Closing Session
Kaiser Family Foundation
July 23, 2010

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[START RECORDING]

MALE SPEAKER: Dear conference participants and delegates. We are from the Quilt Factory and we are here to present the AIDS 2010 Memorial Quilt which was created this week in the Global Village. We are very proud that so many of you joined our projects.

More panels were made this week than we ever expected. Only a quarter of them are on display here. But finally, we count 124 panels. Thank you so much for creating such impressive panels with the names of those who have lost their lives to HIV/AIDS. [Applause]

Thank you for your empathy and your creativity. Looking at your wonderful artwork on the panels we feel your love for those who have lost and somehow they are among us now. Sometimes the little things we do are the most important. Thanks for keeping the memory alive and take care of yourselves. [Applause]

MALE SPEAKER 2: There should be no retreat from AIDS, we fully agree.

FEMALE SPEAKER: We agree. [Applause]

MALE SPEAKER 2: Over the last year the same leaders had absolutely no problem finding money on a moment's notice to bail out their corporate friends, the greedy Wall Street bankers and yet — [Applause]
MALE SPEAKER 2: — and yet when it comes to global health the purse is always empty. We will be able, united, to reach main goals on this issue and we do not wait 10 years and not five years but we'll start tomorrow.

MALE SPEAKER 3: The Red Ribbon Award honors and celebrates 25 community-based organizations implementing successful and sustainable programs that reduce the spread and impact of AIDS. [Video Played]

MALE SPEAKER 4: Dear friends. Doom and gloom have been the order of the day as the global recession has spread a blanket of hardship over much of the world. Remarkably, a ray of hope and sunshine has come from an unexpected quarter: HIV/AIDS. There is no cure, yet.

There is no vaccine, yet. But treatment is available. HIV is treatable. It can be managed. Lives can be saved. Children need not be orphans. Parents can continue to provide for their families. The hopelessness of the past can be transformed into hope for the future.

At the end of this 18th World International Conference in beautiful Vienna, this is the message we will remember from AIDS 2010. For this transformation to become a reality it is not enough for treatment to be available. It must be accessible. Universal access was the goal of 2010.

We also know now that those on treatment have less HIV circulating in their systems and are less likely to pass it on.

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This is potential to lower rates of HIV transmission across the world. To deny treatment is to deny life itself. I commend those leaders who have recognized that denial of treatment is a denial of the human right to life.

Africa bears the brunt of the HIV burden. We need our leaders to make their resources count in the fight against HIV. The 5.5 million precious lives still in need of treatment of poor countries need help. The HIV issue is human rights issue. HIV prevention, treatment, care and support are a human rights priority, as much a challenge for leadership as it is for vulnerable communities.

But accessible treatment can overcome the stigma that has obsessed our communities far too long. Accessible treatment allows for improved health management. Not only of services to those infected with HIV but of all health services. There are great possibilities. Antiretroviral therapy is a tremendous breakthrough and we also know how to prevent HIV effectively with more and better prevention tools expected in the future.

Yet, at this moment of great promise, the international community has yet to live up to its commitment to fund fully universal access. Now is the time to invest resources into healthcare, into HIV research, into training and health management. Our leaders, especially in Africa, have a key role to play not only in mobilizing limited resources creatively but

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in influencing attitudes, laws and philosophies that are accepting of all those children. A healthy nation is a prosperous nation. God bless you. [Video Played]

**MALE SPEAKER 5:** We welcome you to the closing session of the 18th International AIDS Conference. We hope you have enjoyed many opportunities for dialogue and networking, to renew your commitment to the important work that you do each day. Please give a warm welcome to Dr. Brigitte Schmied, local conference co-chair of AIDS 2010. [Applause]

**BRIGITTE SCHMIED:** Good afternoon ladies and gentlemen. Sadly, this is the last session of the 18th International AIDS Conference. Over 19,300 people from 193 countries have participated in AIDS 2010 with many more joining in activities in the Global Village. Noteworthy, about 500 people from the Russian Federation participated in this conference and so the Russian Federation is on the top ten.

Together we attended 248 sessions, reviewed more than 10,000 abstracts and communicated with 12,325 of our closest friends on Facebook. When we look back on Vienna, what will we remember? First, I hope you will recall having a gorgeous stay in Vienna. We had a strong program, hot weather, but at times only weak air conditioning in the session rooms.

Still, it was an energetic conference based on our shared commitment to universal access to HIV prevention, treatment, care and support by 2015. We also leave Vienna with

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a new resolve to hold our political leaders accountable for the commitment they have made to universal access.

A key theme of the conference has been the critical importance of human rights in the response to AIDS. The memory of the human rights march with thousands of us along with Annie Lennox, calling for the basic dignity to live our lives safe and free of discrimination will remain with me as I'm sure it will with you too.

The AIDS 2000 conference in Durham, South Africa will always be remembered as the moment when the world realized that it is our collective responsibility to make sure the benefits of life-saving HIV treatments to everyone regardless of where we live.

The Vienna conference will be remembered as the dawn of a new era in South Africa reflected in the stirring remarks of Deputy President Motlanthe and Minister Motsoaledi. Together we also send a loud message that people who use drugs should not be criminalized, that they deserve access to treatment and proven prevention strategies.

We emphasized again how prevention is more than safer sex, that it also includes structural changes to reduce vulnerability. Michel Sidibé spoke of the necessity of a prevention revolution. While together in Vienna, we heard about the exciting results of the CAPRISA microbicides trial which is definitely a part of that revolution.

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Hopefully soon we will have a practical and effective HIV prevention tool that puts women in charge, independent of their partners. [Applause] It was a great conference filled with glorious sunshine. However, for many of us there was also a bit of looming shadow called Austria and the Global Fund. This cloud appears willing to disappear.

On this point I would like to report on the quite promising informal conversation I had yesterday. In this conversation I was told that AIDS 2010 has had an important impact on the Austrian government's understanding of the epidemic and its whole.

Based on the new insights gained this week, there are promising signs and some indications that Austria might make a new contribution in the future. [Applause] I know I speak on behalf of all Austrians here today when I say that we look forward to this development and are prepared to take whatever steps are needed to make this a reality.

I hope you all will leave here with as much hope as I have and that we can continue our work as scientists and educate to convert into reality the ideas we have developed and exchanged this week in Vienna.

At the end, I would like to thank AIDS 2010 secretariats for all of their hard work this week as well as the 770 volunteers who have helped to make this meeting such a success. [Applause] I would also like to thank Julio and the

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other members of the conference coordinating committee as well as the members of the scientific program committee, community program committee and leadership program committee. Many thanks also to all local partners and to the secretariat of [inaudible] AIDS Society.

Last but not least, I would like to thank my family for their support and understanding and thank you to all of you for attending the 18th International AIDS Conference. Have a safe trip home. Thank you and good-bye. [Applause]

MALE SPEAKER 5: Could Kelly Dosey [misspelled?] come to the front please? We have found your passport. On behalf of the conference co-organizers, we would like to welcome Ms. Patricia Perez, chair of the International Steering Committee of the International Community of Women Living with HIV/AIDS to the stage.

Patricia Perez, chair of the International Steering Committee of the International Community of Women Living with HIV/AIDS. [Applause]

PATRICIA PEREZ: [Speaking in a foreign language]

FEMALE SPEAKER 2: Good afternoon everyone. I'd like to thank the presence of everyone here. I know that these past few days have been complex and difficult. And from the International Community of Women Living with HIV/AIDS would like to share some reflections, make some comments.
This conference has highlighted advances in connection with microbicides and the relevance of treatment as prevention. Likewise, it has diagnosed failures that were already identified in previous conferences. Throughout this week in beautiful Vienna, the lack of resources allocated to the AIDS sector has been evidenced.

The global crisis has increasingly reduced the budgets for health. On this same stage during the opening session, we heard the voices of social leaders demanding urgent responses to fund this sector. So, where can we find money to stop the epidemic? From ICW, we want to share ideas.

Let's look for money to stop the epidemic among the resources that nations allocate to buying weapons. [Applause] For instance, $60 billion will be wasted, wrongly spent, in armaments in Latin America by the end of the year according to what Óscar Arias, former president of Costa Rica, told us when we asked him to join our global campaign, More Peace Less AIDS.

If governments did not mobilize their troops for war training, they would save about 1.4 percent of their budgets. These are two of the many examples that we can provide if we want to broaden our outlook and contribute to a more efficient global social response. This is what our global campaign More Peace Less AIDS aims at.

But what do we mean when we refer to peace in the AIDS sector? We need peace in our homes to prevent domestic 

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violence. We need peace in our communities to prevent stigmatization and discrimination in our neighborhoods.

We need peace in the world to prevent occupying armies from raping our women, girls and teenagers as it has happened in Asia and Africa. [Applause] Therefore, we believe that the more peace there is, the greater the opportunity, the more effective it would be to stop AIDS.

Finally, besides thanking the IAS for its effort and for more populations to be present, we encourage everyone to join us and for the next conference we hope that we are able to improve alternatives for the participation of sexual diverse populations, better alternatives for women with disabilities for migrating women, indigenous women, drug users, sexual workers, women in prison [Applause] and to add the participation of girls, teenagers and young women living with HIV so that they can accompany us with ICW global [inaudible] nothing for us without us. Thank you. [Applause]

MALE SPEAKER 5: We now welcome Ms. Rachel Ong, Chair of the Global Network of People Living with HIV, GNP Plus.

RACHEL ONG: [Speaking in Balkan] That's Balkan and how are you in the language from my region. On Tuesday for the human rights march, my colleagues designed placards, wrote the slogan I'm HIV positive, so what? Your rights equal my rights.

This international AIDS conference has proved to be a historical moment for AIDS activists, key effective populations

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and people living with HIV. Human rights have been intrinsic in many of the sessions and emphasized as an imperative foundation for interventions.

For people living with HIV, this conference has had an enormous impact as we have debated the social, political, jurisprudential nightmare that had been created over the years. These are deeply rooted in uninformed discriminations and prejudices experienced unphased by those most vulnerable and marginalized.

We need to turn this talk into action. As a community of people living with HIV, we encounter similar situations and prejudices. But it is wrong to assume that we are a homogenous group. Firstly, we have heard about the rights of young people living with HIV yet we often lump their issues within the broader community and ignore their specific needs and rights.

We must address issues of disclosure, consent and pediatric treatment for young people living with HIV. This includes the specific needs in relation to sexual and reproductive health and rights, assessing health care services and the transition from adolescence to adulthood as a person living with HIV.

Secondly, sex workers, including those living with HIV, are still being arrested and jailed even where there are no laws criminalizing the sale of sex. For sex workers, decriminalization is necessary but will not be sufficient to
address discrimination and rights. Compulsory rehabilitation must end, so must raid and rescues. It's time we accepted that sex work is work. [Applause]

Thirdly, harm reduction must be scaled up and accepted by governments across the globe and especially in eastern Europe and central Asia as an effective and evidence-based strategy to improve the health, dignity and rights of drug users. Substitution therapy, needle and syringe exchange and safe injection messages must be made available in all countries to reduce drug-related harm and the spread of HIV and hepatitis C. Harm reduction does work. [Applause]

Lastly, the rights of gay people. Men who have sex with men and transgenders must be recognized and respected. Many countries continue to criminalize these communities leaving them particularly vulnerable to HIV. We must focus our energies and efforts on advocating for social, cultural and political change, especially in countries that equate these social identities with homicide.

Despite the recent lifting of travel bans in the U.S. [applause], China and Namibia, 51 countries still impose some form of restriction on the entry, stay and residence of people living with HIV.

Horrifyingly, there are still 22 countries that deport individuals once the HIV positive status is discovered and these restrictions need solutions for change [applause]. Thus

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is it a great step forward for the U.S. to have lifted their travel restrictions for people living with HIV this year [applause].

However, for the AIDS 2012 conference in Washington, D.C. to be truly representative and effective, we must ensure that individuals from key affected populations are granted the right to enter the U.S. [applause].

GNP Plus on the CCC is very concerned about the current policies that will affect sex workers, people with criminal records, drug users and anyone that could be denied entry. For AIDS 2012, GNP pledges to support the process to repeal immigration laws that target sex workers and drug users as well as any others that are prevented entry due to so-called moral reasons [applause].

For the reasons above, it is imperative that the International AIDS Society works with the U.S. government to ensure that the representation at AIDS 2012 is credible and that people are not denied their right to participate because of visa and entry issues.

Almost 30 years on in the response, we finally have a chance to collectively address the changes necessary to reverse the negative impacts of unsound structural approaches in the response to testing, prevention, treatment, care and support for people living with HIV and key populations.
This is positive health, dignity and prevention which is supporting people living with HIV and affect communities that lead in the HIV response and to ensure that policies and programs are granted and are realities. These programs will not be in place if donor countries do not and cannot honor their commitments. Those commitments must not be linked to moralistic policies that jeopardize the rights of sex workers, drug users, men who have sex with men, transgender people, migrant workers and people living with HIV.

We must match dollars to sense and when I mean sense, I mean s-e-n-s-e so that we can finally and equally match needs to rights. The Global Fund is going through its third voluntary replenishment this year. It is increasingly apparent that we are facing discontinued services, programs and access to life saving commodities especially for treatment due to the lack of available financial resources to maintain and scale up our responses.

This has implications on many middle and upper middle income countries with concentrated epidemics in assessing funding to target interventions for the key affected populations. Nonetheless, the Global Fund must remain global to achieve the health related NDGs and universal access to fill the gaps at country level so that we do not regress in terms of the achievements we have gained so far in the response to AIDS, TB and malaria.

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Lastly, I just want to share something that a couple of my friends and I were talking about last night. We concluded that reaching the lounge which is upstairs for positive people can be compared to reaching universal access. It’s too far and we have a long way to go [applause] especially you’re coming from the Global Village. It’s one metro stop away.

At the same time, 2010 is a year not to forget. The universal access goals still need to be met, but realistically where are we and what next [applause]?

BRIGITTE SCHMIED: Please join us in welcoming Dr. Julio Montaner, Conference Chair of the 18th International AIDS Conference and IAS President [applause].

JULIO MONTANER: Thank you and thank you Brigitte for your kind words of introduction. We’re coming to the end of a week that I believe can and will change the course of the epidemic. We have heard this week about significant advances in the field of HIV and AIDS. I am particularly pleased with the very promising results of first proof of concept of a vagina microbicide. This opens the door for a completely new synergistic tool in the HIV prevention.

More importantly, this approach has the potential to go a long way towards empowering women and girls in the years ahead. We have also seen very compelling data regarding the secondary preventive value of antiretroviral therapy. Expanding hard coverage among individuals meeting the

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eligibility criteria recently proposed by WHO will save millions of lives. Equally important it will save millions of new infections.

Treatment as prevention is a true game changer. As MSF likes to say it will bend all the curves. Further, expanding hard coverage will have multiple other benefits including decreasing tuberculosis, decreasing the number of orphans, preserving and strengthening healthcare systems among others. As such, universal access is the fundamental building block for maternal and child health. Let me say this once more, there cannot be maternal and child health without universal access [applause].

In fact universal access is a prerequisite to deliver each and all of the MDG millennium development goals. Without universal access, we will have no MDGs. I am particularly thrilled that at this meeting Michel Sidibe, the Executive Director of UN AIDS launched the Prevention Revolution and Treatment 2.0 which incorporates the notion that treatment is prevention.

Dear friends, I urge to rally behind Michel as he fights to secure the much needed support for this bold and ambitious initiative. Throughout this meeting, hundreds of presentations have also brought forward the word of thousands of researchers and front line workers, doctors, nurses, community care givers, counselors, policy makers and funders.
who have dedicated their lives to the AIDS response. We thank you for your courage, your commitment and enthusiasm.

This was really contagious and gave Vienna 2010 a unique atmosphere that will live in our memory for a long time. None of the words reported here could have happened without the support, encouragement and at times the not too subtle pressure of tens of thousands of people living with and at risk for HIV and AIDS. People living with and at risk for HIV are at the center of everything we do. They are our compass, they are our motivation. With them we will eventually defeat this virus.

I also want to acknowledge the fantastic contribution that the Conference had on the part on the Global Village. This was one of the most vibrant experiences in Vienna 2010. It was impressive to see for example the Eastern European policy makers engaging in open and frank discussions with IDU community activists. Let’s hope that this is only the beginning of a new trend.

As Vienna 2010 comes to a close, I want to thank you in particular the people who have made this conference a success and we will help ensure that millions of people around the world can also receive and use the information that we share.

These include the parent committees and working groups, our sponsors, our donors, our conference partners, the conference center and all the suppliers, the Conference Secretary in Geneva and Vienna, all the speakers, chairs,
 moderators and reporters and of course a special and very heartfelt thanks to the yellow sea of volunteers who made everything so incredibly effective [applause].

People living with HIV and drug users have used this conference as an important opportunity to reach out to decision makers. They have made their voices heard. Now we must act to make sure that action follows that voice. I want to offer a special thanks to the neighbors of persons living with HIV and AIDS and drug users groups from the Eastern European community who have seized the opportunity of this conference to engage with policy makers, scientists and activists from all over the world to draw attention to what is happening in their region.

Now we must all continue the work by exposing both the criminalization of injecting drug users in many countries and the abuse of the scientific evidence by governments such as Russia which after more than two decades of epidemic still continues to deny IDUs access to treatment such as methadone. This is simply not acceptable [applause].

A decade ago, 100,000 people were living with HIV in Eastern Europe. Today that number is one million. Most have contracted HIV through drug use. It is painfully obvious that current policies are not working and it must be changed urgently. This borders with criminal negligence.

I want to acknowledge all of those who have signed and who intend to sign the Vienna Declaration calling for the end

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of the war on drugs and decriminalization of drug use. The broad support for the Vienna Declaration from across the AIDS movement and the scientific community at this conference sends a strong signal to policy makers regarding the importance of drug policy reform in the fight against HIV and AIDS.

Thanks to the First Lady of Georgia in particular who signed the Declaration. I now want to urge her to shine the light of the Vienna Declaration on the region and become our enthusiastic ambassador to Eastern Europe [applause]. I will carry your voices with me when I deliver the Vienna Declaration with all of these many thousands of signatures to the Secretary General of the United Nations Ban Ki-moon who by the way has already stated that he supports the criminalization of drug users.

We trust the Secretary General will use the Vienna Declaration to encourage the entire United Nations system to follow through on its ethical obligation to pursue evidence based approached to address the intersecting epidemics of drug addiction and HIV/AIDS.

To men who have sex with men and all the LGBT communities who face daily stigma and violation to life, I thank you for your bravery and determination to be heard.

At this conference, we have seen the first stage of spectacular evidence that we cannot defeat this epidemic
without targeted strategies to address the needs of MSMs in any and all programs.

Similar evidence was clearly highlighted in the special NIDA [misspelled?] earlier today and the Lancet session related to HIV and IDUs. At the end of the day, we need to address the communities at risk and infected if we are going to address the epidemic effectively.

For the millions of women and girls living with and at risk for HIV, we must continue to prioritize the access to treatment, the female focus prevention tools and the human rights protection that will be essential to conquer the epidemic. We must make a similar commitment for the infected and affected children and we must commit to do everything in our power to ensure that this is the last generation impacted by this disease.

I want to acknowledge the efforts of the United States which has been a steadfast partner in the fight against HIV and AIDS. The country’s monetary and scientific contribution to the cause have been remarkable. President Obama, your leadership in changing policies that infringe on human rights including [inaudible] problem immigration and the recent federal funding for needle exchanges were long overdue, but they are still most welcome.

Now we ask you to do more to support marginalized groups that have been hard hit by HIV and AIDS including sex

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trade workers and recommit to full funding the universal access [applause]. The U.S. has the power to literally change the course of the epidemic. Now is the time to reprioritize the universal access commitment and recommit to an agenda that places health as the number one priority [applause].

As we begin to plan for Washington 2012, we must also recognize that indigenous peoples around the world including first nations in Canada have been a disproportional and intolerable than from HIV and AIDS. We have an urgent moral and ethical obligation to address the inequities faced by indigenous people.

Today we stand with indigenous people in demanding that our governments commit to resolving issues of discrimination, cultural disruption and systemic poverty that led to the spread of HIV in the indigenous communities [applause]. Philanthropists and global advocates such as Bill Clinton and Bill Gates have made enormous differences in the global AIDS response and we are deeply grateful for the participation here and their work every day of the year to help stop HIV and AIDS.

Leaders such as Nelson Mandela and Desmond Tutu who could not be here in person have loaned their names, their spirit and their moral authority toward costs. Gordon Campbell, the leader of home province British Columbia has invested deeply in helping us develop and prove the concept Treatment as Prevention and he deserves our appreciation.

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France’s First Lady, Carla Bruni Sarkozy, has come out as a strong supporter of Treatment as Prevention and the need to come through on the promise of universal access. We ask her to ensure that her husband, the President of France, becomes a forceful advocate for that position when France hosts the next year.

We’re eternally grateful for the leadership of the political philanthropic and spiritual leaders which has helped to transform the AIDS response, but where are the others? Are these the only political, spiritual and philanthropic leaders in the world? All world leaders should be here, all should be expressing their solidarity with our case and fighting to stop AIDS [applause].

We are grateful to the people of Austria for having worked on this. President Fisher spoke eloquently and emotionally at the opening ceremony. Mr. President, we thank you for that. Now please show us the money [applause]. Austria should fund the Fund [applause] and then we want you to join us in calling for the rest of your international colleagues to fully fund the Global Fund [applause].

I also would like to have a special word of recognition to the Prime Minister of Canada, Mr. Stephen Harper, the Chair of this year’s G8 and G20 and also to his Health Minister, Ms. Leona Aglukkaq for demonstrating yet again their incredible ability to take credit where none is due [applause].

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I am ashamed to say that the government of Canada has punched well below its weight in funding universal access and supporting those affected by HIV and AIDS in Canada and around the world. Progress almost always produces resistance. As we leave here confident that this epidemic can be controlled and can be defeated with human evidence, informed human rights and to responses, we must also prepare ourselves for the inevitable cry from the international governments.

We face a crisis of resources they will tell us. There is not enough money to do the right things. If we had the money, we would do it. That is simply not true. The challenge is not finding the money, but the challenge is to find the priorities [applause].

When there is a world street emergency or an oil spill, billions upon billions of dollars are quickly mobilized, but when there is a need for a rapid response to the global health crisis of HIV and AIDS, people’s health deserves a similar response and yet we cannot find it [applause].

As we say farewell to each other and pack our bags to leave Vienna, we must remember that another seven thousand people will become infected today as they did yesterday and they will do tomorrow. So let us go back home and pick up where we left, but with the other knowledge and enthusiasm and the energy that we gained this week.
This epidemic is our life work. Let’s be sure that we stop this epidemic now. Thank you [applause]. Thank you [applause]. It is my pleasure now to invite Elly Katabira, incoming President of the International AIDS Society to join me at the podium.

As you know Elly is a professor of medicine at Makerere University. He’s a long time pioneer in the fight and struggle against HIV and AIDS, an academic of highest reputation but above all a fighter [applause]. It is our pleasure today to start a new tradition at the International AIDS Society which is the inaugural IAS Presidential Award.

This is presented for the first time during AIDS 2010. It aims to recognize the achievements of an individual who demonstrates a long history of leadership and excellence as a pioneer or advocate at the forefront of the response to HIV and AIDS. The award highlights and individual’s contribution, the results and increased knowledge, skills, creative solutions or evidence based policies and programs to enhance the global response to AIDS.

It is my immense pleasure to invite Ambassador Goosby and award winner, Dr. Jack Whitescarver to the front. The International AIDS Society honors Dr. Jack Whitescarver, Associate Director for AIDS Research with the National Institute of Health and Director of the NIH Office of AIDS Research for his truly outstanding commitment to the global
fight against HIV and his pioneering work in this field. Let me ask Elly Katabira to read you a few words about Dr. Jack Whitescarver CV. Elly [applause].

ELLY KATABIRA: Thank you Julio. Dr. Jack Whitescarver serves as both the NIH Associate Director of AIDS Research and as a Director of the Office of AIDS Research. He received his doctorate degree in the medical microbiology in 1974 from the University of Medicine and Dentistry of New Jersey following which he pursued his post-doctoral research at the Harvard School of Public Health.

In 1977, Dr. Whitescarver completed a NIH grant sponsorship program and became the Special Assistant to the Director of the National Institute of Allergy and Infectious Diseases. It was during this tenure, that Dr. Whitescarver’s first reported on NIAD on the possibility of the emergence of a new infectious disease now known as AIDS and he headed up the initial federal response for research on AIDS.

In 1988, Dr. Whitescarver was recruited as the Director over the newly established Office of AIDS Research at the NIH. He served as an acting director of the OARA [misspelled?] from October 2000 until June 2002 when he was named as its permanent Director. During his tenure he has learned visionary domestic and international research and the training initiatives to meet the ever changing challenges of the epidemic [applause].

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JACK WHITESCARVER:  Thanks to both our Presidents for that very nice introduction.  When they announced my name, I said well that must be me and that’s why I’m on this stage [laughter].  I am truly honored and indeed humbled and extremely grateful to the International AIDS Society for this very kind award.

I’ve never been someone who sought attention for work. For me, work is its own reward and a deep personal commitment, but I must admit that this award is very touching and meaningful to me. Over the years, I’ve had the opportunity to work with a number of native American tribes. They taught me amongst of many of their traditions, their belief in medicine wheels.

A medicine wheel is actually a symbol for cycle of life that is forever evolving and bringing new lessons and truths. The circle is never ending. For me and this award, it represents several parts of my life that have now come full circle.

It was nearly 30 years ago at an infectious disease meeting here in Vienna that I first met Peter Piot and he shared with me his concern about patients he was caring for in the Congo who exhibited signs of what we now as AIDS and in fact this was the first of the NIH international collaborations in HIV research and so now I return to Vienna to witness how
far we’ve come in all these years and that completes one of the circles.

In 1985, I was working at Emery University Medical School and helped to plan the first International AIDS Conference in Atlanta. That was before the founding of the IAS. I’m very proud to be standing on this stage for the official announcement that the next IAS conference will once again finally be held in the United States in 2012 in the nation’s Capitol with the full support of the White House and the United States government. Another circle completed.

Some of you may know that not long ago, I suffered a heart attack while on an airplane returning to the United States from trip to India. Thanks to an absolutely terrific pilot, an on board Hungarian cardiologist and a lot of luck, I’m here today to receive this special award [applause].

For many people a heart attack might be a wakeup call and it’s time slow down and take it easy. For me, it’s had the opposite effect. Though a wakeup call, it was reminder that life is short, but that my work and our work is not done.

For the past 30 years, I’ve had the honor to devote my career to finding solutions to the AIDS pandemic. I’ve had the great privilege to serve with NIH directors and colleagues who have supported me in every way.

I’ve come to know hundreds of activists, patients, community workers who have inspired me and through it all I

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have worked with a dedicated and tireless staff who have stayed with me all the way, many of them for decades. They all share in this award.

Last year, you may recall that we in the United States lost of one of our greatest supporters that and the Congress of Senator Edward Kennedy. I’m reminded of something he said that seems particularly appropriate at this time. He said, “the work begins anew. The hope rises again and the dream lives on.” I dream of the day when we will gather to host the very last International AIDS Conference. Thank you for this wonderful award and thank you to all of you for the work that you are doing to bring us closer to that day. Thank you [applause].

MALE SPEAKER: I would like to read a letter from The White House in Washington. I send greetings to those honoring Dr. Jack Whitescarver for his service as Director of the Office of AIDS Research at the National Institute of Health, NIH. Though we have made advances in HIV research, prevention and care, HIV/AIDS remains an epidemic in America and around the world.

I am determined to refocus public attention on this crisis. My Administration is committed to reducing the number of HIV infections and HIV related health disparities while also increasing access to and quality of care for patients.
Individuals like Dr. Jack Whitescarver have worked vigorously in pursuit of these goals and have transformed our understanding of HIV/AIDS and its effects on populations at most risk. Dr. Whitescarver’s leadership has helped NIH create and coordinate HIV treatment guidelines that remain the gold standard for providers. His efforts to mentor young researchers in the United States and abroad have laid the foundation for future generations to confront and conquer this pandemic.

As you reflect upon Dr. Whitescarver’s career, I hope you are reminded of what we can accomplish when joined in common purpose. I wish you all the best and thank you for your dedication [applause].

**JULIO MONTANER:** I’m going to invite Elly Katabira, now the President of the International AIDS Society to give his inaugural address. Elly [applause].

**ELLY KATABIRA:** I want to start off by thanking you all who have stayed behind to witness this historic day and in particular I want to thank my African members of the International AIDS Society [applause]. You did elect me to join the governing council in the year 2000, another historical day. Then you also reelected me in 2004 to continue with what you called a good work.

Now I also want to thank the members of the governing council who did elect me in 2008 to become the President elect

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leading to my becoming the President of the International AIDS Society today. I thank you all [applause]. Like any typical deal of this type, when it was announced in 2008 that I was going to become the President elect, many people have asked me questions related to what I want to during my Presidency.

And many of those I never answered anything mainly because the right question was never asked. I wanted to be asked the question which would challenge me and that question would be what will you not to be wanted to be remembered at the Presidency. For those and particular for Maufy [misspelled?] the guy who loved football, you are way out past concluded wild card on the 11th of July. During that wild card in one quarter final there was a lot on stake for Africa.

Many of you remember that three minutes to the end of this extra time, Ghana representing Africa was awarded a penalty. For many of us who had been dreaming of a day when African would represented in the semifinals we stood up and put our hands in the air particularly when we saw as more urgent working to this part to score. We knew he was going to score because he had scored other important goals.

The rest is history and you know what happened [laughter] [applause]. That young man doesn’t want to be remembered by that action [laughter]. Similarly, I don’t want to be remembered as the President who took office and saw the decline of universal access to HIV care in Sub Saharan Africa.

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[applause]. When Pedro Can took over the office in 2006 in Toronto, it was at the end of the World Health Organization 3 x 5 campaign.

We were supposed to have had three million people in treatment by the end of 2005. It didn’t happen, but certainly there were more people in Africa who were put on treatment from 400 in 2003 to close to a million. When Julio took over in Mexico in 2008, we had actually done better. Our percentage had reached more than 35 and today as I take on it is close to 50-percent. We have about four million people in treatment even though about 10 million still need the treatment.

So I don’t want to be remembered as somebody who saw the decline of access to care. If you’d notice for the last 25 years I’ve been providing care to HIV infected people. In 1987 when I started an AIDS clinic, patients would sit in front of me and I would diagnose that they have AIDS because they had other classical signs and symptoms.

We had been able to do HIV testing so they would ask me, doctor what’s wrong with me and I would say with confidence that you’ve got AIDS. Then the patient would ask me, so doctor I’m going to die and I lower my voice, I say no, you are not going to die. But the patient would know that I’m not confident with my answer because of the blinking within eyes.

Over the years, similar questions have been asked and I’ve gained confidence in responding that you don’t need to die

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because there are interventions as long as you obey the regulations and the guidelines provided to you by your healthcare worker and that’s what I want to continue doing for the rest of my days but to do that [applause], is beyond my ability as a contributor. My ability as the President of the International AIDS Society, it depends a lot on you.

Many of you in this conference, everybody has talked about urging the donors to give us more. I’ll continue to do that. It’s not all about that. But I want to go beyond that. I know from experience that there is a lot more we can do with what we have today [applause]. For those who come Sub Saharan Africa, you are aware that in 1997 the heads of states of Africa, region member states of AFRO [misspelled?] committed themselves to provide at least 15-percent of their annual budget to healthcare.

Very few have done that. We also know that there is a lot we can do as our leaders in guiding the people who are taking care of patients to provide better care and use the resources we need. When I talk about leaders, many of you think of the leaders within the state houses. That is true. Those people are extremely important. They represent us wherever they go and we are the one who elected them.

But they are the leaders and many of you on this hall. I’ll tell you why I think you are as important as the leader in

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the state house. When I started taking care of HIV infected patients, there was very little in Uganda which I could use.

I knew there were no drugs, even the shortages we had at that time are still existing, but we’re able to run to start an AIDS clinic in '87, which by the year 2002 had more than 1,800 people attending. Today there are more of those.

How did I do it, when I didn't have all the funds and support I needed? I'm not sure, but I motivated everybody to being interested HIV care. I trained people, I talked to the church leaders, encouraged them to be more concerned about the pride of HIV infected people.

You can do the same. We also know that when we hear stories that patients, this happened in Uganda, that patients are being sent away because there are no drugs. I mean, not necessarily mean, but there are no drugs at that point. Because those drugs may soon be in the stores. Why? Because, they are not being able to move from Point A to Point B. That's where our leaderships come in.

Talk to your leaders and administers of who are relevant, Minister of Health, Minister of Finance, local government, and et cetera and take them to task and say, look how come my unit, in the village where I live, there are no drugs. And, then they will be able to explain the next time you ask them. That's what I'm asking you to do. I can do it alone. But with you, I'm sure, we will win.
Please, you are leaders, we are all leaders and we need quick action. [Applause] Thank you very much. [Applause]

From now, we will move to Washington D.C. By tradition, the President of the International Society is the International co-chair of that conference. But it is always the local co-chair and I would like to introduce to you know, our local co-chair who's is going to take care of us when you will go to Washington D.C. Dr. Diane Havlir. [Applause]

DIANE HAVLIR: Thank you very much Ally. I'm so looking forward to working with you and all of you for the next two years. I do first want to offer my sincere congratulations to Julio Montaner and Brigette Schmied for a magnificent conference here in Vienna. Truly a landmark in the AIDS epidemic. [Applause]

Here we saw developments such as Caprisha, debates on treatments and prevention, and the Vienna Declaration. We certainly have big shoes to fill in future meetings. But more importantly we have so much work to be done until we gather again in two years. And I ask you whether you're looking at your cell phone right now, whether your part of the youth movement, whether your carrying a camera we all need to work together and recruit more crusaders to carry on what we need to do in the AIDS epidemic.

It gives me such great pride to announce the 19th International AIDS Conference will be held in Washington D.C.

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The last conference in the U.S. was in 1990 in San Francisco, where I worked and lived for many years. The AIDS committee and I are excited to welcome you in the conference back to the United States, not just to share in the rich history of leadership and science on HIV and AIDS but also, as we learn best practices from our own colleagues from around the world.

As co-chair of AIDS 2010 we will carry forward the priorities established here in Vienna including a firm commitment to universal access. The prevention revolution as outlined by Michel Sidibe and a human rights agenda which includes all populations. [Applause]

No other fields unite such a diverse array of leaders across scientific and community and political fields on such a grand scale. We are proud and committed to work all of you in the coming years as we strive towards our common goal of understanding and mitigating the effects of, and ultimately, concurring HIV and AIDS.

The welcome and commitment, a very strong commitment to AIDS, comes from myself and the highest levels of the United States government. Now, I proud to introduce the following video messages from Secretary of State, Hillary Rodham Clinton and Barack Obama, President of the United States of America. [Video Played] [Applause]

Now, please join us in welcoming Waheedah Shabazz-El from the United States to the podium. [Applause] Ms. Shabazz-
El's a founding member of the U.S. Positive Women's Network, National Organizer for CHAMP, Community Advisory Board Chair for Penn Center for AIDS Research and a long-term member of ACT-UP Philadelphia.  [Applause]

WAHEEDAH SHABAZZ-EL: Thank you, I want to start by honoring the Creator for what has been created here and I'm truly humbled by this incredible opportunity and I want to thank the city of Vienna, acknowledge all of the dignitaries, my colleagues and friends.

This 18th International Conference has been a true testament to what we can accomplish when we share a mission. Even as we explore evidence or prevention, funding for universal excess and value of the early treatment for HIV and AIDS our mutual strategy is to press forward in our fight for human rights and it gives a devastating impact of HIV and AIDS.

Commonly, we aspire to live in a world free from stigma and discrimination irrespective of who we are, where we come from or what we believe in. This is a great challenge, but I strongly believe that we can get there through our collective power.

We have gathered here in order to take on the shared responsibility of delivering on our commitment to universal excess to prevention, treatment, care and support to all those who need it. We have examined both our successes and our failures and by doing so, we have strengthened each other.

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Collectively, we have reaffirmed that human rights and HIV prevention justice are the cornerstones of our universal response to HIV and AIDS.

Around the world we face systemic human rights violations. Global women and girls face daily struggles against violence, inequality, violations of sexual and reproductive rights such as forced sterilizations, criminalization of sex work and HIV transmission. Around the world, we can't deny that HIV travels the well-worn path of gender and equality.

But I envision the world where this inequality no longer exists. Where the human rights of women are consciously upheld. As your positive sister in this world I have witnessed inequality, discrimination, and injustice. Now, with you by my side, I am no longer alone and marginalized. As you stand here with me today, I can feel change and I say yes to human rights here right now. [Applause]

Moving forward. Can our lessons bring real victories? We must meaningfully involve women and girls living with HIV in all aspects of policy-making programs, development, implementation, and monitoring and we need properly resourced programs that address the realities of our lives. [Applause]

We must accurately capture data on the social and economic factors that lead to increased vulnerability and worse
health outcomes for women and girls in all our diversity including transgender women. [Applause]

We must end the criminalization and violation of the rights of women living with HIV, especially for those women behind bars, women who use drugs, and sex workers. [Applause] And we must support, respond and address inequality and violence against women in all regions, irrespective of the type of epidemic.

For all people, we have to ensure that communities are able to access HIV education, prevention, testing and counseling services that meet their needs and we must eliminate all funding for abstinence-only programs that fail young people by violating their rights to life-saving information. All people with HIV have the right to work, to have full and satisfying sexual lives, to bear children at excess high quality HIV care that meets their needs. [Applause]

Let us now look to the future, in two years we welcome you to our nation's capital in Washington D.C. Please understand that you will be coming to a country that is still very much a work-in-progress when it comes to addressing HIV and AIDS within our borders. [Applause]

We will require your support to end the AIDS crisis both inside and beyond our borders. No one person or country has all the answers. We all have much to learn. But, I'm proud, that for the first time, the United States has developed

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its own National Strategy, something our previous government felt was not a priority.

Another win, is that Congress has finally voted that Federal dollars can be used to support needle exchange programs. This is a vote for human rights, a vote for evidence-based protection and a powerful reminder that clean needles save lives.

Also, under the leadership of President Barack Obama, my country has finally lifted its outrageous travel ban on HIV positive people entering the country. [Applause] This makes it possible for the 19th International AIDS Conference to return to United States after a 23 year absence.

However, it disturbs me that two of the most vulnerable populations sex workers and drug users will not be allowed to legally enter the United States to participate in the International AIDS Conference 2012 in Washington D.C. We face many more difficulties in the United States, we witness more and more people being placed on waiting list for life saving ARVs, we have enormous wealth, but many people, including those with HIV are homeless.

One in four persons living with HIV in the United States is estimated to spend time behind bars each year. More than half of all African-American men who have sex with men are HIV positive and every nine and half minutes a person is infected with HIV, disproportionately, people of color and

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women. In fact, over 60-percent of all new infections
diagnosed in women are among women of color and primarily
African-American women.

In my country, infections through all modes of
transmission have increased and overall HIV prevalence in
Washington D.C. is higher than some countries with the severest
epidemics. Stigma is very much alive. The rights of people
with HIV are routinely violated and our religious leaders are
just beginning to understand their role in this epidemic.

Please understand that you will be coming to a country
that needs your assistance. Bearing in mind these challenges,
let us affirm our commitment to the work we must achieve during
the next two years, wherever we live.

When we reconvene in two years, we must be able to
declare that we stood by our commitments to reach universal
excess and kept HIV on the global agenda as a human rights
imperative. That we ensure that HIV remains amongst highest
funding priorities for our leaders, that we continue to educate
and support people with HIV to advocate for themselves and
their communities, that we create a spacious and programs at
decision-making tables for women and girls living with HIV.

And my sisters, we must be able to declare that we have
prepared ourselves to assume those roles. That we mentor young
people and supported their leadership and that we have provided
information about HIV and AIDS regardless of language or access

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to technology. We have our work cut out for us. Right now, as we end this conference, let us resolve to greet Washington D.C. without foreseen stress borne of the vials echoed here, right here, right now.

This fight is not over. It's just beginning and from Vienna's shores to Washington D.C. we will hold each other and our elected leaders to the obligations and their promises to fight HIV and AIDS around the world. [Applause]

On behalf of the United States Positive Women's Network, a local host partner for 2012, I welcome you to Washington D.C. in 2012. [Applause] Please let me thank Philadelphia Fight, CHAMP, the International Community of Women Woman living with HIV Global, United States Positive Women's Network, ACT-UP Philadelphia, Penn CFAR, the Conference Coordinating Committee invited me to speak here today, my family back at home and for each and every one of you who have travelled so far to attend this conference. I pray your travels home are safe and may peace be with you. [Applause]

Diane, could you come back to the podium? [Applause]

DIANE HAVLIR: Thank you for those wonderful words. And, now I'd like to, in looking forward to 2012, welcome a U.S. Delegation up to the stage. [Applause]

LARRY BRYANT: Good afternoon, my name is Larry Bryant and I'm a native Washingtonian, I am African-American, heterosexual, and HIV positive since 1986. My hometown of D.C.
has an extraordinary opportunity as host city for the next
International AIDS Conference. As a stage and back up of the
U.S. epidemic and its response, we have a unique and
challenging task to set a global standard. Before that can
happen, however, the District of Columbia, currently led by
Mayor Adrian Fenty has a severe mess of an epidemic to address.

If you have been to the Washington D.C. booth here in
Vienna in the exhibition hall, you have seen the images of
bright shiny faces in middle class D.C. strolling across the
National Mall. Those images are in sharp contrast to the D.C.
I know and call home.

Devistating poverty rising, living in survival cause
and underfunded, under resourced, and overwhelmed community-
based organizations have contributed to a HIV avalanche of
epidemic proportions. Three-percent of all of Washington D.C.s
residents or 20,000 individuals are HIV infected, 75-percent of
which are African-American. Severely reduced funding, has
either been cut or eliminated.

Prevention Education Care and Service Programs to
woman, young people, drug users and the mentally ill. Also,
over 700 D.C. residents living with AIDS are on waiting lists
for safe and supportive housing. How dare we in the Nation's
Capital, the capital of the free world, allow those most
marginalized and most in need to go without? What kind of an
e.example does that set for us and for all?  [Applause]
Mayor Fenti and our city's leaders must do better. Mayor Fenti, if you do not implement a comprehensive plan to end D.C.'s HIV epidemic, at the 2012 International AIDS Conference we will shame you. [Applause]

I am also proud to represent the United States which has one of planet's most diverse populations. Where our tapestry woven through over 200 years of perseverance, passion and persistence. Yet, despite our history, or maybe, because of it, we allow social justice to drive painful wedges between us. Racism and homophobia, particularly in the south are almost an acceptable and encouraged norm.

Sexual violence, violence against woman and transgendered individuals goes unseen and non-heard. Inequities in education, criminalization, and access leads to disparities in health, resources and hope. These deficits must be meaningfully addressed if we are truly to end this epidemic. [Applause]

The Obama HIV and AIDS National strategy must be more ambitious. Right now, over 2500 individuals wait for lifesaving or life-extending medications across the country that they cannot afford. At this rate, many will die, even before the National AIDS Strategy is even implemented. We must fully fund and end AIDS waiting list once and for all.

We must also implement a plan to improve access to quality care, particularly in a rural communities. President

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Obama, if you do not truly set ambitious goals for your National AIDS strategy, we will shame you at the 2012 International AIDS Conference in Washington D.C., in your backyard.

We as a community have much to do to prepare for the conference in D.C. and certainly delivering accountability and I'm looking forward to that chance. Thank you. [Applause]

DIANE HAVLIR: Thank you, we're certainly behind you and to be in solidarity for access and care for all and we look forward to seeing the progress in Washington D.C., which I know we are all determined to deliver.

Now, I'd like to thank our Austrian host for the wonderful meeting they have allowed all of us to participate in and come up to the podium as we go through the ceremonial changing of the IAS Globe. [Applause] We're taking it together, hold it, yes. [interposing].

MALE SPEAKER: Now, it's yours.

DIANE HAVLIR: So, thank you and we will see you in D.C. [Video Played]

[END RECORDING]