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**HIV/AIDS and the News Agenda – Implications for Ending the  
Epidemic  
Kaiser Family Foundation  
July 22, 2012**

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[START RECORDING]

**ROBERT BAZELL:** [Inaudible]. Why do we not start at the far end with the mic, everybody introduce yourself shortly and pass the mic down.

**ALLYSON LEACOCK:** I am Allyson Leacock from the Caribbean Broadcast Media Partnership on HIV and AIDS; we are a coalition of about 112 media houses and 24 Caribbean members.

**MIA MALAN:** I am Mia Malan from South Africa; I am with the *Mail and Guardian*, which is a weekly news [inaudible].

**REGAN HOFFMAN:** I am Regan Hoffman, Editor-in-Chief of *POZ Magazine* and *POZ.com*.

**ANTHONY FAUCI:** I am Tony Fauci, Director of the National Institute of Allergy and Infectious Disease at the NIH.

**JON COHEN:** I am Jon Cohen; I am a correspondent with *Science* and write for [inaudible].

**SARAH BOSELEY:** I am Sarah Boseley; I am Health Editor at *The Guardian* newspaper in London in the UK.

**FRANCISCO RUIZ:** Francisco Ruiz with the National Ruiz with the National Alliance of State and Territorial AIDS Directors, NASTAD.

**DAVID BROWN:** I am David Brown at the Washington Post.

**ROBERT BAZELL:** Okay, and I'm going to start with some questions but I just want to make a quick personal observation,

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in case everybody in this room thinks they are overwhelmed today, [inaudible] story on the nightly news today but it would just [inaudible] compared to the Colorado shootings, the fact that Joe Paterno's statue is being taken down at Penn State and promotions for the Olympics that are coming out in a week. And for those of you [inaudible] don't know who Joe Paterno is, is un-American.

I am going to start with a question for Regan, from *POZ Magazine*: This might be obvious for a lot of people who are in here, but if this were a conference on tuberculosis, or a conference on malaria, it would get far less attention. Why is that?

**REGAN HOFFMAN:** Well, I am [inaudible] TV show, about TB. This epidemic has made some headway, we have left other diseases behind, malaria, TB, but it occurred to me as [inaudible] this morning that we need to fix all these problems at once, if we can, TB [inaudible] people with HIV, more tests performed for HIV, so we are treating people who have multiple things at one time.

And I think the [inaudible] are affecting disproportionately disenfranchised people, we have the same hurdles, it is about stigma, it is about lack of political and financial power being put behind the disease, because people can get away with that.

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So, I think we really need to come together as communities of people living with diseases that need extra care and attention and combine our will to make sure that we fight together to get the solutions quicker.

**ROBERT BAZELL:** But if it was not called HIV/AIDS conference, it still would not get – if you called it a stigmatized disease conference it would not get the coverage.

**REGAN HOFFMAN:** No, and this is part of the problem. We need to put AIDS back on the radar in a way that it has not been for many years, and your point before about the coverage tonight, we have an opportunity, scientifically, to do things we have never done before with this pandemic, and I think where public awareness is at this moment is not aligned with that, so we need to reframe HIV, AIDS, and reframe the potential that we have at this moment.

**ROBERT BAZELL:** I want to ask David Brown, sitting next to me, who wrote an excellent piece in the *Washington Post* this morning about this conference, and I urge everybody to read it who has not read it because it is a great summary. I want to ask David with the idea that this conference is about turning the tide, a possibility of a generation without AIDS, this new idea of hope, that is a message, it is a media message, whom do you think formulated that?

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**DAVID BROWN:** It is a very good question, and I am ashamed to say that I have not done any reporting on that. I think that to some extent it is an emergent message, it is something that just has naturally come out of the advances of the last couple of years, and the zeitgeist and it is clear now that antiretroviral therapy can be gotten at prices that nobody ever would have remotely conceived of 10 years ago, even five years ago.

It can be delivered with greater speed, it has this great knock-on effect of treatment as prevention, so that there is all sorts of streams that have converged into what is now a large river of hope and opportunity, and the idea that the tide is turning, there is a potential for an AIDS-free generation. I do not know who came up with those slogans, but I think it is like a lot of things in science, the moment is right and it occurs to a lot of people at the same time.

**ROBERT BAZELL:** Thank you. I want to ask. Dr. Fauci who heroically and for both of you, Jon, spent 13 hours of his day with Jon Cohen from *Science* magazine which was reported together, the two of them, but one of the things that Jon mentioned at the end of his interview with you was that you were taking an interview with somebody for the next day who did not know much about AIDS, it was a reporter, and you do not pass up a lot of interview opportunities, and I say that in the

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best way because you want to educate everybody, but how difficult is it to be talking to reporters who have an enormous range of knowledge and how much do you think you need to use the media where they are available to educate the public?

**ANTHONY FAUCI:** That is a very good question. I remember having a conversation with a media friend many years ago when I was maybe a little bit naïve in the very beginning about the responsibility of the media to educate the public, and that person, who I respect greatly, told me that that is actually not the responsibility of the media, the responsibility of the media is to report the news, and if it is not news, then there is not an inherent responsibility. But, that is just an aside to your question, Bob.

I think the importance of scientists dealing with the media is to first of all appreciate that just as you said, there is a wide range of understanding, the person who called me up when Jon was in my office, it was very clear from the first question they asked that I could have either blown them off which I never do, because I could tell it was HIV 101.

And I just patiently went through it with them, not in a demeaning way, not to make them feel like they did not know what was going on, because I felt that someday, that person may really be in a position where they could be very helpful in spreading and reporting the news in an accurate way.

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That conversation would be completely different than a conversation that I would have with David or that I would have with Jon, or Regan, or any number of other people. You really have to gauge the level that you do and the amount of patience you put into it to make sure that they get the message, and I think it is the same way when I lecture scientifically and I train my trainees.

Probably the most important thing that I have learned over the years is know thy audience. I am not supposed to be appearing really, really smart to somebody that does not understand me, because then they will go away saying wow, he is really smart, but I had no idea what he is talking about. You really need to make sure that you are talking to a person in a way that they understand you, that is my secret, I think, with the media.

**ROBERT BAZELL:** I want to ask Allyson Leacock, who is from Barbados, we talk about our difficulties or our triumphs in getting AIDS reporting here in the United States or in Western countries that are relatively wealthy, but the Caribbean nations, other than Haiti, have not gotten a lot of publicity about their HIV problems, and a lot of that reason is, that they depend on tourism, and the tourist industry of a nation like Barbados does not want it to be known what the HIV prevalence rates are in the population, even though people in

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this day and age understand how it is transmitted. How much trouble is it for you to get stories out for both the people of your nation and the region that might be picked up and carried elsewhere in the world?

**ALLYSON LEACOCK:** I think that is a perception that I can dispel, because the very existence of the Caribbean Broadcast Media Partnership has been able to change that dynamic. We have been able to inform and orient and train a number of broadcasters, over 1,000 since our existence in 2006, right up to now.

What it has done is to increase the dialogue and address many of the issues that continue to be of concern with the HIV epidemic. Within the Caribbean however, stigma and discrimination remain twin evils, and the role of the media has been incredibly important and will continue to be if we want to make a dent on those issues. The Caribbean area is not comfortable discussing as publicly as the rest of North America might be about sex and sexuality. Our media stations, we have 12 journalists who we brought here and trained before this conference, they will be able to see first-hand where we are on the spectrum with stigma and discrimination.

Our media has been able, for example, to promote a number of views on the constructs of masculinity that contribute to people having multiple partners that helped fuel

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the spread of HIV, we had a YouTube competition with young men submitting, in two minutes, their views on what masculinity and fatherhood means. We have engaged entertainers who are very, very powerful as well as DJs in a campaign called Super Sound Check where we engage with persons living with HIV as well as young people to orient the entertainers about the power that they wield and how they can get some of the messages out.

Those programs are always aired across all of our 112 radio and television stations, and therefore there has been an increase in access by many of the at-risk and key populations to the media in the Caribbean. We have more work to do, of course, but I think we have really tried, and very recently engaged our sporting heroes, the 100 meters world champion Yohan Blake, the Olympic champions Shelly-Ann Fraser and Veronica Campbell-Brown to reach the audiences that they appeal to, to get the message of HIV across and to empower people through the campaign that we host which is the Live Up Campaign with the tagline Love, Protect, Respect, and they've all become Live Up champions.

So in partnership with the media, civil society, and many of the governmental organizations, we have been able, as the media in the Caribbean, to lead a response to HIV, as part of a wider initiative that was set up by Kofi Annan in 2004,

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the Global Media Aids Initiative, set up with Kaiser Family Foundation and the Bill & Melinda Gates Foundation.

**ROBERT BAZELL:** I want to follow up on that with Mia Malan, who is a report in South Africa, and you must have had some really severe problems in a nation where the very leadership of the country, not that that did not happen in the United States, but the very leadership of the country was being criticized for its response to the HIV epidemic which was killing millions. What was it like to be a journalist covering HIV/AIDS in South Africa?

**MIA MALAN:** Well, during the, I am sure you have all are familiar with our former President and former Health Minister, who did not believe HIV caused AIDS and all the complexities around that. As a reporter, I was in the country until 2002 reporting on it for our public broadcaster, which is supported by the government, and I, while criticizing the government, had several complicated interactions with my editor, there was one occasion on which I criticized the President and he came to take the tape out of my hand and refuse to broadcast it, however that was at the state broadcaster, I think at other media institutions, and I now work for a different newspaper, it was actually quite interesting how open our country could be to criticizing the

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President and the Health Minister but the influence it had on HIV coverage was in one way positive and another way negative.

In one way, the media coverage was dominated by something he said, and then you say well, that is not true, and it was dominated by our Health Minister who almost became a comical figure, because she promoted garlic and all sorts of remedies for HIV and the kind of reporting that it brought along was a reporting way where people almost laughed at her, it was not in-depth reporting on HIV, and it resulted in people missing the real issues of HIV.

You did not report on a health system that did not work well and the impact on that on HIV, you just reported in a very superficial way on what the Minister said and then you said that was not right, and a lot of people who were not health reporters reported on HIV during the time because it became a political issue with the Health Minister, and that brought along that some of the real issues really were not addressed.

The positive thing was that HIV was really in the media, while in the developed world, HIV between 2000 and 2007 was not that high a priority, in my country it was front page news, but not necessarily in the best educating way that you could find.

**ROBERT BAZELL:** I want to point out that, perhaps appropriately named Dr. DeLay who is the Deputy Director of

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UNAIDS just joined us, and you have not heard the beginning of this conversation, but you deal, as a UNAIDS official you have to deal with so many countries with these various problems. How difficult is getting a message out to a media where everybody has a different expectation of the media where there is various levels of censorship, where there is various levels of scientific understanding? Does that require a special task, or do you just put out the information and let the reporters deal with it?

**PAUL DELAY:** Thank you, thank you, I apologize for being a little late, I am actually replacing my boss, Michel Sidibé who was not able to be here, but I know he really wanted to be. First of all, I would like to say that I think we have an incredible communications team who try to deal with the level of information and ensuring that it is actually understandable and useful.

A lot of the data that we produce, the epidemiology, the service delivery, the financial data, often has very specific audiences, and so we really try to tailor that information to those groups who can use it the most effectively and can understand it. But it is an ongoing challenge.

Working country by country, there are clearly unique aspect of how we engage with the media in each country, recognizing the limitations, the restrictions, the potential

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editorship, the sensitivities about some risk behaviors and the willingness to talk about those, and we still see a lot of misperceptions about stigma and discrimination that is heightened by the media, though those stories are less and less common.

It is a challenge, trying to present key epidemiologic epidemic data so it is actually going to be useful for improving programs.

**ROBERT BAZELL:** Thank you. Sarah Boseley who is a reporter for *The Guardian* in the UK, how different is, in your experience, coverage in the UK and Europe from coverage in the United States, when you look at it, and what kind of things do you emphasize that we do not, or is there no difference?

**SARAH BOSELEY:** I do not know that I can speak specifically to coverage in the US, but what I can tell you is that in the UK and in most of Europe, or certainly in the UK, there is huge disinterest now in AIDS, which is very sad, it is not the way that things ought to go, in my opinion. But if you look at how many people there are from my country here, I have seen two in the audience I know [break in audio].

**ROBERT BAZELL:** -that very important point that people who are treated effectively transmit far less than people who do not, but if you look at the ADAP waiting list which is in the United States jargon, it is for people who are qualified

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and need treatment and are not able to get it under assistance programs.

That is a significant number, but it is a small percentage of the people in the world who could benefit from treatment or are getting it even though the numbers are far higher than they were as many AIDS conferences ago.

How much of a battle do you have to fight and how can you best fight it through the media since this session is on the media, about getting more funding for people to get the treatment and prevention programs that they need?

**DAVID BROWN:** Great, thank you, as you know Secretary Sebelius recently announced some funds that were going to go to ADAP and really address the waiting list, as we know the waiting list is unfortunately very prevalent in the southern states, and so what media's role is, it really is to mobilize at the various levels, I think at one level we need to engage the media to talk with folks at their levels.

I think Dr. Fauci mentioned in terms of it is great to have the science, talk about treatment as prevention, or PrEP, but we need to make sure that our community is understanding what that really means, that we are not perpetuating stigma and that we are not perpetuating myths. Especially as we speak about young people. I think often times we need to go where they are, you know they are not reading the great journalists

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or panelists, unfortunately, who are on this panel, but they are going to some of the social media blogs, and so that is something that we have not really talked about in terms of how can we make sure that the social media outlets are also engaging, with regards not only to ADAP and treatment as prevention but also the prevention messages that the youth can really see that while we do have some medicines and they are very close to really ending this epidemic and having an AIDS-free generation, it is still an issue, they still need to take care of themselves.

**ROBERT BAZELL:** Thanks. Jon is the last one I have not asked a question, but getting back to an issue that Tony Fauci raised, which is do you think, personally, or should we discuss how much a role do the media have in this?

In educating and fighting for more funds for specific programs, should we get involved in saying that there should be more money for HIV than there is, say, for cancer or heart disease or tuberculosis or clean water or pick your issue? There is never enough money for any of them, and should journalists be activists, because you have the privilege of writing for a magazine whose audience is mostly scientists, so that gets you out of the mix of being a general journalist, but still, what is your opinion about it?

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**JON COHEN:** I think that as journalists, we can wear different hats. I could write for *Science* magazine and be writing things that have no relevance whether I agree or disagree with what I am writing, I am covering something because it is news, and whether it educates or it does not educate does not really have great relevance. But I can also write for another publication and write an editorial, or I can write for an educational purpose. As a writer, as a journalist, I think we are free to do all those things; we just have to be clear with our audience which hat we are wearing.

If I am going to write an editorial for someone, I do it very clearly, I make it very clear and I never do it for *Science*, I never cross that line. If I am going to educate, to write a pamphlet to educate, I write a pamphlet to educate and it is clear that that is what I am doing. So I do not think that the divisions need to be as rigid as the old style framework of journalism, which was keep your opinion out, just report the news. I think that serves a purpose, and that is what I mostly do, but I do those other things as well.

**ROBERT BAZELL:** But do not you think, and any of you can answer, I really, I can keep asking questions but any of you feel free to chime in, we are going to turn to the audience in a short bit here, but that is the structure that you just defined, the old idea of journalism, but in fact there are

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people who will argue that no piece of journalism does not come from a cultural milieu or a point of view, in other words it is not really acceptable to write an article that Hitler was really a good guy, it is not something that we are going to do because that is not part of our consciousness, we do not believe that, even if there may be people in the world who do believe that. In the United States, at least, that is not an article that we are going to write.

If you break down almost anything that we write, it is based on a certain set of assumptions about what we need to do and what is politically correct in our own minds and our own country, so how do you break that down, even in the stuff that you write for *Science*, let alone the stuff that we write for more popular publications?

**JON COHEN:** When you choose to cover something, that is your opinion, right? Just simply calling somebody to interview a certain person, you are expressing an opinion, but it is an ideal, that is an aspiration of I am going to keep myself out of this, and that aspiration leads to what I think is more credible reporting, more credible stories.

Do I have opinions that seep out based on what I choose to write about? Of course. Do I interview certain people I think are more credible, does that somehow show my bias? Yes,

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of course it does. But, I still have that ideal of not crossing lines.

**ROBERT BAZELL:** Yes?

**MIA MALAN:** The interesting thing in South Africa is we are busy with a study at the university where I am based to look at what influences journalists when it comes to HIV reporting and what role they play in the media, and the interesting thing that has come to the fore so far is that during Thabo Mbeki and Manto Tshabalala-Msimang our former Health Minister era, many journalists were absolutely comfortable about being advocates and being activists which was generally not be accepted, and the reason I felt like that is because I felt there was a common denominator to fight, and I felt that they could cross that line because there was something they had to fight for and that everyone had to fight for, so I think it is very much determined in my country anyway about what situation you find yourself in.

I am sure if it was in the United States, it would not have been acceptable, but it was for many journalists perfectly acceptable during that time to actually take a side as to how they are going to report on HIV and whether they were going to support the government or be against the government.

**ROBERT BAZELL:** Yes, go ahead Regan, and then David is next.

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**SARAH BOSELEY:** I just want to say that I think there is a big difference between blog posting and writing the sort of careful scientific piece that you very often do. Certainly for me that has been a bit of a liberation, because I began writing a global health blog, and that is something which almost requires me to be opinionated, I discovered this through writing it that I just could not write it without putting what I really thought. But I would not dream of putting that in mainstream article for *The Guardian*, so I think actually what has happened with digital media is that suddenly we have become advocates in a way that we might not have done, but there is also a difference then between who you are writing for, and I find that with now that everything is online, we have got a much bigger audience than we had before, however it is very segregated, and what I write actually is read by people who are already interested, and that is what all the tagging is about, is not it, of the articles that we put out?

My fear is that we are not reaching the wider audience that we might want to, and certainly my ambition of writing a global health blog was actually to try to extend the audience out there, get people who were not interested in HIV or other global health issues to be interested, but I do not think they are, because the people accessing the information are those who already have an interest in it.

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**ROBERT BAZELL:** David next and then we are going to move back down to that side. Everybody's got an opinion on this, which is great.

**DAVID BROWN:** I just want to say that I think one of the great side effects of the 20-year story of HIV/AIDS is that it is really given a boost for evidence-based journalism, a lot of journalism, a lot of reporting, newspaper reporting in particular, is you call up this person, they tell you something, call up someone else, they tell you something, and it is an assemblage of different points of views or analyses, what really is important in this story is what does the evidence show, and with the Internet we have really fast access to the evidence, to huge amounts of data, to scientific abstracts, and the great thing is that now with running stories online, you can put hotlinks to all of this, so you can actually give the reader access to the paper or the chart or the evidence itself which is a tremendously democratizing part of the story, I think.

**REGAN HOFFMAN:** I think I am going to echo a point that was made, in the modern world we have many platforms to communicate as a journalist, as an editor, and we have different voices, I mean I have a different persona on my Facebook from my Twitter, from my Blog, from my position in Editor-in-Chief at *POZ*. I think it is great because you have a

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pressure valve, you have a place where you are clearly expressing your opinion, it is your opinion, on your blog.

When I am writing for *POZ*, I am trying to be Switzerland and I am trying to stay true to the facts and let the reader make up their mind, but I also think that it is confusing when you are living with HIV, I am fighting for my life, and so I am always checking myself as an editor to make sure that I am not letting that drive my opinions and my perspectives.

But the fact remains, for example, when we have 750,000 Americans not currently accessing treatment, if that were anything but HIV that would be front-page news. If we had treatment for SARS and we were not administering it to people, or people were not finding their way to it, there are obviously many ways and reasons that there is that breakdown, but that would be front-page news in the mainstream media.

So I do feel a little bit of an advocacy necessity, to make sure that this gets out there, and I also think it is part of our job, especially as journalists and scientific journalists, to help the broader mainstream journalists understand and not be afraid to report on this topic, it is complicated, it is not that complicated, you make it sound very, very clear and simple every time you talk about it, but it is also stigmatized and I think we need to help each other

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in the journalistic community get access to the people living with the disease and have them come forward and tell their stories, too.

**ALLYSON LEACOCK:** Just following on from Regan, I think within the Caribbean region the importance of leveraging the power of the media to not just share information about HIV but to help reduce the stigma and discrimination begs the question about the convergence of the media, both the social media and the mainstream broadcasters and the fact that we can reach very different audiences with the treatment of the information, whether it is the mainstream story in television being adapted and selected for the social media in order to reach those audiences, and the Caribbean media has committed to a minimum of 30 seconds per hour for HIV content in their broadcast day, that is about 12 minutes a day, and many of them have exceeded that to about 45 minutes.

The challenge we find is that the Caribbean's numbers seem so small when they are compared obviously with Africa that there is a tendency to use those numbers against us, when in fact the issue of HIV has the capacity to decimate our very small communities even more. And therefore the media has a long journey in this process because a conference of this magnitude would showcase a lot of what is happening perhaps in other regions, but the reality of the Caribbean continues to be

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somewhat sidelined because we are not in the mainstream, but the urgency of the response to HIV is no less great.

**ROBERT BAZELL:** I want to go back to Tony Fauci because your role in the HIV/AIDS epidemic has been so central for so long, and you had a lot of education on top of what you had to begin with in science over the course of this, but much more in politics I suspect, and in the politics of journalism. Do you think you are much better at dealing with the media now than you were? Have you gotten to be more comfortable with it or is it always just a part of the job that you have had to deal with and you have always done well or have you learned tricks that you want to share with the rest of us journalists?

**ANTHONY FAUCI:** I would not call it a trick, but I think the important thing is to just be consistent in what you say and when you are asked a question, try to give as objective an answer as possible without putting your own personal view on it. When they ask you what you think about it as we have many times, you and I over the years, and David and I, and Jon, and others, you do that.

I think that what I have learned over the years is that early on in the AIDS initiation in the early '80s, there was a culture among scientists to stay away from the media. They just did not talk to the media; it was sort of like you do not talk to the press, you are a scientist. The people who talk to

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the press were often, and maybe in reality perceived of in reality as being self-promoting. But, it became very clear to me in the early years that I felt I had a responsibility because I was totally convinced that this was going to be a disaster, as you know I published a paper in 1982 that I wrote in 1981 saying this is going to explode well beyond what we even imagine. I was criticized for that by people who were saying I was being alarmist, so I made it a cause for myself that wherever possible, I could speak to the media in the way to get them to understand it, and to write about it, so I have always been very comfortable with the media because I believe the media is a great forum to report facts and the truth.

I slipped into that education thing and had this conversation with a close colleague over the years, and I said my goodness, we really need to get people to understand this, why do not we just start making it part of the education campaign? And I was told what I said before, that that is not really the responsibility of the media, it is to report the news.

I became very comfortable with trying to explain things to the press in a way that they would understand it and be able to report it accurately, and that gets back to what I was saying before, because sometimes when the press get in the discussion with someone who is speaking garbled language that

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makes them look really, really smart, that is when things get confused. My mantra is I do not want to be really, really smart, I just want to be understood.

**ROBERT BAZELL:** Well, you have been. I want to get to David here. Media is a plural word, and you touched on social media, but one of the things that has come about is that a lot of people when they care about an issue, they do not go to a story that you have written or others have written or television show, they go to a website. I think in my opinion, but this could be wrong, is that the NIH has made its website, and the CDC's website, to be reliable and trustworthy and this is so important, and that does not just have to do with HIV/AIDS, it has to do with any disease. When somebody or their loved one is struck with this condition, they go to that site, and the Mayo Clinic is completely reliable. How is that done, and how important is it for your work and for the public?

**DAVID BROWN:** I think it is absolutely essential and I cannot tell you how important the UNAIDS website, WHO, CDC was in the last couple of weeks in my reporting and for just reporting in general, not only to get the most up-to-date information but to, as I was saying, to basically footnote it, which is what you can do, and it is specificities and particular facts are what give the power, are what drives journalism, and not generalities.

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I certainly have issues with a lot of the websites, some of them have in my opinion much too much graphical material and not an easy place where a one-page facts of the epidemic, or facts of the US response or whatever, because frankly you need these things in a matter of minutes and you cannot take 20 minutes to look for something on PDFs in the UNAIDS website, but that is what the press office is for.

**ROBERT BAZELL:** We are at 2:15 now, what I would like to do is go down the line, starting with Dr. DeLay, and coming all the way back to this end, and I want everybody to say concisely how the media could do better, not how you could do your jobs better if you are in the media, but if there is anything, maybe we are just absolutely perfect and we never make any mistakes and we do everything correctly, and those of you who relate to the media do phenomenal jobs of doing it, but seriously folks, what are one or two things that you can think of that could be improved that would help, not just this epidemic, but as I mentioned before and Regan added onto, there is a lot of things that are very similar like TB and malaria that do not get nearly as much attention as HIV/AIDS gets, but how could we do a better job in reporting on, or talking to reporters about this epidemic? Dr. DeLay?

**PAUL DELAY:** This is a tough one. I think the challenge that the media has and that we have in UNAIDS, WHO,

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NIH, CDC, is interpreting data, what sort of spin do you put on hard data? In an ideal world, we would just put out numbers, but we have to work with the media to interpret.

The big story from our report, over 8 million people on treatment, incredibly positive, but if you drill down, that means 7 million are not, we are just barely above half of those who need it. There are parts of the world where coverage is five, ten, 20-percent. IDU coverage, people who get it from injecting drugs, it is four-percent coverage. So there is always this dark side of the spin that we put on data, and I think we need to work more with media to try to understand what are the messages that we are sending when we release data?

**ALLYSON LEACOCK:** From our perspective, I think the complexity of the virus needs to be shared more, the temptation to look at the virus in black and white terms is to oversimplify it, which it is not, and I feel that we have not adequately shared that complexity in a way that the media can understand some of the drivers for the epidemic and some of the implications of why we have the data we do being sensitive to cultural and geographical nuances.

**MIA MALAN:** I think in my country one of the big issues is accurate reporting. I am going to explain or tell you about two quick examples.

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Just before I left for the conference, a major story broke in South Africa about the government purchasing HIV tests that were not reliable; it gave you an indefinite result. Some of the reporters who reported on this did not know that if you went for an HIV test you would not be told that you are HIV positive with one test, that you would take and confirm on three tests. They reported on it in a way that if you were going for an HIV test in the past six months in South Africa, you may have received the wrong result, which was not the case, they should have exposed the government for giving a tender to the wrong country, or the wrong company, but should have explained that you would still have received the right result because you would have done two tests.

I think one other example is we have a very famous soap opera star in the country who declared that she became open and she said that she was HIV positive, and about two months after that, she decided to stop taking ARVs, and there was a tabloid newspaper who reported on this, and the soap opera star did not take her ARVs and what the reasons were for not taking it, but did not report on what happens if you do not take your ARVs, and a month later the soap opera star was really sick because she had stopped taking her ARVs and the newspaper did not follow up, no one explained and followed up with the story to say this is what happens if you stop taking your medicine.

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I think it is really important and it is a gap in my country that people who are not necessarily specialized health reporters, there is a gap on HIV knowledge, and that has a huge impact on how people perceive the epidemic and what they do with their medicine.

**REGAN HOFFMAN:** [Inaudible] if I see one more story about the alleged transmission of HIV through saliva without some clarifying data about what the data is about HIV transmission or the inability to do so through saliva, we need to report all of the facts and to Paul's point, 34 million people on the planet with HIV, and subtract the new number, 8 million, and that is not complicated math, but you do not see that number out there a lot, you do not see the 26 million number. So, reporting the full thing.

I think also just walking through the front door of the stuff that is really driving it, and not just labeling it raises some homophobias, stigma, sexism, but talking about those things and having the courage to talk about sex and the drivers of the things that are really, really propelling the epidemic and to do so in ways that are not blanketed, that are specific and digging in deep to what it means to talk about black gay men, or MSM, these are labels that we use in order to identify certain populations, but it is a complicated disease, and society and people are complicated, so I just think not

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blanketing the issue broadly but getting down into specifics is very helpful.

**ANTHONY FAUCI:** It is tough to make generalizations because, in general, the press does a really very, very good job, particularly in the arena of HIV. But there are one or two things that I think in some instances, everybody on this stage excluded in that, the desire to print a balanced story confuses the reader, and that is when you almost want to squeeze out a little bit of the editorial opinion of the reporter, because the reporter will say this is something that is really, really good, and a lot of people think is good, they have to find somebody to think it is terrible, so they say this person thinks it is good, and this person thinks it is terrible-

**ROBERT BAZELL:** Tony, can I interrupt you for one minute? I will let you continue, because this is very important in science reporting in general, and it depends on the issue. There are two things, one which is uniquely American and one which concerns America a lot, and I am talking about evolution and global warming. At what point is it the responsibility of a journalist to say that there is another point of view even among people with enormous credentials, with enormous numbers of graduate degrees after their names, who

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disagree, when there is 99 on one side and one on the other side?

We as journalists in fact do make that point, then to the extent that we do not, the myths persist, and there is a horrible history in the United States that particularly been around the world about how the tobacco industry used that very notion to perpetuate the myth for decades that tobacco was not dangerous to your health because it was a controversy. And any time you make something into a controversy, and I am going to let you finish here, because I think this is really important, because one of the most insightful things that a producer ever said to me about doing a television spot, even a magazine length long television spot, is that you never have two people in white coats arguing with each other. Because it just confuses the audience, they want to believe that the people in the white coats know what is going on, and so you do take a point of view and you stick with it.

But, go ahead, I am sorry for interrupting.

**ANTHONY FAUCI:** No it is fine, I am glad you—

**ROBERT BAZELL:** But evolution and global warming are really good examples, if we can get away from HIV here. I am not going to ask you to take positions on either of those issues.

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ANTHONY FAUCI: I pushed a button here. I am glad you agree with me Bob, because that is something that I have found, whenever there has been confusion it has been because of the zeal of a person trying to be fair saying I am going to give a balanced opinion, when in fact it may not be balanced, the data are very, very clear. I know that because when I talk to people who are not in the sciences, I have a sister who is a well-educated person, who is not a scientist, and I always call up and she will call me and say what are they talking about? What is right? Because they gave this opinion and that opinion. That is one.

The other one very quickly is something that I think most reporters do not have control over, but what I would like to see more often is a lack of disparity between the headline that your editor picks and what you actually say in the story, because often the headline is nothing to do really with actually what the facts of the story are. People read headlines.

In science, we used to read the entire paper, then we read only the abstract. Now we read the last sentence in the abstract. So, when people read this enormous amount of news that gets thrown at them, they tend to read the headline and walk off, then when you actually read what was said, you really understand what is going on.

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JON COHEN: I think my major critique of the media is there is far too much me, too reporting, and there are too many journalists who rely on the latest paper coming out and the big publication and who sit in the press room here and go to press conferences and do not walk into the sessions.

If you are a journalist covering this, get out of the pressroom as much as you can. That is not the story, and what they put on and feed us little morsels in those press conferences, corner the person later, get a personal interview, get away from the mob thing.

Great journalism is show, do not tell, and there is far too much tell, do not show. The stories I am most proud of, the stories I like reading the most are when the reporter takes me somewhere, shows me something; every clinical study has human beings involved, you can find the people in the studies. Every scientist is, believe it or not, a human being. You can find their passions.

I believe the engine of great journalism is conflict, and conflict is not negative, conflict is ideas hitting each other, and science meshes with journalism beautifully, because that is what every research presentation is, it is somebody saying I found something that is somewhat different from what people before me had found. It is conflict. Ideas are

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clashing, and I urge all journalists who cover this to find the conflict and get away from other journalists.

**SARAH BOSELEY:** You have just about said more or less exactly what I was thinking, but in a much better way that I possibly could. Just to add to that—

**JON COHEN:** I disagree.

**SARAH BOSELEY:** Just to add to that, the people we are neglecting are the marginalized people, they are the groups certainly in Europe, they are the poor, this is a story of people who have been left out, so they are the people with HIV, and these are great human stories that we could tell if we wanted to, so I would really like to see people do that in the developed world as well as the developing world.

The conflict issue, I have always said a great news story is where you have a villain of the piece, you have got someone against someone else, and that produces fantastic journalism. We saw that with all the stories about the pharmaceutical industry about 10 years ago or so. Look for those, there is controversy in this area, and that produces good stories, and stories that people want to read, so the aim for me is to reach people, to get people actually reading about this, and to do that you have to stir it up a bit, if you can.

**ROBERT BAZELL:** I just want to stop right there and get back, because Jon and Tony and you, all three of you said

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something sort of different, you were talking in favor of conflict, and Tony and I were agreeing with it, that at some point you have to have a synthesis about what the scientific – when the hypothesis becomes a theory, becomes accepted wisdom. And –

**JON COHEN:** Okay, there is an elephant in the corner, HIV causes AIDS. It really does. And if anybody wants to sell me on a story that is balanced about whether it does or does not, I am not interested, you bore me, you are insane with an idea that is wrong. And I am not going there, and it is a waste of everyone's time and I have watched too many people sick and dying with a virus and I have watched too many people healed with a drug designed to take care of that problem. So I do not think it is good to be gravitating toward that conflict unless what you want to do is explain why that conflict should not exist, but the virus is the villain–

**ROBERT BAZELL:** Let us get away from that, really that is a hot button topic because it is much more emotional, but when you say that yes, science exists by refuting things or proving things that have been set out before. That might be interesting in a scientific publication, but in a newspaper or certainly in a television minute-forty presentation it just is not possible to come forward with this study showing that the ARV is not just a treatment but a prevention of transmission,

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you do not want to have the other side in that have an argument because you are losing something, and I think you are losing the message that Tony and other public health officials would want to put out, if you made that into a controversy.

**JON COHEN:** I do not want to hog the mic, but my brief answer to that is treatment is prevention is not the way to tell the story, the way to tell the story is that 28-percent of the people in the United States who are infected with the virus are fully suppressed. 72-percent are not. That is a huge challenge. That is the story.

**ROBERT BAZELL:** A different story.

**JON COHEN:** But that is the conflict.

**SARAH BOSELEY:** The conflict is in politics, and it is in social issues, it is not in science. I think all of us would support the science that we know, certainly the science that is being presented here.

**FRANCISCO RUIZ:** Yes, I was going to mention ditto to everyone. I am not the media, but I think from the community perspective there is a report that Kaiser Family Foundation does, I believe it is annually looking at opinion around HIV I terms of risk, or in terms of have you seen it in the media? And through my lens, as a Latino, as a Latino gay man, I always look at what the numbers are in terms of Latinos. I wrote them down, because I have a bad memory, but in 2004 74-percent of

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Latinos who responded to this survey reported they saw, they heard, they read about HIV. In 2009, that number from 74 went down to 54. And then 2010 it went down even further to 43. So, what that is telling me is that folks are not reading, my community is not seeing it, not learning about it, so that is a concern.

That survey also looks at perception of risk, as I mentioned, and Latinos in terms of those who responded very concerned, the percent was only at 27-percent. Another rate that is also going down, so the correlation for me is if they are not seeing it, hearing it, learning about it, then they feel that they are not at risk.

I think the media's role, again, it is easier on the other side, I am not part of the media, is to really address that in the mainstream media. Oftentimes here, and an example here at the conference, we are mobilizing a lot of Latinos to come here and so we brought over 100 Latinos from around the country to talk about HIV and bring it back to their communities. We have been working with a communications firm to help us get the word out. The media that is approaching us are all Spanish-language media. I think we have gotten one English-language media.

For Latinos, again with my hat, Latinos are very diverse, we say that all the time, and a lot of the youth do

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not speak Spanish. There are generations here who are losing their Spanish, and if they are not seeing it in the media, that is concerning for me.

**DAVID BROWN:** I guess I want to put in a plug and this is directed to editors perhaps more than reporters for stories that do not have a lot of conflict, are subtle, difficult to report but are really important, and as one example I think the question, and there is now emerging evidence that is answering this question of whether this huge investment in this one disease has damaged or threatened addressing other disease, maternal-child health as the big example, but non-communicable diseases.

There was conflict about if there was some specialness about HIV that makes it more equal than others. There is now [break in audio] -diabetes, better prenatal care, et cetera. That is not a screaming headline story, but it is a really important and interesting if you can get the right faces to put a human face on it, and I think too much of the time people say forget it, we can understand bodies in the streets, but something like this is too much, it is just not worth pursuing.

**ROBERT BAZELL:** Thank you, all. We are not over, that was a fascinating beginning, I hope. Now it is time to take questions. We need you to line up at the microphone so we can hear you. Identify yourself before you start. One of the

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things about AIDS conference that's wonderful is there is no lack of vocal people. Let us start with you.

**NOEL ALUMIT:** Yes, hi, my name is Noel Alumit with APAIT Health Center. First of all, thank you very much for this panel; I think it is very informative. This question is probably for Francisco Ruiz or maybe Allyson Leacock. It is great that you are all up here but I guess my frustration with the media is more with ethnic media, who tends to be a little bit late, a little more frantic and frazzled than someone at *The Post* or *NBC News*. Can you give some challenges or some ways of working with ethnic media like the Asian press, Latino press, and trying to get this information out there? What I found, they are usually small community newspapers, and they are covering everything from the festival in the neighborhood all the way down to HIV. How does one work with more community or ethnic paper in getting HIV out there?

**ROBERT BAZELL:** Does anybody want to answer that question? It is an important question, actually.

**FRANCISCO RUIZ:** I could take a first stab. I think the role of the community member, I think community organizations who, to make those relationships with those Latino press, Spanish-language press, or any other press that focuses on a specific racial-ethnic group.

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I know that we have been trying to educate the media to make sure that they are covering it appropriately, and it is kind of a two-prong approach where we have to educate not only the community but also so that they can then speak to the media appropriately. So there is the capacity building issue that I think is at various levels, not so much just the media, but also the community to making sure that they understand what is happening and again, talking about that translation of what does this really mean, so that they can then educate.

Oftentimes, they will go straight to a CBO who is busy doing the day-to-day in terms of running the clinic, doing testing, outreach mobilization, and they do not have the skillsets to go how do I do a media interview, how do I put together some talking points? The community has to help each other out.

I know the African-American community is very much, at least here in the States, very much more mobilized and recently we have some great organizations at the national level who are trying to do that around the media and they oftentimes bring in media, Black journalists for example, I know that Black AIDS Institute does that, but we do not see that with Asian-Pacific Islander community or the Native American community or not even the Latino community. There is still some work there.

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**ALLYSON LEACOCK:** I think there has to be a symbiotic relationship, you have to seek out reporters, build that relationship, so that they understand the entire range of issues that you are confronting. Likewise, I think some of our media need to be a little more aggressive in getting their homework done beforehand and really and truly getting out there to find out where they can cover stories more interestingly and more creatively.

I know creative is not always a good thing in media reporting, but in terms of combating the obvious challenges that you are likely to face and certainly as media entities, there are always going to be challenges of this magnitude or of an Olympics, we had an incident where one of the community channels, whose head office I think is in Jamaica, *The Voice*, they were not credited for the Olympics up to a few days ago, but they did an online campaign and got 2,600 signatures and within hours they were accredited. So there are ways.

**ROBERT BAZELL:** Great, thanks, question here?

**MALE SPEAKER:** Thanks a lot for this conversation. I actually was a CNN producer many years ago. In the early days of the epidemic, it was extremely hard for us to push this kind of coverage at that time. There was all sorts of internal, shall we say, stigma as well.

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My question to you is that from all accounts the people on the stage, wonderful as you are, are I think part of a dying breed. There are fewer and fewer health journalists out there. How do you try to reinvigorate the health beat as it were because I think that's a key contributor to the fact that things like HIV aren't actually covered with the complexity and the nuance that they should be? Thank you.

**ROBERT BAZELL:** Good question. Who wants to take that?

**SARAH BOSELEY:** Yes. Well, I'm afraid you're right. We are dying. You're looking at someone who'd shortly disappear from the planet. I don't know what we do. We continue to have health journalists, as a matter of fact; but they are less and less interested in the global dimension, I think. That's one problem. I think specialist reporters are going to remain. I'm sure Jon will think the same because certainly someone who knows as much as he does is always going to be in demand. [Laughter]

We have people who really know their stuff on their paper as well; but I just don't know actually about the future, how you encourage an expertise in this particular subject. That's what we're really talking about, isn't it? Whether you call him a health journalist or a reporter is someone who has the expertise who knows about it and who's really got involved.

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I think we have to sell it as a really fascinating story and that's what we were talking about just now. If you can say there are stories we got here, then any journalist will want to do it. I'm speaking as someone who came in as a general reporter originally 20, whenever it was when I got into journalism, and joined in doing health later on which is normally the course. So, I'm not a specialist in terms of my training at all; but it is a good story. It is a fascinating story and I've been fascinated by it. We just need to tell other people that there is something there.

**ROBERT BAZELL:** We-

**JON COHEN:** I want to add very quickly that I don't think we are dying. I think we have to reinvent ourselves. We have to do many more things today that when I started doing this 25 years ago, I didn't have to. I need to know how to do video. I need to know how to do tape broadcast. I need to know how to write. I need to know how to do wire. I need to know how to do magazine. I've got to be able to do it all to make a living at it. And 25 years ago, it was much simpler.

**ROBERT BAZELL:** Next.

**IDA JOOSTE:** Thank you. This is very interesting. My name is Ida Jooste from Internews. I kind of want to add to Jon's point and say one of the ways of ending the epidemic is that there should be money, and that we should know where the

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money goes. 25 years ago, journalists who wrote about human interest stories, human sad stories did well on HIV journalism.

Into the 90s and up to now, journalists who can follow good science can write good HIV stories. Now, we also need journalists who know how to track budgets, and track money, and where the funding goes. I, for one, struggled to understand it. Economic statistics is not my field, but I think it is a very important area that we need to look into.

Another point I wanted to make is we need to ask—we need to help journalists understand the difference between HIV and AIDS. Hopefully, it'll soon become an HIV conference and not an AIDS conference. Perhaps, it should be already called an HIV conference because that is—I mean, it's an expression of where the science has taken us. The very difference between HIV and AIDS is where science has gone and which I think we should make an effort to have our audiences understand.

**ROBERT BAZELL:** Anybody want to respond with her question? No? Sir?

**TERRY MICHAEL:** My name is Terry Michael. I'm a Director of The Washington Center for Politics and Journalism, but for purposes of this conference, I'm a freelance writer on HIV and AIDS. This question is for Dr. Brown of *The Post*. He and I have had this discussion. You mentioned evidence-based science journalism.

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The problem with evidence-based journalism is one person's evidence may be another person's opinion. I'd like to give you a specific example of one person's opinion and that is the colleague of the incoming Chair of IAS, Dr. Luc Montagnier. In 2006, in a lengthy interview—you can find it on the Internet at any place. Luc Montagnier and Leone would be the search terms. He said that the body can rid itself of HIV in a few weeks if you have a good immune system. Didn't he predicate it all?

I have never seen that assertion in your stories or in any mainstream media stories. That is huge. That is a disagreement with the reigning paradigm that once you have the HIV, you always have it. How do you as a science reporter—I've watched political reporters. I used to be a political press secretary. I've watched economics reporters. They always quote unpopular opinions. How do you as a science reporter arrogate yourself closing the gate on opinions by someone like Luc Montagnier?

**DAVID BROWN:** Well, I think that there is—despite his Nobel Prize and his prominence, there is a mountain of evidence that contradicts his opinion that one can clear—either clear the virus presumably to sterile immunity or get rid of the clinical disease—

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**TERRY MICHAEL:** I understand, but why not quote his opinion?

**DAVID BROWN:** Because it's completely incorrect and there are 35 million people dead as evidence. I think there may be an interesting story about what happened to Luc Montagnier and why he has been largely irrelevant in the last 15 or 20 years; but his assertion in that interview that you can—that the immune system can handle HIV, I think, despite his aghast position is clearly incorrect and the caravan has moved on. I don't think it's worth quoting him under—in any circumstance except, perhaps, to do a story about him or to, perhaps, do a story about the continued existence of people who don't think that HIV causes AIDS; but it's not a relevant opinion at this time.

**ROBERT BAZELL:** Thank you. Can we—

**FRAN KRITZ:** Hi, I'm Fran Kritz. I'm the senior writer for the Robert Wood Johnson Foundation Public Health Blog. My question is for Dr. Fauci. Over the course of my career, I've often sort of thought like Jon and like David taking sort of out of the box, out of the press room stories; but now as a public health reporter, I'm looking much more closely at some of the days, HIV Awareness Day, HIV Testing Day.

Those are not the stories that will get me my Pulitzer, but I think that they are the stories that have useful, vetted

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information. I'm looking at them and doing them more often. My question is, what do you know—what do we know about the return on that when we take a look what NIH is putting out, what agencies are putting out that there is an awareness day, an awareness week, an awareness month, and we report on that and it's vetted accurate information?

Are you getting the sense that there's a return that those stories if we pay attention to them, take a look at the press releases we're getting and write even if they're short stories that those are being communicated and that they're valuable?

**ANTHONY FAUCI:** Yes, there is value to them; but there is not a lot of enthusiasm on the part of the press of doing that because I think there are too many of them. I'm saying that as one who gets asked to put out awareness this, awareness that. I think that if—I know because when we send a note to the press about you want an editorial, an op-ed and this—even some very, very good newspapers that I respect that say we don't do op-eds on awareness days at all as a matter of policy.

I don't think that you—we should get rid of awareness days because they do have a place, a place in the communities that you're trying to make aware or people who volunteer for vaccine, Vaccine Awareness Day and this type of demographic awareness day. I think it has a place, but I don't think we

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should expect the newspapers to jump on every single awareness day because they won't. There may be a reporter that might be interested in it, but the editors I don't think are going to give them any space to do that.

**ROBERT BAZELL:** Regan, do want you say something?

**REGAN HOFFMANN:** A quick thought to your point. I agree. There are too many awareness days and I get a call before every awareness day at 4 o'clock from many of the mainstream media saying, what do I do tomorrow's awareness day X, Y or Z? There's actually a movement in the HIV community to make July National HIV Awareness Month. Breast cancer has a month. It's not about competition, but I do think it's helpful if we could focus for a longer period of time, perhaps once a year and do some really high quality reporting over a period of time that would really make a punch every 12 months or so. I think they're only effective if they actually raise awareness.

**ROBERT BAZELL:** Sir?

**MUSA KULO:** Hi. Good day, everyone. My name is Musa Kulo [misspelled?]. I'm from South Africa. My question is directed to Mia Malan. You mentioned the former minister, Manto Tshabalala and the former president's stance. I was kind of hoping that you would perhaps tell everyone here in terms of the great strides that we've made as a country under the new administration especially in light of the new health minister,

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Dr. Aaron Motsoaledi who is very passionate in trying to do something and as a city of tropic as well.

We've kind of done a lot that we will be doing a presentation, in fact, on Thursday in this very conference. Perhaps, you can shed some light in terms of your views in relation to the TAC and Zaheer Ahmad's stance on various subjects. Thanks.

**MIA MALAN:** Well, just on that just an example, we really do have a great health minister, Dr. Aaron Motsoaledi now. Just an example on how he's different from our previous minister, on the HIV testing story that I mentioned, the typical scenario in my country five years ago would have been if the government gave a tender to a company that should not have received the tender and the HIV tests were not good to use, our minister would have denied it or she would have simply ignored the media.

This time around, our minister acknowledged the mistake, investigated it, actually asked the World Health Organization to join him in a press conference because it's not an approved WHO test that they were buying and decided to stop the purchasing of it. I do think that says something and it's obviously going to be reflected in the media. The reporting around it was eventually much better than it would have been

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five years ago because of the fact that he's open and more access to information.

**ROBERT BAZELL:** Thank you. Yes, ma'am.

**TAMI HULTMAN:** I'm Tami Hultman from AllAfrica.com and I wanted to ask Sarah and David about editorial judgments as to what news is. My team has written for both *The Guardian* and *The Post*, and done a lot of broadcasting for BBC and others, and recently, had some very dramatic content from inside a delivery room in a hospital in Kinshasa, and a senior editor at a major national radio network said, great stuff but can't use it. We did maternal death rate in Africa a couple of years ago. Do you run into that kind of attitude when you try to do things? Well, so, you're an editor, but—just wanted to ask about editorial judgments. What makes news from Africa, for example?

**DAVID BROWN:** Well, there is a certain kind of shelf life for stories. If you've done a story about prevention of mother and child transmission gains or the fact that people are dropping the ball or whatever, then you're not going to revisit that for awhile. That's just sort of—that's just a fact.

It's always hard to compete with other things like presidential campaigns, and horrible shootings in Colorado, and other science stories, other foreign reporting. There're fewer foreign reporters, there's a smaller news hole. It's harder

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and harder so that this is not a good answer, but sometimes something that the reporter thinks is great, editors just don't get or just aren't interested in. That's the loop, the loop continues.

**ANTHONY FAUCI:** Could I add a brief comment to that because it smacks of what the point I was making a little while ago about the difference between news and education? To me, education is a repetitive thing. You keep hearing it over and over and then you really, really get it. That gets to the point about just what David said. There's a certain cycle. If you're talking about news, we've already reported that.

Let's move on to something else that's news. If you're talking about education, a story that you did four months ago if you hear it again in a different way, then you might really, really get it. I think that the reporters who are really interested in it because of their interest they're, in my opinion and I'm not a reporter obviously, fighting a battle of things that are judged by others to be interesting. They may have a great story in their mind, but nobody wants to do anything about it.

**SARAH BOSELEY:** I agree with David completely, just to say also that stories have a moment and things go in and out of favor. We've recently had the big family planning conference in

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London. That clearly was a peg wasn't it for an awful lot of coverage of that.

There was a GAVI one earlier on vaccines. HIV, at the moment—amazingly I've had about six stories in the last week because people keep print things out, but for some reason, I think it's because my desk hasn't heard about it for quite a while from me and they run all of it. That has been terrific. It does tend to happen like that, but the story has top the previous one that people remember. That's the thing. It's got to be more interesting than the one's that's in the back of their head.

**ROBERT BAZELL:** Sir?

**ERIC:** Thank you for sharing your thoughts with us today. My name is Eric. I'm a medical student and filmmaker. We're talking a lot about the role of media before the general public outside or in their homes who are watching or reading media on HIV/AIDS, do we have and asked for them? In other words, is there something the media can do to ask the general public to help us end in AIDS?

**ROBERT BAZELL:** Yes, Regan.

**REGAN HOFFMANN:** I think one of the things we can do is weave HIV and people living with HIV into pop culture, mass culture TV shows where they're not sort of a cartoon version of someone with HIV. It's just a fact of their life that they

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happen to be HIV positive and that's been shown and tracked to work very well and be very effective. To the point about education, it's a great way to embed information in pop culture.

That said editors, producers, writers often do what gets eyeballs and the sensationals often what gets eyeballs. There's I have a dream to have educational information about HIV embedded in the pop culture, but it doesn't always drive ticket sales or online views or eyeballs. I think we have to have a healthy balance.

There are so many interesting stories in HIV and I don't think we've even begun to tell them. I think we have sort of a pantheon of the standard, but it gets more and more complicated and more and more interesting. There's certainly a pause. We have hundred's of people every week write to us. There are themes and there are trends, but everybody's unique. So, if you want some great stories or ideas for characters, happy to connect.

**ROBERT BAZELL:** Thank you. Miss, over there.

**KIM BRIGHT:** Hi, my name is Kim Bright. I've been a nurse with pediatric HIV for 20 plus years, and two questions. My first one is about the changing face of AIDS and what that's done as far as sensationalism. AIDS on the cover 20 years ago was this person who was wasting away. That got the shock value

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and got people interested and you know, what did this to this person?

Now, that it looks different and you can show somebody who looks strong and healthy and people go, what's the point of us looking at this like that person looks fine. The other thing is media consolidation, what is that? What role does that play? Before you guys answer, I do want to just say quickly my frustration with this whole balance, 99-percent of people say this and 1-percent says this, is that often the media doesn't say that that 1-percent of people is being paid by the tobacco company or the oil company to say that. Actually, I've heard a great term for those people. They're called, "Biastitutes."

**ROBERT BAZELL:** Anybody want to just - was there a question? Yes, go ahead.

**FEMALE SPEAKER:** Just the question about-

**ANTHONY FAUCI:** Well, I think the perception is less with the media on that than the advertisements for that. I mean, when I read my medical journals and you see people on drug X, rock climbing ripped, really looking good, making you think that there's nothing really bad about bad in the sense of bad for you about being HIV infected.

I don't get the impression that the media plays down the seriousness of it. I get the impression that a lot of that

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advertising trend gets people to believe that this isn't such a big problem when it really is, a really big problem still. In the-

**FEMALE SPEAKER:** [Inaudible]

**ANTHONY FAUCI:** No, not me. I'm not immediate.

**FEMALE SPEAKER:** [Inaudible]

**ROBERT BAZELL:** It gets us back to the point that we've repeated several times there's a shelf life. You can't keep saying the same things over and over again unless you're thinking about it in terms of education as Tony said. Go ahead, Jon.

**JON COHEN:** I just want to add one thing. I think this story like many great stories has an arc. It's a rollercoaster sort of curve in terms of interest. It is not demanding the type of coverage that it has demanded at different times. It will demand more coverage in the future when things happen, but it's not as though we need to be covering HIV.

My audience—I'm incredibly fortunate. *Science* magazine is filled with readers who want a lot of information about HIV/AIDS. I'm probably unique in that sense; but I write for a lot of other places where there isn't much interest in it and it doesn't deserve the coverage much of the time. I wrote a lot this past year about Tony's favorite subject, bird flu. It deserved it. There was a huge issue that moved to the fore and

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I stopped covering HIV/AIDS for a few months. Nothing happened in HIV/AIDS that interested me very much. I think we have to be honest about that.

**ANTHONY FAUCI:** Could I just make one comment, Bob, please. I mentioned this in one of the other sessions that I was in. I'll mention it again here because it really struck me and moved me. That's Larry Kramer's play right now in Washington DC at the Arena Theater, *The Normal Heart* which is just a spectacular play; but if you get into it the whole play in the beginning was, we're dying here in Greenwich Village in the Castro and nobody is writing about it. What is going on here?

All of a sudden it hit the big explosion of a major press coverage and that's the arc that Jon is talking about. Then you get to the point of so-called plateauing of cases, 50,000 each year for the last nine years. Back down in Greenwich Village when Larry and their colleagues with Gay Men's Health Crisis and ACT UP were talking about it, every day, there were more and more cases and the slope was like this. Only when it reached a certain point was there the explosion of media coverage. It really relates to the point about the arc of a story.

**ROBERT BAZELL:** We have time for—we're going to take one from this side and one from that side and I'm afraid that's

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going to be it. Some people have volunteered to stay around for one on ones, but some of the people have to go. We'll take yours first, and then this one, and I'm afraid that's going to be it.

**STEPHEN MCCARTHY:** Thank you. My name is Stephen McCarthy and I'm a basic scientist from the University of Toronto. I just want to thank the panel first off. You're teaching me a lot on how to be understood, instead of just sounding really, really smart which we scientists sometimes need help with. My question is about how the media relates with the youth because there is a lot of misinformation especially with young people in Canada. Fifty-percent of high school kids think there's a cure for HIV. A general question is how do you engage with the youth or perhaps their parents in terms of HIV prevention and awareness?

**ROBERT BAZELL:** Go ahead, Regan.

**REGAN HOFFMANN:** I think Allyson touched on it before, but it's putting the information where young people are going to see it. I think young people obviously have different media consumption habits than older people. I rely on some of my younger staff and some of my older staff who are social media experts to really put information in the places where young people are and in a forum that they're going to read and digest.

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I mean, honestly, if we put up the right kind of picture, the right kind of headline in Twitter, we're probably going to reach a lot more people than we are in some of the more traditional things. I also think that it's about, as you said, educating parents. Parents can play a huge role in helping kids understand.

There is such a misunderstanding among young people today. I meet a lot of newly diagnosed young people who did not understand that this disease was not a terrible thing to get. They thought, it's kind of scary but I take one pill once a day and I'm totally fine; until they try to live with it or date with it or go home for the holidays with it or get into a swimming pool and people know you have it.

I think that we absolutely have some new young faces who out about being HIV. Jamar Rogers who's here is a fantastic young man from The Voice who's openly positive. There're many others. I think it's also about having people that you can identify with in your face who are talking about it that's helpful.

**DR. ALLYSON LEACOCK:** I think it's important for people who are in the media to engage young people because they are the ones. Instead of us thinking that we know what they want, they will tell us what they want. As a result, for example, we've decided that we will partner with younger entities to

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create an HIV game for young people with embedded messaging about what they can do.

We've introduced playing cards with messages on each card. There are new ways of doing it. If there are competitions, beauty competitions—it's not necessarily my thing, there's an audience for that. You can engage them with entertainers and people who are popular that they listen to in a way that they will never listen to a slick PSA that is on mainstream television.

It doesn't matter how well it's produced. That's not the channel that they're engaged in. They're with forums and online. I think we just simply have to get ourselves out of the space and our egos, and recognize that we do not know what young people want. They know and they're the better people to tell other young people.

**ROBERT BAZELL:** Thank you and last question.

**NATE COLE:** Hi, my name's Nate Cole. I'm making a documentary about HIV in America and different people's opinions. I've been listening to the radio everyday. I hear a lot of news about HIV almost everyday. One time, I heard about a guy who was purported that he infected a lot of people with HIV. He was under prosecution for that, but then somebody defended him and they showed that it's not actually proven that he's HIV positive. I wanted to know how do you prove that

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somebody's not HIV positive and how do we know that everybody else isn't in the same situation?

**ROBERT BAZELL:** I, as the moderator will take the decision to answer that question and there they are. The testing for HIV is exquisite now. The testing for the amount of virus that's in the body or in the longer term with a simple mouth swab now that takes 20 minutes to get an HIV test for antibodies. It's pretty easy to know. I don't think there's scientific evidence at all as to who's HIV positive and who's not.

That issue doesn't—there can be issues like the one you just described about civil rights and the people's accusations and sensationalism about who's infecting whom and how many people and things like that. That's tabloid kind of journalism and that's a different kind of a conversation.

**Francisco Ruiz:** I just wanted to add with the criminalization and stigma that we have currently in some jurisdiction in the U.S., I think it's a contradiction with the recommendations that are coming forth in terms of CDC saying test, test, test, test. Then, we have some policies in our states that if for disclosure purposes, folks are being arrested or as the young lady mentioned there is sensationalism.

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We need to have a conversation about that. Why am I going to get tested and then to have proof to say hey, you are HIV positive, and then, essentially in my state, I'm going to be stigmatized, discriminated either by my community members or by a policy procedure that's in place? I think as we put our recommendations at the federal level, we have to also have conversations at the local level, at the state level, what's currently happening because again, there's some contradictions in terms of some key public health messages that are fundamental to really address the epidemic, and we have these structural challenges in our states.

That's something that I think, to add a little to your point that we really have to address to make sure that we're not perpetuating more stigma and discrimination.

**ROBERT BAZELL:** Great point. I want to thank everybody for this panel and all of you for coming. [Applause]

[END RECORDING]

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