

National HIV Prevention Conference 2009
Wednesday August 26th, 2009 Closing Plenary Session

Our closing plenary now continues, and I'd like to

introduce my Co-Chair,
Beverly Watts Davis from SAMHSA

to introduce the next panel

who will be presenting
this morning.

[Applause]

We have truly had
a revival in here.

It has been so wonderful again

to be able to be here with you, to experience

all of, truly, the activism,
the passion, the commitment.

Because, again, this is
truly a new day.

It is truly my sincere pleasure to introduce our last panel

because these truly are
leaders and activists

in all senses of the word.

We have a distinguished panel,
and as I call their names,

I would like them to please
come to the stage.

I'm going to
introduce them to you,

and then they're going to actually come up

and give about five to seven minutes of their reactions

to Congresswoman Waters's presentation.

First, Ms. Julie Davids.

She is a stranger, of course,
to no one.

She is the founding Director
of Community HIV/AIDS
Mobilization Project, or CHAMP,
a national,
nonprofit organization
that is building
a next-generation
HIV/AIDS movement
to bridge HIV/AIDS.

And let me repeat,
it is about a movement.

She is focusing on human rights
and struggles

for social, racial,
and economic justice.

She's a 15-year member
of ACT UP Philadelphia

and the founding member
and former community organizer

with Health GAP, which has
successfully organized efforts

to change U.S. trade

and pharmaceutical
industry policies

that have blocked access
to low-cost medication

for people with HIV
in poor nations.

Next, I want to bring up
Mr. Paul Kawata.

Paul has served as
the Executive Director

of the National Minority
AIDS Council --

Welcome, Paul -- since 1989.

He has worked
to build leadership

in communities of color
to address the challenges

of HIV/AIDS
and, under his guidance,

NMAC has become a powerful --
repeat, powerful --

and persistent and consistent
voice in Washington, D.C.

for over 3,000 HIV/AIDS
organizations nationwide.

Next, I want to bring
to the stage Ms. Julie Scofield.

Julie joined

the National Alliance of State and Territorial AIDS Directors,

NASTAD, as the first
Executive Director in 1993.

Under her leadership, NASTAD
has grown from a staff of one

to a highly respected
national HIV/AIDS organization

with over 30 full-time employees

and major programs in the areas
of HIV/AIDS care and treatment,

racial and ethnic health disparities, viral hepatitis,

government relations, and global
HIV/AIDS technical assistance.

And last,
but certainly not least,

one of my heroes,
Mr. Phil Wilson.

Phil is the founder
and Executive Director

at the Black AIDS Institute,

a training
and mobilization center

whose mission is to stop
the AIDS pandemic

in the black communities
by engaging and mobilizing

black institutions
and individuals

in efforts to combat HIV/AIDS.

Prior to being over
at the Black AIDS Institute,

Phil served as
the AIDS Coordinator

for the City of Los Angeles

and the Director of
Policy and Planning,

and was an appointee to the HRSA
AIDS Advisory Committee.

He cofounded

the National Black Lesbian & Gay
Leadership Forum

and the National Task Force
on AIDS Prevention.

So, again, as I mentioned,
each will have 5 to 7 minutes.

We have a powerhouse panel.

So we're going to be starting
with Julie.

Julie, to the stage.

[Cheering]

Dauids: Thanks so much.

I would just like
to set the record straight,

which is I don't Twitter,

but I will be reading
my remarks from my laptop.

So thank you so much
for the opportunity

and everything that

has happened this week

and all the time that
you have spent being here,

putting our heads together
about what to do.

I'd like to start with some
reflections on where we've come

in the HIV Prevention Justice
movement, that's very tied in

with the history
of these conferences.

In 2003, at the National
HIV Prevention Conference,

was when CHAMP was just starting
and we came together

with other organizations for
the Prevention Action Network

and had a town meeting
that many of you were at,

with about 500 people
on 24 hours' notice

to express our concerns

about the Advancing
HIV Prevention program

that was just about to launch.

That was also the pivotal
meeting where I had lunch

with Walt Senterfitt, who agreed to join the CHAMP Board,

so a shout-out to Walt.

By 2005, we came back
and we came, as CHAMP,

to the press conferences
and asked the pivotal question

that remains very real today --
exactly how many

African American women would
have to be engaged in SISTA

to make an impact in incidence rates in the epidemic?

You know, really looking at, given the profile

of programs we have at CDC, right now,

what is even the chance of it going to scale?

And notably, no one in the panel answered the question.

And that was in 2005, when CDC announced that

more than a million people were living with HIV in this country.

In 2007 -- how many of you, last year, were here and part of

the Prevention Justice Mobilization?

We had a vibrant march

about putting the puzzle pieces together

for combination and complex HIV prevention needed

to address the social drivers of the epidemic,

as well as having more standard prevention interventions,

but we were asking, where's the incidence?

We knew that CDC had incidence figures, remember?

But they weren't coming out yet. Well, now, we know.

We got the "wake-up call" that it's not 40,000 people a year,

but 53,600 or so a year that are getting infected.

And, now, we're back.

We're back, and, according to
Secretary Sebelius,

Health and Human Services
is back,

so we're all back here together.

[Applause]

Having opened the conference
with a panel

of people living with HIV
and having, perhaps,

a pivotal experience last night,
with the opening town meeting

for the National
HIV/AIDS Strategy

really giving the feeling that
the road may not be easy,

but we're finally on the road,

rather than either going offroad
or in the wrong direction.

So now what?

I just wanted to share
some quick comments

on what I see as the cycle
of five steps we need

for HIV Prevention Justice --
vision, strategic planning,

funding, implementation,
and monitoring and evaluation.

So how many people here
have read the red booklet

that was in your packet,
from CDC?

You read it? But you wrote it.
That doesn't count. Okay.

I want you guys
to read this booklet.

You know CHAMP and the PJA
were kind of critical.

We kind of like it, okay?

Part of why this is
in the vision category is that,

finally, it looks like CDC

is outlining
doing their own analysis.

Not just having
isolated Fact Sheets,

but putting it together
to make a strong case for

"We can do it
and it needs to be done."

HIV prevention can work,
but we need to do some things.

We need to make
some tough choices.

Please look at it --
there are some charts

I think you're going to
really find useful

in educating your communities
to explain

the details of incidence
and who is really being

the most affected
in the epidemic

and some directions
about where we need to go.

It's like the placards
of Congressperson Waters

that makes it plain --
we need to make it plain.

We have the vision of making
HIV prevention a priority.

We need more analysis,

though, for this vision.

Next week, there's going to be
about 1,088 new HIV infections.

Who are they?
Where are they coming from?

What's happening
to people this week

that's going to impact
who has HIV in 10 to 15 years?

Together,
we can do this analysis

and make a compelling case
for the entire nation

of why HIV prevention
is important.

Part of the vision is to say,
yes, HHS is back.

We're doing
some more things now,

but we have to do the baseline
that's been underattended,

and not kind of make
too much of it

because there's a lot
of other places we have to go.

In her stirring speech,
Secretary Sebelius

said that --
spoke about the prevalence

of African Americans
in the epidemic,

accounting for nearly half
of new HIV infections.

And that "In 2005, CDC reported
that, in five major cities,

almost half of African American
gay men were HIV-positive"

and "The situation's also dire

for Latinos."

She went on to say,
"Think about that.

"Imagine if it were half
the straight white women

"in Atlanta.

"Wouldn't we be calling this
a national emergency?

Shouldn't we be? That's how we
at HHS are treating it."

This is a visionary analysis,
it's racial justice,

it's getting
where we need to go.

So how is HHS treating it?
She went on to say --

"we're experimenting
with new, innovative ways

"to reach these groups -- from
a new online banner campaign

"that targets gay
African American men

"to partnering with groups like

the Black Women's
HIV/AIDS Network."

I have trouble reconciling
both sides of these statements.

We're all into the Internet,
banner ads are cool,

but banner ads?

This a baseline.
This is where we start.

This is where we should have been for years.

We need to build from there.

The radical vision
of what would we do if

half of the straight white women
in Atlanta were infected

needs to be matched
with a vision

of equally compelling drastic
changes of what we need to do.

[Applause]

So that's why we need
a strategic plan.

We need to choose
the methodology

in the strategic plan,

but how are we going to
get at the social drivers?

We all talk about
the root causes of HIV/AIDS.

Which ones can we do
something about?

Which ones can CDC
lead the vision on

and work with other government
and private partners

to make a difference?

The HIV PJA is looking at three
major drivers, we think,

that will prioritize everyone
and we can move forward on them.

Imprisonment, housing,

and the early-in-life
marginalization

and stigmatization
of LGBT people.

[Applause]

In our strategic planning,
we need to involve all of us

in conceptualizing
what needs to be done,

get the wisdom from the states,
have real and community
involvement.

And remember, we've got
two strategic planning processes

coming in the next few
short months --

Division of HIV/AIDS
Prevention here

and the National
HIV/AIDS Strategy.

So next comes funding.

A couple times, we heard today,
we're going to have a great

National HIV/AIDS Strategy,
it's going to be so inspiring

that everyone's going to want
to fund HIV prevention.

Well, hopefully, but we
have to start fighting now

for preserving what we have
in HIV prevention,

not lose what we have.

We need everyone to go home
and make the case

for not losing what we built up.

CDC has a Professional
Judgment Budget

that says what needs to be done.

I think there needs to be
even more,

but it creates a compelling case
for why we can't lose

what we have
and need to do even more

and we need to have a prevention

real-world budget

that's for what our entire
country needs to do.

It can't all be done
by HIV/AIDS.

When you look at how
the Department of Justice needs

to allocate resources --
what's happening at HUD,

what needs to happen --
how does the whole country

fight together
for HIV prevention.

That brings us
to implementation.

Neither us nor CDC
can do all the work.

We don't run the prisons,
for example.

But we can have the vision

and we can push for things
to move ahead and we can compel

other government and private
partners to come forward.

We also need to recognize
that those of us

who want to see things
move forward

have to have a little compassion
for our colleagues at DHAP.

You know, CDC doesn't
generally work a lot

with community groups.

It's really unique, what's built
up in HIV/AIDS, the degree

to which our community groups
are integrated into the plans,

into the programs,
and are getting funded.

So we need to help them
be best able to explain

to their colleagues and explain
to the rest of the government

why we are so important and make
sure that we stay involved.

And, finally,
for implementation,

we really do need to look
at the major inequities.

There was a very compelling
workshop this morning

that looked at
where the money goes

and where the money's
coming from.

And I'm not going to hazard
to explain it all

in this very short time,

but there are some very
basic inequities going on,

particularly with gay men,
bisexual men,

other men that
have sex with men,

who have been at the core
of the epidemic

but not getting a proportionate
share of the resources.

It's much more complicated.

We got to get
into the complexities,

but we have to recognize
decades of inequity

that has helped not just have

an escalation of the epidemic
in these communities,

but actually fuel the epidemic
across all communities,

not just
men that have sex with men.

[Applause]

Finally, we need to recognize
that we all have to be

shovel-ready
or get shoved aside.

We are the worker bees
of the HIV/AIDS movement

and need to remain so,
but we need to demand

that we have the tools
and support for retraining

and bringing us
into a new vision

of comprehensive HIV prevention
that attacks the root causes

of the epidemic, that creates
complex interventions

that bridge biomedical
and behavioral prevention,

that bridges out into other
sectors of the government

and other sectors
of civil society

to be where we need to be,
to maybe even have programs

where people are protected
from HIV

without even having to do
anything -- that's my dream.

So how are we going to demand

the support we need
to retool and retrain?

We shouldn't have to fight
for our jobs,

even as we're fighting
for the lives

of the people
in our communities.

We must push forward
a compelling vision

in the transformation
of HIV prevention

we have had tantalizing hints of
over the last few days

that will unite and utilize
all of us

in the struggle for
HIV Prevention Justice

and thus end the epidemic --
thank you.

[Cheering and applause]

[Laughter]

Dauids: I think you talk
in the big mics.

Kawata: No, we have
these little mics.

We're supposed to be able
to talk in these.

Oh! Mine isn't high enough.
Sorry, folks.

So, listen -- when they told us

that we were following
Maxine Waters,

I thought to myself,
oh, we're in serious trouble.

How do you follow Maxine Waters
and will people stay?

Julie and I actually had a bet.

I thought maybe 50 people
would stay --

she thought
300 people would stay.

I want you to look
around this room, for a second,

at how many people
are still here.

[Cheering and applause]

And I just want to ask
each and every one of you,

what's wrong with you?

You're still here and I think
that's extraordinary.

And thank you so much
for staying,

because we're the people who
are going to stop this epidemic.

We're the people
who have to hang on.

We're the people, because
we're here to the bitter end,

who are going to fight
to the bitter end.

And that's important.

They asked us to do
an overview of the conference.

How many were here
two years ago?

If you were here two years ago,
can you raise your hand?

Okay, so let's be honest.

Two years ago,
not a great meeting.

Sorry, Bob.

[Laughter]

This year, we had someone
from the White House.

This year,
we had the head of HHS.

This year, we had
a Congresswoman from California.

This year,
we were extraordinary.

[Applause]

And what is the difference

between two years ago
and this year?

An election, yes!

[Applause]

Now, this isn't to say that --

well, never mind,
I'm not going to say that.

I want you to feel
the difference.

I want you
to feel the difference

in this conference;
I want you to feel

the difference in how
you're looking at this epidemic;

I want you
to feel the difference

in the workshops
that you attended.

I mean, I talked
to federal employees,

and, for the first time,
federal employees are smiling.

They used to never smile.

[Applause]

I talked to the leadership

and the leadership has a vision
of how they can stop
this epidemic.

I mean,
really stop this epidemic.

We haven't had that vision
in the last eight years.

This is an extraordinary moment
in the history of our epidemic,

and I hope that we each take
the time to capture that spirit

and to capture that moment,
because we don't know

what's going to happen
in the future.

So we have four years, folks.

We have four years
to change the systems

so that we can never go back.

We have four years
to ask the tough questions

and to say the words
that we could never say

in the previous administration:
"condom, condom, condom."

We can say this word.

You know, you may not remember,
but there was a moment

when CDC had to pull the word
"condom" off their web page.

There was a moment when CDC
had to have

every federal speaker's
slides and presentations

reviewed by HHS.

There was a moment when we
never saw the Secretary of HHS;

when we never saw
the White House.

And as a result, we couldn't
fight the epidemics

with all the tools we had.

It was like fighting with one
hand tied behind your back.

You couldn't talk about this,
you couldn't talk about this,

you couldn't talk
about this.

I have federal people
telling me,

"I support needle exchange
and I am public about it!"

Extraordinary stuff.

And this is the moment, folks.

If there was ever a time
when I was asking

each and every one of you
to step to the plate,

this is that moment.

And so I want to give
a shout-out

to a couple of populations
that I think

are going to be important
in the future of this epidemic.

I want to give a shout-out
to the trans community.

If you work with
the trans community

or if you are part
of the trans community,

clap your hands, because this is
your moment, baby!

This is your moment.
It truly is.

You know, the epidemic
and what it looks like

in the trans community
is unconscionable.

And we, as a community,
have a responsibility

to stand up
for the trans community

and to say we're with you
and we will fight with you.

I was -- a couple weeks ago,
a couple months ago,

I got to go to the White House

for the 40th anniversary
of Stonewall.

Now, the White House was trying
really hard at this party.

So we come in and -- now,
I've been to the White House

a couple of times, but they had
a deejay in the main corridor

of the White House,
playing house music.

[Laughter]

This is a White House
that is trying -- house music.

And so I want to stand up,
as a gay man,

to say to all of you here,
if you're fighting

for gay men, if you're
fighting for lesbians,

if you're fighting for trans,
if you're fighting

for LGBT people, raise your
hands and say, "Yes, I'm here!"

Attendees: Yes, I'm here!

Kawata: You know,
we couldn't say that.

We couldn't talk about the fact
that it is important

to support and to fight
for the LGBT community.

It is important for us
to stand up

and be proud of who we are,
you know?

I watch it sometimes and I
was standing in the hallway

of that meeting
and Michelle Obama walked by.

And you know that every queen
in the room was going,

"Ooh, what is she wearing?"

[Laughter]

And you also know that she knew
that every queen in the room

was going -- I'd better wear
the right thing.

And as I reached my hand out
to shake her hand,

I almost started crying.

It's been such a long time
since someone said to me,

from the White House, that you
are okay just the way you are.

[Applause]

And I guess that's the message

that we have to give
to everyone.

We particularly, though, have to
give it to black gay men.

We particularly have to
give it to young, black gay men.

They are our future.

[Applause]

You know, I want to continue
a couple shout-outs

because there are just a couple
of people in this room

who I've been talking to
over the last couple of days

who've said to me,
remember who we are.

And so I know Suki's
somewhere in here,

but Suki would kill me
if I didn't say "Other."

Oh, she is here!

[Laughs]

Suki would kill me if I didn't
say that we need to shout out

to Native Americans
and Asian Pacific Islanders.

[Cheering and applause]

That our struggle is
as critical and as important

and that we ask from the stage
not to be called "Other,"

that we ask from the stage
to have our faces present,

and that we ask from the stage

to be full and equal partners
in the fight against AIDS.

[Applause]

And, finally, finally,
Puerto Rico.

Who's here from Puerto Rico?

Attendees: Yay!

[Applause]

Kawata: You know,
I always got to call out

my friends in Puerto Rico
because they have a challenge

unlike any of us in the rest
of the United States.

They have a challenge
of a Medicaid cap

that severely limits
their capacity

to provide services and care for
people with AIDS in the island.

And so to all the people
who are here on the island,

I shout out to you
and to all the important work

that you are doing,
so thank you so much.

[Applause]

Am I going too long?
Okay.

I'm going too long.
Sorry, sorry.

"Yeah, you're going too long,
Paul; sit down!"

So I'm going to close.

And I'm going to close
with this -- where's Bob?

I want to say to Bob Kohmescher,

I look forward for us
coming back in two years.

I look forward for us

coming back and reporting
on our successes.

Reporting on the fact that
we've started to talk

and that we've started

to stop the virus
in the trans community.

That we've stopped it
in young, black gay men,

that we've stopped it in
the women's community,

that we've stopped it
in the gay community.

That we can come back here

and not just hope, but show,
the results of our hard work.

So thank you all for being here.
We really appreciate it.

I had to tell him
it was time to stop

because, you know,
I knew I was next

and that's such a difficult
and hard act to follow.

But it's one
of the beautiful things

about working in our movement
as we work

with such passionate people
that it makes

coming to work every day
such a joy.

And it also is another
opportunity to recognize

the value and the diversity
that we bring to this movement.

And I also have to say a special
thanks to Paul Kawata

because he took me as his date

to that reception
in the White House.

[Applause]

And, believe me, we were
the odd couple in the place.

So I also want to recognize
and thank Maxine Waters

for her amazing and long-term
support for our movement.

That was extraordinary.

[Applause]

And, as I'm here to give some
of my reflections, you know,

I wanted to focus on one aspect
of the conference

and to bring us back
to the theme

of this year's conference,

"Innovation and Action
to End the Epidemic."

Now, we have learned a great deal about innovation

and I think these sessions are
a demonstration

of how much amazing work
is going on out there.

The science base is solid,
it is evolving,

and great work is being done
to expand our knowledge base.

And as Marjorie Hill
made us all proclaim yesterday,

"prevention works,"
and we know that.

What about the action?

So in my few minutes,
I want to focus on a request

for every single participant
here in this room.

And it is a fabulous
and huge room,

but I'm going to give you
the homework.

I want each and every
participant,

over the next days and weeks,
to take action

on a few very top-priority
issues as soon as possible.

That's right --
all of us, in this room,

are going to have an opportunity
to tap our inner lobbyist

and do the work that we know
that needs to be done

to move our movement forward.

So the first thing I want
to say -- and I have not heard

nearly enough about this
at this conference --

the U.S. public health system
is in trouble.

Our ability to respond
to this epidemic relies

on federal, state, and local

governmental
public health partners.

State and local public health
is in crisis

and this crisis includes over
\$100 million in budget cuts

in HIV/AIDS programs so far,
and that number is on the rise;

and a workforce crisis

that challenges our ability
and capacity to get things done.

There are hundreds
of vacant positions

in public health departments,

and how many state and local
public health officials

in this room have furloughs

and aren't allowed to go to work
several days a month?

We know you're there.

There is no better example

than what has recently happened
in the state of California.

Where all that is left
for HIV prevention

is \$9 million in federal
funding for HIV prevention.

What is gone is 3 times
that amount, \$32.9 million

in state general revenue funds
that were for HIV prevention.

Overall, we know
that federal funding is

only a little more than half
of all the prevention resources

that are available
for our national response.

The state and local resources
are clearly in jeopardy.

And the first assignment
for everyone in the room is

to go home and make advocacy
in your own backyard,

in your own state,
and in your own city a priority,

to fight to keep and increase
the resources

at the state and local level.

[Applause]

Secondly, we can have
all the evidence-based

prevention interventions
in the world, but if we

can't bring them to scale,
we will not be successful.

We must advocate for the real
needs of our programs.

Two years ago, NASTAD's
prevention policy agenda

called for a doubling of CDC's
HIV prevention budget.

Within the year, CDC's own
Professional Judgment Budget

called for an increase of
\$878 million for HIV prevention.

We all may think, oh,
that's never going to happen,

but let me remind us all:
experience earlier this year

with the stimulus bill,
with Cash for Clunkers,

with war funds for Afghanistan,
experience suggests

that money can be found
when the national will is there.

And our challenge is
to find the champions

in the Obama Administration
and on Capitol Hill

who will fight to the finish
for our programs.

Right now, we are facing
a very big difference

in what is proposed
in the House and Senate

for the fiscal year 2010
appropriation

for HIV prevention.

There's \$20 million more
in the House bill

than in the Senate bill,
and so my second

homework assignment and request
for each and every one of you is

to go home and contact
your legislators

and call for the passage
of an appropriations bill

that provides every penny
for HIV prevention that

was proposed by President Obama
in his budget initiative.

[Applause]

Third -- and I only have five.

Third, we've heard messages
of support at this conference

for continuation of
the Ryan White Program,

which is in danger of sunseting
on September 30th of this year,

just five weeks away.

While we've heard words
of support,

we have yet to see
any signs of action

from this Administration
and this Congress.

We must reach out
to our Governors,

to our health departments, to
our Congressional delegations,

to keep the pressure on.

Let's honor
Senator Kennedy's legacy

and call for the extension
of the Ryan White Program

for the next three years,

before September 30th
of this year.

Fourth,

the message regarding the need to stand up for health reform

has come across loud and clear
at this conference,

however, what is getting lost
in the discussion

is a focus of
the prevention provisions

of the House and Senate bills.

In addition
to desperately needing

to expand
health insurance coverage

to low-income people with HIV
across the country

and assure coverage
for important

clinical prevention services
like HIV testing,

we need to make sure that
the final health reform bill

signed into law
by President Obama

includes a dedicated
funding stream

for a public health prevention
and wellness investment fund.

[Applause]

There are provisions in both
the House and Senate bills

that would assure billions
of dollars

for public health programs
for CDC,

for state and local governmental public health infrastructure,

for community-based prevention.

Very few voices are speaking out
in support of these provisions,

and I request that
every one of you add this

to your messaging
around health reform.

The best way to assure
that we can ever attain

the CDC Professional Judgment Budget for HIV Prevention

is to keep those provisions

in the final
health reform legislation.

Finally, a perspective I know
is shared by many in the room --

we expect and request that CDC
be the national voice

of HIV prevention
here in the United States,

and speak loudly and clearly
about what is known,

both about the epidemic
and about what is likely to be

most effective in reducing
new infections here at home.

Now, what does that mean to me?

It means fighting
to lift the ban

on federal funding
for needle exchange programs --

[Cheering and applause]

and working
within the government.

We need to hear
a strong signal of support

from the Obama Administration
for lifting the ban

and extending the reach
of these programs.

It means addressing stigma
and discrimination,

wherever and whenever it occurs.

It means figuring out how
to adequately fund and target

our response,
based on both race and risk.

We are not doing enough
to reach black gay men.

We are not doing enough to
reach Latino gay men.

We are not doing enough
to reach white gay men.

We are not doing enough to meet
Asian, Pacific Island,

Alaska Native,
and Native American gay men.

I think you catch my drift.

I don't think we can end
the epidemic in this country

until we value and fight
for the lives of all gay men,

and I ask you to join me
in that fight.

[Applause]

And then my last request
for CDC is

to truly value our partnership

and all of our respective roles
and responsibilities

in joining the fight to end
the epidemic here at home.

It cannot be accomplished

without state and local
governmental public health.

Their funding,
their accountability,

their integration, their
innovation, all of these things

largely occur at the state
and local level.

It cannot be done without our national HIV/AIDS organizations,

researchers,
community-based organizations,

and the very clear
and constant voices

of people living with HIV
across the country.

It is my hope that,
in this new era,

CDC will unify us,
not divide us.

That they will help us
collaborate

and bring a new level
of transparency

to HIV prevention here
in the United States.

Thank you very much.

Wilson: Good morning.

I want to thank the CDC
for inviting me

to spend a few minutes
with all of you this morning.

I have a BlackBerry, as many
of you have, and this morning,

it just started to ring and ring
and ring and ring and ring.

And when I finally looked at it,
it was ringing because of

the news of
Senator Kennedy's death.

I can't imagine the U.S. Senate
without Senator Kennedy.

I'm not sure if I want
the U.S. Senate

without Senator Edward Kennedy.

And this morning, you know,
I think that,

among all the other motivations
we might have to fight,

this man fought for us;
he gave his life for us.

We owe it to him
to step up to the plate

and to make sure
we get the job done.

[Applause]

I am always humbled to be
in the company

of Congresswoman Maxine Waters.

It is not hyperbole to say
that everything that I am,

as an activist, I owe
to my mentor and my friend

Congresswoman Maxine Waters.

[Applause]

Twenty-plus years -- I won't

talk about her age or my age,

but twenty-plus years,
when I was a baby activist,

I approached her.

She was already famous
and a big deal

and I approached her
and I was a nobody

and I approached her and I said,
I need you to come

to a conference talking
about black gays and lesbians.

And she turned around
and she looked me in the eye

and she said,

"When is it and where is it?
And I'll be there."

And she was.

[Applause]

And she has guided me
every step of the way

and pulled my coattail
and kicked my butt

on more than a few occasions,
as only she can do.

And I want to thank her
for all she does for us

and I think that she really hit
the nail on the head

when she reminded us that AIDS
does not happen in a vacuum.

The fight that we have to do,
if we are going to succeed,

has to happen in a context --

and the fight
for healthcare reform

is not a distraction for us,
it's not a diversion for us,

it's central to the work
that we need to do.

[Applause]

You know,
this conference has been

an amazing experience for me.

I kind of parachuted in
after being on vacation

for the first time
in a long time, and people

who know me well are very, very glad that I was away.

So part of this week,
I have been a little distracted,

but the conference
is very different.

I was having lunch with someone
the other day and she says,

"You know, it's been a few years
since I've been

"to this conference,
and you know something?

There are so many
black people here."

And I thought, yes,
that is one of the differences

and, obviously, that's clearly
a difference that I would notice

and it is great
that there are so many of us

and this conference
is so much more diverse

than it has ever been.

And not just as guests --
that we are here

and the diversity

of this movement is here,
not just as guests,
but as the people
who are organizing and running
and speaking from the stage,
and we should be proud of that.

[Applause]

There is a sense of optimism
and I've been talking

about how optimistic
I am and have been,

and folks who know me have been,
like, opening their eyes

and shocked and saying,
you've got to be kidding me.

Because, of course,
I'm that guy in "Peanuts"

that has the cloud
above his head,

I'm the doom and gloom guy,
but I feel that optimism.

But I also wonder
about that optimism,

because part of that feeling
of optimism, in some ways,

is cognitive dissonance.

You know, I was thrilled
on election night

and when we prepared the budget
at the Black AIDS Institute

for 2009,
we had to cut the budget.

I was crying at the Inauguration
and, in January,

my senior staff
had to take a 10% pay cut.

And we are full of optimism

this week,

and I guarantee you
people die this week from AIDS.

And in California,
it is imploding as we speak.

And so we need to be careful
that we're not delusional,

you know, in our optimism.

I embrace that optimism,

but, even in the face of hope,
people continue to die.

People continue to suffer
from this disease

and we need to be clear
about what we need to do.

The need for advocacy is greater
now than it has ever been,

and we have a responsibility
and an obligation to do our job.

Let's not get it twisted;
let's not get it twisted.

You know, as a gay man,
you know, you would understand

that sometimes I see the world
through interesting eyes,

and, for some reason,
"The Wizard of Oz"

keeps running through my mind
these days.

And that's kind of the way
I see the AIDS world these days.

Like, I see, since the election,
kind of, the scene

where Dorothy's house
plops down in Oz

and before that, in the movie,

you know how

it's black and white

and then she opens the door
and it's color?

And I feel like,
on Election Day,

we opened the door
and it was color, you know?

And we could sing,
"Ding dong, the witch is dead."

[Laughter and applause]

But, as Dorothy found out,
there was another witch

and Oz wasn't all it was
cracked up to be, you know?

And there was dangers
along the way.

And we are talking about
a National AIDS Strategy,

as we should be, and I'm
kind of amazed, you know,

at how people are buying in
to the notion of

a National AIDS Strategy, but we
need to be smart about that

and there are some lessons
from "The Wizard of Oz,"

as we talk about that
National AIDS Strategy

and the components
that we need to bring to it.

You know, we need to make sure
that we have courage

because these are dangerous
and treacherous times

and if we think the opposition
is just going to go away,

we are delusional.

So we need to make sure,
as we work

on a National AIDS Strategy,
that we have courage,

that we, like the Cowardly Lion,
we look for that courage

and we take that courage with us
and we stand up.

We also need to make sure
that we're smart, you know?

And, like the Scarecrow,
we need to make sure

that we have a brain
that we bring to this.

And, you know, we are passionate
about these things,

but we need to be thoughtful,
you know?

Passion is not going to
get the job done.

[Applause]

We're going to need
to be specific;

we're going to
need to be explicit;

we're going to need to propose
things that can be done

and talk about
how they can be done;

and we're going to need
to police ourselves

to make sure that we don't use
this critical time

to just exorcise our pain.

[Applause]

And we need to have heart.

You know, this whole process,

we can't lose our heart,
you know?

And every single day, you know,
the AIDS movement turns

more and more and more into
AIDS Inc. and we need to be

careful and suspicious
and cautious of that.

We need to be reminded,
every single day,

that this is, in fact,
about people's lives.

Yesterday, I was having
a conversation with someone

that says, you know,
"AIDS is prime for pimping"

and we need to watch out
for that because there are

structures and there are systems
in place that make that happen,

and we need to be ever-vigilant

and we need to bring our heart
into every room where we go.

And, finally, when we talk about
"The Wizard of Oz," you know,

and we talked about optimism,

I'm also reminded of the scene
of the poppy seed.

Now, if you remember
the poppy field, you know,

and how we can believe that
things are better than they are.

But, you know, whether there is
a friend or a foe

in the White House,
we still have to do our job.

Whether the Congress is

on our side or not,
we still have to be advocates.
I would submit to you that
our friends in the White House
and our friends in the Congress
need us now
more than ever before.

Over the last eight years,
some of us didn't stand up
because we didn't believe
we could.

Now, I'm fearful
that we won't stand up
because we don't believe
we need to.

[Applause]

And I am here to tell you
that we do.

Audre Lord said that
"When we speak we are afraid

"our words will not be heard
nor welcomed

but when we are silent" --

"when we are silent,
we are still afraid.

"So it is better to speak

remembering we were never
meant to survive."

The day will come
when this epidemic will be over.

And when it does,

it's important for them to know
that we were not all monsters,

that we were not all cowards,

that some of us dared to care
in the face of it,

some of us dared to fight
because of it,

and some of us dared to love
in spite of it.

Because it is in the caring
and fighting and the loving

that we live forever --
thank you.

Watts Davis: We would truly
like to thank this panel,

because, truly,
the message is very simple,

that has come from this.

Congresswoman Waters,
thank you for the inspiration,

and to this panel,
who has clearly let us know

that now is the time,
this is the place of reckoning,

and we are the ones.

So with that very simple,
go back to the communities

with full passion and action
and stamina and persistence

to make the change
that we need to make.

And I want to bring out
to the stage

the other conference Co-Chair,
Rich Wolitski.

We have a special presentation.

Thank you, Beverly.

So this is a bittersweet
responsibility

to help bring the conference
to a close.

It's been an amazing conference
this week; we've all been --

[Applause]

We've all been incredibly busy;
we've had incredibly full days;

but I think this has been
a meeting that has stimulated

many good discussions,
has created many new networks,

and, hopefully,
a few new friends.

So we want to do something
a little different today

in closing the conference.

This year marks the 20th year

that Paul Kawata has served
as Executive Director

of the National Minority
AIDS Council,

making him the longest-serving
HIV/AIDS Director

in the United States.

[Cheering and applause]

During his tenure,
Paul has led NMAC

in many of the most significant
legislative achievements

in the fight against HIV.

These include

the passage and renewal
of the Ryan White Care Act;

the Housing Opportunities
for People with AIDS Act;

the Americans
with Disabilities Act;

and the Congressional

Black Caucus's,

Congressional Hispanic Caucus's,
expansion of federal funding

for HIV/AIDS programs
in communities of color.

He most recently led NMAC's
policy recommendations

for the reauthorization
of the Ryan White Care Act.

Over the course of his HIV/AIDS
advocacy career,

Paul has received
numerous awards

recognizing his leadership
in the field.

They include
the Surgeon General's Award

and the AGR Wellness
Project Leadership Award,

and Paul has also been honored

by the Japanese American
Citizens League,

the Gay and Lesbian
Medical Association,

and Health Watch.

And today, we'd like to add
another honor to this list.

The 2009 National
HIV Prevention Conference

would like to honor Paul's
dedication and achievements

by presenting him with
a certificate of appreciation

for his considerable
contributions

to our nation's
HIV prevention efforts.

Paul, congratulations.

[Applause]

Wolitski: Do you want
to say something?

Kawata: Basically, what this means is, "You're old."

[Laughter]
You're really old.

Wolitski: But you look great.

Kawata: Yes.
"But you look great."

And I just want to say something

because I think this is
really important.

All of the folks that are
sitting up here and all of you

are the reason that we do
this work, you know?

It is my relationship
with each and every one of you

and my relationship with the CDC and my relationship with SAMHSA,
but, most importantly,

it's my relationship
with constituents,

the folks on the front lines
of this epidemic.

And so, to each and every one
of you who commit another day

to fighting this disease,
I say thank you.

But we don't just want to
honor Paul today.

Many of you in the audience
have also worked diligently

for more than 20 years
to prevent the spread

of HIV and AIDS

in your own communities.

If you've been working
in the field of HIV

since 1989 or earlier,

we'd like to take a moment
to recognize you, too.

So please stand and come
to the front of the auditorium.

Wolitski: Now, we,
the conference Co-Chairs,

would like to express
our appreciation.

Without you,
we could not and would not

have made the progress
we've made

since the beginning
of this epidemic.

So please stay for a moment
and receive

a certificate of appreciation
that we've prepared for you.

If there's someone
in the audience

who didn't make it up
to the front,

but you've been working
in HIV/AIDS prevention

for more than 20 years,
you can leave your name

at the table outside
of the conference room

and we will mail you
a certificate.

So we want to just recognize
and thank everyone

for their many,
many wonderful contributions.

[Cheering]

So this brings us almost
to the end of our meeting
and of our wonderful conference.

And, Paul, I have to say
thank you so much
for having given us
an exceptional rating this year.

I want to thank all of you
for making this conference
such a huge success
and I want to thank you
for your energy and your
commitment to HIV prevention.

But before going,
I'm always reminded that,

behind every successful
conference,

there are many colleagues
working behind the scenes

to make such a meeting
such a great success.

So please join me in thanking
all of the key persons

who helped to make
this conference the best ever.

[Applause]

I'd like to mention
our Conference Coordinator
Bob Kohmescher.

[Cheering and applause]

Whoo!

The Conference Coordinating
Team Leads --

please join me on the stage --

Mari Brown.

[Cheering]

Alan Dowell, Pam De La Cerda,
Angel González, Bill Bancroft,

and Tracy Luster-Welch; as well
as our friends at the PSA

and the Conference
Logistics Coordinator.

Please join us on the stage.

[Cheering and applause]

Alan.

To all the volunteers at the CDC Division of HIV/AIDS Prevention,
thank you.

To our moderators,
our Conference Track Chairs,

and our Cross-Cutting Theme
Co-Chairs, we say thank you.

And to my two wonderful
and amazing

Conference Co-Chairs,
Beverly Watts Davis...

[Cheering and applause]

And Doctor Rich Wolitski from CDC.

[Cheering and applause]

Thank you all
for being here with us.

What a journey
we've taken together,

yet what a journey
we have left to pursue.

As we've been told this morning,
when we return to Atlanta

in 2011 for the next
HIV Prevention Conference,

it will be exactly 30 years

since the initial reports
of the condition that was
eventually to be called AIDS

was reported in the MMWR.

So let us set ourselves
a bold target

to return in two years' time,
reflective but triumphant,

having made bold strides,
measurable differences,

and demonstrable impact

in reducing the toll
of this devastating epidemic.

Travel well, be well,
and thrive -- thank you.

[Cheering and applause]

Kohmescher: Now, you know,
before you leave,

I always have the last word.

On the behalf of Paul Kawata,
I would like to hope

to see you
in San Francisco in October,

the United States Conference
on AIDS.

We're now going to welcome
to the stage

the Latino Connection,
to provide you

with a little music
to begin your journeys home.

Thank you all so very much.
See you in San Francisco.

[Tuning guitar]

Man: Check.
Testing, 1, 2.

Yeah, right. Yeah, okay.

We are the Latino Connection,

a connection from Arizona,
Mexico, and Puerto Rico,

CBA providers, Community,
and GLO.

This is dedicated to all those
who have been part of this.

[Music plays]

The darkness fills

Around you

With a fire in your eyes

The canvas slowly fades in

But you're burning
ever hot

The sentence can confine you

But walls can't ever hide

The battle
that you're waging

Every day just to survive

Because you stay
unbroken inside

Eyes, they watch you blindly

And trying to decide

Judge and jury try to take

Your freedom and your pride

You are unbroken inside

Live today

Like there's no more pain

When tomorrow comes

You'll be home again

Live today

Like there's no more pain

When tomorrow comes

You'll be home again

Live today

Like there's no more pain

When tomorrow comes

You'll be home again

[Cheering and applause]

Man: Thank you.

[Drummer plays]

Man: 1, 2, 3, 4.

[Singing in Spanish]