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Plenary: Opening Session Kaiser Family Foundation July 22, 2012

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[START RECORDING]

MALE SPEAKER: We sent our prayers down the Potomac River to the sacred Chesapeake. We, here today are but a small imprint of time compared to a lifespan of the earth's mother and the Chesapeake, but rest assured, the creator hears our prayers and guides our destiny. Everything in creation is sacred, including ourselves [applause]. Therefore we must take care of and protect our bodies and minds. We are a reflection of the creator.

We communicate with the creator through prayers and ceremonies that our fathers have passed down through the centuries. There are many other creatures, such as the wing ones, the ones that swim in the water or crawl on the earth. The wing ones are extremely sacred, because in flight their wings brush the heavens, that is why native people prize their feathers. These feathers are used in blessing ceremonies. Today I bring a sacred feather from the Chesapeake, to bless the people here. Bow your heads and receive a nature spiritual blessing from the creator. This is an evil bone whisked from the Chesapeake. Bow your heads. Ah-ho, the ceremony is completed [applause].

FEMALE SPEAKER: Our next guest, delight audiences and champion gay equality with robust artistry, fun, and surprise. Ladies and gentlemen, please give a warm welcome to the Gay

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Men's Chorus of Washington D.C [applause]. [music] [applause]
[music] [applause] [music]

MALE SPEAKER: As we mark of the opening of 19th International AIDS Conference I congratulate the condomize company. Definite protection is a right for all people. Today male and female condoms remain one of the most effective methods for HIV prevention. They appeal to all. People, demand to protection yourself, use a condom. They appeal to all.

People, demand to protect yourself, use a condom. Definite protection is a right. They appeal to all. Government, invest in condoms, increase their access, make them widely available, free of stigma. Today male and female condoms remain one of the most effect methods for HIV prevention. They appeal to all. People, demand to protect yourself, use a condom. They appeal to all.

People, demand to protect yourself, use a condom. Definite protection is a right. People, demand to protect yourself, use a condom. They appeal to all. People, demand to protect yourself, use a condom. Definite protection is a right. As we mark of the opening of the 19th International AIDS Conference, I congratulate the condomize company [applause].

FEMALE SPEAKER: Good evening, excellencies, distinguished and honorable guests, ladies and gentlemen,

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welcome to Washington D.C. and to the 19th International AIDS Conference [applause]. Please welcome Reverend Charles Straight [applause].

CHARLES STRAIGHT: My brothers and sisters, we've come to Washington D.C. united and a noble cause. Our work here and back home, ending the scourge of HIV/AIDS on human kind is a testament to the power of our loving spirits. It's not been easy, in fact there are obstacles at every turn. For many of us the faith has been hard to keep when the very places of hope, help, and healing, our communities, churches, mosque, synagogues, temples, and other places of worship were not there for us at our greatest time of need. Yet, I believe with all my heart the AIDS work is God's work.

It calls on the best of each of us, whoever we are and wherever we are, to love our neighbors as we do ourselves. Faith for many of us has been a difficult thing for us to keep in this pandemic, but in spite of all that we've had to endure, we have let the spirit of love, light, and goodness inspire us to keep moving forward.

Looking from this stage, I see courage, I see fortitude, and conviction. I see the unbinding love, generosity, and compassion of those people who keep fighting forward. I can truly see an aura of the divine spirit in each of you this evening. Whatever your faith tradition may be, whatever your beliefs are, I ask you to allow me a few minutes

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of reflection and prayer, and I invite you to walk with me as I invite blessings and grace on behalf of people from all over the world at this conference tonight. Please join me in invoking the spirit of hope, faith, and love, to fill our hearts and minds as we start on our journey at AIDS 2012. In doing this I call to mind the words of the unofficial national anthem of the African American Community.

God of our silent tears, God of our weary years, thou who has brought us thus far on the way, thou who has by thy might, let us into the light, keep us forever in the path, we pray. Loving and gracious, God, regardless to our faith traditions, you command us in all of them to love each other as we love you. You call us to do what is right, to love mercy, to walk humbly before you, and with each other. So, tonight we stand as brothers and sisters from all over the world, steadfast in the righteous path of turning the tide of HIV together.

We stand together in need of broader shoulders to help us carry the load of our children, parents, siblings, spouses, partners, and friends who have fallen underneath the weight of stigma. We stand in need of stronger backs to help us to bear the burden of our brothers and sisters, for whom prejudice and homophobia have become too much for them to bear. We stand in need of bigger hearts and a stronger conviction to keep us advocating for life giving healthcare, treatment, prevention,

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housing, and all the other vital services and rights, for those battling for survival, liberties, and basic human dignity.

And dear God, we stand in need of a cure. Divine Spirit, thou who has been a way, when there was no way. Touch with compassion and great generosity, the hearts and minds of decision makers everywhere. To use their power and influence to end this pandemic. Touch the hearts of representatives of foundations, corporations, and governments to change the course of the pandemic with their informed decision making and generous investments. May they be moved by this conference, to avail unprecedented expansion of research, prevention education, healthcare, housing, protection of human rights and social justice, which are so desperately needed by many around the globe.

God, in the beginning of the AIDS crisis we worked on the emergency conditions, trying to alleviate some of the pain and reduce the enormous loss of human life. As years passed we held on to hope at each incremental break through that would bear witness to the miracle of a better day. But now Lord, in 2012, with your help and with the help of all those who have gathered here today, we believe that a cure and the end of HIV is within our grasp. We ask together, as people of faith and people of goodwill, gathered here over these next few days, for an energy of unity and purpose, advancing the good fight of HIV in our world. We ask that you will remove any hidden agendas,

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selfish ambition, pride, ego, or any of the things that divide us as human beings from working at our very best. As we are facing the rising sun of this new day begun, we ask that you would help us to march forward until the victory is one. This is our prayer and our common desire for AIDS 2012.

Let us be united world over as never before, to turn the tide against HIV and AIDS in this world. Let it be so, let us make it so, and all those who believe that it is going to be so, join me in saying amen [applause].

FEMALE SPEAKER: Please welcome the International Chair of AIDS 2012 and President of the International AIDS Society, Dr. Elly Katabira [applause]..

ELLY KATABIRA: Your Royal Highnesses, excellencies, distinct delegates, and guests, ladies and gentlemen, let me take this opportunity to welcome you all to Washington D.C. for this memorable, International AIDS conference. Last time this conference was in D.C. was in 1987, three years later it was in San Francisco. And in 1992 it was planned for Boston, but this did not happen. The conference had to be moved to Amsterdam at a very short notice. This was because of a ban that had been in place to prevent HIV infected people from entering the U.S.

The U.S., as you know, has campaigned long and continued to do so, with the remaining 46 countries that still post some form of restriction on entry, stay, or residence based on positive HIV status change their policies [applause].

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Here in the U.S. the Obama administration lifted the travel ban in 2009 [applause]. And finally we are back after 22 years [applause]. I would like to thank all those who played a major role in making this possible, particularly the American people and their elected leaders. Thank you very much [applause].

I would like also to thank the American people for their unresolved support for the HIV struggle around the world [applause]. America has been the leading contributor to HIV to subsidies and programs around the world through PEPFAR, Global Fund, CHAI, and other institutions. Millions of HIV infected people have been put on life saving treatments. Through NIH, the Bill and Melinda Gates Foundation, American academic institutions, and other thousands of health workers from all parts of the globe have been trained, some to the level of PhD. This has transformed healthcare delivery, training, research, that has made it and continues to make a great difference across the world.

But American's generosity is in fact a challenge to all of us, there's a challenge to all of us, to make sure that the HIV infected and affected people do chase the opportunity to be alive. We must resolve together, never to go backwards despite the hard economic times we live in. It is a challenge to the community and health workers at the front line of the response, who can insure that whatever they use there is this med available to them, more – if they use it more efficiently and

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effectively in a sustainable way. To be the watchdogs, for their patients to ensure that they speediest deliver and when necessary tell them to do so.

Available resources [inaudible] as they are likely to be, most be used more efficiently and effectively by involving those of us in the front lines more regularly in decision making. There's a challenge to all policy makers and leaders, particularly in HIV burden countries, to ensure that HIV care support and preventive interventions are accessible to all citizens, including the most at risk populations. It is critical that these countries invest much more than they are presently doing into their own health systems and services, not only to those related to HIV and AIDS.

It is also a challenge to G8 and G20 member nations not to falter on their commitments and [inaudible] support the HIV/AIDS course. The receiving countries are now wiser, more committed to use the investment more efficiently and effectively. G8 and G20 nations, you should expect value for every dollar you invest in us. The next five days the National Aids Society and it's 12 AIDS – 12 partners, we'll deliver a conference that looks very different from what it did 22 years ago when it was last in the U.S.

To begin with this conference will be more accessible, not only to the 20,000 class just are the delegates, but also to the thousands of residents of D.C. and the surrounding

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countries who will be able to access some of the activities happening at the Global Village [applause].

Others will be able to access the conference through the official hubs in Calcutta and Kiev, as well as through the live webcast for those unable to make it in D.C. Reach community and leadership programs a way to you all, another [inaudible] since we were here last year in the U.S. It will provide opportunities for delegates to share experiences with those people who have been able to make a difference and hopefully even change the face of HIV/AIDS in many countries. Then there is the science, in spite of all the new features this still remains a major scientific conference, with almost 70-percent of the sessions discussing research findings.

The next five days we'll update you on the cutting edge of HIV research, new drug interventions, including treatment of the prevention, free prophylaxis, new prospects of HIV vaccine research, and how far we are with an HIV cure. It is my profound hope that this conference will set us on a path to begin talking about ending the epidemic and turning the tide together. Enjoy the conference. It is now my pleasure to introduce by fellow co-chair, Dr. Diane Havlir [applause].

DIANE HAVLIR: [Applause] Thank you. Good evening, ladies and gentlemen, and distinguished guests. It is my great honor and privilege to welcome each and every one of you, and the International AIDS conference back to the United States

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[applause]. I would like to thank the International AIDS Society and Elly for making this gathering possible and for all of those who worked so hard behind the scenes to make this happen. After many years we are proud to host here in the beautiful city of Washington D.C. what promises to be a historic event [applause].

The last time the United States hosted this conference in 1990 the AIDS community was overwhelmed by the HIV on set of the 1980s. I remember that time well as a young physician working in San Francisco General Hospital. AIDS was a story of exotic infections, crusted with despair, discrimination, and fear, as many of you know all too well, this story was unfolding all around the world. I could not imagine just standing by idly, so I joined this very special community that is dedicated to change the story of AIDS. And change the story we did indeed. We have come such a long way since the first antiretroviral was approved, transforming HIV from a death sentence to a chronic illness and committing to treat those all around the world.

In Vienna two years ago we embraced the concept that treatment is prevention. It was then and we are even more certain now [applause]. There is no doubt that our progress over the past 30 years has been impressive, but maintaining the status quo is simply not enough. You already know that 70-percent of people living with HIV are not aware of their

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status, seven million are not receiving infection, and every year 300,000 children are infected with HIV, and nearly two million people die.

Over the next week we invite debates on how to change these numbers. In the meantime, surely we can agree on one thing, we must take steps today to end the epidemic. In the short term we know what needs to be done. We must increase HIV testing, increase treatment, and the components of combination prevention, including prep and adult male circumcision. We also know that we must repair the leaky cascade from HIV diagnosis to lifelong care. This includes elevating the delivery of care to a science and collaborating with all communities to develop new approaches for all those disproportionately affected by HIV, and this will call for more social justice.

Additionally, in the short term we can and we must achieve another great milestone in the story of AIDS. We must end mother to child transmission and keep mothers healthy [applause]. Over the longer term we need to conquer TB and Hepatitis to leverage the HIV investment for a new chronic disease model and to support ongoing research for a cure and a vaccine. History has shown us that investment in science always produces economic and social benefits far beyond the initial outlay. My message to policy makers all around the

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world is this, invest in science, invest in this epidemic and you will change lives [applause].

I often say that we cannot manage what we do not measure, so I recently calculated the number of HIV particles produced every single day across the globe. There are 10 quadrillion, that's 10 and 16 zeros, that is a big challenge, but I know if any group is up to it, this group is and let me tell you why. We have a lot on our side. First we have a common goal to end AIDS. We are united in this struggle and the D.C. declaration outlines the commitment and action we need to take to end AIDS. I invite you to sign the declaration this week [applause].

Secondly, we are a diverse group. In the United States we call ourselves a melting pot, where immigrants from all over the world come around the table bringing their heritage. The AIDS community is also a melting pot, our diversity is one of our most powerful weapons and we welcome everyone committed to the goal to ending AIDS.

Third, we have courage. Courage has taken on many forms in this epidemic. People living with HIV have been the ultimate crusaders, standing up for discrimination and being the ultimate advocates, and we are grateful. Leaders have invested in this disease against the advice of their peers, their courage has funded the futures of millions.

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Finally, we have big ideas. Scientists are tackling tough questions. These range from empowering women with new prevention strategies, investigating the relationship between HIV and aging, and understanding how we can work for a cure for HIV. Our big idea which many did not think was on the horizon five years ago is that we can start to end AIDS. To some this may still seem impossible, I hope they are wrong, but what I do know is that if we do not try there will be millions of new infections and lives will be forever changes. The death toll will continue to climb above 30 million.

Future generations are counting our courage to think big, be bold and seize the opportunity before us. We know that starting the end of AIDS will not be easy. As President Roosevelt cautioned, keep your eyes on the stars and your feet on the ground. We need to keep sprinting in this marathon, yet we must temper our enthusiasm for the daunting call to action with humility. Even here in the United States where we are fortunate to have many resources, 75-percent of people living with HIV still have detectable viral loads. Our own national AIDS strategy is tackling this problem head on.

We are at a defining moment. It would be an extraordinary failure of global will and conscious if financial constraints truncated our ability to begin to end AIDS just when the science has shown us that this goal is achievable [applause]. We should ask ourselves like the early responders,

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if we are willing to do what we know needs to be done and I think we are.

So finally, let me tell you a story of how action leads to change. Last month in the same place at San Francisco General Hospital where AIDS was exploding decades ago, one of my own patients took out a bottle of his HIV medication and told me, I call these my old man pills. I did not understand. He smiled and he said, these will allow me to live to become an old man [applause]. We all want this to be the story of everyone living with HIV until there is no more HIV, so thank you and welcome to the conference [applause].

FEMALE SPEAKER: Please welcome the Mayor of the District of Columbia, the honorable Vincent C. Gray.

VINCENT GRAY: Good evening and welcome to our nation's beautiful city, for this nation's capital, for this 19th International AIDS Conference. And I too want to join with those right before me who welcome this conference back to the United States of America [applause]. It is also my pleasure to welcome to the District of Columbia this evening so many leaders in public health and pioneers in the struggle against HIV and AIDS.

As Mayor, I'm honored that the International AIDS Society chose the District of Columbia to host this hugely important conference, celebrating and advancing global HIV/AIDS education, outreach, awareness and research. I want to extend

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my gratitude and appreciation, as well to the International AIDS Society Committee, and specifically the 2012 co-chairs from whom you've just heard, Elly Katabira and Diane Havlir. Thank you to the members, delegate, attendees, and volunteers for investing your time, energy and resources in the effort to bring this global epidemic to an end.

This year's theme of turning the tide together couldn't be more fitting, as a prescription for eradicating the HIV/AIDS epidemic here in the District of Columbia and throughout the world. It is bringing researchers and the public health community together to exchange ideas, present ground breaking research and implement innovative strategies. While the District of Columbia is home to a wealth of resources and a thriving tourism destination for many, it also is a city where HIV/AIDS has had a profound impact on the health of our residents.

HIV/AIDS crosses cultural, racial, ethnic, religious, and social economic borders effecting every one of us. It is a disease that knows no boundaries. It has been over 30 years since the first case of AIDS was reported in the United States. Since 1981 more than one million people in the United States have been infected. In the District of Columbia more than 20,000 people have been infected and more than 10,000 have lost their lives.

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For more than 20 years I've worked on community-based solutions to curb the HIV epidemic here in the District of Columbia. I've shared the grief of losing friends to this disease, but I've also been inspired by the determination and strength of those who continue to fight to bring this epidemic to an end, and together we are turning the tide here in the District of Columbia.

We have some of the [applause] – we have some of the nation's leading HIV/AIDS prevention and education programs here and our government partners have worked closely with our local community-based organizations to support HIV/AIDS awareness, education, condom distribution, needle exchange, testing, outreach, and commitment efforts throughout the entire city. In fact just last year the District distributed over five million male and female condoms to almost every corner of our city [applause], including hospitals, schools, clinics, government, and private offices, and yes, even in our churches across the District of Columbia [applause]. As a result this approach to prevention has led to a major decrease in STD incidents and prevalence rates among some of our most at risk populations. For instance, no baby in the District of Columbia has been born HIV positive since 2009 [applause].

We're getting people diagnosed earlier and into care and treatment faster, thereby reducing the chances that other will become infected. And in order to promote prevention

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efforts, just a few months ago I established a policy that provides each of our 30,000 D.C. government employees annually with two hours of paid leave, one to be able to access HIV/AIDS training and the other in order to be tested [applause]. We hope, we urge our private sector employers to follow our lead, so everybody can be a part of this effort in the District of Columbia. We fully embraced President Obama's national HIV/AIDS strategy and continue to track the District's progress in meeting those goals.

I appointed and personally, actively co-chair the Mayor's commission on HIV/AIDS, which is working to improve care for people living with HIV/AIDS and ultimately end the epidemic in our city [applause]. But as you know, our work both locally and globally is not complete. I am personally committed to finding a cure for this disease and I fervently hope each of you will continue to press forward with this vital goal and not waiver in our fight to end HIV/AIDS.

Many thanks again to the International AIDS Society for convening this prestigious conference right here in our nation's capital of the United States of America. This city hosts many of the world's finest, cultural and scientific institutions, a world class healthcare system, and vibrant neighborhoods that our 618,000 residents call home. While you're here I hope you will take some time to enjoy the sights, the sounds, and the resources of our amazing beautiful and

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diverse city. Please have a great week. Let's renew our resolve to end this epidemic in the world and once and for all put HIV/AIDS in the rearview mirror. Thank you all very much and have a great week [applause].

FEMALE SPEAKER: Please welcome Annah Sango of the Republic of Zimbabwe [applause].

ANNAH SANGO: Good evening, ladies and gentlemen. Wow, welcome to Washington D.C. and the 19th AIDS Conference. My name is Annah Sango and I live in Zimbabwe. I'm 24 years old and I stand here today as a young woman living with HIV [applause] and a member of the International Communities of Women Living with HIV, which by the way is celebrating its 20th anniversary this year [applause].

I thank you all for giving me the opportunity to welcome you. This is an exciting week and an opportunity to talk about innovations, examine successes, failures, and renew our commitment to turn the tide on this 30 year old epidemic together.

We return to Washington D.C. after a 23 year absence. Congratulations to President Obama and the American people for lifting the unnecessary and stigmatizing bond, preventing people living with HIV from entering the country. We need your continued commitment on lifting entry bonds, President Obama. As much for sex workers, drug users who often become HIV positive [applause] – who often become HIV positive from the

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same sort of stigma that keeps them locked out of the places they need to be most. We must create conference access for this International AIDS Conference and those in the future for excluded and marginalized local communities, as for those across the world [applause].

Let's start off this week by revisiting a conversation we had two years ago. In Vienna my sister, ICW Member, Waheeda Shabazz-El delivered [applause] a powerful closing speech, she raised some challenging questions about our response to HIV. They were the same questions which were raised in 1992 when ICW was formed. I am deeply troubled to note that they are still the same questions we ask today, frankly we're getting tired of repeating ourselves and offering our hard one answers [applause].

Today we are women making waves in the tides of change that are turning at this conference today. Why do so many of the same old problems still exist and hinder women and girls from accessing the care, treatment, and support we need. We know women are now more than half of the world's population living with HIV and HIV is the leading cause of death for women in their reproductive years. In 2012 the HIV pandemic has a women shape, we have to reshape our response if we're going to turn the tide.

Ask yourself, why are women still marginalized in term of resources. We know that most [applause] – that criminalized

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women living with HIV are part of the problem, not a solution. Ask yourself why our governments still failing to protect women from such loss, particularly now that we know how powerful a controlled viral load is in preventing HIV transmission [applause].

We know that globally women are subjected to physical, emotional violence, whether in the sheer terror of war zones or in places of so called peace. Ask yourselves, ladies and gentlemen, why do governments, global leaders fail to speak out against this violence in the cultures which validate it [applause]. Why do women living with HIV face forced and coerced sterilization, reported in Namibia, South Africa and other places in the world? We know how vital comprehensive sexual education is for women and our ability to control ourselves. Ask yourself again, why are we still debating basic sex education [applause].

We know that we have the right to be respected and supported in our choices about reproduction, including the right to have or not to have children. Ask yourself again, why young women living with HIV cannot fully access their sexually reproductive health rights. It is time to make waves; we need to look with clear eyes at old problems. We need to look afresh at what we, as women living with HIV know already ends up being repeated every two years, by others using the same

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resources that we need a whole lot more. What is missing from the occasion? We are missing from this occasion [applause].

And what is wrong with the process, we are not supported to be involved. We know so many answers about how to meet the needs and deliver the human rights of women living with HIV, which are essential to ending the epidemic and revolutionizing women's lives. We all know that HIV transmission thrives where poverty and gender equality are entrenched. Can Washington D.C. 2012 start the ball rolling on how we can achieve our aims?

To celebrate ICW's 20th anniversary this year, I would like to quote Patricia Perez, Chair of ICW Global and many of my sisters and brothers living with HIV, nothing for us without us [applause]. This may seem like an obvious statement, but when it comes to having leadership and power in the programs, policy and decisions that impact us, it happens with less and less frequency.

Today I urge you to resolve to take our familiar things from this and past conferences and to search your souls and your minds in order to create and reach a effective response to put into practice when you leave Washington D.C., whatever field you work in and whatever level it must include women living with HIV, women of every sort, including women who use drugs, sex workers of all races, all ages, and sexual orientations. This week [applause] you have access to all the

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information, experiences, research, and blinds needed to inform a revitalized approach to the tasks ahead.

I hope everyone will join me at the We Can End AIDS Mobilization March at noon on Tuesday from the women in Washington and all people living with HIV. We look forward to share the way to turn the wide of HIV.

And in conclusion, I'm a young woman transitioning into adulthood, into full women hood, and I would really like to do that in a safe space, a safe space that allows me to access and exercise all my rights, in a safe space that will allow me to be the best I can be in life. A safe space that each and every one of you in this very room can help create.

The last question I will leave with you is how have you been accountable so far in creating that space for me and everyone else. Ladies and gentlemen, once again I welcome you to AIDS 2012. Have a blessful week, God bless, and good evening. Thank you [applause].

FEMALE SPEAKER: Ladies and gentlemen, please welcome the 12th President of the World Bank, Dr. Jim Yong Kim.

JIM YONG KIM: Your excellencies, honored guest, ladies and gentlemen, colleagues, and so many dear, dear friends. As we look back on the history of this epidemic it's hard to say that there's any one moment when the tide began to turn, because the truth is we have been turning back the tide of AIDS step by painful step for 30 years. And at nearly every turn it

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is the activists and their communities that have led the way [applause].

It was activists and communities who devised safer sex, promoted condom use, needle exchange, and virtually all the behavioral prevention we use today. It was activists who transformed drug development and regulatory process, and involved patients in clinical research, cutting drug approval times in half in the global north. It was activists in Durbin in 2000 who began to push for access to antiretrovirals in the developing world, and who kept pushing and are pushing still today for them to be affordable and available to everyone who needs them everywhere [applause].

And it was activists whose deep understanding of the communities most affected by AIDS have spurred a movement to promote the health and dignity of gay men, sex workers, and drug users that has now reached every corner of the world. It was TASO in Uganda, ACT UP in the U.S., TAC in South Africa, Grupo Pela Vidda in Brazil, the lawyer collective in India, the Thai Drug Users Network and countless organizations like them that have woven together one of the most extraordinary movements the world has ever seen. Remember what ACT UP stands for, the AIDS Coalition to Unleash Power [applause].

This has been a movement that came together in anger, that thirst for justice that is fundamentally about unleashing the power of human solidarity and that for 30 years has forged

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alliances to expand that solidarity and be ever more inclusive. A movement that has grown to include pioneering governments from Brazil to Botswana, UN agencies, visionary donors, and donor countries, and groundbreaking NGO treatment programs. A movement that has led to efforts such as 3 by 5, and the creation of the global fund in PEPFAR.

Thanks to this collective effort we have seen remarkable gains in the fight. Prevalence has fallen steeply in many countries, new prevention strategies show great promise, including treatment as prevention, and more than eight million people are on treatment today [applause].

As we gather here in Washington we looked toward the end of AIDS as something that is actually within our reach, a vision that to me and many other here seems less idealistic, less outrageous than 3 by 5 did just a decade ago. Today marks the first time that a president of the World Bank Group has addressed the International AIDS Conference [applause]. I'm here because I know what this movement is capable of achieving. I'm here to bring you both a pledge and a challenge. I pledge that the World Bank will work tirelessly with all of you here to drive the AIDS fight forward until we win [applause]. And I challenge you to join me in harnessing the moral power and practical lessons that the AIDS movement has produced to speed progress against that other global scourge, poverty [applause].

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As the leading global development institution, the World Bank is concerned with all aspects of development, all the dimensions that are united in the eight millennium development goals. We know that development challenges are interdependent and yet our approaches to these problem often remain fragmented, limiting our vision and our results, that's why the idea of bringing lessons from AIDS to poverty reduction is crucial. By breaking down silos between these two efforts we begin a process that will go much farther. Ultimately we'll multiply the flows of knowledge and experience across all development sectors, accelerating progress on education for all, maternal and child health, environmental sustainability and so many other of our most cherished goals.

Let me describe how the World Bank is applying its distinctive strengths to AIDS. The World Bank's mission is to build prosperity and to eradicate poverty in countries around the world. The bank supports countries with financing, but also with knowledge and analytic capacities that are often just as important. In 2000 under President, Jim Wolfensohn the World Bank worked with many of you here to put the first billion dollars on the table for AIDS.

Today in health the World Bank's compared advantages is in systems building. Our health sector strategy is focused on supporting countries to create health systems that deliver results for the poor and that are sustainable. We also help

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countries build social protection systems that can mitigate the impact of events like economic shocks, and catastrophic illness, including AIDS on families and communities. As an example of our work, the World Bank is helping governments implement performance based financing, which gives local health facilities financial rewards when they increase delivery of essential services and improve quality.

In Burundi after performance based financing models introduced nationally to strengthen the AIDS response, the number of HIV positive pregnant women receiving antiretrovirals for the prevention of mother to child transmission increased by 65-percent in just one year [applause]. We know that HIV is more than a medical problem. AIDS has devastating economic and social impacts on individuals, families, and communities, that's why social protection is also a critical piece of a comprehensive AIDS response. Every year worldwide 150 million people are forced into poverty by increased health expenditures and loss income due to illness, including AIDS.

Today the bank has helped 40 countries scale up social safety net programs, including health insurance schemes, old age pensions, and cash transfer programs that supplement the incomes of poor families. Our goal is for all countries to be able to implement basic, social protection programs tailored to their specific needs. Success in the AIDS response depends on partnerships. On a very personal level I'm committed to

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strengthening the World Bank's multilateral alliances with UNAIDS and the global fund. Our partnerships with the UN technical agencies, including WHO and UNICEF, and our collaboration with PEPFAR and other bilaterals, more over [applause] strong partnership with civil society that delivers results for the poor will be a signature of my presidency at the World Bank [applause].

We'll build on the lessons of the bank's math initiative, which recognize that civil society voice is critical to make programs work for poor and vulnerable people. In 2008 the overall proportion of people living in the developing world on less than \$1.25 a day was 22-percent, less than half of the 1990 figure. The millennium development goal of having the incidence of extreme poverty has been reached, but today 1.3 billion of the world's people still live in absolute poverty, this is intolerable. We can and must end absolute poverty in our lifetime [applause]. To do so we'll need to share knowledge and know how across the boundaries of institutions and development fields, and we'll need to use that know how to build systems that can sustainably meet human needs. The AIDS fight has shown the world how to turn the tide of a massive assault on human life and dignity. We have a responsibility to ensure that lessons from AIDS inform and improve our efforts to tackle other social goals, above all the eradication of poverty. In some places this is already

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happening. Governments and their partners are applying AIDS knowledge and resources strategically to beat the epidemic and simultaneously drive a broader anti poverty agenda.

Rwanda has used AIDS money and technical expertise from the World Bank, the Global Fund, and others to build up its widely admired health insurance system, the Mutuelle and to expand secondary and vocational education. In Rwanda AIDS resources are contributing to the strategic investment in human capital that has helped drive the countries remarkable economic progress, from being an exception this approach can become the rule [applause]. This will be a leap forward in our capacity to build systems and deliver results.

As Rwanda shows, successful countries have tackled AIDS as a systems problem. They've responded to the epidemic by strengthening delivery systems for key social goods, and they've integrated those systems to address people's needs comprehensively. Building systems is what the World Bank does best. We have decades of experience making systems work for all, but especially the poor. I want the bank to lead the world in joining systems knowledge with clear, moral values to help countries solve their toughest problems, including HIV/AIDS [applause].

Two features of the AIDS fight with clear lessons for poverty work are openness and innovation. The countries that have achieved the greatest successes against AIDS have been

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open about their epidemics. They've shared information widely, challenged stigma, and encouraged public debate. They have refused secrecy and dispel their rational fear. There are many lessons here for the way we fight poverty.

As we at the World Bank continue to tackle corruption, increase transparency, and freely share our data, we're taking these lessons from the AIDS fight ever more fully on board. Looking back over the last 30 years, we see that the AIDS response has generated continuous innovation, from the acceleration of drug approval protocols to task shifting within medical teams, from fixed dose drug combinations through the hiring of accompagnateurs to deliver community based services. We'll need more innovation in the years ahead to finish the fight against AIDS.

As President of the World Bank I want to infuse that same appetite for innovation into the struggle for inclusive economic development. I'm convinced that if the practical know how and the spirit of the AIDS movement can be brought to the fight against poverty there is no limit to what we can achieve [applause].

On the front lines of the 3 by 5 initiative, I saw daily how HIV implementers were generating innovative solutions to practical problems, from supply chain management to human resource management, to creating space for community voice in program evaluation. But have we done enough to organize,

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analyze, and apply this knowledge? Have we brought it to bear in every setting where it could be transformative? All of us here know that a difficult fight against HIV lies ahead. We've come to Washington, because we are determined to win that fight. We see our task through the lens of solidarity that has inspired the most ambitious AIDS activism that we all feel today in this room.

From the start as they fought this epidemic, the activist pioneers knew that they had to tackle the structural forces of prejudice, social exclusion, and economic injustice. Their ambition to end unjust human suffering was as vast as the suffering itself, all of us here today must be just as ambitious. The AIDS movement has rekindled values that show the kind of global development we're striving for, development grounded in solidarity, courage, respect for the dignity of all people, and an unrelenting demand for justice. If we unleash the power of these values we can overcome any obstacle in the fight for economic and social justice. If unleash the power of these values we can leave to our children a world free of poverty and AIDS. We can end AIDS. We must end AIDS. The challenge we face is great, but as I look out at all of you today I can actually see the end of AIDS. Thank you very much. Let's make it happen [applause].

FEMALE SPEAKER: Please welcome the Executive Director of the United Nations Joint Program on HIV/AIDS, Michel Sidibe.

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MICHEL SIDIBE: Thank you. Thank you very much. Your excellencies, dear friends, ladies and gentleman. On behalf of the Secretary General, Ban Ki-moon and all the UN agencies I wanted to welcome you. I wanted to thank the International AIDS Society, my friend, Elly Katabira, and our American hosts. I especially wanted to thank President Obama for his commitment to human rights and HIV [applause] and his decision to lift the travel bond. This is why we are back to the United States after 22 years. I have the pleasure announce that the Republic of Korea has also just lifted HIV travel restrictions hours ago [applause].

Now I want you to close your eyes, listen to my words, we can end AIDS. Those of us in the room, we hear this all the time, where a condom, end AIDS, give money, end AIDS. This time it is different. This time together we will end AIDS. This opportunity will evaporate if we do not act, if we do not scale up treatment as prevention [applause], if we do not reach 15 million people on treatment by 2015 [applause], if we do not eliminate new infections in children and keep mothers alive, if we do not close the funding gap this opportunity will slip through our fingers and easily will never forgive us.

This moment reminds me of Charles Dickens memorable phrase, "It was the best of times, it was the worst of times." In fact, Dickens wrote this during another era of dramatic change. Today we are in a similar moment in our journey to end

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AIDS. This is a time of social transformation when 34 million living with HIV and many more who were affected are demanding health, justice, and dignity. This is the best of times for many reasons. For the first time we have more people on treatment than people who need treatment [applause]. In South Africa alone at least 300,000 people started treatment last year [applause], 150,000 in Zimbabwe, 100,000 in Kenya [applause], China doubled the number of people on treatment in one year.

We have broken the trajectory of new infection with a worldwide decline of 20-percent since 2001. Young people are leading the HIV prevention revolution, they will help us to [inaudible] our way to zero. Mortality is also declining. In Africa AIDS related deaths have fallen from 1.8 million in 2005 to 1.2 million today [applause]. A powerful metaphor, I said a powerful metaphor of our success is the story of a casket maker in Lesotho, complaining about business, because people with HIV are not dying of AIDS anymore [applause].

I am so [inaudible] that the world has taken up my call in Vienna to eliminate mother to child transmission and keep mothers alive. Since then 100,000 fewer babies have been born without HIV [applause]. And Secretary of State Clinton became the first among many global leaders to call for an AIDS free generation [applause].

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Botswana, Swaziland, Namibia, Rwanda, Russia, and South Africa are on the course to achieving this [applause]. This is also our best opportunity to take AIDS completely out of isolation, tapping into its social movement, leveraging AIDS resource, and using the amazing delivery platform we have built, to deliver not just for AIDS, but for all health and development.

HIV is being integrated with productive health, maternal health, and child health. Tuberculosis, women's concepts [inaudible] for people with disabilities and other movements. We must fully integrate HIV into primary care setting, because the shrinking number of HIV specialists is causing a bottleneck to universal access. This is being done successfully in places like Atropia and Rwanda. This is the new legacy of AIDS response.

Two weeks ago the London Summit committed to increase access to voluntary family planning. I salute the UK government and Melinda Gates for this bold initiative [applause]. We must all fight to protect women's sexual and productive health, and rights [applause], especially for women's living with HIV. And let us not forget that the condom is the cheapest and most effective weapon to stop the spread of HIV [applause].

It is time for all of us to condomize [applause]. This is also our moment to address the social detriments that put

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individual at risk. We had – my friend Jim Kim, poverty, gender inequity, and violence, homophobia, criminalization, and poor housing, and homelessness, it is outrageous that in 2012 when we have all the tools to beat this epidemic we still have to fight prejudice, stigma, discrimination, exclusion, and criminalization [applause], not only in homes, but in streets, police stations, and court rooms. This is impossible for me to understand.

Allow me to pay tribute to the American people, no country has done more, millions of people would be dead today without American compassion, generosity, and solidarity [applause]. We are indebted to the brave American activists who gave a birth to the AIDS movement 30 years ago. We are indebted to the people who risk everything to come forward as the face of AIDS in all its diversity, Bobbi Campbell, Ryan White, Elizabeth Glaser, Magic Johnson, my friend Mary Fisher, and so many more [applause].

We are indebted to the physicians and scientists who fought fiercely against inertia and [inaudible] to make the first strides towards treatment. And we are indebted to the American faith community, advocating for universal access, calling for justice, and bringing care and services to people in the neediest of communities [applause]. We are thankful to President Bush, who had a vision. He brought a sense of urgency to our fight, and brought life and hope to millions.

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And to President Obama for building on that vision, and bringing the debate on ownership, sustainability, and shared responsibility and putting us on the road to zero [applause]. The American Congress has made AIDS a bipartisan movement, above a political debate.

Some may say we are also in the worst of times, times of unprecedented political, financial, economic and social crisis, I'm scared for the future of global solidarity. From many places in the developed world I'm hearing we cannot afford to keep our promises, we have our own problems at home. Financial commitment from developed countries is declining. We have a funding gap of \$7 billion per years for HIV. This gap is killing people. This is not a time for isolation, it is a time for togetherness.

Over the past year I visited AIDS affected communities, a cross of the United States, from New York to San Francisco, and Oakland, and here in Washington D.C., HIV is having a shocking impacting on America's black communities. It is showing that wealth is not enough to end this epidemic. Stigma and discrimination are stealing lives here, the same as in Africa and Asia [applause].

Any place in the world where HIV offense are rejected, where young people do not have universal access to sexual education, where women and young girls are victims of rape and domestic violence, where people living with HIV have to idle

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them self, where death comes to the poor and not to overreach anywhere in the world where there is hopelessness, the stability, and security of state is in danger. But I'm not here to bring a message of defeat and despair, I just came back from a meeting of African leaders, for the first time in the story of HIV, under the leadership of President Boni Yayi of Benin, African AIDS of state are great on the road map for shared responsibility, grounded in mutual accountability and ownership.

Around the world other 80 low and middle income countries increased their domestic investment for AIDS by other 50-percent between 2006 and 2001 [applause]. [Inaudible] countries now fund an average more than 75-percent of the domestic AIDS responses.

Last year the South African government contributed almost \$2 billion. Science is giving us great tool for treatment and prevention, and real hope for a vaccine and cure. Momentum is growing for a financial transaction task, this can easily close the gap in global AIDS investment [applause]. I am encouraged by the leadership of the President of France, Francois Hollande, who is calling to transform this idea into global reality. I'm repeating my call of Vienna, a call for a Robin Hood Tax [applause] now.

We know how to get to zero; all that can stop us now is indecision and lack of courage. So, when investments in HIV

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are cut that is a decision to let HIV and AIDS continue to ruin lives and damage communities. When pregnant women cannot access services, that is a decision to abandon the next generation to AIDS. When stigma, discrimination, criminalization and gender violence are allowed to continue, that is a decision to perpetuate HIV.

We are all at a fork in the road to zero, it is a decision time. My friends, the end of AIDS is not free, it is not too expensive it is priceless [applause].

Let me finish with this thought; every day American people go to work, they raise a family, they pay their taxes, many never see what that money does, it goes to countries they may never visit, helping people they may never meet. Now I want you to meet two of these people. Thank you very much [applause].

FLORENCE: Thank you Michele for this wonderful opportunity to be in Washington. Good evening ladies and gentlemen, my name is Florence, I'm from Nigeria, I'm a proud woman and mother living positively with HIV for the past 14 years [applause]. I have a beautiful daughter who is 13 and free of HIV [applause]. I am alive today and on treatment because of the support and commitment of you, the American people [applause]. You have heard so much, I've only come to say thank you on behalf of myself, my family, my friends, colleagues, millions who have gained from your support and

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commitment all over the world, those that are still alive today because of your love and support, you American people. That is why I have come, to say a big thank you to you all [applause].

But believe me, millions are still out there waiting for treatment, millions are still out there dying because of lack of treatment. I do not to be the only one standing, I do not want to be a lucky exception, I do not want to turn around and see mothers die and leave their children motherless. That is why we are here, to ask you not to stop, to continue in this fight against HIV.

Last year the world make a commitment to end - to bring about 15-percent increments by 2015, today we come and we say let's all join together, hold hands, stand and turn the tide against AIDS. We know it is possible, I am living proof. We know it is possible if we do it together, let us make it a reality. Thank you [applause].

IBUBETAYLOR: My name is Ibubetaylor my mother's name is Florence. Because of her love and support of the American people I was born HIV free, so I say thank you mom and thank you the American people for your support [applause]. But I don't understand why other children as still born with the virus, I don't understand why children don't have treatment and I don't understand why their mothers are still dying of AIDS. I want all children, all children to be born just like me, free of HIV [applause], every single one of them. Please, I am

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begging, let us make this world an AIDS-free generation, let's make it a reality. Thank you [applause].

FEMALE SPEAKER: Ladies and gentlemen Secretary General of the United Nations, Ban Ki-moon.

BAN KI-MOON: Excellencies, friends and colleagues I'm pleased to convey my warmest greetings to the Global AIDS community. When I joined you in Mexico in 2008, I was inspired by your commitment and energy. You have made a real difference in the lives of millions affected by HIV/AIDS. One year ago guided by U.N Aids and your wisdom and guidance, the U.S. General Assembly set ambitious targets for 2015 to cut new infections by half, to expand treatment to 15 million people, to insure that no child is born with HIV.

We can achieve these targets if we refocus, reenergize our mission and invest more resources. Let us share experiences and take the next steps together, our support, our continued advocacy for prevention, treatment, care and support. Our continued press the drug industry for access to affordable, lifesaving medicines, our continued asking of nations to respect and protect the rights of all those living with or [inaudible] with HIV and to walk with me to fulfill the promise of an AIDS-free generation by 2015.

UNAIDS led by Michele Sidibe will continue to mobilize political action, we have a vision; no new HIV infections, no AIDS related death, no stigma and discrimination. This week

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you can help to turn the tide, let us start the end of AIDS now. Thank you [applause].

FEMALE SPEAKER: She's been a pioneering leader in the U.S. response to AIDS both at home and abroad, please welcome U.S. Congresswoman Barbara Lee [applause].

BARBARA LEE: Good evening delegates of the 19th International AIDS Conference let me just say it's an honor, it's a humbling moment for me to be with you this evening. Let me especially take a minute to welcome the delegates from my state of California [applause] and of course, my wonderful constituents from Alameda County, Berkley and Oakland California [applause]. Oakland's in the house, welcome. Also to our esteemed speakers and dignitaries, the Chair of the International AIDS Society and our Co-chairs of the Conference and to all of the members of the Conference Coordinating Committee and staff.

And most importantly to you my brothers and sisters, let me just say thank you for making this conference possible. And also I have to take a minute to thank all of you for helping us fight to lift the unjust and discriminatory HIV travel ban that prevented so many of you from coming to the United States and hosting this important conference [applause]. Welcome to the United States of America and thank you.

Few believed that it could not be done but together we said yes we can. I remember having discussions with many of

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you at the International AIDS Conferences in Thailand and Toronto and Mexico City that led me to begin to work with you on efforts to begin this ban. And thanks to bipartisan support, President Bush signed the repeal into law and President Obama lifted the ban. That was bipartisan support.

And the last conference in the United States was in 1990 in San Francisco where we have a great leader in Congress; Congresswoman Nancy Pelosi who from day one put ending the epidemic on the front burner of the House of Representatives and so here we are 22 years later once again in the United States.

Although AIDS has made the transition from a death sentence to a chronic disease, new infections unfortunately continue at alarming rates. Now HIV and AIDS disproportionately affects no group of people in our country more than African Americans. Of the more than one million in the United States living with HIV, nearly half are black men and women, even though blacks make up 14-percent of the population. Communities of color are most affected by HIV than any other group and black, gay and bisexual men account for one in four of new infections. And African American women account for the largest share of new infections among women.

So we, like many countries have more work to do. That is why this conference brings an opportunity to shine a global spotlight on the fight against AIDS in America and a national

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spotlight on the ongoing global epidemic and yes, we stand with you fighting to turn the tide together. Standing with us are tireless leaders like Phil Wilson of the Blacks AIDS Institute [applause] and so many phenomenal community-based activists and organizations. And yes, Washington D.C. vividly illustrates both the challenges and the progress presented by AIDS and the courage and the unbelievable work displayed by community activists and leaders in Congress.

For example, you have Congresswoman Eleanor Holmes Norton who so proudly represents this beautiful city in Congress [applause]. And I have to just share with you, we are extremely fortunate to have great warriors in our fight in Congress. Congresswoman Maxine Waters from my state, from California along with Congresswoman Donna Christensen from the Virgin Islands, now they led efforts to establish the Minority AIDS Initiative and increase funding for the Ryan White Care Act for the United States [applause].

And turning the tide together reminds me of the many democrats and republicans who came together mind you, came together to mount a major United States response to this global epidemic. I have to tell you I'll always remember how my good friend Congressman Jim Leach, the Republican Chair of the House Banking Committee and myself, we came together to write the Global AIDS and Tuberculosis Relief Act which President Clinton signed into law in 2000. And my predecessor, a great

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humanitarian and statesman, former Congressman Ron Dellums who envisioned an AIDS Marshall Plan for Africa, he inspired this work which became the foundation for the Global Fund as we know it today [applause].

As so yes, I am humble and very proud of the pioneering work that all of us did during our early meetings at the White House with President Bush and the Congressional Black Caucus, then under the remarkable leadership of a great woman; Congresswoman Eddie Bernice Johnson of Texas. Texas mind you, we worked on this together with President Bush. Yes, it can be done and we said in a letter to President Bush and I quote, we cannot win the war against AIDS without greater financial resources and a clear plan of action for the United States. Shortly thereafter we began writing the PEPFAR Legislation with my former esteemed colleagues on the House Foreign Affairs Committee.

And these members unfortunately have passed, the late Congressman Henry Hyde, Tom Lantos and Don Payne. How I wish they were alive to be with tonight, I wish you could be with to meet them and see how committed they were to end AIDS throughout the world. And yes, President Bush signed this bill into law boldly and bravely and since then [applause] - in 2003 and since then we have made tremendous progress in expanding HIV treatment access and saved millions of lives.

Many of you here helped us fight for a United States

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domestic PEPFAR, thankfully under President Obama's bold leadership we now have a national HIV/AIDS strategy [applause], we finally have that. But in the words of our good friend and great humanitarian Bono, we're not here today for a victory lap, but we're here to pick up the pace, pick up the pace. Yes, we are at a very important crossroad. Too many still die, too many new infections occur each and every day and too many wait in line to receive treatment including here in the United States, too many. And yet there is so much hope through new scientific advances that we can see the beginning of the end of AIDS.

Well how do we do this? We can and we must increase and better target our resources for treatment, prevention and care. We can and we must end stigma and discrimination. We can and we must repeal laws and politically motivated policies that violate human rights and undermine our efforts as recommended by the United Nations Global Commission on HIV and the law [applause]. We've got to end these discriminatory criminalization practices and yes, we can and we must engage meaningfully with key affected populations and that includes men who have sex with men, transgendered people, sex workers [applause] and people who inject drugs [applause].

Yes, we have to have everyone involved in ending AIDS and that's exactly what my new legislation - some of you know about this, it's called Ending the HIV/AIDS Epidemic Act,

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that's what it would do. And so I call on Congress to pass my bill and all governments to commit to achieving an AIDS-free generation. We cannot retreat now, we must redouble our commitment to PEPFAR and the Global Fund, redouble our commitment, we must do that [applause]. And we must redouble our commitment to the national HIV/AIDS strategy in the United States, we must do that [applause].

And above all, we must protect the inherent humanity and dignity of all people. Action means everything, it means survival but it means hope and so at this moment we have a tremendous opportunity to act to put an end to AIDS. We have you, we have civil society throughout the world and AIDS activists, scientists, healthcare workers, we have all of you who have brought us this far. So do not slow down now, we can and we must turn this tide together.

In the words of the great President Nelson Mandela, it said it always seems impossible until it's done [applause]. So in memory of those who did not live to see this day, let us recommit ourselves to putting an end to AIDS, let this be our legacy. Thank you very much and God bless you [applause].

FEMALE SPEAKER: While serving as U.S. Global AIDS Coordinator, he played a pivotal role in the development and early implementation of the U.S. President's Emergency Plan for AIDS Relief. Please welcome Ambassador Mark Dybul [applause].

MARK DYBUL: Good evening. As a person who proudly

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served President Bush, it's a privilege to be part of this distinguished series of speakers to be among all of you and in particular, persons living with HIV.

A few blocks down the street the AIDS quilt carpets the center of Washington D.C. but it also covers the world in a shroud of darkness and shame for the many millions who need not have died and for all those who died abandoned and shunned by family and society. The past decade, light has started to poke through the seams in that quilt, we are right to celebrate the breath taking scale of the treatment and care for orphans and vulnerable children and substantial progress in prevention, yet we are far from living in the light of day. But because of recent scientific advances, dawn is breaking if we only let it.

What was just unthinkable three years ago is now in sight; an HIV-free generation, and an end to this epidemic. Today the end of this epidemic must be our singular goal. Rapidly expanding treatment to HIV positive persons is a gift that just keeps on giving, granting health and life to those who receive it while protecting HIV negative loved ones and partners. Drugs used for treatment can empower HIV negative persons to control their own destiny and hold it in their own hands. In particular, women who have no other means to protect themselves.

Male circumcision, substitution therapy and needle exchange round out the clinically based interventions. When

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these prevention options are made available with a behavior change and condoms, it becomes possible to bend the trajectory of new infections further down from its current path. This approach to combination prevention allows a person to protect themselves in different ways as they move in and out of different risks during the course of their life. If options are provided to meet a person's need in each season of life, we can end this epidemic.

While we passionately pursue that goal, we must soberly and dispassionately face facts. First, ending the epidemic is not eradicating HIV, that will come when science produces a cure and vaccine. Ending the epidemic has an epidemiological definition and that means to drive down infections to very low levels that are even lower than the ever decreasing deaths as we achieve an AIDS-free generation. We cannot be shy about the implementation challenges including those well beyond the reach of medicine and health providers.

We must be clear that only countries can lead their own strategies and programs and increased funding over time while the rest of us support their important work. To achieve maximal impact a public health approach is required focusing on transmission geographies and high-risk populations. Strategies will be country specific and in fact, will be different from region to region. Stigma and discrimination against high-risk groups including men who have sex with men, sex workers and

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those who use intravenous drugs must be overcome to end the epidemic, sex abuse and gender violence, lack of inheritance rights and many other barriers stand in the way of success.

Getting people at risk to enter and stay in life-long prevention programs requires both the health and non-health sectors to fully participate. Persons living with HIV, community-based organizations and the private sector are essential. But so are faith-based organizations that provide 30 to 70-percent of health care in Africa and can either pose challenges to us or actively promote the health of their congregations and must be welcomed into the HIV community of support. To achieve the goal of course health systems must be created and strengthened, political leaders must embrace the end to the epidemic. And resources, international and domestic must be mobilized and maintained.

Now some might focus on the triple threats we just discussed of political will, implementation barriers and resource mobilization and want to temper the call for end to the epidemic. But haven't we heard that all before? If we're going to be evidence-based, let's look at the historical record. When global health and development politicians said a global health wasn't possible the Global Fund to fight AIDS, Tuberculosis and Malaria was created and has provided nearly \$23 billion to support programs in 150 countries. While the United States is the largest funder, the vast majority of

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resources come from Europe and Japan and that's global solidarity for a truly Fund Mundial. While some believe that partisan politics in the United States would prevent a sustained commitment, President Bush launched the President's Emergency Plan for AIDS Relief, the largest international health initiative in history for a single disease. That's pretty remarkable, the largest international initiative in history for a single diseases [applause]. It's committed \$44 billion with strong bipartisan congressional support including from people like Congresswoman Lee.

President Bush set new standards for global health in HIV that included a shift in paternalism to partnership, a results based approach, good governance and the active engagement of all sectors. The Obama Administration has capably picked up and evolved those foundational principles and through the leadership of Ambassador Goosby has maintained strong bipartisan support. In fact, across administrations and changes of congressional leadership HIV and Global AIDS remains a firmly nonpartisan cause because it reflects the values of the American people, not of a political party.

When more than a decade ago public health experts said HIV treatment wasn't possible in resource limited countries, Botswana, Brazil, Thailand and others ignored them and crafted, implement and largely funded their own international programs. And much worse, when experts slandered an entire sub-continent

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and asserted that Africans were too promiscuous to control HIV despite the fact that an average American, or someone in the United States or Europe has more sexual partners in the term of their life than an African. Experts also claimed that low-income countries in Africa could not manage something as complicated as antiretroviral therapy.

What utter nonsense [applause]. Africa, the rapid scale up of prevention, care and treatment in Africa is an African achievement and the experts again were wrong [applause]. A lasting legacy of the response to HIV is that for the first time in the history of Global Health, international partners supported chronic care programs which is truly remarkable, creating a platform for tackling other health needs. While we must remain focused on ending the epidemic, we can also begin to address the health of a person.

The Pink Ribbon/Red Ribbon Initiative led by the George W. Bush Institute, the Obama Administration, nice bipartisanship, U.N Aids, Susan G. Komen For the Cure and many private partners is supporting several African countries to vaccinate young girls against Human Papillomavirus and to screen and treat for Cervical Cancer, the leading cause of cancer death among women in Sub-Saharan Africa largely because it's effectively an opportunistic infection of HIV. And it's also beginning to address the stigma and discrimination of Cervical and Breast Cancer similar to what we had to do with

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HIV decades ago.

The historical record's pretty clear, we can hide behind challenges and pessimistic experts as an excuse for inaction or we can face them and get on with the business of saving lives and ending this epidemic [applause]. History sheds mp re light on the path forward. In the earliest days the darkest days of the epidemic, it was the sick and the dying, those who loved them and those they loved who fought for their lives. Anger and fear created needed division and discord to force action. In the United States doctors had to be sued to care for those in need, in some countries governments were sued to provide medications.

But amid the discord, a community of compassion came together to carry and care for each other. From the collision of seemingly polar opposites of discord and solidarity, something far more beautiful, something far more powerful was born. When the Bush family visited Zambia last December they went to the PEPFAR supportive program Chicenbusso [misspelled?] which means remembrance. One woman told her story which sadly is far too common a story. She's HIV positive and when her husband died from HIV she was first mistreated by his family, often left with nothing to eat and ultimately was turned out of her own son. Through Chicenbusso and the community there the family received support, love, the child was educated for free and she learned to sew, eventually starting her own successful

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small business. Meanwhile, the family that had disowned her fell on hard times. She took them in and now houses, feeds and cares for them in her own home [applause].

From tragedy and inhumane treatment that no one should experience, this woman and her son felt the warm light of community and became beacons of redemption and forgiveness. The moral force of millions of similar acts of carrying each other has such a strong gravitational pull that the community of support for HIV has grown and grown and grown from person to person, from village to village, in city to city, from nation to nation into the community of nations. But there are still many not in the community of support, it has not grown enough.

When President Bush announced PEPFAR, he said that we could not let tens of millions die when we had the scientific knowledge to save them. Science has now given us the tools to end the epidemic, the path ahead is difficult but it is no longer unending. If we unite and ever expand the community of support around a vision of an end to the epidemic, if we refuse to be side tracked by discord and division, no challenge of political will, implementation or funding can stand in our way. They didn't 10 years ago and they won't today.

In fact, it is the possibility of ending the epidemic, the possibility of saving million of lives and tens of billions of dollars that will galvanize political support and mobilize resources [applause]. Now some in this room might be fatigued

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by the years of discord, some in this city and in capitals around the world are fatigued by the discord and the money and the focus on HIV/AIDS. Some are fatigued by the challenges ahead, for those who are weary let's carry each other because brothers and sisters, we must carry each other. Let's carry each other in remembrance and honor of those who have died.

And at least in our hearts from the edges of the AIDS quilt, let's add a panel for every life that is saved, for every infection that is prevented and for every child that is cared for. Let's complete the work they started and from the quilt of remembrance create a tapestry of life. Together let us end this epidemic. Thank you [applause].

FEMALE SPEAKER: The 19th Annual International AIDS Conference is honored to welcome the Deputy President of the Republic of South Africa, His Excellency Kgalema Motlanthe [applause].

KGALEMA MOTLANTHE: Your excellencies, esteemed guests, ladies and gentlemen and dear delegates, I wish to thank the organizers for inviting me to this 19th International AIDS Conference that aims to help all of us find better ways and means of responding to the HIV pandemic. I would also like to express gratitude to the government and people of the United States of America for gracious hosting this conference and for the generous contribution to the fight against HIV through the President's Emergency Program for AIDS Relief and the

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contributions to the Global Fund for AIDS, T.B. and Malaria.

The magnitude of this gathering shows that HIV pandemics remain one of humanity's greatest challenges requiring a common front and commitment from all of us as demonstrated by thousands of delegates representing people living with HIV, health workers, scientists, philanthropists, volunteers and many others. It is such commitment, solidarity and collective strength that will help us realize the theme of this 19th International AIDS Conference, namely turning the tide together.

Ladies and gentlemen, acknowledging that Sub-Saharan Africa remains the epicenter of the pandemic and further acknowledging the multi-dimensional nature of the pandemic and social the social determinance driving it, the African Union has reaffirmed its commitment to strengthen the response on the continent through the adoption and the implementation of the A.U. road map. The African Union heads of states adopted a road map on shared responsibility and global solidarity for AIDS, T.B. and Malaria response in Africa during the meeting last week [applause].

The road map will explore a set of practical African resource solutions for enhancing shared responsibility and global solidarity for AIDS, T.B. and Malaria responses in Africa on a sustainable basis by 2015. It will focus on three strategic pillars, that diversified financing, access to

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medicines and enhanced health governance. This landmark development demonstrates a commitment as Africans to scale up our collective efforts.

Since South Africa is a country with the largest number of people living with HIV in the world and the largest country in the most affected region, the global fight against HIV and AIDS cannot be won without success in South Africa. In recent times the efforts that we have made with support for development partners are starting to bear fruits as evidenced by some of the successes we have seen over the last few years. Among such achievements are the following; we have 1.7 million people on treatment, 20 million people have been tested for HIV during a yearlong testing campaign [applause]. And the rate of mother to child transmission has dropped from 8-percent in 2008 to 3.5-percent in 2010 [applause] and to 2.7-percent in 2011.

These achievements are integral to the overall success story of Africa as elaborated in the latest UNAIDS Global Report. Indeed we have achieved successes and great strides in the fight against HIV and AIDS over the last two decades, yet these successes must neither distract us nor make us complacent. More importantly, this is not the time to reduce our contribution to the fight against HIV and AIDS. We are still faced with many challenges as we move from the emergency phase of our response to a phase of consolidation, scaling up and sustaining a multi-sexual approach with a strengthened

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health system. This consolidation phase requires a new approach, a new paradigm underpinned by among others, the principles of global solidarity, mutual accountability and transparency.

To give affect to this principles stated above we need better coordination of the global health architecture, predictable, sustainable financing for HIV response, good governance and oversight with regard to appropriate use of resources, decisive action in dealing with the social determination of health and legal frameworks which are responsive to the human rights ethos. Ladies and gentlemen, science is making great strides in coming up with new innovations in treatment and prevention.

The question is how countries can be assisted to rapidly integrate and implement new innovations into the programs in a sustainable manner. I trust that as we deliberate on the wide range of issues exposed by the HIV pandemic we will be invigorated by the successes and the progress we have made to date. Bearing in mind that we can neither slow down or be complacent, the war is not yet over, we cannot declare victory yet, we are only just beginning to turn the tide.

A comprehensive, robust and decisive, sustainable response to HIV is like climbing a mountain. Twenty years ago we were at the foot of the mountain, our collective efforts,

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resilience and determination have brought us to within inches of the summit of the mountain, we dare not slide back. We take this opportunity to thank all the health providers at the pole phase of this pandemic hoping that they will be encouraged by the emerging successes. We count on civil society as strategic stake holders to continue to keep governments accountable to the commitments they have made.

We urge the development partners including foundations and philanthropists, investors to maintain their investments in our investments to turn the tide. We look forward to concerted efforts by all partners to work with the African Union and its members to implement this road map to ensure a sustainable response to HIV, T.B. and Malaria.

And lastly, we have journeyed together through years of ignorance, confusion and despair but also resolve, hope and some spectacular results. A future of zero infections, zero discrimination, zero AIDS related deaths and zero new infections due to vertical transmission is within tantalizing reach. Let us reach it together and I thank you for your attention [applause].

FEMALE SPEAKER: Please welcome Professor of Epidemiology at Johns Hopkins University and incoming President Elect of the International AIDS Conference, Doctor Chris Barrerre [applause].

DR. CHRIS BARRERRE: Good evening everybody, ladies and

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gentlemen, friends and colleagues. It's my great honor and pleasure to introduce this evening's Key Note Speaker. The Secretary of Health and Human Services of the United States, the honorable Kathleen Sebelius. Secretary Sebelius was sworn in as the 21st of the Department of Health and Human Services, HHS on April 28th, 2009. Since taking office Secretary Sibelius has led ambitious efforts to improve America's health and enhance the delivery of services to some of the nation's most vulnerable populations including young children, those with disabilities and the elderly.

As part of the historic Affordable Care Act she is implementing reforms that have ended many of the industry's worst abuses and will help 34 million uninsured Americans get health coverage. She is also working with doctors, nurses, hospital leaders, employers and patients to slow the growth in healthcare costs through better care and better health.

Under Secretary Sebelius's leadership, HHS is committed to innovation, from promoting public/private collaboration, to bringing life-saving medicines to market, to building a 21st century food safety system that prevents outbreaks before they ever occur, to collaborating with the Department of Education to help states increase the quality of early childhood education programs and give patients more information, give parents more information to make the best choices for their children. Secretary Sebelius also leads the nation's emergency

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health responses to crises and natural disasters, including the Haiti earthquake, the Gulf oil spill and the Joplin, Missouri tornado.

And as America's top health official, she continues to work with our international partners to confront global health issues including, of course, HIV/AIDS. Secretary Sebelius served as governor of Kansas until 2003 until her cabinet appointment in 2009 and was named one of America's top five governors by Time Magazine. Please join me in warmly welcoming Secretary Kathleen Sebelius.

KATHLEEN SEBELIUS: Good evening, everyone. I want to greet my fellow speakers and delegates and colleagues, friends, on behalf of President Obama, who, tonight, is with the survivors and family and community in Aurora, I'm so pleased to welcome the International AIDS Conference back to the United States. And I'm particularly proud to be part of an administration that respects and celebrates diversity, not just in words, but in the people appointed to high positions.

I want to give a special welcome to those living with HIV/AIDS who traveled here from around the world. As has been said over and over tonight, the HIV entry ban was about policy based on faulty science that ran contrary to America's deepest values and we're so proud that the Obama Administration overturned it and we're proud to be your host once again.

[Applause].

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As we gather this week, we have many reasons to be hopeful. Around the world, new infections are falling. The brain those on treatment are growing and in countries where IADS has taken its toll, life expectancies are beginning to rise once again. In the United States, infections among injecting drug users have dropped more than 8-percent. Pediatric cases of HIV are down more than 90-percent. The last time this conference was held on American soil 22 years ago, there was no effective treatment for HIV. Today someone diagnosed with HIV and treated before the disease is too far advanced, can have a nearly normal life expectancy.

Now these gains have been accompanied by long awaited breakthroughs in science, including the recent finding that treatment itself is among the best forms of prevention. So as a result, we've reach a point where the goal of an AIDS free world, once a far off dream, is now within sight. And yet we don't have to look too far to be reminded of how far we still have to go. Right here in Washington, D.C., our nation's capital, 1 in every 16 black men is HIV positive and data show an alarming increase in the infection rate among some black women.

Nationally our HIV infection rate has stopped falling and is actually rising among young gay and bisexual men and millions around the world living with HIV are not getting the antiretroviral treatment that could save their lives. So we've

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come together this week because we know that now is not the time for easing up, slowing down or shifting our focus. If we are going to reach our ultimate goal of an AIDS-free generation, we must all challenge ourselves to do more, to reach even more people, to make programs even more effective and accountable, to push the boundaries of science even farther.

Now for President Obama, that's meant starting from Day One to build on the extraordinary legacy of PEPFAR, left to us by President Bush's Administration. PEPFAR needs to be celebrated as one of the great health success stories of the 21st century [applause]. It's a terrific achievement the American people, program's partner countries can be very proud of, but our task is to make it even stronger. Under President Obama, we're on pace to achieve an even ambitious goal of reaching an additional 2 million people around the world with life-saving treatment by the end of 2013. At the same time, we're putting a renewed

To focus on key combination prevention interventions that have been proven most effective in combating HIV. And we're also looking to the future and strengthening partnerships with local government and other organizations to ensure our efforts are sustainable and have a lasting impact. I'm proud that about half of the treatment in PEPFAR is supported by our department, Center for Disease Control and Prevention. Mainly

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through local partners, including ministers of health, which can often achieve better results at lower costs, I want to personally thank colleagues at USAID and the Department of State for their terrific partnership and certainly to Ambassador Goosby for his tremendous leadership [applause]. Also we must continue adding to our arsenal for fighting this disease. This week our Department's Food and Drug Administration will announce that more than 150 antiretroviral drugs are now available through PEPFAR.

And we're pushing forward in other areas too. For example, our department recently developed a simple laboratory test that detects recent HIV infection, a major development that will help us better evaluate and improve our prevention efforts. And we must continue to support efforts to make life-saving AIDS drugs more affordable, more affordable [applause].

Now one of the most important developments of the last decade is the drop in price in generic AIDS medications. From what was \$10,000 a year per person to now as little as \$85 per person in some countries today, but there is [applause] – yes, and that's a good, from \$10,000 to \$85 is a good big step. But there's much more work to be done. That's why the United States has increased our support for the global fund and that's why we'll continue to support the Doha declaration on TRIPS and Public Health [applause], which affirms country's right to

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protect public health, including through the flexibilities afforded by the TRIPS agreement.

Now here in the United States, there's much work to be done also. When we work with countries through PEPFAR, the first step is to establish a comprehensive national strategy, but until President Obama came into office, we had never taken that basic step right here at home and now we have [applause]. The National HIV/AIDS Strategy unveiled two years ago has given a new sense of direction and purpose to our domestic response. It starts with more funding.

For roughly a decade before the President came into office, domestic HIV prevention funding had been flat. Since President Obama has come into office, resources have increased every year he's been here and on Thursday, we announced nearly \$80 million new dollars for HIV/AIDS treatment [applause]. That will help us expand care for 14,000 new patients and states tell us that's the amount needed to allow them to fully clear the ADAP waiting list and that's a big step [applause].

Now under our new domestic strategy, we're also targeting our existing resources more effectively to the communities that have been hardest hit. Already we've made key changes in how we distribute funds to health departments for prevention, moving to a new formula that better reflects the needs of today. And we're focusing on the interventions that have been proven to work best, including testing, linkage to

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care and treatment, and I'm proud to say that today Americans have better access in these life-saving interventions than ever before thanks to the historic legislations, signed by President Obama over two years, America is finally on its way to joining the rest of the world in making affordable health coverage available to all of our citizens. All of our citizens!

[Applause].

And with that comes the outlawing of the worst abuses of the insurance industry that often sought to lock people with HIV/AIDS totally out of the insurance market, to put a cap on their coverage or cancel their care without cause, and yet we know it's simply not enough to make HIV testing and treatment more available; too many people are still slipping through the cracks. We can do better. We must do better. Just last week I visited an organization called the Community Education Group just a few miles from here.

And they're getting some really impressive results with their approach to HIV testing and treatment. When you get tested, instead of just handing patients a referral slip when they get a positive result, they immediately schedule a doctor's appointment for that day or at the latest, the next day, then they provide transportation for the first five visits and if someone stops going, they come find them and have them come back to treatment.

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Now nationally, our linkage to care rate is just 77-percent, with CEG, it's up above 96-percent, which is a huge step forward [applause]. What we know we need to do is scale up proven practices that help close the gap between testing and treatment and we have to recognize that the healthcare system can't do it alone.

The key intervention that helps someone stay on their treatment might be substance abuse counseling to help deal with an addiction, it might be protection from an abusive partner; it might be an education campaign that helps reduce homophobia or promotes gender equality, so our goal has to be to do whatever is necessary to get and keep people in life-saving treatments.

Perhaps the most important principle in our national strategy is one we've been reminded of over and over again in our response to HIV/AIDS; none of us can do this alone. And that's why we're making a new effort to reach out to community-based organizations, to business leaders, to foundations, to NGOs, to faith organizations and others. And this evening, I'm proud to announce four new public/private collaborations that make it easier for Americans to get HIV gear.

First, we're launching a partnership with Walgreens to begin a three year trial exploring how pharmacies help their patients stay on medication. Second - [applause] and that's a good deal - second, we're working with Medscape, the leading

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provider of online continuing education for U.S. clinicians to create new training programs to help our healthcare providers better understand and address the needs of their patients with HIV. Third, we're announcing two partnerships with the MAC Aids fund.

A mobile texting pilot program called "You Care For Life" to help patients get important reminders and tips for managing their disease and a joint project with PEPFAR that will bring together international leaders to explore how lessons learned through PEPFAR can be applied back here in the United States [applause]. And finally we've joined together with the eight largest AIDS drug companies to create a single application form for AIDS medications offered through their patient assistance programs [applause] – long overdue, but on its way.

Now this application will make it easier for patients to get their life-saving drugs and all eight companies laboratories, Abbott Laboratories, Boehringer-Ingelheim, Bristol-Myers Squibb, Gilead, Genentech, Johnson and Johnson, Merck, and Viva have agreed to begin accepting the forms starting September 1st [applause]. Now I want to thank all of these partners for stepping up. We're going to continue to seek out new public/private collaborations that will help us beat this disease.

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The unifying principle behind these efforts at home and abroad is that they're guided by science and evidence. I'm so proud of the leading role that America's national institutes of health have played in the research breakthroughs that have brought us within the sight of an AIDS-free generation [applause]. Earlier this week, we took another step forward with the approval of Truvada, the first drug shown to reduce the risk of HIV infection in uninfected individuals at high risk. The first time.

So in the days ahead, you'll hear about the promising next steps in other areas, from the basic science to microbicides for women, to voluntary male circumcision, to improve therapies, to potential vaccines for HIV and TB and to the ultimate goal of a cure. Science is the reason this conference got started and it remains the driving force behind our efforts to combat this disease.

In the weeks leading up to this conference, to AIDS 2012, I've been viewing and thinking about the AIDS quilt, which is now being displayed at this conference and locations across the city. Some of those 48,000 panels hang on the first floor of the building where I work. The panels are personal, covered with photos, family jokes, love letters, prayers and doodles from the careful cursive of mourning parents and partners, to the crooked block letters of children too young to fully know what they've lost. Many of those individuals

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memorialized designed their own quilt pieces as one of their final acts before succumbing to a disease that was, at one time, a certain death sentence.

If we were to gather all those people together and tell them about all the progress that we've made in the last two decades, about the scientific breakthroughs, about the millions now on treatment, about the people that can now live long productive lives with HIV, I think they would say, you done a good job, but then I think they'd immediately say, how can we have effective care and treatment but still have millions of people living with HIV who go without it?

They'd ask how we could have done so much, more understanding and prevention and still have millions of new infections every year and they'd ask what we're doing to make sure that HIV is no longer a death sentence for anyone anywhere in this world. For anyone [applause]. I think they'd say that's great that you've set a goal for an AIDS-free generation, now you must hurry up. And that's what brings us together for this important dialogue this week.

This is a chance for each of us to arm ourselves with the latest science, to trade best practices, to learn from one another and then go back to our communities and our countries with renewed energy and a determination to finish the job. So again, on behalf of the United States, we are proud to be your

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host for the 19th International AIDS Conference and we're honored to be your partners in this most important work. T

Thank you and good night. [Applause].

DIANE HAVLIR: Ladies and gentlemen, this concludes our opening session, have a good evening. [Music].

[END RECORDING]

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