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## CNN PRESENTS

### CNN PRESENTS: The End of AIDS, A Global Summit With Bill Clinton

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ANNOUNCER: 1981 -- a new and puzzling disease. One year later, it's given a name: AIDS -- Acquired Immune Deficiency Syndrome.

For the next 25 years, the disease spreads almost non-stop around the world. Today, more than 40 million people have AIDS.

UNIDENTIFIED MALE: Every dollar spent now makes a difference in saving lives.

NELSON MANDELA, PRESIDENT, SOUTH AFRICA: In the course of humanity, there has never been a greater threat than the HIV/AIDS epidemic.

UNIDENTIFIED MALE: There's no time to lose or waste.

BILL CLINTON, FORMER PRESIDENT OF THE UNITED STATES: We've got to do something to stop the epidemic.

ANNOUNCER: Tonight, "The End of AIDS" -- a global summit with President Clinton from the Mother AME Zion Church in New York City.

Here's CNN's Sanjay Gupta.

(APPLAUSE)

DR. SANJAY GUPTA, CNN MEDICAL CORRESPONDENT: Thank you. Thank you very much.

Ladies and gentlemen, congratulations. We finally ended AIDS. It's amazing, isn't it? After 25 years, how did we do it? Was it a vaccine, was it a miracle drug, was it better education?

All that sounds great, doesn't it? I'll tell you what, I hope to be able to make that announcement one day, but the sad truth is, AIDS has killed 25 million people, and as we speak, 42 million people -- men, women and children -- some of them sitting with us here today -- have the HIV virus. You see, it's spreading.

I want to do something here with all of you before we start. Let me just get a show of hands. How many people think here that we could see the end of AIDS in our lifetime? OK, fairly optimistic crowd -- about half and half I'd say. I mean, you know, the reality is, look, we all know how bad the disease is. But it seems to me that people are sick of simply talking about it. So in this historic church, we've gathered people together who are doing something about it. I want to begin with my honored guest. He's a man who has made the end of AIDS his life's work. Ladies and gentlemen, the former president of the United States, Bill Clinton.

(APPLAUSE)

GUPTA: Mr. President, thank you so much. We are going to be spending some time today on an optimistic premise then, talking about the end of AIDS. I just want to start off by asking you a question. As a former president, you could do just about anything you want to do, yet you chose AIDS. Why?

CLINTON: Because it's still a massive epidemic. Nobody has to die. You have -- it's 100 percent preventable, and yet we have five million new infections a year. Most children who get it in the developing world die because hardly any of them get any medicine. And the health systems that exist around the world are, so far, incapable of getting the proper messages on both prevention and treatment to people.

So all these people are dying for nothing, in my opinion. And even though more and more money has been appropriated, we're still not having the impact we ought to have. And it seemed to me that this is one thing that I could do to help not only bring awareness and get more funds, but to help to organize the capacity of countries to deal with this and to organize the drug markets. It's not -- a lot of the work I do is not highly visible or sexy in that sense, you know, not high, sort of flashy stuff. But it can save a lot of lives.

And it just bothers me to see people die because of disorder. And I think that's a lot of what's going on here.

GUPTA: And I'll tell you, Mr. President, it's a pretty optimistic audience today. We just asked about the end of AIDS -- about half think that we could see it in our lifetime.

And I should add as well, President Clinton started his HIV/AIDS initiative in 2002. Last year, he launched another organization, the Clinton Global Initiative, or CGI for short. CGI has a simple goal: to help solve the world's problems.

The way I look at it, it's sort of a matchmaker, bringing together people, countries, non-governmental organizations. So far, it's raised millions of dollars.

Mr. President, I think you'd agree with me; it's important to start in Africa, and that's where I want to start the discussion today. Let's begin there; Africa has almost 70 percent of the world's HIV/AIDS cases. One in five adults in some of these countries -- one in five adults -- could die of AIDS -- that number just blows my mind. And it certainly has its share of suffering as well.

But as you watch CNN's Jeff Koinange's piece, I want you to keep this in mind as well: Botswana is probably doing it better than just about anywhere else.

(BEGIN VIDEOTAPE)

JEFF KOINANGE, CNN CORRESPONDENT: It's early morning in Botswana's capital, Gaborone, and seven year old Mercy Banyagitse (ph) is taking a daily dose of anti-retrovirals, or ARVs, the miracle drug cocktail that has prolonged the lives of tens of thousands of Botswanans infected with HIV.

At the Botswana Baylor (ph) Children's Clinic, it's standing room only. Each week, more than 500 HIV-positive mothers and their children come for their checkups and free ARVs. Just a few short years ago, none of this was available.

UNIDENTIFIED MALE: Before ARVs became available, I was a very miserable, discouraged individual, walking into the world every day, seeing those wasted children there with their parents.

KOINANGE: About a third of all Botswanans, more than 350,000, are infected with HIV. Of those, close to 60,000 are on anti- retrovirals.

UNIDENTIFIED FEMALE: If we didn't have ARVs today, maybe he'd be dead by now.

KOINANGE: With its robust diamond mining industry, Botswana has prospered, allowing the government to allocate more than \$100 million a year, half of the country's health budget, to fighting HIV/AIDS.

But free medical service is useless to the thousands who don't know they have HIV. People like Muepu Moerloring (ph), who resisted for years before agreeing to be tested.

A lot of people are still in denial that HIV/AIDS exists, he says.

While testing in Botswana is strictly voluntary, the country's health minister would rather make it mandatory.

JOY PHUMAPHI, BOTSWANA'S HEALTH MINISTER: It's at the individual to say, this is a problem for myself, this is a problem for my family, for my community, for my society, and I'm going to ensure that I prevent HIV.

KOINANGE: Words that are so much easier said than done.

(END VIDEOTAPE)

GUPTA: All right, let's assume we actually beat AIDS in Africa. The question becomes, how did we do it?

Mr. President, you've traveled to 65 countries, 149 cities, since leaving the White House. And you may not have even known you've traveled that much. What have you seen in terms of the single most important thing to actually beating this?

BILL CLINTON, FORMER PRESIDENT OF THE UNITED STATES: If there is a single most important thing, it is a combination of national commitment and confidence on the part of the countries that high infection rates or that have

the potential to have an exploding infection rate.

If you look at Lesotho, which is the small country -- mountain country surrounded by South Africa, they have the third highest infection rate in the world. And they now have a very aggressive program of offering the test to everybody 12 and over. You can opt out, but they try to get everyone to test because they say, look, there's no stigma and we have the medicine for you. I think they'll turn the epidemic around.

And a lot of other places that are bigger, where there's no health network in rural areas, then you have to have a real commitment to go out there, not only to get the medicine, but to get the awareness, the prevention and then the network that can provide care, which, incidentally, gives you beyond dates.

GUPTA: And let me jump on that theme here. Let me introduce Dr. Paul Farmer.

If you could, Dr. Paul Farmer, stand up. You're the founder of Partners in Health. It's an amazing organization. You put community clinics in places where they didn't think it could be done. How did we end AIDS?

DR. PAUL FARMER, FOUNDER, PARTNERS IN HEALTH: Looking back, you know, if we're lucky enough to have ended AIDS, it's going to be a combination of some of the things that you mentioned -- vigorous prevention efforts, a new vaccine, and aggressive efforts to not only provide therapy for everyone who needs it, but also to beef up the beleaguered primary healthcare systems in public healthcare infrastructure -- not just in Africa, which is important, but in our own country as well.

GUPTA: That's part of the importance.

And Dr. Helene Gayle, if I could get you to stand up as well. You know, as we put this special together, one of the things that we were thinking about, is people don't seem to talk about it as much. They don't seem to care as much about AIDS. How do you bring the world's consciousness together to care about this issue?

DR. HELENE GAYLE, PRESIDENT AND CHIEF EXECUTIVE OFFICER, CARE USA: Well, as both of my colleagues have mentioned, having the political will and having people speak up about this issue is critical.

I think we have to continue to do shows like this, where we bring the news to the public so that people continue to realize that this is not a problem that's gone away. It's also not gone away even here in our own country. We need to continue to make those linkages between the situation here, as well as the situation in Africa, in Asia, in Latin America and the Caribbean. This is a global epidemic. We have to maintain the pressure and make sure that people recognize that.

GUPTA: You bring up a lot of places. Dr. Rowan Gillies, if I could get you to stand up as well. You're the president of Medicins Sans Frontieres/Doctors Without Borders. There are some really bad places on earth. You've seen some of those places. We're talking big here, Rowan, we're talking about ending AIDS. How do you end AIDS in some of those places?

DR. ROWAN GILLIES, PRESIDENT, MEDICINS SANS FRONTIERES/DOCTORS WITHOUT BORDERS: Well, I think if you look at all the things that have been mentioned, I think there are structural issues that must be addressed and aggressively, as Dr. Farmer said.

The fact is the moment, we look at -- we have 5 million people today who need treatment who are not getting it. And the majority of them will be actually dead within 12 months.

We're overwhelmed. As doctors today, we're overwhelmed. And I think the first step we have to do is to -- we need the tools. We don't have the tools to treat the disease simply and in the matter of number that we have at the moment. So a massive investment in new tools and innovation so that we can actually get to these patients and assist them.

GUPTA: I want to introduce you all to Thembi Ngubane.

Thank you for joining us, first of all. You've flown in from South Africa.

And let me just share with you a little bit of Thembi's story here. Maybe some of you've heard her on NPR -- Mr. President, you have as well, recently.

You have the virus. The man who gave it to you has passed on.

THEMBI NGUBANE, HAS AIDS: Yes.

GUPTA: You have a new boyfriend.

NGUBANE: Yes.

GUPTA: And a new baby, as well. Congratulations for that.

NGUBANE: Thank you.

GUPTA: But you've been hearing some of what the president said and of our panelists. AIDS has ended, Thambi, I'm giving you good news. How did we get there, do you think?

NGUBANE: Well, I think it was more education and programs that can be used to teaching people about this HIV and AIDS. And also for those people that are already infected, to come out and say that they have HIV (ph), that they have the virus, so that the people that need medication can also be given medication. They can also have access to medication.

GUPTA: Would that work? I mean, is it that simple? NGUBANE: I think with all of us working together and trying to find something like a drug that can be used, and all those people need the medicine can receive. Because most of the people are sick and they can't the medication. They have no access to the medication.

And also those people, who don't come out or don't believe that they actually have the disease, they must also come out because it can help them, if they act as if and pretending as if nothing is going on.

GUPTA: Thambi, thank you. We'll be checking with you again and the rest of our panelists as well.

And after meeting Thambi, some of you might be wondering this question. Will a pregnant woman with HIV pass it on to her baby? Well, the answer might surprise you.

When we come back, the changing face of AIDS.

(APPLAUSE)

(COMMERCIAL BREAK)

GUPTA: What an amazing choir. The AME Zion Choir. Everyone give them a big round of applause.

(APPLAUSE)

GUPTA: Welcome back to the show.

I asked earlier, before the break, whether you felt a pregnant woman would give HIV to her baby. Well, the answer if a qualified no. And thanks to the miracle of medicines, that chance, now, can be reduced to almost zero.

For sure, great strides have been made in the overall fight against AIDS. But so much more still needs to be done.

(BEGIN VIDEOTAPE)

(voice-over): You've probably heard about drug cocktails or Anti-Retrovirals. They're mixes of drugs that can delay the onset of AIDS' deadly symptoms. They've kept hundreds of thousands of HIV infected patients alive for 10, even 20 years.

But the cocktail drugs need to be adjusted to different patients, or when the HIV virus mutates. And children need very different doses from adults. It all takes money.

New treatments are on the horizon. You'll be hearing a lot about microbicides. They're salves or creams that women can apply before or after sex. They can reduce the chance of HIV and other sexual diseases being transmitted. Clinical trials are underway. They could be available by 2010.

(END VIDEOTAPE)

Of course, that's the good news. But what about a vaccine? It seems like that what's every body wants to know.

And we've been hearing, since the late '80s that one is just around the corner, but it isn't. You see the virus is too complicated. It changes, it mutates, all of that much too quickly.

So what can we do to help the millions living with the disease right now? How do we get the existing drugs that work to the people who need them but can't afford them? And that's what we're talking about today.

I want to bring in Hank McKinnell.

If you can stand up, please.

You are the CEO of one the largest research-based pharmaceutical company in the world. Thank you very much for joining us. I appreciate that.

Let me ask you, first of all, what the life like for someone who's diagnosed with AIDS today? What's going to happen to them?

HANK MCKINNELL, JR., CHAIRMAN AND CEO, PFIZER: Well, it depends where you live in the world. If you're in the United States, you have access to care. If you're in Sub-Saharan Africa, you do not have access to care.

If we could cure AIDS with a clean glass of water, we could not deliver that cure to half the people in Sub-Saharan Africa who need help.

GUPTA: But the question always comes up -- I'm sure you get it all the time -- you have drugs, medicines that work well, prolong people's lives, even giving them normal lifespans. How do you get them to the people who need them?

MCKINNELL: You need infrastructure. It needs investment in distribution, in the medical professionals to diagnose, monitor, and treat. And it also needs an understanding that we have two objectives. We need medicines. There's an urgent need for new medicines.. That requires an incentive. We also urgently need to get the medicines that are available to those who need them.

I think we can do both if there's an understanding in the general public that somebody has to pay for the research. So those who can pay for the medicines need to pay for the research. There needs to be fair pricing. On the other hand, the pharmaceutical industry needs to understand that we need to do our part to make these drugs available, to those who can't afford access, at very low prices or free.

(APPLAUSE)

GUPTA: Mr. President, I want to bring you in here as well. When you're meeting with someone like Hank McKinnell, the CEO of a large pharmaceutical company, as part of CGI and the Clinton HIV/AIDS Initiative, what are you asking him for, how does this get done? CLINTON: Well, they can do a number of things. And Mr. McKinnell, for example, has been very active in Uganda, trying to help build healthcare infrastructure. A lot of people are dying today. You heard what he said about the glass of water.

And a lot of people are dying today because we can't distribute medicine that we could otherwise get out there because we don't have the healthcare infrastructure. That's what Dr. Farmer has done in Haiti and what he's now in the process of doing in partnership with us and the government of Rwanda, so that's one thing.

Secondly, a lot of big, pharmaceutical companies have now licensed specific drugs to generic producers. Bristol-Myers Squibb has a licensing agreement with our South African partner. Merck just signed a licensing agreement with one of our Indian partners. And what we try to do is to use these producers to get very low-cost medicine out there.

Now, we can provide the first line drugs at \$136 a person a year. That's the lowest price in the world. And when I started, the generic price was \$500, and now the average price of generics, because we led the market, is now under \$200. For children, the price was \$600, now under \$200.

But you've got to -- we've got to create markets. And I agree we pay for the research. For example, we still pay, at our Harlem clinic right around the corner from this church -- where it's a wonderful clinic with a real tough case load -- the government pays, I think, about \$10,000 a person a year for the medication. The Europeans and the Canadians pay about \$3,500 a year.

GUPTA: Right.

CLINTON: But we'll never get there in Africa at that price, so we've got to have either people donating the medicine, or very sort of high volume, low margin business, which is what our generic partners do.

GUPTA: Let's keep on theme here. Dr. Paul Farmer, let me have you stand up again. You get a chance to sit down and talk to Dr. Hank McKinnell from Pfizer. What are you asking him for?

FARMER: Well, I asked him for drugs for our patients, one. I asked him to, you know, do their fair share in terms of helping out and rebuilding infrastructure in places like Africa and Haiti or, again, public infrastructure here is weak too. Too weak still.

I asked them to acknowledge that they have a lot of the brains, and they're turning out a lot of the discoveries that are key to building new vaccines, new drugs. And they need to share that stuff with all of us.

GUPTA: So how about that? Could there just a be a discussion? Sharing the stuff between all of us, the simple discussion we're having right now between Partners in Health and Pfizer.

(APPLAUSE)

GUPTA: Is there something we can arrive at right here today?

MCKINNELL: Well, we need to share. I agree with that. So what are we doing? We have a very important medicine, not that treats the virus, but what treats the fungal infections that are from the virus.

It's a life-saving medicine for patients with AIDS. We have partnered in 41 countries with over 4,000 clinics, including several of Dr. Farmer's in Haiti and Rwanda. And we provide this drug, Diflucan, free of charge, and the training that goes with it. We've now trained over 20,000 healthcare professionals.

We also take our most important asset, our colleagues, and every year, there's 25 to 50 of our colleagues working in

the field, in Sub-Saharan Africa, including in clinics like Dr. Farmer, transferring the know-how and the technology that builds that infrastructure, including one sitting right besides me. Please stand up.

GUPTA: Thank you very much, both of you. And we're going to keep on this topic because it's an important one. Dr. Farmer, Hank McKinnell, thank you very much.

And for any disease, the first step -- you all know this -- is getting treatment. And it's acknowledging the problem as well. But here, sometimes the thing with people with HIV/AIDS is they can't or won't do that. So coming up, overcoming cultural taboos, stereotypes and discrimination.

(APPLAUSE)

(COMMERCIAL BREAK)

GUPTA: For most of us -- thank you. For most of us when we're sick, we go to a doctor. It's that simple, right? Or is it? In the developing world, most people won't admit they have HIV, because they fear the consequences. And those who are there to help see it every day. The cultural and the religious taboos sometimes make prevention and treatment even harder.

That's what we want to talk about here. Thembi, I want to start with you. This is something that you have lived -- a lot of us talk about the stigma of HIV/AIDS. You've lived with it. What was your life like in South Africa?

THEMBI NGUBANE, LIVING WITH AIDS: Well, at first, when I started to learned about my HIV status, I didn't want anyone to know. It was really difficult to even admit to myself that I had the virus, because I thought that I looked healthy and there was nothing wrong with me. It was even difficult for me to tell my own mother, let alone my whole family, because I was afraid. What are the people going to do with my family, and also with me, if they found out that I have AIDS?

GUPTA: Please welcome Bill Roedy, president of MTV International. Thank you very much for joining us.

(APPLAUSE)

GUPTA: Bill, you just heard from Thembi. Talk about MTV, you're talking about trying to get these messages to young people. A, does it work, can you reach the Thembis of the world, and B, how do you know that you're doing it? How do you measure it?

WILLIAM ROEDY, VICE CHAIRMAN, MTV NETWORKS: Well -- by the way, the music's great; let's put them on MTV, let me just set the record straight on that -- heavy rotation, I promise!

Stigmas -- the stigma is really the insidious part of this disease. You know, Nelson Mandela said that stigma is actually worse than the disease itself. And it constrains so much of our efforts here. It's not only politically and socially and religious constraints, but it fights everything we do. And we have to find a way to crack it, and we really haven't yet. We haven't found a way to crack it.

I mean, Thembi is, what, 20, 19? Twenty-one -- so you're in the sweet spot of our audience, and we use role models, putting Richard on the air, weaving into our scripts that living with HIV is part of life now. It's part of life; it doesn't have to be a death sentence.

It's very important to get these messages across, and use role models. And the best sort of role model is Thembi. When Thembi talks about it, you can't beat that.

GUPTA: Thank you very much.

And let me have Richard Stearns stand up for a second -- head of Worldvision. It's a large relief organization, Christian-based as well.

Something that really occurs to me -- I want to get your opinion on this, actually. There was a report -- you probably read it -- recently from a senior cardinal in Milan, talking about the fact that condoms could be the lesser evil when it comes to the scourge of AIDS. We're thinking big today, Richard -- Mr. Stearns. We're talking about ending AIDS; can we end AIDS without a billion Roman Catholics around the world talking about condoms?

RICHARD STEARNS, PRESIDENT, WORLDVISION: Well, that's a good question, Sanjay. And I think what we need here -- and other speakers have talked to that -- we need a really comprehensive approach to HIV/AIDS prevention. The president Museveni of Uganda, said he refused to let a thin piece of latex stand between the future of Uganda and his people.

Condoms are part of the solution; there's no question that they're part of the solution. But we also believe in the ABC approach: Abstinence, Being faithful to one partner -- partner reduction and monogamy -- and Condoms as well. And I think we all have to work together. The Catholic Church brings a lot to the table with HIV and AIDS, in terms of teaching about abstinence, their healthcare programs around the world, teaching good biblical values about sexual behavior. And others are providing condoms to high-risk groups. And I think we all need to work together in this, and there's no bad solution to AIDS. They all have to be brought to bear.

GUPTA: OK. We're going to keep on theme here as well -- really important stuff.

So far, we've focussed just on the developing world, but HIV/AIDS is still a major crisis in the world's richest nations as well, including right here in the United States. We're going to focus on that when we return.

(APPLAUSE)

(COMMERCIAL BREAK)

(MUSIC)

(APPLAUSE)

GUPTA: Welcome back, everybody. Welcome back. I want to stay on point with a topic that we were talking about last segment. Mr. President, when it comes to stigma, it strikes me as one of these sort of vague things. We talked about medications, we talk about prevention, but can you legislate behavior the way people think?

CLINTON: You can't legislate it, but you can change it. First of all, if I stigmatize you for any reason -- I don't like Indians -- it's about me, not you. Stigma is never about the people who are afflicted with HIV and AIDS. It's about the fears of other people.

And one of the things I try to do -- for example, when I was in -- the Chinese government asked me to come in and work there. They actually asked me to go out into rural China and have dinner with people with HIV on national television, sit on the floor and play with kids to help overcome the stigma.

In Tanzania, which has done a great job -- and go back to what we said earlier. All the various religious groups -- Muslim, Christian, trial groups -- they are all working together, doing what they can in good conscience, but all together. I went to a prevention and support program in Zanzibar, the island off the coast, that's almost 100 percent Muslim. And after it, the women who were HIV positive walked down the street to Stone Town, the capital, with "I am HIV positive" T-shirts ...

GUPTA: Wow.

CLINTON: ... on, in a Muslim society.

GUPTA: That is ...

CLINTON: The Pakistanis just asked me to sign a partnership with them on national television to fight stigma. So I just want to say to all of you, you know, this is - anybody who stigmatizes somebody else merely for anything is afraid and that's what's going on here. This is about the stigmatizers, not those that are stigmatized. And we just have to get that out there and get them to get over their fears. GUPTA: Good point, Mr. President. Thank you. I want to turn the discussion a little bit to the United States because we talked a lot about the developing world.

Dr. Helene Gayle, if I can get you to stand up again. Let me just point out, you've been with the CDC, the Gates Foundation, now the new president of CARE as well. We just saw some of what's happening here in the United States. Obviously you know this well.

I'm always struck, as a simplistic guy like myself, you have medicines. They work. You're trying to get them into places in the United States even, but we're not getting -- people have to make hard decisions between living or having a life as you just saw.

Gayle: Well, I think that's unconscionable, that people have to make those kinds of decisions. In a nation as rich as ours, we ought to be able to make sure that anybody who needs drugs for HIV gets access to those. But we also have to remember there's not just treatment. In order to really make an impact on this epidemic, we also have to stay focused on prevention. (APPLAUSE).

We have five million new infections occurring around the world every year. We cannot keep up with the treatment needs unless we also look at this comprehensively and focus on prevention. So here in this country, we've let our guard down.

We have to make sure that we continue to have strong prevention programs that get the information out to people that are relevant to peoples' needs, peoples' cultures and also make sure that people have access to life saving medication. They have to go hand in hand and we really have let our guard down here in this country. We've got to continue to look at what we can do globally. That's where the epidemic is happening, 95 percent of new infections are occurring globally. But we're a rich nation. We can do both. We can make a difference here in our own country and around the rest of the world.

GUPTA: Thank you.

(APPLAUSE)

GUPTA: Mr. President, you see -- it's Harlem -- you see what happens here right here in America. How do we reach

some of the people that we're talking about?

CLINTON: First of all, there's a fix. We have a model for a fix for the problem of the people whose incomes are a little too high to qualify for AIDS. We had exactly the same situation when I was president in my second term with people with severe disabilities. And essentially what we said was, look, we'd be better off if a guy -- let's say a woman or a man is disabled and getting \$25,000 a year worth of Medicaid care. And if they go to work and make \$15,000 or \$20,000 with a part time job or a full time job, they lose all that. Then we -- but if they were working and paying taxing and getting this care, we'd still -- the society would be ahead and they would be way ahead. So we changed the law for people with severe disabilities so they could go to work and still keep drawing Medicare -- caid. We could do the same thing for people with HIV/AIDS. There's a simple legislative fix here. It would not net out costing the taxpayers more money and if we would prove far more consistent with our values and what makes common sense. So we should take the disability fix and apply it to people with HIV and AIDS. and that would solve that.

GUPTA: If you were president today President Clinton, if you were president today -- (APPLAUSE) -- I have a question, I have a question for the former president. If you were president today, with all that you now know about AIDS, what would you do? What would you do differently?

CLINTON: Well, first of all, I would -- I commend President Bush and the Congress for appropriating far more money than we could ever get back in my second term. We did triple overseas assistance to AIDS, but I commend them for that.

The first thing I'd do is fix this American problem that I just mentioned, so we can get working people with HIV to stay in the workforce and keep getting care.

Then, globally what I would do is to try to get our pharmaceutical companies to do more partnerships, like the ones I mentioned with Merck and Bristol-Myers, with the generic producers, so we could get more medicine out there for the money we're spending.

And then, I would design all my programs. I agree with what was said earlier about the ABC Program, Abstinence, Be faithful, and then Condoms.

But if you have a set beside, where you won't let people -- and the American program, by the way, does buy condoms. But we still try to impose our values on some of these countries. I think we should let each country's culture define what we do in the area of prevention.

(APPLAUSE)

Because -- and then finally -- this is somewhat controversial but, look, 90 percent of the people who are HIV positive don't know they have the virus.

You wonder how come we're getting 5 million more people a year? You just assume that everybody that's HIV positive is irresponsible, that they won't behave in a responsible fashion. That is not true. Ninety percent of the people, who have this infection, do not know it. That means we have to test more people.

Now, we have always been against mandatory testing, thinking it would run people away because of the existence of stigma. And in the '80s there was no medicine.

So I don't think we should go to mandatory testing. But we should go to opt-out testing. We should go to people and tell them what the facts are and promise to fight stigma and promise to help keep them alive. And then let them opt-out if they want. I don't think many people would opt- out under those circumstances. And we'd save a lot more lives.

GUPTA: Mr. President, thank you very much.

And whether it's on the streets of New York, right here, or in the dirt roads of Africa, the most vulnerable AIDS victims are the children.

Kids and AIDS, when we return.

(APPLAUSE)

(COMMERCIAL BREAK)

(APPLAUSE)

GUPTA: I'm a Dad and I'm a doctor. And it's heartbreaking for me to know that each day 1,800 babies are born infected with HIV. And 1,400 children a day die because of AIDS -- 1,400 a day.

So how can we help? And that's what we really want to talk about today.

Let me start, Zeda Rosenberg, with you. If you could please stand up.

Tell us, there's something new happening with regard to AIDS prevention and it has to do with microbicides. What are

those and how do they work?

ZEDA ROSENBERG, RESEARCHER: Microbicides are gels, anti-HIV gels that women can apply to the vagina that will block HIV infection from the male partner.

GUPTA: Do they work? I mean, how well does it work?

ROSENBERG: They are now in large-scale testing. And it's a very exciting event that is going on now. Because right now, the virus is spreading most rapidly in women and girls throughout the world. From New York to Nairobi, it is women who bear the brunt of this epidemic. And they are most at risk for biological reasons. And they are at risk because of their lack of social and economic power.

GUPTA: Zeda, thank you.

Thembi, if you could please stand up for a second.

You just heard what Zeda Rosenberg was talking about with regards to microbicides. I have a question for you, something that sort of struck me, you know.

I think, in some ways we shoot ourselves in the foot because we're doing so well with being able to treat HIV/AIDS. But there's an entire generation of children who have never known a world without it. And maybe, you're seeing a resurgence of high-risk behavior because, they think that it's bad, but they can take the medications if they get it.

What is your view on this, as a young person who has the virus?

NGUBANE: Well, as a young person, I feel like all the young people should go for an HIV test and know about their status so that they can receive medication as they need them.

And also, they should practice safe sex, like the prevention way using condoms. Because I don't think abstinence will work with the young people because most of them have already had sex. So it would be hard to practice abstinence.

When you talk about abstinence to them, you don't talk about nothing. You can try to talk about prevention and also getting tested.

GUPTA: Abstinence discussions don't work. Is that what you're saying?

NGUBANE: Yes. They don't work where we live.

GUPTA: They don't work where you live.

NGUBANE: Where I live. Because most of the children, they have already experienced sex. Because we don't have anything to do that is fun. Sex is free. Sex is fun. And you can't get arrested from having it.

(LAUGHTER)

GUPTA: An important point.

(APPLAUSE)

Richard Gere, this is part of the discussion that we're supposed to have, talking about what actually works. You know, forget about where the money's going or how it's actually getting there.

What works on the ground? You've been to some of these places. What have you seen and what do you tell Thembi?

GERE: I'll tell you, Sanjay, it's absolutely true. I mean, you must be realistic talking to people. And the world is what it is. And these approaches that don't acknowledge the reality on the ground don't work.

You must talk to people in their homes and their hearts. And -- and this kind of direct communication, reality communication, is really important.

I don't work specifically in Africa, but the work we've done in India is finding a way to get into the hearts of people and very quickly. And the access point that we've found was through musicians, athletes, movie actors, et cetera, who speak directly to people, and especially in India, where they're deified. The years that we've taken to make a genuine commitment from their side to talk to their people allows that kind of direct communication.

There's kind of an amazing thing. I've just had Amitabh Bachchan, who is their greatest actor, that's been doing wonderful work. And Aishwarya Rai has been doing wonderful. Rushwara Khan (ph), wonderful work. And Kamal Haasan has done wonderful work with us.

What we've always found is if you can make this heart connected, then anything can happen. All the science in the world is certainly effective within its own universe. But until you make it human, until you touch people in their hearts, you're really not going to change the situation.

GUPTA: Thank you. Thank you very much, Richard.

Mr. President, you know, I've got to tell you, one of the things -- you're here tonight and talking with us about this. I've got to -- if you weren't here, I don't know how many people would pay attention to this topic. I really don't. I get discouraged sometimes, Mr. President, talking about AIDS.

You hear Thembi. You hear Richard. Ten thousand kids, outside of a couple of countries only, most of them aren't getting treatment in this world. We're thinking big here. We're talking about ending AIDS. How are we going to do that?

CLINTON: Well, first of all, if we're going to end AIDS, I agree that we have to keep working on the vaccine, the microbicides, cure and other prevention strategies. There's a sweeping new study that has not yet been validated, but it's encouraging, saying that if a lot of these countries adopted male circumcision they could reduce communication of the virus by more than 50 percent. It may not be accurate. We only have one study that says that.

But meanwhile, to get there and be a humane society, we have to help people live as long and as well as we can. And most of the money has gone to give the medicine to young adults and not very young children, but their biochemistry is different. So you have these kids dying like flies, you just mentioned at the beginning of this segment, because they get no medicine.

Last year in the whole developing world, young children that needed pediatric AIDS medicine, there were 25,000 kids getting it. And a half million died. And 15,000 of them were in Thailand and Brazil, where the government covered everybody. And the whole rest of the world, India, China, the Caribbean, the former Soviet Union, Africa, every place, 10,000 little bitty kids.

So we got some philanthropists to double that number last year. We're going to do 10,000 more, and I'm trying to get the money to do 50,000 more. I saw where Mrs. Bush said that the American program would pay for more. But we need to wake the world up to this. I think people would care about these kids dying like flies. If they knew that we -- and keep in mind, the price now, the difference is about 136 generic price dollars a year for the adult medicine. Just under 200 for the children, because of the volume difference.

But if -- if everybody decided that no little kid was going to die, we could close that gap in no time, and we could provide a half a million children the medicine. We have about 600,000 kids need the medicine. And so the gap between the children who need it and the children who are getting it is even greater than the gap between the adults who need it and the adults who are getting it.

GUPTA: Mr. President, thank you. Wanting no little child to die of AIDS is all you're asking for. It's all a lot of people are asking for. It's important, and that's what we're trying to appeal for.

We'll take a quick break. We'll be back in a moment.

(COMMERCIAL BREAK)

GUPTA: Welcome back. Mr. President, before we go, I was wondering if you had a closing thought that you could share with all of us. Microphone?

CLINTON: Well first of all, I actually believe we can end AIDS within the time period you talked about. To end it, one of two things will have to happen. We'll either have to develop a cure which is very hard because the virus reconfigures the DNA of every cell, or we'll have to have a vaccine plus microbicides and other prevention in the hands of people who will use it. First point I want to make.

The second point I'd like to make is that, between now and then, we all have a moral obligation to help keep as many people alive and healthy and able to live their dreams as possible. That means we have to have a prevention and treatment program, and care. It means we have to build up the health infrastructure. It means we have to make the medicines available. It means we have to push the prevention.

On the abstinence issue, I don't want to see us get into an either/or thing. The evidence shows that actually abstinence education among young people who have not yet engaged in sex for the first time works to help delay the onset of sex. But in the countries where it's done in an exclusive, negative fashion, when they do begin to have sex, they're more at risk of the infection because they don't protect themselves.

So what we need to do is to be whole here, to give the people who believe this is the morally right thing to do their due, and then ask them to look at the facts and work together.

The third thing I want to say is, all of us can do something about this. That's what this whole NGO movement is about. You can give money, you can give time, you can give support, but it's not like you can't do anything about it. So we don't any of us have an excuse. The Internet enables people who have very little money to give five or 10 or \$15 a year, if that's all they can give to these great, global efforts. You don't have to be as wealthy as Bill Gates or as well-connected as Bill Clinton or Richard Gere. You can make a difference. And because you can, you must.

GUPTA: Mr. President, thank you very much.

(APPLAUSE)

GUPTA: Mr. President, I want to thank you. I want to thank all of our guests, as well, today. It's been an important discussion, hopefully a helpful discussion, as well. I also want to thank Reverend -- Dr. Robeson as well thank you very much.

This is a beautiful church, a beautiful church and a beautiful choir, as well. Thank you, as well.

(APPLAUSE)

GUPTA: You know, you might say it's optimistic to talk about the end of AIDS, but I don't think so. We're doing more than ever to prevent and treat this disease, and by working together, pooling our resources and talking about it, we're going to save millions of lives.

I'm Dr. Sanjay Gupta. Good night.


(APPLAUSE)

(MUSIC)

END

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