

## **GLOBAL AIDS ALLIANCE MEDIA BRIEFING:**

### **Christian Perspectives in the Debate on US Global AIDS Policy**

**Moderator: Paul Zeitz  
February 25, 2008**

#### **Guest Speakers:**

- Dr. Anthony Padovano. Dr. Padovano holds doctorates and professorships in theology and literature and is the author of twenty-eight books. He is a founding member and a distinguished professor of literature and philosophy at Ramapo College of New Jersey, and has served, since 1986, as pastor of The Inclusive Community where Catholics and Protestants worship together.
- Reverend Mpho Tutu. She is the Executive Director of the Tutu Institute for Prayer & Pilgrimage and is Chairperson of the Board of the Global AIDS Alliance, continuing a spiritual journey inspired by the Holy Spirit and her father, Archbishop Desmond Tutu.
- Adam Taylor serves as the Senior Political Director at Sojourners, a 34-year old Christian organization that integrates spiritual renewal with social justice.
- Dr. Helene Gayle, President and CEO of CARE USA. She received her M.D. from the University of Pennsylvania. Her career at the CDC spanned 20 years. On assignment from CDC, Dr. Gayle served as the AIDS Coordinator and Chief of the HIV/AIDS Division for the US Agency for International Development (USAID).

Operator: Good day, ladies and gentlemen. Welcome to today's Global AIDS Alliance press conference. At this time, I would like to turn the conference over to Dr. Paul Zeitz. Please go ahead.

[Note: due to line interference, Dr. Zeitz' line cut in and out and there are gaps in the recording.]

Dr. Paul Zeitz: Good afternoon, everyone. This is Dr. Paul Zeitz. I'm the executive director of the Global AIDS Alliance calling you from Addis Ababa, Ethiopia, where I'm attending a consultation of 10 African countries that are preparing large-scale proposals for funding to the Global Fund to Fight AIDS, TB and Malaria in their effort to ramp up their effort to win the battle against HIV/AIDS, TB and malaria.

So on Wednesday, February 27th, the U.S. House of Representatives will begin formal consideration of a law that will set U.S. policy on AIDS, TB and malaria over the next five years. This bill is being held up by Congresswoman Ros-Lehtinen from Florida directly, because she has not been willing to negotiate with the majority on a bill that could be passed by the House of Representatives. She claims to be a supporter of women's rights, but her version of the bill strips

out important policies that would help women, and it also cuts out programs – flat fund programs for children, even though the number of children being orphaned by AIDS continues to grow.

This would also have an impact on devastating reductions to the U.S. government initiative in the Caribbean and Haiti, where both the president's initiative and the global fund program is supporting efforts there. And we have heard some parts of the White House are egging the pro-life groups on to oppose the Lantos-Berman bill. We find these actions unconscionable, and we think it's essential that a bipartisan bill be negotiated so that the fight against AIDS can continue and be scaled up according to what is needed on the ground and in effect the country's.

Our speakers today will clarify these myths and address why Christians actually support the approach being put forward by Representative Lantos just before his death, and now, that is being continued on by Representative Berman.

Dr. Paul Zeitz: OK. So, we're joined today – I'm going to introduce the four speakers, and then I'm going to give you a brief introduction to them and then have them give their opening comments.

We're first joined by Dr. Helene Gayle, the president and CEO of CARE U.S.A. She received her medical degree from the University of Pennsylvania. Her career at the CDC spanned 20 years, where she served as the AIDS coordinator and chief of the HIV/AIDS division of the U.S. agency for International Development as one of her ...

We're also joined by Dr. Anthony Padovano, who holds a doctorate and – doctorates and professorships in theology and literature, and is the author of 28 books. He is the founding member and distinguished professor of literature in philosophy at Ramapo College of New Jersey and has served since 1986 as a pastor of the inclusive community where Catholics and Protestants worship together.

Finally, we're going to be joined by Mr. Adam Taylor, who is the senior political director at Sojourners, a 34-year-old Christian organization that integrates spiritual renewal with social justice.

So, if I could ask Helene – Dr. Helene Gayle to start off with some opening comments.

Helene Gayle: Thanks, Paul, and I'm really honored to be part of this call and joined by the other distinguished speakers on this call. And I'll just make a few comments from our perspective as an organization that has been an implementer through the PEPFAR program at over 40 countries helping to, you know, fight and work on the effort to fight HIV globally.

First and foremost, I would like to acknowledge that, you know, we strongly support PEPFAR and feel that it's done an incredible, positive thing and that that U.S. needs to get credit for it and be seen for taking the leadership role that it has. Nearly 1.5 million people owe their lives today because of medicines that had been funded through PEPFAR. Many millions more, including orphans and other vulnerable children and people at risk of infection have avoided becoming HIV infected through PEPFAR's prevention program.

So, you know, there's a lot that has been accomplished, and there's also a lot at stake. And that's why we take it so seriously. Also, I would like to just mention the U.S. has had – I think as a result of PEPFAR, has really been able to demonstrate its leadership in this area, but also to be seen as a – as a country that is compassionate – and it does really care about people around the globe.

In order to help vulnerable people avoid HIV infection and cope with it, however, we feel that the U.S. has to pass strong legislation in this reauthorization, and we fill that the bill that's being offered by Chairman Howard Berman currently – that's currently under debate is the way to really move this forward. So what does this mean in practical terms?

Some have made deeply unfair statements about the House bill as you mentioned, and I'd like to just talk about a few things that I think help to set the record straight. First of all, eliminating the abstinence until marriage earmark is the right thing to do. As an implementing agency that provides a range of prevention services in the field, I can tell you that the AB restrictions make it harder for CARE and other NGOs to help people in difficult circumstances.

Just to cite one example, a married woman who is faithful to her husband becomes HIV positive because her husband isn't faithful to her. So, in a situation like this, giving her abstinence with faithfulness counsel isn't just a disservice. It's actually medically inappropriate. And so, the AB prevention efforts don't respond to the circumstances, particularly of women who are increasingly being infected by this epidemic.

So, the point isn't to eliminate abstinence or being faithful as some people have said would happen if this earmark is taken away. But it's rather that we need more prevention services. We have to go beyond AB and C to help people to stay healthy and avoid infection. So, the AB restriction actually imposes barriers where public health tells us that we have to be flexible.

The Berman bill retains support for abstinence and fidelity, which we all believe is an important part of prevention, but it also looks at this and looks at the prevention – the comprehensive aspects of a prevention program and allows us to not impose a prescriptive approach to countries, but allows countries to develop an approach that is relevant to their needs. So that's the first point.

The second point is that some have argued that the bill is much – gives much too much weight to reproductive health and family planning. As a physician and the head of a major PEPFAR implementing agency, I think, again, this argument is simply wrong. HIV is primarily a sexually transmitted infection, and contraception – use of condoms – is a highly effective prevention tool. Strengthening integration between HIV programming and family planning will improve the quality of care and prevention of HIV among women and children.

The bill that Chairman Berman has drafted will allow but not require PEPFAR assistance to coordinate and integrate contraceptive services with HIV prevention care and treatment. In addition, the bill will maximize capacity of health care and family planning providers to prevent HIV, so having a much more integrative approach. And in my view, effective coordination between HIV programming and family planning is best practiced for medicine and for public health.

I'll just stop there. Those are the two points that I wanted to particularly highlight and to try to set the record straight on and will turn it over to the other speakers. And again, thank you for inviting me and having me part of this call today.

Dr. Paul Zeitz: Dr. Padovano?

Anthony Padovano: Yes, three quick points I'd like to make from Catholic theology because I think the Catholic theological position is – tends to be contrary here. The first of the three things to clarify is that family planning is permissible for Catholics and is allowed, and is even encouraged at times ...

((inaudible)) intent is dealt with in terms of responsible parenthood, rhythm or abstinence, than this is permissible. Therefore, if the language of family planning remains in the bill, there is no reason, theologically and even doctrinally, why the Catholic Church would object to this.

The second point is the issue becomes neuralgic when you're dealing with artificial means of family planning. But even here, this is clearly Catholic teaching which says that whenever you are dealing with Papal teaching that is not infallible, which the artificial contraception issue is not,

then if the Church at large has in it admirable people. Ninety percent of Catholics in the United States disagree with the Pope's position, and theologians of prominence, which is the vast majority of them, who do not agree with the Pope.

That's a sufficient basis for conscience to override any Papal decision. The American bishops officially went on record with a long letter in 1968 – which as a matter of fact, I wrote for them – and it says in it that conscience can always prevail against the Pope. If there is strong contrary evidence and serious thought as one registers this conscience dissent and the figures I gave a moment ago in terms of percentages are the bases for that conscience dissent to be legitimized.

The third and last point I'd make is that it's clear that a comprehensive approach, the ABC – abstinence, be faithful, and condoms – is the best way to go. The bill therefore, I would say as a Catholic theologian, should not eliminate family planning, which is allowable for Catholics. However you're going to interpret it, the bill does not interpret it further.

And there is no need to restore a specific amount for abstinence, and behavior will change because in any case, the workers in the field are the ones who need to find the ways, not the prior bill, to allow this comprehensive approach to work. If a worker relies too much on condoms, you've got one extreme. If a worker relies too much on the abstinence, behavior will change; you've got another extreme.

But there's no certitude at all that a particular dependence on a fixed percentage of funding, in any case, whatever it is, is going to give us the right balance. And there is no certitude that the best strategic approach for a comprehensive plan, ABC, will be undermined by the nature of the bill itself as we have it. In any case, the conscience cause is there, and I would end with the thought that the more comprehensive the solution that we are able to deal with, the fewer abortions that we have to face.

Dr. Paul Zeitz: Thank you, Dr. Padovano. Has Reverend Mpho Tutu joined?

Mpho Tutu: I have. Here I am.

Dr. Paul Zeitz: Let me just introduce you. Reverend Tutu is the executive director of the Tutu Institute for Prayer and Pilgrimage, and she is the chairperson of the board of the Global AIDS Alliance, continuing a spiritual journey inspired by the Holy Spirit and her father, Archbishop Desmond Tutu. Reverend Tutu?

Mpho Tutu: Good morning. I'm very happy to be on this call and to address some of the concerns that have been expressed with dispel, and I speak not only as an Episcopal priest and as the director of the Global AIDS Alliance, but also as the mother of two girl children and as an African woman, one who has several reasons to have every (immediate) and very personal concerns with the issues of HIV and AIDS, and with the issues of women's reproductive health and autonomy, health and well-being.

It is a profound concern for me that women have autonomy in decision making about their bodies and about their reproductive health. And it is, of course, of great concern to me that all the children who are born in this world are born into families both that are prepared for them, that deeply desire to have them, and that are able to take care of them. And so it's – family planning is something that is of great importance. And the access to family planning is something that is of great importance in preventing the spread of HIV and AIDS as women who are HIV positive, who may very well want to have children, to have the family planning resources available, to them to make sure that they have their children in the healthiest way possible, and for women who want to make decisions to hold off on having children to have the resources available to them in terms of planning.

Family planning and information is very important. I think that it is of paramount concern to me, as a person of faith, that all people are able to live the life of abundance that God so deeply desires for them, that God so deeply desires for all of creation. And I think that we often make decisions with the flourish of the pen and great moral certitude without looking at the real life of women. And so, to say that we want to provide services in HIV and AIDS prevention without talking about reproductive health and pregnancy prevention is to put a stumbling block in the path of women who really want to bring healthy children into the world because if – when those – when those resources are divided, when one has to go to one place for reproductive health services and to a different place for HIV counseling and information, what happens is that, very often, women will go to one place or to the other but not to both.

In this country, people have good transportation infrastructure. In many places in Africa, people do not have good transportation infrastructure. And so, you know, it's a day's journey to go to one place and then another day's journey to go to the second place for the information that you need. And so, it – to put those kinds of stumbling blocks in the ways – in the path of women who want to do the right thing for their children and who want to do the right thing for their communities is, I think, unconscionable.

And it is not something that I believe is in any way supported by faith. And I don't believe that it is in any way a moral behavior or a moral choice. And so, my hope is that those who are in a position to make these decisions will make the decisions that are truly supportive of life and health rather than decisions that claim to be supportive of life and health and in fact have the opposite effect on people's real life.

Dr. Paul Zeitz: Thank you, Reverend Tutu. The final speaker is Adam Taylor from Sojourners. Adam?

Adam Taylor: Thank you, Paul. I first want to thank Global AIDS Alliance for your tireless leadership in the fight against AIDS all across the world. I appreciate the way in which my colleagues (it seems colleagues have already) framed this and already provided a lot of information about why this bill is so critical. In addition to what they've said, I think it's clear that despite our best efforts to fight this disease, the epidemic is still outpacing our most rigorous response.

And we saw the president travel to a number of countries where there has been real progress, and certainly, Sojourners applauds that progress. One of the critical pieces of this bill is that it increases funding to \$50 billion over the next five years, which is more commensurate with what is needed in order to mount the kind of response necessary for effective prevention and treatment programs and care for vulnerable children. The president's numbers would actually flat fund HIV and AIDS, tuberculosis, and malaria funding.

And what's needed is a response that helps to keep pace with the epidemic. We know that an estimated 2.5 million new infections take place each year, and 7 million new infections – or seven new infections take place for every new person that receives access to treatment. So this reality shines the spotlight on the need for vigorous and effective prevention programs in addition to the treatment programs that are starting to be scaled up all across the continent and across the world.

From the perspective of the church, fortunately, Christians have really united around this as a generational cause. From the left to the right, we have united in a more compassionate response to the cries against AIDS. We rejected a posture of condemnation and stigma and fear and replaced it with a response based on mercy, compassion and calls for justice.

But there are still some within the Christian world, particularly on the religious right, that are placing ideology over real evidence and real results. Their campaign of fear mongering and misinformation about this particular bill must end. PEPFAR cannot become a casualty on the field of abortion politics.

As a pro-life organization, Sojourners believe in the sanctity of human life and works to affirm the dignity of all people, but we also support a consistent ethic of life that works to support life from the womb to the tomb. In the age of AIDS, we face difficult challenges in upholding this Biblical imperative. For example, the consequences of denying sexually active people access to accurate information and a comprehensive approach that includes access to condoms put their lives at risk and is a contradiction of a commitment to a pro-life stance.

We know and have already heard ways in which this bill will not jeopardize a comprehensive approach. It will actually strengthen it. It will enable countries to best choose strategies that work on the ground, that include abstinence, being faithful, and include the provision of condoms, particularly for the most vulnerable populations that continue to be sexually active and need to have their lives protected.

Because of the widespread support across the Christian constituency and beyond, AIDS has become a nonpartisan cause and a bipartisan commitment. But we must ensure that what unites us can overcome ideological differences around what divides us in this bill. With the proposed changes and revisions of the Berman bill, we can provide our most vigilant defense of life, advancing a moral imperative to our brothers and sisters all across this world, protecting their lives. It is consistent with the ethical demands of Jesus to treat the needs of people as holy, and the care for the least of these among us.

And we believe that what has been missing has been the political, moral and social will to fight this epidemic. Well, now we have an increased amount of political will, moral will, and social will. But what we need is good evidence-based comprehensive approaches that our fight against AIDS can be an effective one. Thank you.

Dr. Paul Zeitz: Thank you so much for all those comments. And now, I'd like to open it up to the journalists. So, operator, if you could open up the line for people with questions.

Operator: Certainly. Ladies and gentlemen, if you'd like to ask a question at this time, please press the star key, followed by the digit one on your touch-tone telephone. Well, do please press star, one if you'd like to ask a question or make a comment. We'll pause for a moment for some of our queue.

Reporter: Yes, good morning or good afternoon depending on where you are, and thank you for this.

A question about the \$50 billion – Ambassador Dybul, as you all well know, has been saying that the global health system such as it is does not have the capacity to make good use of \$50 billion at this juncture. He's left the door open for whether it might not be able to ramp up to that at some point but has been saying that essentially in effect, funding PEPFAR at that level this soon might be turning money down a rat hole. And I'm interested in your perspective on that.

Helene Gayle: I think, you know, that one of the things that we have said consistently is that we think that with a more integrated approach, that would be a much more long-term and more sustainable response to this epidemic. And I think if there is the ability to have a more integrated approach to this epidemic, then I think, in fact, the use of \$50 billion is feasible and is warranted. I think what we want to make sure is that we do – is to do this in a way that looks at this as a long-term effort, not as something that is only around a short-term goal. And that it is integrated with areas like reproductive health, sexually transmitted diseases, tuberculosis.

Doing prevention in a way that looks at the underlying causes like lack of economic opportunity for women. And it's – and that's not to say that this should become a Christmas tree where all of development is borne on the back for the HIV PEPFAR and HIV effort. On the other hand, I think if its done in a way that really still has HIV as its focus but brings in the other aspects that will really have a long-term, sustainable impact on this epidemic, I think it will, A, one, be good for the

epidemic; B, two, I think it will energize health and development more broadly; and I think, C, three, the amount of resources could well be spent then.

So, I think the needs are great, but I think doing it in a way that is more comprehensive will, in the long run, be the way to, you know, have the most active response.

Dr. Paul Zeitz: Yes, thank you, Dr. Gayle.

If I could just add two points – A], one is that this bill promulgates new initiatives focusing on health systems and investing in long-term systems that Dr. Gayle is referring to, including the health workforce. And as we've learned from the first phase of PEPFAR, the biggest barrier right now is the lack of health workers in ...

((inaudible)) ... brought forward an ambitious initiative to try to address that chronic gap in health systems in – mainly in (parts of) Africa and other parts of the world. Also, the global fund resources are needed. The global fund board has approved growing the fund to a size of up to \$8 billion by 2010, which would be a significant increase in the size of the U.S. contribution ...

((inaudible))

... growth. I'm here with 10 countries all preparing to go to the next level in their response, and so the – Ambassador Dybul is defending President Bush's 40 percent cut in the global fund spending right now as well. So, I don't think that we can rely on – completely on his analysis.

Reporter: What – just a follow-up and back to Helene's point about a more integrated approach. If the \$50 billion is to be used effectively on an integrated approach, does the legislation have to more clearly spell out separate ways of addressing some of these other needs that are, in fact, a part of the integrated approach?

Helene Gayle: Well, I think – I mean I think that if the legislation is willing to allow countries to innovate and be flexible – because I think, in general, we would be in favor of not having as many prescription – you know, prescriptive, you know, designations of what percent of funding has to be spent on what part of the response and leaving a lot more flexibility at the country level to decide what really meets their epidemiology, what really meets their need, and allow for greater flexibility of integrating resources with issues that are – you know, that are very critical to having a sustained response. So, I don't think it needs to complicate the bill tremendously to be able to allow that kind of flexibility.

Reporter: But essentially allow those decisions to be made on the country level, you're saying.

Helene Gayle: Yes, much less prescriptive, much less – you know, you'll need to earmark funding for specific activities, and allow much more flexibility at the country level.

Operator: Thank you. We'll now move on right to our next question from Leslie Clark from Miami Herald.

Reporter: Hi. If you guys could expand a little bit on Congresswoman Ileana Ros-Lehtinen's role or not – role in this?

Dr. Paul Zeitz: Yes, Congresswoman Ros-Lehtinen is the minority – ranking minority chair of the House foreign affairs committee, and she's representing the minority for – in the committee markup that will take place later this week. So, she's responsible for participating in negotiations with the majority, Congressman Berman's staff in particular, to come up with a bipartisan bill. We're hopeful that negotiation will take place in the next 24 to 48 hours prior to the markup on Wednesday. However, Congresswoman Ros-Lehtinen has not shown ...

((inaudible))

... she – the last version that she developed, you know, basically cut programs, flat lined funding, and left children in the Caribbean and Haiti without any ability to respond ...

((inaudible))

... to mount an effective response ...

Did that answer your question?

Operator: You were cutting out – in and out a little bit there.

Reporter: Yes, I was going to say you cut in and out. You said that she – you were hopeful that negotiations would take place in the next 24 to 48 hours. However, she's not – and then you cut out.

Dr. Paul Zeitz: She – I'm – yes, I'm sorry. She has not been putting forward proposals that are – she's not working on a compromise. So far, she has not been working in good faith on a compromise with the majority, Congressman Berman's staff.

Reporter: OK. Thanks.

Helene Gayle: Could I just – one thing I forgot to point out to Susan's earlier question of does the legislation that we're actually hoping will (kind of) move forward does in fact provide some new provisions for greater integration and coordination. So, you know, again, it doesn't – I don't think that the bill has to be made much more complicated to be able to allow for this flexibility, and the provisions that are included in this, I think, really would help enhance that kind of integrated approach.

Dr. Paul Zeitz: Journalists in the queue?

Reporter: Hi. Thanks for the call.

I'm curious about this compromise, if you're seeing any sign that really either side is interested in talking before the markup. And if so, what they – what the common ground would actually be. Because it seems like people are pretty dug in. I – I've heard one idea about dealing with some of this now and trying to deal with some other things at the appropriation stage, so I'm wondering if you think also – if you think that's a valid way to maybe forge some compromise.

Dr. Paul Zeitz: You – are you asking anyone in particular or ...

Reporter: I guess I'd be interested to hear in the – hear from the activists who are – who have been working on the bills that are floating around Congress right now.

Dr. Paul Zeitz: Yes, OK. I mean, then you – if anyone wants to add on, please let me know. I mean basically, there are a lot of efforts going on behind the scenes, you know, from all sides, to try to promote both sides to meet and develop a bi-partisan agreement. So, I'd personally think that that's still possible, and I think that many stakeholders are working to – on that goal as we – as we speak right now. I think it's really up to Congresswoman Ros-Lehtinen to step up to the plate and to negotiate in good faith. She has not done that so far. You know, we are hopeful that she will – she will change her position that she's had to date and move forward with the negotiation with Congressman Berman.

Reporter: Are there areas in which you think it's important for Berman to meet her halfway or part of the way?

Dr. Paul Zeitz: The majority is willing to sit down with Congresswoman Ros-Lehtinen and negotiate all aspects of the bill. And I think, you know, it's up to them to really actually have the negotiation. So, there are – you know, there are issues that both sides have and, you know – but, you know, we know that a bipartisan agreement is possible.

Their predecessors Congressmen Hyde and Congressman Lantos several years ago were able to come up with a bipartisan agreement. We have learned a lot about how to do it better and more effectively going forward. So, we should taking heed of those lessons that have been described on this call regarding implementation of programs and come up with a bill that works.

Helene Gayle: Yes, and I guess I would just add to that. I think because we do have, you know, five years of experience under the PEPFAR program and, you know, good evidence for what's worked well or not, we ought to be in a better situation than we were the last time around, as far as the ability to have a bipartisan bill that moves forward because, you know, it's not – now it ought not be in the realm of ideology. We've got data. We've got evidence.

And so, in the light of that, this seems like a real opportunity to have both sides sit down. And so, that's where I think it's discouraging, you know, on the parts of people who are watching this. You know, this doesn't have to be about ideology. This could be about data and what's in the best interest of saving lives that I think we have good evidence now to show what that is.

And obviously, there will always be some differences of opinion and some strong beliefs about some of these issues anytime you're talking about something, you know, that's related to a sexually transmitted disease. We understand that it evokes a lot of issues for people, but what we would like is to have this be debated around the evidence and build on the knowledge of what we have and continue to be able to be a strong leader in this area as we've been – you know, we've proven already.

Adam Taylor: This is Adam Taylor. Just building on that point real quickly, I do think that the Republican minority is under a lot of pressure from a number of voices on the right, particularly some of the religious right voices like Tony Perkins and others who have actively tried to promote disinformation about this bill. So, it's really imperative that we engage those voices and try to correct this misinformation so that people understand what it is we're debating, what's at stake, and what this bill would actually do and wouldn't do. And you certainly heard those clarifications made in this call, but we're relying to media to help us in that process.

Dr. Paul Zeitz: Thank you. Is there another journalist in the queue?

Reporter: Hi. I'm trying to get a sense of is it – are you laying the blame for the stalling on the religious right exclusively or are there other groups that are opposing the legislation for other reasons? And I'm just trying to get a sense of is it – is it just the ranking member that they're putting pressure on or the entire minority on the foreign affairs committee that they are exerting pressure on? And are they successful?

Adam Taylor: This is Adam; I'll start by saying that I don't think it's exclusively just the right, although I think they – the – some members of the right have been some of the most vocal opposition against this bill and some of the most active agents that's promoting misinformation about the bill. Certainly, there are other conservative members that may have other concerns about the bill based on differences of opinion.

But, again, I think that we were really able to flush out what the real facts are and try to put those on the table and base these decisions based on what has worked and what we've learned over the last five years. We realize there's a lot more common ground than there are differences. And I think there is a huge amount of momentum from across the political spectrum to ensure that PEPFAR is reauthorized and that it has expanded.

Reporter: But are you getting the sense that these religious right grassroots efforts, you know, say, where Tony Perkins sends out the e-mail to Republican supporters to, you know, to bombard the committee with e-mails? I mean are you getting the sense that that's having an effect on committee members?

Adam Taylor: Yes, my sense is that it is. I can't fully measure that effect because I haven't been in as much conversation with the Republican minority members on the committee, but maybe Paul and others want to comment on that as well.

Dr. Paul Zeitz: Yes, I mean I think that it's – I think it's a mixed effect. I mean I think there are a lot of people putting that kind of information out, and then there's a lot of other people putting out the evidence and putting forward arguments, you know, in support of the bill on the framework. You know, the White House is playing an active role in trying to push both sides towards an agreement.

There're – you know, I think it's a – it's a complicated situation right now and we hope that by Wednesday, we'll see some positive signs for a bi-partisan agreement. And, you know, we are all doing everything we can to make that happen as we go forward through the process, you know, into the Senate as well.

Reporter: Thank you. One of the things that wasn't clear to me that no one mentioned, I think, when Susan asked a question about ((inaudible)) public service (bill) and that is – it's my understanding that if, in fact, the committee goes with the \$50 billion, there are those who believe that \$9 billion – even if that \$50 billion should go towards malaria and tuberculosis over the next five years – and I didn't hear that being spelled out, that there's this larger overarching questioning about – if there is increased funding, that that money specifically, at least \$9 billion of that, go to malaria and tuberculosis.

And I guess the other thing is that – I understand that a lot of groups that have been involved in providing treatment, for example Catholic Relief Services, are concerned that they would lose funding on maybe a major provider of treatment if, you know, family planning is integrated with HIV/AIDS services.

Dr. Paul Zeitz: I couldn't – you were breaking in and out for me in the beginning part, but I can answer parts of what you asked about, and then maybe someone else can add on. In terms of the role of Catholic Relief Services, we certainly support their programs, and I think that the majority in Congress also recognizes the important role that they play. And as one of – as the – one of the speakers, Dr. Padovano talked about, if an organization like Catholic Relief Services doesn't want to implement a part of the program, they can assert what's called the conscience clause and opt out of doing that part of the program. And not everyone might agree with that flexibility that the bill has, but it actually does have that flexibility. So, nothing in this bill would prevent Catholic Relief Services from continuing to do the work that they do. That's a bit of misinformation, I would say.

In terms of the investments in TB and malaria, the bill, as it's laid out now, would continue to ramp up those programs and would ramp up investments in the Global Fund to Fight AIDS, TB, and Malaria. The global fund provides about two-thirds of global spending, both for TB and for malaria. And we've seen a lot of great success recently in Africa, several countries showing populational impact on reduction of malaria and mortality for the first time ever and exciting efforts underway to try to get ahead of the battle on TB and to control the multi-drug resistance to TB that's spreading in South Africa and other southern African countries. The United States has a strong interest in trying to keep up these investments at this time.

I don't know if Dr. Gayle or Reverend Tutu want to talk about any of those two things.

Helene Gayle: Yes, I – what I wasn't quite clear what was your final actual question that you're asking,

Reporter: OK, the first part of that question was I didn't hear anyone spelling out this issue of making sure that \$9 billion of that funding, very specifically ... \$5 billion going to malaria and \$4 billion going to tuberculosis over the next five years. I didn't hear anyone saying that they supported that being spelled out in the bill.

Helene Gayle: Yes, and Paul answered that.

Reporter: OK, you do favor that. Or do you, in other words, that would – they – that additional funding would go through Global Fund or what?

Helene Gayle: Well, I think both. You know, clearly it's – you know, to be able to preserve the contribution to the global fund is critical. The U.S. contribution to the global fund is critically important and allows for a different kind of funding and, you know, it allows for funding that, you know, countries can again have great flexibility in terms of where it's spent and what the highest priorities are. And I think we need to preserve that. At the same time, I think being able to have funding in – that could link particularly with tuberculosis in the case of PEPFAR and HIV because of the link between TB and HIV.

Mpho Tutu: I guess – if I could just have one other follow-up question, I guess there seems to be concern from some folks out there that the push for \$50 billion as opposed to \$30 billion could get lost in this, you know, debate over, you know, integration that, I don't know, it's a question of which is more important, whether you can fight for, you know, the increased funding and not get side-tracked by the integration issue.

Helene Gayle: Well, I – you know, I think – as I was saying earlier, I think all of us think support of – you know, I think mostly support that the funding – that what we're trying to do with the funding is to fight the HIV epidemic. Given that that's the goal, doing that well and doing that over the long run does mean having a more integrated approach and having a more long-term approach than we may have in the first bill, where it was – you know, by definition and probably rightfully so – a desire to act fast, collect numbers, shorter-term outcomes. And so, I think the importance of the integration is that that's really going to be how you have a long term sustained response.

And it is going to be how you are able to attack the things that really are the drivers for the continued spread of HIV and also often time gets in the way of people being able to continue their treatment effectively. And so, you know, one of the things that's in the bill – Berman bill is the fact that the food stability – and it's actually incorporated it. We know that if people are hungry, they put themselves at risk for HIV, and they're not going to be able to take their medications effectively.

So, you know, the fact that these provisions recognize the reality and the totality of the issues that interface with HIV is important. That said, the outcome still needs to be – and the focus still needs to be what are we doing to have an impact on the HIV epidemic. But to do that, I think we can't ignore a more comprehensive approach to fighting the epidemic. Thank you.

Dr. Paul Zeitz: Thank you. Is there another journalist in the queue?

Operator: Yes, at the moment we have one last question in the queue, but once again, ladies and gentlemen, that is star, one to ask a question.

Reporter: Hi. I'm coming at this from a state of near total ignorance as to what's happening in Congress. So, I guess if someone could just tell me, is this second round of PEPFAR reauthorization with – is there an attempt to put greater restrictions on prevention activities and family planning and an integrated approach, greater restrictions than existed in the original PEPFAR, or is there an attempt to remove the restrictions that were in the original PEPFAR law and have been the subject of criticism for years?

Dr. Paul Zeitz: The bill that was put forward by Congressman Berman correct many of the problems that were identified during the first days of PEPFAR. So, it – the language of the bill removes the abstinence and faithfulness earmark. It removes the prostitution loyalty oath. It removes some of the other, you know, problems that were identified. So, that's what's at stake here.

It also goes beyond, you know, what was conceived of as the traditional AB and C approach and defines a broader approach that integrates family planning and appropriate reproductive health services as part of and linked into the HIV/AIDS response as we heard from Reverend Tutu, so that women who are seeking services can best receive both kinds of services at the same location rather than being referred from one place to another.

Dr. Paul Zeitz: I don't know if other folks want to add in.

Operator: And we do have another question.

Reporter: Hi. Thanks for the call. My question is that I'm wondering whether there's a bill that's scientifically sound cannot be agreed to this year, whether there's a downside to waiting for a new, potentially more supportive congress and potentially more supportive president that values science.

Helene Gayle: Well, the downside is just the gap in funding that could occur. And we're particularly concerned about it for the people who are already on treatment. And any gap in funding that would mean that there are people who are currently on HIV medication that would have to have a lapse in their medication. It could be, you know, a real public health nightmare, potentially inducing resistant strains of HIV.

And so, I think our real concern is wanting to make sure that this stays on course so that there isn't any gap in services that we've already started. I mean I think we have a real obligation to continue, particularly in the case of people who are already on treatment. You know, we're not – you know, even though there are real obstacles, we're not – we're not pessimistic that this isn't – that this will not happen.

There is so much support for this bill. It's one of the most bipartisan efforts. There's a lot of – there's a lot of goodwill on both sides of the aisle, so, you know, we really just want this to move forward and to kind of break somewhat a long jam. Because I think there is much more agreement this time around than there was the last time around. And that's, you know – so I think we believe that it is possible.

And it is really imperative for us to move forward. I also think from the standpoint of our leadership role in this epidemic – I think it would look really bad if the United States wasn't able to move forward on something that is – has been so well received in not only here in this country but around the world. So, I just think it's time for us to move forward and get past what – in the end are really some minor differences that I think we could get – move past.

Dr. Paul Zeitz: Thank you, Dr. Gayle, for your time. We really appreciate your participation and your insight.

Helene Gayle: Well, thank you. I'm very pleased that you're able to do this and appreciate all the good questions and, you know, we really do think that this is something that can move forward, must move forward, and, you know, we're all hopeful and optimistic. So, thank you.

Reporter: Thank you very much. Could one of you address specifically the allegation being made by religious conservatives that this bill – the Berman version – the bill would somehow allow U.S. funds to either finance abortions or go to organizations which are providing abortion services?

Dr. Paul Zeitz: Dr. Padovano, are you still on the call? Do you want to answer that?

Anthony Padovano: Yes, that's the specific bit of information that I'm not aware of. There's always a danger in any kind of program, of course, that some of the people at some of the centers are likely to move in a direction that you don't endorse. But fundamentally, my understanding is that abortion is not legal in many of these cases anyway.

And furthermore, the language of the bill calls for family planning. I mean there's only so much that you're able to monitor, and family planning, as I indicated in my opening remarks, is a language that is acceptable by Catholic theology. That's about as far as I'm able to take that without, you know, really specific information about where that conflict would occur, you know, at a particular center where abortion, as well as family planning more generically defined, would be in evidence.

Reporter: I think that's the basic argument, as I understand it. And I haven't – I – that obviously is not well written just yet. But it claims that Mexico City policy in some form or another doesn't apply to PEPFAR funds. And so somehow, by putting the family planning language into this bill, it opens the door for U.S. money to flow to either finance abortions – that or go to organizations that are providing it, that it's a specific legal change. Is that something any of you are familiar with?

Dr. Paul Zeitz: Yes, I can respond to that. First of all, the – it's true that the PEPFAR AIDS funds did not – are not covered under the Mexico City policy.

Dr. Paul Zeitz: And it's also true that the U.S. government does not fund organizations that implement abortion services. So, that would not change. That's the current law, and that would be the law with this new bill. So, there's nothing that would actually change.

And the current program coordinates with family planning programs, so – which are covered under the Mexico City policy. So, there's nothing in the current bill that would prohibit coordination with family planning programs. In fact, if you look at the report from the administration ...

Dr. Paul Zeitz: ... from the – on PEPFAR, the most recent report that was published at the end of the year last year talks about how they're integrating family planning services into HIV/AIDS services. And that report was cleared by the White House. So the – there's a lot of mischaracterization and disinformation about the nature of this bill.

Operator: Thank you, and we do have one final question left in the queue,

Reporter: Yes, and it – it's on this theme about the alleged misinformation, disinformation – and Paul, just to follow up on what you just said, I just want to make sure I understand this. So, PEPFAR is not covered by the Mexico City policy but yet you still seem to be saying that the Mexico City policy would, in fact, prohibit the funding.

Dr. Paul Zeitz: Well, yes. That was – while President Bush, while there's a Republican president, the Mexico City policy is applicable to family planning funding only. Now, that would change if there was a Democratic president.

Dr. Paul Zeitz: There has been an attempt by – there – you know, the majority in Congress would not allow for an expansion of the Mexico City policy over the AIDS program.

Reporter: So basically, the argument on the part of the far right here is yes, it's true that no abortions would be funded with any PEPFAR money, so now – but it's only because there's a Republican in the White House who (pat) – who endorsed the Mexico City policy, and therefore, if there is a Democrat in the White House, this policy could change and moneys, in fact, could go to finance abortions. Is that fair?

Dr. Paul Zeitz: That's not the claim that they've been making. I mean I think President Bush is, you know, ready to sign a bill to get through to Congress now. So, I think the battle is about now versus, you know, we don't know who's going to be president next. So, I don't think that that's the argument that they're making.

Reporter: They – here – I'm talking about they being the far right here, not the Bush administration.

Dr. Paul Zeitz: Yes, I mean I think – I mean the far right might want – they might argue that it's better to get a bill signed into law now where they get some of their – they might be able to push for something now. In the future if there's a Democratic president and a greater Democratic majority, they're less likely to have any influence on the – on the content of the policy. Now where – I – Congressman Berman and all of us on this call are advocating for an evidence-based approach to the policy that's promulgated into law. And so, you know, I don't – you know, that's – I think that's the argument that I think we've heard on this call, where there's some ideological arguments that are being made that aren't really based on the evidence.

Reporter: Well, OK, it's my understanding everybody is in accord that there should be integration of family planning, but conventional planning read contraceptive services and HIV prevention activities. And that the ...

Dr. Paul Zeitz: Yes.

Reporter: ... the issue of concern here by the far right is not that. It's so much as it is just abortion, and that they are concerned that indeed dollars will be expended on surgical abortions, as well as chemical abortions if the legislative language is as it is. So, what's the compromise that makes the far right more at ease on that question than the current language appears to make?

Dr. Paul Zeitz: Well, as far as I understand, there's nothing in this bill that changes or expands the ability of the – of the AIDS money, the PEPFAR funds, to fund abortion services. So, there – there's nothing in this bill that changes from what we're already doing right now on this aspect. So it's – the – they could argue that some of the money that's going out there now could be going to groups that, you know, support abortion. But, you know, that's not – you know, that hasn't been part of the debate right now. So, I think nothing in this bill changes the flow of funds to those groups.

Reporter: OK. So the – so the misinformation or the disinformation ...

Dr. Paul Zeitz: It's a spurious claim.

Reporter: ... the misinformation or the disinformation on the part of the far right is that there is specific language in this bill that would allow that when in fact, if there is, it's no different from the current – the current legislation. Am I understanding this right?

Dr. Paul Zeitz: That's my understanding. Yes.

Operator: Thank you, and there are no further questions or any questions queued at this time.

Dr. Paul Zeitz: OK, thank you, everyone. Thank you for all your participation and interest from the media and all the journalists. We appreciate your tracking this issue and thank you for the other discussants on the call – Dr. Helene Gayle, Reverend Tutu, Dr. Adam Taylor and our guests

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