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**We Must Do More**  
**To Protect Girls and Women**  
**From HIV and AIDS**

*National Press Club, Washington, DC*

*7 o'clock, June 22, 2005*

Good evening, ladies and gentlemen. I am excited to be here with you tonight to talk to members and friends of the National Press Club. I want to tell you that the saga of AIDS is not all doom and gloom despite what you may have heard. There is hope and there are programs and efforts that are working. We must build on them, replicate them and raise more resources to spread that success. That is what I am trying to do as the YouthAIDS ambassador and is the reason I am here this evening.

**Getting tested in Madagascar**

Earlier this year, on a trip to visit our programs in three African countries, I stood in a circle, holding hands with seven commercial sex workers in a public health clinic in Antananarivo, Madagascar. The clinic was located in a dilapidated high-rise in the slums of Antananarivo, with chickens and hordes of people on the streets outside, and plain, dirty rooms on the inside. We had been counseled and tested for HIV, and were awaiting the results. We prayed for an HIV-negative outcome, although there was every reason to expect at least some positive results. A woman whose name I would like to share but cannot for confidentiality reasons was called in to receive her results. I accompanied her into a small counseling

room. She sat in a chair across a desk from a social worker, and I kneeled beside her, my arm around her shoulders, eyes fixed on the small stack of papers that I knew were our test results. The social worker slid the paper forward with the test outcome validated by an official stamp: “NEGATIF.” The woman went through a transfiguration — from grim, fearful stoicism to an outburst of joy. “Negatif, Negatif,” she kept screaming. I bawled shamelessly, caught up in the fabulous reality and simultaneous fear that the next woman’s result could be different. But my fears were unfounded — all seven sex workers were found HIV-free.

We all reacted in our own way. The social worker immediately seized the opportunity to reinforce risk reduction and consistent condom use. Our photographer, a tough veteran who’s seen all kinds of heartache, cried openly. The documentary crew filming my trip declared it to be the most dramatic situation they had ever witnessed. And the women themselves reacted in a variety of ways — outbursts, giggles and collapsing on the floor.

The experience was not only an eloquent tribute to the power of our peer education but nothing less than a miracle: Seven veteran sex workers with more than 75 years on the streets had been found neither infected nor infecting others, and had been given a new reason to protect themselves. There is plenty of despair in Africa, plenty of reasons to cry. But hope is not gone. There is success. We must identify it, build on it and sustain it.

### **Hope is not lost**

You, the members and friends of the Press Club, play a critical role in interpreting the AIDS pandemic to the world.

Last year, a Kaiser Family Foundation survey found that a large majority of Americans said that most of their information about HIV/AIDS came from the media. Unfortunately, only 30% thought that the U.S. has a responsibility to help fight AIDS in developing countries while 62% said that we should focus

on problems at home instead. One of the reasons for that attitude may be the impression that we are not making headway against AIDS. So why commit more money?

This month, the U.N. reported that the pandemic continues to expand, despite encouraging signs that it is beginning to be contained in a small but growing number of countries. UNAIDS Executive Director Peter Piot said that the only way we will get ahead of the pandemic is with universal access to HIV prevention and treatment. Young people aged 15-24 continue to represent one half of all new infections worldwide, and most often do not have access to life-saving prevention options. I believe that prevention should be our priority.

### **Global Fund needs U.S. support**

A major source of support for realistic prevention programs is the Global Fund, which is financing critically needed programs in youth education, voluntary counseling and testing and more. The Fund is cost-effective and is having a real impact, already reaching 32 million people in more than 100 countries. Yet these effective and cost-efficient programs are at risk because donors of the Fund, including the U.S. have failed to give the Fund what it needs to fully support its programs in 2006. We cannot allow prevention programs to be cut back. The Fund's needs will increase dramatically next year, and so should U.S. support. The U.S. has been asked to provide \$930 million just to continue existing programs, and that's what it should give. Please add your voice to mine in advocating this help.

### **AIDS is here in D.C.**

Some Americans think of AIDS as an immense, distant threat — like the destruction of the Amazon rain forest — that has little effect on us here in the United States, protected by two oceans. But AIDS is well-entrenched here: There were 1.1 million HIV-positive people living in the U.S. at the end of 2003, the highest number yet recorded, the U.S. Centers for Disease Control and Prevention

announced a few days ago. And AIDS is right here in D.C. — in 2001, the District of Columbia had 119 AIDS cases per 100,000 residents: the highest rate among cities with over half a million people followed closely by neighboring Baltimore. AIDS is most definitely in our neighborhood.

### **The PSI Approach**

PSI and its YouthAIDS program, which I am proud to represent, are unique in the nonprofit world in the way they harness the energy of the commercial sector and employ creative marketing to get life-saving health products, services and information to the poor and vulnerable, to empower and protect their own health. We know that kids listen to their peers and follow the lead of their role models — singers, actors and athletes. That's why you see a strong celebrity influence in many of our campaigns.

We admire the ability of Coca-Cola to deliver cold, fizzy drinks to the most remote African village, while the nearest government clinic is a distant trek away. We do the same with health information and behaviors like abstinence, fidelity, condoms, HIV testing and other risk reduction strategies. Two years ago, *The New Republic* magazine called PSI “The McDonalds of family planning.” We took that as a compliment.

PSI designs its campaigns carefully, to be edgy and hard-hitting, while respectful of local cultural sensitivities — a fine line, to be sure. All messages are pre-tested among the intended target groups, whose feedback is used to adjust the messages before they are disseminated. We have creative means for getting around the illiteracy and low literacy that often impede the poor and vulnerable populations we serve.

One of the things I love about PSI is our uncommon focus on measurable health impact. We measure our effect on disease and death much like a commercial entity measures its profits. In 2004, PSI products and services helped prevent an estimated 800,000 HIV infections.

AIDS is a problem that government can't solve alone. Individuals, the media, NGOs and the corporate sector must all play a role. This is why PSI works with leading companies to raise awareness and financial support. We salute the companies that have the courage to work with us on HIV/AIDS like shoe retailer ALDO, American Online, Antropologie, jewelry designers Roberto Coin and David Yurman, American Beauty and Kiehl's Cosmetics — all dedicated to educating and empowering youth to prevent HIV transmission. PSI's major donors, to whom we are very grateful, include the governments of the U.S., the United Kingdom, Germany, the Netherlands, the Gates Foundation and other foundations.

### **Beyond the ABCs to reach girls and women**

My trips to visit PSI programs in Africa and Southeast Asia have impressed upon me the great need for more programs that address the needs of girls and women, who are particularly vulnerable to HIV infection due to our biology and our relative powerlessness in many cultures. The lack of gender equality and economic opportunity for women, combined with the low esteem in which they are often held, leaves them with few options and often forces them into exploitative, degrading and dangerous relationships.

**While Abstinence, Be Faithful and Condoms — the ABCs of AIDS prevention — should be the foundation of our prevention strategy, we need to go further to address the needs of girls and women adequately.**

In sub-Saharan Africa, women now make up 60% of those infected with HIV. In Kenya, for every 20 young men 15 to 24 years of age living with HIV, there are 45 young women of the same age with the virus — more than double. In all of Africa, three out of every four infected 15- to 25-year-olds are female. And marriage is no guarantee against infection. Indeed, husbands infecting wives now represent the largest transmission vector in many places, including Cambodia.

In Madagascar, I met two women who personify female vulnerability to HIV and explain why we do not limit our outreach to high-risk groups alone. The first woman had multiple partners, per cultural norms, and was infected by one of them while her boyfriend was away studying. The other woman was infected by her husband. Although she had tested negative at the time of her marriage, her husband later infected her after contracting HIV from an extramarital partner. The wife learned of her HIV-positive status when she was seven months pregnant with twins.

### **Let's promote A and B**

Let's promote abstinence, fidelity and partner reduction as effectively as we can. Frankly, I was once skeptical about the potential of abstinence programs to make a difference. But I've seen enough in my travels to make me realize that some youth are highly receptive to this approach. Let's give them that option as part of a balanced approach, but let's do it right and monitor the effectiveness of such programs, so we understand how they work and how to improve them.

### **Let's promote condoms, too**

We must accept condom use as an important strategy in preventing HIV even among the general population, including youth, where appropriate. The truth is that substantial numbers of young people are engaging in sex before marriage in many countries. We may not like it, but this is the reality and we have to deal with it. In South Africa, there is a gap of nearly six years between the median age of first sexual relations and first marriage for women. Clearly, "abstinence-only until marriage" is not a viable strategy for all young people in this environment. South Africa is one of the countries most ravaged by AIDS, with the highest number of HIV-positive people in the world.

### **Promising Approaches**

PSI and YouthAIDS are using a balanced and targeted approach to reach vulnerable

girls and women. I have seen these programs in my recent trip to Kenya, Madagascar and South Africa and my 2004 trip to Cambodia and Thailand. Allow me to share a few insights with you:

- The practice of **cross-generational sex** between older men and younger women is putting young women already vulnerable to HIV at even greater risk. PSI has played a leading role in identifying, highlighting and fighting the phenomenon. Last year, we sponsored a forum at the International AIDS Conference in Bangkok that featured Dr. Mercy Oduyoye, a wonderful woman known as the mother of African theology and an expert on this unfortunate aspect of African life. In Uganda, PSI has started Go-Getters Clubs for university women that use peer education to impart life skills, raise HIV risk perception and encourage young women to look beyond short-term gratification and set long-term goals. Talks and presentations feature successful women who show members what they have achieved and advice on how to do it without sacrificing their health or self-respect. The program enlists faith groups and businesses that provide internships for members. Off the record, a top U.S. official who visited the program was so impressed that he called for it to be replicated in other countries.
- We also promote **delayed sexual debut** among teens, encouraging them to focus on other life goals first. But sexual violence and coercion, peer pressure and transactional sex are major risks for African teens. To address those risks, we have produced an African regional campaign using television, print, radio and interpersonal communication. The Delayed Debut campaign aims to encourage youths ages 13-19 to postpone sex as long as possible. An important target of this campaign is orphans who, with little education or empowerment, are often forced to fend for themselves on the streets in order to survive. The campaign has just been launched in Zimbabwe and is now rolling out in 16 other African countries. We believe it is the largest pro-abstinence campaign in the world.



- PSI has been promoting abstinence from the time of its very first HIV/AIDS prevention program in 1988. In Kenya, I saw a really positive abstinence campaign called *Chill!*, which uses fun, hip-hop sounds to create upbeat and empowering messages about delaying sex or re-embracing abstinence that are seen or heard on TV, radio, billboards, mini-buses and bumper stickers. Everywhere we went, we got huge responses when we made the *Chill!* hand sign to young people. Young Kenyans are thrilled to be chilling.
- PSI has been working with **faith-based organizations, or FBOs**, for at least 12 years — Muslims in West Africa, Christians in Eastern and Southern Africa and Buddhists in Southeast Asia — well before the current focus on FBOs. On my trip to Kenya, I was privileged to speak to 40 spiritual leaders from 13 countries at an AIDS prevention seminar organized by PSI and funded by USAID. I called on these leaders, who are on the frontlines of HIV/AIDS in their at-risk communities, to mobilize their congregations to create an enabling environment to delay sexual debut among youth, to support and care for those infected with HIV and to challenge cultural practices and traditions that render young women vulnerable to infection. They were receptive to my message and committed to preaching about the many social ills — from gender inequality to superstition to poverty to ignorance — that contribute mightily to HIV's devastation. In the Islamic country of Mali, PSI works with imams to develop and incorporate accurate HIV/AIDS information in standardized form into the Friday sermons at the mosques. Greater collaboration between faith and secular organizations is the way of the future. Together, we have the ability to reach and empower millions more people.
- PSI uses **peer education** to reach hard-to-reach groups. Examples are youth educating youth, soldiers talking to soldiers and sex workers educating other sex workers. In Madagascar, sex workers share strategies for protecting themselves like negotiating for condom use every time they have sex. Let me tell you about one of them, Sahoooly, our shining star of the streets. Sahoooly and her fellow educators have been empowered and trained to work the streets



and slums without PSI technical staff, enabling them to reach more vulnerable people in high risk groups. After dark, Sahooly took us to a peer education session at the hotel where other sex workers and clients rent rooms. Outside, a long line of sex workers were ready to discuss HIV and reproductive health, and in minutes it was like a coffee klatch, totally female, everyone sitting on the floor, chatting and answering questions. They've learned a lot, but still have a lot of questions. They've learned a lot, but still have a lot of questions, such as the HIV risks to pregnant women. It was this kind of session that had brought my seven sex workers friends and myself to that testing center which gave them a second chance at life. Peer education is all about breaking down cultural norms. In South Africa, I heard how older men, traditionally proscribed from talking about sex with younger men, were doing just that and, in the process, opening major new communication channels.

### **Meeting my mentor**

Mentors are important because they have already gone places that we have not, perhaps not even in our dreams, and they look back at us with the love borne of wisdom, grace, mercy and compassion to imbue our lives with integrity. I met my spiritual and social justice mentor on a recent trip — Archbishop Desmond Tutu. He surprised me by asking *me* a lot of questions. One would expect a certain amount of polite interest from such a spiritual being, but the Archbishop pressed me for details about our work, impressions of my voyage and what I would tell people when I got home. His questions revealed his own thoughts: He spoke about gender inequality; prejudice; and sex within marriage as an instrument of love, expression and becoming more God-like. He spoke about the folly of promoting only abstinence without a balanced approach that acknowledges we do not yet live in a perfect world in which ideal behavior can be expected from everyone all the time.

I was attentive and respectful, and learned anew that no one, not even someone of his stature, has the silver bullet for HIV/AIDS, and that we all — governments,

NGOs, faith- and community-based organizations, corporations and, yes, you in the mass media — must rally around more comprehensive prevention efforts. This is our only hope.

### **Conclusion**

Ladies and gentlemen, I have a voice because of my film roles. People know my face and, like all of you here tonight, are kind enough to listen to me. But you have a voice that is even more powerful than mine because you publish and broadcast to audiences of hundreds of millions. Reporting on the response to the AIDS pandemic in a critical way is essential to improving that response. But I plead with you to use your voices to tell more of the hopeful stories of progress against AIDS, like the ones I have shared with you this evening, so that we can scale up our response to the vulnerable girls and women too often overlooked in this emergency.

Finally, I want to share with you the exciting news that I am testifying before the Senate Foreign Relations Committee on these issues tomorrow morning at the invitation of Sen. Richard Lugar. I invite you to come and see me again or share news of this hearing with any of your media colleagues interested in the positive role they can play in shedding light on this problem and bringing about change.

I thank you for your presence here today and for what you have done and will do in the future to convey this terrible and inspiring story to the public. It will surely shape the lives of our children and grandchildren for generations to come.