

AMERICAN FOUNDATION FOR AIDS RESEARCH

14TH NATIONAL HIV/AIDS UPDATE CONFERENCE

POLITICS OF PREVENTION

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DR. MERVYN SILVERMAN: Well, good morning. Are we still--are we having fun yet? Good. Well, first of all, I'm thrilled to see you here this morning and I am really honored to introduce our first speaker.

Congresswoman Nancy Pelosi has represented California's Eighth Congressional District, which includes most of the City of San Francisco, since 1987. She is a Democrat with deep political roots, a strong commitment to issues and an outstanding record of legislative accomplishments, especially on education, healthcare, housing, and environmental protection.

On October 10, 2001, she was elected by her colleagues to become House Democratic Whip, the highest ranking woman in the history of the United States Congress. As I'm sure you know, as House Whip, the second ranking leadership position for the Democrats, Representative Pelosi is a national spokesperson for the party and is responsible for the party's legislative strategy in the House, and for keeping members informed about upcoming issues and votes.

In addition, she is the Ranking Democrat on the House Permanent Select Committee on Intelligence. She is also a member of the powerful House Appropriations Committee, where her focus has been on health care, education, housing, and choice.

In addition, she serves on the Appropriations Subcommittee on Labor, Health and Human Services, and Education. Here she has focused on AIDS treatment and prevention and her top funding priorities are AIDS and breast cancer.

She was also instrumental in securing funding for the fight against the global AIDS pandemic. She is also Co-Chair of the AIDS task force of the House Democratic Caucus, and Co-Chair of the Biomedical Research Caucus. Prior to her election to Congress, she served as the State and Northern Chair of the California Democratic Party, and Chair of the 1984 Democratic National Convention Host Committee.

She also served for 20 years as the Democratic National Committeewoman from California. She is originally from Baltimore, Maryland, where her father and brother have served as Mayor. And, she and her husband, Paul, a native of San Francisco have five children and five very lovely grandchildren. That's the official welcome.

My personal welcome is that 35 years ago I started my career in Washington working for the federal government, then moved on to Kansas and to San Francisco in local government, and have worked with local, state, and federal political officials over the last 35 years, probably hundreds of them. There is no one, no one, at least in my 35 years, that holds a candle to Nancy Pelosi. She is the epitome of integrity, of commitment, of compassion, of dedication. She fights just as hard for the human rights of people of China as she does for the rights of people with HIV and AIDS.

I was with her last year at the Berkeley School of Public Health Awards Dinner, with heroes in public health. And, as I sat there, I said, they are leaving out a very important hero in public health, Nancy Pelosi. So, I hope you will join me and welcome my Congressman for 15 years, my colleague for longer, and most importantly, my friend and public health hero, Nancy Pelosi.

REPRESENTATIVE NANCY PELOSI (D-CA): Thank you. Thank you very much. Thank you very much. Dr. Merv Silverman, you can introduce me anytime. We are all in a sort of a hyperbole business, you know, in politics. But, I--I accept the spirit of your remarks on behalf of all of my constituents who have made the issue of AIDS and some of the other issues you mentioned the highest priority for our office.

I--Merv Silverman was one of the heroes we honored that night, is one of the heroes in our fight against HIV and AIDS. We honored the--directors of public health that evening, and that's a very important fight, part of our fight, against HIV and AIDS.

Is it still morning, I got on, I'm--I'm on Washington time. If it is, good morning. I just got off the plane from Washington and I reminded Merv I had to leave my home at 5:30, which was 2:30 am for the rest of you. So, if I go on, stop me.

I'm pleased to be on the program with Dr. Silverman, of course, and I want to acknowledge Jane Silver, part of amfAR, who was the advocate for amfAR in Washington, DC and works tirelessly on all of the issues of concern at the organized purpose of amfAR. Jane Silver, thank you for all that you do.

And, I'm pleased to be on this panel with Terje Anderson, and Frank Beadle de Palomo, and David Purchase, and commend them for all that they do. There are so many, many factors. So many important parts of--of our struggle. The--I wanted to say a word about amfAR. I wish that Dr. Mathilde Krim could have been with us. She has been to San Francisco on many occasions, traveled the country, indeed, the world, for so many years. A person of--of impeccable credentials in terms of being a scientist, and--and an advocate who has given--brought a tremendous access for us all on this important issue.

It's important to support amfAR because while we have a very strong government role, sometimes it takes an--no, not sometimes, all the time. It takes an outside organization, an outside organization to do a job that we can't do. We have--we don't have the agility, the speed, the immediate resources, and, of course, we have the bureaucracy and all--else that goes with it.

So, amfAR makes a tremendous contribution to the research, the prevention, ideas about care. And, I wanted to commend them in my remarks as we sit in this auditorium speaking to so many of you who are experts beyond whatever I could ever tell you. In the shadow of these beautiful, beautiful pieces of the quilt, which, you know, if we had more time I'd talk about when we brought the quilt to Washington the first time and how we got it on the Mall, but that's for another day. Everything seems to have been a struggle at the time. And, now people take great pride in their participation in so many aspects of this fight.

But, the fight's not over. The challenges just seem to change, and, of course, we will never rest until there is a cure. We will never, ever stop the--fight for whatever is necessary for care, and for research and care. But, for the time being, our best hope is prevention. Our best hope, as Dr. Merv Silverman and people who are gathered here, you are our best hope. Because, the community-based organizations are where we have placed our faith, our hope. And, you have with great charity done your work. I--you know, I'm in awe of you, and our message in Washington is that our approach to this from day one, I've been in Congress almost 15 years now, from day one, is about a community-based approach.

We--as we all know, the AIDS epidemic requires a comprehensive response. This conference is truly extraordinary because it brings together such a diverse group of people, all of whom are united by their work. This session on the politics of prevention is especially timely given the current changes we face in HIV prevention.

I'm not going to tell you anything you know, but let's just stipulate to a few facts. The AIDS epidemic has changed over the past 20 years, and our prevention efforts must meet the new challenges that have emerged. Today, more than 70 percent of the--new HIV infections are among people of color. While African American's make up approximately 12 percent of the U.S. population in 2000, they account for--47 percent of new cases of AIDS.

In addition, nearly two-thirds, 63 percent, of all--women living with AIDS are African American. Hispanic Americans are also disproportionately impacted, disproportionately impacted. Hispanic Americans represent 13 percent of the total U.S. population, but account for 19 percent of new AIDS cases. We have been saddened--I think that that figure may be high. Thirteen percent. I know that we are blessed with an ever-growing Hispanic population, but the--the incidence of AIDS far exceeds the Hispanic population in our country, larger than I just mentioned.

We have been saddened by the news that the new HIV infections among young gay men, particularly among gay African American men, are rising. Many young people have come of age in the world where protease inhibitors are extending rights and they do not remember the terror and the loss that we faced in the '80's. They see and hear the heartening news that just 56 people died of AIDS in San Francisco in 2001 compared to 1,821 in the city in 1982.

Merv and many of you here know that in the '80's we were going to several funerals a week, sometimes several a day in those days. It was our way of life. It was our way of life here. It was--we were either

at the bedside or at the funeral of--of loved ones. And, it--it was, it was an absolute horrible thing. And, we cannot revert to that. So, we have to have appropriate prevention and education for young people so that they do not feel any lack of urgency to--to engage in--behavior that promotes prevention.

And, on top of that, none of these protease inhibitors cures AIDS. So, there's no reason not to be into a program of prevention. Until we have a true cure and effective vaccine, prevention is still our best weapon. We must, and I use the word "weapon," I don't like to use terms of war, but this is about life and death. It is a war. And, we have--we--this is, prevention is our best weapon.

We must intensify our prevention efforts including targeted education about behavioral risk, and risk for a--research for a vaccine. Prevention is crucial not only from a public health--perspective, but also from an economic perspective. It always saddens me that I have to make the business case about why it's a good idea for us to want to save lives and save people from becoming infected. But, the--but, sometimes with our colleagues in Washington, that's the best way we can reach them.

The Federal Centers for Disease Control and Prevention estimates that there are between 600 and 900,000 people living with HIV in the United States. Well, that's a big difference. The lifetime medical cost of treating each person infected with HIV is estimated at \$155,000. You know all of this. So, each HIV infection that we prevent saves our health care system a great deal of money, in addition to preventing other costs, including loss of earnings due to premature death from AIDS.

Prevention is humane. We must do it for humanitarian purposes. But, sometimes we can only sell it as--as cost effective. HIV transmission, like many health problems, is a product of many factors. In order to reach as many risk--people at risk as possible, HIV prevention programs at the CDC are addressing these factors through community planning process that allows localities to guide HIV prevention efforts in their neighborhoods and communities. Local community planning must not be--undermined.

In fact, it must be assisted. We have to have compliance assistance so that our community planning efforts are not eliminated on the basis of a technicality. So, we have to have tremendous outreach, and we, of course, are working for that.

As all of you know, community-based organizations play a vital role in our public health system, because they combine a programmatic expertise with extensive knowledge of targeted populations they serve. You know that. I want you to know that we have that appreciation on--on the front line of the fight. You're on the front line of the fight here. But, where we do our battle in Washington, DC The federal government has a responsibility to support the difficult works of these organizations and to help them overcome the administrative challenges that small organizations face. In meeting this responsibility, federal officials must focus on program effectiveness rather than ideology. And, here's where we have our challenge.

In response to conservative attacks on Stop AIDS projects here in San Francisco, I wrote to Health and Human Services Secretary Thompson to emphasize that the federal government has made a

commitment to work with local communities to do what is necessary to reduce the spread of AIDS in this terrible, this terrible disease, and save lives.

That commitment includes providing education and prevention messages that young, sexually active individuals and others at high risk for HIV infection, will understand and respond to as they make decisions about their behavior. We have in effect in Washington, DC, an approach to government and society that is a very socially conservative one. Any--I'm going to talk very frankly to all of you because that's what I want us to do in our prevention program. So, I might as well do that as we speak here.

Anything that has to do with sex, they have a problem with. Whether we are talking about family planning, domestically or internationally, they want to gag us. When we talk about funding for sex education in the schools, accessibility to young women, teenagers, to contraception, there's a problem. They propose a program, an initiative of abstinence only. Well, that would be a good idea if everybody bought into the program, but, of course, it isn't realistic.

So, we keep saying to them, do we have to have a session on the birds and the bees in Congress for us to understand how unrealistic it is for us to say we're gonna stop the spread of AIDS, we're gonna stop unwanted pregnancies, we're gonna stop the spread of other sexually transmitted diseases, in addition to HIV and AIDS, by having abstinence only? It's simply unrealistic.

But, not only is it unrealistic, it is deadly. It is deadly. We all agree that federal funds must be spent appropriately. This is not the issue. The issue is effectiveness. And, federal dollars must be targeted in order for them to be effective. At least Scott Evertz, the Director of the White House Office of AIDS Policy, said in January after visiting the Stop AIDS project, that it appears the program is working and ought to be left alone. I was very pleased that he said that.

You know, this whole message about the young people, they--they like to say it's geographic. Well, what works in San Francisco, if it works in Iowa it might not work in San Francisco. And, what I'm trying to say to them is you can't only think geographically. You have to think generationally. These young people think that these arguments are so totally irrelevant to the realities of life that they--they don't even listen. They are not even on the same planet much less the same wavelength in terms of talking to them about safe sex and stopping the spread of--of whatever we want to stop the spread of.

We must do more to protect this generation from the suffering that is all too familiar for previous generations. Doing--doing more work includes providing the necessary federal resources. Two young people become infected with HIV in this country every hour and there are 11 new infections worldwide every minute. Every minute. The investments that have been made domestically and internationally in HIV care, treatment, prevention, and research, have significantly strengthened our ability to combat this global pandemic and dramatically improve the lives of millions of people who are living with HIV and AIDS. But, we are doing such a meager amount. There is so much more that we have to do.

It's so interesting to me that those who present this abstinence only, and no contraception and the rest do so with--on a moral basis. You know, they have a moral basis for it. But, what is the morality?

What is the morality of us having drugs that we know can arrest the progress of AIDS in an individual, or we have techniques that we know will stop the spread of HIV and AIDS, and we don't make them available to people to prolong their lives until there is a cure or to stop the spread of the epidemic? Where is the morality in that?

Where is--you know, Dr. Mervyn Silverman has been saying that for--oh, 20 years, Merv, over 20 years! Oh my gosh, all of a sudden I am realizing that 20 years ago, we would never--do I speak to you when I say this Merv, correct me if I don't. Twenty years ago, in 1982, when we talked about nearly 2,000 people who died in San Francisco, if you had told us then that 20 years from then we'd be sitting in the Civic Auditorium and not have a cure for AIDS, we would have said that is insanity. It can't possibly be true.

We must have the know-how, the resources, the determination, the will to make that happen. But, this has been from a scientific standpoint very challenging. And, we will get the answers as we pursue them very aggressively from a scientific standpoint.

But, there are things we know that we can do that money is the only obstacle to. And that, to me, is the immorality of it all. Taxpayer dollars went into the research to find some of these cures, protocols, and preventions. And yet--and yet, why do we spend the money to find something out and then not spend more money to--to get the desired effect and save money in the long run by the way?

I just want to tell you for a second, because I think you might be interested in it, the last--a week and a half ago, Bono of the U2, you know Bono? Well, I know him because my children and my grandchildren are big Bono fans and now so am I. Bono has, he helped us on the debt forgiveness issue in the year 2000 and we were successful in turning around the policy of the United States and forgiving debt of--of developing countries. And, now he has turned his attention, and it always was there, but now he is focused more directly on the AIDS epidemic in the world, domestically, internationally, wherever it exists. The heavy concentration of what is happening in Africa because it is a devastation.

And, Bono came to--has been coming to Washington. He brought tears to the eyes of Jesse Helms who has confessed that he was wrong and now he will help and all that. A little late, but--I don't think you should get off that easily, quite frankly, myself. None of our people ever did get off that easily. Okay. But, Bono, that statement that the President made that we'd be putting \$5 billion into the international arena, some of it, for HIV and AIDS. That was a giant step forward. It's--we don't have the money yet, but it is a change. It is a change in approach.

And sometimes it takes that, you know, others to have a celebrity challenge the conscious of the country, be able to communicate and mow out involved people outside who might not otherwise be involved in the issue, and have access at the highest levels. And, he has made a difference.

So, now we have the commitment. Now, you know, we're at that old familiar "show us the money." The commitment's nice but it's only a conversation unless we have the money, and still not enough. It's still not enough. But, it is--it is a giant step forward, and I think that it frankly would not have happened

without him almost embarrassing the White House into making that commitment. Now, we are going to make sure that they--they come up with that.

Domestically, the substantial increases in NIH funding over the past four years are a significant part of our investment in research. Research in NIH has yielded great results. AIDS research has doubled the survival time of a person with AIDS, and vastly improved the quality of life for thousands of people. That's why we think everybody should have access to that. Doesn't that follow? I mean, this is the part that seems to be missing to the rest of us. Yes, that's good. Now, how do we explain to some people that they will have access to it, and others that they do not, and it's all about money? That should be the--if it's only about money, it shouldn't be an issue in my view.

By advancing scientific knowledge of the immune system and viral--viral infections, HIV/AIDS research has also yielded significant benefits for people living with older diseases such as cancer and hepatitis. We have contributed to science in general. Research is a good investment, however, we have a responsibility to prevent new infections and to ensure that those living with HIV and AIDS have access to health care and medication.

The investment in NIH research must be matched with a similar investment in our nation's public health infrastructure. This is to ensure that the knowledge we gain through NIH research is translated into improved health care for people living with HIV/AIDS and stronger HIV prevention efforts. The health resources in HRSA, and the Centers for Disease Control, are NIH's essential public health partners in the combat--to fight HIV/AIDS.

Let me talk about the White House for a minute. I know there are planes to catch up here so I may skip some of what I had to say here. But, unfortunately, everything I just said about the President's commitment down the road about global AIDS. Unfortunately, the President's--budget for this year, the second year in a row, does not emphasize the need for strong investments in HIV/AIDS programs administered by HRSA and the CDC. These investments are a vital complement to NIH as I mentioned, and as a member of the Labor HHS Education Subcommittee, I will work to secure the highest numbers possible for these programs.

Last year, the President started us off with no increase in the Ryan White Care Act, the nation's major source of money for AIDS programs, as you know, across the nation. But, we were able to get in our struggle \$103 million more. We want more. We want more. I was glad we got that \$100 million additional. But, we want more. The President also started off last year with an increase of just \$23 million for CDC prevention. We ended up with an increase of \$77 million. Then, he started us off with a \$1 million in the minority HIV AIDS initiative. We ended up with a \$31 million increase.

Last year, when we saw the President's budget we knew we had to do better. This year, all three of these programs are flat-funded in the Bush budget. And, again we have to do better and we will. Flat-funded. First of all, we didn't have enough money in there to begin with. Second of all, we have increased needs. Flat-funded. So, we are going backwards. But, we won't. But, we won't. And, I guarantee you that.

Many uninsured Americans still do not have access to AIDS medications because HIV positive individuals generally do not meet the Medicaid requirements until they are disabled by full blown AIDS. You know that. It is indefensible, it doesn't make any sense at all, to force people to wait for health care until AIDS--AIDS compromises their immune system. This law must be changed.

And, access to health care and AIDS medications are important tools because studies show that lower HIV viral loads are associated with the reduced likelihood of transmission. So, this is about prevention as well as care. Democratic leader Richard Gephardt, my leader, and I, now with the two leaders of Democrats in Congress, have introduced legislation that will allow low income individual living with HIV to qualify for Medicaid coverage earlier in the course of their disease.

We've been trying this for a while. And, we're hoping that we will be successful this year. If there is anything that you can make the business case for, it is this. Early treatment for HIV infections save lives, improves quality of life, and reduces health care costs as progression from HIV to full blown AIDS is prevented or delayed. I always add, until there is a cure.

It also strengthens our economy as healthy individuals return to work, increasing both productivity and tax revenue. The Early Treatment for HIV Act, it's called 2063, currently has 136 sponsors but only three are Republicans. So, those of you for whose districts are represented by Republicans, I know if you went to see them, I promise you nothing is more eloquent to a member of Congress than the voice of his or her own constituents.

And, from your experience and knowledge, and goodwill, I hope that we can get many more Republicans on the--why would Republicans not be on this bill? It saves money in the end, even if--if we can skip over what it does positively in people's lives.

We need help from the grassroots to get more Republicans on this. So, we have challenges and this is what we know, HIV prevention works. We can talk about all the statistics in the world, and they are so staggering and you know them all well.

But, it's important for every person with AIDS to know that while we use those statistics to dramatize our case, to document the need, every--we are driven by our concern for every single individual with HIV and AIDS. Each person individually is our inspiration, is what when we awaken in the morning, what drives us.

What can we do to save that life, those lives, all over the world. But, every person. Just think of the value of every person. It would--be worth it to do all of this to save one life. But, imagine what a difference we could make. What a shame. What a missed opportunity there is with AIDS spreading the way it has internationally.

We all knew, San Francisco was very early to have the mobilization against AIDS turn its attention to the international piece of it. So, we know what's needed. We need clear targeted messages. We need

to shed the hypocrisy and maybe some of it even in good faith on the part of some people that they don't want the message to be as specific as it needs to be.

I tell them I respect that. I respect that they might have a different approach to it. I don't know, maybe they are more conservative than I am socially. I was raised a Catholic in a large Italian American family. I have five children, I have five grandchildren, I'm a mom. Where do they think I am coming from on this issue? Some, you know, walking on the wild side or something? Yeah. I--I share their--many of their priorities about America's families and children as do you. So, what we are talking about is okay, I understand that you feel that way. Put that on your grid and compare it to one simple other fact. To do otherwise saves lives. Now, how wedded are you to this? What, you know, how does this balance go?

In conclusion, I just want to say that I serve, as Merv said, as the Senior Democrat on the Intelligence Committee. You know they love that. And, I have worked closely with the administration against the war on terrorism. And, I think it's very important that we snuff out--out terrorism wherever it exists in the world, and certainly prevent it from happening again in our country.

As we protect and defend our country, we must also protect and defend our Constitution, our rights of privacy, and our civil liberties. But, what is on point here today, is that, and I say this in good faith and friendship to the Secretary of HHS. He's a good person and he cares about these issues and he wants to do his very best. And, he is an employee of the Bush Administration. So, he--you know, I don't know how much free rein he has, that is to say.

I said to him when he came before the Labor HHS Health and Human Services Committee about two weeks ago. I said, "Mr. Secretary, I am very concerned about the flat funding on AIDS and the small amount that we've given internationally." This was before the President's announcement, and we still haven't seen the money there. And, he said, "Well, Nancy, we had a terrible tragedy on September 11th, and that has made a very big difference in how we can allocate resources. And so, we'd like to do more but there isn't the money to do more." So, Mr. Secretary--and on the international scene, he said, "I know you don't think it's much, but it's 24 percent of what the world, the rest of the world is doing."

Well, that's pathetic because we should be leading the way by doing more, not gauging what percentage we are of doing too little. So, anyway, the point is, I said, "Mr. Secretary, then if that is the case that we can't spend this money because of September 11th, prior to September 11th there was a \$1.7 trillion tax cut benefiting the high end in our country. Perhaps we could revisit that and have some money to spend on what we have here."

So, this is part of our fight, too. I don't want to get in the battle of taxes in this or that. We all want people to have their taxes cut, but we'd like our people to get their taxes cut, too.

But, the point is that you cannot say September 11th prevents us from putting more money into prevention, care and research and AIDS, domestically and internationally, but take off the table any other kinds of calls on the taxpayers dollars that are there. An example, an outrageous tax cut.

So, this is part of our fight. It's a cultural one, in terms of how we present our message. It's a fiscal one, in terms of what the priorities are in the budget. And, I--I wanna be clear about Secretary Thompson. I think his intentions are good and I think left to his own devices his professional judgment would be to do more. I want to give him the benefit of that doubt. But, when they come before the Committee, they have to speak the administration line, and that was the administration line. That line cannot be the reality that comes out of the appropriations process. I promise you, it will not be.

But, we need your help in that fight. And, one of the things that I am so energized about is what you do. Understand. Know your own power. Understand what an inspiration you are to us. The success of the models of the community-based work that you do gives us something to sell in Washington, DC We have nothing to say without your experience, your success, your--about what you do.

So, I--I am here today to thank you, to thank amfAR for bringing you together. So much is riding on the success of conferences like this. And, I know you are going to be hearing a lot about needle exchange. I didn't even go into that, because that would take me another long time. But, there are so many, so many fights that we are making. We go into them in good hope with--with faith that we can change minds because--because we're right, and that when we change minds that we will save lives.

Thank you very much for the opportunity to be with you today.

MS. JANE SILVER: She is truly the best representative we have in Washington. She'll never give up and she'll never give in. Thank you.

You didn't come to hear me, so I'm not going to speak. Our next speaker actually has to catch a plane, so I'll be brief. Frank Beadle de Palomo is Vice President and Director of the Center for Community-Based Health Strategies at AED, the Academy for Educational Development.

He was at the National Council for La Raza. He has received a B.S. in Biology from Stanford University, and an M.A. in Medical Anthropology at Stanford. He has also had experience working in the Dominican Republic, El Salvador, England, Guatemala, Honduras, Italy, Mexico, and the Netherlands. Frank, I don't want you to miss your plane.

MR. FRANK BEADLE DE PALOMO: Good afternoon, everyone. I think it is after noon now. It's a little bit to follow after Representative Pelosi because if it weren't for her, most of myself and folks who do prevention actually wouldn't exist because she has been the incredible individual to be able to make sure that prevention exists in this country.

I'm going to talk a bit about some key things about prevention. And, the first is to state the obvious, that prevention is a bit of a lonely world. When we talk about research, you talk about scientific

breakthroughs, patents, Nobel prizes, innovative treatments. You are talking about journal articles, conferences where you focus just upon the pure science. It's something that you can touch, it's something that you can count, it's something you can feel.

When we talk about care, we talk about improving or saving lives. We talk about dramatic recoveries. Again, you can touch it, you can count it, you can feel it. When we talk about prevention we may talk about changing a behavior that was most likely not measured in the first place, so you can't really touch it. We talk about stopping the transmission among a pool of folks that are likely not visible, so you can't count it. And lastly, in prevention, you may make a difference but no one really ever says, "Wow, you know your program really helped me stay negative. Thanks." So, you really can't feel it.

You know, you don't have the same kind of feel good in terms of being able to talk all these different kinds of things. Prevention is part of a changing world also. Prevention is about stopping transmission of HIV from one individual to another. This really has been the old focus of a focus of the last 20 years of talking about how do we keep the negative from being infected. That's a bit of an old kind of an approach.

We really are talking more about the fact that prevention is definitely much more than stopping the uninfected from getting infected. It's also about decreasing morbidity and mortality among HIV positive individuals. And, the incredible thing about this is this is something that you can touch. You can feel this. You can count this. And, so, hopefully, this will become more of our focus in prevention.

We talk about federal spending for HIV prevention. There are quite a few places that receive federal dollars for HIV prevention, including the CDC, the Health and Human Services, the Food and Drug Administration, the Substance Abuse Mental Health Services Administration, the Department of Defense, the Department of Veterans Affairs, the Indian Health Service, the Department of Labor, the Department of Justice, and the Department of Education. Quite a few departments. Everyone taking their piece of the pie.

When we talk about prevention, it really does receive a lot less funding than other parts of the AIDS epidemic. Across health in general, the U.S. spends less than 10 percent of health-related dollars on prevention. The focus is largely on care and end-stage treatment in the United States. And, we know this from the health care managed care issues. You look at almost any issue in health in the United States and this is the case.

In HIV/AIDS, the same is nearly true. And, I say nearly because it would be nice if we had at least 10 percent. In fiscal year 2000, HIV/AIDS spending, which was approximately \$10.8 billion in total, represented only 0.6 percent of all federal spending across the federal budget, 0.6 percent.

In fiscal year 2000, federal spending on HIV prevention was 7.8 percent of the total HIV funding picture. So, in general health, we spent about 10 percent on prevention. In HIV/AIDS, we spent about 8 percent. At CDC, in fiscal year 2002, from the best we can tell, the budget is about \$893 million.

And, the reason why I say the best we can tell is there is a lot of pulls and taps on those funds that get pulled for other things such as bioterrorism, office security, moves, all kinds of things at the CDC.

CDC funds includes, out of about \$893 million, we are talking about \$105 million for global AIDS, and \$88 million for the national minority AIDS initiatives. Without these programs, CDC's prevention budget has largely been the same over the past five years. Especially, really a sad comment to say that when we do bring in these funds for prevention, it largely goes to new programs, new initiatives. It's not going into the things that we know are tried and true, that are what we know that we can do.

Thank goodness that we have a National Minority AIDS Initiative. Thank goodness we do have funds for global prevention, because they are necessary. We are not talking about taking more of the pie, we are talking about making the whole pie bigger.

Is prevention more or less important? The old triple track approach which basically was that research, care, and prevention were equally important is something that we need to kind of refocus on. Each of these three issues within HIV, or these three areas, are equally important. Increases in one should not come at the expense of the other.

It's very hard to say that, yes, let's raise more funds for prevention and let's take it away from treatment. We don't want that. Let's raise more funds for prevention and let's take it away from research. We don't want that either. In the past, that has occurred sometimes. Ryan White was facing a funding shortage and the administration actually reached in and took funds from CDC to plug the hole at HRSA. And, those are the kinds of things that we really cannot allow nor should we even stand here idly and let it happen.

Prevention is about comprehensive approaches. Nancy Pelosi mentioned that talking about some of the comprehensive approaches. When we really do talk about prevention we are not just talking about one thing. We are talking about a whole program or retinue of--of programs. For example, HIV Prevention Community Planning is a cornerstone of CDC's planning efforts around prevention. Surveillance, counseling and testing, health education and risk reduction, program evaluation, communications, etc.

CDC has a new goal of reducing infections by 50 percent. In this country, we see on--on average year to year, about 40,000 new infections. They want to cut this by 50 percent to 20,000 by the year 2005. A little side set. Last year, 2001, was the first year in which we had a national strategic plan for HIV/AIDS from the CDC. This is a laudable goal. It's--it's something that many folks don't think will happen, not with the current funding. And, in fact many folks at CDC and the recent director who has left, Dr. David Holtgrave, have talked about if we need, if we really do want to cut infections by half, we've got to at least double, if not triple, our prevention budget.

Sadly, under this administration, prevention is really about abstinence only or abstinence before-- marriage. There have been some major increases in abstinence only program funding. In fact, the

administration has stated the goal to ensure that abstinence only program funding at least equals the amount of money we spend on contraceptives and education for young people.

The sad thing about abstinence only programs though, is when you look at the literature to see if they've been proven effective, you won't find the literature. If you look at the studies to see anything about how many folks have been, how many serial--serial conversions have been averted because of these approaches, you won't find it, because they are not studied. They are not well-documented approaches.

Also, under this administration, effective tools are not a priority. For example, we still don't have needle exchange and its getting more and more difficult for condoms, especially in the international setting.

How do the funds get to programs? CDC provides the bulk of their HIV prevention funding to 65 state and local health departments to carry out programs. In California you have two cooperatively funded cities, Los Angeles and San Francisco, that are part of those 65. Health departments work with their HIV prevention planning groups to set priorities among target populations and interventions for target populations to develop a comprehensive target, a comprehensive HIV prevention plan.

The health department then develops an application to the CDC for HIV funding based on this comprehensive--comprehensive prevention plan. In addition to these federal dollars that flow through the comprehensive prevention plan, many states such as California and Washington and Florida and New York also provide their own general tax revenue and tax dollars into prevention. These dollars don't always flow through a similar kind of community planning model, but there are ways in which you can access those funds and find out more about them.

In terms of looking about prevention and seeing what, you know, what it is that's stopping us from moving from about 8 percent to 10 percent if not more of prevention--funding for prevention, we have quite a few challenges. First and foremost, of course, we are underfunded. If we are going to reduce new infections by half, we need to probably at least double the prevention portfolio's budget. There is increased scrutiny. Nancy Pelosi mentioned that the Stop AIDS Now audits or folks talking about now starting to audit federal programs.

These are really investigations that are being done by the HHS. Inspector Generals review whether programs are too sexually explicit, and/or whether they promote sexual activity. I think it's a wonderful thing that Jesse Helms has had a bit of a "coming to Jesus" moment. But, it would be really nice if before he left office he would also repeal his two amendments, which do not allow us to have sexually explicit materials unless they go to a community review panel, and also don't let us have materials out that "promote" injection drug use.

Prevention Care, Prevention Continuum. We talk a lot about the need to start to integrate prevention and care, and really it's kind of an issue that's happening faster than I think the policy or the CDC folks can keep up with it. The better the treatments, they call for improved counseling and testing, a focused prevention case management approach, and collaboration between CDC and HRSA.

We now have a situation in which we really do need to have the feds starting to communicate with each other. Because, in the field you are already starting to do it. We need to start looking at what these effective models and approaches are, because if not, we are going to start to see people slip through the cracks.

Prevention for Positive. A very wonderful if not even a sexy idea about being able to do something that we've wanted to do for a long, long time, and now, because of new treatments and because of change in--in surveillance, we can actually do. The problem is we have few documented approaches. It makes sense but we need much more focus, more attention and more research to make sure that we are doing the right thing.

Gay Men/Men Who Have Sex With Men. You probably have noticed in the last two years there have been a lot of new surveillance studies in the eight to ten cities that show that--the higher incidents among gay men. We are talking about incidence rates among young gay men of color that look very similar to what we are seeing in Botswana, 35 to 38 percent, what we are seeing in Southern Africa. And yet, there is really a silence in terms of what do we need to do and how do we do it.

For injection drug users, needle exchange is definitely something that is important and needed, but we need more. We need to also focus on non-needle approaches, access to drug treatment, and policy. And, yes, these are all part of HIV prevention issues.

HIV among communities of color. Seventy percent of new cases are among communities of color. Rates are as high as in Africa but we have relatively little new research. We have really old intervention. CDC is about to release through a technology transfer process a whole dissemination of various interventions that have been proven effective across the United States.

The sad thing is that many of these interventions are 18, 15, 12 years old, and were designed for populations that really don't look like what the new numbers are showing us. So, we need more attention to learn how do we adapt, how do we make sure that we have flexibility in these kinds of approaches.

Hepatitis, gonorrhea, syphilis are coming. We've been hearing a lot about the need for HIV, which is an STD, to be talked about in an integrated fashion. And now, with viral hepatitis the need is ever greater. We need to incorporate comprehensive messages in HIV prevention because many of the same risk behaviors that are present for HIV are also present for hepatitis and many of the STD's.

International versus domestic HIV funds. Global funds do not have to come at the expense of domestic funds. We need to learn from north to south, east to west, etc. But, we need to make sure that we are talking about both domestic and international HIV prevention, not domestic versus international HIV prevention.

And, last but not least in terms of our challenges, apathy. September 11th has definitely exacerbated the funding and the commitment level of folks to support HIV prevention, but this is something that's been going on for much longer than before--than September 11th. In fact, for the last five or six years, it's been clear that prevention is definitely not a sexy topic for most folks to focus on, and after 20 years it seems that we've lost most of our focus in terms of what do we do for prevention.

So, how do we improve it? The first is to come out of the closet. HIV prevention works. We have many scientists, in fact, leading scientists from your own city here, who come out with statements and say that perhaps HIV prevention doesn't work for a specific population. We have other folks saying that perhaps we shouldn't do HIV prevention at all and that we should focus all on care and treatment. Those are pitiful statements and we do need to focus on prevention. We know that prevention works. We need to make sure we fund it, and we need to make sure that we get it out into the community where folks need it.

Condoms, needles, targeted approaches appropriate for the community at risk, and new policies. Condoms are effective, clean needles can be effective. Clean needles can be effective. Sexually explicit for whom? If we are talking about community models, community efforts, community planning, we need to make sure that the community is the folks who will define what sexual explicitness is, and not Washington, DC and not North Carolina.

We need to make sure that we carry the triple track message. Prevention, care, and research are equally important, not one over the other. Also, we need new intervention approaches. We do need to keep individual and community level approaches. But, how about environmental or societal level approaches? Why not do things in which we can actually reach more than one person at a time? How about focusing on communities truly at risk by really reaching and involving them in the interventions themselves. Again, it's time for us to look at new paradigms of prevention. We have to do it.

We need to focus on effectiveness. The audits are not a bad thing. Let me repeat that. The audits are not a bad thing, if they are being done to really determine whether our programs are effective, and if they are being done by folks who have backgrounds in public health. The audits are really a political tool, and it's a sad thing that they are starting to happen and we have heard very little from the voices from the community. It's time for folks to start speaking up and saying, "Why are we spending so much money on audits when we are not spending them on prevention?"

And, last but not least, in terms of making sure that prevention is something that we can continue to do, and that it doesn't remain at a 7.8 percent of our federal funding for HIV, we've got to do things. For example, the new interventions, new approaches, making sure that we are focusing on populations that are really at risk. Because, if we can reduce new infections by 50 percent, that will be something that we can touch, we can count, and we'll definitely feel it. Thank you very much.

MS. SILVER: Frank has to make a plane, so, unfortunately, he can't stay for questions. I do now have a minute to thank all of you for being here and to tell you that our next two speakers are rather extraordinary. The first is Dave Purchase, who is the Chair of the North American Syringe Exchange

Network. Dave is really the grandfather of needle exchange, although I--forgive me, the father, the father, not the grandfather.

He has spent the last 20 some years traveling the country, sharing his knowledge and information about needle exchange. And I'll share with you. In the '60's, when we were in the civil rights movement, there was a song we used to sing, and it went, "We are all soldiers in the army. We have to fight until we win." And, Dave has been fighting and will keep fighting until we win. Dave Purchase.

MR. DAVID PURCHASE: Hi, everybody. How you doin'? The point is the point. People can get over being stupid. They can't getting over being dead. Suppose it's not what they say it is. Suppose exactly--it is exactly what it looks like it is. I want to first thank amfAR.

Ten years ago this year, Jane, Doc Krim, Meg Reinfeld and others were instrumental in first funding a syringe exchange network, giving up a little dough so we could afford the phone and that sort of thing. I also happened to know from my own direct experience that while Nancy doesn't know me from Adam's dead mule, I know directly of her work -- Pelosi, I mean. She's not a BS kind of Congresswoman.

I won't mention Jane's name so that you won't know who asked me to speak here today, but when I asked her, when I asked her what I was supposed to talk about she said, "Talk about anything you want. You know, talk about what you think about." So, I want you to know that she is not responsible for what you are going to hear. Because, I'm--I'm perfectly capable sometimes of just saying things like, "I think the quilt is really wonderful, but I think every fall they ought to cut it up and pass it out to the homeless so they are warm in the winter."

I'm gonna tell you my life story, slightly condensed. And then, I'm gonna talk about what I think about, about why we are where we're at today. My first opportunity to be in a demonstration, I was in high school. This was after *Brown* and this was before the Mississippi Freedom Summer Project, and the sit-ins and the Freedom Rides, and it was about open housing in my hometown.

And so, we all go down to this rally. I'm this kid, I'm punk, boy. You know, and we're gonna--they're cheering us on and everything, and they're gonna--they're gonna vote on open housing like no redline. You know what that means, right? Oh, anyway. It doesn't matter. It's an issue, right?

So, it's about keeping black people out of white people's neighborhoods. It was that kind of thing. And so, you know, we're there and we're cheering and singing, the signs are all there. And then, the guy says and we'll go down to the City Council meeting, and after they vote against an open housing ordinance, then we'll pick up these signs and we'll go outside and protest. Well, we all went down there to City Council and voted FOR an open housing ordinance. We didn't know what to do. We were on for defeat, not for victory.

A little while later, I'm in college, and I don't have the guts to go to Mississippi, but I'm a friend of SNCC. That means I can say I'm a friend of SNCC, but I don't have to get beat up. The cool thing,

you know? And, we're doing this stuff, and because I'm funny around a coffee table a couple of times, I get asked to be on the school newspaper.

So, I have this column. Oh, it was a terrible column. I never got them in on time. I don't know how to write. It's one thing to be funny over coffee or a beer, but I don't wanna write that stuff down, you know. But, I'd go to these editorial board meetings. And, every editorial board meeting for every issue it comes up something like, "Maybe we shouldn't do that. The president will censor the paper." And, I'm thinking, "Oh, geez. We don't want that to happen," right? And, it comes up again, and you know, yeah, that's pretty serious. He could shut us down.

So one day, I asked the editor, how often has the president censored the paper? "Oh," he said, "the president's never censored the paper." Well, you know, the president didn't have to. We were doing it for him. Sometimes I think we're all like kind of too polite. You know, and I don't mean that in an act up or not act up sort of way. I mean, we tolerate a lot of stuff that's just not right, you know? And then, we let the people that talk that, talk like it is right, and then we try to counter it with reason. Mandela said once, you know, "We tried reason, it didn't work."

Later, after, in fact, '68, the days of rage and all, you know, George Wallace running for President. And, at that time I worked at flight tests. And, I worked second shift a lot and there was this local pub. And, about four or five, six of us would come in there, midnight, 12:30 every night, hang there for an hour, have a couple of beers, and go home. And, this other guy, Rick and I, we were kind of local entertainment.

You know, I was your dirty rotten doctor commie freak rat, and he was the John Birch Society guy. He was a nice enough fellow. And, we'd like put on this little show, you know, for the other four or five guys while they sucked their beer down, then we'd go home.

I come in there election night, he is honestly depressed. I say, "Rick, what's wrong?" He says, "George didn't win!" I say, "Man. Where's the--you know." He said, "Well, everybody I know but you voted for him." Later epics have come into my life. I find out that's a random sampling of one and it doesn't work.

Okay. So, moving right along here, a little later I'm in a state, I won't say what state, but it's very early in needle exchange and they invited me to this annual banquet at this AIDS service organization. And, it's a lot of fun, you know. And, you know, how like gay guys are when they are in a gay-friendly crowd, but there--but there's also like a lot of straight people there? You know, they tell--there's a kind of humor they use. It's just a lot of fun. I mean, I am not--I like it, you know. Because, it's their show, dammit. It's not like some straight dude's show.

So, they're doing that and stuff and just going on. Well, then they start talking about how they are doing in the AIDS pandemic. Maybe they just said epidemic then, and they start talking like they've won. And, they're giving away awards and their founder stands up and he says, "I used to be a psychologist but I gave that up because I found out depression is good for you. And, I became bartender." And, he

means it! He means it! Depression is good for you. He means it. And they give another award to somebody. And, you would have thought nobody else was gonna get sick. And, it's virtually all over. And, then they say, "We'll ask the long-haired guy to say a few words."

So, I get up--now I'm on the podium. I was sitting down there like in the corner, you know. And, I look down. Well, there's this sea of people there, but for all I can see are presumably straight middle-class white women. And, I'm thinking, they just declared the thing over with, and now they want me to talk.

So, I said, "Well, maybe you can take a few minutes off, but, you know, I'm kind of here to tell you that pretty soon all you folks that are providing care are going to be caring for people who, by their very behavior are felons, there are going to be people of color, and many of them aren't even going to have English as their first language. And, they're coming. Are you going to be comfortable with that?"

They shoot dope. They like to get high. And, after they get sick, they are gonna keep shooting dope. What makes you think they'd want to quit when they are sick?" Then, I sat down. It was over with, and everybody on that side moved away from me.

Okay. That brings us up, as to my life, up until a few days ago. I get into town--well, a few other things happened, but they are private. And, Jane doesn't want me to tell you those. So, I get into town, I get up in the morning, and there is a poster out here in front of the building, too. And, I look out the window of my hotel room, and there is this big painting of the American flag made to look like a shopping bag. And, it says, "America . . . open for business."

Well, you tell Muhammad, Muhammad, and Muhammad, who might have a different sociopolitical view of the world, who is HIV positive, and wants to come visit here, if it's open for him. I find that kind of poster obscene. Open for business!

I mean, what if it isn't what they say it is? What if it's exactly what it looks like it is? And then, day before yesterday, I hear it first on the radio and it's news all day long. And, I watch that PBS thing, you know, because I'm an intellectual. I wouldn't watch like commercial television. And, so--I should. In the news is that black people--this is news, right? Black people don't get the same level of care as white people even after you factor out access to services, and your socioeconomic status, and how many toes you've got, and everything else.

And this is news! So, I can't wait to watch. Okay. I look on the screen. There is an African American woman. I know she is an African American woman because I've seen her before, and because I've heard her say, "I'm an African American woman." Because, occasionally in the news she has to say that like the viewers wouldn't know, so she appears not to be biased when she asks questions about race. I happened to very much like the work she does.

There is another woman who is a doctor who presumably, she doesn't say, but presumably is a person of color, and there's this cracker doc. And so, they--bulletin, you know, film at eleven. They announce

things like, "Yeah, that's right. We don't treat them as good as we do white people." They say shocking things like, "White doctors spend more time with white patients than they do with black patients. Black doctors spend more time with black patients than white doctors spend with black patients." Well, no shit, Sherlock.

So, the interviewer, at the end of this says, "Well, do you think that's caused by racism or something else?" I can't wait for the answer. And, the guy said, "We don't have enough data--." But, and I might have--might be misquoting him. I could have sworn he said "ease," but he says, "We think it's ease of cognition." Well, I'll just let that soak in for a minute. Ease of cognition.

Well, thank God, he goes on to explain it. What it means is, now it's not racism, mind you, but, these white guys who have become doctors are under a lot pressure, see. And, they are in--in the room there, and they are in there with a patient, and they are subject to stereotype memory. All right?

Now, what the--apparently, what these white docs can do is, they can work harder up here and avoid a stereotype memory, which, of course, has nothing to do with racism. He even says, "Some of the stereotypes, for example, are black people are more stupid than white people," which was pretty dumb. And, so they can either do that, see, or because they are under a lot of pressure, they get like mentally lazy. They get this condition called "ease of cognition." And then, they do what the racists do.

So, that brings us up to almost today. So, let's call it today, right, because I didn't do much yesterday afternoon.

So, why is it we've got an infectious, deadly virus that we know how to prevent, and there's 20 million dead and 40 million infected? Why is that? That's something I think about all the time. My friend, Patrick, got me thinking about that 15 years ago. So, why is that?

Well, you know, bless her heart, somebody else explained you know, we have to like tell them more, we have to do this. But--but, you know, maybe that's not the deal. Maybe it's not what they say it is. Maybe it's just exactly what it looks like it is. Maybe there's a reason that the poofsters, and the dope fiends, and the junkies, and the people of color, and the lower classes, and people in countries that we don't make enough money off of, are dying. And, the doctors' sons and the bankers' daughters aren't dying. Maybe that's exactly what it is. You got a better explanation for that? Do you really think people don't know? You know? Twenty million dead?

When I was in school during the brief, brief period of time I--I might have actually, I think I came close to being a scholar. I know that I like, I actually studied, you know? And, it was a classic situation. I had asked a particular question of a particular professor, and you know, just like you hear these apocryphal stories. The teacher gives just the right answer that is really not the answer and it sends you down a path. And, I ended up spending months or a year and a half or something studying the National Socialist German Worker's Party, and then, consequently World War II. And, you know, National Socialist--nazi's, right?

I hear people say neo-nazi. They don't look like new nazis to me. They look like the same old assholes.

Anyway, so I studied that, you know, and like in case you need to refresh your memory--memory, there was this war and we won the war, right? Well, we had the Nuremberg trials. There were two reasons that we could do the Nuremberg trials. The Nuremberg trials essentially are still going on now. It's going to take a hundred years to find all the guilty people in Rwanda, and God knows how many in the former Soviet Union, but that law, that idea of international law, was set after World War II.

And, the first reason that we could have the Nuremberg trials was we won. You know, they might have called them the Detroit trials--we won. And the other reason was that, you know, while there's real good evidence to indicate that Hitler didn't sign a lot of stuff in particular. He and Himmler had a lot of deals going about like Himmler will take--Himmler will take care of it. So, Himmler writes these memos and stuff and said, "Well, look, let's send me all the mental patients. While you're up get me the gypsies, the communists, all the physically disabled, get me all the homosexuals. Okay, let's see, we must add some Slavs, throw in some Slavs, and give me a bunch of priests and some pastors, and if we've still got room, send me--how many we got now, five and a half million? We've got a little more room. Send me 6 million Jews."

And, to do all that, they had to like build railroads, you know. They had to design camps. Somebody had to order the Zyklon-B. So, they left an enormous paper trail. After Glasnost, perestroika, they find a warehouse in some place in the former Soviet Union, has got tons of documents that only relate to architectural plans for the camps and the ovens. You know, let alone all the other stuff. Huge paper trail. An enormous historical record.

History will not be kind about the way this country treated--they won't like that president in South Africa, either, by the way. But, they won't be kind the way this country has treated AIDS, but there won't be the paper trail. You can perpetrate that kind of death by inaction. You don't have to sign a memo to do nothing. You don't have to order all of your subordinates to do nothing. You just don't tell them to do anything.

Time has run here. So, why--why is this, I think? I think it's two things, greed and intolerance. I'm gonna go short on the greed end. When they tell you there is not enough money, they are lying. Hey, Michael. I'm not an economist, but I can friggin' read. And, when I read two things, trillions of dollars have been created in the last 20 years. Trillions of dollars. I know those dollars are real and I know I don't know how they got created. But, I know they are here.

And, then, when I read in reliable sources that since 1980 there has been negative redistribution of wealth in this country, I know two things. Fewer and fewer people got all those trillions of dollars and they don't wanna get off 'em.

I have read, reliably, I believe, you know the idea of family values? Well, every culture has family values for pete's sakes. They just don't have the family values everybody else approves of. No culture

exists without some kind of family value. And, in fact, that's not what caused the so-called historical cultures to crash.

The one thing they had in common was the negative redistribution of wealth. That means the rich get richer and richer, and there's more and more poor, and there's fewer and fewer people in the middle. And, even though the whole society, which has happened to us, is getting richer and clouds the fact, the fact of the matter is fewer and fewer people got more and more money and they're not getting off of it.

And, the way we, together, do something about that is we exercise power and the way we exercise power is we exercise it politically. Power is taken, it's not given. Now, the short--the short version on the greed side is we don't have the money, so we've got to use the vote. And, it's really unfortunate that many of us share the kind of views, I hope we all share, is that this idea that government is irrelevant and all that. When, in fact, you ought to have somebody certified to registered people to vote in every one of your programs. It doesn't matter how those folks vote. It just matters that they vote. It might even just matter that people think they are gonna vote. If that's the way, that's the way we're gonna do it.

Now, the intolerance part. Partly, we are too tolerant. If a person stands up and says, "I'm not interested in sex," that's okay. If a person stands up and says, "I'm interested in sex," that's okay, too. We are mammals. We all came out the same gate. Every one of us is the direct result of a warm, moist, and hopefully loving act. To be against sex is to deny your own reality. That is a mental condition that ought to be treated and not respected.

If you cannot prove to me, and you cannot, that there is any fundamental difference between any of us, then the health care system used in Central Europe in the '30's is wrong and ought to be treated that way. Every being on this planet has the right to the respect of their inherent individual innate dignity. There is no compromise with that.

So, you don't be jackin' each other around about whether prevention is gonna get a little more or a little less money than care, than treatment. Whether needle exchange is gonna get a better gig. I mean, we are all those people that we are here to serve. We are not even us. We ARE them. We are the junkies, the dope fiends, the faggots, the dykes, the queens that it is our job to serve and we are more.

We are also the children that are forced to go to war before puberty. We are the Native American people that die in their 40's in this country. We are the women who can't get food stamps because they are arrested for smoking dope. And, we are the 85 million women or more every year who are sexually mutilated without their consent. We are all of them. This is not just about HIV, this is about justice. And, there will either be justice or there won't. And, our stand must be with the just. Be kind, take care of yourselves, get your gang together, and remember, it's a big gang, and then go kick some serious ass.

MS. SILVER: I told ya. He's fabulous, isn't he? And, we have one more extraordinary speaker. Terje Anderson is here with us today. He is the Executive Director of the National Association of

People with AIDS. Since the early '80s, Terje has been involved in community-based organizations. He is a person living with AIDS and he gave me permission to say he's a--he is a queer junkie whore.

MR. TERJE ANDERSON: And, these are the acts that I have to follow, too. My God. You know, when we talk about the politics of prevention these days, it feels sometimes as if it was the old Yogi Berra line, "It's deja vu all over again." I don't know how many of you have ever seen that bad movie, Groundhog Day, but I have this recurring image that we are waking up and again, and again, it's been 1980. Think about it. George Bush is in the White House. "Just say no," in the form of abstinence only is back in vogue. We've got political interference all over the place in our prevention programs. And, targeted prevention programs are under systematic attack on the floor of Congress and in the mass mailings of right-wing hate groups in this country. It's just like the good old days.

You might have thought that 20 years into the epidemic, we might have moved a little bit beyond that. But, we don't seem to have. So, I think what matters now is that we remember those lessons of the early days, we remember the battles we fought before, and we think about what it's taught us.

A few weeks ago, a self-styled taxpayer protection group called Citizens Against Government Waste issued a report called Federal AIDS Programs: An Epidemic of Waste. I'm not gonna talk about the whole report. It's totally off the wall. But, about half the report dealt with prevention programs and the authors of it made the astounding discovery that in order to talk about a sexually transmitted infection, federally funded HIV programs had to talk about sex. It's shocking.

And they gave lurid examples of this program that went with gay men and talked about dating programs, and this program that helped women understand how to negotiate safer sex with their male partners. These programs that talked about how to use condoms, and these programs that talked about to have S&M sex safely. It was stunning. They talked about sex to prevent HIV.

That report, I guarantee you, we're going to be seeing again and again. And, I urge all of you to read it and make yourself familiar with it because it is going to be the tool that our enemies use on the floor of Congress. In dealing with the media, the themes that are in that report will come back again and again. We need to understand what our enemies are saying about our programs, and we need to understand how basic it is.

Unfortunately, that report is just the tip of the iceberg about what's going on and I just want to give a few examples, and that's all they are is examples, of things that have happened in the last few months that constitute a national assault on effective prevention programs. My organization, the National Association of People with AIDS, got invited by the--Office of Women's Health at the Health and Human Services Department to participate in making a prevention video for women, for adult women, that was gonna be shown in waiting rooms of hospitals and clinics.

And, we were excited about this. What a great opportunity. One of the women on our staff was going to be filmed talking about it. And then, we got the talking points for it. And, we were told, "Well, there's only one thing. You can't say the word "condom," and you can't use any euphemisms for the

word condom. And, we went back to the person who asked us about it, and said, "Why is this?" And they said, "Well, I came up from down on high. I came from the Secretary's office. You are not allowed to talk about condoms when we do this prevention program." We said, no, we wouldn't be part of that video.

As Frank alluded to before, President Bush says he wants to put scientifically unproved abstinence only programs on a funding parity with comprehensive, scientifically studied school health programs. And, if you caught the last budget that he introduced, he wants to spend over \$100 million to promote marriage.

Across the country, programs are being attacked out of context. Here in San Francisco, the Stop AIDS project was singled out in a politically motivated audit that concluded they were violating federal content and funding restrictions. But, it was based on a study that only looked at the titles of their workshops, and didn't even look at the content of what they were doing or why it made sense from a prevention point of view. That was unacceptable.

In South Dakota, the Governor intervened with the health department to prevent the health department from making grants to community-based gay and lesbian organizations to do HIV prevention outreach with gay men in rural areas. Across the country a chill is falling over HIV prevention programs. We're seeing vigorous enforcement of long-neglected federal rules about content and funding restriction. We're seeing the institution of a detailed requirement to do the community review boards in a way that's never been implemented in the last decade.

And, we've got this National Health and Human Services Department review of HIV programs going on. It's all back to the days of when Senator Helms was on the floor of the United States Senate waiving around dirty gay sex comic books and producing amendments that said you will not promote homosexuality. And, as a result of all this, what we're seeing is an incredible degree of self-censorship that is seeping into all our activities across the country.

People are afraid of losing funding. They are afraid of being the next one who is going to be singled out. People are looking over their shoulders, and they are making the decisions that the government wants them to make. We are living in an environment of fear and we need to fight against that.

And, the government is not content to just do this in this country. One of the first acts when George Bush was sworn in as President, was to reinstate rules that made it impossible for groups that provided honest information about abortion, to receive any U.S. government funding in the rest of the world, whether they were performing abortions or not. Whatever else they were doing for family planning and HIV prevention. The rest of the world is looking at us, they are disgusted, and they are laughing at us because of our problems with this.

I think we have to ask, what's really going on? And, I actually want to argue that there is a larger agenda at work than simply being afraid to talk about sex. Now, I'm going to tell a joke that I hope doesn't offend anybody here, and I'll preface it by saying it was told to me by a Southern Baptist

minister. You'll understand why I say that in a second. His name was Bob Hems (sp), and he is a wonderful Southern Baptist minister. He died of AIDS in the early 1990's. And, his line was, "Why don't Baptists believe in premarital sex?" And the answer is, "Because it might lead to dancing."

And, in a broad way, I would argue, the fights that we are having about HIV prevention are more about the dancing than about the sex itself. The attacks coming on prevention aren't based on objecting to tasteful line drawings of condoms going down erect penises. The little brochures that we all give out, you know what? The right-wing is willing to tolerate that. They may not love it, but they don't--that's not what they are trying to interfere with.

What they are attacking instead is something broader. Programs that go beyond the traditional tableau slot key approach to prevention that really look at the realities of people's lives. So, when we are trying to defend our programs, it's not even like we've got some checklist. It's not like Lenny Bruce's old seven words you can't say on the radio, or the Supreme Court's test that says, "Obscenity. I'll know it when I see it." Instead, the programs that they are attacking fall in two categories.

The first one are those that, believe it or not, have the distinct honor of telling people that sex can be fun, and maybe even that it should be fun. So, if you stick a racy title on your workshop, if you have a hot picture on your brochure, you're gonna be inviting trouble. And, if you do workshops that help tell people how they can still enjoy sex when they are using a condom and be a little creative about it, you're gonna be getting that attention.

But, the second category, and I think this is even more troubling, of the kinds of programs that they are attacking, are programs that go beyond just sex to address the social factors that influence people's sexual risk-taking. The programs that help people figure out how do they date. How do they relate to other people? How do they have the self-esteem to protect themselves in their relationships? How do they negotiate with a partner? How do they survive in an abusive relationship? Those programs are under attack.

And, it's interesting to me that by-in-large, unfortunately, the battles today are just about sex. It seems like the AIDS community has left the battles about needles behind. We lost, we rolled over, we played dead. Until lots of people are doing good work with needle exchanges at the local level--on the federal level, you don't hear battles about it except in the Washington, DC appropriations bill.

But, when we lost those federal battles about needle exchange, I think we never really learned one of the lessons we needed to learn from that debacle. And, I'll tell you as a former injection drug user, I have never felt more dehumanized than I felt when we heard those debates happening. The reality is people talked about us as drug users as people who were expendable, as people who were the scum of the earth and who deserved to die.

I sat through a Committee hearing where state legislators and federal legislators talked about me in terms that made me feel like I had no right to exist on this planet. And, one of the things that we have to learn from that lesson is that's what happening now with the other prevention programs. They are

sending a message that says all of the people who are--we committed to preventing HIV in, are expendable, are scum, are lives that are not worth saving. We cannot stand by while that happens.

The reality is with 40,000 new infections in this country every year, they are happening among women and poor women in particular. They are happening in gay and bisexual men, especially young gay men of color. They are happening overall among African Americans and Latinos. They are happening among sexually active young people. They are happening in the transgendered community. And this is a fight about their lives. This is a fight about our ability and willingness to stand up and say, "Those people are not expendable." We are not expendable.

And, I'm still struck 20 years since this epidemic, by how much homophobia continues to drive the public debate around HIV and AIDS. I thought we'd be over it by now, but we're not. I actually remember a friend of mine in the 1980's got on one of those right-wing mailing lists so we could kind of monitor what they were doing. And, he got a piece of mail that he--he gave to me. On the cover--it was a mailing from Jerry Falwell. And it had the fantastic headline on it that said, "Federal Government Giving Millions to Radical Homosexuals," to which he at the bottom very tactfully added the words, "Application Form Enclosed."

But, if you look at what the right-wing is doing now, if you look at what Focus on the Family, if you look at what Concerned Women for America, if you look at what those groups are doing, they are raising those same issues. If you look at their mailings, if you listen to their radio programs. They are complaining that the federal government is giving millions of dollars to these Gay-run AIDS programs.

And, they are playing the homophobia card as hard as they've ever played it. And, it's interesting that that attack on prevention programs is coming at a time when there is a claim that there is a huge federal budget problem, that there isn't enough new money. And, it's happening when we finally started through the minority AIDS initiative in other programs, to get significant resource into communities of color organizations to do prevention in communities of color.

This is an assault on where prevention is going, not an assault on where it's been. And, undermining political support for prevention means underlying--undermining our work to bring prevention into communities of color by community of color organizations.

There is a cynical attempt in the right-wing right now to paint this as an issue of white gay men versus women of color, and it is blatant, and it is disgusting when it plays out. And, coming from right-wingers who, quite frankly, don't exactly have a stellar record on standing up for the needs of women of color, it's pretty amazing to me.

If they really were concerned about the lives of women of color, are they out there talking about insurance and healthcare? Are they talking about jobs and childcare? Are they talking about how they are going to fix welfare reform? Are they talking about making substance abuse readily available? Are they talking about not incarcerating a whole generation of young black men? They are not having that discussion.

They are instead playing opportunistic politics by pitting gay men against African American women, and they expect us to stand by and play into that game. We cannot do that. We cannot allow them to divide us.

And, that means the gay men of all races need to stand up for programs that address the needs of women, of straight men, of injection drug users, of gay men of color, of white men of color. And, we have to insist the same from all of our communities, that we stand together for advocate for the whole panache of programs that are necessary for prevention, not just the programs that are important to our own community.

And so, so when we fight for prevention, I think the question becomes how do we do that effectively, and I'm going to strongly argue that the best defense has got to be a good offense. We cannot sit idly by to see them come and attack our programs, be looking over the shoulders, and wondering are we next. We must proclaim the debate. We must set the terms of the discussion about what needs to happen and not let it happen on their terms.

When the Stop AIDS thing happened, one of the most troubling things, in retrospect I really realize it now, sitting in Washington, DC, is the national organization sat there like we were deer with the headlights coming at us. We were frozen. People didn't respond aggressively. People didn't stand up and say, yes, sometimes you've gotta talk dirty to save lives. People sat there and said, well, maybe they did go over the boundaries, or not all prevention programs are like that.

But, we cannot allow that to happen. We have to decide that we will stand up and fight for every prevention program that's needed for every community in this country. And, we will not let them pick us off one by one. We need to stop being embarrassed by the populations we are trying to reach and by the programs that we have to run to reach them. The American people may not be comfortable with knowing their tax dollars are going to support some, you know, S&M safe sex program somewhere. But, the American people fundamentally believe that HIV is worth stopping.

Look at the Kaiser polls. People want their children to have access to good, honest education about HIV and AIDS, not politically motivated agendas. People want prevention to happen, and people are willing to let us talk dirty to make that happen. We need to be out there defending the programs to the American public, and we need to understand that failure to fund these programs adequately puts lives at risk.

We need to clearly remind people that these attacks on effective prevention programs are explicitly attacks on the lives of people of color, of poor people, of gay people, of young people, of transgendered people, of all kinds of people who don't have access to the avenues of power in our society. And, we have to remind people that that is unacceptable in a society that claims to value equality for everyone.

And, as Congresswoman Pelosi reminds us, in a battle over--morality, saving lives is the highest morality. We've got to be as political as our opponents. We've got to be as aggressive as our opponents, and as enthusiastic about defending our programs and putting forward the need for them as they are about assaulting them, as they are about misusing science. And, we've got to support those political leaders like Congresswoman Pelosi, leaders of both parties, like Congressman Greenwood, like Scott Evertz in the White House, who have the nerve to stand up for effective prevention programs.

We've got to, as Frank said, stand for programs that are effective, that are science-based, that are evaluated. And, we have to put the stories forward of those successes. And, I actually disagree with him. I think we can find a story for the people who say, "I went through your program and it saved my life. I stayed negative because of your program." And, if you want to know a valuable voice to have, it's somebody who can stand up and say that. Because, that anecdote is worth--worth a million statistics.

And, whatever happens with federal funding, we have got to commit to doing what needs to be done. In the early days, the safe sex programs that happened, didn't happen with government funding. People went out and they raised the money on their own. They did it on a shoestring. And, I--I don't believe for a second we can let the federal government off the hook, but we can't let ourselves off the hook either. City governments, nongovernmental organizations, foundations, all have to commit themselves to doing what needs to be done, whether the federal government is willing to fund it or not.

But, in the end, we must fundamentally insist that our government make good in its obligation to protect the lives of its citizens. In the 1980's, they failed that. In the 1980's, they knew what the science said about transmission through blood products, and they went ahead and they didn't screen blood products, and thousands and thousands of hemophiliacs, and thousands of people who received transfusions became infected. And, the result of that was massive law suits against the companies and the government. The results of that was the Ricky Wray Act. The results were the government had to pay for its neglect of people.

What would happen if we insisted that that was the case? Because they scientifically know what needs to happen to prevent new HIV transmission. How come they are not doing it? They are as guilty now for not doing it with sex and needles, as they were then for not doing it with blood products. We have to talk about the debate in those terms. We have to talk about prevention without shame by defending programs and by embarrassing them when they are not doing the right thing.

In the end, we have to insist that the people who are at risk for this virus have the right, not just to live, not just to get by, but to actually do some dancing. So, let's stand up for these programs. Let's keep doing the work we do. Thank you.

DR. SILVERMAN: Thank you, Terje. Thank you, Dave. The thing that bothered me is these two guys, I really wanted them to tell us how they really felt, and I--I just didn't get that. Did you guys get that?

Well, we've come to the end of the program. I want to thank, before we get to the end, Jane Silver, for this wonderful plenary. And, on a personal note, I hired Jane 10 years ago to join amfAR. And she's, as of the first of April, moving on to bigger and better things at the Aaron Diamond Foundation. I want to wish her well and say what a wonderful job she has done for amfAR, and for you, and for all of us in the public policy fights dealing with AIDS.

And now, my thanks to you for being here. I've been very pleased with the responses I've heard from all of you about the conference. I'm sure there are some things you might not have liked, and I am hopeful that you will place them on your evaluation forms for the conference which you have. As I said, it's that white, I think, evaluation form of the whole conference that we will select one, and we will notify the person who is the recipient of the free--of the free registration next year. So, please be sure to fill those out.

Prevention, treatment, care, forging an integrated response. I think you all have done an outstanding job of coming here, sharing your ideas, hopefully making new friends, and that you will take all of these things and go back to your towns and cities and regions, and share that information.

Thank you, again, for being here. See ya next year.

END

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