a vital component. We come together every week, government, civil societies, NGOs, working to make sure that that plan is implemented funded by my government. And yet, in Black America there is no plan.

In Tanzania, 65-percent of the teenagers are HIV positive in Tanzania. And my government is doing something about it. In the United States, among all teenagers with HIV and AIDS, 65-percent are African American teens. And my government is doing very little, if anything, about it.

The U.S. Federal effort, in many ways, is patchwork, not well coordinated, and not accountable for making steady progress in bringing down the incidence, increasing access to

care, or reducing racial disparities in the epidemic as it is in Tanzania and other countries as you know. One essential element in building a more effective domestic response to HIV/AIDS is the implementation of a true national AIDS strategy. The national AIDS plans of the past have often lacked clear objectives or accountability mechanisms and they often did not coordinate work across federal agencies as they do in Tanzania.

We need a national AIDS strategy that focuses on all our governments, health care providers and communities, on achieving steadily improved results as they do in Tanzania. Over the last year, support for a creation of national AIDS strategy in the U.S. has been gaining momentum.

Over 250 organizations and hundreds of individuals are endorsing a call to action of a national AIDS strategy. That call to action outlines several principals necessary to creating a strategy that can make a real impact like it is doing in Tanzania.

An effective national AIDS strategy will require presidential leadership, a top level commitment to making progress in the response to AIDS at home in Black America as it is doing in Tanzania. We have the tools in hand in the U.S. and Black America to significantly bring down the rates of new HIV infections, increase access to life saving care and reduce racial disparities. A comprehensive, result oriented, national

AIDS strategy can help us make steady progress in addressing the AIDS epidemic at home as it is doing in Tanzania.

The African American faith community, of which The Balm in Gilead, represents is calling on our president, members of U.S. Congress, health care providers, all of America, and specifically all of Black America, to stand up and to support an effective national AIDS strategy in the United States. Thank you [applause].

PHIL WILSON: Thank you Ms. Seele. While The Black AIDS Institute led the effort in the production of this report, this report is also part of a national Black AIDS mobilization led by The Balm in Gilead, The National Black Leadership Commission on AIDS, and The Magic Johnson Foundation. And so we want to thank those partners for this effort today.

Our next speaker is Dr. Jacob Gayle, Executive Vice President for the Ford Foundation.

JACOB GAYLE JR., M.A., M.S., PH.D.: Thank you very much Phil. And I appreciate being here with all of my friends, colleagues, and sister. I wanted to say before I mention our reaction and response, that several of us have been together for 20 years. And having been rubbing off, a little bit next to Reverend Pernessa, for over 20 years we have been crying out loud and we have been sparing not. This is not a new message.

We realize that this has been the impact in African America for almost since the beginning of epidemic. And yet as

we prophesize over those decades, we now have seen the devastation and the impact that the report talks about and that has been reported upon not only through the Black AIDS Institute document but also together with the upward revision of CDC's annual number of new HIV infections.

It clearly highlights the fact that critical federal HIV prevention and treatment programs in the U.S. have not received the funding increases necessary over the past several years. And as the AIDS epidemic has grown worse each year in the U.S. funding for vital AIDS programs have truly remained either flat or actually declined in real terms.

So while it is appropriate for us to look critically at what government is or what government is not doing, it is also important that we remember the government cannot solve the AIDS problem on its own. Truly, this needs to be a partnership response that includes not only our public sector but private sector and, in fact, really led by affected communities.

We all must recognize that the United States cannot afford an epidemic of this scale which is costing the lives of young men and women in extraordinary numbers. This crisis demands that every sector of the country, the private sector, government agencies, funding organizations, non-profits and others that they all make it an urgent priority to address the epidemic where it is hitting hardest and that is in Black America.

Given the impact of HIV upon the workforce age and the population most engaged in the fruitful investment as well as the leadership in employment in the United States, it means that employers have a definite increased opportunity to serve through supporting their workforce, the workforce related families and the communities in which they are located. And let us not forget even the public consumers upon whom our employers depend.

There is good news. A number of leading companies such as Black Entertainment Television, MTV and MAC Cosmetics has stepped up to the plate to partner with government in addressing the AIDS epidemic in the United States. Yet more need to do so. We need more work place HIV prevention programs. We need more company sponsored HIV testing initiatives. We need more HIV awareness campaigns that are supported by the private sector. Philanthropic organizations, foundations also have a critical role to play invigorating the AIDS response in the U.S.

From the epidemic's early years private foundations have led the way in supporting innovative program models that were later adapted and adopted by government and other partners. According to the analysis that were conducted most recently, by the Funders Concerned About AIDS, the level of foundation giving for domestic AIDS in the U.S. has substantially, significantly declined. And while more

foundations are supporting international AIDS initiatives, fewer are really addressing the issue of HIV AIDS within the United States.

So in summary, this new report by the Black AIDS Institute demonstrates for me and for the organization I represent, that private foundations must truly once again step up to the plate and support programs in black communities to fight an epidemic that is much, much more serious than we previously thought. Thank you.

PHIL WILSON: I would be remiss if I did not mention that the Ford Foundation is not just providing lip service to this issue. This report would not have been possible without support from the Ford Foundation and from the Elton John Foundation and so we want to thank them for putting their money where their mouth is.

Last but not least we want to introduce our final speaker. She is a board member of the Black AIDS Institute. She is an actor, many people know her as the original Dream Girl but most importantly I think today she is an outstanding AIDS activist. Ms. Sheryl Lee Ralph.

SHERYL LEE: Thank you, Phil. I thank everybody sitting up here today. I thank them all for the kind of work that they have been doing for so long. But to all of you sitting out there who have power of the pen, to everybody out there who is going to write a story, to everybody out there who

is going to push a button and send a message out into cyberspace, I need you to do something different.

It cannot be business as usual when it comes to black people and AIDS. Black people and AIDS in America. Black people and AIDS around the world something must be done differently because if you Speaken Sie Deutsch, AIDS is a problem, Si usted habla espanol, El SIDA es un problema, Si vous parlez francais, Le sida est un probleme.

You speak English, AIDS is a problem. And I want you to be up front in your stories about the ism because ism is playing a big part in what has happened, what does not happen and will not happen in the future if we do not do something about different.

I had a moment. I spoke with Senator Hillary Clinton, and I said, "Senator, what about AIDS in America?" She stopped what she was doing, she turned to me and she said, "If AIDS were affecting the general population the way it is affecting women of color, black women especially, there would be a national health emergency."

That was two years ago. Two days ago the report came from the CDC that the numbers of AIDS as have been calculated in black America are far more than they expected. When will the national emergency take place? When will somebody get truly outraged? When is somebody going to value black people?

I am not a charity case. I am not a poverty case. I am not looking for a hand out. I am looking to be valued, a full complete human being, whether I am on the continent of Africa, whether I am on hills in Japan, whether I am in Hawaii, whether I am in the mountains of Central America. If I am negro, cimaron, I want to be valued as human being.

I want you to listen to me when I talk to you and I have an accent. I want you to know that I am important just like you. I want you to look at black me and stop looking past me. Stop looking around me. I need a seat at the table. I need a seat at the table.

Stop writing policy for me when you have not really talked to me. Stop telling me what I need to be doing and you do not know me. So if you have got the power of the pen, you are going to push that button into the Internet, I need you to write and do something different because I am black. I am in the world and I matter just like anybody else.

PHIL WILSON: Thank you Sheryl Lee. So in summary, we are calling for four things. One: A National AIDS Strategy. Two: An investment of a minimum of 1.3 billion for prevention and over 600 million for Minority AIDS Initiative. If we can make a commitment to invest 48 billion for PEPFAR and we are glad we made that commitment, we should be able to make a commitment for comprehensive prevention in the United States.

Number Three: Support for innovative programs like the Test One Million Campaign. And number four: Support for traditional black institutions to develop the capacity to build a mass black mobilization in America.

And with that, we would like to open it to questions. When you ask your question, we are asking you to announce the organization that you are with. So the floor is now open for questions. Yes?

HELEN EPSTEIN: Hi, I am Helen Epstein. I am freelance but I report a lot for the New York Review of Books and I am the author of "The Invisible Cure - Why We Are Losing the Fight Against AIDS in Africa."

Many African governments have begun exploring the possibility of what is going on over there, the reason why the epidemic is so severe is not because people sexual partners, but because there is a greater tendency for people to have a small number of overlapping long-term partnerships and this creates a kind super highway for the spread of the virus even though most people are having relatively few partners.

I was wondering if the African American leadership in this country was interested in exploring whether this might be a factor in the heterosexual epidemic here as well. If so, what might be the underlying social and economic drivers that might be involved?

PHIL WILSON: Dr. Gayle, would you like to take that question?

HELENE GAYLE, M.D., M.P.H.: Helen, for your question, I think what you raise is the fact that we do not understand enough about sex and sexuality in this country just like we do not around the rest of the world. I think if we had a better understanding and talked more openly and honestly and were willing to do the research to be able to look at some of those factors we would be able to have a better response.

I think your point is well taken. We know the concurrency makes a big difference along with all the things that come with concurrency including other sexually transmitted diseases would then fuel the risk and spread of HIV. I think that it really does highlight the fact that often times in our discussions about our response we have not done the basic core behavioral research to build upon to be able to have the right kind of prevention response.

SHERYL LEE: But it is a fact, if you have unprotected sex with a lot of different partners you put yourself right in line for contracting the disease. And here in the United States, if Bubba is the baby's daddy, and he has got Shanikqua and Tyrese and Maybellene, and Maryre and he is the baby daddy for all of them, everybody is at risk. And if Shanikqua, Tyrese, Maryre are not in proper care not only is she at risk but her children are at risk too. And just like it is

happening in parts of Sub-Sahara in Africa it is happening right here in America with all the baby daddy, baby momma and the children that they create.

PHIL WILSON: Over here. Please tell us what media organization you are with.

TED: Hi, I am freelance from Canada. My name is Ted. As much as I was able to read in Obama's statement regarding the CDC issue, he mentioned homophobia but he did not mention Black America and I am wondering if anybody on the Panel had comment about that? Thank you.

PHIL WILSON: Yes, Senator Obama did talk about homophobia and stigma in general broadly beyond homophobia. He also talked about poverty. He talked about an inclusive AIDS strategy and he explicitly talked about a national AIDS strategy. In the language that we are talking about in a National AIDS Strategy the black community would be front and center in such a strategy. So by supporting a National AIDS Strategy I think that he implicitly supported the importance of focusing on black America.

SHERYL LEE: He has also been tested.

PHIL WILSON: Next, any other questions? Yes, right here. Please give us your media organization and then we will come over there.

KENNETH MILLER: Kenneth Miller "Los Angeles Sentinel Newspaper" in Los Angeles. One of the things that I am not

hearing spoke about more is of getting the message out to young black people. Young black teens who do not necessarily fit into the category of being gay, but just young black adolescent teens who this message is not getting to. What is the specific plan of making sure that they are inclusive in getting the message?

PHIL WILSON: Perness would you like to respond to that or Congresswoman Lee?

PERNESSA SEELE: I think that you are absolutely right that we have to do a better job of getting to black teens. The National AIDS Strategy must include black teens but also Black Americans must make black teens a focus of saving our children. I think we might be kidding ourselves but I believe that the Calvary is not coming. That is my position.

After 20 years of this work the Calvary does not seem to be coming and we, you at the paper in Los Angeles, every black newspaper, every black family, we must begin to become responsible for our own children. And as we do that, we must also put pressure and ask the government and all of America to help save our children. But we must be responsible for Shanikqua, and Bavay and Ray-Ray and all their children. We must do that.

REP. BARBARA LEE: Let me add to that, that is absolutely correct and we have to add one additional factor on this entire effort with regard to messaging with young African

American teens and that is the abstinence only policy of the United States of America. In our country, federal funds are allowed only to school districts which support abstinence only. We are not allowed to teach comprehensive sex education and this has been a disaster. It has been a disaster.

So for years I have worked on my legislation, The Responsible Education About Life Act, it is Be For Real. Which would allow federal funds to States to begin to develop comprehensive sex education for our public schools because this is where we have to from a government level, from an educational level, begin to change our policies.

So hopefully, next year, and we built much congressional support with over a hundred co-sponsors for the repeal of the abstinence only policy but hopefully next year we will be able to get it passed and signed into law.

HELENE GAYLE, M.D., M.P.H.: And just to add, the recent CDC numbers show 34 percent on new infections are now occurring among young people 13 to 29 year's of age. We know that there needs to be a much more intensified response to young people, the majority of those are young people of color.

And if you do not include young people in the response and make sure that we have responses that are tailored to the needs of young people, we are not making the kind of impact that we have to. It is clear that we have to have a focus on

young people if we are going an impact on reducing the number of new infections.

PHIL WILSON: And 70 percent of the new HIV AIDS cases among young people in the United States are black so that brings us back to that issue. We are going to Denise Rolark Barnes, who is representing the National Newspapers Publishers Association.

DENISE ROLARK BARNES: Yes, and the "Washington Informer" in Washington D.C.

One of the things we have been critical of, this Press Conference is about the criticism of the U.S. Government and its neglect of Black America. We have also been critical of Black America for not stepping up as well. How much of that is related to, because we are asking for increased funding and support for traditional African American organizations and institutions. What difference is that funding going to make, or what can you predict the difference will be and we within our own community address our problem?

PHIL WILSON: Two years ago Julianne Bond, the Chairman of the Board of NAACP challenged black America to step forward. Black America launched a national black AIDS mobilization. I am very proud to say that in the intervening years 12 of the major national black organizations have developed strategic action plans to end the AIDS epidemic in black America.

They include the NAACP, The Urban League, Rainbow Push, 100 Black Men, 100 Black Women, The National Council of Negro Women, The National Newspapers Publishers Association, The American Urban Radio Networks. They also include mega churches like Potter's House and Bishop T.D. Jakes, The National Coalition of Black Pastor's Spouses.

So those organizations are ready to respond, but they need an honest partner, they need an honest government partner, they need foundations and corporations that will help them do this mobilization. In our last report we looked at what commitments those commitments those organizations are doing and they are committed to step forward and they ready to step forward but they need the support to make that happen.

PERNESSA SEELE: I want to also add that all of the six historical black denominations have stepped up to the plate and are calling on all of their congregations to address HIV and AIDS. Last year in 2007, we saw a 300 percent increase in black churches doing HIV testing across the country.

In Florida, the ANB Churches called on every ANB Church in the State to do HIV testing. And we have many, many, many models of how they African American faith community is stepping up to the plate and I agree with Phil, we need adequate effective partnerships.

REP. BARBARA LEE: And let me just add to that with regard to funding from the federal level. The African American

community pays boucoup in terms of federal taxes. We deserve some of our federal tax dollars in terms of funding initiatives that will address this epidemic in our community.

PHIL WILSON: We are going to come over here and then we are going to come back over there. I see you.

TUALA WILLIAMS: I'm Tuala Williams for the "Dallas Examiner" and in the numerous events I attended built around addressing the issue of HIV and AIDS what I have not heard is a concentrated effort to bring the parents back to the table and to make them integral part of fighting this battle against HIV and AIDS. My question is, have you given up on the parents? Is there an actual plan to bring them in or have we gone beyond that?

SHERYL LEE: When I am out on the road speaking and I do a lot of work within schools HPCUs, high schools, churches, nothing changes because we have not had honest open conversation about sex, sexuality well-being. Until we are able to have those honest open conversations nothing is going to change.

Parents do not talk to their children about sex because they do not know what to say. Children talk to other young children about sex because they very often listen to each other.

So we really have to figure out what is the real dialog that is needed to be developed to get everybody speaking

honestly openly in a way that makes them feel comfortable to communicate the information that must be given to young people to help them save themselves. You would be surprised, if you talk to young people honestly openly, you would be surprised the choices they will make for themselves and very often it is not the choice you think they would make for themselves.

PHIL WILSON: For many black parents the reason why they have difficulty speaking to their children is because of the low HIV science literacy in our community. So to answer your question, no, we have not given up on parents. Parents matter, they matter tremendously and for those of us that are parents we understand the role and the responsibility we have to play in fighting this epidemic. I want to go over there to Dázon Dixon?

DÁZON DIXON DIALLO: Thanks, Phil. I am Dázon Dixon Diallo with Sister Love, Incorporated in Atlanta and in South Africa and I am also the producer and host of Sister's Time, WRFG, 89.3 FM in Atlanta.

I was quite disturbed by the first question that was posed by writer in New York and according to a lot of the data and information that we have gathered and read on African Americans and risk in the United States, we are not practicing any sexual behaviors any more aberrantly or differently from anyone else. I think we can take issue with that point first off.

But my question then leads to then what is it? And so how will the National AIDS Strategy for Black America demand or look at what is called social determinates or social justice issues that exacerbate HIV and AIDS in black communities in the United States in North America and around the world. I think we are short in the science on determining the power of the influence of those other issues and I am curious as to how our strategy will look at those in question and in the science?

HELENE GAYLE, M.D., M.P.H.: Let me just make a comment and I do not want to interpret what anybody's question was meant to say but I think that we do know the different patterns of sexual behavior do have an impact. And, in fact, people are more likely to have small numbers but at time that has a greater chance of fueling the epidemic and I think we have some data to suggest that, in fact, there may be patterns of concurrency that exist that could be a driver for the epidemic.

That said, I think the big issue that you raise is that if we have a strategy, a national strategy, it has to be based on data, it has to be based on what we know about behavior, about risk factors, about the underlying issues that exist in your communities that may have an impact on fueling the epidemic and we have to look at those issue holistically.

So I think the point is we have got to be very clear about what the basis is, research has to be a part of that and

I think that we cannot make statements without having the data to support those.

PHIL WILSON: We are going to ask Dr. Jacob Gayle from the Ford Foundation and then Congresswoman Lee to also answer that question.

JACOB GAYLE JR., M.A., M.S., PhD.: Thanks and I want to thank you for that question, in fact, we have got to remember that we all live and we all love within context. We are human beings. We live in a social context. We live in an economic political context, cultural context.

And so just as we talk about the need for comprehensive sexuality education and curriculum, we have to look at our response to HIV in black community as also a comprehensive one. Not only one that looks at the actual virology, the epidemiology, we also have to know a little bit about the cultures and the context, the kinds of factors that predispose and enable people to find themselves where they are.

And also in terms of people who are living with HIV as we hope to be able to live longer with HIV as chronic livable disease, how do we then ensure that our social conditions allow us to be able to do so with all the rights and all the dignities and all the opportunities that any of us should have as human beings.

REP. BARBARA LEE: Yes, one of the issues that I want to raise that is often times swept under the rug that we do not

deal with has to do with the very glaring unfortunate, unjust disproportionate rates of African Americans that are incarcerated, African American men. Okay?

We have got to deal with that as part of our overall plan and a couple of efforts that have been very difficult quite frankly in Congress to deal with. But thank goodness Congresswoman Maxine Waters got her bill passed with regard to testing that is one piece of it that has to happen.

Secondly we are working on my bill to require condoms in our federal prisons. Non-Profit Organizations should be able to go in under a specifically designed protocol and distribute condoms. And also we need to have our federal prisons and state prisons develop comprehensive plans that address the transmission of STDs, sexually transmitted diseases, hepatitis all of the issue we know that disproportionately affect the African American community.

So that is one piece of it in terms of jails, federal and state prison incarceration rates that have to address in any type of a national plan.

PHIL WILSON: Thank you Congresswoman Lee. We are now out of time for this Press Conference. If any of you are interested in more information on this subject we invite you to join us for daily breakfast updates that are happening from 7 to 8:30 every morning in the Global Village.

In addition, we are publishing a daily news letter that includes issues of import to black Americans, it is called blackaid.org it is distributed in the Global Village as well as the media center. We are also covering the Conference, live on our Website, www.blackaid.org.

I want to thank our Panelists, Dr. Helene Gayle, the Honorable Barbara Lee, Pernissa Seele, Dr. Jacob Gayle, Sheryl Lee Ralph and we remind you that this session is available on the Kaiser Web Net if you want to view it again.

I remind all of you that the day will come when this epidemic will be over, and when it does it is important for them to know that we were not all monsters, that we were not all cowards. That some of us dared to care in the face of it. Some of us dared to love in spite of it and some of us dared to fight because of it. Because it is in the caring and the loving and the fighting that we live forever. Thank you.

[END RECORDING]