EXECUTIVE OFFICE OF THE PRESIDENT

OFFICE OF NATIONAL AIDS POLICY

HIV/AIDS

COMMUNITY DISCUSSION

Los Angeles, California

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MR. CROWLEY: Good afternoon. Thank you for joining us today. My name is Jeffrey Crowley and I am the Director of the White House Office of National AIDS Policy and we are very pleased that you could join us for our Los Angeles HIV/AIDS Community Discussion.

I will tell you first of all that today's event is being recorded so when you get to the mike and speak make sure you smile, but also know that we are recording all of these that we are doing around the country. So you can go back later to our website and look at this event but also look at all of the others we are doing across the country. You can go to our website www.whitehouse.gov/ONAP. We also encourage you to check this site occasionally as we go forward with our work.

This afternoon's event is our seventh of fourteen community discussions we are doing across the country so we are really at the midway point and we are very excited to be in Los Angeles with you here today.

There are a couple of people on the stage I will introduce individually in a moment but I did want to take this chance to introduce two other colleagues from the White House Office of National AIDS Policy. On the end we have Greg Millett who is our Senior Policy Advisor

at ONAP. Next to him is James Albino. He is our Senior Program Manager. They are just two of the great people we have on staff helping us develop our strategy.

I hope that we can spend virtually all of our time tonight listening to you. Today is not really my chance to speak to you but I did just want to take a couple of moments to tell you a little bit about why we are here and how this fits in our broader agenda.

Before I do that though I just want to take one moment and mention the Ryan White Program. As many of you know this is critical HIV/AIDS care and treatment program. It is our main source of discretionary funding for providing care and services for people living with HIV and AIDS. It fills in gaps left by private insurance but also Medicaid and Medicare. It is very important. This program technically expired at the end of September. Congress took the step to, as it did with the rest of the federal government's budget, extended the program for a month. I think that this has all raised some anxiety for people because the idea that it could potentially expire is troubling and what I want to say to you is that the Obama administration is certainly very committed to ensuring that this program continues and we are determined to see that services are not interrupted and

we see this as a very important program going forward now but also in the future even after we enact comprehensive health insurance reform. I am encouraged by where we are. We have been working closely with the Congress and I think that in the very near future you are going to see Congress act in a very positive way to extend this program so rest assured that the Ryan White Program will continue.

I would acknowledge that you all have a very rich congressional delegation that has shown significant leadership in fighting HIV and AIDS and while they cannot be here tonight and while I am not going to recognize all of them, I would just mention that you are very fortunate to have the Chairman of the House Energy and Commerce Committee, Congressman Henry Waxman, represents this area. His staff has played a critical role in making sure we reauthorize the Ryan White Program.

As I believe most of you know, I have been tasked by the President with developing a National HIV/AIDS Strategy. I would begin by saying that President Obama cares deeply about HIV/AIDS and he really wants us to spotlight attention on the domestic HIV/AIDS epidemic again. I was very pleased to join AIDS Walk today and see I think they said 40,000 people. It

certainly felt more than that but it really showed me that there is a lot of people that I think are committed to continuing and reinvigorating our community based response to this epidemic and it was very encouraging.

During the campaign the President spoke about the need for a national strategy. He outlined three goals that are really forming the basis of what we are doing. Some of you may have noticed that before tonight's event started we are broadcasting it, we identified three goals which are: reducing HIV incidence; getting all people living with HIV into care and improving their health outcomes; and addressing HIV related health disparities. As we listen to you today, I encourage you to really focus your comments on strategic recommendations for how we can do those three things. So as we develop a strategy for the nation, how can we or what do we need to do to reduce HIV incidence in this country, increase access to care, and address HIV related health disparities.

Let me tell you briefly how we are going to go about developing this strategy. I mentioned that we are conducting community discussions across the country. This is one important way but only one way that we are really relying on public input. In developing the

strategy, I am going to be convening a federal HIV interagency working group. This is a range of federal experts across the federal government that is going to help me to develop this strategy. Key agencies within the Department of Health and Human Services, HRSA which administers the Ryan White Program, CDC which has primary responsibility for running our HIV prevention programs, SAMHSA, CMS that runs the Medicaid and Medicare program but also other parts of the federal government so the Department of Justice which we have very important civil rights issues. They also run the Federal Bureau of Prisons. We are going to engage them; the Department of Labor. All across the government is going to be engaged and we are really going to bring them together to help us develop this strategy. Once we have a document and decide how we are going to go forward we are going to turn to them and expect them to deliver results for us. So I think that is very important.

In addition to this group we are really going to be advised by a Presidential Advisory Council on HIV and AIDS. This is something that every President going back to President Reagan has had. President Obama sees this as a very important way for him to get key advice and certainly our office is really looking forward to

counting on a very vibrant Presidential Advisory Council. In August we announced Dr. Helene Gayle would be chairing this council. She is perhaps uniquely qualified. She has had senior leadership roles with respect to the domestic HIV epidemic but also the global epidemic. Now she is the President and CEO of the international charity CARE. She has also worked for the Bill and Melinda Gates Foundation. Perhaps most importantly, in the Clinton administration she was the Director of the National Center for HIV, STD and TB Prevention at the CDC. We are very excited for her leadership but we are also in the process now of compiling a new slate of candidates. Hopefully over the coming weeks we will be able to announce a new Presidential Advisory Council.

Additionally, we have launched what we are calling a Call to Action and I really hope that you all listen to this and help us with this piece. We are doing community discussions across the country but in big country fourteen is not enough. We cannot get everywhere and not everybody even in any community could come to every community discussion so we really want to expand the opportunity for people to weigh in. Through our website we are encouraging everybody and encourage all of you to have your own discussions in your community, talk

to your friends, tell other people about it. We are really hoping to get lots of submissions. We are accepting submissions through November 13th. Now we plan to collect information through the period in which we have these community discussions but when we get a large volume we really need to start synthesizing all of this information. So we have this deadline of November 13th and then hopefully by the end of the year, early next year we are going to put out a report that really reports back to all of you to say what are the things we heard as we visited various communities; what is it that people told us on line. So again I encourage you to help us with this Call to Action. Tell your friends. The information is in the brochures you got but again you can go to www.WhiteHouse.gov/ONAP. There is a place to provide these comments.

We are also planning a series of activities at the White House. We are planning to convene a relatively small number of expert meetings on key topics. We plan to really take a heard look at issues on HIV and youth and how can we do a better job of preventing HIV infection in young people but also doing a better job of supporting people living with HIV who are young. We are trying to come up with a process where we really identify

youth leaders from across the country who can help us do that. We are also planning a similar meeting on women with HIV and we really want to engage people living with HIV and take a hard look at HIV stigma and say how can we do a better job of addressing this particular issue?

As we do all of these things, we are really focusing our time on a lot of activities between now and the end of the year. In the early part of next you are going to hear us really work with our interagency group, the Presidential Advisory Council, to pull all of this information and really sort of narrow it down to what are the limited numbers of strategic actions we can take to really get a payoff, big payoff in responding to the epidemic. So I encourage you to follow along as we do this.

That is really what I wanted to say to you today. Now I would like to turn the mike over to a special guest. We have a very important state leader joining us here; Dr. Michelle Roland who is the Chief of the Office of AIDS in the Center for Infectious Diseases at the Department of Public Health. She was appointed to this position in July of 2007. Prior to joining the office she worked as a physician at San Francisco General Hospital and she continues a clinical practice where she

works there a half a day per week. Additionally Dr. Roland is very active at the national level. She has an extensive policy research background so please join me in welcoming Dr. Michelle Roland.

DR. ROLAND: Thank you. I am very pleased to be here in Los Angeles and I am extremely appreciative that you all came out on this gorgeous Sunday afternoon to spend time in a high school auditorium and also very appreciative of our federal partners for making the time to have these discussions in three regions in California. There was a meeting in San Francisco on Friday night and there will be one in Oakland on November 1st.

I only want to say two things. The first is that the state Office of AIDS is deeply committed to working with our federal partners and with our community partners to help to shape this National AIDS Strategy and really importantly to help implement it in an effective way. The second thing is that I am here on behalf of the state Office of AIDS also intently listening to what you have to say and because of that I am not going to stay up here but I am going to sit down there and take notes. So I am looking forward to hearing what your thoughts are. Thank you very much.

MR. CROWLEY: Thank you, Dr. Roland. One thing

I should have said early is you know we cannot come to California and not be mindful of the very significant challenges you are facing. We recognize at the federal level that the country is facing very serious economic times right now and you are not alone but perhaps your state is facing a more serious situation than any other. We are mindful of that. We recognize that there are important ways we need to support the state but we are, quite frankly, also facing our own federal budget challenges. I think I just need to say up front, I do not think it is possible for us to think that we can step in and make up for all of the cuts that you are experiencing at the state and local level. That does not mean, though, that we do not recognize that these are very difficult times.

I know many of you are sort of in the midst of this or just sort of grappling with what all of his means. I would encourage you to the extent you speak about what is going on here it would really help us if you think about how can you channel this into a national recommendation? So does what you are experiencing in California mean for a national policy and a national HIV/AIDS strategy?

Now it is really our chance to hear from you

and I am really pleased to introduce our moderator who is Richard Zaldivar. He is the Founder and Executive Director of the Wall Las Memorias Project, a nonprofit organization dedicated to providing wellness and preventing illness among Latina populations affected by HIV/AIDS. Under Richard's leadership the Wall has been in the forefront in the fight against HIV/AIDS in Los Angeles and beyond combining HIV/AIDS education and prevention, sensitivity to the spiritual needs and religious believes of its clients and supporters and a commitment to social justice. The Wall Las Memorias Project is noted for several highly visible endeavors including construction of the nation's first publicly funded AIDS monument in the U.S., hosting a Strike Out AIDS, the first ever AIDS Awareness Day at Dodge Stadium and their leadership in the fight against crystalline methamphetamine use. Please join me in welcoming Richard Zaldivar.

MR. ZALDIVAR: Thank you so much, Jeff, for the introduction. I need to also tell and share with everybody that I am very humbled to be in this role and this position today. I want to thank you for your outstanding staff, Greg and James. I am amazed that these two men who have a pulse of this nation and really

appreciate it. I need to also say while I am up here that the selection of James Albino could not have been better. This man knows the Latino community throughout the nation whether it is Poriqua or Center American or Mexican American and I really appreciate James and his service to the country.

Welcome to Los Angeles where in mid October it could still be a hot summer day. The city of Los Angeles is one of the largest in the nation. It is one of 88 cities that are part of the huge Los Angeles County. L.A. County sprawled over 4,800 square miles. We come from diverse cultures and ethnicities. We speak many languages. We are Asian Pacific Islander, Middle Eastern, African American, we are white and yes we are Latino. Los Angeles is home to the largest populations of Mexicanos outside of Mexico City. It has the highest concentration of people from El Salvador than any other place in this nation. We have many unique differences and many unique needs when it comes to HIV and AIDS but we Angelinos are resilient. Despite the economic downturn and the lack many times of the political will in Sacramento, we are here spending a hot Sunday afternoon coming to meet with the representatives of President Barrack Obama and the White House. To reach those dreams

we know that we need to be even more and sometimes do even less with the funds that we have. We need to collaborate, listen to one another and yet trust each other a little bit more. We in the audience have fought many battles against HIV/AIDS and we are here to continue to do so.

Before we start this afternoon's programs, because I want to be able to share as much time with the audience as possible, as you know the founder of an AIDS monument, I always like to go back and remember why we are here; the hundred of thousands of people who died in Los Angeles; the millions across the world, if it had not been for them, we would not be here. We know that with them we are here, one in spirit. With that I ask all of you to rise before we get settled this afternoon for a moment of silence; a moment of remembrance of all of our loved ones that we lost to AIDS.

Thank you.

Now I would like to provide a little of the ground rules for today's session that will end at approximately 6:30. We have a great response here in Los Angeles, our community to this town hall meeting. To be able to get as many voices as possible from different sectors of the community, from different parts of Los

Angeles County, I ask that we be mindful that we have one and a half minutes of providing recommendations to the White House. This is not an opportunity for questions and answers. This is an opportunity for us and at Los Angeles to provide guidance, new ideas, and recommendations that this White House will review. We ask that the recommendations should address at least one of the three National HIV/AIDS Strategy goals: to reduce HIV incidence; to increase access to care and improve health outcomes; and three, to reduce HIV health-related disparities.

We have not got too much time for all of us in the room, but we are ready to get started now. I ask that you start lining up at each of the microphones. We will spend about a minute and a half. When we get close to the end of the minute and a half we have a timer and he is going to say, “enough” and I have to pay attention to Ezy Guerra who is from the Wall Las Memorias Project. With that we welcome this discussion. I notice everybody is kind of reluctant. By the time, midway through, everyone is going to be jamming up the microphones. We will start from my right to my left. We are going on to you, Father Will.

FATHER WATERS: My name is Father Will Waters

from the Church of the Epiphany in East L.A. and would also like to introduce Father Richard Estrada from Las Placita in downtown L.A. We are here to talk about the community advisory board of the Wall Las Memorias and the County of Los Angeles that has brought together faith leaders to actually do several different things as a structural intervention in this whole AIDS crises here in Los Angeles. In the first instance to overcome the stigma of HIV/AIDS in our communities, particularly since quite frankly we churches have been part of the problem in the Latino and the black community. We have educated ourselves. We have followed the leadership of the Wall Las Memorias and invited them into our churches to educate our pastoral teams and to show us how we can help to overcome the stigma.

Secondly, and perhaps equally as important, we have given them access, educational access to a community particularly for instance in the case of Father Richard and I, we serve immigrant churches. Quite frankly they do not go to community clinics very often. They only go to the emergency room and the county hospital when they are sick. Therefore they are not getting the kind of information nor are they getting tested for HIV/AIDS and yet their experience, their life experience here in Los

Angeles is one in which they are constantly being confronted with sexual opportunities and even getting here is so often crossing the border is, is that time?

MR. ZALDIVAR: Yes it is, Father.

FAHTER WATERS: Sorry.

MR. ZALDIVAR: Thank you.

MR. CANDELARIO: Good afternoon, everyone. My name is Jury Candelario. I am the Executive Director of Asian Pacific AIDS Intervention Team. I am also a person living with HIV for fourteen years when I was diagnosed at twenty years old.

HIV/AIDS is rising steadily in the Asian and Pacific Islander community. Essentially I have two recommendations. The first one in the federal level is that as Asian American, Native Hawaiian, Native American and Pacific Islander communities that you stop referring to us as others. We are our own specific communities and we hope that you will recognize that.

The second recommendation I do have is specific to programming specifically for HIV prevention. HIV prevention funding for Asian Pacific Islanders across the country have dwindled over the past decade yet HIV/AIDS infection within API communities are increasing so we do hope that you will increase funding for API targeted

programs to ensure their capacity to successfully adapt, implement, monitor and evaluate HIV prevention. Thank you.

MR. ZALDIVAR: Thank you, Jury.

MS. SEYMERS: Hi, good evening. Thank you very much. My name is Linda Seymers and I am here as a mother and also an Ambassador from the Elizabeth Glaser Pediatric AIDS Foundation. My son contracted HIV at the age of two through a blood transfusion. He is now 27 and fortunately is still with us. However, through many, many research trials we are fortunate to be here. My plea is that you will continue to fund research for pediatric HIV and also to help young children and young adults transition from having a life threatening illness into adulthood and really being successful, competent and productive members of society without having to adhere to the standards that they must adhere to in order to receive medical insurance and research and things. It is very difficult to be 27 and have a job when you are fighting for your life. Fortunately with the research that the White House has given us, we have been able to be here and I hope that you will continue to fund that research and also help children and young adults live even more productive lives with HIV. Thank you very

much.

MR. NASWOOD: (Greeting in Navajo language) Hello, my name is Elton Naswood. I am of the Navajo Nation. I am the Program Coordinator of the Red Circle Project here in Los Angeles and I represent the highest urban Indian population in the country here in Los Angeles with over 140,000 Native Americans that live here in L.A. County. I also represent an unmentioned population which is the American Indian and Alaskan Native community.

My recommendations are again to voice my brothers' sentiments is do not categorize us as others and do not misclassify us. Here in Los Angeles we have a report of over 54 percent of misclassification of our population which tends to show the need for more research and data for our community that are effective to actually show our population.

Another one that I would like to recommend is do not utilize Indian health service as the only voice for Native Americans. Urban communities do not have adequate Indian health service clinics and they do not provide adequate service for the community so please I would encourage you to use Native Americans and Alaskan Natives who are in the front lines when making policies

and recommendations and include us at the table. It has been over 500 years that we are not included and I really strongly encourage you to include us on that. Take the lead of L.A. County and provide 1.5 percent of the funding to this population. I live in a great country and I live in a great county to be able to provide the services that we do. Thank you. (Navajo language.)

MR. ZALDIVAR: Thank you.

MS. SEYMERS: My name is Karen Seymers and I was infected with HIV when I was about two years old. I have been living with this disease for a long time. I am now 27. You heard my mom just recently talking about the struggles that young adults face. I really, really urge you to look at this. I am in the process of dealing with a lot of young adults who are living with life dying illness and they are struggling to have a normal life and to live and to have a career and these sorts of things. HIV is a big one that is along with the stigma of HIV.

Also, pediatric research is why I am here today. It needs to continue. It needs to live on as well as research for all communities and just HIV in general. I am hoping for a cure and I really want that urge to be said especially in the medical field which it is not really said, is not existent. I really urge you

guys to look at all aspects of HIV, all communities and also very strongly young adults who are the future of this country and we are going to make it a better place, I promise you, as long as you keep us here. Thank you very much.

MR. ZALDIVAR: Thank you.

MR. MARTINEZ: My name is Victor Martinez. I am the Director of Program at Bienestar. I am also a Latino came in with HIV for twenty years. I am so glad to hear that one of the goals for the National HIV/AIDS Strategy is to reduce HIV/AIDS related disparities and increase access to care. However, I am very concerned that with the health reform as it has been right now which may respond to the needs of some communities, but there is a risk the other population would have less health care access and increasing health disparities. This is why I am requesting in order for us to continue countywide but to strengthen and increase to ensure that all populations impacted with HIV and AIDS have access to health care as important as this is. Thank you.

MR. ZALDIVAR: Thank you.

DR. TOLBERT: Good afternoon. My name is Doctor LaVerne Tolbert. I am an educator and a president of a faith based organization. I am here to recommend a

national policy; the Uganda’s ABCD Policy was very effective in reducing the rate of transmission of HIV. I am especially concerned with what is going on in our middle schools and in our high schools and particularly in the African American community the children the social science research often treats these children as if they are animals and as if they do not have the ability to control themselves.

I am recommending that we have a policy especially here in California because abstinence was not taught to the children in the inner city schools in Los Angeles. They were only given condoms and some research shows that condoms promote sexual activity because children think that sexual activity is expected and accepted. I am recommending that in our public schools we have an abstinence education and in conjunction with our churches and community organizations. Thank you.

MR. ZALDIVAR: Thank you.

MR. ALUMIT: Hi, my name is Noel Alumit with the Asian Pacific AIDS Intervention Team. I want you to know one of the reasons why I voted for the Obama administration is because his sister Maya sent out a public service announcement speaking in Asian languages encouraging us to vote for him. I realize that this is

an administration that understands the importance of language proficiency particularly for Asian Pacific Islanders.

Thirty-six percent of the API population has English language proficiency or limited English language proficiency. This is particularly true of the Vietnamese, Laotian, Hmong, Cambodian. Given the additional costs of having bilingual staff translating and back translating documents and resources we highly recommend that you concert additional funding and prioritize organizations whose primary target audiences have limited English proficiency and agencies that have diverse culturally competent programs. Richard did a great job at talking about the correlation between Latin America and the United States. This is particularly true also of Asian Pacific Islanders and of the United States. Please keep in mind public sound health policies addressing that issue.

Lastly, I am also here in memory for my friend James Okukura who passed away with HIV and AIDS. Thank you.

MR. ZALDIVAR: Thank you.

MR. GARCIA: Buenos tardes. My name is Pedro Garcia. I am the Director of Youth Services with

Bienestar and here with me I have a leader who is here to speak on behalf of our youth.

MR. PECACH: Good afternoon everybody. My name is Salvador Pecach. I am here to let you guys know that when creating this future agenda when it come to funding please keep in mind the youth. I have always said that the youth are the future leaders of tomorrow. It has asked me to note that they will have to worry more about their health instead of worrying about their success becoming our future leaders such as president. I really would like for you guys to keep in mind there are many issues that affect the youth: being homeless; being a minority and now worrying about their own health you know constantly keeping that fear probably not making it to their thirty years or their forty years, not older. I just want you guys to give this opportunity in priorities youth services and to keep having us here in order to create change later on in the future.

MR. ZALDIVAR: Thank you. Before we continue, I am wondering is some of us could like start couching these in some of the concerns or issues that we are hearing into more specific recommendations. How would you like to see new changes or new programs or new issues brought up?

MS. GARCIA: Good evening. My name is Frandy Garcia and I am an Asian Pacific Islander transgender woman. I am here to ask just to discontinue classifying me as an MSM. I face different issues than my gay brothers and I have different needs and I would just like for you to just discontinue to classify me as MSM because I am different. I am a transgender.

MR. ZALDIVAR: Thank you.

PARTICIPANT: Good afternoon or good evening, actually. Mr. Crowley, good to see you again. I met you at the Congressional Black Caucus and the distinguished panel. I thank you for taking time of your busy afternoon to be here with us as we take on this big challenge not only on the United States, but on the global front. I do my own economic HIV research around the world.

The one thing I have learned doing some of my research around the globe but even in the U.S. is that if we can get our leaders, in particularly Mr. Obama, when I was in Kenya last year for World AIDS Day and Mombasa, Kenya for Citrus City Niger. I am going back again with another delegation for Foreign AIDS Day. If we can have the President who is a very vocal leader and well respected around the globe, well respected even within

our own country, take that step what he and the First Lady, Michelle Obama, come forward and be tested because that is the biggest challenge getting people diagnosed early. I think once again getting him to step forward and our leaders, celebrities, Blair Underwood with the Man Up Campaign. I have seen the success around the country as I just kind of follow things. I just can see that really being an effort that would be very useful.

Once again, I just thank everybody for being here. Thank you for your efforts but Sir, please, I would like to talk to you afterwards because I would be in Kenya and I would live to Ambassador Ranneberger join us this year and be a able to satellite that back to Long Beach for World AIDS Day on December 1 and partner with the AIDS Healthcare Foundation. Thank you.

MR. ZALDIVAR: Thank you.

MR. CRUZ: Good afternoon. My name is Peter Cruz and I am Prevention Manager with Asian Pacific AIDS Intervention Team. First of all I want to commend the federal government for the great progress that they have made in addressing people of color with regards to HIV and AIDS. However, I am kind of disturbed with the fact that whenever I go to a national conferences and they mention people of color, Asian and Pacific Islanders are

not classified in that and I understand that the epidemic is disproportionately affecting our Latino and African American communities. However, I ask that you not wait for HIV to affect the API community in the same way before you start addressing our needs as well.

One of the things that I would like to recommend is that with these evidence based interventions that the CDC is currently mandating organizations to implement that you fund more evidence based interventions specifically for API's because we have found that there are very few and it is very difficult to adapt these interventions for our communities. It is important that we continue to fund API prevention programs so that the epidemic does not affect us as hard as our other brothers and sisters. Thank you.

MS. MAMORE(?): Good evening. My name is Eugene Mamore. I wrote everything down so I stay on topic. I am a Program Coordinator with the AMASI Center in Los Angeles and I am also an African American woman. We know that African Americans, especially African American women are now the face of HIV in America.

What we are suggesting is that we focus on prevention. This is a preventable disease. We also believe that we need to bring all men, all black men from

diverse socioeconomic backgrounds everything to the table rather than making them classify in just one area. Black women get HIV from men, not from the air but from men. So if we bring all men to the table and include them in this fight, I do believe we can make some headway in preventing this disease. I am done. Thank you.

MR. ZALDIVAR: Thank you.

MR. REESE: Yes, my name is Perell Reese. I am the Administrator of Palms Residential Care Facility. We are located at 8480 South Figueroa. I am not HIV positive. I have prostate cancer and kidney disease but I am speaking because some of our residents who are here today know that this is going on the internet therefore they do not want to be seen even though they have concerns.

Let me tell you what their concerns are and what we can put on your agenda of conversation. Housing, housing, housing, transitional housing, transitional housing, permanent housing going back to Cro-Magnon days, going back to our very beginning we cannot do anything unless we have shelter. We can have all of the services that you want to talk about but without housing and I emphasize this because when I talk to the residents and I tell them what is your Plan B if you do not have housing?

I am going back on drugs. I do not know what I am going to do. I am going to be lost. I am in a different country. So I say to you, when you are sitting around the round table at the White House, think about homeless people. Think about their housing and what the housing will do for them in terms of services that you offer whether it is medical. Eventually if you do not have housing, you are going to interest in taking medication. You are going to lose interest in a lot of things. Keep housing, housing, housing, transitional housing.

MR. ZALDIVAR: Thank you. Thank you very much.

MR. BROWNSCOMBE: I am James Brownscombe and I have spent the last 18 years working on a HIV prevention, the design for an HIV prevention program that would work. It is now ready to be implemented and I would like to know where I can take it or who I can take it to. Essentially, I came to the conclusion after many years of false starts that in order to work, a program had to reach youth before they became sexually active. Afterwards is a little late so I came up with a computer game that starts somewhere between six and ten years of age and after the computer game then there are more advanced things and eventually animated videos. All of this would be age appropriate. I will send some

information about the website that you fortunately provided here, and I am a former L.A. resident and I am now living in Bakersfield. There is a hospice there for.

MR. ZALDIVAR: Thank you.

MR. CINCERO: Good afternoon. My name is Gabe Cincero and I would like to mention more specifically about some of the needs of the trans community. Please consider to make one of your recommendations to allocate money to find out the exact total population of transgender people in the nation including what are the specific cofactors that put transgender people at risk for HIV infection and transmission. Please make sure that there is money allocated for trans programs that are specific for young transpeople and incarcerated transpeople, to get back into society. Also, please find out specifically what are the interactions between hormonal treatment and anti-retro viral medication. Please include professional economic development for transpeople as an HIV prevention strategy. Consider recommending to allocate funds for organizations that have experience working with trans community and consider funding organizations that can serve as a one stop service agency so that trans communities can benefit broadly. Please understand that substance use is one of

the issues that is very common in trans communities in relation with HIV and that it is important to have a space available for transpeople. It is also important to increase sensitivity and understanding among drug counselors and administrators about trans related issues. I also would like to add that there is no research that has shown abstinence for any population. Thank you so much.

MR. ZALDIVAR: Before we continue, I want to bring up two things. One is if you have any prepared remarks or a copy of your recommendations, we will be collecting them at the door at the end of the evening. Second of all, we will give you the location on the web where you can continue to submit your written recommendations. Go ahead, Rick.

MR. LOYA: Good afternoon. My name is Rick Loya. I am Vice President of the California Association of School Health Educators and I am also Chair of the Hollywood United Methodist AIDS Ministry Task Force.

Treatment and patient services in my opinion should be the number one priority of all HIV/AIDS related policies and funding period: no ifs, ands or buts. However, effective health education and HIV/AIDS prevention education has been proven to work when methods

are used that are science and research based. HIV/AIDS prevention education does not need to be reinvented but such efforts due need teeth in mandating laws to ensure that programs are really provided by qualified teachers as designed and evaluated to maintain effectiveness.

We are not asking for new funds for AIDS education prevention efforts. We are instead asking for the elimination of ineffective and non-proven abstinence only programs to a transfer of savings; do not clap on my time, to effective methods that do work. Federal legislation is introduced along these lines and we hope that some of that money can be released to be used for our new programs especially if there is some strings so it is done in collaboration with community groups.

Lastly, as Chair of the AIDS Ministry Task Force, I would be remise not to mention when you leave the meeting today, look up Highland and you will see the Hollywood United Methodist Church and on that is our big AIDS ribbon. Thank you.

MR. ZALDIVAR: Thank you.

MR. CONCALDRES(?): Good afternoon. My name is Alexander Concaldres. I am the Director for Prevention Programs and the Bienestar. I am also here to represent the gay immigrant community.

Latinos are more likely to test late for HIV than any other racial group here in the United States due to lack of access, stigma around HIV testing, and not having been as our culturally linguistically appropriately are some of the factors why. My recommendation to you is to please increase HIV testing on a non-clinical setting. Thank you.

MS. AHTERTON: Hello, my name is Rena Atherton and I am a resident of The Palms facility for the chronically ill infected with AIDS or HIV. I myself, am HIV positive. I am also an addict and a product of the streets. I came to Palms facility with no expectations; just a place to stay. While I have been there, I have built my self esteem up. I have started going to college - achieving a dream that I have never thought I would ever be able to achieve. I am going into this social work field so I can help my brothers and sisters who have HIV or AIDS. I am maintaining a 4.0 grade average. My concern is with all of these funding cuts, where are the funding for our housing? Our housing, if we lose our housing, I lose a dream. I lose the ability to help my brothers and sisters with HIV and AIDS.

My recommendation to you is to not cut any more funding but try to build your funding from other areas

that are not as critical as housing because ousing is number two that is important to people living with HIV and AIDS. Thank you.

MR. ZALDIVAR: Thank you.

MR. WILLIAMS: Good afternoon. My name is Kent Williams and I am also a resident of Palms Residential Care and without Palms Residential Care being there I would probably be on the streets. Anyway I have been HIV positive for twenty years now.

It is estimated that 32 million people worldwide are infected with the HIV virus and of that approximately one million in this country. While the virus has slowed somewhat in the white gay community, it is steadily increasing in the minority community, particularly in the black and Latino community as well as the Asian Pacific Islander and the American Indian community. The funding still continues to flow within the white gay community when it needs to be flowing in the communities that need it most. Now is not the time to cut HIV funding or resources. Even in normal times HIV/AIDS organizations struggle with funding and resources. That should not be at any time particularly at this time.

MR. ZALDIVAR: Thank you. Can I ask, I think it

is really crucial that we try and we all have, I think we are hearing some great stuff and some great stories, but if those stories, if you can mold them into a recommendation so that we get all of the information to the folks up here and we get to hear from as many people in the audience as possible. So if you can do that, we would all appreciate it. Yes, Sir.

CALVIN: My name is Calvin. I work with Palms Residential Care Facility. I am actually a Housing Case Manager there. Speaking to care and outcomes, just to let you know that transitional housing provides an individual who is living with HIV a place where they can go and adjust to medication; a place where they can go and develop a strategy to increase their incomes as well as a place to really get used to an alternative lifestyle living and growing with HIV. I just really would like you to encourage you to come up with more ways that we can maintain transitional housing programs such as Palms Residential and some of the other few places that actually exist in Los Angeles County.

Thank you and the President, for allowing you all to come out here and show us some love. Thank you.

MR. ZALDIVAR: Thank you.

MR. BROOKS: Hello. My name is Stanley Brooks

and I have been living now with HIV for going on 26 years next year. I too am a resident of Palms Residential Treatment Center. If it was not for them, I would still probably be on drugs and I would probably be homeless. Through all of the years that I have seen I have seen so many housing programs be cut. I do not want to go to prison. I do not want to go back to selling my body on the streets. I do not want to go back to using drugs. Today I am sober and I am clean, but I cannot stay that way if I do not have a roof, a stable place, somewhere to live, somewhere to call my own affordable living. We need housing in the African and Latino community.

I do not see color when it comes to HIV or when it comes to AIDS, but I see a lot of discrimination when it comes to housing because if you do not have housing, you are only going to have people out there infecting each other just to find somewhere to sleep. If you really think someone is going to tell you hey, I am HIV positive, just because they need a place to sleep tonight?

MR. ZALDIVAR: Thank you.

MR. RENOSOS: Good afternoon. My name is Hergoso Renosos. I am a Latino bisexual living with HIV. I am also part of the Palms community. I live at the

Palms Manor. One of the things is I want to ask you is to fund the housing. Two years ago I was sick. I did not know what was going on with me. I lost my apartment and my job I also lost, because I was not able to keep working because my health was deteriorating. If it is not for a housing program, I would not be today here. I am a cleanup aide at Oasis Clinic. I cannot talk officially on behalf but I can see every day when I have my peers around, they are in need. They are in the streets.

Some of them are drug addicts and they need medical support, health support and all kinds but the most important is housing because without housing you cannot bet your medication and your therapy. I think fortunately, I am back to school today. I am studying right now system reviews and in psychology. That is my plans due my minor in system reviews and my major in psychology. Thank you so much.

MR. ZALDIVAR: Thank you.

MR. PERSON: Hello. My name is Mozao Person. I am a young Latino transgender man, which means I transitioned from female to male. I also work for the transgender law center. I would say we came here with a study that we did as Desato Transgender California, which

is the largest survey of transgender Americans yet here that we have ever done and it showed some really big things. One of the huge reasons I think that transgender populations are in high risk categories is because of the enormous amounts of discrimination in employment and housing, as well as in health care that we face.

We know that after transitioning, transgender people end up being twice as likely of being unemployed and twice as likely to live under the poverty line than other Californians. We also know that one in five transgender people since coming out as transgender end up facing homelessness and about one in three of those transgender people decide to not stay in a shelter because of discrimination within the shelter system.

Lastly, there is a huge staggering statistics around the fact that we found that in primary care, 30 percent of transgender people do not go to see health care because of discrimination and disrespect that they have had in the past, and about 40 percent or 42 percent do not go because they simply cannot afford health care in their lives.

So I think that the recommendations around transgender populations are several. One is that there needs to be more studies on transgender populations and

do not mis-categorize transgender women as MSM populations. Then two, there also needs to be a lot more studies about transgender men who are having particularly, sex with men in this. So like you really need to pay attention to transgender populations and both to transgender women and to transgender men.

MR. ZALDIVAR: Thank you.

MR. PERSON: Okay, thanks.

MR. McWELLS: Good afternoon. My name is Charles McWells. I am here representing the Grace United Methodist Church HIV/AIDS Ministry and I am also a black man living with AIDS.

I have three specific recommendations. The first is that there has never, ever, been a significant effective coordinated national strategy that links HIV/AIDS prevention and non-injection substance abuse prevention programs. That is an oversight that needs to be corrected immediately.

There needs to be more coordination with SAMHSA and other federal agencies that are specifically designed and funded to deal with substance abuse. In the communities of color in this nation, crack cocaine, crystal meth, alcohol, marijuana is the train that drives HIV infections and until we recognize that; until we

effectively fund and coordinate those programs that deal with substance abuse, or non-injected substance abuse treatment there will not be a significant reduction of the incidence of HIV particularly in communities of color.

Second recommendation, there needs to be better utilization of non-traditional community based organizations specifically faith based organizations. There are some representatives of little organizations here today. Whenever the White House has a round table or a strategy planning session or they give something away, churches must be represented here because they are effective particularly again in communities of color. We have been around for a long time and they are the ones that should be helping to disseminate information about prevention and treatment.

Finally, there needs to be stop gap federal funding to offset state reductions in prevention and funding.

MR. ZALDIVAR: Thank you so much.

MS. MARTIN: Good afternoon. I am Carolyn Martin with Women-Alive Coalition. Carrie Broadus could not be here today because she is not well, but she is submitting hers on line. I also represent the National

Council of Negro Women, the Southern California area.

Two things from the National Council we are recommending that the strategy should address school aged children and when they have those separated classes where they talk about your sexual development that a large part of that should be or expanded to include HIV and STD's and pregnancy. In two years I think that they should be re-analyzed into some new information be introduced and there should be some type of analysis to see what they retain.

The other thing, we have a support group on Friday night and their recommendation is that heterosexuals should be added to the behavioral risk groups. There is no place for men that are straight to have support groups or those kinds of things. There is not a lot, I should say.

The other thing is African American women do not identify themselves as a behavior risk group or women at sexual risk. They associate or categorize themselves as women so that category could be redefined. Thank you.

MR. CHADDOM: My name is Jim Chaddom, a 32 year survivor of HIV infection and a member of L.A. County HIV Commission. I am here to talk to the long term survivors. I think that the long term survivors deal

with a lot of phases of HIV that are not really, have not been looked at as part of the illness, you know depression, fatigue. We are also an underutilized resource because as far as the press is concerned, AIDS has dropped off the end of the map. It is not a fatal disease anymore. You take a pill. You are going to be fine. That message has got to be stopped. We can be used as mentors because I am here to tell you the 30 plus years of HIV you deal with a lot of ups and downs that are not ever mentioned in the early part of the disease. You need to get the message out there.

I also think that there needs to be social programs for the long term survivors to help us with part term employment, you know to do something with our time to help us feel useful again on the days when we do feel good. There are days when you do not know if you are going to feel good or you do not know if you are going to feel bad, but nothing is worse than just sitting at home alone. Thank you.

MR. ZALDIVAR: Thank you. Yes.

MR. ROBINSON: Hi. My name is Ikial Robinson. I work at City of Hope in clinic research and former Program Manager of A Connect and Protect Program from the NIH when I was in Chicago.

When it come to research, things that are coming aground that are innovative and progressive sort of like the RV 144 or the allogeneic and other ontologist transplant studies for HIV reduction, and you have indicators of the Berlin man so and so forth. They have worked to like me, we are having small, small I guess, basically we are increasing the amount of research that is actually effective in people's lives. So we need to basically work to expand the education on these subjects a little bit across the board.

When it comes to the RV 144 we saw a little bit of education that came through. I relate it to how viruses work and so on and so forth. Then like that education go will for care and society - it will actually come forward when it comes to vaccine design.

And then piggy backing really quick on what some other people said when it comes to recommendations, one thing that is very important whether it is the trans community or just an MSM as in gay or lesbian communities, making sure that the physicians can train. They could speak to all of us patients in a sensitive manner.

Then also finally, making sure that the education for the elderly population is appropriate,

because as we are looking at the elderly population and incidents rates and prevalence rates increasing, there is not enough education for people who are counseling those folks to make sure that they are using the appropriate language. Thank you.

MR. ZALDIVAR: Thank you.

MS. JAMES: Good evening. My name is Selma James and I am a volunteer community activist for HIV and AIDS. I am a 19 year survivor but more importantly, I am what that young man said. I am an older woman living with AIDS. I had children to represent the older women who do not feel comfortable in discussing their status because of the myths and stigmatism that are still there.

Unfortunately on Thursday I attended the agency -I will not call the agency name, but the treatment advocate educator and four case managers were released. This is in a South Central area and there is a very, very, unique thing there as most of you know. Some of it is literacy. Without the education, without the case managers, without the mental health therapists that older women need because heterosexual women think I am fine, I am married, but it happens to us. So, I am recommending that some of the cuts be reinstated for education of older women. Thank you so much for your time.

MR. ZALDIVAR: Thank you.

MS. DAVIS: Good afternoon. My name is Cynthia Davis and I am an assistant professor in the Medical Sciences Institute at Charles Drew University of Medicine and Science. I am also a board member of AIDS Healthcare Foundation. I have several recommendations.

In looking at current federal funding which in 2008 totaled close to $18 billion, 65 percent of that funding went to care and treatment. Until more funding is earmarked towards primary and secondary prevention of HIV, the rates of HIV infection are going to continue to grow in the country.

Number two, given that gay and/or bisexual African American young men of color as well as African American females represent the fastest growing population being infected with HIV in this country, there has to be more appropriate funding directed to community based organizations that have a track record, expertise and the resources to engage the community and broad based community mobilization to effectively reach this population.

Number three, there needs to be a national dialogue on the need for compulsory family life education or sexuality education which targets grades K through 12

as well as post secondary young adults so that the nation's youth can be protected not only from HIV, which is 100 percent preventable, but other STD's. The federal government also needs to sponsor and fund the broad base availability of male and female condoms in HIV and STD impacted communities across America.

There needs to be a voluntary HIV testing made available within highly impacted communities whereby anyone can access HIV rapid testing as easily as going to the grocery store. Meaning there needs to be an enhancement of HIV testing venues established at faith based institutions, secondary schools and places of employment.

MR. ZALDIVAR: Can we wrap this real quickly?

MS. DAVIS: Yes, there have been several research studies that have discovered that in many instances HIV infected men and women -

MR. ZALDIVAR: I am sorry, can we get to the recommendations real quickly?

MS. DAVIS: Have a history of childhood sexual abuse, and if there is an established link between childhood sexual abuse and acquiring HIV, then there needs to be a national dialogue on how to prevent childhood sexual abuse.

MR. ZALDIVAR: Thank you. Thank you, Cynthia.

MS. RAMOS: Thank you. My name is Nancy Ramos. I am a Latina. I am a woman who is living with HIV for 17 years. I am a mother. I am a daughter and I am a sister, and I hope to be a grandmother next year, so I hope to stay alive to witness that. I am a health educator for L.A.U.S.D. Positively Speaking, and what we do is we go into the high schools and middle schools and we speak our personal stories of what it is like to be living with this virus and putting a face on HIV and AIDS.

My recommendation is for continued monies for education and prevention, abstinence based, not abstinence only. I am a Christian woman and my voice and the church is a very, very, small voice but with this continued I completely appreciate you being here and taking the time to listen to the concerns of my community, which is Los Angeles. I represent women. I represent Latinas. I represent single moms also who are living with AIDS. Thank you very much.

MR. ZALDIVAR: Thank you, Nancy.

MS. ROBINSON-FLINT: My name is Jan Robinson-Flint and I work with an organization called, Black Women for Wellness in South Los Angeles. We do health

education, prevention and advocacy work with and for African American women and girls.

I have two recommendations. One is to increase cultural gender and age appropriate information, education and health services for African American and black women through engagements of grassroots community based organizations.

Recently the CDC released a Request for Proposal targeting community based organizations that was 105 pages, and its suggested maximum of 75 pages of the proposal. In additional to the green challenges this presents, it is a challenge to the resources of grassroots and small community based organizations to respond to RFPs like this. Unfortunately with the efforts like that we will continue to recycle funding into the coffers of those already engaged and not bring any new energy and additional input into solutions for this pandemic.

HIV and AIDS is a reproductive health challenge for women and for girls. Many times local as well as national governments, the STD department does not communicate with the maternal and child health or with the women’s health departments and we think that a recommendation would be to communicate between all of

those departments. Unfortunately there is stigma still attached to HIV/AIDS, and that means we also need to get outside of those departments and talk to people with heart disease, people with cancer, people with asthma, and other health information efforts in our community.

MR. ZALDIVAR: Thank you.

MR. PORTAGE: Hi, my name is Tim Portage. I work for the Los Angeles Unified School District and we are funded by a CDC DASH grant to fund sexual health and HIV prevention in our school district for secondary. I am here to tell you the problem of infection continues with our students. They continue to experiment and get the wrong information from their peers and online. As an example, this year we had a student in middle school who came out who was infected with HIV - completely preventable. It was sexually transmitted. He was under the influence of drugs and alcohol.

What we find now is we see a lot of school based programs being cut because of the state of the economy. My recommendation is that we maintain an increase of funding for HIV prevention of youth in schools. We use the most effective and best practices evidenced based programs that are available with these funds. We can find innovative and creative ways to

incorporate HIV in education by encouraging comprehensive health education and by cutting abstinence only funding, which we know does not work.

I would like you to support campaigns. You know there are hard TB and viral campaigns that are relevant to our youth, who speak to our youth. We need to find ways to communicate with our youth and we know technology is that direction.

We also urge that you support other programs to support us like Title IV, that supports violence prevention and ATOD alcohol, drug and tobacco prevention. Thank you.

MS. EVANS: Hi, I am Deborah Evans. I case manage men and women leaving prison, many of them HIV positive, many of them heterosexual men and women, many of them from the LGBT communities and I think the federal government should help us with a holistic approach because when they leave prison, we are able to give them 90 to 150 days of treatment but we are not able to give them meds for their disease.

We can take them to the parole office and give them their psych meds but nothing else is provided. We need a holistic approach so that not just their psych meds are provided but they get their HIV meds. They get

housing. It is a very big need. They can get dental. We get none of those things. And because they are on parole, most of the community based providers will not give them treatment. They say the parole office will take care of it, but they do not and then we wonder why the recidivism rate is unbelievable. They have nowhere to go, no resources because not only are they HIV positive, they are ex-convicts. So I would like to see a holistic approach that would allow my clients to have a future. Thanks.

MR. ZALDIVAR: Thank you, Deborah.

MR. MARTINENZ: Good afternoon. My name is Eddie Martinez, gentlemen, Michelle Roland. I am a gay Latino man, native Angelino. I am also Catholic. I have worked for the Wal Las Memorias for 13 years. I am a member of the county meth work group also a member of the Latino Advisory Board Office of AIDS. During my experience community organizing, I learned that individuals need to take an active role to prevent HIV/AIDS through education, self empowerment and committee involvement.

I am holding a poster from a Latino men’s group, Yabas, meth and HIV. It is a home grown community mobilization program that uses education, self

empowerment and community involvement to fight the spread of HIV/AIDS, abuse, alcoholism and social injustice. Don’t be afraid to fund such programs.

What I recommend that you support the research and funding of the local HIV prevention program that utilizes community mobilization model, that builds alliance and partnerships between individuals of high risk and community gatekeepers and communities of faith and providers and health departments: mental health, health on drugs and office of AIDS. We have got to work together. It takes a village. Yes we can.

MR. ZALDIVAR: Thank you, Eddie, and I have to point out to the White House office that is my Associate Director, a very powerful young leader. Thank you, Eddie.

MR. PAGE: Yes, hi. My name is Dean Page and I am with the Commission on HIV and I really appreciate the Obama administration for coming out here because I was around this epidemic when there was a president that would not spit HIV out of his mouth. I think we all know who that was. We had to fight for everything that we had back then to get what we wanted, but I think prevention and care is number one. Care and treatment is number one and prevention you cannot forget prevention and education for the young people, for people to understand what it is

like, to get educated about HIV and AIDS because that is the problem along with the drugs and the alcohol, too.

Also I wanted to say I am a little disappointed. I am really disappointed. This place should be packed. I am really pissed off. It seems like that only the hard core are the ones that come out to an event like this because they know how important it is. I know how important it is for me because I have been around for a long, long time and I have seen many people die.

I wanted to talk about the financial for the poor because we are the poor people. You are going to hear this. The poor are being infected. The poor are the ones who are being with the financial part because a lot of us cannot work but yet we are the poorest of the poor, and we are the ones that seems life has given the end of the scale here.

MR. ZALDIVAR: Thank you. We need to wind up. I am sorry, but thank you so much. I just want to call out to you that the fact that we may not see this room full but this room is full of some powerful folks and powerful spirits so thank you. Yes.

MR. O’BRIEN: My name is Gary O’Brien and I am happy to be here today. Thank you so much for being here.

It means a lot to me. I am a survivor of HIV for the past seven years. I am an educator for Los Angeles Unified School District. I teach English as a second language to adult Latino immigrants and I am also a public speaker at schools, mostly junior high school students, to educate them and make them aware of HIV prevention and how they can prevent ending up in the boat I am in today.

Two recommendations I would like to make. Because I am in adult education, I live in California our wonderful Governor recently did huge budget cuts to adult education and I went from full time status to part time status. I am fortunate enough to still have health care but I am with an HMO and my prescriptions are going up 900 percent for co-pays and I am going to have to and that is the non-generic drugs that I need to keep myself healthy and to keep doing the work that I do. So, I would like to recommend while I may have to go to ADAPT which is a great thing that occurs that his here for us, I would like the federal government to perhaps create more programs like this in other states and also prevent uncompassionate governors like Arnold Schwarzenegger to not threaten programs like this that we need in our state.

Second of all, because I had the opportunity to go and I can do work with positively speaking organizations for L.A.U.S.D., I get to go in and I speak to seventh and eighth graders about sexuality; things they cannot talk about when they are home sitting with their families and just discuss the facts with HIV. I am also a minority group that actually does not get it and I have the opportunity to go in and make them aware of the risk of HIV and how they cannot get it. I think it is very important that the funding does come to us as well so we can do this kind of work with the students because it is very, very important. Thank you.

MR. ZALDIVAR: Thank you.

MR. WHITNEY: Hi, Jeff Whitney and I am from AIDS Healthcare Foundation. I am also on the Commission on HIV. You know that twenty-five percent of folks who have HIV do not know it. The trajectory of this disease must change in this country. I think it is terribly important that we understand that HIV screening linkage testing has got to be the first step in the care continuum and not something off to the side.

I really believe firmly that what needs to happen is we cannot have so many layers. We cannot have CDC, HRSA; you know all of the different layers of

bureaucracy in the federal government moving them into all of the different leaders in state government that moves all of the different layers in local governments. WE do not hear from HOPWA at the Commission on HIV table. We just do not hear from them so we do not really know how those resources are being planned. We have got to find ways to coordinate these resources and the Obama administration I hope will lead.

I am also very pleased that for the first time at least in the Ryan White CARE Act we are seeing an articulation of a national testing goal. I hope that when this language is passed that we will see from the administration some quick moves to bring that national testing goal up to fruition. Thank you.

MR. NICHOLS: Good afternoon. My name is Revel Nichols. I drove all of the way down here from Bakersfield, California. I am here with my distinguished colleague and girl friend Camilla Chavez with the Delores Wirth Foundation that also supports a public option in health care. I also brought my mom and respect to the panelists and other people present I would like them to defer their time to me so that I can read my following recommendations if that is allowed.

MR. ZALDIVAR: You have a minute and a half

total.

MR. NICHOLS: I am just going to have to bogart the mike here. First I would say that the Obama administration has to implement a national media blitz. That was done in Toronto, Canada. That has been found effective in terms of portraying minorities who are mostly hardest hit with the HIV virus. I would also say that this would be directly focused on African American men and African American women.

We would need to have our publicly elected officials to run a continuing dialogue. They are negligent when they do not mention this in their everyday rhetoric.

We would need to have effective policies that basically do away with ignorance only. That has been found to be very destructive particularly with our teens and condoms actually do prevent HIV.

The Obama administration needs to stop skirting the issue and implement free health care and also free anti-rectal viral medications. If Brazil can do it then we can do it and they need to provide this with all due speed which will level the playing field for poor people.

MR. ZALDIVAR: Thank you.

MR. NICHOLS: We need to educate our doctors.

SPEAKER: We are going to give him our mike time so he can continue.

MR. NICHOLS: So maybe we can also be able to.

MR. ZALDIVAR: Excuse me. If you have a written statement or

MR. NICHOLS: This is just on the internet.

MR. ZALDIVAR: If you could submit that because we need to go on to the next speaker.

MR. NICHOLS: Also provide free HIV testing in schools, clinics, especially in prison and also make it a mandatory policy if you are locked up.

MR. ZALDIVAR: I need to say that I think we need to mindful it is 6:50.

MR. NICHOLS: Needle exchange programs.

MR. ZALDIVAR: Thank you, thank you. It is 6:50 and my job is not the easiest but it is one that is fair and try and be inclusive. Thank you.

MR. LACEY: Hi, my name is Tim Lacey. I am a resident of the Palms, 8480 S. Figueroa. I am also a convict from ten years running up and down downtown. That is how I got housing and a roof over my head that is all I knew. Now that they have stopped the Section VIII, I do not know where I am going to go. We continue to need housing. Of course they know the administration how

to implement these suggestions. I don’t, but they taught me how to start my short term goals into long terms goals into achieveness and we need that housing. I thank you for listening.

MS. GONZALES: Buenos tardes, mi nombre es Brenda Gonzales (with Spanish translator). Good afternoon. My name is Brenda Agrillo Gonzales. I have been working for the last eleven years in the Welfare and Human Services Department. I am a Latino transgender woman who has been living with HIV during the last fourteen years. I appreciate your time and dedication for allowing us to be present here with you today.

I think we are celebrating the times of President Obama and I think that now it time for us not to be considered as just men who have sex with other men. I would like to continue working with you in a more direct way so that I can contribute to changes in the transgender community specifically to continue working with the transgender community with centers at the national level and also get the federal government involved. Thank you.

MR. ZALDIVAR: Thank you.

MR. RODRIGUEZ: Good afternoon. My name is Roberto Rodriguez. I currently was working with

Bienestar in San Bernardino County so I am here on behalf of the San Bernardino County residents. I think we need to have more resources for that community. Currently there is three agencies. There is Bienestar; there is Inland AIDS Project and Foothill AIDS Project. Inland AIDS Project just closed so there is rumor that Bienestar Center is going to be closing so I do not know if it is true because I am not working there anymore. So that leaves the patients with one agency: the Foothills AIDS Project. I did speak to the Director there and they are not going to be able to help all of those individuals because they did not have the staffing. They do not have the funding. The case management funding was cut also with the Bienestar when Inland AIDS Project closed down, Bienestar received about 100 new clients and we were only funded to half time to do case management.

MR. ZALDIVAR: Can I ask you a question now? What is your recommendation?

MR. RODRIGUEZ: We need resources. We need more case management. We need also medical care. The county is turning people away because they are overwhelmed. There is only one clinic there. The other clinic is in Fontana which is pretty far. A lot of those residents do not have any transportation so we need more

transportation. We need housing in San Bernardino County.

MR. ZALDIVAR: Thank you. Thank you for the clarification.

MS. CERVEDRA: Hi, good evening. My name is Johanna Cervedra and I am a transgendered woman. I just wanted to say to please to come to our community. We are not counted to the federal agencies. It makes difficult for me to be out and proud when I am not counted. It makes it difficult for me to think about HIV prevention when I know that I am not counted.

MR. ZALDIVAR: Can I ask you a question, though?

MS. CERVEDRA: Yes.

MR. ZALDIVAR: What would be your recommendation?

MS. CERVEDRA: To be counted.

MR. ZALDIVAR: To be counted.

MS. CERVEDRA: In the community. Thank you very much.

MR. ZALDIVAR: Thank you.

PARTICIPANT: Hello there, gentlemen. I am a resident of Palms, a residential care facility and my recommendation is housing, you know. Like when I was homeless you know for about like five years in South

Central L.A. and I would like to continue to know if we could like continue housing for the people with HIV because I am also staff when I am HIV. If it had not been for me getting cared for at the facility on Oasis, maybe I would still be healthy. I just like to know to continue with the housing, Sir. Thank you.

MR. ZALDIVAR: Thank you. Yes, Sir.

MR. PAULETTE: Buenos tardes. Mi es nombre Lucio Paulette(with Spanish translator). Good afternoon. My name is Lucio Paulette and to begin with I would like to say that I am a member of Bienestar. I am a client and I am a volunteer.

I am here to talk about all of the programs that we have. I cannot talk about one specifically because we need every one of them. Every one of them makes us stronger.

MR. ZALDIVAR: Can we get to more specific recommendations?

MR. PAULETTE: Yes, I do not want any of them to be cut because they teach us to have the necessary strength to continue with our lives. Thank you.

MR. ZALDIVAR: Thank you. Thanks for your help.

PARTICIPANT: I am also a resident of the Palms facility. On behalf of the facility that housed the

chronically ill and making sure you get your medicine, any interruption of service could be cruelty to many in order for us to stay alive and well. The funding is most definitely needed to many. The question is where will we go? Where will we be if Palms were not available? Thank you.

MR. ZALDIVAR: Thank you.

MR. AVENOS: Buenos tardes. Mi nombre es Armando Avenos(with Spanish translator). Good afternoon. My name is Armando Avenos. I have been a volunteer of Bienestar for the last ten years.

I would like to recommend no cuts when it comes to support groups and case managers and all of the programs that Bienestar has. Thank you.

MR. ZALDIVAR: Thank you. Tanya.

MS. RODRIGUEZ: Hi, good afternoon, everyone. My name is Tanya Rodriguez and I am here representing three entities and they are all very relevant to my recommendation. I firstly representing the organization I work for, Pals for Health which is an agency that is dedicated to training bilingual HIV/AIDS service providers in providing culturally and linguistically appropriate services. I am also here a board member for the Wall Las Memorias and all of the great work that they

do. And last, but definitely not least I am here representing women.

I wish and recommend for women to be adequately and equally represented in all HIV health care. As all of you know, the majority of women being infected today are women of color and a high percentage of them are limited English proficient. So one of my recommendations is to make sure that when making decisions for women, whether they are straight, lesbian, or transgender women, that the materials that are created are created in a way that are culturally sensitive, that are very specific to the issues of women and that they are also linguistically appropriate. Thank you.

MR. ZALDIVAR: Thank you, Tanya.

MS. JACKSON: Good afternoon. My name is Precious Jackson and I am an HIV activist and I am also living with HIV.

My recommendation is when it comes to reducing the incidence among women and also a population that is never discussed are heterosexual men, I would recommend that the federal government look at contributing factors to the increasing incidence of HIV and that would be incarceration, poverty, lack of employment, lack of education and housing.

I do have a statement that I also would like to make. If there was a cure today for HIV, it would also be a cure for racism, homophobia and gender inequality. Thank you.

MR. ZALDIVAR: Thank you.

MS. GREGORIAN: My name is Lucy Gregorian. I am so grateful.

MR. ZALDIVAR: Wait, we have to follow order here.

MR. CUCHARRO(?): Thanks. My name is Armie Cucharro and I am a Philippino American living with AIDS. I actually found out that I was HIV positive four blocks from here at the gay and lesbian center on my lunch break from Victoria Secret at Hollywood and Highland and yes, I am gay. I went on my lunch break and from there they took me by the hand and took me to a case manager, a social worker and made appointments for me for crises counseling for confirmatory tests for my doctor for treatment education and for the medications years thereafter. I have not infected anyone and I am undetectable now and I am on medications now and those are all federally funded programs. It is so important that we have treatment education available.

Treatment education programs which is my

recommendation is not a duplication of services because the doctors are being whittled down to only having ten to fifteen minutes and you are supposed to see your doctor four times a year. That is only an hour a year for a potentially deadly illness that you can transmit to somebody. So it is not enough time. They also argue that the nurse practitioners and the nurse case managers are supposed to take on that role but the nurse case managers are following suit with the doctors so they are really only giving fifteen minutes as well. Then the clients feel this pressure and they are not able to bring up the issues that they have so it is very important that we keep treatment education programs. Thank you.

MR. ZALDIVAR: Thank you.

MS. GREGORIA: Hi, my name is Lucy Gregoria and I am so grateful that we are striving to stamp out, strike out AIDS and I am a volunteer. It is so courageous. Your prayer, fully supporting you guys.

MR. ZALDIVAR: Thank you.

MR. MORAL: Hi, my name is Leland Moral. I am HIV positive. I am also Navajo and I was raised LDS and to some of those, it is Mormon. One of the things that I have noticed over the last couple of months is that we have lost some of our mobile HIV testing clinics: the

little ones in the little El Monte RV things. I noticed that along the streets of Santa Monica Boulevard as I go out and to me this is a concern because it is one of those sites where people who would normally be out and about might want to get tested and it is something that is easily accessible and it is no longer there. Other programs are also being cut.

Another thing that I want to address is I would like to see a national campaign perhaps with President and Michelle Obama addressing HIV, normalizing it and de-stigmatizing it so that it becomes something that anybody can talk about without having to whisper it behind closed doors and something also that parents can discuss easily with their children, age appropriate of course depending on the age of the child.

Also, I would like to see in the general education requirements on college campuses, some type of educational awareness as far as HIV and AIDS as well. That is what I have to say. Thank you so much.

MR. ZALDIVAR: Thank you.

MR. RODRIGUEZ: Hi, my name is Juan Rodriguez. I am a gay man. First of all I want to thank the Wall Las Memorias and other organizations that are here for being a beacon of light for my gay and lesbian and transgender

brothers and sisters.

My recommendation tonight would be just to continue to fight the stigma with our young adults: high school, junior high that are getting tested HIV positive and that the state would mandate, continue to mandate teachers as well as counselors to fight against the stigma. Thank you.

MR. ZALDIVAR: Thank you.

MR. KING: Good evening. My name is Jeffrey King. I am the Executive Director of In the Meantime men’s group. Richard, one and a half minutes.

The federal government and CDC must do more than simply outline a national strategy or alert us about a heightened response. Los Angeles is in severe need of financial resources. We need dollars to do this work.

A successful national strategy must be guided by the local county HIV planning bodies and fully fueled by our federal partners to identify gaps in services and unmet needs that exist within our local county health jurisdictions. These local planning bodies must accurately reflect the voices of its constituency and help to shape how a national strategy is translated at the local level.

A successful national strategy, three points,

Richard: a. must focus its resources on those that are most gravely impacted by this pandemic: young, black and Latino gay men; b. must move away from developing more CDC demi-interventions and begin to work more closely with indigenous community based organizations to support already existing home grown interventions; and finally c. must support more community based research and collaborative efforts. A successful national plan is one that honors the individuality of regions and its local constituencies. Thank you.

MR. ZALDIVAR: Thank you, Jeffrey.

MR. CHAPMAN: Hello. My name is Gary Chapman and I am a resident of the Palms transitional living facility here in Los Angeles as well as Chairman of the Community Advisory Board for County USC 5P21.

I recommend that you take all of these thoughts that you have been presented with this evening back to Washington and deal with them expeditiously particularly when it comes to housing. To cut funding in housing is tantamount to giving someone a death sentence if not for me but for the younger generations that coming up because it is very, very difficult to deal with any type of prevention or treatment if you do not have a decent living facility. Thank you.

MR. FARRIS: My name is Daniel Farris and I am also a product of the Palms residential care facility. For me everything started at the Palms. They got me into a drug treatment facility because I was using drugs over half of my life. I have been ten years clean now. Everything started for me there. It was then I got my housing from them. I got my case management from there. They referred me out to –

MR. ZALDIVAR: Can I ask you a question?

MR. FARRIS: Yes, I am right here.

MR. ZALDIVAR: But can I ask you a question? What kind of recommendations would you have for the gentleman here on the stage?

MR. FARRIS: Do not; do not cut any more funding for any of the programs that have to deal with HIV or AIDS because if it was not for these programs, I myself would not be standing here right now. I would probably be dead.

MR. ZALDIVAR: Thank you so much.

MS. VALENZUELA: Hi. My name is Angelica Valenzuela. I am the Vice President of Programs with the Children Affected by AIDS Foundation. I have two recommendations, generally recommendations on behalf of children and women.

We have a generation of children who are growing under the shadow of HIV and AIDS and nobody is counting them. Those are the affected children. They need to be count including the orphans due to HIV and AIDS. We need those numbers because otherwise they are doomed to repeat the same circle that they are growing under.

The second one is child care, housing and transportation go hand in hand for the stability of women. If women are stable the kids will be stable. It is imperative that there is a national strategy to help women not only to funnel the federal funding through the different, the state and the cities, the metropolitan areas but also to have a federal program that provides child services, provides transportation so that women can have access to job re-entry programs.

MR. ZALDIVAR: Thank you so much.

PARTICIPANT: Hello and thanks for being here. My recommendation will be please continue to fund programs like Bienestar and Children Hospital that will help young people to prevent HIV. Thank you.

MS. BRUNSTETTER: Hi, my name is Jessica Brunstetter. I am concerned with the youth contracting HIV/AIDS through poor health care. As you know early

detection is one of the most efficient ways to help people with HIV and AIDS. So the idea I would like to propose to you is to reduce HIV and AIDS incidences are: one to implement more thorough blood testing so accidents do not occur through blood transfusions and things like that and also to have blood testing be part of a standard physical that students are required to take to participate in sports and sometimes go on field trips and things like that. The standard physical test is a simple okay you can play but if you were to test their blood and sure that they truly are healthy, we could have early diction and reduce incidences. Thank you.

MR. ZALDIVAR: Thank you.

MS. AUGUSTA: Good evening and thank you for having this panel. My name is Anna Augusta and I am a nineteen year old transgender woman. I just want to ask you to please try to understand the specific issues of young transpeople such as myself. I have benefited myself from the prevention programs that Children’s Hospital has. I am very lucky to live in Los Angeles and be able to take advantage of the prevention programs.

My recommendation is please consider funding more programs that are specific for youth like myself and others and that we are a powerful force. Thank you.

MR. HAMILTON: Good afternoon. My name is Richard Hamilton. I am HIV positive and I am HIV empowered. I heard Mr. Crowley say that this was difficult times. For the last nine or ten years I have always attended AIDS Watch and we have always gone on Capitol Hill and they said to us, you know you need to vote some people in here. You need to give us some help. You need to get somebody that cares. So we believe that President Obama cares but we need to know that HIV/AIDS is a priority and what we need the country to do is put its money where its priority is. If your priority is HIV/AIDS then we have to work on prevention.

I come from a community where there are high numbers of HIV in the African American community and it is not about a label of whether I am gay or transgendered or whatever. Black people are dying, women. African American men do not necessarily identify with the social constraint identity of being gay or same gender loving or bisexual but they are men that are sexually active and because of their behavior they are at risk for HIV and AIDS. Nowhere in the school system or in the public system do they have the education to help them prevent HIV/AIDS. We need testing in our community: mobile units, store-front testing, testing that is always

available in the community so that we can normalize testing in our community. We need early intervention clinics. When we lost our EIP clinics, EIP clinics made me be the healthy man that I am today. So I implore you to give funding to prevention, to early intervention, and to therapeutic monitoring so that people can remain healthy once they have HIV. Thank you.

MR. ZALDIVAR: Thank you, Richard. We are running really good on time but we have got to cut them short so let’s get to recommendations so we all have had a role this afternoon. Yes.

MS. ECENONIS: Good evening. I am very grateful that you guys are present and the audience is here. My name is Christine Ecenonis and I work Children’s Hospital. I am here representing the hoping that the African American, white, Asian and all my brothers and sisters who maybe are not present. Almost daily I am faced with the long and sad faces of young transboys and girls who are homeless and are eager to get a name change in order to get a job.

As a county I think we need to continue embracing and providing funding for this community, my community with the recommendations would be like educational workshops to help them build job skills. I

think also at schools, it should start at schools and continue at schools. They have some services when I was attending L.A.U.S.D., but they are not great so I just think that not only should they continue but they should also be improved. Job placement, transitional housing for all transpeople, health care to you know for hormone therapy and mental health therapy regardless of HIV/AIDS status and legal status.

MR. ZALDIVAR: Thank you. Yes.

MR. OLIVERAS: Hi, I am Robert Oliveras, just a member of the gay Latino community. I am activist in other actions but I used to work every day with people from the Wall and Bienestar and other issues and even single people from the Venice Recovery House and I see them stretch a dollar really hard and I think in order for you to reach those three goals that you have in the pamphlet, if you do have a moral and ethical responsibility to provide some immediate stop gap funding to go ahead and replace some of that funding cut because we are going to back slide so much that we are not going to be able to effectively reach those goals.

Also I think we need to move away from the population base levels of funding. Our communities are traditionally undercounted first of all and second of

all, we have additional obstacles such as unemployment levels, substance abuse levels and we are victims of crimes at higher levels so we then have a situation where our HIV rates continue to increase. We are what over seventeen percent for Latinos but we are not seventeen percent of the population. So you need to provide us additional funding to help overcome each of those additional issues as well. Thank you.

MR. ZALDIVAR: Thank you.

MR. AQUINO: Hi, good afternoon. My name is Carlos Aquino. I am a research coordinator for the multi-center AIDS Cohort Study at Harbor UCLA and also just a member of the community.

My only recommendation is really if it is possible to provide funding for mental health services for HIV negative high risk populations because even though I do believe that a group level intervention, individual level interventions, HIV testing's are a really good way of preventing disease. I think there are certain issues that I think many of us in this room are having that unfortunately those things cannot be met through those interventions. I do believe at least funding for some mental health services for HIV again negative and high risk populations would be helpful.

MR. ZALDIVAR: Thank you. Yes.

MS. HAYMON: Hi, my name is Ann Haymon. I am a Presbyterian minister and I am pleased to see other faith groups represented here this afternoon. I do believe that much of our progressive faith population is the sleeping giant in all of this and that I would recommend, but I would also challenge you to wake that sleeping giant.

I am pleased to report that the Presbyterian Church has been on board with this issue since probably in the early 1980's. We have wonderful social witness policy related to this and I am working on yet another study that will come to our General Assembly next July in Minneapolis. I want to impress upon you the work that you are doing, that I believe the church can play a significant role in creating avenues or venues for dialogue and truth seeking and breaking through the conspiracy of silence in our churches and our culture surrounding HIV/AIDS. We do have the ability to do that even though we do not always do it very well.

I would also encourage all faith communities to work together in partnership and recognize and face the very difficult realities that surround this pandemic so that through the use of comprehensive sexuality

education, embracing the use of condoms and moving beyond fear, hatred, and sexual oppression, we can help stop this pandemic here and around the world. Thank you.

MR. ZALDIVAR: Thank you.

MR. TATE: My name is Larry Tate. I am also a resident at the Palms treatment facility. My main concern is housing. I am homeless. I lost my parents. I lost my family. I am homeless. Please, more housing.

MR. ZALDIVAR: Thanks.

LUCAS: My name Lucas and I am HIV positive. I would like to have a question and a recommendation. The question is why is there not one, one HIV/AIDS hospice in Los Angeles and what is the reality of reopening Carl Bean House which was the only professional AIDS/HIV hospice in Los Angeles.

MR. ZALDIVAR: Thanks.

MS. GUZI: Hi, good evening. My name is Annia Guzi. I freelance for the “Examiner.” I write exclusively about HIV and AIDS. I have one quick recommendation for you and it is regarding referrals.

We have a big problem in county hospitals right now with HIV patients can see their HIV doctors but then if they need to be seen by your urologist or an orthopedic it takes a year for them to be seen by a

specialist in county hospitals or in county facilities. I am sure a lot of HIV patients here cannot afford to go to Cedars or to Kaiser because they do not have insurance.

So what I am asking you since we are talking about health disparities, do we want to eliminate health disparities then we need to start treating HIV patients that go to county hospitals the same way that HIV patients that go to Cedars or Kaiser. By doing that you need to give more money to the county hospitals and county facilities so that there will be more referrals provided for HIV patients who need to see a specialist. Thank you.

MR. ZALDIVAR: Thanks.

MS. MILLS: Hi, my name is Ula Mills. I am a member of the Association of Nurses in AIDS Care and just recently retired from San Bernardino County Public Health Department.

I have three recommendations: that when you are considering future funding, do not tie CVO grants to MOU’s with the Health Department since programs in small population areas are often poorly administered and inappropriately targeted.

Second, private insurers that partner with

Medical or Medicaid, Medicare should be required to have infection control and an HIV specialist on staff before they can do those partnerships.

Third, I think that you should require mandatory physical and ER visits HIV testing coverage either by health care insurers or in general as recommended by the CDC guidelines. Thank you.

MR. ZALDIVAR: Thank you.

MR. McGEE: Hello. My name is Xavier McGee and I am going to try to keep it as simple as possible. I am 33 years old, or I will be next month and I represent the first children to inherit the society with social issues like HIV as part of upbringing.

One of the things I just want to recommend is that in the school system accept in a collegiate level, but in a school system if it is not in a book, it never happened. So let us get HIV in the books. Let us raise awareness for youth so that they can develop critical thinking and can ask the questions that we all ask each other now.

MR. ZALDIVAR: Thank you.

MR. FELIX: Buenos tardes. Mi nombre es Jose Felix (with Spanish translator). Good afternoon, my name is Jose Felix and I am an activist. I work for ten

organizations where we deal with HIV/AIDS.

We cannot continue our struggle if funds are cut. So my request is that please do not cut the funding so that we can continue to take care of the people like me who suffer, who are HIV positive. We have to make sure that all of the people that are struggling with this disease have housing, have education, have good care so that they continue, they can survive and keep on functioning in this society. The people that I have worked with have had to leave their apartments, their housing. We just want these people to be able to keep on living decently in their apartments.

MR. ALLEN: Good afternoon. My name is Thomas Calvin Allen. I stay at the Palms, 8480 South Figueroa Street. We need more funding. Please do not close it. Thank you.

MR. ZALDIVAR: Thank you.

MS. THOMAS: Hi, my name is Alfredia Thomas. I am the President of the board of Women Alive.

My concern is this. I have listened to everyone. I have read many documents. My thing is when you collect all of the data, in the past the data has been I would say unjustly weighted at its affect of those who are now transgendered, those who are African

Americans. So what I am asking is when you begin to identify these unique areas, that you make the monies equitable across the board; that everyone benefits from the funding, from the treatment adherence, from the education. I have two young ladies with me who I care about deeply and within the school system, the school system when they use the health education function to teach about HIV and AIDS, it is off centered. It is so high above that where they cannot understand the pandemic. They cannot understand the reality of it so the language has to be in their language so they can understand and take that information forward to hopefully prevent them becoming one of the persons affect or infected by AIDS or just be able to help a friend. I really encourage everyone. I challenge everyone to work together.

MR. ZALDIVAR: Thank you.

MR. DE LA O: Good afternoon. I am Oscar De La O with the Bienestar. Thank you very much for this opportunity.

Two very specific recommendations: the first one is that for twenty years we have seen that comprehensive services not just medical but also the social support services that include housing, food banks,

access to housing, benefit individuals in their care and treatment. I do not know what has changed other than a lack of will and perhaps resources but all of a sudden we are eliminating more and more the social support services and there is no measurable outcomes yet, that tells us that put in services just in medical, environment is the way to go.

The other one; in L.A. County, the majority of all new cases for the last five years are within the Latino community. To address a major issue of health disparities we need to see the Obama administration put forth a comprehensive immigration reform action. Thank you.

MR. ZALDIVAR: Thank you, Oscar.

MR. Elizar: Mi nombre is Juan Carlos Elizar (with Spanish translator)and I am here to thank all of you for coming here to listen to us, for you to go back to the White House and tell President Obama to not cut any of the financing that we are receiving at present.

Thanks to all of these organizations for instance I personally am undocumented. I therefore cannot work. I do not have access to health care and thanks to all of these things I am able. I know that I will be able to continue so please go on with this work.

I wish I could find stable work but unfortunately I do not have the documents that I need to be able to work and live in this country.

MR. ZALDIVAR: We have got to wrap. Thank you.

MR. ELIZAR: But thanks to the Palms Residential I am able to work there and so thank you.

MR. ZALDIVAR: Thank you.

MR. SELGADO: Hi, my name is John Selgado. I recently released from prison and I asked the Parole Department for recovery of housing. They denied it flat out, said they did not have funding at the time, whatever the case is. I had to find recovery housing for myself. I am at the Van Ness Recovery House. They took me in their housing. Don’t cut the funds. Give the people like me that want a chance, a chance.

MR. ZALDIVAR: Thank you. Thanks. You know I want to, now is the time to wrap up and I want to tell you a few things. First of all, when they started, when we started going through this recession we are starting to get cut back on funds in the State of California. All of us went through this period of depression and frustration and anxiety but no one felt it more than the gentleman who is sitting out in the audience who works a lot and funds organizations that helps raise and obtain

money from federal and state resources. He does it not because of a job but because he really cares about all of the diverse communities in Los Angeles County. Give a round of applause to the Director of the Office of AIDS, Mario Perez.

Finally I just need to tell you that it is not easy standing up here and being the traffic officer. Now I understand when I go approach an intersection I need to be very, very careful and not run the red light because someone out there will always call me on it but what is really important here was to see the many voices and many spirits that are in this room.

The fact that almost a year ago we elected the first African American President of the United States, yes, and what is amazing is that we have seen him in office, we have seen him on the news and we have seen him push through health care reform which will happen this year. He has never lost sight. That is the reality of government. That is the reality of politics. That is the reality of HIV/AIDS.

Our job is never to lose sight; to always keep the faith, always keep the hope and know among agencies that under this room today, under this roof, we are all one. I know that we are not going to walk away from this

battle. Always keep the faith. With that I would like all of you to give a round of applause to Jeff, James, and Greg. Thank you for the work that you do. Thank you, Los Angeles. Now let us turn it back to Jeff for closing remarks.

MR. CROWLEY: Thank you, Richard. Now can we really acknowledge Richard? He did a great job, didn't he? I know it is challenging and ninety seconds is not that much but I also appreciate everybody cooperating so much with it.

Every community we go to it has been fascinating for us to hear what we are hearing everywhere and what is different. One of the things that is notably different is there is a lot of pain and frustration in this community. Certainly we share this with you. You know one of the things I would say about President Obama is not that having him in office makes any of our issues around HIV easy. I think he gives us an opportunity. He really sees this evenings' discussion and all that we are doing really just a beginning and so we really want to ask you to continue to engage with us, follow along as we develop a strategy. Once we have a document that of course if not the answer. We will have a strategy then we will need to move into implementation

and really make this real so this is an ongoing commitment that we have just to working with you.

One of the things that certainly was true here we have seen in many communities. I just want to thank all of the people living with HIV that trusted us and were willing to disclose their status. We also would like to acknowledge all of the people that disclosed other facts about their lives: addiction, past incarceration, homelessness. That is not always easy and we really appreciate that were willing to share that with us because it really does add to your perspective so we appreciate hearing that.

As we leave, I will just make a couple of remarks. Even if you had a chance to get to the microphone and speak, if you have written comments please leave them at the door but also if maybe two hours after this discussion, next week you will have other ideas and have other thoughts, we really do want you to see this not as what happened tonight and then we leave and we are done. Really, we hope that we can have a national dialogue about HIV. You know someone made the remark and I know that the President shares this but we seem to have moved on from HIV in this country. We focus on the great leadership we are providing overseas in response to the

global epidemic but we really do need to spotlight attention on to it so hopefully this will be an ongoing dialogue so that we have these discussions or have these ideas. Again, submit your ideas to our website at www.whitehouse.gov/ONAP.

Lastly, I would just say on behalf of James, Greg and myself, it has really been great, enjoying this discussion that we have had this evening. We really appreciate all of the recommendations you have made for us. Thank you so much.

(Community discussion adjourned)