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Office of National AIDS Policy

Washington, D.C. HIV/AIDS Community Discussion

On the National AIDS Policy

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P R O C E E D I N G S

MR. CROWLEY: Hi, I am Jeffrey Crowley. I am the Director of the White House Office of National AIDS Policy. Thank you so much for joining us this evening for our Washington, D.C. HIV/AIDS community discussion. We are traveling across the country to hold these discussions to hear from Americans about their ideas for how we can mount a better response to the domestic HIV/AIDS epidemic. But it is really especially good for me and my staff to be here with you tonight because this is our own community and we really want to hear from you. I should tell you that we are recording tonight's event that will be posted on our website and other people will be taking photographs but you can check back later and look at the White House website at www.whitehouse.gov/ONAP. That web address is also listed on the program you were given.

We want to spend nearly all of our time tonight listening to you so I am going to be very brief. Before I begin I want to touch on one issue that I know is of concern to many people here. And that is really the essential Ryan White Program. As many of you know, this program provides really critical HIV healthcare and related services to people with HIV/AIDS all across the country. As is currently written, the program sunsets or technically would end at the end of this month. I just want to reassure you that the Obama Administration is very committed to ensuring that this program continues and really to ensure that services are not interrupted after the end of this month. It is really a top priority for all of us.

(Applause)

As I believe you know, I have been tasked with developing a National HIV/AIDS Strategy for the country to refine and improve our country's response to the

domestic HIV/AIDS epidemic. I want you to know that the President of the United States is really committed to responding to HIV/AIDS. He has identified three goals for our strategy which are reducing HIV incidence, getting all people living with HIV into healthcare and addressing HIV/AIDS-related disparities. That is something we are really going to be focusing on. Now because of his commitment, we have been able to assemble a staff at the White House in the Office of National AIDS Policy or ONAP to really provide important leadership for our country's efforts going forward. They are here with us tonight. I would like to introduce James Albino, our Senior Program Manager, Greg Millett, our Senior Policy Advisor, Adelle Simmons who is our Policy Advisor, and Natalie Poymann who is our Executive Assistant. It is really a great team that is helping us do a lot of work and really to advise the President as we go forward.

Now just to tell you briefly about how we are going to get from here to a National HIV Strategy, to develop the strategy I will be convening a Federal HIV interagency working group. This will be the body that works with me to actually develop the strategy. And this will have representatives of all the agencies and programs within the Federal Government that do anything related to HIV/AIDS. I think it is really important that we tap into their expertise and also to recognize that when we develop this strategy they will have a key role in implementing it going forward. So that is one thing we are doing.

But really for this interagency work group to work well, it will be really critical that we get feedback from a diverse range of people from all across the country, so getting every American's ideas are really important. So this is just the second of fourteen community discussions we are holding across the country. We had the first one in Atlanta last month and we expect to do these between now and the end of the year. So

that is one way. The President will continue to rely on a Presidential Advisory Council on HIV/AIDS.

Last month we announced that Dr. Helene Gayle is going to chair the Council for us. Now Dr. Gail is really a very prominent international expert. She is a physician that had a Senior Leadership role at the Centers for Disease Control and Prevention. She has done significant work responding to the domestic epidemic. But for the last few years she has worked on Bill and Melinda Gates Foundation on Global HIV/AIDS issues. Now she is the President and CEO of the international charity, CARE. So we really think she is really primed to provide really critical leadership to this council. We are currently reviewing other candidates and we plan to, in the near future, announce the full slate of candidates for this advisory council. And this will be important to us.

In addition to our community discussions and PACHA we also plan to use our power at the White House to convene a range of expert meetings on a specific number of issues. Importantly, we recognize though no matter how many mechanisms we put in place with PACHA, we could do two hundred of these community discussions, and there still would be people we have missed. It is a big country. Not everybody would be able to come to any one of these events.

So a critical thing that we are doing is we plan to issue, actually in the next few days, a call to action. And we want schools, churches, AIDS service organizations, businesses, clubs whatever group wants to, to have your own discussion about a National HIV Strategy and come up with your own recommendations and submit it to us by our website. We will be collecting these recommendations through the end of October. Then we will be synthesizing all the recommendations we get from our website and all these

community discussions into a report that would really be helpful to us as we pull all this information together to develop the strategy.

So those are all the things and we really see tonight and these discussions as just a beginning. It will not be your only opportunity to engage with us. So I ask you to follow along as we go throughout all these activities. Check up on us. Check our website from time to time and really follow along.

Now as we think about being in the District of Columbia, it is really important to us that we be here tonight. As we said, this is our own community so that is one really important thing. But we also know that the HIV/AIDS epidemic in the District of Columbia is as serious as almost any other part of the country. So it is really important that we hear about what is going on here and think about ways that this can inform our national strategy.

Last year we heard about the HIV/AIDS Administrations Annual Epidemiology Report that said three percent of the residents of the District of Columbia are living with HIV/AIDS. That is a sign that we have a very serious epidemic. So as we think about what the challenge is before us, we are really lucky to have one of our own champions on these issues, a fighter who has really spent a long time working on behalf of people living with HIV/AIDS, our own representative in Congress. Congresswoman Eleanor Holmes Norton is a third generation Washingtonian. She is now in her tenth term representing the District in Congress. She really has from the beginning been a champion on HIV/AIDS issues. She has fought to lift the ban on using federal funds to implement needle exchange programs in the District of Columbia.

(Applause)

She has held town hall meetings in the District to learn from the community about HIV/AIDS. She has really been ahead of us on that. She has really been a friend to our cause of achieving the President's goals. Really taking a hard look at how we reduce incidents, get people into care and also really addressing the serious HIV/AIDS disparities. So please join me in giving a warm welcome to our own Congresswoman Eleanor Holmes Norton.

(Applause)

MS. NORTON: Thank you very much. I appreciate that generous introduction and I certainly appreciate all of you being here.

The most important part of what we are going to be doing this evening is the community discussion. This is not a condition, my friends, like the ones we are trying to handle in the healthcare debate that I am deeply ensconced in now. This is not like so many conditions, like pre-existing conditions. It does not have to be pre-existing. This is not like so many of the conditions that ravage our African-American community in particular, where for reasons we are still trying to discover some of which may have to do with our gene pool, we are more susceptible to certain conditions like high blood pressure and more susceptible to HIV/AIDS. I joined this fight before I came to Congress, when this was a condition that ravaged the white gay community, when some of us would not step up because we had the audacity to regard this as a white gay disease. Well I say to my own community now, when you see this disease ravaging chiefly people of color, are we to regard this as a black and brown disease? If ever anybody taught the country about stereotypes and how harmful they are, surely the African- American community over the centuries has taught that to our country.

And so we have now had to face head-on a disease whose numbers are coming in now chiefly among people of color and far more so among African-Americans and look at ourselves closely. Even as we bring pressure on our Government to do something about a disease that is chiefly transmitted sexually and therefore the Government and in that one we, need to have some discussions among ourselves and I hope we will have a no holds barred discussion -- not only a discussion with those who are on our side from the moment they hit the administration. I thank Jeff Crowley of the Office of National AIDS Policy and I thank particularly Shannon Hader of the D.C. Department of HIV/AIDS Administration. I thank Wallace Corbett of the D.C. Ryan White Planning Council.

I especially thank my good friend I was with Dr. Helene Gayle, the African-American physician who has devoted her entire life to public health and particularly through work in HIV/AIDS. I was with Helene when she and I were both guests of the same family at Martha's Vineyard when the President announced that she would head his HIV Council. I know we are in good hands. I know it from Helene who was honored at Martha's Vineyard for her role in HIV/AIDS among the people who were there. And I especially know it because of the priority the new President of the United States Barack Obama has already given to HIV/AIDS.

We found ourselves, here in the District, where we needed to call more and more attention to the disease. We in the Congressional Black Caucus saw in all of the great cities of the United States, where there are large African-American populations, that the disease had crossed over. A disease that in the 1980's had very few African-Americans with the disease had now become a disease mostly, mostly if you look at who was getting the disease, of African-Americans.

And so we tried everything. We tried getting tested, you can see me on my website from several years back, getting tested trying to lead by example. You will see that we bring Unity Healthcare to the Hill every single year for black members of Congress to get tested to say, see we are getting tested, please get tested. I have no public event -- if you are going to come to my small business fair you are going to find that Unity Healthcare is there to help you get tested, in case you want to stop by and get a free test. If you want to come to my job fair thousands upon thousands come, you are going to find free testing. I do not think the District of Columbia should have an event –- it should not have an ANC meeting -- where you could not get tested for AIDS, so that we can begin, all of us, to take responsibility for this preventable disease.

Most of what happens in our community is not preventable. That is why I am trying to get healthcare. But we know for sure this is a preventable disease and we know that safe sex and getting tested is a way to prevent it. I got so discouraged to hear nobody even talk about the disease when I was in the minority before we took the majority that in, I guess it was 2006-2007 -- here am I, declaring it to be the year to prevent HIV/AIDS in the District of Columbia. I do not have the resources to do that. I am a member of Congress. But I just could not stand it. At that point we had the Republican minority keeping us from using needle exchange or the Whitman-Walker –- who virtually invented the notion of needle exchange and had a model program in the District of Columbia for the Congress -– the Congress said no, you can't and no you don't. Nevertheless I am left with the notion that even if we had needle exchange, I said to myself, what do you do about the sexually transmitted part of this.

And so we began a year-long series of meetings. Look everybody has got to do what everybody can do. Nobody can keep me from having town meetings, even if

they kept me from getting the needle exchange attachment off of our appropriation. So I had a year-long series of town meetings. The first people I called to it was probably the group that is least likely to have HIV and AIDS, it was the ministers of the District of Columbia. I asked them to come to their own town meeting, just them and me, so that we could discuss what is not only a civic crisis, but a spiritual crisis in the District of Columbia where people sitting in their own congregations have AIDS and are afraid to say so or afraid even to find out because of homophobia in our community -- much of it met, but not pushed back, by African- American clergy who seemed to me had the chief responsibility as the moral leaders of the community. Whatever the Scriptures as they read them say to them, it seemed to me they had to call out the disease and reach their hands out as Christians to those who have the disease -- and to keep people in our community from deciding to die rather than get tested -- so great was the stigma in some parts of our community.

I did not think anybody could do that but them and I commend large sections of our clergy who in fact have their own HIV/AIDS ministries, who in fact preach to the matter, who in fact are helping to rid our community of superstition, misinformation, and homophobia which keeps our people from facing this disease.

You have got to ask yourself, how could the disease which affected so few in the African-Americans, affect so many now? And you will not be able to come up with the answer without looking also at ourselves and not only at people who it is very easy to point the finger at because they bear a large responsibility. People like the Congress of the United States which, when I was in the minority, attached our appropriation, a lethal, a deadly attachment that prevented the District of Columbia from continuing with its path breaking needle exchange program. Even though every national

scientific organization, whether medical or pure science, tells us that one of the first things you ought to do is to do needle exchange because dirty needles pass the disease on to others or the virus on to others who unknowingly, then pass it to still others.

That needle exchange absence enabled the virus to get a foothold in the District of Columbia, even greater than in other cities with African-American communities. There is no way else to explain, for example, that Baltimore, a far poorer city than the District of Columbia, an old manufacturing city, has a far better HIV/AIDS rate and has had so for more years than the District of Columbia. In 1994 for example, Baltimore reported at 62 percent of the new cases that they had, resulted from injection drug use. A dozen years later it went down from 60 percent to 40 percent because Baltimore had sense enough to use needle exchange programs while the District was forbidden to use them during that time. Or take New York City, a city with people from every part of the globe, where you would expect the condition to be rampant, New York reduced its injection drug use 50 percent over a period of about ten years.

I commend an organization here called Prevention Works who all during the time we were forbidden needle exchange, scurried on their own, the Government could not help them, to get private money to continue to do at least some needle exchange, insufficient though it was, to meet the mounting incidents to do some in this city or we would have been much worse off.

So if you look at cities of the same size, medium size cities, we are far behind all of them though they have the same kinds of population we have. I have mentioned Baltimore but the same holds true for Oakland and Boston and Nashville and yes, New Orleans my friends. The devastated New Orleans, Charlotte, El Paso -– we are

behind all of those cities. It will be very much more difficult for us to catch up because of the ten years that the Congress put us behind.

So I do not like to talk about how the District is so much worse than everybody else but it looks like, left with the same conditions, the same programs, something must be wrong with us. The reason the District is worse is because needle exchange programs were forbidden us and any great city is where the drug culture is. Once you do that, you have struck us down and you struck us down for ten years. If you think that is not enough having gotten it off, the moment the Democrats took control of Congress, I said, I do not care if we do not get another other attachment off, we have got to start with HIV/AIDS. To its credit the mayor and Dr. Hader set up a state of the art program, not just needle exchange, but a way to get people, particularly people who need drug treatment, into the full array of treatment they need -- another state of the art program, just as Whitman-Walker set up the first state of the art program. We were going along very, very well with the funds coming forward and most of the funds for anything having to do with HIV/AIDS comes from the Federal Government, so we were just doing fine.

Just this year, the Republicans came up with an amendment which said that you cannot have needle exchange programs. And then they named a whole set of places. Those are places where children are supposed to be -- if you are carrying somebody to a daycare center -- that counts as a place. We already have a law in the District of Columbia that says a thousand feet I think it is, from a school. We know how to take care of ourselves. The way in which they have parks, we are a city of parks. The way in which this amendment lays it out is, you simply could not have a needle exchange program in the District of Columbia if you could not have a program near parks, near

places where a child might even pass by with a parent in effect. So here I go again and in this appropriation period what I am seeking to do is to get us back to the status quo ante. You know, to back where we were when we finally got needle exchange taken off of us.

Well if you have seen the work I have had to do, and we are closer than I can tell you this evening, to do to get D.C. voting rights after two centuries, then you will understand that one cannot afford to get tired once they pull you back. You have just got to reenergize yourself and use the fact that somebody had the nerve, the nerve with our HIV/AIDS rate, to try to push us back to where we were before when we had to finally remove the Congress from our backs.

I am certain that the new majority, if it helped me the first time to get rid of the needle exchange attachment, will help me again to get rid of needle exchange attachment two. The rest is going to be up to us. If those of you who gathered in this room, pledge to be part of a new movement to rid the District of Columbia of this preventable virus, and I see so many of you here and you gladden me to see so many of you here, if you will be part of a new movement which will then grow, then I think we are on our way to dispensing and chasing this virus from the proud capitol of the United States.

Thank you ever so much for spending time with us today.

(Applause)

MR. CROWLEY: Isn't it great to have such a fighter for us working in Congress? Thank you so much Congresswoman Norton.

(Applause)

MR. CROWLEY: Now it is my pleasure to introduce Dr. Shannon Hader, who in 2007, was tapped by Mayor Adrian Fenty to serve as the Director of the D.C.

HIV/AIDS Administration. Dr. Hader is a public health doctor with a long-standing commitment to fighting HIV/AIDS and she is known for her work in focusing translating information to action. She has worked in many different contexts. She has worked in emerging epidemics in rural Mississippi. She has worked in rural Russia. She has worked on women with HIV. In the United States, she has looked at issues around adherence to treatment, directly observed anti-retroviral therapy, the development of HIV treatment programs in resource poor settings. And she has worked as a clinician caring for children and adults in the U.S. and abroad.

You know, last spring there was this epidemiology report that really shocked a lot of us in our community and actually got a lot of attention to really tell us how serious our epidemic is here. While it is bad news, it is good news that we are getting a better handle and we are getting better data just to tell us what we are grappling with and how we can go forward. It was really Dr. Hader's leadership that brought us that report and brought us to this point. So please give a warm welcome to Dr. Shannon Hader.

(Applause)

DR. HADER: Well, good evening -- all right. I am here for two reasons tonight. First to listen, which I am starting by talking, but really I am here to listen. And I am really privileged to get to hear your concerns and also your visions of what a better future for HIV in D.C. will look like. So I am really glad the White House is calling us all together for this chance. And second, I am here to be one of the many voices who are part of and cares about D.C., using this conversation as a direct line to the President to tell the White House what we need to succeed.

So I am going to kick it off with that (?) coming from local government on what we need the White House to know. And like many people here tonight, I have worn a lot of hats for HIV. Doc, scientist, fed, friend, ally, colleague and now I am part of the local department of health. Our community, D.C. is full of talented, dedicated, experienced, knowledgeable and passionate people who demand a full and effective modern response to our modern HIV epidemic.

(Applause)

As we have heard tonight our epidemic is an epidemic of scale with the highest rates of HIV in the country. It is an epidemic of complexity with ongoing transmission among MSM, heterosexuals and injection drug users. It is an epidemic with racial health disparities. And it is an epidemic for which business as usual is wholly unacceptable.

(Applause)

So my focus tonight, wearing that hat of the local government tonight, relates to process actually coordination and partnership ensuring that supports and systems of accountability are increasingly efficient, sensical and consistent across federal organizations so that efforts at the front line, here in the jurisdictions, can be directed towards fighting against the disease rather than distracted by managing non-allying bureaucratic processes and goals. And that process I am focusing on simply to get us to outcomes -- cross-cutting strategies and sustainable systems for scale and impact that will really reduce incidence and prove care outcomes and alleviate health inequalities.

So we are definitely at a time of unprecedented opportunity to fundamentally shift the future of the epidemic. We have got recent examples from our international HIV response that federal leadership, coordination and accountability in the

fight against HIV matter. And we should aspire to no less in our domestic response. We have more information on the nature and the extent of the problem here in D.C. than ever before. However, my greatest concern is that we will inadvertently miss this opportunity.

Many ways, but the one I will highlight tonight, is by failing to recognize the specificity of local epidemics and the necessity of the local government to be much more than just a pass-through structure for federal funds.

(Applause)

Local government must fundamentally contribute critical information, strategic coordination, implementation supports and community-wide accountability to the response. We are also directly invested in and responsive to the health outcomes of our residents. And an effective response must be designed to match the specific picture of the local epidemic which is rarely, if ever, simply a picture of the national average.

Now in D.C., we have seen the results of what happened when local government for many reasons, over many years, and with many shackles from Congress, failed to fulfill its specific critical role in the HIV response. We have got an out of control HIV epidemic with too many people caught unaware. We have got talented and dedicated community providers who battle on the front lines of the epidemic, yet could not get far enough alone.

Now that the local government, mayor and city council are starting to step up, what is less visible is how much effort is expended responding to the fragmented, non-allying partial picture requirements of some of our federal systems. This gets in the way of creating a response that covers the community as a whole for community level change. But I know we can change this. I have seen it done. And I will know that change occurs, when my federal partners will help me help D.C. by really seeing and

understanding how the response in D.C. is going overall. Not just how their program or their grant stream is doing.

The biggest facilitator for this would be transitioning to a consolidated annual report in lieu of individual, incomplete non-aligned reports to each and every federal grant. Such a consolidated, jurisdictional report could clearly and accountably reflect all federal and locally funded HIV activities as well as the sum total of their combined efforts. This way, forward looking strategies and activities can be based on comprehensive and meaningful evidence.

I will also know that change has occurred when we are no longer only talking about a new division of old resources but also talking about leveraging new additional resources, be they people, partnerships or money appropriate to achieving community level scale and impact. So the combined investments and talents could result in measureable reductions of new infections, improved care outcomes and decreased health inequalities.

So that is what I ask from the local government -– to help me help D.C. And I cannot wait to hear what everybody else shares tonight. Thank you.

(Applause)

MR. CROWLEY: Now we are getting ready to hear from you and it is my pleasure to introduce a long-time friend, Wallace Corbett who is going to serve as the Moderator this evening. A decade ago I knew Wallace when he served on the Board of Directors of the National Association of People with AIDS, NAPWA, and I was actually on staff back then. But even then he had a reputation or was really just known for his commitment to the local community and his hard work on behalf of people living with HIV/AIDS. Wallace currently is the chair of Ryan White Planning Council, he is a

native of Washington and just a couple of his accomplishments include serving as President and Founder of Brother to Brother, Sister to Sister United Inc., which is a non-profit cycling club that has helped to raise over $1 million dollars for HIV/AIDS service organizations that provide assistance and education about the disease within the D.C. Metropolitan area. He is also the Chairperson and Founder of the Photo Exhibit, Our Heroes, an exhibit that raises awareness of HIV in the District. So please join me in welcoming Wallace Corbett.

(Applause)

MR. CORBETT: Thank you. So I am your moderator for today. My job is to get you in to have what you have to say and move to the next person to allow them to speak. Okay? Let us take one minute, one minute to do something for me and for yourself. I want you to call out the names of those who have passed that you know that you want to be here. I want you to call them out as loud as you can so that they know that you are here representing them. I want you to call those names out now. Call them out -- louder -- excellent. Now you have called them. Now it is time for you to talk. Amen?

So how it is going to work? You are going to come to the microphone and you are going to have about a minute and a half to do your own testimony. Okay? Just start coming up and lining up, that would be good. Please state your name, do not be nervous, breathe in, breathe out and let the White House hear from you. Okay? So how we are going to do it, we are going to start to my left and then we will go to my right and then we will go to my left and then we will go to my right. Are we good with that? I will raise my hand when you are getting close to your minute and a half or two minutes.

Okay? Are we good with those rules? Sure, because I do not want to repeat them again. We are going to start to my left, please state who you are.

COMMENT: My name is Carnel Thomas from Baltimore. I am here with Life Link. I have been living with HIV/AIDS over 25 years and my issue of concern is that I would like to speak to the President's objectives. And mine is to deal with health disparities in the HIV community. When you look at the Ryan White Act its leadership has put into place programs that address the needs of those who are disenfranchised or under served. So any strategy would have to take into consideration support services because if you cannot get to the service, if you cannot maintain your drugs, if you cannot get support that helps you to access the services, adhere to the services, it leads nowhere except back to medical services which are going to be further impacted if we cannot get people in on a timely basis. And support services are those services housing -– well support services are case managers, because when I came into the system thank goodness they were there to help me to navigate the system, to find the resources I needed to make sure I was able to maintain a state of health that would allow me to be more productive. Once again, Life Link of Baltimore, we appreciate D.C. too because if it could happen here we would probably know about it.

MR. CORBETT: Thank you so much. Thank you so much.

(Applause)

COMMENT: Good evening. My name is Josh Ravner and I am the Manager of Policy and Advocacy for Metro Teen AIDS which is located near Barracks Road here in D.C. We work with and fight for D.C. youth, especially those in the eastern quadrants, making sure they protect themselves from HIV. And it is clear that these kids need widespread availability of birth control, science-based and reality-based sexuality

education and access to testing for SDIs. There are many partners in this fight along with community based groups like Metro Teen AIDS. We need the CDC to be clear about the science of birth control. We need widespread testing and resources for those who test positive. We need schools and local government to support that mission and we need our youth to be supported when they stand up and show the needed courage to be tested. Nothing less than a generation of the District's youth is at stake. Thank you.

(Applause)

MR. CORBETT: Thank you so much. Next --

COMMENT: Hi, I am Richard Urban and I am the Co-Founder and Executive Director of Ultra Teen Choice. And that is a Washington D.C. based non-profit and we have served over 3,000 at risk minority youth during the past six years. Our mission is to provide education and peer-counseling and accountability relationships for youth that will empower them to be successful in life by choosing abstinence from sex outside of marriage and also abstinence from drugs, alcohol and tobacco. As you know, D.C. has the highest rates of HIV infection in the nation. We have 6.5 percent of black men and 2.6 percent black females infected with HIV/AIDS and that of those diagnosed, we know that actual rates are much higher than that. So we do have the worst pandemic in the nation as you said. I am deeply concerned about the future of youth because I have been working in the field as a volunteer HIV/AIDS prevention educator and later as a Co Founder and Director of Ultra Teen Choice for about 12 years. I am concerned about the obvious bias by many government agencies in promoting the only 100 percent sure way to prevent HIV/AIDS, which is sexual abstinence outside of mutually faithful monogamous relationship. 42 percent of Washington, D.C. high school youth have never had sex, and that is twice as many abstaining as compared to 1994. Yet

nothing is being done by the District of Columbia to encourage and expand this positive trend.

To solve this concern, we need to institute an ABC Plan not unlike the one that was instituted in Uganda successfully in the early 1990's. A means abstain from all sexual relationships outside of a mutually faithful monogamous one, such as in marriage and B means, be faithful to your partner, C means use a condom yes, but if you choose to foolishly ignore the previous advice nothing less will solve this crisis.

Washington D.C. has promoted condom use for 25 years and incidents of HIV have not declined. The fact is that nowhere in the world does any program ever increase the consistent rate of the use of condoms among the general population. And right here we are talking about a generalized epidemic. So why are we so fixated on promoting condom use while ignoring the obvious method of stopping an epidemic that has worked in other locations? So to solve this problem we must stop stigmatizing youth who choose sexual abstinence. Furthermore we should stop stigmatizing organizations that promote sexual abstinence. So we need to take a cold hard look at the fact, as I said, that nowhere has a generalized condom increased rate been brought about. And Ed Green has brought that out clearly. So we need to look at that reality.

(Applause)

MR. CORBETT: Thank you so much -- excellent -- next person.

COMMENT: My name is Robert Reinhart and I am a D.C. resident and also work with the AIDS Vaccine Advocacy Coalition which is devoted to a number of biomedical prevention methods nationwide and internationally. I would like to give you an example of a lack of federal coordination and strategy because this year the CMS, the Medicare Agency, proposes to pay for a wide range of HIV testing but only for a defined

set of at-risk populations. And this falls short of the CDC's recommendation that HIV testing be available for all persons from 13 to 64 years old, and as supported by the American College of Physicians and most medical experts. So this kind of disconnect in the scientific methods about what is the best way to reduce incident, is a problem. Of course we would like you to resolve that inconsistency by going for the widest possible set of testing.

And I would just like to mention that if you drill down into the CMS criteria for defining what is a purely health-based method of testing, they are not supposed to look at cost considerations which we all have to look at eventually, but just as a pure biological health-based decision. The better answer is for a more universal testing program and we would like that kind of strategy to be the things that you consider. Thank you.

(Applause)

MR. CORBETT: Thank you so much. Next - how are you?

COMMENT: Good evening. My name is Frank Tucker and I am Chair of the Black Leadership Commission on AIDS of Washington, D.C. and vicinity, an affiliate of the National Black Leadership Commission on AIDS and also Senior Pastor of the First Baptist Church here in Washington. I have been serving in that position for over 33 years. The National Black Leadership Commission on AIDS recognizes that an effective national HIV/AIDS strategy to address the public health crisis must be coordinated, strategic and adequately funded.

Our specific recommendations are the provisions embodied in H.R. 1964, the National Black Clergy for the Elimination of HIV/AIDS ACT of 2009 -- a landmark legislation recently introduced in the House of Representatives by Congressman Charles

Wrangle the Democratic Chairman of Ways and Means, and co-sponsored by Congressman Peter King Republican from New York. Among its provisions H.R. 1964 calls for enhanced HIV/AIDS outreach, prevention and testing activities, voluntary, routine HIV testing in all appropriate medical settings, expanded and intensified comprehensive HIV/AIDS prevention education targeting black woman, MSM and youth, expanded funding for capacity building to respond to HIV/AIDS culturally competent research to reduce the HIV/AIDS transmission and requires that the secretary of Health and Human Services to report to the President and Congress on the federal government's efforts to reduce the burden of HIV and AIDS on African-Americans. In the H.R. 1964 it calls for measureable goals, timetables and specific objectives for required coordination of HIV and AIDS. On behalf of the Black Leadership Commission on AIDS of Washington, D.C. and vicinity an affiliate of the National Black Leadership Commission on AIDS, I strongly urge that the provisions of H.R. 1964 be included for implementation as an integral component of President Obama's National AIDS Strategy. I have available a complete copy of that document. Thank you.

(Applause)

MR. CORBETT: Thank you – next --

COMMENT: Good evening. My name is Sharon Franks Dunbar. I have been living with HIV for 15 years and I have come to address the issue of homelessness in this city –-

(Applause)

--with our two housing lists. One housing list is working with people that are not only HIV but with all people in the D.C. area. It is working on the year 2002. The other housing list is with Housing Counseling Services which is for people that are

affected with HIV. It has more than 500 people on that list. I was number 175 three years ago. I am number 135 –- that means they have taken 50 people off of that list to house. The list has not moved in three years. I am still homeless. This needs to be addressed. When Congressmen have houses, and the President has the White House, there are people in this city that have no houses. Thank you.

(Applause)

MR. CORBETT: Thank you – next --

COMMENT: Hello. My name is Melanie Reese and I am with Baltimore, MD. I have been living with HIV for ten years. My concern relates to President Obama's first objective to reduce HIV incidents. We have to leave no stone unturned in regards to HIV education. Everyone needs to be educated with age-appropriate information and sex education starting with Pre-K. And every part of the community needs to be educated about HIV and that is the targeted LGBT community, African-American Women, African-American men having sex with men and seniors.

We need to be using current technology, the social meeting places such as Facebook, My Space, YouTube, Twitter, Texting, E-Mail and Podcasts as well as Radio and TV. HIV can happen to anyone. I was a 48 year old divorced woman, violently raped by a blind date. We are mothers and fathers, we are sisters and brothers, we are aunts and uncles, we are nieces and nephews, we are cousins, we are friends, we are neighbors, and we are church family. HIV can happen to anyone and education is the way to reduce HIV incidence. Thank you.

(Applause)

MR. CORBETT: Thank you –- next --

COMMENT: Good evening. My name is Matt Danford. I am Mr. Capital Pride Leather 2009 for the District of Columbia. I come here today as a member of the GLBTQ community. I am a spokesman for D.C. Toolkit which is a new initiative that was launched in May of 2009. It provides safer sex kits throughout D.C. As of today we have provided over 80,000 kits to most of the community and bars here in D.C. We have also been recognized by the International Gay and Lesbian Foundation of England. They have received an international homo-hero award. I also come before you as a Co-Chair of Gay Days, now in Alexandria, VA., where twice a month we provide HIV and syphilis testing for the GLTBQ community.

Three months ago I testified before the D.C. Council to prevent them from cutting, not only 60 percent, but all of our funding for the D.C. center. Those fell upon deaf ears, so I do not come before you with statistics, I do not come before you with a plethora of information I come before you with a question. What will Obama's Administration and ONAP do for our community when we have no funding?

(Applause)

MR. CORBETT: Thank you –- next --

COMMENT: Hi. I am Robert B. and I am here representing Life Link. I am from Baltimore, MD. and I am a proud selected member of the Ryan White Planning Council pool. And I am here today, and I wish to address my issue that relates to the increase of access care, reduced HIV incidence, more HIV education outreach programs, more housing training programs, and more supportive systems. I have been HIV positive since 2000 and had I -- and I cannot blame anyone for me contracting what I contracted, my behaviors allowed me to do that –- but if there was more education out there to make people aware. I have a son that is 20 years old and it is my duty to keep him protected as

well as everyone else because HIV does not discriminate, it demonstrates. Have a blest day.

(Applause)

Mr. CORBETT: Thank you –- next --

COMMENT: My name is Vaughn Daniels and I am a three generation Washington as well as a recovering intravenous drug user. I have been living with HIV from intravenous drug use for over 21 years. The government must provide more funding for needle exchange. While recognizing that in spite of what a person does, he or she is still a human being and deserves to be treated as such. Understand that syringe exchange is the gateway to treatment and we need to take the obstacles and hurdles out of people getting into treatment. The government must develop these new models and fund them and coordinate with local and public health and non-profit entities such as Family Medical and Stoddard Westminster to ensure that these vital services are not only available but also working.

My greatest wish is that because of this National Strategy there becomes a new energy to help the substance user as well as the intravenous drug user so that when drug users decide to make a difference and go sober they can do it without being ravaged by HIV and Hepatitis.

(Applause)

MR. CORBETT: Thank you –- next --

COMMENT: My name is Jamina and I have AIDS. I am also a peer educator. My concerns are that I believe that the programs east of the river are underfunded and in need of greater resources. A majority of the residents have a lack of education attainment and a lack of employment opportunities which leaves the residents

to risky behaviors such as unprotected sex and substance abuse which increases the risk factors for contracting HIV. My solution to this problem would be more adequate funding for testing, education and wraparound HIV/AIDS services. More money should be invested by federal and local government for HIV/AIDS community-based organizations east of the river. More programs to maintain stable housing, substance abuse treatment on demand, and employment services for those residents affected and not affected. Responsibilities start with a coordinated system of prevention and care. That means the Obama Administration, Department of Justice, Health and Human Services, local government, local agencies and the residents of the District of Columbia.

By us continuing to act as if this epidemic does not exist on a national and local level, the rate of newly diagnosed cases will continue to increase. Thank you.

(Applause)

MR. CORBETT: Thank you so much.

COMMENT: Hi, my name is David Phillips. I am a resident of P.G. County, born and raised in Northern Virginia. I wish that Delegate Norton was still here. Statistically speaking, in the time that it took her to speak and recite history to us two people were infected with HIV. One of them was a gay man. I am particularly speaking from the standpoint of a gay man here this evening, one who has lived with HIV for 27 years, that first and foremost in the legislative agenda we need to end the restrictive provisions of Section 2500 Public Health Service Act. It is ridiculous that we cannot have frank, adequate, explicit education aimed at our communities. That rolled up within that is the inadequacy of CDC interventions aimed at gay and bisexual men. I am not a MSM, I am a gay man – [EXPLETIVES REMOVED] -- tell it to me that way. But at

this time only 4 of 17 of the approved interventions target us but yet we present over half of the new HIV infections.

And lastly, a message about testing, I hear the call so much from people who do not know the ordeal of receiving that positive test result. Before we call for testing on a massive scale in any community there need to be the resources to support people and connect them with the education to sustain their lived and keep them healthy.

(Applause)

MR. CORBETT: Thank you.

COMMENT: Good evening. My name is Joe Acosta and I am with the International Association of Physicians in AIDS Care here in Washington, D.C. Within the past several years we have seen an exodus of HIV treating clinicians from the field of HIV medicine. There is also a growing number of clinicians who must spend the majority of their time in non-HIV care in order to support their HIV/AIDS practices, or who take on work and stop seeing these patients altogether. The specifics are complex but the basic problem is that private healthcare plans do not want expensive patients and they therefore use grossly inadequate reimbursement numbers to discourage clinicians from attracting HIV/AIDS patients.

We should include pressure against specific abuses and establish official standards of HIV care which healthcare plans cannot ignore with impunity. A National HIV Strategy should emphasize an accurate, reliable and feasible measurement strategy for routine clinical management of HIV/AIDS. Hundreds of millions of dollars are spent going from first to second line treatment because we could not reliably distinguish whether the lack of therapeutic response is due to biology or behavior. The strategy

should encourage effective training on and implementation of adherence monitoring as part of the larger continuing quality improvement process. Thank you very much.

(Applause)

MR. CORBETT: Thank you – next --

COMMENT: Hi. My name is Raymond Martins. I have practiced HIV medicine for the past nine years and have been the Chief Medical Officer at Whitman Walker Clinic for the last 19 months. At a frontline medical provided, I, as everyone here, am very concerned about the increased rate of HIV in Washington and the fact that it is prevalent in so many communities. We have been averaging 8 new HIV diagnoses a week this year at Whitman Walker.

My solution is to have one main goal to reduce the incidence of HIV in Washington. My recommendations include: One, having the District expand upon its already aggressive HIV testing campaign and two, initiating HIV medications earlier with the idea of using treatment as prevention. An expanded HIV testing campaign will reduce new infections because clinical research has shown that newly diagnosed patients are less likely to engage in risky behavior and those patients can enter earlier into care and treatment.

In regards to starting HIV medications earlier, research trials have shown clinical benefit to patients starting HIV medications sooner after diagnosis. With the added advantage that patients on HIV medications are less likely to transmit HIV. For this to happen, HIV APTO(?) testing should be expanded to additional medical and non-medical settings to start HIV medications earlier and the disease will require a change in clinical guidelines, a release of recommendations specific to the District that we should offer HIV medications earlier to potentially curb new transmissions.

My greatest wish is to see less of my fellow Washingtonians diagnosed with HIV. Collaborations need to continue at an accelerated pace with the focus on using research to improve the health of the individual patient while concurrently helping to better the health of the entire Washington community.

COMMENT: Hi -- greetings. I am Trina Scott. I am with Advocates for Youth and I really want to bring attention to (inaudible) nationally and here in the District and a lot of times when we look at who is around the table it is not young people. Or if there is a young person, it is very tokenistic. So one of my recommendations is that we really try to create the National Youth Advisory Board on what we are talking about HIV/AIDS so we can have their process in the planning, implementation and also evaluation of the services that we provide for them around HIV.

Another thing is when we are looking at the HIV Awareness Days there is nothing for young people. We talk about ethnicity we talk about some other populations but we never focus on young people. So I think especially here in the District with the CPG and also with the Ryan White we try to engage young people more. Thank you very much.

(Applause)

COMMENT: Good evening my name is Anthomarious Curl. I am from Baltimore, MD. I am also with Life Link. I am also a member National AIDS Alliance here in Washington, D.C. One of my issues is that the HIV related health disparities -— I would just like to tell you that we cannot afford interruption in our treatment. For one thing if there is interruption in treatment we become resistant to drugs period. So we are not only wasting the time that we have to live but we are still being overtaken by a new virus that we cannot find a cure for and that they might not have medicine for now. Our

treatment is expensive and we have to be consistent. We thank God for the Ryan White money and this money cannot be cut. We cannot afford -- I know that I cannot afford it and I know that it is so expensive that people cannot afford to live, but we still want to live. I have been HIV positive for 18 years now and I thank God for Ryan White. At one time from HIV to full-blown AIDS was assessed at 11 years but through good medicine now we can live a longer and healthier life. We have to maintain our complex condition, our chronic condition of HIV and we can do this with the Ryan White Care Act. Thank you.

(Applause)

COMMENT: Hi my name is Joyce Asives and I am a third year law student here at the University of the District of Columbia's David A. Clark School of Law. I was fortunate enough to have the opportunity to spend nine months in the HIV/AIDS legal planning here at UDC. They primarily use second and third year students and the family preservation model to fulfill the legal needs of the HIV/AIDS community. We do things like stand-by guardianships, advanced directives, we prepare wills, we do third party custodies, and we also represent parents in neglect and abuse cases. So we are adamant about the fact that the President's National Strategy include a family preservation effort. Just for an example we had a client in the clinic, an HIV positive mother with an HIV positive child, an infant, who the District claimed the mother was not medicating or caring for the child properly. Two students in the clinic investigated and worked with the Social Services Agency to put things in place so that the child was returned and the government dismissed the case. And so we do hope a National Strategy will involve some type of family preservation for these families.

(Applause)

COMMENT: My name is Ben Banks. Thank you for this opportunity to speak this evening. I am concerned that the issue of pediatric HIV and AIDS has not been addressed sufficiently in this evening's discussion about a National HIV/AIDS Strategy. I contracted HIV in 1981 from a blood transfusion that saved my life from cancer. At two years old I was not expected to survive. But here I am today, healthy, active and about to turn 31 next month.

(Applause)

I am considered a success story. I have graduated from college twice, I have been married for over six years, I bought a house and I will finish my masters in Public Health degree soon, with plans to get a PHD in Public Health.

(Applause)

But for every success story there are thousands of children, some who were my friends, have not been so lucky. There are many children growing up with HIV and your research is urgently needed.

Many of us suffer terrible side effects during treatments or even worse some folks just do not work. And that is why funding for additional HIV/AIDS research is necessary so that many children living with the HIV/AIDS have more options. Research is also needed to study the effects of long-term ARV treatment for a while generation of HIV positive adults like me who contracted HIV as children.

I urge you to make sure that these important issues and the needs of children with HIV/AIDS are addressed in a National HIV/AIDS Strategy. I would like to leave you with a thought –- that children are our future. They are our future doctors, lawyers, educators, advocates. They are our future mothers and fathers and without them there is no future. Thank you again.

(Applause)

COMMENT: Hello, good evening. My name is Sue Tyler and I am a harm reduction nurse here in Washington, D.C. -- part of a small army of volunteer nurses who travel on the RV's with the needle exchanges. Our job is already difficult enough. We not only travel on the RV's, we also go into the shooting galleries, crack houses and alleys where our clients exist. And we cannot get clients into treatment if they do not have homes. First of all, so many of our clients are homeless and it is difficult to treat. And the second thing is that I have worked in many hospitals in Washington, D.C. where the medical personnel do not even know what ADAP is and patients are suffering because the doctors and the nurses and the social workers do not know how to get medication to people or do not know how to get them into treatment.

And lastly I would like to have the small group of nurses that are pulling to do this work funded in D.C.

(Applause)

We have called in all of the favors we can call in. We have called our nurse friends, our doctor friends and we are at our ends now.

Also I would like to speak to the prisoners in D.C. In 1996 an inmate called me early in the morning and told me that my husband had been transferred to a hospital in a coma. The jail never called. When we found him he was shackled, hands and feet all four, in a coma laying in his own vomit with no attention. Two guys were in the room watching the LA(?) playoffs. No medical attention, nothing. I do not want any other family to ever have to see a loved one in that state dying of (?) AIDS. We need housing, we need jobs and we need to take care of our people. Thank you.

(Applause)

COMMENT: My name is Matt Cavanaugh. I am tired of people dying. I am tired of the fact that we continue every year to have more and more infections. And I am tired of waiting for the plan in Washington, D.C. that is at least as robust as the plan in Zambia. I am tired of the fact that the Mayor is not here. And I am tired of the fact that the Mayor, if this room were full of developers, would be sitting in the front row. I am tired of the fact that if developers living in Georgetown had HIV/AIDS the Mayor would be here front and center and there would be an emergency plan.

(Applause)

And so for 30 seconds I would like to hear silence in this room because the Mayor is not here. We would like the Mayor to speak and the fact that he is not here, we would like to go ahead and have 30 seconds for the Mayor to speak -– go ahead Mayor Fenty.

(Silence)

I am tired of people dying. I am tired of waiting for the man.

(Applause)

COMMENT: Good evening. My name is Gino Dunnington. I am a very, very proud third generation Washingtonian. I love this city. I have been HIV positive for 25 years. First and foremost I want to say healthcare is a human right.

(Applause)

In addressing to increase the access to care and optimize health outcomes -- housing first. There is no need of looking at services when, as you have heard, we have waiting lists here in the city. And use us for a model. I love my city. This is the nation's capitol, start here. We have a housing situation of people waiting on a housing list for 18 months to 3 years as you have heard. Those people are not in care. They cannot have

care. How can they do their employment? Housing first. We have the bricks and mortar that we could put these people in housing if we had federal dollars. We only need half a million dollars every month for the people on those waiting lists. So that is the first line of defense that we can have for access of care. And while we are talking about housing, I need to move on to transitional housing and housing for those in substance abuse programs that first of all have been cut out because we cannot show outcome measures and what substance abuse programs do. Well substance abuse programs have me in front of you today. I am an outcome measure.

(Applause)

If you are going through that program and going through a transitional program and getting off crack and dealing with HIV -- I would be still out using, spreading the disease. There has to be more Medicaid and Medicare dollars provided for in-house treatment. We cannot keep clean according to 21 days paid for by Medicaid. And once we get that treatment we need to have HOPWA put us into a care. Legislation has to be written about a housing opportunity for people with AIDS that has not been touched since I was diagnosed in 1984. We need that. We need slots for people with HIV and AIDS and we need a peer recovery continuum of care oriented system developed. Thank you.

(Applause)

COMMENT: Hi, good evening. My name is Sandra Arigioli and I am with Pediatric HIV Care, an organization that has been helping children and families infected and affected by HIV needs for over 20 years. My concern is that HIV/AIDS related stigma is a big problem in D.C. and it is affecting our current prevention efforts

for at risk populations and access to care services for those already infected by HIV and AIDS.

Solutions to this problem would include a campaign to reduce stigma. Also more programs to educate people on HIV/AIDS myths and stereotypes and finally more mental health services for people who are already struggling with their status.

It is time for the government to not only recognize that HIV related stigma is an issue but to act on it. D.C. already has great prevention efforts in place with free condoms available to all, numerous testing sites all over the city and even free or reduced prices on medication for those who seek treatment. But if stigma is not addressed, all efforts to stop the spread of HIV in D.C. will fail. It will not matter that condoms are free if someone if afraid to use one out of fear for what their partner might think. It will not matter that testing is available everywhere if someone is scared to find out their status or they think that HIV could not happen to them. And it will not matter that medication and other services for people living with HIV and AIDS are accessible if the people already infected are afraid to disclose their status because of what they may lose. Thank you very much for your time.

(Applause)

COMMENT: Good evening. My name is Ricky Green and I am from Baltimore, MD. And I would like to -– first of all -- I sit on the CPG. I would like to greet my fellow comrades and colleagues who are with me on my planning council. Who are with the Baltimore AIDS Commission(?). And I am a provider and I am a consumer and in this particular place I would reveal that I am HIV positive for 26 years. My question, it is more of a question than a statement, when the term MSM, men having sex with men, was coined in the early 90’s it was for men who were hard to reach,

particularly black and Latino men. That is why MSM was coined. My question is -- why is it that the bulk of the money goes to gay identified organizations? Because those individuals did not, the Latino and those individuals who were hard to reach, did not identify as gay and that is why MSM was coined. Once again my question is why is it that the bulk of the money goes to gay identified organizations? Thank you.

(Applause)

COMMENT: Yes, good evening sir. My name is Edsall Batts and I am a resident of Washington, D.C. and I am also a student at this University. I would like President Obama and Congress to continue to fund programs as far as education in having mobile units to come up on the school that would allow them to come up and get the students tested during the fall, the spring and the summer. There should be a mobile unit out here so that people can be tested and educational material that they can read and places that they might want to go to get tested if they do not want to be tested here. And I want the President and Congress and the Mayor to know without people, we do not need them. So if they do not save the people they are not needed.

(Applause)

COMMENT: I will try to go quickly and I will say that I really appreciate what people have said thus far and I am going to try to make sure my comments do not repeat. I am Debra Shore and I am the Executive Director of an organization in town called Sasha Bruce Youth Work and we work with runaway and homeless youth and many, I hate the term at-risk, young people and young adults and their families. And we see the needs very much in what many people have already said the need to increase services in the counseling, testing and referral area. I think that that can only be a good thing. But I also see the need for doing a great deal more in the area of prevention and

that is the one thing that I would say that I would bring that is additional here tonight, except to also underscore the importance of what numerous people have said and what some new and wonderful programs that are going on around sexuality education.

We need to work with parents. We need to work with ourselves around discussing sexuality and I do believe that we need to work very closely with the LGBTQ community and to help to make sure that we are doing all that we can to accept and help young people so that their own sexuality is something that they feel comfortable and proud of.

I would also say that one of the things that I think is a great something said today, that I think should be under-scored -- we need the coordination of services in this city in a major way. We have funding sources that are from all different places. You have to piece together how you get what you need for kids based on that. That is really something that needs to change.

And also I would say that homeless young people are an under-represented number in the population in the homelessness discussion. I think the reasons for that are very clear in that many homeless young people do everything that they can to make sure people do not know that they are, in fact, homeless. We are seeing an enormous increase in the number of homeless young people. We provide the shelter in the city that provides open access shelter to under 18 year olds, and so I speak with passion about that piece too because those are young people that need to be protected. They are in situations in which they are being urged to be risky. Thank you.

(Applause)

COMMENT: Good evening. My name is Darnell Clark. I represent the Life Link of Baltimore. I am also an advocate for patients with HIV and I am a nurse.

First of all I would like to say that we are glad to see you Mr. Corbett, as a moderator who represents the D.C. Planning Council. We believe that future strategies should continue to include communities in the input of planning services for HIV.

Issues that I am mostly concerned about is the increase in the access of care, the reduction of HIV related health disparities and I would also like to say that since 2001, the federal AIDS Care budget has failed to keep pace with the epidemic. The federal health monitors announced in 2005 that there are more Americans living with HIV than ever before. Yet during the Bush era, Congress has yet to keep the Ryan White budget at the essentially flat —- the Bush Administration has kept the budget essentially flat at the year 2000. What we would like to know is –- What resources does the Obama Administration want to invest to ensure the care and the well-being of people that struggle with HIV? And we would also like to make it known that we would like the disease to be considered a chronic illness as well as a communicable disease. We want people to recognize that. And also we would like to say that what we need is more money for HIV increased cases that we have. Thank you.

(Applause)

COMMENT: Hi, my name is Maureen Dealy. I am a nurse and I have been working in an HIV clinic for the past 20 years, first as a volunteer. First of all I think the Ryan White is due to be authorized and instead of putting penalty for three years like they have been doing if you could go at least ten with an increase each time, each year to make sure that there is care. I also think that PWAs -– people like to have a PWA or person living with HIV come in and do a presentation -- they need to be paid appropriately instead of a $25 stipend or whatever because we are asking for their expertise.

(Applause)

Who knows better than somebody living with HIV what it is like to live with HIV? Also in my clinic I am seeing that more and more people are going to school. They are getting their nursing degrees and they are getting their social work degrees. They need to be working in the HIV clinics and there needs to be incentives for them.

(Applause)

Also the people in charge of the clinics, either those people need to be HIV positive or they must have to have education to ensure that their sensitivity –– and they are not still living in the 90's where people were enabling and they had to be careful about enabling. It is difficult living with this disease. It is not easy and unless people keep up with their education they have no clue what is going on.

Oh, housing –- housing for people with HIV needs to be unlimited. You cannot have a limit. Outreach, we need to do outreach that needs to be by people if you are an MSM or if you are an African-American whatever. Also I was watching this thing on 20-20 the other day –- there seems to be this group of people that seem to be forgotten –- these middle class white women who have been divorced recently and who do not have a clue that HIV exists. Education needs to be given to them too.

COMMENT: Mr. Jenkins. I am from Baltimore, Maryland's Life Link. My main concern is increase of care. The Ryan White programs needs to be permanent. There are too many people that slip through the cracks in those communities undeserved including the people from the penitentiary. The population, they are not being educated. When they come out of the penitentiary they either go in negative but come out positive. But at the same time they have to be educated when they come out, they do not know where to go, they do not know who to talk to and yet they are second class citizens.

Number one, incarcerated, number two, HIV. So I am mainly saying to educate the penitentiary and educate the officers in the penitentiary because they are not being treated fairly. So thank you.

(Applause) Good evening. I am Muy Gee Aadai. I am a member of the HIV medicine association. I am a professor at Duquesne University. I am on HIV drugs. But by number one concern is for HIV/AIDS children, the victims of the adults' behavior. I have an organization for AIDS and HIV patients. I work closely, actually in Africa, but I collaborate and bring quality experiences that I have had. I have screened 10,000 people for HIV and we have delivered 45 babies, we have got some really tough ones, for prevention from mother to child in transmission. We have gone over to secondary schools talking to children about HIV/AIDS and I believe that education, awareness and prevention are very, very important. I believe in abstinence. I believe in birth control -– I believe in use condom if you are not faith-driven because we do not want you to get HIV before you choose one way or the other. I have a small company that manufacturers HIV drugs, but my goal is for children. And nobody actually stands for children and a lot of children are helpless and I just want to make that point clear -– that we should all stand up for children. Thank you very much.

(Applause)

COMMENT: My name is Jerry Fleming, a member of Life Link. My concern is increase of health care. Medication helps me to have normalcy. We are useful and productive people. Members of society -– we want to continue to contribute to society. And medication and the Ryan White funding helps us do that. Thank you.

(Applause)

COMMENT: I am one of those gay guys who got infected in the 80's. Things happened. I am part of a growing group of people in the United States –- the aging infected population. And we do not want to be forgotten. Every time there is talk of vaccine, we get scared that we are going to be left behind. Every time we have everything going to prevention and education, we feel we might get left behind. It is important that we as citizens get acknowledged in this activity. I have been lucky enough to only need to depend on public assistance for my HIV care a few times during the last 25 years. I think it is important that we leverage what we can in the private sector to help relieve things. Part of our aging concerns are -- all of a sudden, we need support services. Having mental health parity for payments in private situations would be really helpful to enable us to keep going and keep living productive lives and stay safe.

My partner is a fed; if I could be on his health insurance that would be a really wonderful thing and it would help so many of us.

(Applause)

I got infected in Boston. I have lived in Seattle. I moved back to Massachusetts. We moved down to D.C. I am living in Silver Spring. My care has been different in each place and every time I move, I have a lapse in care. I go until my medication prescriptions run out and then I start finding a doctor and it is a hassle in every place. If everywhere I went there was a simple place that said, here you go to start new HIV care. You do not need coaching, you do not need any of this stuff. You just need to find providers and get into the system and slide in easily. You are ready -- you just cannot deal with the system. Make it easy for us who are already there to just stay in care. Those are my main points.

(Applause)

COMMENT: Thank you very much. We have two programs here in Washington, D.C. One is CTF and the other is what we call RAB(?). RAB is for the improvement of the metropolitan area. And so with this program it is the quality outreach and we need the community to be reached. At all levels the prevention program is correct and should be consistent. It is a state-based encounter, networking and small group activities. So with this you can reach as many people as we have experience for the last four years we have reached over 20,000 African immigrants. And as you know that, the race of African immigrants is similar to our brothers, African Americans. And so we need to reach all of these peoples with community outreach, community outreach and the state-based encounter, and peer networking, and community networking that can make a solution to this problem. Thank you.

(Applause)

COMMENT: Hi, my name is Carol Trestin and I am the Executive Director of Gays Alliance for Children, Youth and Families. We represent the Ryan White and Part D programs. I am also a nurse and I am speaking today as a nurse. I moved here 4 months ago and was very concerned around the rate of perinatal transmission in the District. Someone was speaking about a few minutes ago, one of the greatest successes in the HIV epidemic and that is our job to reduce the rate of transmission from mom to baby. We know how to do that and I would hope that the National AIDS Strategy in the District include these pieces that we know work. One of them is prevention. The best way to prevent a baby from getting HIV is to prevent the mom from having HIV and to prevent the dad from having HIV. We know what works very well and that is syringe exchange. So syringe exchange needs to be included in the strategy and it needs to be supported because in my clinic, IV drug use was the

underlying factor in all of our perinatal transmissions because of their mom or dad or the sexual partner of the mom.

Expanded testing -– we need to make sure that access to care is included with the expansion of testing. We have that window of opportunity where we can get people into care shortly after their test. If we do not provide it, they get lost. Insurance does equal access. Most pregnant women or women with young children can get insurance but we know that they need a lot more than that, as do other people with HIV. They need transportation assistance, they need housing and they need supportive care that gets them and keeps them in care.

And finally, combined datasets. I do not know how many HIV infected women in the United States gave birth because the CDC has a dataset, HRSA has a dataset and we cannot get good information.

(Applause)

So my plea is to combine reporting, combine data sets that will help us to show us what is effective in preventing HIV. Thank you.

(Applause)

COMMENT: My name is Linda Scroff. We did not script this but it is quite interesting. Actually, I am only diagnosed with AIDS and we need people in the room that are consumers. I just want to make a note that we are in Baltimore. I have it all tilted to the side and it is very lonely. In lieu of this conversation on National AIDS Strategy I really have to take an unpopular seat and say that I am tired of talking about HIV begins at testing. My son was tested for the first time at three hours old. That was not enough. HIV, even as Carol just alluded, needed to have the testing, information and

education, needed to happen far before my son was three hours old. So I really want to say that.

I would really like to recommend that at multiple levels of the government that this strategy would really address in a report card. The lack of coordinated care is not just in the local communities. It is at the federal, the state and the local communities. And unless we simply work, honestly to be truthful, we work in the country and in a society that we live is from the top down. And if our federal agencies that are providing funding and resources to the community level -– I am not coordinated, I am not graded for every summer we can go into some school systems and look at standardized report cards and how information and communication happens. Many of us sit and work with multiple strains of funding and cannot get the same messages from any two staff person. That is a breakdown when it gets to the community level. So it would be very important that we can create some realistic, some measureable –- some outcome measurements even at the federal, state and local level.

In my last two seconds as a black woman, as a black woman who was an implant to D.C. at six years old and had been marginalized outside of the city due to the increase of real estate and property and the decrease of housing opportunity. Again I have to speak on behalf of a woman who is a mother and a woman who taught her son to hear penises and not peter-weeters at two years old, that he had a penis and he had a purpose. We have to begin to educate them at the very smallest part. If there is federal funding involved, I am absolutely sorry, we need to start threatening people's funding if they will not stop HIV. Schools have to address HIV, sexuality -- our next generation should under no circumstances be having the same conversation another 25 years from now.

(Applause)

COMMENT: Good evening. I am Karen Pomerance. I am from the Metropolitan Washington Public Health Association. We believe that the only way to decrease the staggering racist and equalities in HIV rates is to guarantee the conditions of life that make health possible. That means the government means to provide funds to provide housing for everyone living with HIV and AIDS who needs it. To increase affordable housing for all to prevent HIV and to create new well-paid jobs for people in drug recovery, re-entry programs and everyone who is unemployed.

(Applause)

It also means extending services in medical care, jobs and housing to all people regardless of their immigration status.

(Applause)

The Administration needs to end the wars in Iraq and Afghanistan and end support to the banks and the insurance companies in order to really finance a real HIV prevention and care strategy. Thank you.

(Applause)

COMMENT: Hi, my name is George Kerr and I am the Co-Chair for D.C. Fights Back. I have been positive since 1995. I am here to talk about housing once again. We have over 400 people on the waiting list.

(Applause)

We need additional proper funds here in D.C. and across the United States, basically I hear about this all the time. We need streamlining processed so someone can get into housing. We need housing, housing is prevention.

COMMENT: Good evening my name is Leah Stat. I am a student here at the University of District of Columbia. I am a first year nursing major. I would like to say as a part of the national strategy to eliminate the HIV/AIDS health disparity I propose that the strategy includes required awareness of sensitivity training to healthcare professionals and those studying to become healthcare professionals.

(Applause)

Just evidence required for them to have a CPR certification so that we can ensure the best care possible to those who are infected. Thank you.

(Applause)

COMMENT: Hello, my name is Randall Hueland and I am here representing (inaudible). We are a volunteer organization. I am here to talk about grassroots condom distribution. A lot of volunteers build these little safe sex kits and distribute them out in community. And I wanted to, on behalf of a lot of different small, grassroots organizations that are working, to thank you for your one time grant. It's cute. And if it is all you have for us then we will take it. Thank you. What we need is a self-sustaining system for distributing condoms and safe sex kits. We need long-term agreements with the condom manufacturers and the state governments to distribute safe sex kits in every bar and every liquor store in the District of Columbia. We all have room in our neighborhoods for bars and liquor stores in our neighborhoods, but we don't have a place to distribute safe sex kits for people who need it. This is the only way we know of to prevent this disease from spreading.

(Applause)

If we can make the condom manufacturers responsible for filling the machines, the Republicans will like the idea because it is the power of capitalism that will

drive the system. The more times they refill that machine the more condoms they will sell. If we link the condom dispensers to the liquor licenses that will also solve the problem that we all have here in the District and that is the monochromatic problem of one time grants to grassroots organizations. And one last thing, it is not my place to say but it appears to me the Latino community is under-represented here tonight.

(Applause)

COMMENT: Good evening. My name is Toni Young and I am the Executive Director and Founder of Community Education Group and also a third generation Washingtonian. Community Education Group will this year do more than 2,500 HIV tests. We will distribute more than 250,000 condoms. Now how is that unique? It is unique because the District pays for those test kits and it pays for those condoms. So my recommendation is that the Department of Health and Human Services add on to local jurisdiction and contracts to pay for condoms and pay for test kits and let us do the work that we need to do. But it is a burden for your Health Department to actually pay that. They do not grow on trees and I am not trying to be funny but condoms, like you said, that is one of the things that we know that really work. We have a history of them working.

The other thing I would like to talk about that those texts and those condoms will be distributed by men and women who have a history of incarceration and drug use. The District of Columbia has a 14% unemployment rate. We have to figure out methods that we are going to integrate. Labor Department, the Department of Justice, the Second Chance Recovery Act, for example, did not give that money to local community based organizations. They gave it directly to local jurisdictions. I think that there is an opportunity there to see what we can do. Training, testing and other outreach

services by training individuals who have a history of incarceration to do this work at the community level that are indigenous to the community.

My last point is that, and it is not just because he is behind me, but that Sampson has been very good with us. Of taking our project, of training individuals that were indigenous to do these services to say give it a try. See if you can get these individuals into substance abuse care and treatment. This does not fit into a box. We have got to figure out new models if we want to get people into care and treatment for both substance abuse and HIV.

Last, but not least, black men in the District of Columbia and the nation, are more than individuals with histories of incarceration.

(Applause)

We need to figure out methods that we can talk about –

COMMENT: Good evening. My name is Carolyn Massie. I am 53 years old and I have been positive for 15 years now. I have managed with the help of Ryan White to raise a son who is the Assistant Director of Admissions for a major University. And I have a daughter who is 16. I need Ryan White to stay in place so I can finish my job. It is just that simple. You have heard enough. Just for an example, some reasons why and enough good thoughts and brains in this room right here to get this thing done. I will say this, I vote, I vote and I encourage others to do the same. And that is all I have for you.

(Applause)

COMMENT: Hello. My name is Mario and I am going to talk very fast. Jeff, I have talked to you about this before but we have got to remember where we came from. We started talking strategies. Let us remember history and not repeat it.

Second thing, we need to change the conversation around, grant giving in the federal agencies. We need to move from a three to five years, and out into a long-term funding for grants that are doing well.

Third thing, we need to have a clear and systematic evaluation done of what we have done so far so understand that what works and what does not so we can move from there.

Finally we need to have a strategy in the African-American community that recognizes that we have some unique issues and we do not use the cookie cutter approach to address them.

The final thing is I am in the substance abuse field. We have talked about injecting drug use but I guarantee you that if we look at the AIDS data we will see for heterosexual, MSM, non-injecting drugs being a co-factor in transmission. We must do something about the rest of drug abuse.

(Applause)

COMMENT: Hey, my name is Dennis Wilson and I am with the HIV Healthcare -- I'm with them. And basically all I want to say is that we need more programs in the schools because that is where they spend all of their time for the youth. They spend most of their time in the schools. They need programs -- like they can take them to stores and show them about condoms. It is more than just one condom, especially the kind they give out free. Let them have a choice as to what condom they want to use.

And secondly the other thing that I want to say is where is Obama? He is supposed to be speaking to the White House right? Where is he? We are talking about healthcare. This is healthcare and this is one of the biggest healthcare problems right

here. We need him to be here. He is all around trying to talk about healthcare right. Why ain't he here?

(Applause)

COMMENT: My name is Pete Richardson and I have been infected with AIDS for 26 years. I am here to make a simple request. It is time for the government to get real. Stop all the polished book reports, the nice health conferences. That is crap. Let's be honest. I have gone through a gamut of HIV medications over the years. Every time something does not work I get another prescription. And that means I have a leftover bottle with drugs in it. Year after year after year I get leftover bottles. I go to the hospital and I do not take them for that week, I have got more leftover drugs. We cannot give them back. There is no place in this country that allows us to give them back. If we do and some of us do it is under the table, in the closet shipped out of the country. That is wrong. It is just plain, simple math. It is wasting money. You are not getting real.

The other thing is mental health services. Not necessarily as a benefit for AIDS or to those infected. It is a prevention tool. Depression causes people not to use a condom. Depression causes people not to care if they infect somebody else. Depression, depression, depression -- there is no mental health services. You are going to have the rates continue to rise if you get real about what the real problem is. Thank you.

(Applause)

COMMENT: (Inaudible) I would like to thank you all for coming and everything. I was lucky enough to be on your Youth Advisory Board at Children's Hospital for about three years. I have done it at Dupont Circle; I have done it at Chinatown, and I am just saying that we can have more programs and to give youth the

opportunities and do these things and we can just do it. Just give us the opportunity. Thank you.

(Applause)

COMMENT: Hi, my name is Estelle (inaudible) with Advocates for Youth and I am also a mentor and we work with incarcerated young men out of the New Beginnings facility. And on the note my mentee was tested for STDs when he entered the facility but he was never educated about them or how to prevent them. He was never educated about anything except you are either positive or you are negative. And so he would want to bring up the fact that a lot of incarcerated not just adults but also incarcerated young people, that a lot of times are in and out of the school system, or are on the streets and are not getting the education even if their peers are getting it in the schools. So we need to focus as well on our incarcerated young people.

And finally also we need a national education program for our young people because a lot of times they get it into college which is great, but if you are not in college you are not getting it. If you are not in urban communities a lot of times you are getting it. So we need to look out for our people across the country. Thank you.

(Applause)

COMMENT: Hi I am Brian and I think that HIV/AIDS if they have it, I think they need a place to go where there are people to talk to, like after school programs because if you are at the after school program you are going to learn and talk and there is more you can still learn about AIDS. And then because (?) kids that is out here that knows, and that no member that is diagnosed and there is still nobody to talk with and they cannot talk to their parents. So I think that you just need that.

(Applause)

COMMENT: Hello, my name is Abby Charles and I am with the Women's Collective here in D.C. that provides services for men and girls and families living with an at-risk for HIV. I am here with two main points. I think we need to increase the comprehensive reproductive health for women and girls in the country with a infant mortality rate of 14.2 in Washington, D.C. In addition to the high rates of HIV, clearly young women are not getting the access to reproductive health that they need and we must increase funding in a national plan.

Secondly as a young woman who has dealt with emotional abuse who knows women who have dealt with emotional, physical and sexual violence, I am a strong woman but at times I lack confidence in the bedroom. I need another tool than a condom and a female condom is not discreet, not accessible, not affordable and not easy to use. We need more funding for a tool that women and men can use that they do not need to depend on a partner. So thank you.

(Applause)

COMMENT: My name is Kelley. I am blessed to work with these teens at Pediatric HIV care. I am here as a daughter of someone who is diagnosed with a life-threatening illness. I can go to my church, I can go to my school, I can go to my community, because what she had is not stigmatized and when I deal with kids who cannot tell a single soul about their mom or dad's status that makes me sad. So I need more funding for stigma, anti-stigma campaigns and also for community groups or organizations to provide a safe place for kids to go who are infected as well as affected. Thank you.

(Applause)

COMMENT: My name is Jeff Blum. I am with the Community Access national network and I want to talk briefly about that. I certainly support the goal of the National AIDS Strategy. There is a crisis right now that needs to be dealt with. We can't wait for the National AIDS Strategy. There is a crisis in ADAP. The AIDS Drug Assistance Program has a waiting list once again, and right now we are on track to break the record of the waiting list in 2005 with over 2,300 people nationwide. So it is great now to talk about testing but testing without treatment is an empty promise.

(Applause)

The funding for the next year which is a $20 billion dollar increase. Those are the kind of rising increases that we got when Bush was President. We need more money in ADAP to increase access to care.

(Applause)

COMMENT: Hello, my name is Brooke Kelley and I am also with the Women's Collective. We have been serving women and girls and families affected by HIV for over 20 years in the District. Women may not have the highest rates of new infections but our rates have increased dramatically over the last 30 years and we have the highest disparities in access to healthcare. I would like the National AIDS Strategy developing process to remember that every day women face complex, structural and personnel barriers to care including poverty, trauma, violence, homelessness and daily discrimination due to sex, race and class. The supportive services that are provided through programs like the Ryan White Part D, need to be expanded and increased nationwide and especially in the District where our women are so vulnerable. Thank you.

(Applause)

COMMENT: Good evening everybody. My name is Ms. Hernandez. I am a student of the University of the District of Columbia. And I just want to thank them because everybody knows that education is the key for how the disease is spread all around the world. I just want to emphasize that the university needs to have a bigger program and also encourage more bi-lingual programs to educate other people.

(Applause)

COMMENT: My name is Cindy Camp and I am the Clinical Director at Pediatric AIDS/HIV Care, a community organization that provides mental healthcare for children, youth and families affected by HIV. With the state of the economy as it is and budgets shrinking I am concerned about the fate of community-based organizations to continue the work that is so desperately needed. It is clear to me that an effective plan to fight AIDS is one that includes both prevention and care. So often grants are directed primarily or solely on HIV prevention and do not provide for funding for direct service work with individuals who are infected and/or are affected. As a mental health therapist who has the privilege and honor to bear witness to the heartbreaking as well as inspiring experiences of women and youth who deal not only with HIV but neighborhood and school violence, poverty, racial and sexual minority discrimination, grief and bereavement, inadequate schooling, and community hopelessness, it is clear that mental health care must be made a priority.

I would also add that our community leaders, those role models who shape our children's world views, be given the training and education on the realities of HIV, dispel the myths and begin to eliminate stigma in society as well as internalized stigma amongst HIV infected individuals. Elimination of HIV stigma should be made a public health priority in the fight to end AIDS.

COMMENT: Condom use education and distribution as well as comprehensive sex education that includes abstinence but also recognizes the realities of sexual activity amongst our youth, are necessary for prevention but clearly are not sufficient. We have to address as a community the reasons that you choose not to use condoms even while knowing the potential consequences. We have to rebuild families, neighborhoods and communities, support one another and provide that feeling of connectedness and care that our people so desperately need. Thank you very much.

(Applause)

COMMENT: Carlos Soles with the National Interracial(?) Network, working for 14 years. First point, to increase investment to bring research into practice. There is not to me a national AIDS clearinghouse where you can post all these tools prevention activities that have been developed by the federal government-- we don't have access to that. I think if we have paid with our tax money that we should be able to use these tools free of charge.

Point two, the use of new technologies. There is no real time data. We should be able to implement new technologies.

Three, I have heard a lot about sex education and this should give the White House an opportunity not only to engage not only the Department of Health and Human Services, but also the Department of Education and other federal agencies to bring together a collective approach to educating our communities.

Fourth, it would be great also for you guys to convene the power to push the foundations, especially those foundations giving money to international, to do that here locally and nationally since we are having an economic struggle.

Another point to the transgender community -- I have heard a lot about the transgender community but that is not being reflected in CDC and other groups and they should approach this community.

(Applause)

I am the last one to request that the Obama Administration continue having and maintaining a public health option. We have heard a lot about health care reform and I was surprised not to hear that and we should demand a public health option. (?)

(Applause)

COMMENT: My name is Joyce and I have got diagnosed with HIV in 1998. Before I was diagnosed I had a job and I made about anywhere from $100-200 dollars a week. And I want to know what Congress is going to do about people that are not working and now getting disability –- that is only like $636.00 a month. And you have two incomes in a household and because my husband's income is on a sliding scale his annual income is too low because we are already homeowners and sometimes it is difficult to get all of the bills paid, because when you lack income or you lose your income then other people have to suffer and have kids and other obligations and responsibilities because of HIV. I do not expect my lifestyle to change because I lost my income. And it is hard to keep a job because I cannot determine when I am going to get ill. In fact two weeks ago I was in the hospital with pneumonia. So every time I started doing something, then I would get sick and then I cannot keep a job and people that employ us, as soon as they find out you have HIV, they want to let you go. So they need to do something about the sliding scale and the discrimination against people with HIV.

(Applause)

Also I have to say I am a client of the Women's Collective, the White House and Whitman Walker Center. Thank you.

(Applause)

MR. CROWLEY: Can we get a big round of applause for Wallace Corbett?

(Applause)

And for the two women who provided sign language interpretation throughout the evening?

(Applause)

As you leave there is a box in the back for your written comments. Lastly I want to close and thank you. We have learned a lot and hopefully this is just the beginning of your engagement on your engagement with us. So as we travel across the country you can watch along. You can go to our website and look and hear what people in other communities across the country are telling us and see how it is similar or different than what we heard here in the District of Columbia. We also are going to be doing other meetings and different things so please follow along as we go through. Again our website is www.whitehouse.gov/ONAP. With that we will leave and just say thank you again for joining us and thank you for contributing.