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**XVIII International AIDS Conference
Travel Restrictions on People Living with HIV:
Going Against the Grain of Human Rights and Public Health
August 5, 2008**

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MARIANGELA SIMAO: This very important discussion this afternoon on travel restrictions on people living with HIV. As most of you know and I am sure you have received a booklet on material from the conference, UNAIDS has been hosting a global task team to discuss travel restrictions, short-term and long-term. UNAIDS is doing that after a meeting of the global front at the end of last year, where this discussion has been going on throughout the world for many, many years. It finally stick with a very important moment and we have the opportunity this afternoon and tomorrow at the Global Village to deepen our discussion on these issues and to hear different opinions on these is Mariangela from the Brazilian Aids program and by my co-chair Torbjorn who is going to present the presenters.

I would just like to say a few more words about how are going to work this session, because we only have 1 ½ hours and many speakers as you know and it is hard to keep trying. One of our speakers will speak in Spanish so those of you who do not know Spanish, please pick up your earphones. In order to keep time we will allow one or two questions after each speaker that will be answered at the end of the session.

It is now my pleasure to introduce my co-chair. Please introduce yourself.

TORBJORN URFJELL: Thank you very much Mariangela, my name is Torbjorn Urfjell. I used to be the political advisor to

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the minister of national development in Norway and then I was also in charge of the policy paper for the Norwegian AIDS policy concerning national development and the new policy paper. I am now working as a strategist for the socialist left party in Norway.

Let me tell you all that this session is going to be evaluated, so we will be handing out some questionnaires at the beginning. Please leave them with the volunteers when you leave the room so that we can make sure that conferences like this are even better next time, so we have good evaluations.

Let go directly to the first speaker. I am very glad that here today we have with us Barbara Lee who is the democratic congresswoman representing California in the US congress. She has for a long time been one of the leaders fighting HIV and AIDS both in the US and internationally. And she has been successful in difficult surroundings both in her work for US participation in the global fund and now lately as the core authorizer for the reauthorization of the PEPVAR Act that was signed by the US president last week. Congratulations congresswoman. We are looking forward to hearing what is really happening in the US from you concerning travel restrictions now. You know the process, the fight and which steps should still be taken in the US to lift the travel restrictions. We are glad you are here and the floor is yours.

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REP. BARBARA LEE (D-CALIF.): Thank you very much for that very warm introduction and for this very spirited welcome. I want to thank the International Aids Society, especially Craig McClure for asking me to be part of this symposium today. Also I want to thank all of our panelists for being here, but also for your leadership, because I know this is part of what you do each and every day. This is your life's work trying to stamp HIV and AIDS from the face of this earth, so thank you all very much.

Let me just mention a couple of things. First of all this is actually my fifth International AIDS Conference as a member of congress. I have been to every conference since I got elected in 1998 and believe you me, the information that I receive here and what I learn in our interaction together helps me when I go back on capitol hill to beat the drum, to let my colleagues know what must be done by the United States in Durbin, South Africa in 2000, where we were all challenged then, remember it was to break the silence. In Barcelona, Spain in 2002 we all pledged to take knowledge and commitment for action. In Bangkok, Thailand in 2004 we demanded access to all. In Toronto, Canada in 2006 we declared that it was time to deliver and finally in Sweedodid [misspelled?] Mexico where we are today and where the thing with universal action now, that challenges us to move beyond rhetoric and act with the urgency that this pandemic demands.

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Now each one of these International AIDS Conferences, as I said, has been especially valuable for me as a member of congress. By interacting and listening to activists, researchers, NGOs and community leaders throughout the world who are working to fight HIV and AIDS, I have really been able to both educate myself about this disease and also, as I said earlier, educate my colleagues and the United States congress about it and I think that is why you see quite a bit of bipartisan support, because I think this is one of the issues that in the last eight years has been a bipartisan issue and believe you me, there is a lot of bipartisanship in congress these days. Each of these conferences has also provided a rallying point around the very key issues that congress has considered over the last decade. After Durbin we were able to restore US global AIDS funding that had been cut from our foreign assistance bill. I was able, after 24 hours to get \$42 million restored to that budget and that is a direct result of the Durbin conference, a direct result

Bangkok provided us the impetus to write the pathway act to focus on the needs of women and girls and to repeal the 33-percent abstinence until marriage policy of the Bush administration, which we did in this PETVAR bill. We repealed the 33-percent abstinence provision. And in Toronto we resolved to finally take on the unjust, inhumane, and discriminatory policy banning travel and immigration into the

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United States for HIV positive people. You know when I was in Toronto it was very interesting and I had completely forgotten the fact that there was a travel ban and I was talking about let us have an International AIDS Conference in the United States and many of you came up to me and said, what you are you talking about, we cannot do that, there is a travel ban. I said, oh my gosh, a travel ban, that is right.

So, I subsequently returned to Washington DC. I talked to my staff and I want to acknowledge Crystal Sintos, who is here, who many of you know, who has been my alleged director, but has been on this from day one. We developed a strategy. We began to discuss legislation to formally remove the statutory ban after the AIDS conference and we knew that the task would be very difficult. Despite widespread consensus within the public health and medical community that there was no justification for continuing the ban, the climate in Washington at the time was incredibly hostile, very hostile, for any immigration related bill.

In fact, when we first began discussing the shape of the legislation with some of our friends and communities, the immigration community and the HIV AIDS NGO community, they urged us not to move forward with the bill. It was really bad at that time, but you know what I said, I said cease it whether [misspelled?] yes we can. Cease it whether [misspelled?] that is what I said. Some people even urged an incremental fix to

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the problem. They wanted us to let in orphans with HIV who were being adopted by parents in the United States, but we all know that human rights are not won by appeasement or incrementalism. That is not the way you win human rights fights and struggles.

I want to remind you what Dr. Martin Luther King once said. He said a dream deferred is a dream denied and we knew that we had a responsibility to act and to finally try and put the United States on the right side, mind you on the correct side of history. Somewhat surprisingly we were helped by the president who on World AIDS Day 2006 proposed streamlining the HIV visa waiver process for short-term tourists. Clearly this was a direct reaction to the difficulties encountered by travelers to the Toronto AIDS conference who were transitioning through the United States.

So, working with a number of organizations in August of 2007 I wrote and introduced HR 3337, which was called the HIV Non-Discrimination in Travel and Immigration Act and we began the very slow process of building support for this bill, but we started to build quite a bit of momentum building co-sponsorship and working with the state department and the administration to develop our strategy on that. In November of 2007 the administration finally proposed a rule to follow through on the president's proposal to streamline the visa waiver process.

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Now, ironically the backlash against this proposal really helped generate further attention around the underlying discrimination ban itself. Frankly, this helped our cause for a full reveal. The Global Fund board meeting in China in November was also very critical. For the first time the United States delegation went on record in support of an official board position encouraging all countries to move rapidly towards the elimination of travel entry restrictions for people living with HIV.

In December we made another huge breakthrough. The senate Health Education labor and Pension Committee led by our great warrior Senator Ted Kennedy, held a hearing on PEPVAR during which the issue of the travel ban came up. I think almost the next day we got a call from Senator Kerry talking about this and saying that if we thought this made sense that he would like to be the senate sponsor of the bill that I had introduced in the house. Senator Kerry's involvement in his work and getting bipartisan support from Senator Gordon Smith to help remove the ban should not be understated. They were remarkable in their efforts. Give them a round of applause because I know they have been very much leading in this.

At the same time as we were working on this bill we were also working on the reauthorization of PEPVAR with the lat chairman of the house foreign affairs committee chairman Tom Lantos and now, of course, Chairman Howard Berman and we really

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did start to think that PEPVAR and this is sometimes how these processes in the congress work, where you introduce one bill and you put it in another bill, so we kind of thought that maybe PEPVAR would be the vehicle to remove the travel ban and accomplish several goals at once.

Initially, we were successful in including the language in early drafts of the PEPVAR bill in the house, but as the bills started to move we made a decision and this was a strategic decision to remove the language to avoid the possibility of any mischief on the house floor and I think you who are following what takes place on the house floor see a lot of mischief taking place and we did not want to risk the PEPVAR bill to the arcane procedural rules of the house.

So, in exchange we received assurances from our leadership that they would work to ensure that the ban was repealed in the senate PEPVAR bill. Senator Kerry and Senator Smith along with work from committed activists, many of you here did an incredible job, I mean you did an incredible job in getting the language into the senate PEPVAR bill and of course you know the rest is history. I am tremendously pleased to be able to report to you that last Wednesday and I was at the signing ceremony, the president signed the PEPVAR bill which included of course the repeal of the abstinence only provision, but also included an end to this 15-year statutory ban as part of the PEPVAR legislation, so that happened last Wednesday.

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I do not think that anyone in Toronto could have predicted two years ago that the United States would repeal the statutory ban on travel and immigration before we met again here in Mexico City. But we believed it was worth trying and moreover we believed that under the right circumstances we could do it again. We continue to say yes we can, se see puede [misspelled?] we have to know when it comes to issues of human rights that our task is never over and we have to do everything we can do to correct such major injustices still within many of our laws and though we have removed the ban now from the statute governing immigration into the United States, he ban itself remains in effect by regulation. The difference now is that the Secretary of Health and Human Services has the authority and the discretion to remove this ban from the list of diseases that trigger automatic inadmissibility.

So, I have talked with the secretary and I feel very confident that these regulations are going to move forward. I am very confident, but to make sure this week Chairman Henry Waxman and myself, who chairs the government oversight committee and is doing a phenomenal job as it relates to HIV and AIDS and Henry Waxman is not here, but let me tell you he is a true leader in our cause. We are writing to encourage the president to overturn this regulatory ban on travel and immigration as quickly as possible.

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So, if you are from the United States I urge you to contact your member of congress and get them to sign onto the letter. This is one of those things we have to do within our own internal operations in terms of what we do, Chairman Waxman and myself, in lobbying, so you have to call your members of congress and if you are from outside the United States call your friends in the United States and get them to call their members of congress. We need as much help as we can get. Our goal is to finally get rid of this discriminatory policy once and for all. It is our hope that this administration will do what is right and take the action to lift the ban before this president leaves office. And as we move to finally end the ban of the United States I am also here to help convince the International AIDS Society of course to bring an International AIDS conference back to the United States, we want that And of course I have to be parochial in this and ask that the consideration of Oakland, California as a site for the International AIDS Conference.

As we learned from the release of the new estimates from the CDC, our epidemic is really much bigger than we had previously thought in the United States. Bringing the AIDS conference back to the US would help to refocus and reinvigorate the response to our own domestic AIDS epidemic, especially among the African American community and communities of color; so that is another mission that I am on at this

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International AIDS Conference and I just want to thank all of you so much for your support, but most of all for what you do each and every day on the front lines on behalf of the struggle for justice, the struggle to end HIV and AIDS and the struggle to stamp it from the face of this earth. Thank you again.

TORBJORN URFJELL: Thank you so much Congresswoman Lee and congratulations again. We heard that systematically hard work gains results and that there is still some steps to take, but that we will succeed in the end. As Mariangela mentioned we will make room for two questions after each speaker. They will not be answered directly and I can only see the microphones in front, so people have to move up to the microphone. The first two people that move to the microphones in front, and there is one person there coming to this microphone and then there is another one. Those two people will be able to ask questions and they will be answered after all the speakers. Please ask your question.

MICKI MONGOOLI: Hello, my name is Micki Mongooli, I am from Attericus [misspelled?] for youth in Washington DC and first I just wanted to thank Barbara Lee as a young woman, for all the work you have been doing both domestically and abroad with reproductive rights and sexual reproductive rights and the movement, but my question is with the upcoming election, what should our demands be for our future president when it comes to sexually reproductive rights movement, as young activists and

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as young people who are directly affected by the pandemic,
thank you.

TORBJORN URFJELL: Okay thank you for a very specific question. What should Obama or McCain do on sexual and reproductive health and rights? Then the next question please.

MALE SPEAKER: I am a US citizen living in Canada and I do not have a question, I have a comment. First, I would like to thank you congresswoman Lee for what you are doing. It is greatly appreciated. I would hope that you would take back to your colleagues and to the president and explain to them that is does not just affect people outside of the US. I am forced out of my country because of this ban.

In 2000, I met a Canadian who found out he was HIV positive. I was running a support group for HIV positive gay men. We fell in love. As a PHA myself I knew I could not stay in my home country. I am very bitter towards my country right now about that and I hope for a day when I can return because I love my country very dearly. I just am very upset with my government. Thank you.

TORBJORN URFJELL: Thank you for that and for telling us that even though you are not affected yourself you can be because of your friends and your loved ones.

Okay we will move on to the next speaker and the speakers that will come now have all been part of the task

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team, the International Task Team on HIV related travel restrictions which have been placed in Geneva.

Our first speaker is Susan Timberlake. After graduating in Long she has dedicated her career to work in different UN positions and human rights issues related to refugees and also AIDS. She is now in UNAIDS and she is a senior human rights and law advisor. She was also the co-chair of the task team and she will talk on the lack of public health rationale for travel restrictions. So please, Susan the floor is yours.

SUSAN TIMBERLAKE: Hello everyone. I am going to just see if I can handle this technology. What I am going to talk about today is the public health rationale behind these travel restrictions and I want to say out front that I am not a public health expert, so I am going to look at the issue through the lens of law and human rights.

Why do we care about the public health in relation to travel restrictions? Well, we do it because it is in the legitimate authority of sovereignty for governments to limit entry in residence based on public health issues and there are usually two reasons for limitations on public health in terms of travel restrictions. One is the public health and one is possible economic cost related to age and support.

Now, there are limits on limits on human rights and these are the limits on what governments can do when they try to limit human rights so all this is to say that the

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restrictions must be for a compelling objective like public health and they must actually achieve that objective and they must do it in the least restrictive means possible. But, from the very beginning of this issue back in the 80's these travel restrictions were enacted largely in the 80's and they were enacted largely out of ignorance, fear, prejudice, discrimination, and already then the WHO began to put together expertise on these restrictions and they held an expert consultation in '87, they issued a statement in '88, also in 1996 the International Guidelines on HIV and human rights decried against travel restrictions and then you see that the initial findings of the task team also say that they are not rationally related to achieve public health goals. This is what was said on the international guidelines on HIV and human rights.

Now, I am just going to go back to the previous slide just to say that it is interesting to note in the WHO statement they said, rather than screening international travelers resources must be applied to preventing HIV transmission among each population based on information and education. That becomes significant now.

Okay, so I said, what are we dealing with here are we dealing with public health or are we dealing with prejudice and ignorance? Basically, it should be said out from the beginning that the fear of transmission in the public health context in

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terms of travelers or migrants is based on the assumption that people living with HIV will act irresponsibly and this is a highly prejudicial assumption with all types of implications. First of all the assumption ignores the message of mutual responsibility for sexual health and it also fuels stigma and discrimination.

Now travel restrictions, first of all let me just say we call them travel restrictions for a short hand. They are actually restrictions on entry, stay, and residence, so they not only impact people who are traveling for short periods, but also for people who are traveling for migration, people who are seeking asylum, students, all these people are prevented from moving if they are HIV positive. The fact that these restrictions were created at a time when they were trying to keep HIV out of countries, actually they created them too late. HIV was already in almost every country when the travel restrictions were imposed, but note that they were just imposed on non-nationals, not on nationals. Nationals comprised the largest number of people moving across borders.

Yes, mobility did spread HIV across the globe, but it was largely spread by nationals, not non-nationals and yet HIV related travel restrictions targets non-nationals as those who are to blame for the spread of HIV. Okay this same fear is continuing today. This is a quote from a newspaper at Qatar last month. You see it is a very interesting quote, it says

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they are horrified that a section is of society which is the newly recruited workforce, the workforce from outside the country is contributing to the spread of disease in the country. They want these newly arrived employees to be taken for a medical check within three days of arrival. They are very concerned that the families who recruit these domestic workers from abroad failed to do so and they feared that this poses a danger because the workers have direct contact with the family members, especially children. Now, I am not sure here, what does this mean? Are the worried that the actual touching of children, touching the implements of food passes HIV or are they worried about sexual transactions? I do not know but it shows that this fear is driving this issue today.

I want to say quickly, whose public health are we talking about? The restrictions are ostensibly to protect nationals public health, but what has happened in fact is that they have replaced proven efforts to protect nationals public health through actually giving them information and services and commodities in the context of travel so that they will not become infected while traveling and bring infection back to their country. They certainly do not protect the health of non-nationals; they are linked to mandatory testing. The testing has not linkage to any sort of treatment, counseling, or support and usually results in either denial of entry or the person being thrown out and nothing is done about the

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infection, about protecting people from HIV infection while in destination countries.

So, we recommend broad restrictions based on public health concerns. I am going quickly here because my time is running out. We need to overcome these restrictions and we need to overcome the continuing perceptions that they protect the public health. We need to overcome the ignorance and discrimination that informs them. We need to work with more parliamentarians and we salute the congressman Lee for her incredible work and we need to bring together the health officials and the immigration officials to be able to have an informed discussion about this and finally we need to hold countries accountable to their commitments. The declaration of commitment countries agree to at least put in place the prevention programs for migrants and mobile workers, and we need to make mobility and HIV a part of universal access, ensure that those who are engaged in mobility, nationals and non-nationals have full comprehensive programs that will help reduce their vulnerabilities and provide them with treatment, care and support.

I just want to end by saying that when we had out last task team meeting in the worlds tourism organization, which is a UN organization in Madrid and they told us that last year in 2007 alone 900 million people in one year crossed borders as tourists and they define tourists quite widely to include

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students and people who are coming for business and everything, but anyway 900 million people cross borders; \$900 billion were spent by these people. They have done all these surveys regarding all the various threats to mobility right now, money, food security, fuel costs and they found that people in today's world view mobility as a human right. They view it as an integral part of their life. So it is time to realize that these dinosaurs of discrimination to take the form of keeping out 33 million people living with HIV have to go. Thank you.

TORBJORN URFJELL: Thank you so much, Susan. We again give up the possibility of two quick questions if someone has a question on public health. If not we will move on. Maybe we will move on and then have a more vital discussion afterwards.

Okay, if someone now misses Lillian Mworeko on the program, unfortunately she did not get her flight from Africa, so that is why she is not here. So, we will move on. Our next speaker is Grace Relucio Princesa. She is from the Philippines. She has been a diplomat for more than 20 years and she has been working with migration all over the world. She is here as an excellent choice as the co-chair of the group on long-term travel restrictions and she will now share her experiences with us. Thank you and welcome Grace.

GRACE RELUCIO PRINCESA: Friends and fellow activists, in our fight against HIV travel related restrictions, a pleasant good afternoon to you all. I am very honored and

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pleased to be here and I would like to thank the International AIDS Society for bringing me today in order for me to share the experiences of a country of origin for international labor migration.

I will start by giving you a little background of my migration, from the Republic of the Philippines. We have had a massive outflow of overseas Philippine workers or FW's since the 1970's, especially through the Middle East and some developed Asian countries, which as you know now have mandatory testing, as Susan just said, in Katar and other gulf countries. We have an estimated eight million migrants abroad. Labor immigrants categorized as follows: 40-percent overseas Philippine workers; 35-percent permanent migrants; 25-percent undocumented. The Philippines is considered to be one of the leading countries of managed migration where the top five countries of origin and number one for seafarers. We are also top five for remittance receiving countries, which becomes 13-percent of our GNP.

Let me give you an overview of the AIDS situation in the Philippines. We had our first case in 1984 and today our total registry as of April 2008 is 3,238 cases, 34 percent of which are OFWs, especially seafarers, and some land based workers only because they are given the mandatory testing. From a low and slow description of the status of HIV in the Philippines during the 1990s until the year 2004 local experts

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now look at the possibility that HIV is hidden and growing. The Philippine National AIDS Council, or PNA, a multi-sexual group created by the Philippine National AIDS Act to oversee its concern in the Philippines, reports that HIV infection in the country has been significantly rising since 2000 with an average of 20 people being infected with the virus every month. The current rate of new cases reports it is at least twice that observed in the 1990s. Sexual transmission remains to be the most common, 93 percent.

Now, for the good practices, the protection of labor migrants and immigrants is very important for the Philippines and we have two laws to help us do this. First, we have the Migrant Workers and [inaudible] Filipino Act of 1995, which states that the [inaudible] approach composed of the Department of Foreign Affairs Labor, Social Work, and other concerned agencies should provide for social security, economic, and other legal support services for our workers abroad, including pre-employment, pre-departure, onsite, and upon return services. On the Philippine AIDS Prevention and Control Act of 1998, this Philippine law mandates education and awareness raising on HIV and AIDS among migrants, which is inscribed in the AIDS law.

And, specifically it states, all overseas Philippine workers: diplomatic, military, trade, the labor officials, and persons to be assigned overseas shall undergo or attend a

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seminar on the cause, prevention, and consequences of HIV and AIDS before certification for overseas assignment specifically and I would like to cite it. The Philippine Foreign Service has been cited as a good practice for it provides intensive pre-departure HIV orientation for its personnel.

For GOOD = Broken Dreams. I would like to show you a book made by Action for Health Initiatives currently in Philippines, Asia, and we have one of the directors here Miss Malu Marin [misspelled?] who spoke yesterday, which is entitled "For GOOD." It chronicles the life stories of Filipino migrant workers living with HIV and AIDS, which gives you the human face of this infringement of their human rights and what happens when OFWs are HIV positive, their dreams are broken.

First of all their rights are violated when they are not allowed to leave and declared unfit to work due to their HIV status in the [inaudible] during the work permit and VISA application procedure. Once tested positive they are not allowed to leave at all after having sometimes sold their car, sold their souls to be able to go out, and, then upon testing on arrival and semiannually to renew their work permits. Once they are found to be HIV positive, as you know, they are deported.

But, on a positive note, the HIV positive Filipino worker declare themselves to the [inaudible] officials the

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Department of Health has issued to them a confidential procedure to give them treatment and counseling upon arrival.

So, what are the next steps and challenges for a country like the Philippines? Firstly, we should harmonize policies between origin and destination countries, especially on mandatory testing. We should engage, initiate with other liberal [inaudible] countries and international regional for discussions on mandatory testing of migrants since according to current Asia the practice contravince [misspelled?] international guidelines and national loss on HIV testing by totally disregarding to establish best practices of consent, confidentiality, counseling, and referral to treatment and support services. It makes countries that do not mandate testing like the Philippines as an unwilling accomplice to this mandatory action, and also to remove the definition of HIV positive persons being unfit to work.

And, we should support the engagement of the Philippines as a member of this very good international testing on travel related restrictions. On the AIDS law we should engage the private sector in pre-test and post-test counseling. Likewise, we should support the present Department of Labor Practice of integrating HIV education in maritime schools. Also, the foreign posts will proactively request post countries for information on HIV related deportations, especially in

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areas with high number of seafarers and overseas Filipino workers.

Lastly, we should improve our integration for HIV positive OFWs and seafarers by establishing linkages between service providers, networking, establishing protocols, and building capacities. Thank you and mobohai [misspelled?].

TORBJORN URFJELL: Thank you very much. Some of what I heard is that migrant workers are specifically vulnerable for infections of HIV and that consequences of knowing your positive status is impossible to bear when combined with the travel restrictions. Much more was said, but this was one of the points I got. Again, if you want to ask questions there are two microphones in front here, otherwise we will move on. Okay, our next speaker will speak in Spanish and use the slides in English.

So, that means that if you have your headset you are well covered, if not you can see this as a test on your oncoming Spanish skills and the speaker is Ambassador Rodrigo Siman, he is a Pediatrician with lots of experience from the Americas. He is committed to health policy and advocacy including solidarity funds for health and as the executive director for the El Salvador National Commission for the Fight of AIDS. He is an HIV AIDS Ambassador and board member of UN AIDS and he will share the experience of reversing laws on HIV related travel restrictions. The floor is yours.

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EMBAJADOR RODRIGO SIMAN SIRI: Thank you. Sorry, but we are in Mexico and we are talking about Latin American countries so I prefer in Spanish, thank you very much.

[Spanish language]

TORBJORN URFJELL: Thank you so much, Embajador Siman. Again, what I heard now among others was that governments need to work hand in hand with civil society, media, and business, and also accept to be influenced by them. That testing and active approach gives results in decreased infections. And he also showed us an example of active leadership that it is possible to be president and at the same time be active in fighting against AIDS. So, that is great. Questions? The two microphones in front. Please go directly to the microphone and present your question. Yeah?

MIGUEL COVILLAS: Hi. My name is Miguel Covillas [misspelled?] and I am from Canada, but I am going to ask this question in Spanish to Mr. Rodrigo Siman. [Spanish language] Gracias.

TORBJORN URFJELL: Yeah, thank you for the question on security. And then the second question is there.

EMBAJADOR RODRIGO SIMAN SIRI: [Spanish language]

TORBJORN URFJELL: Thank you so much for the question about refugees. You are a little bit ahead of your time, because Mr. Richard Elliott is unfortunately not able to attend. But we have had him replaced very well with Joseph

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Amon that will be able to answer the same questions. So, it will be well covered. We will move on to the next speaker. There is one trying to get the question on the back. If you want to ask a question you should come to the microphones in front. We will make you ask the question. Yeah.

GARY MOYER: I am sorry. I am Gary Moyer [misspelled?] from [inaudible]. My question is as for the presentation I saw that there are people on ARV [misspelled?], the therapy, in five years as we increase, and people on ARV in El Salvador. So, my question is that in fact is it that treatment has been given free, or people are becoming in the AIDS stage that you put them on ARV. So, what is the difference? Why is there an increase of, a very big increase for five years, people on ARV? Thank you.

TORBJORN URFJELL: I did not get all of that question, but I am sure that you did. And the questions will be answered in the end of the session after all the speakers have spoken. So, we will cut there because it was open for two questions. You can ask questions later on. Okay. The next speaker is Shaun Mellors. He is from South Africa. And he is living with HIV. He has been activist for more than 20 years holding different positions nationally and internationally. He is now a senior advisor on human rights and people living with HIV in the International HIV/AIDS Alliance. He is also a community delegate, a member from the Community Delegation to the Global

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Fund Board and he has personally experienced travel restrictions. He will give us a picture of the history of the fight against travel restrictions and how the Global Fund and the AIDS conferences have developed in this issue. So, please, the floor is yours, Shaun Mellors.

SHAUN MELLORS: Thank you very much. Thank you very much, Mr. Chair. I must say I feel a bit like Madonna with my earpiece. So, if I break out into song and dance, please feel free to join me, but please remain in your seats as well, because I am currently disabled. So, I will be sharing two examples that demonstrate the impact that mobilization, strong leadership, and effective efficacy can have on changing an issue, particularly with relation to the International AIDS Conference and the Global Fund board meeting that was held in China last year. I am sure we all know about the history of the International AIDS Conferences. The United States first implemented a ban on travel for people with HIV in the late eighties which spurred a lot of activism from activists in the San Francisco conference. And the IAS fortunately reacted very swiftly and to the law and decided to move the 1992 conference to Amsterdam. Since then the IAS has not had a conference in a country that does not allow people with HIV to enter the country. And that is because they firmly believe in the principle that an AIDS conference without the involvement of people living with HIV is unethical. So, I am pleased to see

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that Barbara Lee has called for the next conference after Vienna I suppose to be in California. But we look forward to the law being repealed properly before then.

In the planning of AIDS 2006, which was in Toronto, it emerged during the planning in 2004 that new Canadian policy required declaration of HIV status on visa application forms for short term visas to travel to the conference. The IAS again came to the table and fortunately worked with the Canadian government, local hosts, civil society organizations including the Canadian HIV and AIDS legal network to change the policy which was deemed to be discriminatory and without public health justification. The policy changed in late 2004 prior to the International AIDS Conference. It is important to note as well that the International AIDS Society was prepared to move the Toronto conference if the law was not changed in time for the International AIDS Conference in 2006, and they had actually gone as far as reserving the conference center in Geneva.

So, the policy was strengthened in 2007 to reflect the AIDS 2006 Toronto experience, and the IAS policy is the IAS will not hold its conferences in countries that restrict short term entry of people living with HIV, and/or require prospective HIV positive visitors to declare their HIV status on visa application forms or other documentation required for entry into the country.

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And then we move to another country that currently has travel restrictions with people living with HIV and AIDS, China. In preparation of the Global Fund's 16th board meeting which was held in November 2007, there was concern raised by the Community's delegation about entry requirements into China. At the time questions related to health conditions including whether a person had HIV appeared on the landing card. There was initial agreement between the Global Fund and the Chinese authorities that board members attending the board meeting would not have to fill out the landing card, but unfortunately on the 1st of the September 2007 the Chinese authorities introduced a new visa application form which had the same questions about health status on the visa application form. The Community's delegation together with the two other civil society delegations, which are the Northern NGO [misspelled? 56:32] delegation and the Southern NGO [misspelled?], delegation decided not to participate in the Global Fund board meeting and under the new visa application form. We had been in discussion with a number of civil society groups in China in the run up to this decision. The Global Fund leadership head also started looking at possible other venues to host the board meeting as they did not want to host the meeting without civil society delegations.

We were, however, committed to finding a way for the meeting to take place since it was difficult to retract the

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visa application form, and the delegations together came up with the following requirements for our participation in the meeting. A high level meeting in Beijing between the leadership of the Global Fund and the Chinese authorities, a timeline from the Chinese authorities as to how long the legislation will take to change, a policy from the Board that we would not hold meetings in countries with HIV related travel restrictions, a public statement from the leadership of the Fund in meetings about travel restrictions, and the establishment of a task team to address the issue of HIV related travel restrictions. The Board came up with the following Board decision. The Global Fund to Fight AIDS, TB, and Malaria will not hold Board or Committee meetings in countries that restrict short term entry of people living with HIV and AIDS and/or require prospective HIV visitors to declare their HIV status on visa application forms or other documentation required for entry into the country. All the requirements were met with the exception of the timeline. The Chinese authorities have since removed the questions on the landing card, but sadly the questions still remain on the visa application form, and we are still waiting for the legislation to go through the slow wheels of bureaucracy. There was a recent announcement that the ban on people with leprosy will be lifted and we hope that the same will also happen for people living with HIV and AIDS.

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Whilst we applaud and welcome; to conclude, whilst we applaud and welcome the news around the US ban, we must remind ourselves that there still remains a lot of work to be done around lifting the ban and indeed implementing it, especially for those of us who have been classified as criminals under US legislation for obtaining visas fraudulently and for those illegals who still live in the country. Thank you for your time. [Applause]

TORBJORN URFJELL: Thank you very much, Shaun. You showed us that reaction and to stick to your principles is important to show that discrimination is not acceptable, that choosing your host is a good tool, and that it can be possible to use your power to push for change, because all governments are afraid of not-get-with-its. You also showed us that this needed to get followed up to get actually results and not only lip service. Questions? The two microphones in front. Otherwise we move to the last speaker. Yes?

FEMALE SPEAKER: I actually do not have a question and it is not even a comment on the recent presentation.

TORBJORN URFJELL: Could you speak up a little bit, please?

FEMALE SPEAKER: I just with the revoking of the ban on travel, I think it is great news. But I also want to know that this is all done in the garb of restoring human rights and it has taken the US almost 20 years to restore human rights to the

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most marginalized population. The US still has to have its first woman president. Yet it is marching into many countries all in the garb of restoring democracy, restoring human rights to those countries, and while a suggestion of having an AIDS conference in the US may be great, I do not think I for one will be attending it until the US apologizes for all its misdoings, for all its getting into other countries without a care or a damn for human rights outside the US soil. I just wanted to make that known. [Applause]

TORBJORN URFJELL: Thank you for that comment on human rights. Okay. Now I am going to our last speaker. And I have lost my comments because there is a replacement. Sorry for that. It is Joseph Amon. Wait a minute. Joseph, I think I will have to let you introduce yourself. But I am very glad that you are able to on very short notice come here and step in for Richard Elliott that could not approach. Thank you very much. The floor is yours.

JOSEPH AMON: Well thank you, and I am very happy to be here. My name is Joe Amon. I am the Director of the Health and Human Rights Division at Human Rights Watch. I am an epidemiologist by training, but also a member, a new member of the UNAIDS reference group on HIV and human rights. We have heard already that HIV specific travel restrictions are bad public health policy. We have heard from the audience that

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they are not proper family values. In my talk I am going to present that they are not in accordance with human rights law.

HIV specific travel restrictions have pervasive effects. A student living with HIV cannot study abroad. Athletes are prevented from competing. We have heard about migrant workers who are required to be tested and then deported and separated from their families. There was a news article not long ago about a Peace Corp volunteer from the US who was conducting HIV education in Ukraine who was not allowed to stay in the country once he became infected himself. And there was a news article about a family that could not travel to Disneyland in the US because their child was HIV positive.

Travel restrictions affect people in different ways, and affect people living in very different circumstances. But what unites them is their experience of discrimination and the violation of their human rights. States can legitimately regulate and restrict entry, but must do this according to international human rights law by applying these restrictions in non-discriminatory and non-arbitrary manners and while states can restrict entry based on public health criteria, this criteria must be based on evidence and effectiveness and adopt the least restrictive approach necessary. Just as restrictions exclusively based on cancer status, on physical or mental disability, on high cholesterol, or heart disease would be considered discriminatory, HIV specific travel restrictions are

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also. These restrictions result in violations in the right to freedom of movement, but they also result on an impact on individuals' rights to work, to education, to play, to the highest attainable standard of health, to seek asylum, to dignity, and even to life. Let me say again that states do not, let me say again that state do have the right to regulate and restrict entry. But in our increasingly global world, discriminatory restrictions, restrictions that have no public health basis, that are bluntly and uniformly applied, based upon outdated notions, grounded in fear and ignorance have no justification.

Governments have committed in the 2001 Declaration of the Commitment on HIV/AIDS, and again and again in subsequent declarations to fight stigma and discrimination and it is important to say that these restrictions promote and perpetuate that stigma.

In the plenary session this morning, Dr. Myron Cohen said that in terms of HIV vaccines, failure is not an option. And he turned to the Gates Foundation and assured the audience that the Foundation would surely pay for continued vaccine research until we have had success. In terms of HIV specific travel restrictions we must say the same thing. Continued human rights abuses are not an option. And I would like to hope to think that the Gates Foundation would feel as strongly about assuring that human rights are protected and respected as

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they do about finding a vaccine. As Congressman Lee said in the opening session, recognizing that HIV specific travel restrictions violate human rights law will not automatically lead to an end to these restrictions. We need action and accountability. There are more than 67 countries that have some form of travel restrictions, and that is simply unacceptable. We need to raise our voices and demand leadership from the United Nations, from the World Health Organization to categorically declare that no evidence exists that these restrictions are effective public health measures. Leadership from UNAIDS and The Global Fund to work at the country level towards legal reforms. And from the International AIDS Society and all international organizations, to continue to refuse to hold meetings about HIV in countries with these restrictions. We need leadership from civil society and from government to eliminate these barriers immediately. Thank you. [Applause]

TORBJORN URFJELL: Thank you so much, Joseph Amon. And also thank you for helping me out. I do not, and representing the Human Rights Watch here. I do not know if you mentioned your PhD in epidemiology, but it is really good that you are here and that you could cover that part of the issue. My notes said that you compared also HIV to other diseases, and that our knowledge of HIV as a virus and not as a pest following alien means that you should also cover it as a disease when it comes

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to human rights. So, that is important to have that with us when we move on forward. Questions now? Please go to the microphone.

MALE SPEAKER: [Spanish language] I want to speak in English, pardon me, Spanish.

TORBJORN URFJELL: Partly Spanish.

MALE SPEAKER: Yeah.

TORBJORN URFJELL: Let us know.

MALE SPEAKER: [Spanish language]

TORBJORN URFJELL: Okay. Thank you for the questions. They were, I will have to translate because this is also partly for Barbara Lee, and she did not get it, but the question was on travel agencies, whether you could push for legislation or something, what could be done in Congress to not continue the way travel agencies have mandatory testing before they sign out tickets and so on. So, that was the question. And then a last question, was there? Please move to the microphone.

FEMALE SPEAKER: She wants to know a question.

TORBJORN URFJELL: Okay, please move to the microphone.

FEMALE SPEAKER: [Spanish language]

TORBJORN URFJELL: Thank you for the question on drugs, whether it should be possible to bring in drugs. And because you were already there, you will get the last question now. Please?

FEMALE SPEAKER: [Spanish language]

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TORBJORN URFJELL: Okay. I do not think it is possible to make the speakers answer that question, but I can refer to this very good pamphlet which is produced answering questions on who holds travel restrictions. This looks like a green passport, and it is produced now also as a byproduct of the task teamwork. It is very informative and it is possible to get it. It was also handed out in all the bags when you registered here. And I am also sure that many people will be happy to answer that question afterwards for me. There also was a press conference yesterday on the issue.

MALE SPEAKER: And it is in Spanish, too. We have it in Spanish.

TORBJORN URFJELL: It is also in Spanish. Ask the organizers of the conference for it in Spanish if you need it in Spanish. Okay, now Mariangela, it is your job to answer and make everyone answer.

MARIANGELA SIMAO: On time. Because we have like ten minutes and we have some very interesting questions put to some of our colleagues here on the table. And I would like to add Congresswoman Barbara Lee because some issues that were raised by the plenary are mainly directed to you. But one question very clear, will HIV positive people have to disclose their status when they fill in a visa application? What is going to happen to that?

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REP. BARBARA LEE, (D-CALIF.): Well I hope not. But again, we have not seen the regulations. And believe me, Chairman Waxman [misspelled?] and myself will communicate how we believe this application should read and that that should not be part of it.

MARIANGELA SIMAO: Can you react, because there were some issues that were raised by the plenary-?

REP. BARBARA LEE, (D-CALIF.): Well, the reproductive health rights?

MARIANGELA SIMAO: Sexual and reproductive rights.

REP. BARBARA LEE, (D-CALIF.): Yeah, what the next president should do?

MARIANGELA SIMAO: Yes.

REP. BARBARA LEE, (D-CALIF.): What should be on the top of the next president's agenda with regard to reproductive health rights?

MARIANGELA SIMAO: Yes, that is a good question.

REP. BARBARA LEE, (D-CALIF.): Well, okay, this is my personal opinion now, but also this is what I will be working on with the new president. First we need to repeal the global gag rule, the Mexico City language. [Applause]

Global gag rule. I do not; I believe that health providers throughout the world should be able to counsel women with regard to all of their reproductive choices including abortion. [Applause]

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Secondly, I think we need to go back to PEPFAR and we need to look at ways to integrate our strategies as it relates to family planning and HIV/AIDS counseling and what have you. It needs to be more of a comprehensive approach. That did not happen in this previous PEPFAR. Thirdly, I believe it is important to eliminate the prostitution pledge [misspelled?] in PEPFAR and I would ask the president to support that effort.
[Applause]

Fourthly, I believe that there should be support and we are introducing legislation for an international violence against women act, and I think the president should support that. So, we could coordinate all of our efforts, USAID efforts, state department efforts, to address women's empowerment, gender violence, gender inequality, and I think that is essential, that we incorporate that as part of our development strategy. On the domestic front, in the United States, for those of you who do not know, during the Clinton administration there was an abstinence only provision instituted in the welfare reform act of 1996. This in essence denies funding to states in the United States for no programs other than abstinence only. My state of California said forget the funding. We want to teach comprehensive sex education.
[Applause]

So. So, what I hope the new president will do is work with me to support my bill, it is called the Responsible

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Education About Life Act. Be for real, in other words. And allow states federal funding to teach comprehensive sex education. Right now, 70 percent of the new infections among teenagers or African American teenagers. 65 percent of HIV infected newborns are African American newborns. And so we have to teach our young people comprehensive sex education, how to prevent the transmission of HIV and AIDS, and how to prevent unwanted pregnancies.

Also on the domestic front we need to look at harm reduction as it relates to IV drug use, and we need to repeal the ban on clean needle exchanges. That has to happen.

[Applause]

And finally on the domestic front, I would encourage the new president to support what the Black AIDS Institute is calling for and that is for a domestic PEPFAR. We need it in America also, because too many people are dying in communities of color, especially the African American community because of the lack of investment of resources, the lack of a national AIDS strategy. And that is what the new president should do.

[Applause]

MARIANGELA SIMAO: Thank you. Thank you very much. Rodrigo, Embajador Rodrigo, can we have your input on the issues that were raised?

EMBAJADOR RODRIGO SIMAN SIRI: [Spanish language]

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MARIANGELA SIMAO: Gracias, Embajador. [Applause] Can we have some brief comments from, finalize, Susan, want to make some final comments?

SUSAN TIMBERLAKE: Alright.

MARIANGELA SIMAO: Just one minute.

SUSAN TIMBERLAKE: Thank you. Thank you. Thank you. I just want to thank all of you for coming and I wanted to say that we have given you a little bit about the international task team on HIV related travel restrictions. And the point of the task team was to bring together governments, civil society, and international organizations to really highlight this issue which should now go away. We have tried with the task team to come up with some tools for people to use in their own work, and I hope this little passport will be a useful one in that regard. And at the back of it it says about things that you can do against travel restrictions. The task team will come out with its conclusions and its recommendations by the end of the year. They are going to be presented to UNAIDS and to the Global Fund and we will make that available to those that are interested. But the real point here is that an international task team cannot do too much about a highly national issue.

So, what the next steps require, I think, is incredible activism and advocacy at the national level. And national task teams involving people living with HIV, legal groups, human rights groups, and AIDS service organizations. Both to attack

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travel restrictions that your own country might have and that are impacting those who are trying to come there to visit or to work. But also to fight against travel restrictions that may be impacting your own citizens who are trying to go out of your country. So, I hope that this session will be a help for you and that this little book and other materials that we will make available will be a help, because I think the next step is national action against travel restrictions. Thank you.

MARIANGELA SIMAO: Thank you, Susan. [Applause] Grace? Would you like to make a final comment? You are alright. Yes. Oh [inaudible].

GRACE RELUCIO PRINCESA: Yeah, okay. Thank you. Yeah, I would like to second what Susan said. In fact, the fight now will be at the national fronts. And as we promised I think in our last meeting in Spain, we tried, there was a human figure there, Susan, yeah? We called him Titi? Yeah. So, I said the head for more knowledge, the hands for more advocacy materials, and the feet to go where we need to go, and the fighting field now is the national AIDS policies on HIV related restrictions.

So, as I have said earlier, in the Philippines, and I was telling my colleague earlier, I would be doing my own advocacy for the Philippine foreign service to really do a [inaudible], more education, and more outreach to the countries, and to this mandatory testing, and so that will be my assignment for myself, so I would like to challenge the

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governments here and the civil society. This is multi-partnership, as we know that. So, we need to be together at the national level. Thank you. [Spanish language] [Applause]

MARIANGELA SIMAO: Thank you, Grace. Shaun?

SHAUN MELLORS: I think that the important thing for us to remember is that there are still about 11 or 12 countries that have entry restrictions for people living with HIV. There are further 67 I think that have some kind of travel restriction against people with HIV. And the only way that we are going to change it is through the commitment of people sitting in the audience, as we have seen through strong civil society action, through commitment from governments, and from strong leadership from international agencies. So, we ask you to commit to it because after all it is a human rights issue as well. So, yeah, thanks.

MARIANGELA SIMAO: Thank you, Shaun. Joe? Do you want to say final but not, last but not final words?

JOSEPH AMON: Thank you very much. I just want to say that this issue underscores the relationship between health and human rights, and the negative impacts on health from human rights abuses. But it also is just one part of the discrimination that people living with HIV face. And our efforts on this front are just the start of an effort to combat discrimination in every form and in every face that it presents

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itself. And so I hope that we are on this journey together.
Thank you.

MARIANGELA SIMAO: Thank you, Joe. [Applause] My co-chair, please—

TORBJORN URFJELL: Yeah, since our time is out, I think I will only say that we have been able to cover all the different perspectives on travel restrictions, showing that we have the evidence we need to make them go. And we see results that they are. We get rid of them in the United States as the one very good example these days. We were lucky about the timing. Maybe it was also the way it was meant from the US authorities, I do not know. But we have covered the full perspective. We have taken notes, many of us, and there will be good reports. So, I think that this was very productive in making us move forward when it comes to travel restrictions.
[Applause]

MARIANGELA SIMAO: Before I thank all the speakers and my co-chair, I would just like to end this session by saying that we have been seeing throughout these years lots of discussions and trends on blaming the individuals, HIV positive people, of our epidemic. And now there is a new trend of criminalization of HIV positive people. And actually travel restrictions are one of the faces of this trend that comes and goes. And I would like to pick on what Susan mentioned when she said that we share a responsibility. I represent a

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government. Many of you also represent governments. But we, the government, are run by societies and societies vote. People vote for governments. So, we should make, it is our shared responsibility, government, civil society organization, and people who live in a society, to make the changes. And we are on our way to make changes regarding travel restrictions. Thank you very much, and we invite you all to the, there is another discussion on travel restrictions tomorrow at 5:00 at the global village. Thank you very much. [Applause]

[END RECORDING]