

National HIV Prevention Conference 2009  
Wednesday August 26<sup>th</sup>, 2009 Morning Plenary Session

[ Music playing ]

Good morning.

Attendees: Good morning.

Milan: If you would take  
your seats, please.

Good morning.

Attendees: Good morning.

The Voting Rights Act.

The Equal Rights Act.

The Americans  
with Disabilities Act.

The Ryan White Care Act!

The fight for a Hate Crimes Act.

The fight against  
the Defense of Marriage Act.

Health care reform.

We cannot start a segment  
at this conference

about stigma and discrimination

without recognizing our friend Senator Ted Kennedy.

[ Cheering ]

Stand.

[ Applause ]

A moment of silence  
is not enough

when we're talking about stigma and discrimination.

There's only one solution

to overcome  
stigma and discrimination.

And that anthem which resonates so resoundingly

from this city has to be  
sung in his honor.

We shall overcome

Attendees: We shall overcome

We shall overcome

some day

Oh, deep in my heart

I do believe

We shall overcome some day

There will be health for all.

[ Applause ]

Good morning.

Good morning.

This may be a first  
at this conference,

in that you are not going to hear from any federal officials.

[ Laughter and applause ]

There will be no PowerPoints  
and no data.

[ Applause ]

But you will hear from experts

about HIV stigma  
and discrimination.

You'll hear from  
a panel of people

who have gained the respect  
of their peers

and whose personal  
and professional experiences

capture the breadth and depth  
of this topic.

For HIV stigma  
and discrimination,

these are your experts.

So, welcome  
to this plenary session,

which I believe is a first  
in the 10 years

that this conference  
has come together,

a plenary on stigma  
and discrimination.

My name is Jesse Milan,

Vice-president  
at the Altarum Institute

and Chair of the Board  
of the Black AIDS Institute.

And more importantly  
for this topic,

I'm a person who's been  
living with HIV

for 27 years.

[ Applause ]

And I'm privileged to be your moderator for this session.

Renee Austin, who is seated  
right there, and I

have served as your Co-Chairs

for the stigma  
and discrimination track

at this conference.

And I have to say that Renee  
and I leapt at the opportunity

to serve in this capacity because we know

just how important stigma  
and discrimination are

and we know just how hard  
they are.

Stigma is hard to talk about.

Stigma is hard to quantify.

And stigma is hard to explain.

What are its roots?

What are its measures?

What are  
its solutions?

Well, when Renee and I were reading the abstracts

for this conference

in the stigma  
and discrimination track,

we were struck by how few  
there were

and how diffuse they were.

It's as if the evidence  
about stigma was weak.

And it's as if the solutions  
to address it were weaker.

And yet stigma  
and discrimination

are persistent and deep,  
and may be the most important

factors that fuel this epidemic.

[ Applause ]

And yet after nearly 30 years,

stigma and discrimination remain largely unsolved.

And that might be because

the true experts on HIV stigma and discrimination

do not have the PhDs that lead to peer-reviewed research.

In fact,  
some of the best experts

on stigma and discrimination  
don't even have jobs.

They know...

we know...

that the stigma of HIV  
is tightly wrapped around

some of the issues that the PhDs haven't figured out yet --

like racism,

sexism, homophobia, poverty,

mental illness, incarceration.

Discrimination against those with a history of drug use.

But, two themes did emerge from all those worthy abstracts

that were submitted this year.

Two themes about stigma  
and discrimination

that I want to share with you.

One...

stigma from the outside in,

and, two, stigma

from the inside out.

The stigma from the outside --  
or external stigma --

that which we experience  
at the hands of our families,

our coworkers,

our congregations --

and stigma from the inside, which is the stigma

that often holds us back  
from going for that HIV test

or for disclosing the results  
to the people we love.

On any given day, the external or the internal stigma

might be more debilitating  
than the other,

and then sometimes,  
they collide.

And when they do, they often come crashing upon the stigmas

that never seem to go away.

The stigmas of racism, sexism,

homophobia, poverty,  
mental illness,

and incarceration.

Well, today, you're going to hear from three experts.

Black, white, Latino,  
male and female,

gay and straight, HIV positive,  
and HIV negative.

This panel's combined service  
in this epidemic

counts more than 50 years.

They don't need any PowerPoints.

They just need to tell  
the truth.

So, sit back and listen  
and learn from these experts

as they share from the data  
of their lives

about stigma and discrimination.

And they come  
from across the country.

From Washington, D.C.,  
Cornelius Baker.

Cornelius.

Cornelius is Policy Advisor

for the National Black Gay Men's  
Advocacy Coalition,

and a Senior  
Communications Advisor

for the Academy for Educational Development Center

on AIDS and Community Health where he leads

the NIAID HIV Vaccine Research Education Initiative

and he is technical advisor  
for the CDC

on its Act Against AIDS  
Social Marketing Initiative.

He is a member --

He has a number of positions  
and appointments,

including he served  
as Executive Director

of the Whitman-Walker Clinic.

He was Policy Director  
and later Executive Director

of the National Association  
of People With AIDS, or NAPWA.

And at NAPWA, he created  
the National HIV Testing Day,

which is designed to combat stigma and discrimination.

Cornelius serves on the boards of the Black AIDS Institute

and on the board of

Broadway Cares/  
Equity Fights AIDS.

Cornelius, welcome.

[ Applause ]

From Texas, was have  
Oscar López.

Oscar is  
Director of Health Policy

for the Latino Commission  
on AIDS.

During his 20 years of service in the epidemic,

Oscar has directed agencies  
in Texas,

in Washington, D.C.,  
and New York City.

And he has developed  
a range of services

from mobile health units  
to runaway youth shelters

to binational  
health marketing strategies.

He served at the National Minority AIDS Council  
as a Treatment Adherence Specialist.

And he was Director of

HIV/AIDS Education  
and Technical Assistance

for the Office of Minority Health Resource Center.

Oscar's been recognized nationally for his work

with homeless youth  
and for the Latino community.

Welcome, Oscar.

[ Applause ]

And from the West coast,  
Renee Austin.

Renee is a health educator  
and an advocate

in Orange County, California.

There, she has worked  
with the Red Cross,

with faith-based organizations,

with the Shanti organization,

and with support groups  
for women.

Renee is Vice Chair of  
the Ryan White Planning Council

Priority-setting Allocation  
and Planning Committee

for Orange County,

and she served  
at the appointment

of the Secretary of

Health and Human Services

on the CDC and HRSA  
Advisory Committee

on HIV and STD Prevention  
and Treatment.

Renee has done speaking  
about HIV/AIDS

across the United States,  
the United Kingdom,

in Belize, and in Malaysia,  
and on radio and TV.

Welcome to Renee.

[ Applause ]

Each one of these is an expert.

They're going to take about  
10 minutes from the podium

to address their own personal perspectives

on stigma and discrimination,

the perspectives of  
the communities they represent,

and, perhaps, offer some strategies and solutions.

And then we'll have a little interactive conversation.

And then I get to do  
my fantasy --

I get to play Oprah.

[ Laughter ]

So, let's go first with Oscar.

Oscar.

[ Applause ]

Good morning.

Or buenos días,

whatever you're more  
comfortable with.

Oh, good! Latinos! Yay!

[ Laughter ]

I speak for a living,  
but I will admit

that this room is  
a little daunting.

If you will,  
imagine being in our place,

speaking to 3,000 of your peers.

I was telling somebody  
a few minutes ago

before I walked in  
that I'm equating it to

the first time I went  
into my first gay bar

in rural south Texas.

I circled around  
a little bit outside

deciding whether I wanted  
to go in or not.

And then I came in, and I saw,

"Okay, they're kind of like me,  
sort of."

I was better dressed.

[ Laughter ]

But it can be a little  
scary as well.

So, bear with me.

I'm a last-minute replacement, if you will.

If you will notice  
in your book

it mentions that Dennis DeLeon

for the Latino Commission  
on AIDS would be speaking,

and would just speak to you

from the heart

as a person living  
with HIV/AIDS.

Dennis is not with us today.  
He is not feeling well.

And we ask that you keep him  
in your thoughts and prayers.

He's a fighter, by all means,

as people with HIV/AIDS  
need to be.

But he's asked that I speak  
on this behalf,

and I will do the best I can.

So, again, good morning,  
and wish me luck.

We'll see how this goes.

Every day in the United States,  
without malice,

parents, teachers, clergy,

media, and industry engrain sexist messaging

into the minds and lives  
of our children,

especially our boys.

And I believe that all of us  
who identify as male

must make a daily commitment

to overcome our sexist  
behaviors and attitudes.

Sexism may begin with an idea

about who can play sports  
and who can't,

and who's allowed to show emotion and who shouldn't.

But as adults,  
we must understand

the real-world consequences

of disempowering one group  
for the benefit of another.

To any and all women  
in the room,

I ask for your forgiveness  
if I speak out of turn.

But as I speak about sexism, please know that I come to this  
with respect for you  
as a male ally

who hopes to do the subject  
some justice.

In the 28 years since HIV  
came to light,

we've come to better understand more about why  
the rates of HIV infection  
among women continue to grow.

And many times,  
the reasons have less to do

with the biology and behavior,  
and more to do  
with the fundamental issues

of self-esteem,  
power and control.

Because of sexism  
and social status,

many women, younger and older,

lack the ability to determine many things

about the course of  
their own lives.

Limited access to economic resources and fear of violence  
force many to yield control of their sexual relations  
to their partners.

When women lose control  
of their sexuality,

they also lose the ability to reject their male partners

even if they suspect  
they may be infected.

Afraid of a violent reaction  
or abandonment

and economic ruin, many cannot force or sometimes even ask

their male partners  
to practice safer sex.

Without a prevention message that they can control,

millions of women face  
the threat of HIV infection

both throughout  
the developing world

and in nations like ours.

And please don't get me started on the female condom.

If any of you in the room, especially men,

think that that's a great alternative,

I would ask you to try one on,  
and then we'll talk.

[ Laughter ]

I did...

No. Mnh-mnh.

[ Laughter ]

Too often, the needs  
and vulnerabilities of women

of all ages is overlooked  
by HIV prevention programs

that don't take the question  
of power and control

into consideration.

Too often, safer sex programs  
in education

promote the use of condoms  
or access to HIV testing,

but completely sidestep

the question of who controls

the decision to use condoms  
or to access care.

Meaningful prevention programming for women

requires that a different kind of approach is developed,

one that has at its heart  
the concept of empowerment,

that creates opportunities to help women control

their economic, social,  
and sexual lives.

For HIV Prevention,  
empowerment takes the form

of economic opportunity to lessen women's dependence,

social and political advancement to give women a voice,

and HIV prevention methods  
that women can control.

When addressing women's  
HIV prevention needs,

we must remember to reach out with education

developed specifically  
with them and for them,

and we must develop programming that empowers women

economically and politically.

To the men present this morning,

I challenge all of us  
to remember

to stand in solidarity  
with our sisters, our mothers,

our wives, our daughters,  
and our friends.

[ Applause ]

When we see acts of oppression,

when violence is inflicted  
on any woman,

when program development overlooks the needs of women,  
it's our responsibility as men to stand up and to speak up.

[ Applause ]

And to the gay, bisexual,

or MSM identified men  
in the audience,

I say to you,  
do not think for a moment

that homophobia, the one  
that we all experience

on a daily basis is not  
rooted in sexism,

and ultimately in the belief that women are inferior to men.

[ Applause ]

Across the board, we know,  
and increasingly,

research shows that stigma  
and homophobia

put those of us who identify  
as gay, bisexual,

transgender or MSM  
at disproportionate risk

for HIV infection.

Some of the most current  
data shows that

three out of five new HIV infections happen among MSM.

We currently make up  
2% of the population

but 48% of the cases.

Saving the lives of the members of my community

means more than developing

effective HIV prevention programming.

I believe that it requires  
all of us to join forces

to change  
the institutionalized homophobia

and homophobic environment  
in which we live.

Institutional policies  
at the highest levels

of government such as  
the Defense of Marriage Act,

Don't Ask Don't Tell,

and the U.S. government's reluctance to count us

as LGBT people  
in the 2010 census

marginalize sexual minorities,  
demonize sexual diversity,

and engender the homophobia, transphobia,

and antiquer stigma that have made many of us vulnerable

to HIV infections since the very beginning of this epidemic.

[ Applause ]

With the new administration  
in place,

and almost three decades  
into this epidemic,

it's time to unite  
across movements

and address the ways that institutionalized homophobia

makes our communities  
more vulnerable to HIV.

If we're going to positively impact the health and well being

of men who have sex with men,

who have been  
disproportionately impacted

by HIV/AIDS since the beginning,  
we must make inroads

to legitimize same-sex relationships.

[ Applause ]

Numerous studies indicate that HIV/STI prevention  
and health promotion methods must include  
familial acceptance  
and encouragement  
of stable and emotionally healthy relationships,  
particularly amongst MSM,  
many of whom engage in risky sexual behavior,  
contributing to an increasing number of HIV/STI cases  
across the country.

Now more than ever,  
we need to create a stable,  
legal way for gay,  
bisexual, and MSMs  
to form solid long-term families  
who can help solidify  
the desire to remain healthy  
and counterbalance the desire  
to engage in risky behavior.

Social stigmatization  
and institutionalized  
discrimination often deter people from seeking health care  
and HIV-related counseling.

Thus, seeking -- excuse me,  
thus, issues like depression  
and substance abuse

along with the spread of HIV  
are exacerbated

because many of us feel shame about disclosing  
our sexual orientation  
to a society

that does not acknowledge  
our rights as individuals

or as couples.

I have personally been  
in a loving relationship

for more than 18 years,  
and have managed to outlast

every single heterosexual marriage amongst my friends.

[ Applause ]

Many years ago  
when my partner Wally and I

decided to exchange vows  
and hold a reception

for our family and friends,

we had one sibling  
out of 14 show up,

and not one single parent.

And a lot has changed  
since then -- fortunately --

for myself and for many of you in the audience, I know.

But my partner and I have never chosen to get married legally

even though it's happening now in other states.

We may never chose to,  
but it should be our choice.

As a gay male --

[ Applause ]

As a gay male, it was hard enough to come out

to my Latino family,  
who initially viewed

homosexuality  
as sinful or shameful.

But to live in a country  
where it's still not safe

to show public displays  
of affection,

where you run the risk  
of gay-bashing and violence,

where hate crimes

are not prosecuted  
to the fullest extent  
of the law,  
where our teens have higher rates of suicide  
and substance abuse than others,  
where adoption and foster parenting rights  
are still being challenged,  
and where we contract HIV  
at higher rates than other groups is disgraceful.

[ Applause ]

To our heterosexual allies  
in the room I say,

we need your help.

We need you to help stop homophobia.

When you hear homophobic comments, take a stand.

When legislation is at play,  
advocate for equal rights.

We're not asking for special treatment for our community,  
we're asking for equal rights.

[ Applause ]

When any of us are making programmatic choices

that will impact the lives  
of MSM and transgender women,

two of the communities  
most impacted by HIV/AIDS,

I ask that we think  
outside the box

and understand that the same  
old tired interventions,

outdated messaging, and safe imagery does not work

for a community that has felt the brunt of this disease  
more than anybody else.

[ Applause ]

To the gay, bisexual, and MSM members of the audience,

I know it's exhausting to hear and to practice,

but we have to continue  
to come out --

to our families, to our friends,  
to our coworkers,

and to strangers.

There's plenty of research  
that shows

that when someone personally knows an individual

who identifies  
as a sexual minority,

it's harder to discriminate against them.

We have to come out.

When we can finally address institutional

and internalized homophobia

and remove the stigma associated  
with being a sexual minority,

we will have made tremendous inroads in addressing

HIV-related stigma.

They do go hand-in-hand,  
and you all know this already.

On the way to the airport on Sunday to come here to Atlanta,

my driver asked me what  
I did for a living,

and I responded.

And then he asked what  
my wife did for a living.

And I had not slept very much the night before.

I am gay and it was Saturday.

[ Laughter ]

So, I hadn't slept much,  
and he was a total stranger.

And I didn't correct him at all.

And it's been bothering me  
for the last three days

because my spouse  
deserves better

and the stranger  
deserved better.

We have to give people  
the opportunity to grow.

[ Applause ]

Lastly, I would like to take this opportunity

to also applaud  
Congresswoman Maxine Waters

who will be joining us  
later this morning, I'm told,

for reintroducing the Routine HIV Screening Coverage Act.

This bill requires  
health insurance plans

to cover routine HIV tests under the same terms and conditions

as other routine health  
screenings and would

greatly expand our community's access to HIV testing.

This bill will signal a change in the course of HIV prevention,

and the Latino Commission  
on AIDS

feels that supporting this bill  
is one of the most significant

and relevant actions that  
our elected officials can take

to dramatically impact  
a decrease in HIV incidence.

We know that HIV/AIDS  
associated stigma

already cripples prevention  
and care efforts,

especially within ethnic  
and racial minority groups.

And we strongly believe  
that HIV testing

should become a routine part  
of health care.

All stigmas, all barriers  
to accessing testing

need to be removed.

Government has an unprecedented opportunity

to suppress the spread  
of this disease

through support of a national coordinated and vigorous  
scale-up of routine HIV testing.

It's important  
that we have legislation

that removes regulatory barriers to routine HIV testing.

The lives of African Americans, Latinos,  
and other communities most heavily impacted  
by this disease depend on it,

and we commend  
Congresswoman Waters

for her continued courage  
in the fight against HIV/AIDS

and for focusing attention  
on routine HIV testing.

Thank you all very much.

[ Applause ]

Hi, good morning.

Great.

You know, when we were children,  
we often would recite

"Sticks and stones  
may break my bones,

but names will never hurt me."

But as we've grown older,

we know that names  
are in fact powerful,

whether you're called "spic"  
or "nigger" or "faggot,"

when you're harassed  
and bullied

out at a schoolyard,  
we know what a painful legacy

that these names have  
in our lives.

Some of us are fortunate  
that our parents

and our grandparents give us  
the strength to endure.

And as my mother said,

when I was beat up  
in the seventh grade,

"Why are you in here  
talking to me?

Get out there and push back."

[ Applause ]

And so you learn to push back.

Most of you in this room push  
every single day.

So, in addition to  
the organizers --

thanking them for inviting me  
to be here with you,

I want to thank you  
for being here,

because you are the heroes,  
you are the leaders,

you are the foot soldiers that is making a better

and more just world

for our people every single day.

[ Applause ]

I want to acknowledge some  
of the work that Jesse has said

and I'm not going to talk  
in depth about it

in the interest of the limited time we have today.

But I especially want to  
give recognition

to my colleagues at NAPWA,

our former Executive Director Bill Freeman,

who was the cocreator, along  
with myself and Jeff Crowley

and others there, in creating National HIV Testing Day,

because it was and it still remains a powerful

anti-stigma campaign to help people with HIV

and people without HIV  
learn their status

in a safe and comfortable environment.

And each year on June 27

to create a message  
that it is okay,

that you must know this.

And the people at NAPWA  
as people living with HIV

and their allies work every day to create an environment

where knowing your status  
and particularly if you are

HIV positive is a good thing  
in the world.

I want to acknowledge  
the people at AED

who I work with who've worked  
on an anti-stigma initiative

with the Ford Foundation,

and especially  
the Ford Foundation

as a private organization  
in philanthropy

recognizing the centeredness  
of this work.

And I would encourage you to go to [www.hivaidsstigma.org](http://www.hivaidsstigma.org)

and learn about the campaigns and take the lessons from them

into your own work from GMHC

and the National Council  
of La Raza and others.

And I want to acknowledge  
the lawyers.

At Whitman-Walker Clinic,

even when we were facing  
budget cuts,

one of the areas that I always wanted to protect

was our legal services program,

because sometimes the law  
is essential to your health.

And we need to move beyond  
this obtuse notion

that stigma is just simply name-calling.

Stigma is insidious, active discrimination,

and we must fight it with every tool of advocacy

in the law that we have.

I'm fortunate to be in love  
with a man

who works every day  
right down the street here

on Peachtree fighting  
for justice -- social justice.

And as a lawyer at Lambda Legal,

I hear about the cases that he  
and his colleagues represent.

And I just want to tell you about three of them

before also talking about  
what more work

we have yet to do together.

In 2005, Greg, my boyfriend,

who, I have to say  
by way of little digression,

you know, graduated Harvard Law two years before Barack Obama.

And what I tell him is,  
"I'm not First Lady."

So -- [Laughs]

So, he also left a very lucrative corporate practice

to become  
a social justice lawyer.

So, not only am I not  
First Lady,

I'm not a rich First Lady.

So -- [Laughs]

But he does work every day  
that is central to our work.

And in 2005, he represented  
Keri Rowell

in Rowell v. Rowell.

Her husband, who had left  
the family,

decided he wanted custody  
of their children

when he learned that Keri was going to live with her sister

in Gulfport, Mississippi.

And he knew that the sister  
had HIV.

And he did not want his children in that household.

Well, the judge granted Keri temporary custody

of the children as long as  
she kept her children

from seeing her sister  
who had HIV.

Her sister Tanya Wilkins, who we also have to give credit to,

was brave enough to  
allow her status

to also be entered into  
the public record

and for Greg and his associate counsel in Mississippi

to be able to represent  
her sister Keri

in defending her rights  
in protection of her children.

And the case was reversed at  
the Mississippi Supreme Court.

[ Applause ]

Aron Pelela was a cook

at Mike & Katy's Causeway Café

in Wrightsville Beach,  
North Carolina.

The restaurant fired him  
after learning that

Pelela has HIV  
in October of 2005.

Lambda Legal, again,  
intervened on his behalf

using the Americans  
with Disabilities Act.

As a result, his case  
was settled.

He received a monetary settlement,

and the policies of  
the restaurant were changed.

When we are advocating and when you get those e-mail alerts

saying the Americans with Disabilities Act is in danger

or any other act of Congress  
is in danger,

we must do everything  
we can to protect them.

And those alerts are meaningful

in the day-to-day lives  
of everyday people.

It is also important  
that when we think about

the Americans  
with Disabilities Act,

I had the great fortune of working for George H.W. Bush

when he advocated for  
the protection of people

with HIV disease in the Act,

but he partnered with  
Senator Edward Kennedy

to ensure its passage.

If we're going to honor  
the legacy of Senator Kennedy,

let's honor it in its reality and its totality

and its meaningfulness.

[ Applause ]

But discrimination affects us more broadly

than just our HIV status.

It affects people in ways that contribute to their HIV status.

Kevin Dunbar was an employee  
at Foot Locker

in South Carolina.

And he was harassed relentlessly by his colleagues

and his coworkers and even customers at Foot Locker

because he was

an effeminate black gay man.

Eventually, after being transferred from store to store,

Foot Locker just  
simply fired him.

Again, Lambda Legal intervened.

He was offered a monetary statement -- monetary settlement

and Foot Locker  
not only enforced

its own  
antidiscrimination policies,

but implemented training  
for its workers

to ensure that this does not continue to happen again.

But what is interesting about the Kevin Dunbar case,

and this points to the work  
that we have ahead of us,

in South Carolina,  
there is no protection

for sexual orientation  
in employment.

Lambda was able to  
advocate for him

because Foot Locker  
nationally had policies

that said they did not discriminate

based on sexual orientation.

In fact,  
29 states do not protect

sexual orientation  
in employment,

and 38 do not protect transgender people.

And as we know,  
transgender people

have one of the highest rates  
of HIV infection,

and also one of the highest rates of unemployment.

I want to mention not only  
that transgender people

have no protection,  
but the insidious stigma

and discrimination against transpeople

extends to the highest levels  
of our society.

Here right now, Greg and his colleagues in Georgia

are representing  
Vandy Beth Glenn,

a transgender woman who was fired from her job

as legislative editor at  
the Georgia General Assembly

after she told them she planned

to transition from  
male to female.

In fact, she was fired  
on the spot.

Fortunately, it looks like Lambda will win this case.

Richard W. Story,  
a United States District Judge,

recently wrote in  
a preliminary opinion

"Defendants do not claim that Glenn's transition

"would have rendered her  
unable to do her job,

"nor do they present any government purpose whatsoever

"for their termination of plaintiff's employment.

"Anticipated reactions of others

are not a sufficient basis  
for discrimination."

[ Applause ]

We must...

Because the consequence  
of Vandy Beth Glenn

or any other transperson  
not only being not able to work

at the Georgia General Assembly  
is that often

the only place they can work

is at 11th and H Street Northwest in Washington, D.C.,

or any other street corner  
at any other hour of the night.

Or desperately working  
for tips in nightclubs.

And while we may enjoy  
the entertainment,

we never think that  
that is the only option

that that person has.

That is wrong.

Not only is it a limited economic option,

but often a person is forced  
to barter and beg for money

for their hormonal treatments,  
have no health insurance,

and have no culturally competent health care.

And it contributes to the spread of HIV, hepatitis,

and tuberculosis.

We must advocate  
every single day

for justice for transpersons  
and all gay and lesbian people.

It's essential to look at --

I mentioned South Carolina  
not having protection,

and those other states not having protection.

And I want you to think

about it right now.

We're sitting in Georgia,

which does not have protection statewide.

But not only does not Georgia,

but no state  
that touches Georgia.

Nor any state that touches states that touch Georgia.

Nor does Ohio, Pennsylvania,  
and Michigan --

in case the North gets  
a little too uppity in the room.

[ Laughter ]

And so we have a lot  
of work to do.

I just want to conclude...

because I didn't talk about sexism and racism.

You know, in many ways,  
I feel that

we shouldn't have to talk  
about sexism and racism.

It is an insult to us  
at this point

to have to do so.

But I also have to say  
as a black gay man

involved in this work for  
a long time with many of you,

there are other things --

there are so many things  
that, obviously,

in the external world  
is insulting.

But let me just say it becomes doubly insulting

when we have to talk about these issues with each other.

We must be absolutely clear  
about who we are.

We must be absolutely  
clear about our values.

We must be absolutely clear

that running  
an HIV prevention program

or an HIV care  
and treatment program,

or an HIV research program  
to discover a microbicide

or vaccine or to implement PrEP

is not just a matter of  
a grant and funding

and implementation.

If you're truly, truly committed to the elimination

and end of HIV in this world,

you have to be part of a larger social justice movement

that is about racism, sexism, and homophobia.

And you must be...

[ Applause ]

You must be committed to  
the absolute dignity

of every single person  
whose life

you are paid to protect.

[ Applause ]

And if you are not committed

to the lives of young  
black gay men,

then it's time for you  
to walk out the door.

If you are not committed  
to the lives

of a young black woman  
in the rural South, leave now.

We have --  
if you are not committed

to Asians, Latinos,  
other people --

and when I say "other," I mean other people not like you,

but whose lives are at risk  
and hang in the balance, leave.

We will do the work without you.

[ Applause ]

We...  
Let me leave by saying

you know, my people are  
from not too far from here --

Opelika, Alabama.

They were slaves,  
they were then farmers.

They were then migrants.  
They were farmers again.

They drove trucks.

And they worked up  
and up and up,

and they participated in justice all the way

so that in my generation,  
we could go to college

and that we could live  
our lives.

We have seen progress  
in our lives.

We will have progress  
for gay and lesbian people.

We will have a woman President at some point.

And we will see equality  
for transgenders,

but it will take all of us  
with a single committedness

and dedication to that purpose.

I hope you are with us

because it would be so awful  
to be against us.

We are at this moment,  
we must be clear.

This is the hour.

We have no time to waste  
for foolishness.

We must be so on it,  
and we must use

everything we have  
to achieve social justice,

liberty, and equality,  
and make change real.

[ Applause ]

Good morning.

I am excited, elated, encouraged, empowered --

a whole lot of other e-words

that I'd say  
if I had more time.

The speakers that we've had,  
people from the new administration,

the new leadership in the CDC --

the things that we're hearing

about the commitment to  
the fight against HIV and AIDS

I've never heard  
in this venue before,

and I am so excited about that.

I first got involved in  
HIV and AIDS education in 1995.

It was a different disease then.

It was the summer before Saquinavir.

We had a lot of fear,  
not a lot of hope.

I'd like to say that there was something noble  
about my involvement  
in HIV and AIDS.

I'd like to say that I was moved by the suffering  
of people that were unrepresented and unsupported.

But I got involved in  
HIV and AIDS education

when I was diagnosed  
HIV positive in 1995.

I went to a local testing.  
They had a mobile testing unit.

It was through  
Cal State Long Beach.

And I didn't get tested  
for any reason other than

I wanted to be able to say  
I didn't have it.

I had lived in Hollywood, California,  
before I moved to Long Beach, California,

so I had been subjected to  
the, you know,

"get tested, know your status."

And I had been tested  
when I lived in Hollywood

a few years before,  
and I went to get tested again.

And I remember  
the pre-test counseling,

they ask you these questions, you know.

Have you ever done this?  
No.

Have you ever  
done that? No.

Have you ever done this?

I'm not even sure  
I know what that is.

But they tested me anyway.  
It was anonymous.

I had to wait a week  
for the results,

which, in these days, seems like cruel and unusual punishment.

But a week later, I came back,  
and I met the guy at the door.

And we sat down.

And he looked at me,  
and he said,

"I'm so sorry,  
your test came back positive."

What?

This doesn't happen  
to people like me.

I mean, I'd done  
my share of drugs.

Come on -- it was Hollywood,  
the late '80s.

You know, I'd been through it with everybody else.

And I thought I had aced  
the pre-test counseling, right?

HIV was a disease that happened to those people.

I became one of those people.

I have to tell you the fact that I'm standing here today  
in front of you is a testament

to what many of you in this room do and do well.

Those people immediately brought me into care.

They wrapped their arms

around me

and told me I was going  
to be okay

long enough and loud enough

that I finally started  
to believe them.

They said, "We need to get you some support.

We need to get you a doctor."

My T-cells were 774.

It was some of the best news they'd had in a long time,

because in 1995, they very rarely found somebody

that was so recently infected

and had such a healthy  
immune system.

I didn't see a physician  
right away.

I didn't want to deal with  
the medical implications of HIV.

I needed to deal with the social implications of HIV.

I needed to get into counseling,

I needed to get into  
support groups.

The day after I was diagnosed,

I was at a pre-season  
football game --

Chargers versus  
the San Francisco 49ers.

It was a packed stadium.

Sold out, and all I wanted to do was stand up and scream

"Does anyone else here  
have HIV?"

I was alone.  
I was so alone.

I started at a support group

at the Gay and Lesbian Center  
in Long Beach,

since that's where we went.

And it was a group of  
young gay men and me.

And we found out...

[ Laughter ]

And we found out that we had  
an awful lot in common.

Most of us  
were in our early 20s.

We were having to figure out how to disclose to our families,  
to our partners, to our friends.

We were facing our own mortalities.

Remember, you guys, there was one drug in those days.

People weren't living  
with this disease,

they were dying from it.

We were literally scared  
to death.

I made some great  
relationships there.

I got a great  
hair stylist there.

But I still felt like, you know, there's other women.

I know there's other women.

Because if I'm in a room with men who have sex with men,

and I know that some  
of those men

sometimes have sex with women,

and they're infected  
and I'm infected

and people use I.V. drugs  
and they get it,

and then they have sex.

And so maybe there's  
other women out there

that got caught.

Because, you know,  
people would tell me

"You don't look like someone  
who has HIV."

And I'd say,  
"Well, that's funny,

because neither did the guy  
that I got it from."

[ Laughter ]

I went looking for  
a support group.

I was active in my church, too.

So, I was looking for,  
oh, I don't know,

women and faith-based  
community support.

Not a lot out there.

I did find an organization  
in Orange County, California,

a faith-based organization.

I got involved with them  
and their support groups.

And I started educating --

not only for them, but for  
the Red Cross at the same time.

And it was really interesting, because with this

faith-based organization,  
I would go to these

Christian conferences as an HIV  
ministry and be shunned,

and then I would go to these

HIV conferences

as a Christian ministry,  
and be shunned.

There was no home, it seemed like, for people like me.

And it's funny, because I would get into these situations.

And the first thing people  
would ask me

in learning my status, you know, I'd get out and speak about it.

And they'd say,  
"Well, how did you get it?"

I hate that question.

[ Applause ]

Thank you.

Because here's what I think.

I think they want to know  
are you an innocent victim

or do you deserve it?

Women living with HIV,

I'm not saying that everyone doesn't have it rough

living with HIV.

But in the gay community,  
you can be a doctor,

a lawyer, an educator,  
a homeless person,

a Starbucks barista --

you're just a person in that community living with HIV.

In the heterosexual community,

a woman living with HIV,  
we're sluts.

We must have done something  
to deserve it.

They want to know how we go it.

Well, I'll tell you, I don't feel like I deserved to get HIV.

But I am guilty of failing to protect myself from the virus.

I think that it's important  
to realize

that how we're perceived  
by other people

really affects  
whether or not we can disclose,

and how accepted we are  
or we feel in our communities.

When I first told my mother  
that I was HIV positive,

I'm her only child.

Not only did I have to say,  
"Hey, mom, I've just been given

this death sentence,"  
but that meant that

she was never going to have grandchildren.

I felt like I had failed her,  
like I had let my mom down.

I'm sure many of us can relate to that feeling  
in dealing with the virus.

Women in HIV have other issues.

I was recently  
at a women's forum,

and they asked us specifically  
what we thought

the major difference between  
men and women

receiving medical care  
in HIV is.

I said "Stirrups."  
[ Laughs ]

We need...

we need extra special gynecological care for HIV.

Cervical cancer is

an opportunistic infection.

It's an AIDS defining illness.

We need reproductive health.

We have concerns about whether or not to have children.

I made the decision not to.

Many women don't have to make that same decision.

I was scared to death  
that I was going to die.

I had no idea  
I was going to be here

15 years after my infection.

[ Applause ]

Thank you.  
[ Laughs ]

You know what's funny?

When people ask me how I got it,

sometimes I want to say something like,

"Well, you know, I went to  
the doctor's office one time,

"and you know that exam table,

"you know that paper  
that they roll up?

I don't think they changed it."

Right?

[ Laughter ]

Just to mess with them.

But then I thought, oh, my God!

Do you know what would happen  
in doctors' offices

with the ignorance  
when that gets out, right?

The truth is,  
I was infected by a man

who knew his status  
and didn't tell me.

He had been diagnosed  
several years before I met him,

and he did what many people in the late '80s and early '90s did

when they were diagnosed  
with HIV -- nothing.

He went into deep, deep denial.

And he decided that, maybe  
if he didn't acknowledge it,

it would go away.

That maybe this whole "I tested positive for antibodies thing"

means I'm only a carrier  
and I can't give it."

We were so uneducated back then.

I have to allow him  
to have some responsibility

for me being infected.

But, like I said,  
I also take responsibility

for me being infected.

He did not force me  
into bed with him.

And every one of us, ladies,

has an opportunity  
to protect ourselves.

I know that there are social pressures that we have,

especially in some  
religious communities,

in some cultural communities.

But we have to get strong  
about this.

There were times in my early --

well, my younger years

that I found myself  
having sex with men  
that I really wasn't into.

But it was easier  
than saying "no."

Guys, lighten up.

Seriously, the pressure  
is intense sometimes.

[ Applause ]

I feel like there's enough blame to go around with this virus.

I've forgiven him.

He's gone on to become  
an HIV/AIDS educator,

treatment advocate.

He helps people manage  
their regimens.

He's saved probably  
hundreds of lives

with the work that he does.

I was not going to let this virus take us both down.

[ Applause ]

Here's the thing about  
HIV, guys.

It's 11:01,  
Wednesday, August 26th.

It could stop right now.

But it's not going to.

We've been told by the CDC that more than 50,000 new infections  
will happen in the next year.

We've got  
nine and a half minutes

to figure it out  
before the next person gets it.

What are we going to do?

We talk about stigma being  
a barrier to getting tested.

Guys, stigma is not Godzilla.

It's not a 50-foot green fire-breathing dragon

that's going to stomp us  
into oblivion.

It's people's ideas.

It's people's perceptions.

When I was first diagnosed  
and started to disclose,

I went to coworkers,  
a small group of coworkers.

And there was a man  
that I thought,

"I don't know how  
he's going to take this."

And he was an older man.

And he said to me,  
"Kid, if you need a hug,  
you just let me know."

And there was a younger man  
who I was friends with.

We were kind of buddies at work.

We'd get together every  
once in a while outside of work.

And he looked at me and he said, "I'm quitting."

He went to my boss,  
and he said, "I'm quitting."

"I am not going to work with somebody that has HIV.

"I am not going to expose  
myself to HIV.

I don't want it in my life.  
I'm out of here."

I went into the ladies' room,

I collapsed onto the floor,  
and I cried and cried.

I, in that moment,  
was not his friend.

I was not his coworker.  
I was not a human being.

I was a biohazard.  
I was a virus to be avoided.

Fortunately, he reached out  
to people that he knew

and said, "I know this  
girl at work,

and she's HIV positive,"

and they said,  
"you're being ridiculous."

His father, I think it was,  
said to him,

"Have you thought about  
what that poor girl

is going through?"

He became one of the most educated people on HIV  
that I've ever met.

He called the Red Cross,  
he got literature.

We are great friends  
to this day.

Me disclosing,  
me being brave enough

to come out and talk  
to him about it,

me having to deal with his ignorance and his fear,  
has now produced this community, right, of support.

I think that's  
what we need to do.

We need to empower people  
with HIV

to be able to talk about it.

We're your daughters.

[ Applause ]

Thank you.

We're your daughters, your sons,

your mothers, your fathers,

your nieces, your nephews,

your aunts, your uncles.

We are part of humanity.

Folks, this virus is named correctly.

It's the Human  
Immunodeficiency Virus.

It doesn't care if we're gay, straight, white, black,

yellow, red, orange, green, blue, purple.

It's about humanity.

We need to give people  
with HIV their humanity.

We need to understand  
how they feel.

We need to give people with  
HIV not just a voice,

but a sense of value.

Chris Bates was up here  
a couple of days ago,

and he looked out at this crowd,  
and he said, "I believe in you."

Chris, if you're in the room,  
I believe in you, too.

I believe in us.

If we look at the study or  
the history of social movement,

women didn't have a right  
to vote in this country.

The Civil Rights Movement.

We're talking about now  
the Gay Rights Movement.

It's the people that are affected in this case,  
in this case infected,  
standing up and saying "Unh-unh!

I'm not going to  
take it anymore."

And it's their friends  
and their families

and their neighbors  
and their coworkers

standing alongside them  
and saying "That ain't right."

We are going to love and accept people with HIV.

[ Applause ]

I think the youth of today  
are our biggest shot at hope.

I recently said to a group  
in Laguna Beach, California,

I was speaking to some students,

and I said, "Hey, guys,  
why don't people get tested?"

And they said, "Well, because they think they don't have it."

Well, if you think you don't  
have it, why not get tested?

"Well, because we're afraid."

You're afraid you have it?  
"Maybe."

Are you afraid --  
what are you afraid of?

"We're afraid people are  
going to see us

"going in the clinic;  
they're going to think that

we're sluts or junkies  
or gay or whatever."

I think we need to normalize getting tested.

People with HIV,  
people that are diagnosed

aren't the ones that are spreading this virus.

We know the majority  
of new infections

are from people that don't  
even know their status.

Everyone in this room,  
here's my challenge to you.

One of my favorite  
expressions is,

"How do you eat an elephant?

One bite at a time."

I hope you guys are hungry.

This is a big challenge.

But here's what we do.

There's about 3,000 people here.

Every one of us gets  
an HIV test.

Heck, I'll go again.

And then we tell 10 people  
that we went and got tested.

And then, those 10 people  
we challenge to tell

10 more people, 10 more people,  
10 more people.

Pretty soon, we've just  
covered almost

the entire population  
of California.

But I'm telling you, you guys, stigma is not Godzilla,  
it's people's perceptions.

And I believe in us.

We are the change  
we've been looking for.

Thanks.

[ Applause ]

Milan: You've heard  
some remarkable stories,

and you've heard some  
remarkable testimony.

We're going to take just  
a moment

to have a small  
interactive session.

And I'm going to start  
with our policy leaders.

We've heard about  
a National AIDS Strategy.

Can a National AIDS Strategy

address stigma  
and discrimination?

And if so, how?

Oscar? Cornelius?

López: I think it can  
and it should.

The how is difficult.

I mean, here we are.

We've been having this conversation

for many months now.

I don't think there's an easy solution to it,

but we have to bring the subject to the table and hash it out

because we need to address it  
at the national level.

The issues that impact stigma --

racism, homophobia,  
sexism, poverty --

while we can all do our piece individually,  
need to be addressed  
at the national level.

Baker: I think a National  
AIDS Strategy is clearly --

it's a stigma-reducing effort  
in itself.

I mean, we have evidence  
from places like Uganda,

for example,  
where both the President

and the First Lady have been highly engaged

in the fight against HIV.

And so what we know,  
whether it's in Uganda

or it's in Great Britain  
under Thatcher,

in an implementation  
of needle exchange programs,

that when national leaders  
are involved,

it makes change possible.

And so having the President engaged throughout HIV

is absolutely essential  
to changing perceptions.

And this President  
in particular, I think,

has a great opportunity.

I recently did focus groups --

24 focus groups in five cities for a vaccine project.

And we found that in every group, that Barack Obama  
was seen as someone who would influence their perception  
of the importance of HIV.

We also found that they felt that about Magic Johnson.

So, we know that it can help.

But it also should be  
in conjunction with gay men

and women having their  
civil rights,

because we cannot have a disease

where we're only  
2% of the population

but 48% of the epidemic  
and not recognize

that there are social  
and political impediments

to our progress  
and to our health.

[ Applause ]

You know, we've heard so much about the black church,  
and yet we hardly ever talk about the Catholic Church.

And we know a lot of  
Latinos are Catholic.

We don't talk too much about  
the Evangelical Church,

which has a lot to do  
with the South

and the rural Midwest.

And you've worked a lot, Renee, with the faith community.

Should we just give up?

No.

Ha! please don't.

The thing that I've noticed about the black church,

and here's  
the encouraging part,

is the gay men are still in it.

The Evangelical Church has turned away --

intentionally,

unintentionally --

people from their doorsteps  
who have HIV,

who are gay, who are afraid  
of the homophobia.

But I think that the black church has a unique opportunity

because it's so integrated  
into the community

that if that can be the start where we bridge the gap  
between the faith-based community and the gay community,

I think it will spread  
to all faith-based people.

Milan: Thank you.  
Oscar?

López: In New York City,  
we have a project

at the Latino Commission  
on AIDS,

where we have 40 churches  
that receive small grants

through us to do AIDS work  
and AIDS projects

in their congregations,  
in their churches.

And they do exceptional work.

Some of them are  
the extreme far left,

and will do a blessing  
of the condoms.

[ Laughter ]

And some are on the far right,  
where they wear AIDS ribbons

and will hear about HIV  
from the pulpit.

One of the things that has  
been so fantastic

is that as the project  
has grown,

this year, we had 70 churches apply for the grants,  
and we could only afford 40.

But what's made a big  
difference is

learning from other ministers that they can do this.

That they won't lose their congregations.

Keep in mind, this is their job.

You lose a congregation,  
how are you going to eat?

But we have to train them, educate them,

and support them to train  
and educate and support others

within the ministry.

Milan: Excellent.

You know, we've heard and seen previewed at this conference  
several campaigns --

the Nine and a Half Minute campaign,

the I Know campaign,

the We Are Greater Than AIDS campaign.

Are they the right ones  
to address

stigma and discrimination?

Your final question.  
Renee?

Hmm.

You know, it's funny,  
when I see billboards,

I always look for,  
am I represented there?

And I wonder, you know,  
we talk about targeting

specific communities with  
HIV education.

I've seen a lot of shift  
since I started with this.

Even before then, right,  
it was white gay men,

then it was  
African American gay man.

And then, oh, look, it's in  
the Latino community.

Oh, it's Latino women,  
it's African American women.

Now it's, you know, white women.

Now it's back in the gay community.

I think we need to --  
it's important to target

the communities that are greatly and disproportionately affected.

But I also think we need to make HIV about humans.

Milan: Oscar?

[ Applause ]

This is a tough one for me because I'm really critical  
of social marketing campaigns.

I will say I think the CDC  
has done a great job

with the Nine and a Half Minute campaign.

And it was great logging on  
and seeing people

that kind of look like me.

Maybe they were more Cuban  
than Mexican,

but they kind of looked like me  
in the campaign.

But I would like to see the day

when not only is it available  
in Spanish,

but that it's rolled out nationally in Spanish  
and English on the same day,  
not a year later.

[ Applause ]

Milan: Corny, you get  
the last answer.

Baker: Yeah, media is important.

That is how we spend  
a lot of our time --

whether it's television  
or radio, billboards,

riding the bus, et cetera.

And whether that media is telling us about

where to get an HIV test,

be it HIV positive is okay,

joining an HIV vaccine trial.

All of that is important  
to helping us create

an environment where HIV is seen as a national priority.

Where it's seen that we're all

working collectively  
to end this.

And we need to coordinate  
some of that media better,

whether it's in  
the private sector

or the public sector.

But it is all part of creating  
an environment

of purpose and of support.

And we need to do more of it  
and not less of it.

Milan: Well, this conference gave us one hour

to address an enormously  
complex topic.

Give a hand for these outstanding speakers.

[ Applause ]

Stigma and discrimination  
is not going away...

but you all will be the leaders

because with your leadership,  
we shall overcome.

Thank you.  
Thank you.

Man: ...yonder

Whether you are  
false or true

Whether you remain...

Ladies and gentlemen,  
we will be

proceeding with the rest

of the closing ceremony  
this morning.

Good morning, everyone.

Today at the closing of this very, very great conference,

we're truly honored to be joined  
by a champion of human rights --

Representative Maxine Waters.

[ Applause ]

From the 35th District  
of California.

Elected to her 10th term

in the House of Representatives  
last year,

Representative Waters  
spearheaded the development

of the Minority AIDS Initiative  
more than 10 years ago

to address  
the alarming spread of HIV/AIDS

among African Americans, Hispanics, and other minorities.

Under her leadership, funding  
for the Minority AIDS Initiative

has increased from the initial appropriation

of \$156 million in 1999

to approximately  
\$400 million per year today.

[ Applause ]

She is also the author  
of legislation

to expand health services  
for patients with diabetes,

cancer,  
and Alzheimer's disease.

Representative Waters  
has also used her skill

to shape public policy  
and deliver the goods.

For example, \$10 billion in Section 108 loan guarantees

to cities for economic  
and infrastructure development,

housing, and small business expansion.

\$50 million for Youth Fair Chance Program,

which established an intensive job and life skills  
training program for unskilled and unemployed youth.

Expansion of the U.S.  
Debt Relief for Africa

and Other Developing Nations,

and the creation of  
a Center for Women Veterans.

Now, as she confronts the issues of poverty,

economic development,

equal justice under law,

health care reform,  
and HIV prevention,

Congresswoman Waters enjoys  
a broad cross-section of support

from diverse communities  
across the nation.

Ladies and gentlemen,  
it is truly an honor

to close this plenary session

and to begin the journey  
this morning

with Congresswoman and Representative Maxine Waters.

[ Applause ]

Waters: Good morning.

Attendees: Good morning.

I am very pleased and honored  
to have been invited here

at this important conference  
on prevention.

I'm very pleased and excited about the attention

that the President  
is giving to this issue.

And I'm very pleased  
that The Washington Post

had an excellent editorial  
in yesterday's paper

about the conference.

They said, "Tuesday's meeting  
in Atlanta

"will seek views from participants

"on how to reduce  
HIV infections,

"increase access to care,

and reduce HIV-related

health disparities."

I'm delighted  
that The Washington Post

gave it this attention,

and would like all of our  
major newspapers

to continue to give attention  
to this epidemic.

[ Applause ]

I wanted to be here not so much

because I have  
much to add to prevention.

As a matter of fact,

I thought about what I would say  
for some time.

And I began to reminisce

about the many conferences  
that I've attended,

the many town hall meetings  
I've been in,

the many opportunities  
that have been afforded to me

to talk about HIV and AIDS.

And I know that all of you  
in this audience

know a lot more about it  
than I do.

You can routinely state  
the statistics,

you know what's going on,

you talk about funding  
in a very knowledgeable way,

and on and on and on.

So, I thought  
what else can I say?

And then it dawned on me that while we have this initiative

and the President's interest  
in creating these discussions,

in the middle of all of this,  
we have these town hall meetings

that are going on,  
on health care reform.

You've been seeing them  
on television.

You have been  
seeing town hall meetings

that are initiated  
by members of Congress,

and you've been seeing  
them disrupted

with folks coming to shout down the leaders

of these health care reform  
town hall meetings.

You've seen the President  
in town hall meetings

and folks attending  
even with guns on.

It has been a very  
interesting debate,

and it continues to rage.

Health care reform --

comprehensive health care reform for this nation.

And it dawned on me  
once I began to really focus,

I cannot come here at  
a conference on prevention

and not talk about  
health care reform.

The two...

[ Applause ]

...must be merged if we are to really get a discussion

about HIV and AIDS prevention.

We've got to talk about comprehensive health care  
for all Americans,

and that's what I'm going  
to attempt to do this morning.

These boards are not necessarily in the order  
that they should be in.

But let's just start here.

Health care coverage  
for all Americans.

Health care  
coverage for everybody.

[ Cheering ]

Why is this so important?

You cannot tell people  
you gotta get tested.

First of all, in addition to telling them to get tested,  
you gotta make sure that  
testing is available,

and then after they get tested, then what?

Where do they go for  
health care?

What do they do?

If we have comprehensive  
health care for all Americans,

then it's not a question

about where you go  
for your health care.

So, this is important.

During the Presidential debate, you heard some debate about,

"Perhaps we can't  
cover everybody,

but perhaps we can cover

a certain number of people."

Well, ladies and gentlemen, we're now on the road

where we have come to  
the consensus --

at least those of us who think correctly about this --

that there must be health care coverage for all Americans.

[ Cheering ]

No more exclusions for pre-existing conditions.

[ Cheering ]

The HIV/AIDS community  
of providers

and folks who are working  
to deal with this epidemic

must know and understand that there are so many Americans

that, first of all, don't even ask for health care insurance

because they know they have  
a pre-existing condition,

and that you're going to be turned down in most cases.

They will not cover you.

So, health care for all Americans,

no more exclusions.

If you are tested, you find out you are HIV positive,

go and get your health care because you will have

a number of ways to do it.

No more exclusions  
for pre-existing conditions.

This should be high on your agenda to talk about.

[ Applause ]

Guaranteed benefits.

Now, let's talk about ==

there will be a health care exchange --

that should be up here someplace.

And in that health care exchange...

here it is -- way over here.

A health insurance exchange where you can choose

the plan that's right for you.

Now, if you already have  
health care

and you're insured  
and you like it, keep it.

Nobody is going to talk about taking your health care plan.

The opposition of those who say

"Government is taking over everything,

and it's going to tell you  
what you can and cannot do,"

that is not true.

If you have a plan  
that you like, keep it.

That's very important  
for all of you to understand,

so that when you run into those who say

"The government  
is going to tell you

what kind of plan you can have,"  
you can tell them, "Not true."

You can keep your plan  
if you like it.

But and this is how you will be able to compare

all of the plans.

There will be  
a health care exchange

where you can choose the plan that's right for you.

If you don't have a plan,  
if you don't like your plan,

we're going to provide all of the information

about all of the insurers.

This is what they cover.

This is what they don't cover.

This is what you may  
benefit from.

You will choose, if you would like, from that exchange.

But there is one thing  
about all of this

that you have got to be activists on.

And that is this.

Every plan, no matter  
what plan it is,

must have guaranteed benefits.

Must have!

So, AIDS activists, what should you be advocating for?

What's in the guaranteed  
benefit plan?

How is it going to come about?

There will be a commission  
that will be organized.

Who will be on this commission

representing  
the HIV/AIDS community?

Who is going to be the advocate to get someone

on the commission to make sure in that plan

that routine testing  
for HIV/AIDS

at every doctor,  
every health care clinic

will be available to everybody?

So, we're talking about prevention.

We've got to, number one,  
be focused on

comprehensive health care coverage for all.

We've got to make sure

that we're in the guaranteed benefits,

that's a part of what is adopted as guaranteed benefits.

I don't know what's going  
to be in this,

but, for example, maybe it will be a physical examination

at least once a year  
for everybody

in the guaranteed benefits --  
on and on and on.

But you must become real advocates to make sure

that HIV and AIDS are represented

in the guaranteed benefits.

No more exclusions.  
Keep your plan if you like it.

They're scaring the death  
out of seniors.

And they're telling them

that we're going to pull  
the plug on grandma.

I assured everybody

we're not pulling  
any plug on grandma.

I am grandma,  
and I'm not pulling

any plug on me.

What we will find

as we look at these benefits is

some of our health care providers

have been getting more money

under the Advantage program  
for seniors,

but they have not really been spending it on them.

That has not been demonstrated.  
We have looked at it.

And so we're going to make sure  
that we enhance those benefits,

and they get the benefit  
of all of the money

that goes into health care  
and Medicare.

Support for small businesses.

As you know, there was a scare

and they said  
to small businesses,

"You can't afford to provide health care coverage

"for all of those people  
who work for you.

"You're a small business.

"If you have to provide health care for them,  
you're going to end up having to close your doors."

We fixed that.

What we basically said is this in the plan that we put out

on the House side --  
in the bill that came out

of the Energy and Commerce Committee.

We will not consider anyone making \$500,000 or less

to have to provide  
health care coverage

for all of their employees  
by themselves.

We will subsidize  
the health care coverage

for small businesses,

\$500,000 or less so that  
that small business

will not be disadvantaged.

Your employee will not be disadvantaged.

And don't forget,  
we have many people

working for small businesses

who need to have these examinations,

who need to have these benefits.

They will all be taken care of.

Training for health care professionals.

We anticipate that  
with this explosion --

we have 47 million people  
who are uninsured --

that we have a need for

additional health care professionals,

nurses and doctors, et cetera.

And so we're going to  
have in the bill

additional training and support

for those who want to go into the medical field

in all different kinds of ways.

So, we're especially poised  
to make sure

that we expand opportunities  
for nurses and doctors

and health care professionals who may be

assistant health care,  
assistant physicians.

On and on and on to take care  
of all of the new people

who will be brought  
into the system.

Expansion of community

health clinics.

This is extremely important.

We have these federally supported health care clinics  
all over America.

They need more money,  
they need more support.

They're in these communities providing care

for the uninsured,  
for the marginally insured.

But this is something  
that I want to just

spend a minute on with you  
in terms of prevention.

I visited all of the federally supported health care clinics

in my district during the break,  
and guess what I discovered.

People in the waiting room bored, half-asleep,

anxious to get served,  
people just sitting there.

Why isn't someone talking  
to folks

who are sitting in these  
health care clinics

waiting for service?

You talk about prevention.

One of the things we're going to have to make sure we do

when we talk about prevention is

number one, we've got  
to have material

in every health care clinic  
that talks about HIV/AIDS

and testing and all of that  
to educate people.

You want to talk about prevention,

we need screens up with programs

while people are sitting there  
doing nothing,

looking at the information,

talking with people who are explaining to them

what HIV and AIDS is all about,

how to avoid it,  
and what they should be doing.

This is a lost opportunity  
with people sitting

in health care clinics  
with no information.

So, let's see what we can do about that.

Now, you know that health care insurance is mandated  
for everybody.

Under the bills that are  
moving forward,

we say everybody must have health care insurance.

How do you get it?

If you're employed and you have an employer who provides it,

maybe all of it, pays for all  
of it or some part of it,

you pay for the other part.

That's a way to be covered.

If you have to  
purchase it yourself,

you can go on the exchange  
and you can find

a health care insurer  
that you like,

and you can choose your plan.

Or if you decide that  
you're not going to buy it

because you don't believe

any of this,

then when you file your  
income tax,

you're going to be taxed 2.5%.

And why is that?

Because if you get hit by a car,

you're in a car wreck,  
you're in an accident,

you've got to go to somebody's emergency room.

You've got to receive some health care.

All of the taxpayers who are paying in

and buying health care insurance

would be paying for you  
if you don't participate.

So, we would like everybody  
to find a way to participate.

If you don't have much money, and you say, "Well, listen,

"I make minimum wage,  
I don't have a lot of money.

I can't afford it."

We have subsidies for those  
who do not have.

We have credits to make coverage affordable.

We don't want you to pay more than 11%, approximately,

of your income for health care.

You would then qualify  
for credits

to make sure that you have  
the money to afford

your comprehensive health care insurance, okay?

The big question that's on  
the agenda has to do

with the government option --  
that's up here somewhere.

The government option is what is being discussed.

Here it is right here.

A public option to compete  
with private plans.

There's a lot of discussion about this -- confrontation.

And this is where  
the opposition,

the right-wingers  
are confronting

all of the town hall meetings.

They're on the air,  
they're all over,

talking about how government is taking over your health care.

Not true.

I've explained the options.

But why is this so important?

Health care insurance companies

have been getting away  
with murder.

They've been ripping us  
off for years.

[ Applause ]

And the cost of health care keeps escalating.

For those who can afford  
health care insurance,

who are paying premiums  
every month, every two months,

every three months,  
every year,

you will find that the cost of these premiums keeps escalating.

Not only do they keep going up,  
your copays keep going up.

Your copays keep going up  
and you would think that

these health care insurers  
are doing this

because they want to provide you with more coverage.

Not so.

The 10 largest health care insurers

have CEOs who all make  
\$10 million or more per year.

Aetna...

the CEO makes \$24 million  
a year.

And so the increased costs are not going to pay for

more health care for you,

it's going for perks  
and it's going for stock,

and stock options  
for the insurance company.

They need some competition.

And the government  
is going to have a plan.

And the government's plan  
is going to compete

with the private plans.

You can choose whatever  
plan you want.

But with this government plan,

we're going to keep  
the costs down,

and they're crying because they're saying

that they're going to cause us to go out of business

because they're going to be lower priced than we are.

Well, if that's the case,  
so be it.

[ Cheering ]

No more copays

or deductibles  
for preventive care.

[ Cheering ]

No more copays or deductibles  
for preventive care.

Basically, we don't want you  
to be scared off

by all of the misinformation.

They will tell you that  
the immigrants

are going to come  
from all over the world

to get this health care

and you're going to  
have to pay for it.

Tell them you have heard  
the divisions

that have been created

by those who have the scare tactics about immigrants.

First of all, if you happen to be an immigrant,

and you're working some place,

and your company provides  
health care insurance,

they gotta provide it  
for everybody.

They've got to  
provide it for everybody.

We know that there is criteria  
for those who are undocumented,

who are here without papers,  
and that's what it is now.

It's consistent in law.

But don't have anybody  
make you believe

that everybody's going to come

from everywhere

and compete and get all of  
the health care

and none is going to be  
left for you.

Just tell them "Stop it!"  
That doesn't work.

So, I think we've gone through most of these

and I've perhaps used up  
all of my time.

Let me just wrap this up  
by saying

you cannot be about prevention

and helping to get rid of  
this epidemic

unless you get involved  
in health care reform.

You've got to be  
involved in this.

You cannot work in a vacuum.

You cannot think you're  
going to be taken care of

the way you should be  
unless you become active

and over on that Hill  
advocating for how HIV

should be a part of  
the benefit package,

how to make sure  
that the testing

is part of the benefit package.

Of course, there are those of us

who are going to be advocates  
for this,

but we need you to back us up.

We need you to make sure

that you're in this game,  
talking about how this is going to benefit all of those  
that you work so hard to try  
and provide services for.

This is a real struggle.  
This is a real fight.

You know Hillary Clinton  
was involved in this.

You know that  
she started this fight.

You know that the insurance companies put up  
billions of dollars with all  
of those ads on television.

They're back again  
with the scaring grandma ads,

they're back again with  
scaring you about

government is going to  
take over.

And so we're up against not only  
right-wing conservative Republicans,

but even Blue Dog  
and conservative Democrats

who are working to somehow say that we don't need all of this.

But behind it all,  
the insurance companies

want to continue to make  
the big bucks.

They don't want any competition.

They don't want to be  
told what to do.

They don't want to be told  
to stop these copays.

They don't want to be told to include more in their coverage.

They don't want to be told

that you cannot  
and you will not drop people

in the middle of their care

because it's costing  
you too much.

We have people who discover that they're HIV positive,

they have cancer,  
they have other diseases

that cost a lot of money,  
and they are insured

at the time that they discover.

And along the way,  
they get dropped

because the insurance companies

refuse to spend  
the money on them.

Enough is enough.

You should be tired of making this struggle

basically in a vacuum.

You've got to join hands  
in the politics of this.

I don't care what you are -- Democrat, Republican,

Independent --  
it doesn't matter.

If you're involved in  
talking about

how you're going to rid  
this country and this world

of this epidemic,  
if you're going to educate

and teach prevention  
and help people know

how they can  
take care of themselves

and avoid becoming infected, you've got to get involved

in comprehensive health care reform for all Americans --  
for everybody.

Thank you very much.

[ Cheering ]

Milan: Ladies and gentlemen,  
another round of applause

for Congresswoman Waters.

[ Cheering ]

Thank you, Congresswoman,

for breaking it down for us,  
for sharing your thoughts

and your passion  
on health care reform,

and integrating that message  
with HIV prevention.

We thank you so much  
for the passion

that you're bringing  
to these issues,

and we really appreciate  
the support

that you've given the fight

and advocacy for HIV prevention over the years.

I hope that you'll be able  
to join us

for the rest of our closing plenary this morning.

We're truly honored  
to have you here with us

at this closing plenary  
and at this pivotal meeting

at this very important time  
in the fight against HIV.