

KAISER FAMILY FOUNDATION
THE FUTURE OF GLOBAL HIV PREVENTION
PRESS CONFERENCE
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DR. DREW E. ALTMAN: I'm Drew Altman from the Kaiser Family Foundation and our Foundation, along with the Bill and Melinda Gates Foundation and UNAIDS are sponsoring this press briefing. Its purpose is first of all, to report to you on the conclusions reached at a major international forum held last Friday, on HIV Prevention. It brought together more than a hundred of the leading experts on HIV Prevention, heads of state, ministers and so forth, from around the country. That forum was co-sponsored also by the Kaiser Foundation, by the Gates Foundation and by the Ford Foundation.

We also want to make available to you today expert commentary, perhaps somewhat less restrained than other commentators you might have access to here, on events that the UN Special Session generally.

There is a summary document that I hope all of you have from the Friday conference. I should emphasize that it is a summary document, it is not a consensus document there was not time to do that. And also that this particular press briefing, and we hope to move rather quickly, will be followed by a short press conference on South Africa's Love Life HIV prevention program for young people, which is the largest HIV prevention program in the world for youth, and probably South Africa's best kept secret. Hopefully, we will help today to do something about that.

Let me introduce the panel. They are Dr. Daniel Tarantola, who is the Senior Advisor to the Director General of WHO. Dr. Helene Gayle is in the empty chair. She will be joining us shortly, I hope. She is, as many of you know, is the Director of the Center for HIV Prevention at the CDC, and also Advisor to the Bill and Melinda Gates Foundation. Phil Wilson is second to the end on my right. He is the Founder and Executive Director of the African-American AIDS Institute. The Honorable Professor Nkandu Luo, who is the former Minister of Health in Zambia. The Honorable Ndioro Ndiaye, who's the Former Minister of Health of Senegal and the Deputy Director of the International Organization for Migration. And my friend Professor, where is he? There he is, Professor Michael Merson who's the former Director of The Global Program on AIDS of WHO, and the Dean of the Yale School of Public Health.

There is a lot to say. Others will say most of it. Let me just offer a couple of introductory comments. First of all, I think we all would agree that this UN Special Session marks a new and critical moment of opportunity in the battle against HIV. Whether that opportunity is realized, whether it results mainly in words or instead in action, I think remains to be seen, and we won't know for several months. I will also add that in the end, for me, it really all does come down to one thing and one word and that word is money.

There are obviously huge challenges even if more resources are provided in prevention, in treatment, and in research. But without more resources, not just the Global Fund, but certainly including the Global Fund, there is not even the chance to fail.

Let me in less than a minute just highlight some of the, four of the conclusions in that summary document that you have. They are as follows: One, that funding for HIV prevention efforts must be dramatically increased. I've seldom seen an issue on which there is stronger consensus. Current funding levels are just simply, woefully inadequate. Two, that HIV prevention programs must be based on approaches that have been proven to work. There are such success stories in Uganda, in Senegal, in Thailand. While the press may be familiar with them, people in the HIV community may be familiar with them, the world is not familiar with them and it's important that the world learns about them. Three, that the global community must pursue a comprehensive strategy, key word comprehensive, to fight AIDS. I think most of you know that something of a tug-of-war between prevention and treatment was brewing. It ended before it began. It is no longer an issue. There is consensus everywhere on the need for a comprehensive and integrated approach, both for reasons, as you will hear of sound public health practice and political necessity, as well. And fourth and last, that prevention efforts must give priority to young people. Over half of all new HIV infections globally are among young people under the age of 26. That is why we are spotlighting South Africa's LoveLife Program here today.

Here is how I plan to have us proceed today. I'm going to ask each member of the panel to make a very brief statement. We will pretend that we are the U.S. Congress and you will have 2 minutes for an opening comment, and I will cut you off, hopefully politely if you exceed the two-minute limit. When Dr. Gayle joins us I'll extend to her as a co-sponsor the opportunity to comment further.

I should also add that El-Hag See, sitting right to my left, is here from UNAIDS, which is the third co-sponsor of this event and is available as well to answer questions on their behalf should you have them.

Let us start with Dr. Tarantola who will make a brief comment.

DR. TARANTOLA: Thank you very much. I hope you will not discount from the two minutes my few introductory words thanking the Kaiser Foundation, the Ford Foundation and the Melinda Gates Foundation for having given us an opportunity to bring into focus prevention and the fact that prevention is a necessity, that prevention works, that prevention is a must and that it needs to be boosted considerably if you really want to take advantage of this unique opportunity that we have to really place HIV/AIDS back onto the global agenda in a very meaningful way and mobilize all sources that are needed.

It is a new window of opportunity, probably the first one on the global scale was created in 1987, when the Global AIDS Program was launched and countries started to mobilize against AIDS.

Another window of opportunity was in 1996 when UNAIDS brought together a number of partners and placed AIDS in a slightly different context moving from a health context to a social development-human development context which has marked very much the history of AIDS.

Today we have new tools. We have new opportunities. We have the synergy between care and prevention that gives us a new impetus to really modify the situation, change the situation and target of what I thought and people who really need our support.

In 2001, we know what works and what doesn't. We know that young people benefit from well-designed prevention programs and that prevented behaviors can be reinforced or induced when the appropriate methods are applied and where young people are involved in matters concerning them. We know that vulnerable populations must receive reinforced support to decrease stigma, marginalization, discrimination which the experiments of one world, and that they should be given the means to engage in safer behaviors and become the subjects and not merely the objects of the response to AIDS. This implies that major structural barriers including policies and norms must be changed in order to accommodate those new prevention strategies. We know that the specific programs have to build on evidence and not on assumptions or biases often marked by stereotypes and pre-conceived ideas. We know that efforts to prevent HIV have to build on effective leadership and be sustained over time. We also know that sustained global financing is necessary to support prevention. Less than \$1 billion are spent annually in developing countries and that was a quarter of the estimated needs. And we also know that we don't know everything and that, therefore, we first must support and guide our work. Prevention, care and support will bring us to where we want to get and bring this epidemic under control. Thank you.

DR. ALTMAN: Thank you very much. I should, I'm laughing at myself it's a real problem to impose time limits when neither your second hand nor your minute hand works! We'll hear from Dr. Gayle right now, who's still out of breath, but ready.

DR. HELENE GAYLE: Thank you. It is a pleasure to be part of this briefing and part of this event in general. I think as Dr. Tarantola mentioned, this is really part of an evolution. But I think it's an important stage in the evolution of this epidemic but particularly our response to this epidemic. I think we now have unprecedented opportunity to leave here not focused on the process, not focused on the words that have come out of this last few days, but really focused on the window of opportunity that we have to really take the global commitment that has been mobilized and move it forward. And so we need to make sure that we are focused on action and what can we do to make a difference at this point in the epidemic.

I think one of the things that we really stressed in our deliberations is how much the global consensus is now that prevention and care are part of the same continuum. It's not prevention or care, but that these two are inextricably bound together, but all that we do needs to be built on a solid base of prevention. And that we do know that what works in prevention that we should not be apologetic about putting in place programs that we know can make a difference. And that we need to believe that we can have a sustained impact on reducing the number of new infections and that that will be supported by all the other activities that we do, including looking at increasing access to care in the context of basic and broad-based prevention efforts.

We know as Dr. Tarantola said, we know what works, but our challenge is to take some of the specific successes that we have had to date around the world and really scale up our activities so that we can see not only, and talk not only, in a few years from now about a few countries where we have seen HIV infections reduced, but be able to talk more and more

about community, regional and national successes that ultimately will make an impact on reducing the number of infections globally and consistently.

I will just stop with the same point that Dr. Tarantola mentioned, is that while all of these, we know what the strategies are. We know what works. We have unprecedented global commitment and political will, but we also know that none of that is going to be able to be realized if we don't also continue to make sure that we increase the resources that are necessary, both human resources as well as financial resources, and that's going to be critical to really make the difference. Thank you.

DR. ALTMAN: Thank you, Helene. We thank also the Gates Foundation for their obvious leadership on this issue. The President today, I don't know whether you saw the President mentioned the Gates Foundation commitment to the Global Fund. We will turn next to Ndioro Ndiaye, who is the former Minister of Health in Senegal, one of the success stories you'll be hearing about.

MINISTER NDIORO NDIAYE: Thank you, yes, that's one--I would like to assume what has been said before me because we're in the same working day on Friday and we chaired together all these ideas to look for words what we can do from now. What we can do more, how we can [unintelligible] what happened in our country. I think that you have heard about how Senegal organized himself about fighting this AIDS battle. But what is important for now is to be part of the solution, the global solution. And I would like to emphasize in three points.

First of all, that prevention can be taken into account all along the process. They might take into account prevention, if you look at the history, the natural history of [inaudible] whatever, possibility you can find that prevention can be handled from top to bottom, and during the pathology, but also after the pathology. I think we have to try preventing with AIDS—with our AIDS program. But prevention can't work without having the least infrastructure we need in our countries. I think that all our under-developed countries have to update their infrastructure, have to update their personal, their human resources, how to manage their health program? This is the condition, cynicism I think if you want our program to fulfill what we are expected for.

And I propose to this, the last Friday I propose that the three Foundations could propose to act to build a new partnership and a new network, Global Network, how to help and to sustain and to support these countries to sustain their health process, their health system. It is, I come back to this in just a--.

And finally, I would like to tell that these global funds also, Bill Gates, Ford Foundation and the Kaiser have to be, to play a very—a major role in the management of the Fund. If you can take this into consideration, it will be great for you, but also for all of us. And I would like to emphasize on it. Thank you.

DR. ALTMAN: This is the best-behaved panel I've ever moderated, but of course now we turn to Phil Wilson.

MR. PHIL WILSON: That was very nice.

DR. ALTMAN: It was meant lovingly.

MR. WILSON: In recent months, there's been a growing debate about the merits of prevention as opposed to care. On this issue, the overall main sense of Friday's meeting in the words of our colleague, Dr. Merson, that such a debate is unethical and it's just plain bad public health. The question is not whether we should choose between treatment and prevention, the question is how do we pursue a comprehensive global strategy to combat HIV/AIDS. Such a strategy must include prevention, treatment and research. The elements of a comprehensive strategy are [cut in audio] be cheaper. Also HIV positive people who are engaged in prevention work are less likely to engage in risky behaviors.

In addition, the merge in treatment infrastructure can help deliver prevention services and existing prevention infrastructure can provide a foundation to expand access to treatment in resource poor settings.

We do know what works. The challenge before us is securing resources to apply the knowledge we've gained over the last 20 years. No single intervention or magic bullet will stop HIV/AIDS. Prevention programs must be driven by local communities, sustained over time and supported by relevant resource [cut in audio] and promote prevention. Prevention strategies must tackle structural problems regarding poverty, gender and orphans, and address both reduction of risk and reduction of vulnerability.

Finally, as the President of Botswana noted yesterday, AIDS is more than a health problem. It is a community development problem. It is a human rights issue. It is an issue of global security. It is an issue of economic sustainability. To achieve victory, all sectors of a society must be engaged.

We're calling for a \$7 billion commitment to fight the global AIDS epidemic. We're talking about the costs of this, but we need to ask the question, "What is the cost of inaction?" To put this in perspective, the US Defense Budget last year is \$324.3 billion. And yes, we have been invaded. But we've been invaded by an agent that no tank, no missile, no 'Star Wars' will protect us against. We must mount a war and we must do it immediately and \$7 billion is cheap. We have the tools to end the epidemic; the question before us today and tomorrow of this Special Session of the UN is whether we have the moral and political will to use those tools compassionately and effectively.

In the words of Nelson Mandela, "In the face of the grave threat posed by HIV/AIDS, we have to rise above our differences and combine our efforts to save our people. History will judge us harshly if we fail to do so and if we fail to do so right now,"

On the occasion of her 85th birthday, the founder of the Women's' Suffrage Movement in America said regarding whether or not women would ever get the right to vote, "We will succeed," she said, "Many of us have fought this battle, many of us have died. Failure is not an option. We can, we must, we will pursue a comprehensive global HIV/AIDS strategy. Failure is not an option."

DR. ALTMAN: Thank you for that powerful statement and for your leadership over many years on this issue.

Professor Luo?

PROFESSOR NKANDU LUO: Thank you very much. Indeed it's been a pleasure to participate in this particular conference, which I think is very, very historical. And it is gratifying to realize that the world has now realized that HIV is really a big threat to human life, and the fact that in some of our countries like Africa, it has created a socioeconomic and developmental crisis. I think when one looks back on the manner in which we have tackled the problem of HIV, I want to believe that it hasn't been given the seriousness that it deserves, especially in some of our countries. The interventions have been disjointed and segregative. And as a result, we have created a number of problems that over reduction in the human resources and financial resources to the HIV struggle, the stigma, especially as it affects the people that are living with HIV. That's why the meeting, last Friday's meeting on prevention, organized by the Bill Gates Foundation, the Ford Foundation and the Kaiser Foundation, really is a milestone in the manner that we are now looking at the HIV. It gives us an opportunity to reflect on the past, the present and chart a course for the future.

I think the most important issues that came up was the fact that we all agreed that HIV prevention, care and treatment must be tackled together. And the fact that the answer to HIV is really an integrated approach, which will also be more central and that HIV should never, ever be seen as a medical problem. And the fact that we're calling for a Global Fund to deal with this particular epidemic.

And I think as it has been put forward, I'd also like to put this in its perspective. If you look at some of our countries, the developing countries, for example, Africa. There's been that-- caught by two very serious problems. One of them is the wars that are happening on the African continent and some of it is a result of HIV. But when you look at the spending that has been done for the two, you find that African governments have put more money in trying to sort out wars than they are trying to sort out the HIV epidemic. It isn't correct characterized favor, by the number of delegations that I headed by heads of states at this particular conference and I hope as our future, we shall look at this problem thanks to the leadership of various people, in a different manner.

I'd like to see that we put together global action and when we talk about global action, it should not be global action that ends up on paper, but that actually ends up with practical implementation. And to this effect, would like to see a lot more activities and scaling up of some of the interventions that have worked in the past. Thank you very much.

DR. ALTMAN: Thank you and so a challenge to African governments as well as the US government and other governments.

And we will end up with Dean Merson, and then take your questions.

DR. MICHAEL MERSON: Thank you. It's hard to say much more than what's already been said. I think the main point is that we have an opportunity here to join together to confront this epidemic, probably for the first time in a comprehensive way, because we can offer care and prevention together. World leaders came together at a global level, the last time they did so was six years ago. I was Director of the Global Program on Aids at that time, which became involved into UNAIDS, and I watched leader after leader sign a declaration in Paris and go home, and nothing changed.

The real question now is after today, whether anything will change. Are 25 million deaths and the near devastation of the social fabric of many nations enough to rally world leaders to act and not just sign?

If we're going to make a difference, leadership is what's needed at all levels. And what do I mean by leadership? I mean commitment to a moral and humane approach to prevention and care. I mean ownership of plans and programs. And above all else, I mean courage to talk frankly about human behavior without prejudice. Courage to take on controversial issues, no matter the risk and a courage to generate a vision of new response and understanding.

You've heard we need to apply at dramatically increased levels, what we have learned over the past two decades about prevention but more than anything else, truth must overcome denial, and urgency must replace complacency. And we must be concurrent with our efforts to scale up prevention and care together.

For all this to happen, we need resources of an unparalleled scale. But if we don't have commitment, ownership and courage, resources cannot do it alone. Anything less than a massive escalation against this epidemic, given all that has happened, is simply amoral. Thank you.

DR. ALTMAN: I thank all the members of the panel. Okay, the floor is yours if there are questions. The panel members would be delighted to answer them. Please, I apologize, if you ask a question, let us know who you are, we'd appreciate that. Yes?

MS. SHIRLEY CANTLEBAUMAN: I'm Shirley Cantebauman [sp]; I come from [inaudible]. My question is what have you done with commitment of \$4 billion? Or \$5 billion? Are you going to spend it down because it's not [inaudible]? How are you going to handle it? How are you going to apportion that? And if you get this \$7 billion, how are you going to apportion that, how is that going to be arranged?

DR. ALTMAN: Sure.

DR. GAYLE: Others may want to comment as well. First of all, a lot of the arrangements are still in the process and I think there's certain general principles. This should be a fund that has as it's highest priority getting money to countries that need the resources, and issues like that. But I think your question about if you don't get an exact amount, do you stop? No, of course not. We know that every bit of resources that are available makes a difference. And that \$7 to \$10 billion doesn't necessarily mean that all that that's—that all needs to be in one particular fund. That's a total that includes commitment from countries themselves, the countries themselves put countries who--in poor countries, put considerable resources themselves into this. So no, there's no magic number after--or below which people won't continue to be committed. We just--all the calculations have looked at what's the optimal amount to make the greatest impact in the shortest amount of time, but resources, all additional resources are going to be put to good use to put in practice the strategies that we know can make a difference for peoples' lives.

DR. ALTMAN: Dr. Tarantola?

DR. TARANTOLA: Yeah.

DR. ALTMAN: OK, any other questions? Yes, in the back?

MR. RICHARD ROBBINS: I'm Richard Robbins; I'm here from ABC News. Most of this conference is sort of forward looking, but I'd like to ask a question about the last 20 years, and hopefully in the answer to it, suggest some answers to what happens from now forward.

Why do you feel that the or why do you think that the prevention efforts have been so dismal over the last 20 years? Why has it taken so long to develop this momentum, and what indications do you have that it will be—that the momentum will really shift at this point?

MR. WILSON: I would like to respond to that. First of all, the first thing that I would say is that there are places where the prevention effort has not been dismal. I mean one of the things about prevention is that you count the infections, but you don't count the infections that didn't happen. There's no way to classify that. And I would put forward that given a comparison between places where there have been interventions and places where there have not been interventions, clearly prevention has worked. We know that. To the degree that we have not been as successful as we need to be, or want to be, I think there are a number of barriers.

Now, I think that one of the challenges that we have faced is that too much of our effort has assumed that one size fits all and to the degree where we target programs and, in fact, to the degree that programs are driven by those being targeted, we have found success and that's where we'll find success in the future.

DR. MERSON: I would add to that by saying that it is true that we have had successes, but unfortunately in many countries the response has been either delayed, inappropriate or insufficient, including our own country we're in right now. AIDS is transmitted by sex, by illicit drug use. It's associated with stigmatized and marginalized groups and unfortunately, has often engendered moralistic or repressive responses rather than sound public health action.

But in addition, the international community has itself been at different--indifferent. Some would say disgraceful in its response, perhaps because the epidemic has been the most severe in Africa. The amount of dollars that have been spent on this epidemic, either by governments themselves or through the international community, has been paltry, has been very little, very insufficient.

I think that we need to get by that though, and we need now to say this is a new beginning. And it's a new beginning because we have good examples of how prevention can work. We have to believe in prevention. Stop being cynical about our prevention as much as we are cynical about whether people living on the African continent can take drugs. We have to recognize that there is no magic bullet and we have to put our resources into programs that will be effective. And we know that they can be effective. This is what we have learned.

The fact that we can now also provide comprehensive care, I believe can greatly augment, greatly increase our chances, our opportunities to have successful prevention programs.

DR. ALTMAN: I think any time you're talking about sex, drugs and marginalized groups you're rolling a ball up a big hill in our country and in others. I think we should also

recognize that there is a cynicism about the effectiveness of prevention. That is why it is so important to focus on the success stories.

Before we take the next question, the Professor wants to say something.

PROFESSOR LUO: I wanted to say that there are two important issues that have affected the manner in which our activities have in prevention. One of them is the fact that HIV has this silent epidemic aspect where when people are infected, there's no way of identifying that they are infected. And they are, therefore, in our countries, we went through a very, very serious period of denial because there's no way you can identify a person who is HIV Positive.

Secondly, HIV in most of our countries were identified in particular groups. Now talking for Africa, that I know best, it was first associated with prostitution and, therefore, stigma set in. And as a result, we could not continue doing what we had to do as those of us who were experts, because a lot of our leaders started burying their heads in the sand and thought that this is not true. And I think we lost a very golden opportunity of more than 10 years to put interventions together.

DR. ALTMAN: Great, let's take another question. Yes, Sadan (?) ?

UNIDENTIFIED MAN: Question, Sadan, also of the San Francisco Chronicle, or maybe two questions here, the first one to Dr. Merson. You mentioned six years ago, how the leaders signed a Declaration of Commitment and the same thing is presumably going to happen here. Do you have any reflections of what went wrong with the last one that we might avoid *deja vu* all over again? And what might be done this time to avoid a similar meaningless Declaration of Commitment?

DR. MERSON: I don't want to get into wrong or right, but I can tell you that that was a—that was not a UN Conference. That was a conference organized in this case by France. There was a similar organized by the United Kingdom in the late 1980's.

I think what's different now is you have a conference here in the United Nations, representing all nations. You have a Secretary General providing enormous leadership, putting himself personally in charge of mobilizing an international response. You have UNAIDS as Dr. Tarantola mentioned which was established in 1996 primarily to bring about a unified response among the UN family. You have now many more years of experience with prevention and excellent examples of success with prevention and you have, as I have mentioned, the opportunity now to provide humane care, comprehensive care to everyone.

And it seems to me that we are in a different environment now, both in terms of the leadership against the epidemic and the approaches that we have to control it.

UNIDENTIFIED WOMAN: [Inaudible]. My question is and my observation is like the prevention message is very important and should really [inaudible] and parents should be educated about how they can teach their children because, you know, this kind of education it's appropriate. It's not like one should feel that guilt, you know, in sex education in the classroom when they're six, but many of the times, there is a lot of stigma in, you know, some of the villages in which they live, about sex and parents don't talk about sex and, you

know, children don't talk about it. And, you know, many times they hide from many things and think them out, you know.

DR. ALTMAN: My son is in the room. I'm happy to have him hear your message. You were here--when you hear about the LoveLife campaign, there is a major effort in LoveLife to involve and educate parents to start early to deal with it and talk with their kids.

There were questions in the back and it's hard for me to see. Yes, sir?

MR. YINK ADIR: Thank you Yink Adir [sp] from the African Partnership Euroate [sp].

I want to ask the panelists if you could be brutally frank, what would you say is responsible for all this, look what is—to t the goal of a mere \$7-\$10 billion in a world where trillions and trillions of dollars are budgeted yearly to fight wars that will may never come? What do you really think is the problem?

I was thinking about the numbers mentioned by I think, Mr. Wilson, \$300 billion by the United States alone, and we are here debating how to raise \$7 to 10 billion to stop an epidemic. What do you think might be responsible for some of this dancing around?

DR. ALTMAN: Talk about cutting to the heart of the matter. Yes, Dr. Tarantola wanted to answer.

DR. TARANTOLA: We all agree that the amount of money as big as it may sound to people on our salaries, are really very small faction of the world economy, yet I believe that people would be willing to subsidize these programs more at a greater level, would like to see what is being done with this money and how successful we are in using this money appropriately.

So the burden now is on us. Now that we have collectively been able to raise interest and commitment and move forward to what's the question of a Fund. The burden's on us, actors in the fields of HIV/AIDS, people with HIV/AIDS, to show that we can really implement existing programs with this. If we do this, I think the Fund will grow. The commitments will grow and I think the \$7 or 8 billion will sound, a few years from now, like a small fraction what will be possible to mobilize.

DR. ALTMAN: I'm sorry to say, we have time for one more and then we will be available for questions privately. The gentleman in the back has had his hand up a lot.

MR. JORDAN KASSOLOW: My name is Jordan Kassalow from the Council on Foreign Relations.

My question relates to the role of testing and how do you get people to come forward to test if there's no access to treatment and so I'm interested in understanding the role of testing and prevention and access to medicines.

PROFESSOR LUO: Well, I think what I know is that when the issues of testing were being debated in a lot of our countries, this is one of the questions that was asked. That how do you get people to test if there's no treatment. And I know there's no morality in testing people if they cannot access treatment, but I want you to appreciate that it's not only treatment that is

the issue here. There's the whole issue of people preparing for their future in cases like our countries.

For example, people in Africa don't believe in writing wills. They don't believe in preparing for their families. And it has happened in a lot of situations where when the father/mother dies, the children are left on the street. So treatment yes, is one aspect, but there is a lot that needs to be put in place.

And even in terms of prevention, it's important that people know the HIV status, because then the prevention aspects for a person who knows they are HIV Positive, they'll be a lot more careful.

And associated with a lot of our programs, in my country for example, we have what are called 'post test clubs' where people that are positive continue to interact and they use their HIV status to intervene and all that are negative also interacts and the two groups interact. So it is a very important program, whether there is treatment or not, it's an important program to promote.

DR. ALTMAN: Great, I want to thank this outstanding panel of long time warriors in this battle against HIV. Let me mention, that this press briefing as well as the next one, are being broadcast by kaisernetwork.org. I mention that because the webcasts are archived. So should you be interested in going back and reviewing an answer to a question, it's very easy to do, just go to Kaisernetwork.org and again, we will be available privately if you have follow-up questions.

Now, we're going to change the cast very quickly and some much more attractive people will take over the podium.

UNIDENTIFIED WOMAN: At least, much younger!

END

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