

National HIV Prevention Conference 2009  
Tuesday August 25<sup>th</sup>, 2009 Town Hall Plenary Session

[ Mid-tempo music plays ]

Fallen angel

Lay her wings  
down by your side

It doesn't take long  
for you to survive

Been running so long

From the house  
that broke your heart

It doesn't take long  
for you to be apart

Every bed you've had  
urges you to lay your head

Loneliness of all the places  
you have visited

Doesn't take long  
to carry on

Every hour of every day

You change your life to make her stay

It doesn't take long  
for you to obey

The silences in every line  
she speaks

The emptiness of all the time she needs

It doesn't take long  
to carry on

Is Doctor Fenton coming?  
MAN: I'm sorry?

Doctor Fenton  
is coming, yes?

Yeah.

Good evening.

Good evening.

Good evening.

Good evening,  
beautiful people!

Good evening!  
Good evening!

I always know  
who I'm talking to.

Well, welcome to the first  
of a series

of National  
Community Discussions

on a National HIV/AIDS Strategy for the United States.

Ain't it good to say that?

[ Cheers and applause ]

I'm Dazon Dixon Diallo,

founder and president  
of SisterLove, Incorporated,

located here  
in Atlanta, Georgia.

Welcome to Atlanta.

[ Cheers and applause ]

I would be remiss  
and disrespectful

of my family in the house  
if I didn't say

but I hail  
from Fort Valley, Georgia.

[ Laughter ]

It's my absolute honor  
and privilege

to share this opportunity  
with all of you.

I'm humbled, and I'm grateful

that our friends and colleagues, like Greg Millett and folks,

to -- and my fellow panelists

and people as high  
as the White House

who've entrusted me to guide us through this conversation.

Thank you.

[ Cheers and whistles ]

And in case I forget,

because this is a big job for me and I might be a little nervous,

no matter how fabulous I sound,

I want to acknowledge  
in the room right now

and at this moment

one of the pair of people  
who are responsible

for me being exactly who I am  
in this moment,

my mother, Doctor Virginia Dixon.

[ Cheers and applause ]

And a part of that big party  
is her sister, Selethia Scott,

and my father's sister, Mary Smith, are also in the room.

Alverna Denise Kahn,  
Debbie Thomas,

Marquis Walker,  
Willie Brown,

Pandora Singleton,  
Annette Subira Dufaux,

Martin Delaney,  
Ray Castleberry,

Novella Dudley,  
Janice Jureau,

Arthur Ashe,  
Richard Anderson,

and we could run that list  
for hours.

I call them because these souls are just a tiny fraction  
of the hundreds of thousands  
of Americans

for whom this conversation  
has come a bit late.

But now we all share  
a collective ancestry,

and I call on these names and hundreds of thousands of more

because we  
must always remember.

We must call on them to be  
in the room

to guide our conversation,  
to keep us together,

to watch over us,

and to make sure that we walk from this room

in collective, productive,  
and constructive energy

to move  
a National Strategy forward.

Thank you for coming.

[ Applause ]

So, I'm gonna quickly say welcome to Atlanta,

where we collectively fight  
the good fight

to prevent HIV and end AIDS.

It's my privilege to introduce very quickly to you

our leaders for this evening

before we bring up our panel  
and then get to all of you --

as many as we can  
in the time we have.

I want to now  
bring up Jeffrey Crowley,

the Director of the White House Office of National AIDS Policy.

[ Cheers and applause ]

[ Audience chanting  
"Make change a priority" ]

[ Indistinct conversations ]

[ Cheers and applause ]

We're all a priority!  
We're all a priority!

[ Woman speaking indistinctly ]

We're all a priority!  
We're all a priority!

We're all a priority!  
We're all a priority!

We're all a priority!  
We're all a priority!

We're all a priority!  
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We're all a priority!

We're all a priority!  
We're all a priority!

We're all a priority!  
We're all a priority!

[ Indistinct shouting ]

[ Cheers and applause ]

Now -- now, that's  
some good energy

that's gonna help us get something done, isn't it?

Thank you.

[ Cheers and applause ]

Good evening.

Good evening.  
Good evening.

As Dazon said,

welcome to the first HIV/AIDS Community Discussion.

My name is Jeffrey Crowley,

and I'm the Director  
of the White House Office

of National AIDS Policy.

Many of you heard me yesterday,

and so I had  
my chance to speak.

Tonight is your night,

and we really look forward  
to hearing from all of you.

Most of you here are here

attending the National HIV Prevention Conference,

and we're glad  
so many of you came out.

I'd like to give  
a special welcome, though,

to the Atlanta community.

And we're really looking forward to hearing from you

about what's going on  
in your neighborhood,

your neck of the woods,

and also hearing  
your recommendations

for moving forward.

Before I get started,

I wanted to just acknowledge  
a whole team of people.

At this conference,  
we've heard a lot of love

for Doctor Fenton and CDC,

Beverly Watts Davis  
from SAMHSA,

and it's much deserved.

But I want to acknowledge  
some of the worker bees

that really were really helpful to the White House.

You know, when you plan  
a conference like this,

it takes a couple years,

and they've been working  
month after month.

We came to them probably about six weeks ago and said,

"Well, what would you think  
if we did

a community discussion  
at your conference?"

And they never blinked.  
They said, "Of course."

And they were great  
every step of the way.

I don't think  
we were too demanding,

but I think we were  
pretty needy,

and I just really appreciate  
Bob Kohmescher

and, really, his whole team.

There are just so many people that helped us out,  
and we're really appreciative.

[ Applause ]

I'm not gonna say too much,

but I just want to,  
before we get started,

tell you a couple of things that I think are really important.

The first thing  
I want you to know

is that the President  
of the United States

cares deeply about HIV/AIDS,  
and he's really committed...

[ Applause ]

...he's really committed  
to us developing

a comprehensive  
National HIV/AIDS Strategy,

but he also expects  
some things from us.

He expects us to do it right.

He expects us to end up

with some clear  
strategic priorities,

grounded in evidence,

that will really identify aggressive but achievable  
goals for moving forward.

So I'm really looking forward  
to hearing from you

how we're gonna come up  
with these priorities

around the president's  
three goals

of reducing HIV incidence,

getting all people living  
with HIV into care,

and addressing HIV-related  
health disparities.

I'm not gonna lay out  
all the steps we're gonna take,

but between now  
and the end of the year,

we're gonna be doing  
a number of things

to listen to the American people and hear their ideas.

Early next year,  
we plan to roll out

a National HIV/AIDS Strategy.

But our work won't end there.

This is an ongoing process

working, again,

with the expertise

across the federal government,

but with all of you  
and the broader public

to implement, refine,  
and keep moving forward.

We really encourage you to work with us every step of the way.

There will be a number of ways that you can follow along.

A key way, though,  
is looking at our website.

So if you go to [www.whitehouse.gov/onap](http://www.whitehouse.gov/onap) --

ONAP, which stands

for the Office  
of National AIDS Policy ---

you can follow along.

It'll have a way that you can go back and watch this webcast.

It's being webcasted  
and will be broadcast.

All the other Community Discussions you can look at.

But we'll also report to you

about things we're doing,  
tell you about meetings.

After Labor Day, we plan  
to issue a call to action,

and we're gonna develop  
a Community Discussion Guide.

And we're doing 14 of these  
all across the country,

but we help you and others  
do many, many more

and feed into a broad process

that really will be  
not just a White House strategy,

not just a federal  
government strategy,

not just  
an HIV community strategy,

but, really, a broad national strategy for moving us forward.

So I'm really eager to listen

to your thoughts  
and ideas tonight.

I also am very privileged.

We have  
a special treat tonight,

and we have a special guest  
that has come to welcome us.

This is someone who knows  
a bit about struggle

and knows a bit about working hard and changing America.

It's someone  
we can all learn from,

someone who has a long,  
long commitment

not only to people living  
with HIV and AIDS,

but to the communities

that are most burdened  
by the HIV epidemic.

Will you please help me give  
a very warm welcome

to Atlanta's own,

the representative in Congress from Georgia's 5th District,

a true American hero, Congressman John Lewis?

[ Cheers and applause ]

Thank you, sir.  
I appreciate it.

Thank you so much for those  
kind words of introduction.

Let me take just a moment  
to welcome

each and every one of you  
to Atlanta,

to the 5th Congressional District of Georgia.

I came to this city,  
came to this state

46 years ago,

had all of my hair...

[ Laughter ]

...few pounds lighter,  
at the age of 23

to become chair

of the Student Nonviolent Coordinating Committee,

better known as SNCC.

[ Cheers and applause ]

A few days later, I found myself sitting in a meeting

in the White House with President Kennedy and others.

And later,  
during the same year,

about a month and a half later,

I was one of the speakers  
at the March on Washington

on August 28, 1963.

I spoke number six.

Doctor Martin Luther King Jr.  
spoke number 10.

And out of the 10 people  
that spoke on that day,

I'm the only one still around.

[ Cheers and applause ]

So I feel more than lucky  
but very blessed to be here.

But during this speech  
at the March on Washington,

I said something like,

"You tell us to wait.  
You tell us to be patient.

"We cannot wait.  
We cannot be patient.

We want our freedom,  
and we want it now."

So, as I welcome you  
to this conference,

you must send  
the strongest possible message

that we want to put an end  
to HIV and AIDS here and now.

[ Cheers and applause ]

We can do it.

I want to thank all of you for the wonderful work that you do

on behalf of people  
with HIV and AIDS

and for all of the work that  
you are doing to prevent HIV.

We're so blessed  
here in Atlanta

to have the CDC  
in our backyard.

We're also blessed to have  
some of the most amazing HIV/AIDS services  
right here in metro Atlanta.

The work that our community organizations and groups  
are doing here in Atlanta,  
here in Georgia,  
is nothing short of amazing.

They're on the front lines,  
treating HIV/AIDS in Atlanta  
and throughout the state

of Georgia.

They have been asked to do  
more and more

with less and less money.

The work is not glamorous,

and in some cases,  
it doesn't pay well.

But I know so many  
of you personally,

and I know that you believe  
in the work that you are doing.

The people you're treating  
are so vulnerable.

You're giving them hope,

and I thank you for all of your good and necessary work.

Let's not fool ourselves.

I don't have to tell you.

We have an epidemic  
of HIV and AIDS.

In the last decade,

the Congress has not made  
this disease a priority,

and we have seen  
a dramatic increase

in the number  
of HIV/AIDS cases,

particularly in  
the African-American  
and Latino community

and among women.

The southeastern part  
of our country

has also seen the explosion  
in new HIV and AIDS cases.

I have been working  
with my colleagues in Congress,

the Congressional Black Caucus,

and the Congressional  
Hispanic Caucus,

on a new national strategy,

and we're prepared to work  
with the White House.

And we all must work together, for we're all in the same boat,

and not one of us  
are going to get out

until we all get out together!

[ Cheers and applause ]

I am so pleased.

I am so delighted that we have

a president in Barack Obama

who is talking about a new plan,

a new strategy on HIV and AIDS.

And I'm happy that he's making prevention of HIV a priority.

[ Cheers and applause ]

We need to do more,

but our struggle  
is not a struggle

that lasts for one day or one week or one month or one year.

It is a struggle of a lifetime.

We didn't give up during  
the Civil Rights Movement.

I got arrested,  
went to jail for a time,

beat and left bloody  
and unconscious,

but I didn't give up.

This is no time to give up.

So I say keep your faith.

Keep your eyes on the prize.

Let's meet, let's discuss,  
let's debate,

and let's pass  
the necessary legislation.

Let's make  
more resources available

for the Ryan White Act.

We must do it and do it now.

[ Cheers and applause ]

All across America --  
all across America,

as we heard, we must continue

these dialogues,  
these conferences,

and we must do what we can  
right here and now.

There's a great debate  
in our country,

and I may get  
in a little trouble.

But I get in trouble  
every now and then,

but it's good trouble.

It is necessary trouble.

When I was growing up  
in rural Alabama,

about a 3-hour drive from here,  
as a young child,

we didn't have  
health insurance.

We didn't have  
a health policy.

We had a burial policy.

We were preparing to die  
and not to live.

That was not right then.  
It's not right now.

We can do better.  
We can do much better.

Healthcare is a right  
and not a privilege,  
  
and everybody should have access to quality healthcare.  
  
We must do it.

[ Cheers and applause ]

Pulling together, working together, building together,  
  
we can prevent HIV and AIDS  
  
and create an American society  
and a world society  
  
at peace with itself.

Welcome to Atlanta.  
Welcome to Georgia.

Welcome to  
the 5th Congressional District.

Have a great conference.

[ Cheers and applause ]

I think that's a great way  
to start the evening, don't you?

As we talk  
about the work ahead,

it's really important  
that we rely on input

broadly  
from the American people.

But it's also important  
that we recognize

we have a lot  
of very significant expertise

in the federal government.

And we're really gonna  
rely on many people

as we develop this  
National HIV/AIDS Strategy.

The next person  
I'd like to introduce

is a key national leader.

He has broad experience not only in the United States,  
but working internationally.

I'm just really thrilled  
to be able

to welcome Doctor Kevin Fenton,

who many of you met  
earlier at the conference,

but who directs  
CDC's National Center

for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

[ Cheers and applause ]

Congressmen Lewis,  
distinguished guests,

ladies and gentlemen,  
friends,

and colleagues  
from the Atlanta area,

I'd like to welcome you all  
to this meeting this evening.

And I'm truly delighted to see such a wonderful turnout

for the beginning  
of this conversation

on the National  
HIV/AIDS Strategy.

We are so honored that the Office of National AIDS Policy

is holding its first  
Community Discussion

on the National Strategy

here at the National  
HIV Prevention Conference.

I cannot think  
of a more appropriate time

or a more appropriate place  
to begin this discussion.

So this is going to be  
a very important plenary,

one that will have  
far-reaching effects.

It is,  
of course, very different

from our usual plenaries  
at this conference,

as it is the one in which  
you will be the speaker.

You are the presenter.

You are giving your thoughts  
on the future directions

of a response to this epidemic in the United States.

This is indeed  
the people's plenary.

So we are very excited  
to begin this discussion

with the Office of National  
AIDS Policy on the strategy

and to begin to think through the crucial tools

which will be needed to have success against this epidemic.

And as we've heard  
throughout the conference

of the past two days,

a strategic plan is a tool.

It will provide guidance  
in fulfilling a mission.

And we will  
fulfill that mission

with maximum efficiency  
and maximum impact.

If the plan and the strategy  
is to be effective and useful,  
  
it will need to articulate specific goals,  
  
clear objectives,  
  
and to describe  
specific action steps  
  
and the resources that will be needed to accomplish them.

So, it is my sincere hope  
  
that this will indeed be  
a strategy for us all,  
  
because we are all a priority,  
  
a strategy in which we will have found our collective voice  
  
to articulate a clear  
and compelling vision  
  
for an HIV-free America,  
  
a strategy  
in which we have all had  
  
an opportunity  
and an obligation  
  
to contribute  
  
and to see that contribution making a difference,  
  
a strategy  
that will be inclusive  
  
and acknowledges and speaks  
  
to the reality of HIV/AIDS  
in America today  
  
for all Americans,  
for all walks of life.

And, yes,  
this includes a strategy  
  
for the most affected populations,  
  
as well as populations  
  
including American Indians, Alaskan Natives,

Asian and Pacific Islanders...

[ Cheers and applause ]

...in which the epidemic

may be smaller  
but is equally devastating...

[ Cheers and applause ]

...for populations  
such as transgenders...

[ Cheers and applause ]

...and migrant communities...

[ Cheers and applause ]

...who are often invisible

in our national  
surveillance data,

yet who bear a disproportionate and severe burden

of this disease.

So it is indeed my hope that,

in addition  
to the president's priorities

for reducing incidence, improving linkage to care,

and reducing  
health disparities,

that these  
Community Discussions

will provide a chance  
to highlight

other issues  
and other priorities

that will ensure  
that there is inclusivity,

that there is effectiveness,

and there is efficiency  
in reaching our goals.

And I'd like to encourage us all in the room today

to think about the key inputs for success of this strategy --

the human  
and the fiscal resources,

the leadership  
and the governance,

the partnerships  
and the infrastructures

that will be needed  
for success.

And as we proceed with  
the development of the strategy,

we must envision  
and we must articulate

achievable objectives

that clearly demonstrate  
what we're trying to achieve,

how we're going to measure it,

and who will keep us accountable  
along the journey.

So, in closing, this is  
a wonderful opportunity,

and it is indeed the moment  
that we have been waiting for.

As we develop  
this National Strategy,

we will have an opportunity  
to make important choices

to change the course of the epidemic in the United States.

I certainly look forward to hearing your comments tonight

as we begin this important  
and crucial task

of developing this strategy.

Thank you very much.

[ Applause ]

Thank you, Jeffrey Crowley

and Doctor Kevin Fenton.

The next portion  
of the meeting --

for that portion,  
we will continue.

I want to bring up now  
my friends and colleagues.

First, I will  
call up Doctor Edith Biggers...

[ Applause ]

...Doctor Carlos del Rio...

and Doctor Guy Pujol.

For this next segment  
of tonight's meeting,

we are going to hear

from three local practitioners, activists, and advocates,

all embodied in all three,

which I'm very proud  
to call my friends.

Doctor Biggers  
is the lead physician

at the Fulton County Department of Health & Wellness,

Ryan White Clinic.

For many, many years, she's been treating HIV-positive people

here in Atlanta

who don't just call her Doc -- they call her friend.

Doctor Carlos del Rio is  
a researcher and a professor --

the Center for AIDS Research  
at Emory University --

as well  
as a practicing physician

at our local Infectious Disease Program at Grady Hospital.

And Doctor Guy Pujol,

my other friend,

is executive director

of the AIDS Alliance  
for Faith and Health.

Each of our speakers  
are speaking to the pillars

that are indicated in the National HIV/AIDS Strategy --

reducing HIV incidence, increasing access to care,

and reducing  
health disparities.

I'll first ask Edith

if she'll come up  
and give us her thoughts

on tonight and on the strategy.

I want to mention this, too, just before Edith comes up --

I'm sorry.

I heard one  
just a little earlier,

so I forgot to mention --  
this event is being taped.

It will eventually be webcast, if not sooner than now.

And so would you please  
make sure your phones

are either off or on silent,

so as not to disturb  
or overbear the audio

for folks who are going  
to catch this later?

Doctor Biggers.

[ Cheers and applause ]

DOCTOR BIGGERS:  
Thank you.

You're welcome.

DOCTOR BIGGERS:

Thank you, Dazon.

Good evening, everyone,  
and welcome to Atlanta.

Now, I would be remiss

if I didn't first mention  
my greatest supporter,

my greatest fan -- my mother,

who's sitting  
in the front row.

[ Cheers and applause ]

I'd just like to tell you  
a brief story.

A lot of times,  
when I'm talking to audiences,

I like to give you a flavor  
of what it's like

in the trenches, so to speak.

As Dazon said,  
I'm lead physician

at the Fulton County Department of Health & Wellness,

our Ryan White Clinic,

and we're the largest  
testing site in Georgia.

And our mission  
is to take care of people

who are uninsured  
or underinsured.

I'd like to tell you  
about one of my patients

so we can think  
about the importance

of some of the healthcare-reform  
principles.

So, this is T.T.

She was a beautiful  
19-year-old woman

whose fiancé was her first  
and only sexual partner.

Unfortunately,  
before her wedding day,  
she became extremely sick.

She lost a great deal  
of weight --

between 30 and 40 pounds.

She experienced fever, chills, shortness of breath,  
and she had to stop working  
and, therefore,  
lost her insurance.

T.T. was admitted to the ICU.

And after an exhaustive --  
an exhaustive battery of tests,  
she was finally tested for HIV.

She was HIV-positive,

with an initial  
CD4 T-cell count of 2.

It was also found out  
during these battery of tests

that T.T. was pregnant

and she was  
in her second trimester.

The initial plan,  
since she didn't have insurance

and since she only had  
two T-cells,

was to send her to hospice.

She no longer had a job.

She no longer had insurance,  
no means of support.

And, also, I forgot to tell you  
that her fiancé died

shortly thereafter.

So, the original plan was  
to send her to hospice

because, unfortunately,  
some people felt

that there was no more reason  
for her to live.

Fortunately,  
during discharge planning,  
a social worker stepped up,  
and this social worker  
was familiar  
with Ryan White Clinics.

This was in Florida.

The social worker was  
very familiar with the clinics

that were funded  
under the Ryan White Care Act.

The local health department  
gave her an appointment,

thank goodness.

And she was referred  
to a Ryan White Clinic

since, again, she had an AIDS diagnosis, no insurance.

This Ryan White Clinic  
provided her

with lifesaving medications --

lifesaving medications,

antiretrovirals that some people would say are toxic,

but, after all, we are fighting against a toxic virus.

Fortunately, this social worker

and all of the doctors and nurses and other staff members

at this Ryan White Clinic  
saw her value.

It didn't matter  
that she didn't have insurance.

It didn't matter  
that she didn't have a job.

They saw her value

as a human being  
living with AIDS

and wanted  
to continue her life.

She was able to start  
an antiretroviral therapy

because of ADAP funding,

the AIDS Drug Assistance Program,

which provides drugs  
for HIV-infected individuals

of low income and no insurance.

When the baby was born --

remember, I told you she was  
in her second trimester.

When the baby was born,  
the baby was HIV-negative.

[ Applause ]

She did very, very well  
on antiretroviral therapy.

Her CD4 count increased from 2

to 50 to 100 to 150

and eventually to 500  
over a two-years period.

Now, as I've said to you,  
this was in Florida.

I had the privilege  
of meeting this young lady

a few months ago.

There was an unexpected turn  
of events,

and she had to relocate  
to Atlanta.

She came to Atlanta.

Unfortunately, there was  
a break in her therapy

because she had to qualify  
for our Ryan White Clinic

but did so successfully.

When I met her,  
her T-cell count was at 300.

And I could not believe --  
when I asked her her history,

I could not believe  
that she told me

that she was almost in hospice.

She's a vibrant young woman.

Her daughter  
is now 2 years old.

Her daughter is thriving.

They both came to see me  
in clinic last week.

Why am I telling you  
this story?

Several reasons --  
first of all,

I always want to put  
a face on HIV.

And I realize that many of you are researchers,

and your research  
is invaluable.

But it's always important  
to remember

that we're talking  
about people here.

And...

[ Applause ]

And I thank everybody  
who came up earlier to remind us

that every group  
living with HIV,

every person living with HIV  
is valuable.

In closing, I just want  
to mention a couple of things

in the president's  
healthcare reform

that are  
specifically beneficial

for people living with HIV  
and AIDS.

Our epidemic now in the U.S.

is characterized by unacceptable healthcare disparities.

We have a patchwork  
of healthcare systems.

There should have been no reason for this young woman

to lose any time going  
from Florida to Atlanta.

In fact, there should  
have been no reason

for her to lose  
her health insurance.

There are 1.1 million people  
in the U.S.

living with HIV and AIDS,

and as many as 500,000  
lack access

to the healthcare system,

the healthcare services  
they need,

to therapies  
that are lifesaving,

as in this young woman's case.

We have a wonderful opportunity tonight for you,  
for us to hear your ideas  
and how we can help.

Thank you.

[ Applause ]

Good evening, everyone.

I want to thank the organizers of this event  
for inviting me to talk to you for a few minutes.

I've been specifically asked  
to address some of the issues

surrounding how do we decrease HIV incidence in the U.S.

and how do we make  
reducing HIV incidence

a true national priority.

I'm sure everybody here  
is well aware

of the recently published -- about a year ago --

CDC estimates.

After approximately a decade  
of telling us

that about 40,000 new infections were occurring each year,

the CDC, through using  
different techniques,

revised those numbers,

and those numbers were  
revised up by about 40%

to approximately 56,000 persons infected each year.

That, as many of you have heard at this conference,

is one new infection  
every 9.5 minutes.

This is clearly  
an unacceptable number,

and we should not stop

until we control it.

[ Applause ]

The epidemic in the U.S. is -- and I'll remind you this --

is the worst epidemic  
of any developed country.

It is a shame  
to have an epidemic

of that proportion  
in this country.

[ Applause ]

Has prevention failed?

I think prevention  
hasn't failed.

I think we know --

and we clearly know  
that prevention works,

but we also know that prevention is incredibly difficult.

And I think any of us  
working in HIV

have rapidly realized

that prevention has humbled us over and over and over.

The number of new infections actually decreased significantly

through a lot of interventions in the middle-to-late '80s

but really has not gone  
any further after that.

And prevention  
really has not failed

because efforts have failed

but, actually, because efforts have been insufficient

and, quite frankly,

because prevention  
has been very poorly funded.

[ Applause ]

So I think, first and foremost,

we have to address  
the funding issue first.

While treatment dollars  
have steadily grown,

prevention dollars  
have remained flat,

and CDC has simply not been  
adequately funded

to reduce the number  
of new infections.

Prevention funding

makes approximately only 3%  
of the domestic AIDS spending,

and adjusted for inflation,

the actual amount has declined between 2001 and 2008.

While the CDC Prevention Strategic Plan --

the previous one,  
2001 through 2005 --

had as one of its priorities

decreasing the number  
of new infections by 50%,

from 40,000 to 20,000,

in fact,  
we saw an increase of 40%.

When people have looked  
about what failed

in the prior CDC's  
Prevention Strategic Plan,

it was lack of adequate funding.

We need to ensure  
that any prevention plan

that is implemented  
in this country

is adequately funded  
to reach its goals.

[ Cheers and applause ]

Congressman Lewis told us

Congress has not paid  
enough attention to AIDS.

I must say  
that I respectfully disagree.

Congress,  
over the last 10 years,

actually paid  
significant attention to AIDS,

but they've done it  
to international HIV.

Congress has forgotten

that this is a national  
HIV epidemic happening.

There is a raging epidemic  
in this county,

and what we need is something equivalent to a national PEPFAR.

[ Cheers and applause ]

Once funding has been addressed,  
what needs to be done?

Well, I think several things need to be done.

Number one, we need to increase HIV testing.

First and foremost, we must decrease the number of people

who are infected  
who don't know it.

At present, approximately 1 in 5 Americans living with HIV  
don't know they're infected.

And people who don't know they're infected  
are approximately responsible for 50% of new infections.

We know that when somebody knows they're HIV-infected,

when somebody knows  
their serostatus,

there is risk reduction  
that happens.

There's education. There's  
a lot of things that happen.

We would do a lot by just increasing the number of people

who know  
their HIV-prevention status

and linking them to care  
and prevention services.

[ Applause ]

Each person in this country should know their HIV status,

very much like each person  
in this country

should know  
their cholesterol level

or many other  
health indicators.

But for testing  
to be scaled up to this level,

we need testing --  
HIV screening --

to be covered  
by third-party payers.

And at present, neither Medicare nor Medicaid

pays for HIV testing  
as a screening test.

That needs to stop.

After testing people,

we need to link them  
to prevention and care services.

Testing is important  
but not sufficient.

A lot of people in this country know they're infected,

but they're not linked to care,

and we need to do  
a much better job

of linking people to necessary care and prevention services,  
and more of that  
is gonna be spoken of later.

But I also want to say

that one new thing  
that we've come to realize,

and I think we should have picked it up later,

is that it's not just a matter of linking people to care.

We must retain them in care.

And retention in care --

what I would call  
adherence to care --

is probably more critical  
than a lot of the things

that we're spending time on --

adherence  
to antiretroviral medications.

People are not gonna  
adhere to therapy

if they cannot adhere  
to their clinic appointments.

And we need to do  
a better job making sure

that people are retaining care

and they're fully engaged in  
prevention and care services.

We need to increase access  
to drug treatment

and lift the ban  
on needle exchange.

[ Cheers and applause ]

The link between HIV infection and drug use  
goes beyond injection-drug use.

Alcohol abuse, crack cocaine, and methamphetamine use

are major drivers  
of the HIV epidemic,

yet people who abuse  
the substances

have enormous problems  
entering drug treatment,

as we have chosen as a society  
to confront drug use

as a criminal offense  
rather than a health problem.

[ Cheers and applause ]

We must change that.

In addition, we finally need to adopt science-based prevention

and allow funding  
for needle-exchange programs

to occur.

Needle exchange is a proven public-health intervention,

and we as a society  
have chosen to ban it

because of beliefs, not facts.

[ Cheers and applause ]

We need to make  
HIV-prevention interventions

reach those who need it  
the most.

Each day, many young men  
who have sex with men,

particularly of color,  
are being infected with HIV

because they lack  
the knowledge and skills

to prevent them  
from getting infected.

If 50% of the new infections  
are occurring among MSMs,

we need to ensure that 50%  
of our prevention interventions and dollars  
are targeting that population.

[ Cheers and applause ]

Data has to drive resources.

We need to increase  
access to condoms

for those who need it the most.

And I'll remind everybody

that's almost everybody  
who's sexually active.

We need to ensure that condoms are accessible and available  
and that using a condom

becomes a societal norm  
for having sex.

I'm dismayed every day to see that less than 10,000 people  
have been infected  
with pandemic influenza H1N1

and everybody wants  
to wear a face mask,

and over a million people  
have been infected with HIV,

and we're still hesitant  
to use a condom.

[ Cheers and applause ]

Insanity, right?

But it's the reality,  
and we need to overcome it.

Finally, we need to combat stigma and discrimination.

To me, this is probably the most painful part of the epidemic.

Over a quarter of a century  
after the first cases of AIDS were diagnosed,  
people with HIV

or at risk of HIV

continue facing on a daily basis stigma and discrimination.

If we don't deal  
with this deep societal ill,

combating HIV  
will be twice as hard,

and we will never be done.

I would be remiss not to mention developing an HIV vaccine.

I think the HIV vaccine work  
has been difficult.

It has been a long road.

But we need to continue  
doing efforts

to have an effective  
HIV vaccine.

And we must not give up.

We are gonna have  
an HIV vaccine.

It's not gonna be immediate,

and it's not gonna be  
a silver bullet.

I mean, I really tell you  
that I think --

I tell people that, when we have an effective HIV vaccine,

the package insert  
is gonna say,

"For this vaccine  
to be effective,

it has to be used  
with a condom."

[ Laughter and applause ]

So I want to end by telling you that we have learned

that, over time,  
that prevention works,

but it also is difficult.

And as Congressman Lewis said, we must not give up.

We have the tools  
at our disposal today

to significantly decrease  
the incidence of HIV in America,

and we need  
to implement it now.

I'm sure I probably left out

your favorite  
prevention intervention,

but I'm sure that you will  
come up and tell me about it,

and I apologize for doing so.

This is why  
we're having a town hall --

to hear what you have to say.

Thank you very much.

[ Cheers and applause ]

I feel like the only person  
on the panel

whose mother isn't here.

[ Laughter ]

I'll adopt these two women  
on the second row.

Now I have two mommies.

[ Laughter and applause ]

Reducing health disparities --

"Eliminating health disparities"  
is a dominant phrase

in public-health discourse,

but it is a benign notion.

Eliminating health disparities is actually easy.

Take health insurance away

from those who have it.

Impose the barriers  
to healthcare on everyone

that most people  
living with HIV face,

and you eliminate disparity.

[ Applause ]

If we keep enacting  
current healthcare policy

the way that we have  
for the last decade,

soon, there will be no gaps  
in the quality of healthcare

across racial, ethnic, gender, and socioeconomic groups.

No one will have quality care.

[ Laughter ]

Clearly, that is not  
what we are talking about

when we say  
eliminating health disparities.

The phrase is imprecise.

Instead, we should be talking

about improving health outcomes for everyone.

[ Applause ]

We should be talking  
about expanding access

to healthcare and medication  
for all people,

regardless of gender, race,

income, environment,  
or education,

and any other  
social determinants of health.

I would argue  
that health disparities itself

is a problematic term.

It is really  
a U.S.-centric term.

Most every other nation-state talks about health inequalities.

I think that distinction  
is important.

HRSA defines health disparities  
as population-specific differences  
in the presence of disease,  
health outcomes,  
or access to healthcare.

Rather than to talk  
about differences or gaps,

I think we need to talk  
about inequality

or, better yet, equality.

We need to frame the discussion  
to talk about healthcare  
as a basic, fundamental right.

[ Cheers and applause ]

Discussing disparities  
draws our attention  
away from our moral imperative

to be a just and ethical  
and a responsible society.

If we are serious  
about bridging the gaps

or improving health outcomes,

then our language must reinforce our basic assumption  
that everyone deserves care  
and treatment,

regardless of the disease  
or how one contracted it.

I know it sounds

like I'm speaking

to the current debate  
on healthcare reform

and not to the goals of the U.S.  
National AIDS Strategy,

but I'm not sure that we can accomplish the latter  
without enacting the former.

[ Cheers and applause ]

I was asked to come here and offer concrete recommendations,  
based on my experience,

for eliminating  
health disparities,

in five minutes,  
and I am doing just that.

I recommend  
that we amend our language,

that we speak instead  
of health inequalities,

so that the underlying principles of our language  
reinforce our belief

in the equality, value,  
and human dignity

of all of our sisters  
and brothers

living with HIV disease

and let our language  
guide our actions.

I spent some time  
this past week

asking many of the participants in our programs

at the AIDS Alliance  
for Faith and Health,

just three short blocks  
from here,

what they thought I should say about health inequalities.

Most of the people  
who access our services

are living examples  
of HIV health inequality,

groups disproportionately affected by AIDS in the U.S. --

African-Americans,  
men who have sex with men,

formerly incarcerated  
and currently homeless,

undereducated and uninsured.

Yet they are human beings who will be the first to tell you  
that they require your respect.

They said to me,  
"Speak for us, not about us."

[ Applause ]

One man legally here,

but still waiting for the HIV travel-and-immigration ban  
to be lifted, said,

"Talk about the justice issue."

He's right. Health outcomes are a matter of social justice.

Improving health outcomes for everyone is an act of justice.

It benefits and protects  
all of us.

They also named  
the specifics --

increased funding  
for the continuum of care,

including support services,

insurance and prescription coverage for everyone,

culturally and linguistically competent health services,

greater minority representation within the healthcare workforce,

coordinating  
with traditional healers,

and engaging communities  
of faith,

cultural immersion,

and inclusion of family  
and community members,

and expanded access to services

for underserved communities  
and populations.

Tonight, you will offer  
other concrete recommendations

for crafting  
a National AIDS Strategy,

but I remain convinced  
that we must shift our paradigm.

We must speak  
a different language.

We must speak  
of improving health outcomes,

not reducing  
health disparities.

We must speak  
of health inequalities

and strive for equality  
of care and treatment.

We must speak  
plainly and directly,

and we must speak truth  
to power.

How we speak  
about HIV health inequalities

affects how we act on them.

I charge you and those of you

who are tasked  
with the responsibility

of drafting  
our National AIDS Strategy,

speak for us, not about us.

[ Cheers and applause ]

I just thought about it.

In case y'all think,  
"Good googly moogly,

she is addicted  
to her CrackBerry,"

no -- this is a nice stopwatch.

Be ye warned.

[ Light laughter ]

I want to first thank  
Edith, Carlos, and Guy.

Would you please give them  
an NHPC round of applause?

[ Applause ]

So, the next phase  
of tonight's meeting

is about you.

It's your turn, right?

And I have been getting  
positive feedback

from all of you all day,  
giving me --

you know, I even had  
laying on of hands

before this got started.

But I have to tell you all --  
I ain't noways worried.

We're gonna get through these next 40-plus minutes or so

hearing your voices.

And I need to just give you  
a little heads-up

of how I want it to run.

Is that cool? Yeah.

First of all,  
I have to tell you all

that I'm actually not worried about this meeting

simply because I chair  
what I believe

is the largest Ryan White Planning Council in America,  
with 150 members...

[ Cheers and applause ]

...who work year-round  
every month,

many times more  
than one time in a month,

in 10 working committees,  
4 task forces,

and a consumer caucus  
with never enough money

to serve the people  
we need to serve.

And they are here tonight.

Ryan White Planning Council,

would you please stand  
and be recognized?

Some of them are here.

[ Cheers and applause ]

Powerful leadership.

So, you know,  
this is Atlanta's best shot

as a collective  
of getting our voices heard.

Of course, we can be read throughout this process,

but to have our voices heard  
in a Community Discussion,

or some folks are calling it  
a town hall,

although I think that brand  
has a bad name right now.

We'll leave that for another strategy that's at work

that we all,  
in this room, support.

So, but nonetheless, we have  
to get through this conversation

in a way that we make sure

that folks who are here  
to lift up the issues

that are critical for us  
in Atlanta and in Georgia

are heard,

but that doesn't mean that you cannot share your own thoughts

if you're not from Georgia  
or Atlanta.

I'm asking us  
to govern ourselves accordingly

to defer as much as possible  
to those local people,

so that we can get  
their voices in,

because there are  
13 following meetings

that will also include you

or coming to a region  
near you.

I would also let you know  
that you have postcards,

and there are  
community worksheets

that have been created

by the HIV Prevention Justice Alliance...in the house.

[ Cheers and applause ]

These worksheets are wonderful.

And they are intended  
for you to be able

to fill them out,  
answer the questions,

and be able to make your own testimony in a minute or less.

I have learned today  
that these community worksheets

will also be eventually uploaded

on the Office of National  
AIDS Policy's website

so that you will be able  
to download them

for your future  
community discussions.

And we thank them for accepting PJA's recommendation.

So, here's  
how it's gonna roll --

I have a few ground rules  
of my own,

of how I like to be treated,

so I treat other folks that way

and how we're  
actually gonna logistically move

through this conversation.

First of all, this is about making your own recommendations,

so there are no questions to be answered unless you got it.

Are we together? Okay.

So we're gonna be respectful  
of everyone in the room.

And I have a one-voice rule.

That means there's either one person speaking at one time,

or we are all speaking  
at the same time,

saying the same thing,  
like amen.

Amen.  
Amen.

That would be one voice.

We're also  
about sharing time equally.

That's a part of respect.

And I know your eyes bugged  
when you heard

that you only had  
a minute to talk.

But I tell you -- I've been doing radio for 16 years,

and I've seen people's eyes  
bug at 45 seconds,

like, "I got to say more?"

So you can be focused  
and concise

and say what you need to say  
in a minute if you stay focused.

So that's  
what I need you to do.

And I've learned  
to issue out the edict

that there are no complaints without resolution.

So, if you have an issue,  
you have that complaint,

raise that,

but I imagine you already have some idea in your own mind

of what you think might move us to that solution

or, at least, what we might  
be able to do to get there.

And, last, one love --  
one love.

We are here to get  
to the same destination,

and we should all get there

fighting together  
and not each other.

There are six mikes  
in the room.

Thank you all.  
There are six mikes in the room.

And instead of taking up time  
to recognize hands,

I'm gonna ask you to govern yourselves accordingly.

I would like to see you come  
to these mikes,

if you have already completed

your card  
and/or your worksheet.

I need you to have that  
so you can stay focused

and so that you can turn that in at the end of the session.

You will be kept to one minute,

and I will come in  
and say time.

Time.

And I will say it until you  
hear it, as your time is up.

And I also would like to ask that you line up

with no more than seven people per mike.

Are we together?

Govern yourselves accordingly.

There's a mike here.

In the middle here,  
there are three --

there are three mikes  
going across this way

and three mikes going across  
that way.

And if you all would go ahead and take your places now,

we will get through this  
as quickly as we can.

We have till 8:20.

All right.

MAN: Can we turn  
the lights up?

We're being asked if we can get the lights up a little bit?

Yes. Here we go.

Now, while you're standing there, very quickly,

I have one minute  
to do something.

I wanted to show you  
how it works.

Here's the worksheet, right?

I filled mine out today, right?

So, I'm handing mine in  
at the end.

Here's what I had to do.

As I filled it in, it says

I'm a Southern, black,  
mostly heterosexual woman,

and I live in Atlanta,

and I'm from a small town  
in Georgia.

I run a women's  
HIV/AIDS organization

here and in South Africa.

And I want to talk  
about process.

My concern is  
the unacceptable disproportion

in distribution of resources based mostly on epidemiology.

Solving this concern

requires recognition

that social, cultural, economic,  
and geopolitical environments

have to be taken into account when allocating resources,

that we must use  
more creative formulas

to invest more effectively  
in communities in greatest need.

Beyond funding, action on this issue also requires removing

as much  
of the political dimension

and use more science  
to define and determine need.

My example would be,

beyond the epidemiology  
in the southern states,

how are the disparities  
between Medicaid contributions,

state legislature  
HIV/AIDS funding,

and other local resources

disproportionately narrower  
in the South

than the rest of the country?

Who's responsible for addressing this concern?

I think the feds,

within the executive branch,  
Congress,

but we need them working  
better in partnership

with ethnographers

as well as health economists

and surveillance  
and epi professionals,

as well as technology.

And the consequence  
of not addressing this concern

is the continuing lag  
in service delivery

to decrease HIV incidence  
in the South

and to increase HIV care.

I know it will occur when there's more equity and parity

in how prevention, treatment, care, and research

are resourced  
throughout the U.S.

Amen.

Amen.

Thank you. I'm done.

[ Laughter and applause ]

Y'all see how that worked?

I felt you, and I was done -- one minute.

Let's start at mike one.

Hi. My name  
is Roosevelt Mosby.

And I come to you  
from Oakland, California.

What my concern is

is that we act like AIDS  
in America

is an adult disease.

And when you begin  
to look at young people,

particularly  
African-American YMSM,

we do not take care of them.

There is not a comprehensive servery delivery system

that causes them that,

if they are not attached  
to an adult,

to be taken care of.

So what we need to do  
is stop politicizing HIV

and make sure young men  
in America is taken care of.

Thank you.  
[ Applause ]

We're gonna come to two.

I'm Steve Wakefield.  
I'm from Seattle, Washington.

And I want to echo  
all of the goals

that have been set out by the president in writing this plan,

but I want to encourage you  
to do something I learned

in my 8 1/2 years  
on the Board of Health.

Make sure that we aren't  
moving resources

but that we are  
increasing resources,

because whenever there's  
a disease

and we move the resources,

somebody else suffers

and we are in bigger trouble than we were in the first place.

Secondly, I would encourage  
the president

to look at his other goals

and you to look at the goals  
of the White House

as we write this plan

and make sure that we increase the ability of Americans

to be at work,

and to make sure that we use  
the structures,

such as AmeriCorps,

that haven't been used to fight  
HIV in very many cities --

it's happened in one city  
we know --

and use -- go as far  
as using the military

if we have to  
and deploy them

like we have hurricanes  
or natural disasters.  
DIALLO: Time.

Thanks.  
Thank you.

Mike three.

Good evening.  
My name is Victor Martinez.

I'm with Bienestar  
in California.

The moment  
that we are not waiting for

is happening in California.

As you may know,  
the state of California

has eliminated --  
not reducing --

I need to repeat it -- eliminating all funding  
for prevention and HIV testing.

How can we be talking

about reducing HIV incidence  
and increasing access to care

with zero dollars?

This is unacceptable,

and this is a request  
that we cannot let this happen.

[ Cheers and applause ]

So I'm asking the White House, the Congress,  
and anyone involved  
to help us.

We cannot allow California  
to fall.

Thank you.

[ Cheers and applause ]

Okay, at this moment,

I want to know if there is  
a Georgian up at a mike.

I'm gonna come to two  
and then one,

and then we're gonna continue on with four, five, and six.

Good evening.  
My name is Linda Felix.

I am a member of the Atlanta Ryan White Planning Council.

I am a heterosexual woman.  
I have my sheet ready.

Keep going.

And I am  
a transplanted New Yorker,

living in metro Atlanta  
for 28 years.

26 years ago, I was diagnosed  
as being HIV-positive.

I'd like to talk  
about prevention programs  
through faith-based education.

We have not yet  
provided a platform  
to make safer sex  
and prevention education

a viable option  
for faith organizations.

We need to solve this  
by educating the clergy,

educating  
the church leadership,

and overcoming the stigma  
associated with HIV.

Beyond funding, we need  
to establish collaborations

between faith organizations and community-based organizations,

developing  
nonconfrontational initiatives

directed  
at faith-based organizations.

And we need federal funding

for faith-based initiatives,

nonrestricted funding

for faith-based  
HIV-prevention programs

to be initiated  
because they're not in place.

Without the church,  
we will not fully engage

the African-American  
or black community...

Time.

...for the church is the vehicle of change in our community.

Time.

And when our churches  
become leaders,

the fight of HIV  
can be won...

Thank you.

...just like the Civil  
Rights Movement. Thank you.

Mike one.

Hi.

My name is Marty Mitchell.

I live in Duluth, Georgia.

I appreciate the opportunity  
to speak at this forum tonight.

I'm concerned that the issue  
of children with HIV or AIDS

has not been mentioned  
this evening.

This is something  
that's very personal to me.

My son, Brett Lykins,  
contracted HIV at birth in 1980.

Unfortunately, he lost his battle with HIV two years ago.

No mother should have to go through the pain  
of losing her child to HIV.

With all the medical advances available today,  
including medicines to prevent

mother-to-child transmission  
of HIV,

it is simply unacceptable

for children  
to be born HIV-positive.

While great strides  
have been made,

we need to do more to ensure that children stop growing  
with this terrible disease.

More HIV/AIDS research  
is also urgently needed.

For years, my son was in  
one clinical trial after another

up at NIH,

always searching

for the right medicine.

For all the trials that Brett and other HIV-positive children  
like him underwent...

Time.  
Finish your sentence.

...not enough research  
has been done

to study the effects  
of long-term treatment

for children who've grown up  
with HIV.

Thank you.  
Thank you.

[ Applause ]

Mike four, please.

Good evening.  
My name is Angel Fabian.

I'm a Mexican immigrant,  
a man who loves men and women.

And I speak for the immigrants  
here in Georgia and throughout the United States.

[ Applause ]

This has to be tied  
to immigration reform,

prison reform,  
drug-policy reform,

educational reform,  
and healthcare reform

that includes immigrants,

regardless  
of immigration status.

We are the fastest-growing population in the U.S.,

and we do not want a crisis  
in our community.

What we do need is research, interventions, and programs

that are culturally  
and linguistically appropriate

around prevention,  
testing, and care.

We are willing participants.

We can do a lot  
with very little resources,

and we want to be invited  
at the table.

We ask for equity...  
Time.

...transparency, and fairness  
in this process.

Thank you.  
Thank you.

[ Cheers and applause ]

Mike five.

Good evening, everyone. How are you all doing this evening?

My name is Miguel Gallegos,  
and I am from here in Atlanta.

I'm HIV-positive,  
and I'm running

for Atlanta's City Council  
here in District 6.

Mr. Crowley, I don't know  
if you can see my face, sir,

but please take my face  
back with you

as an image to Washington, D.C.,

and urge our president,  
Mr. Obama,

to support needle exchange  
as an HIV strategy.

Brilliant.

Thank you.

Thank you.

[ Cheers and applause ]

Mike six.

Hi. I'm Rob Yeager.  
I'm from Minnesota.

I work with the State  
Health Department.

And as all of us here  
who work in HIV prevention,

we've all spent  
the past 8-plus years

being severely underfunded  
and overcensored

and not been getting the money

to reach the people  
we need to reach

or the freedom to say  
what we need to say.

And I've been hearing  
great terms,

like access and resources

and assistance from the CDC  
this week,

but haven't been hearing things  
like money, funding increase.

That would be nice.

[ Light laughter ]

There have been bad decisions that can be reversed.

There have been injustices  
that can be mended.

And I was very gratified to hear Doctor Fenton speak of one of them,

which is that it's time

for the CDC and state health departments and CBOs

to recognize  
that transgender people

are at high risk  
for HIV infection.

[ Cheers and applause ]

We need to stop playing  
the gender police.

We need to listen  
to the community

and start asking  
the right questions

and not expect that community  
to do their own epidemiology,

as I've been told by the CDC.

So --  
Time.

Thank you.  
Thank you.

We're coming back to mike one.

My name is Al Blue.

I'm a pastor of a local church in San Antonio, Texas,

and a Faith in Action  
HIV/AIDS coordinator.

My question is  
about budget efficiencies.

And since all the budgets  
are getting cut

and funding streams  
are being diminished,

is there something that CDC  
and SAMHSA and NIDA can do

to collaborate  
their budget efforts?

For example, SAMHSA does

a \$50 million  
Drug & Health Survey every year.

The Youth Risk Behavior Survey  
is done by the CDC.

And the Monitoring the Future Survey is done by NIDA.

Can we combine those resources into one national survey,  
save that money,

and get it back into the field  
to support infrastructure?

Thank you.  
[ Applause ]

Mike two.

Yeah, hello.  
My name is Richard Zaldivar.

I'm the executive director  
of The Wall Las Memorias Project in Los Angeles.

I'm also on the national board  
for the National Latino  
AIDS Network.

We built the only publicly funded AIDS monument  
in the country  
in Los Angeles.

That created a segue  
to the faith-based community.

We have done great work  
in the faith-based community,  
in the Roman Catholic, evangelical,

and the Protestant community  
in Los Angeles.

But I'm here to ask all of you for your support  
for continued funding  
and increased funding

for structural interventions,  
'cause faith-based  
is a way to provide access

to the people  
who can culturally relate

to their own community

in HIV.

So I ask you for consideration for faith bases  
as a structural intervention.

Thank you.

[ Applause ]  
Thank you. Mike three.

DENNIE: Good evening.

My name is Sheila Dennie  
from Nashville, Tennessee.

I work  
with African-American women

who are challenged  
by crack-cocaine addiction.

Lack of integration

of the Departments  
of Correction, HUD,

Labor, and Education

have sustained  
punitive responses

for many of our clients.

Policy efforts  
should be under way

to change the following  
to assist felons --

student-loan access,

public housing  
to live in again,

real, actual job  
and employment opportunities.

Positive changes in these areas

can impact public health  
and HIV/AIDS reduction.

Please pass this information

on to our beloved president, Barack Obama.

Thank you.  
[ Applause ]

Mike four.

Yes, my name  
is Carolyn Wester.

I'm a physician and public-health specialist,  
originally from Chicago,  
eight years living  
and working in Africa,  
and most recently  
from Tennessee.

My recommendation focuses  
on assisting individuals  
that are passing through  
the correctional facilities.

We recognize that 1 out of 7 individuals who are HIV-positive  
will pass through  
the correctional facilities,  
and over 95% of that flow annually will go through jails.

However,  
because of the high costs

associated with HIV care  
and treatment

and also because jails --

the healthcare costs to jail inmates are covered by counties

and typically contracted

out to for-profit  
medical-service providers,

we miss a huge opportunity  
to identify and link individuals

in these settings,  
as well as continue their care.

My recommendation is  
to ask the administration

to expand  
not only the funding

but the allocation  
of Ryan White resources

to individuals  
who are in jail settings.

These individuals are often eligible for these services  
before and after incarceration,  
so let's extend it to them  
during their relatively brief stay in jail.

Thank you.

[ Cheers and applause ]

Mike five.

My name is Sheldon Fields,  
and I'm a registered professional nurse  
and family nurse practitioner.

My concern is  
for the healthcare workforce.

And I make a plea that, as we develop our National Strategy,  
that we call  
upon the nursing community,

the largest percentage of those in the healthcare workforce,  
to assure that we train  
enough diverse nurses

who are dedicated  
to this work,

and we remove the unnecessary barriers and obstacles in place  
that do not allow  
advanced practice nurses,

especially those  
here in Georgia,

to practice HIV  
primary healthcare

to the fullest  
of their capacity.

This care cannot and will not only be delivered by physicians.

[ Cheers and applause ]  
Thank you, Sheldon.

Mike six.

Hi. My name is Carolyn Burr.

I'm a nurse practitioner

and an educator of healthcare providers from New Jersey,

and I've had the privilege

to work with women  
and children living with HIV

over the last 20 years.

And my concern is  
around prevention

of perinatal HIV transmission.

We've done a good job.

We've had the privilege

of having a biomedical intervention that works,

and we've dropped  
the numbers dramatically

over the last 15 years.

But I'm concerned  
that we not let our guard down

and that we continue  
to have the support

for reduction  
of perinatal transmission,

because I think elimination  
of perinatal transmission

is possible in the U.S.

if we make  
the healthcare system

welcoming to women  
who are living with HIV

and are supportive

of their reproductive choices

and assure that women  
know their HIV status

when they're thinking  
about getting pregnant.

CDC has a plan.  
Time.

Thank you.  
Thank you.

[ Cheers and applause ]

Mike one.

May God bless all.  
My name is James Franklin.

At the age of 7,  
I met this gentleman,

my mother's friend,  
where he had AIDS.

Within five minutes  
of meeting him,

he had died before my mother made it to the stop sign.

That's sad to say.

All through school,  
through college,

I have not remembered  
one course

where they actually spoke  
about the HIV virus.

At the age of 23, I met this gentleman named Mr. Terry Miles.

He presented me  
with an opportunity

to become the lead actor  
in this Atlanta-based film --

which I am an Atlanta native -- called "Baby J."

It is coming out.  
It is an HIV-positive movie.

And that is very sad to say -- through all my life,

that was the next time  
that I actually had a subject

presented to me about AIDS,

so I do speak for my young African-American culture,

young men,  
but not to be selfish --

I want to speak for all

because us, as people, should be educated about this subject.

I am very jealous

of these individuals  
that are on the stage

because I could have went  
to school

through college with honors, became a doctor,

and be teaching this  
to the world.

So I respect them for that.

Time. But thank you.

And still keep working  
on that school.

We'll be there for you,  
brother.

[ Applause ]  
Mike two.

Good evening.

My name is Anne Statton,  
and I'm the executive director

of the Pediatric AIDS  
Chicago Prevention Initiative.

I'd like to recognize  
positive people

and the fact that they have  
a right to pregnancy.

Please make sure  
that the National AIDS Strategy

includes consideration  
of HIV-positive people

as whole people

by mandatory discussions

about interconceptional  
and preconceptional care

for all men and women in care.

Positive people have the right to the children that they want,

and we need to make sure  
that they have the opportunity

to have that conversation with clinicians and case managers

at each and every visit.

Thank you.

Thank you.

[ Cheers and applause ]

Mike three.

WARNOCK: Good evening.

I am Raphael Warnock,  
chair of the Atlanta Affiliate

of the National Black  
Leadership Commission on AIDS

and senior pastor

of the Ebenezer Baptist Church here in Atlanta.

[ Applause ]

In October of 2007,

over 150 ministers,

along with members of the National Medical Association,

elected officials,  
and others

came together to address  
what I call

the unholy stigma  
of silence, shame --

the unholy trinity of silence,  
shame, and stigma --

as it aids and abets  
this disease.

We decided to support  
something called H.R. 1964.

That is a piece of legislation  
that was introduced

by Mr. Charles B. Rangel  
of New York.

And so, Mr. Crowley,  
as we discussed with you

at the White House  
on April 16th,

we simply urge  
that the administration

include H.R. 1964

in its effort to put together

a National Strategy  
for HIV/AIDS.

Among its strategies would include enhanced HIV/AIDS --

Time.

You can also go to our website, [nblca.org](http://nblca.org).

Thank you.  
And you can read  
the piece of legislation.

And please, when you're --

if you're not able to finish  
or complete your testimony,

please make sure that we  
still get that written copy

on the way out, please.

Mike four.

My name is Alexia Eslan.  
I live in Denver, Colorado.

And as the gentleman  
at mike one said,

I would also like to bring focus

on youth  
and on educating our youth.

I would like to see  
a national initiative

to include HIV/AIDS education  
in schools.

This includes public, private, and charter schools.

Add pediatric medical visits

and also encourage  
honest conversations

between parents and their children through media.

We can't teach our kids about history, literature, and science

without teaching  
about how to protect themselves.

Thank you.

Thank you.

[ Applause ]

Mike five.

Good evening.

My name is Mark Hubbard.

I live in Nashville, Tennessee,

and I've been living with  
the virus for over 23 years.

A couple of times a year,

I go out to the beautiful woods of Tennessee

to gather and retreat  
with people

who are  
from all over the country

and even outside of the country.

And the hosts of this event  
are happy to have me

bring hundreds of condoms, hundreds of packets of lube,  
and I do what I can.

But here's the thing --

if I wanted to bring culturally relevant materials or posters,

I'd have to get them from  
outside of the United States.

[ Laughs ]  
Thank you, Mark.

I've got a bit more.

So, the folks  
that are here all fall

within the risk categories  
we've been talking about today,

and the consequences is that  
those folks end up infected.

We need to remove  
the barriers...  
Time.

...for communities to create  
their own  
culturally relevant material.

Thank you. Mike six.  
[ Applause ]

My name is Doctor James Griffin,  
the Morehouse School of Medicine here in Atlanta, Georgia.

My question  
is probably about 15 seconds,

and that is, with the emphasis

on science-based  
and evidence-based interventions

for HIV prevention,

how is it and why is it

that we don't have the same level of emphasis

if not requirement

for science-based  
management approaches

from the federal to the state  
to the local level

in all of our programs?

Thank you.

[ Applause ]  
Mike one.

My name is Doctor Roula Sweis.

I'm a lead public-health  
advisor at SAMHSA,

and I'm also a member  
of the Arab-American community.

Middle Easterners  
and Arab-Americans

are often categorized as white

for government  
reporting purposes.

However, in my experience,  
the health-associated issues

of Middle Easterners  
and Arab-Americans

are distinct  
from the white populations

with which they're categorized.

The culture, ethnicity,  
and norms are very different

and result in real differences in help-seeking behavior.

It was devastating  
for me to hear

about a story in Detroit,

where a traditional Arab family

had locked up their son  
in the basement

after hearing

he was HIV-infected,  
and he died in that basement  
because he brought dishonor  
to the family.

Mr. Fenton spoke  
about an inclusive HIV-prevention strategy,  
and along these lines,

I would like to ask that CDC  
and the White House  
consider offering Middle Eastern or Arab-American  
as an identity category  
so that we can track  
this epidemic  
in the Arab-American  
and Middle Eastern communities.

Time.

[ Cheers and applause ]

Mike two.

CHACÓN: Thank you.

I'm Guillermo Chacón  
with Latino Commission on AIDS

and also a member

of the National Latino  
AIDS Action Network.

And thank you, Atlanta,

for hosting  
this HIV Prevention Conference

and to allow us  
to give some feedback.

Basically, it's important --  
a National AIDS Strategy.

I think it's crucial for us  
to develop that.

But immediately,

I would like to recommend

for the National Office  
as policy

to immediately  
put together a package

to help with funding  
those states

like California, Florida,  
Puerto Rico, and many others

that have been losing  
a lot of money,

a lot of funding right now.

And since the purpose  
is to reduce HIV incidence,

they need the funding right now

to go follow up  
those three areas.

And the other issue  
that I want to find out --

that I want to recommend --  
is don't forget rural and urban.

It's different needs.  
Both we need to be included.

Thank you.

Thank you.  
[ Applause ]

Mike three.

My name is Cecilia Chung.

I am an Asian transgender woman from San Francisco.

I am a face of AIDS,

but none of the community  
that I belong to

is part  
of the current priority.

And I'm here to speak  
for a group.

We represent individuals  
from the Asian-American,  
Native Hawaiian,  
and Pacific Islander community,  
and the Native American  
and Alaskan Native community,  
who are infected and/or affected by HIV and AIDS.

We are concerned  
about the increasing HIV rates  
in our communities  
at a time when we have seen  
a decrease  
in the number of organizations and programs  
providing our communities  
with culturally  
and linguistically competent  
prevention and care services.

Historically, we have seen  
other planning processes  
lump us into another category  
or, worse yet,  
completely leave us out,  
as if we do not exist.

Thus, we ask that,  
as you develop  
the National AIDS Strategy,

please start  
with a closed review  
of the available data...  
Time.

...and research that has been conducted in our communities.  
Time.

The U.S. --  
Thank you.

Thank you.

[ Applause ]

I'm just letting you know

that it's about 4 minutes or so after 8:00.

We have probably about 10 more minutes that we can run.

I'm coming to mike four,  
then five and six,

and if there are other Georgians that we need to get in,

I would like to do that --  
four, five, and six.

My name is Melva Florance,

and I am from Greensboro,  
North Carolina.

I am here  
because people like me

don't normally have  
the opportunity

to be in a venue like this,

so I'm very grateful.

I'm the executive director  
of The LaStraw.

We are a community-based nonprofit organization

focusing on issues perpetuating poverty in low-income areas.

HIV has become  
a priority for me.

Even though I'm negative,

I'm in the demographic that is disproportionately impacted.

We want the opportunity  
to speak for ourselves

because, nationally, people living in low-income areas

do not get a chance  
to present an image

of people who can do

for themselves.

I present my face to you  
to take back to D.C.

as a single black woman  
with no children --

no baby-daddy drama -- and there  
are plenty of us who exist.

We work hard to get  
the information that we need,

but it is difficult.

We didn't find out about how HIV is impacting the South  
until February of 2008,

so many of the issues  
that we have

cause people in Atlanta  
to be shocked -- oh, my God.

Time. Time.

So, I want to thank you  
for this opportunity,

and continue to help us.

Thank you. Mike five.  
[ Applause ]

My name is Jennie Trotter.

I'm the executive director  
and founder

of the Wholistic Stress Control Institute here in Atlanta.

And I want to say  
we are our own healers.

I'm gonna say it again.  
We are our own healers.

With that, I would like to see more prevention funding  
going into wellness strategies that help people stay healthy,  
well physically,  
mentally, spiritually.

And I would like to see more funding that includes strategies

that help increase  
the immune system,

such as tai chi, yoga,  
qigong, meditation.

I'd like to see  
nutrition classes

that teach people  
how to juice food,

how to eat raw food

that increase and build up  
the immune system.

That's one recommendation.

The second recommendation is,

because we work  
with juvenile institutions,

I'd like to see more  
funding across the nation

for systems  
at youth-detention centers

all across the nation --

HIV/AIDS education program,  
as well as testing.

Thank you.

Thank you. Mike six.  
[ Applause ]

I'm Kathy Baker.

I'm the executive director

of the AIDS Services Group  
in Charlottesville, Virginia.

I had worked  
in the earliest days

of the epidemic in Baltimore

in a number of academic  
and clinical settings

and have been in rural Virginia for a decade now.

My concern is about the barriers

that the delineations  
between our funders create

and the amount of bureaucracy and paperwork

that we have  
to jump through hoops to.

And for there to be  
an effective strategy,

there has to be  
less wastage of funding

in these kinds of bureaucratic burdens and barriers.

A client who goes to jail

shouldn't lose  
their retroviral therapy

because we can't pay for it under Ryan White

and the jail won't pay for it.

We shouldn't be stopped

from doing a SAMHSA intervention in a correctional institution

because of the demarcation  
between DOJ and SAMHSA.

Time.

And we should not be  
seeing funding

in a disparate matter for those who are in urban centers,

who have  
many sources of care...

Time.

...compared to those  
who are in rural,

who may be hours and hours  
away from care.

Time.

Telemedicine must happen in jails and rural communities.

Time. Time.

Thank you.

Everyone needs  
to be served.

Mike one.

[ Applause ]

My name is Nina Martinez.

I'm an alumna  
of Georgetown University

and a public-health student  
here at Emory.

My concern is that  
a sustainable HIV workforce

requires new leadership,

particularly among young people  
under the age of 30

and especially  
at national level.

To address this, we need  
an increase in positions

dedicated to HIV  
whether at the national level

it be through the Federal Career intern program,

through positions  
in the Public Health Service,

or through the Presidential Management Fellowship Program.

This concern also requires  
an environment of mentorship,

and that's a willingness  
of young people to learn

but older people to teach.

And let me tell you, we don't have a shortage of the former.

Everyone is responsible

when it comes  
to creating new leadership,

and a consequence  
of not addressing this concern

is that I will die before I'm counted in the AIDS response.

I know this change  
will have occurred

when I can go to Geneva  
and go to U.N. AIDS

and tell them about the impact  
of young people

at country level  
on national indicators.

I'm Nina Martinez.  
I'm HIV-positive.

I have been  
since I was a 6-week-old infant

by a blood transfusion  
in San Francisco.

Thank you.  
Time. Thank you.

[ Applause ]  
Mike two.

My name is  
Cheryl Courtney-Evans.

I am the founder and director  
of TILTT.

That's Transgender Individuals Living Their Truth.

I am an African-American transgender woman.

My relationship  
with the academic

is as a Ryan White  
Planning Council member

and trans advocate.

About my community --  
my community is invisible,

except in the most negative scenarios.

I see my concern

is that continued disregard  
and ignoring

of the trans community

will leave a hole in the dike  
of HIV/AIDS prevention.

Safe spaces for the trans community to gather

for self-support and testing  
is needed to solve this concern,

as well as comprehensive outreach prevention programs

and sensitivity training  
in clinics

so that transgender individuals  
not feel hesitant

about going, getting tested, or coming back for their results.

[ Applause ]

Time.

Thank you.

Mike three.

Hi. My name is Susan Zeigler.  
I'm from Chicago, Illinois.

And my concern is with regard  
to primary healthcare.

I believe  
that primary healthcare

is a right and not a privilege,

and if we can accept that  
as a country,

then everyone who's involved  
in HIV services can be served.

I think that we need to focus  
on sexually active men,

whether they are straight,  
gay -- however they identify.

There should be no reason why, for example,

my husband is told  
by his primary-care doctor,

"Why are you here?"

when I go to see my gynecologist and she says,

"Thanks for coming  
once a year."

I think this is really important

that sexually active men  
are treated

just like sexually active women

and expected to see  
their primary-care physicians --

this is assuming, of course, they can get one --

once a year.  
Time.

Thank you.

Thank you.  
[ Applause ]

I've got  
like four minutes remaining.

I really want to --  
if you don't mind,

I would like to make sure that the last four minutes are --

I know I see one Georgian.

I've got one more here and one more here and one more here.

Those four  
is what I have time for,

and I really apologize  
to the rest of you,

but please leave  
your written comments

in the baskets as you exit.

I'm gonna begin  
with Craig here.

I need mike two.

Mike two. Mike two.  
My name is Craig Washington.

I'm black, gay,  
was born that way.

I'm speaking from AID Atlanta.

First, we must decriminalize homelessness

in the state of Atlanta --

the city of Atlanta,  
the state of Georgia,

and throughout the country.

Eliminate laws that make  
living on the street illegal.

Instead, establish policies  
that ensure affordable housing

and fund homelessness-prevention services.

Make mental-health services  
a top priority

and a critical element

of the national AIDS plan  
and healthcare reform.

Decriminalize  
the sexual activity

of HIV-positive people  
engaging in consensual sex.

Prioritize the fiscal management and sustainability

of black, gay men's organizations,

and check the racism

that drives a disproportionate amount of people of color

in the prison system.

Thank you.

[ Cheers and applause ]

Thank you.

I'm here at --

I'm at a Georgian still?

All right.

Let's hear number three.

Mike three, please.

My name is Bob Holtz,

and I've been working with the RISE Project here in Atlanta,

and I've also been working  
with 16- to 26-year-olds.

And I have to tell you  
that they have this attitude

that because their parents  
will rescue them

from anything  
that they get involved with

that they feel that AIDS  
is curable.

And what I would like  
to suggest

is that we have  
an educational program.

They know  
about the cash for clunkers.

They know about  
every federal project going on.

We just simply need  
some kind of a message out there

that says if you don't  
take care of your health,

your health  
will take care of you.

Use a condom.

That's it.

Thank you. Thank you.

Before beginning,  
I'm coming to one,

and then I've got  
one more minute after that.

Good evening.

My name is the Reverend

Doctor Margaret Aymer,

and I'm associate professor  
of New Testament

at the Interdenominational Theological Center

here in Atlanta.

I'm also board president of AIDS Alliance for Faith and Health,

but here I'm speaking  
in my capacity as a professor.

Faith communities are central  
to many Southerners

and are both --  
and I find the clergy

are both undereducated  
and underfunded

in the prevention and care

and the fight  
for equality in this disease,

and I tip my hat to my colleague  
Brother Warnock for his work.

I am asking a way  
to solve this concern

is to issue challenge grants  
to schools of higher education,

particularly seminaries,

to create theologies  
and curricula

for their students,  
not for the community,

but for the pastors and rabbis and imams

that are going  
into the community.

This is a federal issue, a state issue, and a private issue.

It's also a challenge  
to the schools,

especially to big schools,  
like Emory, that have money.

A consequence of this  
is a primary location

of psycho, social,  
and spiritual support

becomes a place  
of obstruction to care,

and I will know  
this has changed

when all new clergy  
are HIV-literate.

Thank you.

[ Applause ]  
I've got it.

I've got one minute,

and I'm taking moderator's  
and chair

of the Ryan White Planning Council of Atlanta's privilege

to actually recognize the chair

of the comprehensive  
planning committee

for Fulton County HIV Services Planning Council

as the last voice.

Mike three.

NEUMAN: Evening.

Thank you all,

and please give us your written comments at the end.

I'm Janette Neuman,  
and I am a member

of the Ryan White Planning Council here in Atlanta.

I have two concerns.

One is  
the insufficient strategies

that support individuals  
living with HIV.

We prioritize funding  
in such a way

that we make sure that people have primary care,

but we have to make  
very difficult choices

in terms of not providing them with the level of support

and the kinds of support services that they need

to remain in care.

So we need to take  
a more holistic approach

and serve the entire individual

when we are trying  
to keep people well with HIV.

My second concern has to do

with insufficient  
prevention strategies

that address all of the factors

that increase risk for HIV.

And what I mean  
is social, cultural,

environmental, and economic.

We cannot reduce risks for HIV focusing only on behaviors.

My recommendation is

an increase in collaboration  
and coordination

between federal agencies,

being CDC, SAMHSA,  
HRSA especially,

and funding and implementation  
of comprehensive strategies

that address the whole person

and funding  
at sufficient levels.

Thank you.  
Thank you all.

I wish we had another hour  
and a half or so,  
but I need a break, anyway.

It's been a long day.

That's my time,  
and that's our time.

I would now like  
to turn the meeting

back over to director  
Jeffrey Crowley.

Didn't she do a good job?

I am totally impressed.  
Thank you very much.

[ Cheers and applause ]

I just have to say wow.  
This was really great.

You know, I was hoping  
and expecting to learn a lot,

but, first of all,  
you really did good

following instructions

and coming  
with concrete recommendations,

and I think  
that really helps us,

and you gave us a lot  
to think about.

So we really appreciate that.

I want to end by just saying

this really is  
just the beginning.

So, while we may go  
to other places,

and you may not see us

in person again,

as we have  
our other community discussions,

we do want you to follow along

and help us do  
this important work.

We mentioned our website,

[www.whitehouse.gov/onap](http://www.whitehouse.gov/onap).

We urge you  
to follow along there,

check in to what we're doing.

We mentioned  
this call to action

that we'll be announcing  
right after Labor Day,

where we'll give the public about 30 days

to submit  
online recommendations.

We urge you to do that.  
Tell other people to do that.

We'll be doing lots  
of other things as we go forward

to develop a strategy  
in the early part of next year.

We mentioned we're going to  
13 other communities after here.

Let me tell you  
where we're going.

We're going to Washington, D.C.

we're going to New York.

We're going to San Francisco,

Oakland,  
Columbia, South Carolina,

Los Angeles, Houston,

Albuquerque,

Jackson, Mississippi,

Fort Lauderdale,  
Minneapolis,

Puerto Rico,  
and the Virgin Islands.

So we're going lots of places.

All of these places will --

MAN: Philly!  
Come to Philly!

I already went  
to Philly, okay?

[ Laughter ]

You know,  
we have a big country.

There aren't enough days in the year for us to go every place.

I don't mean to be flippant,

but we tried hard  
by going 14 places,

but we also recognize

there are lots of communities  
we're not getting to.

But the sum of our work here can't be what we do.

It's what we all do.

Have your own community discussions, really.

Have them report  
your recommendations

through the website.

You know, I just want to close.

You know, we're joined  
on the stage by some people.

You may be wondering  
who they are

if you didn't have a chance  
to meet them yet.

This really is the team

at the Office  
of National AIDS Policy.

They're gonna be working with me to help develop the strategy.

So I just want to close  
by introducing them.

First, we have Adelle Simmons, who's our policy advisor...

James Albino, who's  
our senior program manager...

And Greg Millett, who's  
our senior policy advisor.

So, I wanted to make sure  
you know who they are,

and we look forward  
to working with you,

and thank you very much.

[ Cheers and applause ]

Before you leave,

I have a couple of very important things to say to you.

First of all,

I'd like to have a round  
of applause for our signer.

[ Cheers and applause ]

I don't know if you noticed.

I don't know  
that if you noticed,

but generally signers only work

about 15 or 20 minutes  
at a time.

She spent the entire two hours,

and it is so important that we get our messages to everyone.

Secondly, I want to invite you

to the Bowie State  
theater group.

They're going to be performing

immediately  
after this community meeting.

Through music, dance,  
and theater,

they're going to portray  
the impact of HIV

They performed earlier today  
and last night,

and I can guarantee you that you'll enjoy the performance.

And then, finally,  
when you leave,

don't ignore the quilts  
hanging on the wall.

Each panel represents a person

whose loved ones  
cared enough about them

to commemorate their life.

Thank you all.

[ Clock ticking ]

I know.  
I know.  
I know.

Every 9 1/2 minutes...  
Every 9 1/2 minutes...

...someone in the U.S.  
is infected with HIV.

My name is Laila Ali Conway,  
and I know.

I know  
that every 9 1/2 minutes,

someone in the U.S.  
is infected with HIV.

When we know more,  
we can do more.

To prevent the spread  
of HIV.

My name is Jody Watley,  
and I know.

My name is Kevin Phillips,  
and I know.

My name is Ellia English,  
and I know.

My name is Larenz Tate,  
and I know.

I know that getting tested  
is important.

My name is Beverly Johnson,

and I know that knowledge  
gives us the power

to prevent the spread of HIV.

To learn more  
about what you can do,

visit [www.actagainstaids.org](http://www.actagainstaids.org).