

**Kaiser Family Foundation, National Alliance of State and  
Territorial AIDS Directors, and the Southern State AIDS  
Directors Work Group - "Southern States Summit on HIV/AIDS  
and STDs: A Call to Action"**

**Keynote Address: Dr. David Satcher  
Charlotte, NC  
November 14, 2002**

---

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

MS. FOUST: ...going to be a think tank meeting. Before I introduce Dr. Cline we're going to go very quickly this morning, we have a few words to provide you so that we can make sure that everybody's on board with the purpose for today's meeting and what we want to accomplish and then we are very privileged to be able to hear our keynote from Dr. David Satcher.

But I would like to recognize and thank again Secretary Carmen Hooker-Odom from North Carolina for her inspiring remarks last night and for getting this conference off to a very exciting start so thank you very much for that.

[ Applause]

Without further ado it's my privilege to be able to introduce to you Dr. Steve Cline who is our Director in North Carolina for the Division of Epidemiology. Steve has a varied background in public health. He has worked in his local health department. He ran the North Carolina Dental Program. He has been a chief inspiration in terms of getting North Carolina's bioterrorism off, off the ground. The list goes on and on.

I'm most privileged to be able to announce that Steve Cline is my boss. And so, without further ado, if you will welcome Dr. Cline I appreciate it.

[ Applause]

DR. CLINE: Those of you who don't know, we established last night that we hug in and hug out of the podium so...

[ laughter]

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

...that's a Southern thing, yeah.

So first on behalf of the North Carolina Division of Public Health I would like to welcome you to this very important meeting and gathering of Southern AIDS Directors and our partners.

Now for some of you who participated in the pre-conference meetings yesterday, this is no less than your fifth welcome. And I hope, I'm not apologizing for that, this is the South and we want you all to feel very welcome. So thank you for being here.

I want to especially thank NASTAD and the Kaiser Family Health Foundation. In particular Julie Scofield and Jen Kates who I haven't seen yet this morning. I think she's, there she is Jen, good morning Robin, for their work and also especially our Southern AIDS Directors who, whose voice is really responsible for making this meeting happen. So, I wish those folks would raise their hands again. And we went around the room but those are really the folks who have been the voice behind this meeting and so we really appreciate your work, especially the work of bringing together the manifesto.

North Carolina is here today because of two very alarming trends. Our HIV/AIDS and STD rates continue to increase. Also we know that they are disproportionately affecting a number of our citizens and that health disparity must be eliminated.

Now most states and most of our colleagues around the nation could have, could say the same thing about the citizens that they serve. But we're not here today to celebrate our common ground. We're here to expose the differences.

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

As representatives of Southern states we really face some unique problems. We lead the nation in newly diagnosed HIV and AIDS cases and yet our funding lags behind other regions.

Although we're making great strides with eliminating syphilis, new outbreaks continue. It's almost like the balloon where you squeeze it to control one area and it pops up somewhere else.

Many of our AIDS drug assistance programs, which are so critical and lifesaving for some of our citizens are unfunded or closed and individuals are going without much needed medications.

Our community-based organizations are facing challenges of their own and yet this is a time when we need them most to reach the people that they serve so effectively and in ways that we are not always able to do.

As the manifesto demonstrates, and I hope you've all had a chance to take a look at that in your notebooks, we have the evidence; we have the science base for what we're here to talk about today. Our case is strong. We now need to do something about it.

These problems are tough. They're not going to go away easily. We face a number of challenges in our work today.

These are unique times as you heard, terrorism here and abroad is on our minds. War in Iraq may be looming. The House voted yesterday to create a new Department of Homeland Security. We don't yet know exactly how that may impact the programs that we work with.

Our resources are limited. Our economy is weak. We are severely hindered by our state budgets. Medicare and Medicaid face

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

new challenges that certainly impact access to care, which we all know is important to our issues.

It's easier to direct new resources to new problems or a new trend or a new identification of a problem. It's much more difficult for us to take existing dollars and redirect those from one place to another.

We are also facing the same discrimination and stigma and the reluctance to talk frankly about the hard facts and programs that we need to deal with to effectively address this problem.

We must face it. Most Americans are not talking about the problems that we're here to talk about today.

You are the experts. You're here by design. You are our best hope for figuring out how we're going to deal with this problem. If the people in this room can't figure out what it is this region needs to do to address this problem then I don't believe anyone can.

I don't believe that what we're here to do is just to talk about the problem. I think you all know that problem. I believe our task today is to talk about how we're going to work differently. What we're going to do to make a difference.

I want to challenge each of you to be as bold as you can, to be outrageous in fact, and if this is a new way to tell our story, we've been saying some of this information for years, or at least five years this trend has been shifting toward the south. People have heard that before. They're going to need to hear it in a different way if we expect them to act in today's environment.

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

I also want to ask you to stay unified. Our collective voices cannot be ignored. I know you have the commitment and I've seen your passion for your work. I'm always impressed with the energy you bring to your work and you've proven yourself to be experts in your field. Now my money is on you to help us figure out what we're going to do.

To paraphrase Margaret Mead's famous words, for those of you who doubt that a few committed individuals can make a difference in such a huge complex problem, I would say that in fact it's really the only thing that ever has.

Thank you for being here today, it's important work that you're doing. Let's have at it. Thank you.

[ Applause]

MS. FOUST: Thank you, Dr. Cline. We did, there was one of our delegates here that we didn't have a chance to introduce and we're very honored to have her, Senator Irons from Louisiana. It appears, so if you'd just stand up so that we can see you and thank you for being here.

If you will turn in your notebooks, if you've not already, let's just look at the agenda. What I'm going to do very quickly is talk to you a little bit about the purpose.

I am joined here by Beth Scalco, our co-chair of the Southern AIDS Directors workgroup and what she and I want to do is talk to you a little bit this morning about why we are here and what the mission that we will hope that you all will actively engage with

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

us.

Today as you know we have brought in key partners in the South together to focus on the impact of HIV/AIDS and STD's in our communities. We hope to not only raise awareness here today but we will discuss barriers to delivering quality prevention and care services and more importantly we will issue, make no mistake about it, a loud and committed and collaborative call to action.

The key partners that are here today as Dr. Cline already mentioned include state and, State AIDS Directors, STD Directors, legislators, federal health officials, community partners, and advocates.

To echo Dr. Cline's words, each of you are people who make a positive difference every day in the health of not only the people we serve here in the southern communities, but across the nation and even globally.

Again we are very honored in North Carolina to have you here with us today. We are especially honored to have Dr. Satcher here. We thank you sir for your willingness to be here with us. We want to thank our members of the press. They are here today. This event is being webcast but we want to thank you for your interest in being here so let's give them a round of applause.

[ Applause]

Today as you will also noted in your packet behind one of your tabs, the Southern AIDS Directors are also introducing to you a document that is the result of much work that we've done over the

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

last couple of months. We convened earlier this year in Nashville, Tennessee, thanks to Dorena Mays (Misspelled?) and we, this document is called the Southern States Manifesto: HIV/AIDS and STD's in the South: A Call to Action.

The document is the result of the collective expertise and experience of each of the HIV/AIDS or STD Directors in the thirteen Southern states.

Now today and tomorrow this documents, and it's still in draft, will be reviewed by you. We need community input. We specifically need your input.

The Southern AIDS Directors know that by working together AIDS Directors, elected officials, community partners that we can dramatically improve prevention and care services. In fact, our commitment mandates that we do so.

We've seen dramatic improvement in the Southern states. All of us remember what it was like before the advent of some of the new treatments. We all remember what it was like before the advent of community-based organizations. We know just within a short ten years if we had time to go around this room and talk about significant progress that we would all have tremendous stories to tell.

However, we also are here today to talk about how much more needs to be done.

I want you to know that our work is not only grounded in commitment and care, but if we actually succeed in change, and make no mistake about it that's what we're here about today, then we have

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

to come to grips with the fact that what we're about is also political in nature.

This summit then, I want you to hear this clearly, is not just another meeting. It's not just another meeting that we're going to go to identify the problems and talk about what we might do. Today we're here to talk about what we will do.

Now I have to just say to you I'm a little bit of a Baptist, we I want to hear an amen to that. [Laughter]. Thank you.

This summit is a call for action. It's a call to synthesize our determination, our expertise so that the Southern people that we represent and the Southern people that we serve can live healthier lives.

I'm again very honored to be among you. I want to give my special, heartfelt thanks to Julie Scofield with NASTAD, the Executive Board of NASTAD, Peter Whitarcar is here as the NASTAD Chair, and to Jen Kates with Kaiser Family Health Foundation for making this possible for us.

At this time I want to introduce my co-chair, Beth Scalco and again thank you.

[Applause]

MS. SCALCO: Good morning to you all today. I believe my job here today is to try to help to bring alight why we in the South feel that we are tackling a problem that maybe different from the rest of the nation so I decided the best way to do that is to provide you with a glimpse of the day in the life of an AIDS Director in

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

Louisiana and some of the key issues that I have dealt with in the last year as a way for us to try to focus our efforts in this meeting.

One of the issues that I have dealt with this year is trying to maintain a very effective condom program in our state and to make individuals both at the state and federal level understand that the provision of a condom to an individual who has presented with three STD's in the last twelve month period of time is not going to negatively impact having an abstinence program in our state as well. That these two programs can be complementary in our state and that there's a need for comprehensive prevention activities that include both.

The other thing that I have done is to try to continue to have the word used in our state. Most of our literature at this moment in time has been switched from having the word "condom" to having the word "barrier device." This is particularly helpful if you're trying to slip that line item into the bioterrorism budget but it's not particularly helpful [laughter], it's not very helpful in making the use of condoms a socially accepted behavior in our state.

I have spent time working at both the state and federal level to have people understand that outreach is not helpful if we are telling the client that we're bringing in that they can't be seen for a five month period of time.

I have spent time with two of our state hospitals trying to figure out how we can park a double-wide trailer in the parking lot

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

to expand clinic space because we can't, even when we provide funding to expand staff, we don't have space to put the staff in to provide the service.

I have spent time in two areas of the state trying to help physicians get visas to practice medicine in the United States because they're the only physicians that we've been able to identify who are willing to provide infectious services in two areas of our state that cover eight counties. These areas have not had an ID doctor in their state for over a year.

I have spent time trying to make individuals in our, in our both Health Department and in our legislature understand that mandatory testing of pregnant women is not the answer. That, in fact, ninety five percent of the HIV positive pregnant women in our state are aware of their status at the time of delivery but those who have children who are HIV infected, the majority did not receive adequate prenatal care throughout their pregnancy.

And I've spent time working with HRSA on an unmet need process to try to identify individuals who are HIV infected who are aware of their HIV status but who have not had care in the last twelve months and what we found out is that forty to fifty percent of our HIV infected individuals who are aware of their status are not accessing medical care.

And then I've had to turn to providers to try to figure out how do we convince clients that the two-hour trip to get to their medical facility is worth their time in their very busy and hectic

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

lives. And that picking up medication is as important as picking up food and rental assistance. And that maintaining their health is going to be the only way that they can help to maintain their family. And that it's worth risking being, meeting their neighbor in the waiting room or as their healthcare provider and that the risk of being ostracized in their community is worth the maintenance of their health.

And so that's what I've spent some of my time in the last year working on.

And at the same time I have people say "Well, why do you do that job?"

And then I ask myself that every year, "Why do I do this job?"

One of the things that we do have in the South is an extremely strong sense of family. We have a strong sense of community. In Louisiana we don't hug quite as much as you all do here in North Carolina but we have a very strong desire to take care of our own and we also have a very strong desire to improve health outcomes in the South. We are not happy when we're at the bottom of every list.

And so that's why we're here today and that's why I agreed to co-chair this process with Evelyn is because I have some hope that by bringing together some of the best and the brightest in this room and through this process, that we can impact change. And know as I see some of our federal partners, I know that you always get worried

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

that as soon as you get in the room and we close the door that we want more money, which is helpful, let me say more money is helpful, but as you can see by the problems that I've outlined, that money is not going to solve all of these issues and so I hope that we're not only addressing the funding aspects of what's going on but we also address the political and social aspects of what's going on and what are the barriers to us improving and eliminating this epidemic in the South.

And so I thank you for coming to join me in this process and I look forward to this day and tomorrow's day of work ahead to improve things in the South. Thank you.

[ Applause]

Now I'm suppose to hug and introduce the next person.

[ Laughter]

So I'd like to introduce Jennifer Kates who is coming to us from the Kaiser Foundation and who has been very helpful in supporting this effort. So Jennifer.

MS. KATES: I'll hug you from the [unintelligible].

[ Laughter]

That's right we don't hug in New York.

Good morning everyone. On behalf of the Kaiser Family Foundation, my colleagues here from the Foundation, we're very, very excited to be here with you today to help raise awareness about this critical and unfortunately what may be increasing impact of HIV/AIDS and STD's in the South, in the southern region of the United States.

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

As I said to those of you who were with us last night, our goal as an organization at the Foundation is to raise awareness and provide information about the epidemic to policymakers, the media, and consumers to help inform their decisions and to raise their level of awareness and knowledge as well.

And we also serve as a convening role, in a convening function, which is why we're so excited about being here today to help make this happen.

This summit is the result of the convergence of several factors. Our interest and concern at the Foundation about what is happening in the southern region with regard to these epidemics and the work that the National Alliance of State and Territorial AIDS Directors and the Southern State AIDS Workgroup was already doing in this area and our forces converged together at the right time and made this summit possible.

So I really would like to thank NASTAD, the Southern State AIDS Directors Workgroup, the other states that are here, because we know that the definition of the South is a broad one if we're looking at the, the census definition of it. Also I would like to thank our federal partners that are here today and particularly the community members and also our hosts in North Carolina. Thank you for having us here in North Carolina. We knew from the outset that having the meeting in the South was, you know, a fundamental part of this.

I'd also like to thank Dr. Satcher for coming here today and providing a keynote address. His leadership has been so critical

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

for years in keeping attention to the epidemic and we know will help today as well.

A few things about our goal of providing information to you and others that you work with. We are webcasting this event today so it will be important for you to speak into the mikes when you ask a question so it can be captured on the webcast. That also means that the webcast will be available to you and your colleagues and others that you may want to learn about this starting Monday and will be on our website and you can look at it, you can search it by word, you will have a transcript, you will have all the presentations there.

A couple of other things that we have brought today that could be of help to you as you think about the problems and challenges and opportunities that lie ahead. In your binders we've included a couple of new documents. One is a state epidemiologic overview that takes some of the key HIV/AIDS data and STD data by state and groups it by region so you can see both how a state is, is faring in terms of key indicators, as well as how the South as a region defined by the US census, is faring compared to other regions of the United States.

We also have included an overview of coverage and care access programs and access variables in another document in there and that really is designed to show you again by state and by region what are some of the key programs that are available to the people that you work with and how eligibility and other factors vary across the country.

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

11/14/02

In addition in your binders you'll find information about our daily HIV/AIDS report. If you aren't already signed up for that, that is a service that we offer for free that can be emailed to you daily or in digest form that groups major stories from around the world about HIV and AIDS and we also have stories on STD's that can come to your email. You can send it to whoever you want and what we did to illustrate the power of that tool, for each of the states that are in the South we have sample headlines from the last year or two years that were stories about HIV in your state. And you can get a sense of just searching an archive, what you can find if you use that tool.

And then finally we also have an example of another service that we have that may be of use to you called State Health Facts Online and that's an online service, again for free, that provides state level data on a whole range of health variables, including HIV by state. You can group those by region and all kinds of ranking and other, other ways.

So we hope that you take that with you, share it with your colleagues and if you want to access any of those services they are available to you at any time.

So I will stop there and just thank you for being here, for your commitment and I really look forward to hearing from you and learning from you in the next couple of days. Thank you.

[ Applause]

MS. SCOFIELD: Good morning. I'm Julie Scofield and I'm the

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

Executive Director of the National Alliance of State and Territorial AIDS Directors and I'm from New York State and I will take all the hugs I can get.

[ Laughter]

So I'm fabulously glad to be here in the South because of those hugs, but I want you to know we hug a lot in New York too because we've got to stay warm and I'm struggling with that this morning so...

[ laughter]

I'm up here very excited to be here and also very cold so if I'm shivering a little it's a bit of a combination.

I want to welcome you to this meeting as well. NASTAD represents the State AIDS Directors from all of the states in the country and the District of Columbia and we try to be responsive to the needs and concerns of our members and so we're really here today because the AIDS Directors from the Southern states asked us to be.

They started meeting informally, having dialog with each other, and really felt that it was important for them to have some ability to come together in a more organized fashion with support to articulate the views and concerns that we're going to hear throughout these two days and NASTAD feels that it's our responsibility to try to lend support to that effort.

We had the opportunity to have CDC join us in supporting their activities and we're very happy to be able to bring you all together with the Kaiser Family Foundation to have these two days of

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

meetings and hopefully to be able to carry this message back with us to Washington, D.C. where it really needs to be heard.

As part of our preparation for the meeting and to add on to what Jen mentioned, we tried to provide some materials in your notebooks that we think might be helpful to you over the next two days in trying to understand what's happening here in the South and how the South might be different from other regions of the country. So you'll see behind tab five in particular in the notebooks NASTAD has tried to do a little bit of a primer of all the federal HIV/AIDS funding sources so that folks can take a look at, you know, where are these dollars coming from for both prevention and care and for housing and so you'll see a little bit of a description of those resources and also how are they allocated. You know, how do various states get funding through the Ryan White Care Act.

We've taken it a step further than that and actually tried to do a federal funding profile for each of the Southern states so also behind that tab you should see your state and all of the various federal resources in fiscal 2001 that came for HIV/AIDS programs.

It's not a perfect exercise. It's amazing how difficult it is to actually get information about all the various federal funding streams and who is awarded various grants throughout your states. These include the grant to go through this, the state Health Department. We have also tried to include direct funding through the various other titles of the Ryan White Care Act. Direct funding from CDC to community-based agencies, again there are certain funding

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

streams we were not able to obtain that information, but we've really done our best to give as complete a picture as we can of the federal resources.

What you won't see there, and one of things I hope you will also talk about during these two days, are state resources and we know that state resources vary widely across the southern region and across the entire country in terms of the ability of state governments to bring resources to bear on the HIV/AIDS and STD epidemic. So I'm hoping that eventually some day we'll be able to complete the picture and have those state resources added as well so you can a real complete picture of what's happening in terms of resources.

So hopefully those materials are going to be helpful to us all as we talk over the next couple of days.

Now in terms of planning this meeting there was really only one job that I asked for and that was to have the opportunity to introduce our keynote speaker this morning.

I have had the opportunity to work with Dr. Satcher over the years while he was wearing many different hats. I think I actually, I got to meet him for the first time when he was the Director of the Centers for Disease Control and have looked forward to those brief opportunities that I've had through the years to meet with him, to be at meetings with him, and to hear him speak because I really consider him to be my doctor.

That's what I think of, the Surgeon General is the nation's

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

doctor and so every time I see Dr. Satcher that's what I feel like. I feel like I'm seeing my family physician.

And the one thing that I really love about Dr. Satcher is that he understands that the work that we do and he understands, you know, when we're traveling and on the road and how busy and intense we are, but he also understands that we have lives, that we have families, that we have children, and I can't tell you how special it's been to me over the years that every time I've had even two minutes with him, he's always remembered to ask how my kids are doing. A lot of people don't even know I have kids.

[Laughter]

But you know, he's a family man and I'm so honored that he's been willing to fly in to meet with us today because I know he has to hit the road right after this and be someplace else.

So we're really thrilled to have you with us.

For those of you who may not be aware of all the various aspects of Dr. Satcher's career, Dr. David Satcher completed his four year term as the sixteenth Surgeon General of the United States in February of 2002. He also served as Assistant Secretary for Health from February of 98 to January of 2001, making him only the second person in history to have held both positions of Surgeon General of Assistant Secretary for Health simultaneously. And, you know, one of the things this new Administration did almost immediately after taking office was to make sure that that wasn't going to happen any more and have obviously divided those two positions.

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

As Surgeon General and Assistant Secretary for Health Dr. Satcher lead the Department's effort to eliminate racial and ethnic disparities in health. An initiative that was incorporated as one of the two major goals of Healthy People 2010, the nation's health agenda for the next ten years.

He also released Surgeon General's reports on, and this list is just absolutely amazing and I'm going to go through it very slowly because it's an astounding record of work while Dr. Satcher was Surgeon General. Reports on tobacco and health, mental health, which was followed by supplements on children's mental health, health disparities and mental retardation and culture, race, and ethnicity, suicide prevention, which was followed by a national strategy to prevent suicide, oral health, and the one that I think all of us remember most recently, sexual health and responsible sexual behavior, youth violence prevention and overweight and obesity.

That is an extraordinary record of accomplishment for a Surgeon General in that respect.

[ Applause]

I also want to let you know that from 1993 to 98 Dr. Satcher served as the Director of the Centers for Disease Control and Prevention. I think many of us met Dr. Satcher during those years, providing incredible leadership to that agency. We miss him very much.

Dr. Satcher would most like to be known as the Surgeon General who listened to the American people and responded with

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

effective programs and I think from his record of accomplishment, David you've accomplished that.

So please join me in welcoming Dr. Satcher to the podium.

[ Applause]

DR. SATCHER: Well, thank you very much. I'm, I'm delighted to be here and I appreciate that very kind introduction and such a warm reception.

I tell people, and I think they probably think I'm joking but I have actually come to really appreciate introductions because not a day passes that somebody doesn't walk up to me and say, "Man, did anybody ever tell you you look just like David Satcher."

[ Laughter]

Every day, yesterday, so, so I don't, I don't take introductions for granted any more.

I'm delighted to be here and I really want to commend you for having this conference. It's a very important conference. I want to commend NASTAD. I want to commend the Kaiser Family Foundation for, for really appreciating the significance of the challenge that we're facing in the South as it relates to this epidemic.

Now you may not be aware of this, but I am a son of the South, I guess that's the way I should say it. I grew up in Alabama. Spent the first eighteen years of my life there and I, it was a mixed experience. Those were very difficult years in terms of race and race relation and segregation and discrimination. Some of the most difficult of years and, and in my own family of course my mother was

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

from a family of seventeen children and, but I had a father who has committed to educating his children and when the powers that be found out that he was sending his children to, what was then high school like at Tuskegee, they threatened him and he had to leave Alabama and leave his family. And so his family was separated.

My mother never finished elementary school. So she had this great determination of course that her children were going to have an opportunity to be educated.

But I never left Alabama until I finished high school and I remember as if it were yesterday catching that bus out of Anniston to Atlanta to, to go to Atlanta to attend the Morehouse College. And then, of course, there those critical years between 59 and 63 in many ways were a great experience for me, not just because I was at Morehouse, an institution that really was determined to convince us that we were special and that we were supposed to be leaders, it was, those were all sort of years of the height of the Civil Rights Movement, the sit-in movement. And I had a chance to get involved.

That meant a lot to me because when you grow up for eighteen years not feeling that you have an opportunity to really respond to oppression, then all of a sudden there's a strategy. I mean you can go sit-in and you can be arrested, you can be a part of the solution. And so that's why I still consider Atlanta almost like home and I've lived there four different times and of course we live there now.

But it's great to be here because I am a part of the South

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

and, and I certainly appreciate the challenges that we still face here.

We've made a lot of progress. I want to make that very clear. Phil Lee, whom I'm sure all of you know, really one of the outstanding leaders in public health and was Assistant Secretary for Health when I was appointed Director of the CDC and then I took place, but Phil had a lot of stories and one of my favorites, of course, was Phil's father was a family physician and Phil used to be around the office as his father took care of patients. And he still remembers one day that his father called him in and said, "Phil, I want you to meet somebody." And he had one of his oldest patients, Mr. Jones. And he said, "Phil, this is Mr. Jones." And, and in order to get Mr. Jones to talk to Phil he said, "Mr. Jones, you've been around a long time and you've seen a lot of changes in your time, haven't you?" He said, "Yep, and I've been agin em all."

[ Laughter]

Well, I've seen a lot of changes in the South and I've been for most of them.

But we need a lot more changes. And I think that's what this meeting is about and that's what this Southern States Manifesto is about. It's about the changes that we need in leadership and partnership and strengthening infrastructures and funding. The changes that are quite relevant as it relates to this epidemic but I think when you really think about it more broadly they are changes that are needed more broadly than the AIDS epidemic. We have some

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

major systems problems that, that need to be solved so I really appreciate the manifesto. I don't know who was responsible but I think it's, it's really quite a document and I think it really tells us what we have to do. I'm going to hopefully try to contribute a little to that from the national perspective. But I think you, you have put together a very impressive document and the Kaiser Family Foundation reports, both the epidemiological one really outlining the problem and how the southern region differs from the others, it's an outstanding piece of work. And then the, the best document I think I've seen really summarizing coverage and care. Really, really great work and I hope you have a chance to read it all. And that's far important than anything I'm sure I'm going to say, to look at that, that information.

I want to try to give the national perspective and to begin by sort of summarizing how the epidemic has proceeded, but to try to make some major points about that from the standpoint of what I think we need to do.

I try to always remind people about place in the global community. This is, this is perhaps the worst infectious disease outbreak in the history of man. Now I know that the plague in the fourteenth century killed on third of the European population. Somewhere between twenty five and forty million people. And I know about the influenza epidemic of 1918 and somewhere between twenty and forty million people and I certainly know that smallpox during the twentieth century was responsible for somewhere between two hundred

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

and three hundred million deaths, which is why it is so fearful of bioterrorism and the possibility that that agent would be used.

But I believe that this epidemic, this pandemic is the worst that we've seen and I say that because it's not just the numbers. I mean you can count numbers all you want to in terms of this epidemic. You can talk about, you know, sixty plus million people who've been infected and all the twenty five million deaths, but it's just still the tip of the iceberg. We just don't know what's under there in terms of the number of people who've already been infected and don't know it, not yet been tested throughout the world. So I think we are dealing with what could be the worst infectious disease outbreak in the history of man.

This ability of this virus to set up a partnership with the host and to live with the host for years without the host being aware of it and all the time being able to pass the virus on to others; really an interesting kind of challenge that we're faced with here. A lot of implications to that and the fact that then it goes on and can be very fatal in most cases as far as we know.

So I believe that this is a very challenging pandemic for the world, the most challenging that we've ever seen.

I also try to remind people that the first AIDS cases were really diagnosed in this country. But sometimes I think we forget that as we talk about Southern Africa and Southeast Asia and, and as this pandemic continues to spread Bill Gates just announced, of course, a gift of a hundred million dollars to India to try to

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

develop a model for fighting this epidemic in one of the most populous countries in the world, over a billion people. And as you remember, if you read the people in India said, "Wow, thank you very much but we don't like the idea that you're telling us we have such a problem." He said that by 2010 if nothing changes there will be twenty five million people in India living with AIDS and the Indian government got upset about that. That you are, you're hurting the image of our country.

And I could relate to that. I was in India in 1996 working on eradication on polio and we immunized about a hundred million children in one day.

Then when I was interviewed by the press they asked me about AIDS and I, I talked about what we thought the situation was in India and what it was going to be. And then when I read the article they didn't have a single word in there about AIDS. They, all about polio and they talked about the research that was needed.

So we struggle throughout the world with this issue and we certainly struggle in this country with just being able to be frank and open about the problem and that's of course a part of what we have to deal with.

We have to change the environment and that's not easy. We have to change the environment so that people are comfortable and even safe, feel safe at being tested and finding out they're positive and then being open about it enough to get the services they need.

How do you change that environment? How do you create that

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

kind of safe and productive environment? One of the real challenges in this country.

Well, let me just spend a few minutes on what's happening in this country. And I don't know about you but I have a lot of trouble with all these statistics but we have to struggle with them in a sense to even make our case a lot of times.

And nationally of course what, what, what's shown there is how this epidemic has changed over the years. We can go back to the early 1980's when as far as we knew of course, the overwhelming majority of people being infected were white, gay men. And then to see how that's changed over the years in terms of, of reported cases of, of AIDS and HIV. And even that, let me just say, when we talk about the South and the southern region we're going to talk about, you're going to talk about later today, the fact that when you think about the prevalence of AIDS, people living with AIDS, the southern region has the highest prevalence. It's increased from about what thirty five percent in 1993 to now forty percent. Then again you're going to talk about the fact that, when it comes to new cases, which is the incidence as opposed to prevalence, it's been, it's higher in the southern region than in other regions. In fact, it may well be the only region where it's still increasing significantly. New cases being diagnosed of AIDS as opposed to the prevalence - up to forty six percent of those cases in the country now are in the southern region.

So that's really significant in a region that has thirty

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

six percent of the population but that's incidence and growth of incidence.

Then you're going to talk about case rates, which is even more confusing in which we try to look at the rate of AIDS per hundred thousand population but that's important because it tells us, you know, what the situation is out there in different groups and certainly that has a specific relevance to sexually transmitted diseases like syphilis and gonorrhea and chlymdia.

And I remember being in Nashville, Tennessee a few years ago when we announced the commitment to eliminate syphilis. We feel, we felt then and we still feel that we're close that we could eliminate syphilis in this country but we have a lot of work to do.

So, you know, as we talk about prevalence and incidence and reported cases, it gets a little confusing but all the kind of data that you have to maintain to make the case and to also target programs, and that's why we're here today talking about the southern region. Because we know following this data that what's happening in the southern region should not be happening. There's got to be some explanation for why we're seeing this disproportionate impact in the southern region.

But this is a country here and, and in the country we've seen a dramatic increase in African-Americans, blacks and an increase in Hispanics and we've seen a decline in white, non-Hispanics. And that's just another indication of that from the standpoint of the reported cases to the CDC in the year 2000 where such a large

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

percentage of them, in fact sixty eight percent were in non-whites in this country, forty seven percent in African-Americans, even though we're only twelve percent of the population, nineteen percent in Hispanics, also know about ten to twelve percent of the population as you can see here. [Unintelligible] thirteen percent.

It's also interesting I think, having followed these figures over the years and tried to make some sense out of them, as of the 2000, we've had seven hundred and seventy five thousand cases of AIDS reported to the CDC. And of that total, fifty six percent of the total were blacks and Hispanics. And this has relevance to what's happening in the South. Seventy eight percent of the women who were infected were blacks or Hispanics and related to that of course, seventy nine percent of the heterosexuals and eighty two percent of children.

So all of the AIDS cases reported in 2000, sixty six percent were among blacks and Hispanic adults and adolescents.

That's the way the epidemic has progressed in this country.

And the other interesting thing is, of course it goes right along with the heterosexual spread, is what's happened with women because in the early days of this epidemic I remember in 1986 and I guess it shows it here, only eight percent of the reported cases to the CDC were in women and as you can see by the year 2000 twenty five percent of the reported cases.

I think in your data from Kaiser it, it will point out that today in the South I believe twenty two percent of the prevalence,

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

people living with AIDS, are women but in terms of the dynamic nature of this epidemic, they're, in terms of the reported cases it's now going up rapidly and is twenty five and thirty percent of the reported cases, new cases of, of AIDS.

And again if you look at the totals there for the year 2000, there were just over ten thousand cases reported in women and you see how that breaks down. It's different for, from the overall breakdown because here whites constitute only among women, only eighteen percent of the reported cases and only two percent in terms of, not two percent, but of the case rates, only two per one hundred thousand compared to forty six for one hundred thousand for black women and fourteen per one hundred thousand for Hispanics; really striking data and confusing.

This is what I think is really interesting and critical to prevention, really look at how this epidemic is spreading in this country and in some ways how it's changed because if you look at those data, what's really clear is that it's not the same in different groups. For, for whites, of those who have been reported to the CDC with AIDS, about sixty eight percent are felt to have been exposed through men having sex with men compared to only twenty percent, twenty seven percent of African-American.

When it comes to injection drug use, and this is, that's back to the needle exchange programs and why we still consider those to be so critical. And I didn't hear the comments last night but that's a very critical commitment to, to make a commitment to the

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

support for needle exchange programs.

Injection drug use is responsible for thirty six percent of the reported cases among African-Americans compared to twelve percent among whites and that continues to really in many ways drive this epidemic in that population especially for women because in women, among the heterosexual contacts such a large percentage of that are men who are injecting drugs. There are some cases where men are having sex with men and men are having, and the same men are having sex with women so they have that risk factor. But for the most part are injection drug use.

Well, the South has, as I said, the greatest number of people estimated to be living with AIDS while it represents only thirty six percent of the population, forty percent of those living with AIDS live in the southern region, in our region. And forty six percent of the estimated number of new cases are in the southern region.

The South has an increasing share of the STD, gonorrhea, especially gonorrhea, chlymdia and syphilis.

Nine out of ten of the states with the highest primary and secondary syphilis rates are in the South. All of the ten states with the highest gonorrhea rates are in the South. And seven of the ten states with the highest chlymdia rates are in the South.

Now what' s, why is that so important and it really goes back to work that was done in Africa, especially Tanzania back in the early phases of this epidemic. Some work funded by NIH and CDC

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

showing that, not only did the prevalence of STD's increase the spread of HIV but that the aggressive treatment of STD's could dramatically reduce the spread.

I remember being involved with South Africa the Mbeki Agreement was really frustrating because after Mbeki became President and he just refused to even acknowledge AIDS as a disease caused by HIV, it was really frustrating to work with the Minister of Health and people in South Africa to try to put together a five year plan which we were charged to do. And we ended up in the face of a President who was not willing to acknowledge the nature of the epidemic; we actually ended up focusing on sexually transmitted disease generally. So we ended up putting together a plan that really focused on the aggressive diagnosis and treatment of sexually transmitted diseases.

Because it was very difficult in that environment to really focus on AIDS as an infectious disease when the President was in denial as it related to that. So we focused on sexually transmitted diseases.

And in the South of course, to a great extent the prevalence of sexually transmitted diseases is driving this, this epidemic in the South, the prevalence of gonorrhea, chlymdia, and syphilis, even though we're making a lot of progress with syphilis.

This is the, the picture with women and I hope we really pay attention to this because I really believe that the challenge in the future in dealing with the problem in women as it continues to

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

increase in this country relates to the fact that heterosexual transmission is so critical and injection drugs are so critical because if you look at this over fifty percent of the infection in women related to injection drug use, either directly - thirty five percent, or having sex with the man who is injecting drugs. So injection drug use is really critical in attacking this problem in women and the dramatic increase in AIDS in women.

But it's critical for men and women but especially if you just focus on that, on what's happening with women.

In the, in racial and ethnic minorities this slide of course summarizes two things that I think are really important to look at. Not just how the, the epidemic has increased in African-Americans and Hispanics especially, but also what's happened to the overall epidemic because we often attribute to antiretroviral agents the decline in the new cases of AIDS in this country and certainly the decline in death rates but there was already a decline in new cases of AIDS before antiretroviral agents really took effect and you can see that in this slide.

And I say that because people should be aware that efforts that have taken place in terms of education, aggressive programs in education and behavioral change have had some impact.

Back in the late 1980's we were seeing a hundred and fifty thousand new HIV infections a year and clearly we have seen a dramatic decline in that and we're stuck now at somewhere around forty to forty two thousand new cases of HIV infections a year.

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**11/14/02**

But I think we have seen an impact of the education programs of efforts to prevent the spread of this, this virus.

Now we, we are obviously handicapped in a country that has so much difficulty even discussing sex. But I think we've made a lot of progress and so people should not be discouraged that these efforts have been in vain. But clearly we've reached a point now where we're not seeing a dramatic decline in new AIDS cases any more because you can only go so far by treating people to prevent the full-blown expression of AIDS, that we've reached sort of a point of stability in both new cases of HIV, of course, and new AIDS cases themselves.

But the high points of success in dealing with this epidemic in addition to the education and prevention, we've had some other notable areas of success. I think when we were able to develop the technology for screening the blood for HIV it was a major achievement. And some of you might well not remember what it was like in the early 1980's when over one half of the hemophilia population was infected with HIV through blood transfusion.

I remember it so vividly because as Director of the CDC I remember meeting with the organization of hemophiliacs and their families and, and really trying to explain what happened and why we felt that it would not happen in the future.

But the inability to detect HIV in the blood early on was a major issue for hemophiliacs and other people requiring blood transfusion on a regular basis.

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

So it, even though it may seem like a long time ago, it was really significant when we developed the technology to identify this virus in the blood and even later, of course, we, we've been able to do the same thing with hepatitis C and, and that sort of represents a big change even though it's a different kind of infection in many ways.

The other major high point in dealing with this epidemic I think has been in the use of antiretroviral agents to prevent the spread from mother to child. A very significant development and we've had a decline of more than eighty percent in transmission of HIV from mother to child.

So a lot of the emphasis now in Sub Saharan Africa for example especially is on interventions to prevent the spread of HIV from mother to child. A lot of the drug companies in Botswana, or in other areas of Africa are focusing on how can we prevent the spread from mother to child and of course finally just the use of antiretroviral agents that have made such a difference in survival and of course I have known a lot of people personally, many of them who were virtually on their death beds before the development of some of these drugs and people who have not only been able to get up off their death beds, but to go on with their lives and to be very productive.

I have a couple of friends who even run marathons. I mean they even put me to shame. And these are people who were very ill with AIDS before antiretroviral agents.

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

So we've seen some dramatic changes and yet we haven't solved the problems. We have major problems in terms of the treatment and getting, in the South especially, just a system of coverage and care. How do we, how do we get treatment to people who need it?

These are some interesting data and they, and they relate to the environment. CDC keeps us abreast of what's happening with the people living with AIDS in this country. We now estimate that there are about nine hundred and fifty thousand people living with HIV or AIDS and of that nine hundred and fifty thousand it is now estimated that about forty percent have been tested and are on treatment. About thirty percent have been tested but are not on treatment and about thirty percent have not been tested.

And these figures are dynamic so they change pretty rapidly but, and mostly in a positive direction because I remember when we were saying one third of the people living with HIV/AIDS have been tested and were on treatment. One third had been tested but not on treatment. And one third had not been tested. And now we're up to forty percent and I think that's increasing of people who are actually on treatment.

But I think therein, in those figures represent a major challenge that we face in this room today. Number one the challenge of just identifying people who are already infected with this virus and that means really aggressive and trusted programs of testing.

You don't talk must about that in the manifesto but I think, I think the bridge between prevention and cure to a great

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

extent is in having really aggressive programs of early diagnosis.

Now you may not see a lot of motivation for that when it's hard to get people into care but if we're going to really make the case I think that we need to make for changing the coverage throughout this country and I think we can, I think we've got to be more aggressive about the early diagnosis and I think that's what ties prevention and cure together if we can in fact identify people and work with them in terms of risk factors or in terms of spreading the virus to others and at the same time have something to offer those persons in terms of early access to treatment, then I think you can tie together an effective program of prevention, care, and treatment. But in that mix you've got to have aggressive testing.

The country has to change in order for that to happen and I, let me just admit that. It's not going to happen until people can be assured that there are more benefits than risks to being tested.

Until we can create a common environment where people say, "I'm going to be benefited by being identified as positive for HIV. I'm not going to lose my job or have trouble getting a promotion or be stigmatized or what have you and it means that I might have early access to treatment."

If we can tie all of those things together I think we have a system for dealing with this problem that can work but right now we're not there.

The major barriers and I think if we're going to be successful at changing this situation in the South, we have to deal

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

with these, at least these major barriers and I'm sure you might come up with some others, but from the way I see it, number one - we have to deal with the stigma and discrimination, which discourages high risk persons from seeking testing. And part of that of course is the stigma and discrimination surrounding sexual orientation.

There were three major hotspots in the Surgeon General's report on promoting sexual health and responsible sexual behavior. One of them just related to comprehensive sex education and our proposal that it ought to be in the home, in the church, in the school, wherever people gather. There ought to be comprehensive sex education.

And the schools of course are the hotspot in that in terms of there are many states that still do not support comprehensive sex education in the schools.

So another major hotspot in the report was our finding that sexual orientation seemed to be determined by adolescence and despite what people have said, there is no scientific evidence that sexual orientation can be changed, or is being changed. People are report, have reported that.

So we basically concluded that we as a nation needed to become a nation that understood and appreciated diversity in sexual orientation. And I think that's one of the critical issues in terms of this epidemic. When we really get to the point where people feel that, that sexual orientation is not something to, to be ashamed of or something that's going to mean that you're going to be punished in

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

Keynote Address: Dr. David Satcher

11/14/02

many different ways, then I think we can have much more success in dealing with this.

But still until this day I think the stigma surrounding sexual orientation interferes with our ability to get people to be tested.

The lack of awareness or motivation to change lifestyle is a, is another issue. That's very complicated and in a lot of ways I think it gets into mental health issues. In order for people to change their lifestyles, whether it has to do with the use, the regular use of condoms or what have you, they have to be motivated. They really have to have the motivation and strangely enough, maybe strange there are a lot of people who are not motivated to change their lifestyles.

And that's especially true among young, gay men and even more so among young, gay men of color.

There are a lot of barriers to changing lifestyles and the CDC in, in its report in Barcelona reported that based on the screening in six cities, seventy percent of young, gay men who were found to be positive, seventy percent didn't know that they were positive and had not been tested, ninety percent of young, men of color, ninety percent.

So there's something really going on there that we've got to deal with if we're going to be successful in dealing with this epidemic in the South and in the country.

But I, also attitudes toward drug addiction as a crime

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

rather than as an illness is a barrier to the control of this epidemic.

I was Director of the CDC, of course, when all of our research started to come in in terms of needle exchange program. We had funded thirty-six programs to look at the role of needle exchange programs in the, in this epidemic. And we reported that, based on the evidence to date, there was, there was clear evidence that needle exchange programs could reduce the spread of HIV. And there was no evidence that it increased drug use.

Now later on we were able to say more definitively that, that needle exchange programs did not increase drug use. If anything they increased referral of people for treatment.

So we had all of this science and I remember we had scheduled this press conference. Donna Shalala was Secretary and I was Surgeon General and Assistant Secretary for Health. We had Harold Varmus, then the Director of NIH because they had had a consensus conference and we were excited about announcing that, that there was no evidence, not only that there was no evidence that these programs increased drug use but clear evidence that they decreased the spread of HIV.

I served in both the Clinton and the Bush Administrations so I have to separate these Administrations. This was the Clinton Administration when we got the word from the White House that the White House was not going to support federal funding for needle exchange programs and therefore our message had to be, be

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

communicated in such a way that people understood that we still were not clear about the impact of these programs.

And it put me in a very difficult position. You talk about being schizophrenic [laughter] but as Assistant Secretary for Health of course, I had to support the decision and as Surgeon General I had to walk out of the room and speak out against it. Some of you remember that.

But the needle exchange programs based on the science were very effective and we had to say that. We had to say that especially to communities throughout this country where decisions were being made about funding needle exchange programs.

But not only did the Administration decide not to recommend federal funding, Congress then voted overwhelmingly against the use of federal funds to support needle exchange programs and that has not changed until this day.

So those are, those are just some of the barriers that we're up against.

And of course another barrier is the attitudes toward sexual education, sexuality education and sexual orientation, which I mentioned and which are dealt with extensively in the Surgeon General's report. I hope you will take a look at that.

And finally the lack of access to healthcare for the poor and the underserved and I think that's really critical to the South, more critical perhaps than anywhere else in the country. The lack of access I mean. North Carolina - the ADAP program - what is that up

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

to, a hundred and twenty five percent of poverty. Compared to even Mississippi, I say even Mississippi, you can see my roots in the South and remember what Alabama and Mississippi were like but, and I guess Mississippi funds up to what, four hundred percent of the federal poverty rate? It's just amazingly interesting to see what's happened so lack of access to care and lack of access to medication, major issues in terms of dealing with this epidemic.

You know my attitude has been and still is that we need a system of universal access to care in this country. The WHO said that they're clearly, in the year 2000 year report, that while we spend more money than any other country in the world in terms of our healthcare system, most of it treating complications of diseases, we spend more per capita, we spend a greater percentage of our gross national product, they ranked us number thirty seven in terms of health outcomes and the major factors were one - lack of access for so many people, not just the uninsured. There are many people with insurance who don't have access to healthcare because of where they live and because of the inadequacy of their insurance. Insurances, for example, that do not cover prescriptions including Medicare.

So I think those are the barriers that we have to overcome. The stigma and discrimination which discourages people from being tested, the lack of awareness and motivation to change lifestyle and behavior, attitudes towards drug addiction as a crime rather than as a disease, an illness, and attitudes towards sexuality, education, and orientation, and finally this lack of access to care.

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

In terms of policies I think the major challenges are to number one - have policies that appreciate diversity but also policies that support education in homes, in schools, in churches, wherever people gather. And I have to keep pointing out to people that we said this before we even knew about all the problems in the church as it relates to child sexual views.

It's the feeling that, if you're training people for leadership roles, sexuality education ought to be a part of that training. And that's true in the church as well as other institutions.

And obviously we need a balanced community health system, a system that actually balances health promotion, disease prevention, early detection, and universal access to care.

And we need to track HIV and AIDS cases I think the way we've tracked other sexually transmitted diseases.

Now I know that many people disagree with that but I think the time has come and I know it means that we've got to change the environment so that it's safe to do that but I think the need to really track HIV and to really track it in such a way that we can in fact get people into care as soon as possible, but I, I would admit that we have to have the environments that make it safe to do that so that people actually feel comfortable.

But I think that's what it's going to take to get the epidemic under control in the South and in the country.

There are some major research challenges. We need better

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

strategists for educating and motivating people and mobilizing communities. We need to develop better drugs for treating AIDS and we are doing that. We need treatments that require fewer pills and we need to stay ahead of the drug resistance that's such a major problem in treating any infectious disease. And we need to develop a vaccine to prevent or ameliorate the spread of development of HIV/AIDS and I hope that's going to happen within the next five to ten years.

Well, I think as, as, as you deliberate today and tomorrow about what needs to be done in the South, in many ways it's not unlike what needs to be done in the, in the nation but we need to focus on disparities. We need to target disparities and help the people trying to tend.

What we have done is we've made a commitment to target disparities in health among different racial and ethnic groups and I think we need to target disparities as it relates to the southern region versus the northeast versus the west versus the Midwest. What've the source of these disparities that Steve pointed out?

We need to target those disparities for intervention and as we identify the causes we need to, we need to change them. But I think it's important to say that some of these things are not going to happen unless there are changes in the country overall and that's especially true when it comes to coverage and care. There's got to be some major changes in terms of our commitment.

I think it's time for the nation to really make the commitment to provide universal coverage as it relates to HIV/AIDS. I

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

think we need it for, for the country as a whole but a great place to start would be with this epidemic [ applause] .

And I think we can make that happen.

The gap between what we know and what we do is wide and it's not getting any narrower. By now hopefully you've heard that question, that story about the man who was flying across the country in a hot air balloon. And at a certain point realized that he was lost. So he decided that he would lower the balloon to see if he could spot some recognizable landmarks. He lowered the balloon and he didn't he recognized, there was no Washington Monument or the Gateway to the West in St. Louis or the Golden Gate Bridge. Nothing. So he just kept lowering the balloon and he got to about thirty feet above ground. He spotted a man working in the field below. So he yelled out to this man, "Where am I?" And the man looked up at him and said, "Well, you're in a hot air balloon about thirty feet above ground."

[ Laughter]

So he said, "You must work in science." Now this man was working in the field. "You, you sound like a scientist." And the man said, "My goodness, I am a scientist. How in the world did you know that?" And he said, "Well, because what you told me is technically correct but it is of absolutely no use to me right now."

[ Laughter]

Well, the man on the ground said, "You sound like a policymaker." And the man in the balloon said, "My goodness, I, I'm a leading policymaker. How did you know that?" And the man on the

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

ground said, "I knew that because really you're in the same position you were when we met. You don't know where you are. You don't know where you're going and now you're blaming me."

[ Laughter]

[ Applause]

The tremendous gap, the tremendous gap between what we know and what we do.

We need to continue the science without question. But we also need to find a way to bridge the gap between the science and the practice and the policies.

You do a sexual health report based on the public health science and you hope that, as a result of that, it might change some things. The way people think and act and the kind of policies we develop. But there's a big gap between the science and the practice and the policies. And that also applies to evidence based care of patients.

There's a big gap and the challenge that we face, especially in the South is to close the gaps between the science and the practice and the policies.

But it can be done and I think certainly the leadership that you're providing and certainly the Southern Manifesto and, in ways that you're going to massage it during this meeting will take us a long way toward that.

I still agree with John Gardner who died earlier this year and who was in my opinion one of the outstanding leaders in public

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

**Keynote Address: Dr. David Satcher**

**11/14/02**

health and in, in health policy. He was not trained in public health.

He served as Secretary of Health, Education, and Welfare during the Johnson Administration and then he went on to found Common Cause and write a lot of really outstanding books on leadership, ended his career as a university professor at Stanford. But my favorite John Gardner quote is that life is full of golden opportunities carefully disguised as irresolvable problems. Thank you.

[ Applause]

MS. SCOFIELD: Thank you Dr. Satcher.

In all of my excitement to introduce you I forgot to tell people what you're doing now. So I thought, so I thought I might close the session by letting you all know that Dr. Satcher was named the Director of the New National Center for Primary Care at the Morehouse School of Medicine in Atlanta, Georgia. He assumed that post in September and before that, and I think we can say even now, Dr. Satcher served as a Senior Visiting Fellow with the Kaiser Family Foundation.

So we really want to thank you for being here this morning, one more round of applause.

[ Applause]

On that note we're going to take a break.

<sup>1</sup> kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.