Welcome welcome to our virtual opening of the Community in time of crisis, Yale New Haven HIV AIDS from 1981 to 1996. Thank you all for coming almost 300 people RSVP’s to be part of this celebration and I truly considered a celebration for those of us who lived through this time period. You will get a chance to hear from some of your colleagues. You have a slate of speakers who they will talk from. Personal experiences will be having the Dean talk and we will also be showing
you a video of the virtue of virtual video of the actual exhibit itself.

So again, thank you so much for being here. I hope you enjoy but also allow yourself to reflect back during this time period and allow yourself to feel. Whatever it is that you choose to feel.

Now I would like to introduce our Dean Nancy Brown.

She is a Dean of the School of Medicine. She is a professor in internal medicine. She graduated from Yale College and completed medical school at Harvard. She created her research portfolio around translational research,
developing new pharmacological strategies

to prevent basket disease in patients

Prior to coming to Yale.

She was the chair of the Department

of Internal Medicine at Vanderbilt,

and their physician chief for the

Vanderbilt University Hospital.

The Dean’s research has been recognized

by the American Heart Association,

the American Association of Hypertension,

and the American Federation

of Clinical Research.

The Dean is a fellow in the American

Association of Advancement Science,

a member of the American Society
00:02:05.890 --> 00:02:07.210 of Clinical Investigation,
00:02:07.210 --> 00:02:09.410 the American Association of Physicians,
00:02:09.410 --> 00:02:12.050 and the National Academy of Medicine.
00:02:12.050 --> 00:02:15.810 Help me welcome, Dean Brown.
00:02:15.810 --> 00:02:16.120 Thank
00:02:16.120 --> 00:02:18.640 you and thank you all for joining us.
00:02:18.640 --> 00:02:21.700 I am so delighted to welcome you to this
00:02:21.700 --> 00:02:24.377 virtual opening of an important exhibit.
00:02:24.380 --> 00:02:26.200 At the beginning of 2019,
00:02:26.200 --> 00:02:29.104 the program for Art in public spaces began
00:02:29.104 --> 00:02:32.040 the task of evaluating the artwork in
00:02:32.040 --> 00:02:34.750 the School of Medicine’s public spaces.
00:02:34.750 --> 00:02:37.190 The goal of this program is to ensure
00:02:37.190 --> 00:02:39.927 that our artwork reflects the diversity,
00:02:39.930 --> 00:02:41.842 history and accomplishments of
the members of our community.

This can be seen in Aperture 2.

The latest in a series of portraits in the hallway leading to the Beaumont Room highlighting are women, faculty and self reflection. Featuring artwork created by faculty, students and staff. Currently on display on the 1st floor of Sterling Hall of Medicine outside the Medical Library.

These exhibits have transformed our hallways with vibrant artwork about or by individuals who contribute to all that we do. Portraits of the late Deputy Dean Carolyn Slaman and renowned
epidemiologist Dorothy horsemen, the first woman to be a full professor at Yale School of Medicine. Augment this work. Paying tribute to two important members of our faculty, but the portraits themselves. Speak as a style of artwork in an open NIS. Not seeing another portraits on our hallways. The opening of community in a time of crisis, Yale, New Haven and HIV aids further transforms a space at the heart of Sterling Hall of Medicine, the hallway outside the Deans office.
The program for art in public spaces thus continues this work in telling the stories and history of our school. The exhibit explores a time not unlike our current time, in which we find ourselves. It showcases the journey from the beginning when the CDC published report about a puzzling an unnamed illness. Through the next 15 years, when many came together at Yale and in New Haven through research activism. Inpatient care to battle aids. This exhibit highlights 2 qualities that enrich our school.
Our diverse community in our diverse community in New Haven, in particular, the other is collaboration among faculty, students, and staffs. In terms of participating in creating this exhibit and featured in it. Shortly you will be hearing from some of the people who were at the front lines during a challenging time and his work shaped the progress. We have made an understanding and in treating HIV and AIDS. Before we begin the program, I would like to extend my thanks to Deputy Darren Latimore.
I would also like to thank not only the committee but the graduate students in the history of science and Medicine program in the Department of History, who created this exhibit under the direction of Professor Naomi Rogers, the program for Art in public spaces. Executive Committee, as I said, which guided their work and the staff members of the Office of Communications who helped to bring it to fruition.

Welcome everybody and enjoy.

Thank you so much.

Dean Brown and Dean Lattimore.

If we can put up that next slide,
I'm Anna Reisman. I co-direct perhaps the program from public spaces, along with Darren Lattimore and.

I just wanted to draw your attention to this list of people who were generous with their time and during the graduate student teams work, which I should say.

Took place under unique circumstances. An really had the team lead were faced with all kinds of challenges early in the pandemic, which is when this began and really
00:06:33.063 --> 00:06:35.480 they were unable to do what they
NOTE Confidence: 0.9103816
00:06:35.480 --> 00:06:37.382 are here in Graduate School to
NOTE Confidence: 0.9103816
00:06:37.459 --> 00:06:39.664 do and to get into the archives.
NOTE Confidence: 0.9103816
00:06:39.670 --> 00:06:41.742 So almost every part of the research
NOTE Confidence: 0.9103816
00:06:41.742 --> 00:06:44.060 that led to this exhibit was done
NOTE Confidence: 0.9103816
00:06:44.060 --> 00:06:46.100 via zoom via phone interviews via
NOTE Confidence: 0.9103816
00:06:46.162 --> 00:06:48.346 Internet searching and the slide that
NOTE Confidence: 0.9103816
00:06:48.346 --> 00:06:50.530 you're looking at now includes many,
NOTE Confidence: 0.9103816
00:06:50.530 --> 00:06:52.330 many amazing people who the
NOTE Confidence: 0.9103816
00:06:52.330 --> 00:06:53.760 research team spoke with.
NOTE Confidence: 0.9103816
00:06:53.760 --> 00:06:54.738 Who were really,
NOTE Confidence: 0.9103816
00:06:54.738 --> 00:06:56.368 really generous with their time
NOTE Confidence: 0.9103816
00:06:56.368 --> 00:06:58.170 and really made the exhibit
NOTE Confidence: 0.9103816
00:06:58.170 --> 00:07:00.153 what it is and you will hear
NOTE Confidence: 0.9103816
00:07:00.153 --> 00:07:01.558 from some of them today.
NOTE Confidence: 0.9103816
00:07:01.560 --> 00:07:03.527 First thing that we're going to do
Let's show you a short video that is a walking tour of the physical exhibit, which is now displayed on the 2nd floor of Sterling Hall of Medicine, and it is narrated by Sarah Pickman, who was the leader of the graduate student team and this runs for about four and a half minutes.

Welcome to community. In a time of crisis, Yale, New Haven and HIV AIDS 1981 to 1996. This exhibition on display at the Yale School of Medicine tells the story of how the AIDS epidemic of the 1980s and early 1990s affected the people of New Haven.
and how a group of individuals from Yale University and the surrounding community came together to fight this deadly disease. The exhibition was organized by the School of Medicine’s Program for Art in Public Spaces, or perhaps a group of faculty, staff and trainees that works to ensure that art work in public areas that the School of Medicine reflects the mission, history, and diversity of the school’s community. Community in a time of crisis was curated by 5 doctoral students from Yale’s program in History of Science and Medicine in collaboration with Paps.
The exhibition draws on materials from Yale University's archives, New Haven Newspapers, Scholarship on the AIDS epidemic, and conversations with individuals who are part of this history who generously gave their time and shared materials from their personal collections. The exhibition begins in 1981, the year that the US Centers for Disease Control and Prevention first noted in an official publication, what soon came to be known as acquired immunodeficiency syndrome or AIDS? Within the year it was clear that
the disease was affecting many individuals in the New Haven area, including a disproportionate number of people of color and intravenous drug users. Due to a lack of access to healthcare, poverty and defective segregation in the city. However, as in other places in the United States, there was no coordinated care response to AIDS in these early years. People with AIDS in the early 1980s faced not only a disease with no cure and no effective treatment options, but also discrimination and institutional indifference. In these desperate circumstances,
NOTE Confidence: 0.8434959
00:09:19.160 --> 00:09:21.350 a group of people affiliated with
NOTE Confidence: 0.8434959
00:09:21.350 --> 00:09:22.810 Yale and neighboring organizations
NOTE Confidence: 0.8434959
00:09:22.869 --> 00:09:24.319 in New Haven came together.
NOTE Confidence: 0.8434959
00:09:24.320 --> 00:09:25.925 They came from different backgrounds
NOTE Confidence: 0.8434959
00:09:25.925 --> 00:09:28.100 and had different sets of expertise,
NOTE Confidence: 0.8434959
00:09:28.100 --> 00:09:29.820 but they put their skills,
NOTE Confidence: 0.8434959
00:09:29.820 --> 00:09:31.450 energy and compassion together in
NOTE Confidence: 0.8434959
00:09:31.450 --> 00:09:33.949 creative ways to fight the ongoing crisis.
NOTE Confidence: 0.8434959
00:09:33.950 --> 00:09:37.016 This exhibition tells some of these stories.
NOTE Confidence: 0.8434959
00:09:37.020 --> 00:09:39.372 Community in a time of crisis is
NOTE Confidence: 0.8434959
00:09:39.372 --> 00:09:41.020 divided into several sections.
NOTE Confidence: 0.8434959
00:09:41.020 --> 00:09:42.124 In one section,
NOTE Confidence: 0.8434959
00:09:42.124 --> 00:09:44.332 the exhibition explores the role of
NOTE Confidence: 0.8434959
00:09:44.332 --> 00:09:46.683 several New Haven based organizations
NOTE Confidence: 0.8434959
00:09:46.683 --> 00:09:48.603 that provided resources ranging
NOTE Confidence: 0.8434959
from counseling to meal delivery.

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To those affected by AIDS, sometimes in collaboration with Yale.

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Another section discusses New Haven’s groundbreaking needle exchange program,

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which Again, in the mid 1980s, a dedicated coalition of Yale and New Haven students,

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activists and physicians worked together to distribute clean syringes to intravenous drug users around New Haven.

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Yale researchers found that the needle exchange program dramatically cut infection rates in New Haven, and the program became a model for
similar needle exchanges around the US.

In the early years of the AIDS crisis, caregiving activism and harm reduction initiatives were just as powerful in fighting the disease as clinical treatments. Another section of this exhibition highlights Yale student activists who worked to raise awareness about the disease and the lack of a coordinated response to it, sometimes risking arrest. The exhibition also describes the dedicated and compassionate actions of Yale physicians, nurses, social workers and administrators who coordinated care for patients with.
AIDS in the 1980s and early 1990s, often working with limited resources and support, their work evolved in the mid 1990s with the introduction of combination therapies that transformed AIDS from a fatal illness into a chronic one that could be managed with medication and clinical support.

Community in a time of crisis concludes with a discussion of the legacies of AIDS treatment, activism, research and care at Yale and in New Haven, as well as with a piece of original artwork inspired by the AIDS crisis and...
a special aids quilt that was created for the community organization AIDS Project. New Haven and generously lent by its caretaker. Even if you can’t visit in person at the Yale School of Medicine, we encourage you to explore the exhibition’s website. We hope you have enjoyed this brief introduction to the exhibition community in a time of crisis.

OK so I am so pleased to move us into the second half of our opening event. Some of the people who contributed to this exhibit who played all kinds of
00:11:59.592 --> 00:12:02.019 roles in those early days are here today,
NOTE Confidence: 0.91659856
00:12:02.020 --> 00:12:04.020 and many are tuned in here today and
NOTE Confidence: 0.91659856
00:12:04.020 --> 00:12:06.070 we are honored that four of them
NOTE Confidence: 0.91659856
00:12:06.070 --> 00:12:07.984 have agreed to share some brief
NOTE Confidence: 0.91659856
00:12:07.984 --> 00:12:09.452 reflections about their experiences
NOTE Confidence: 0.91659856
00:12:09.452 --> 00:12:11.906 with AIDS and HIV and Community at
NOTE Confidence: 0.91659856
00:12:11.906 --> 00:12:14.764 Yale and in New Haven, then and now.
NOTE Confidence: 0.91659856
00:12:14.764 --> 00:12:17.830 I invite you to put your questions
NOTE Confidence: 0.91659856
00:12:17.921 --> 00:12:21.449 in the Q&A at the bottom of the zoom
NOTE Confidence: 0.91659856
00:12:21.449 --> 00:12:24.288 screen and we should have a little
NOTE Confidence: 0.91659856
00:12:24.288 --> 00:12:26.979 time at the end to take questions.
NOTE Confidence: 0.91659856
00:12:26.979 --> 00:12:29.217 I will start by introducing our
NOTE Confidence: 0.91659856
00:12:29.217 --> 00:12:32.180 first speaker, Edward Kaplan.
NOTE Confidence: 0.91659856
00:12:32.180 --> 00:12:34.987 Professor Kaplan is the William N Annemarie,
NOTE Confidence: 0.91659856
00:12:34.990 --> 00:12:37.408 a beach professor of operations research,
NOTE Confidence: 0.91659856
00:12:37.410 --> 00:12:39.420 public health and engineering at
Yale University School of Management.

His research in HIV prevention in general, and needle exchange in particular has been recognized with numerous research prizes. Currently, he is working on responding to local coronavirus outbreaks and his advise to the University as a member of the COVID-19 Public Health Committee.

I want to thank the exhibits curators, Christine, Megan, Sarah, Maya and Beans for creating this informative and deeply moving exhibition.
00:13:15.140 --> 00:13:19.076 It’s so great to have you all here.

00:13:23.008 --> 00:13:26.537 In nineteen 9029% of the 200,000 US AIDS cases today were among drug injectors.

00:13:29.644 --> 00:13:33.916 New Haven’s signature response was the needle exchange program,

00:13:35.664 --> 00:13:39.598 and the exhibit documents how this program came about,

00:13:41.790 --> 00:13:43.538 how it was delivered,

00:13:44.850 --> 00:13:48.060 and the public health policy consequences.

00:13:50.418 --> 00:13:51.597 needle exchange video,

00:13:54.197 for you will see and hear from
program clients outreach workers,

the AIDS Division director,

New Haven’s Police Chief,

and the researchers.

The needle exchange was emblematic of how people came together to address the HIV AIDS crisis in New Haven.

When it came to evaluating the needle exchange, necessity really was the mother of invention.

Elaine O’Keefe, New Haven’s AIDS Division director, prohibited conducting HIV tests on program clients.

You see, there were no real treatments,
no life preserving anti retroviral drugs,

but receiving a positive test would add

that is stigma of injecting drug use.

In short,

if clients were to be tested,

there would have been no clients.

Not being allowed to test people

forced us to think of alternatives.

This led to the design of a system

for tracking and testing needles to

evaluate the program, in essence,

letting the needles do the talking.

Of course I had no idea how

to test needles for HIV.

I ran around Dale,

asking chemists, biologists,
engineers how to test needles.

Eventually former chair of Internal Medicine Ed Cabman introduced me to a laboratory wizard named Rob Heimer. That had a PCR machine and Rob now figured out how to use it to detect HIV proviral DNA in used needles. This was one of your first applications of PCR. Everyone knows where PCR is today. Thanks to covid testing or black thereof. But our use of PCR in the early 1990s was sometimes characterized as politically correct research.
Rob talks about his work in the video exhibit, which you can see a photo of the doctoral student and now Professor Kaveh Kushner at work in the lab, along with technician Beanie Jariwala. Fast forward for a moment, almost exactly one year ago. Given the lack of coronavirus testing, Soto Mayor Albert Cohen, I wondered whether some form of environmental monitoring might help track community outbreaks. Again, a search to find the right person who knew how to do this.
We quickly learned that all roads lead to Jordan Pet. She and environmental engineering students collecting sludge samples that, in time, revealed the speed and force of that first COVID wave viral RNA and sewage sludge is now being tracked at 6 wastewater treatment plants across the state and seeing this collaboration take shape for me was deja vu all over again.
Back to the 1980s and 90s, there was a remarkable and formative experience as a young junior professor at a management school. My hero was Alvin Novick, a biology professor, chair of the New Haven Mayor's Task Force on AIDS and a World War Two prisoner of War Camp survivor. As inscribed on his memorial bench and at Griffin Park. Also shown in the exhibit, Al was ahead of his time. My go to seminar was the Yale aids Colloquium series. You can see a flyer announcing AXA.
00:16:59.206 -- 00:17:02.678 needs in a conic section of the display.

00:17:02.680 -- 00:17:04.708 Many of the interlocutors and others present tonight.

00:17:04.708 -- 00:17:10.086 Will regular attendees of the IAC seminars.

00:17:10.090 -- 00:17:11.470 One last thought.

00:17:11.470 -- 00:17:14.690 During the years covered by this exhibit.

00:17:14.690 -- 00:17:16.742 There was a spirit of cooperation among affected communities.

00:17:16.742 -- 00:17:17.768 On the one hand, and yells clinicians, medical and social science researchers working on HIV aids on the other.

00:17:17.770 -- 00:17:20.157 We had a shared purpose and we were on the same team.

00:17:20.160 -- 00:17:25.089 Thank you.

00:17:29.610 -- 00:17:30.190 Thank you so much, Chad.
Really appreciate those remarks.

Next up will be Leetha Filderman, who currently serves as the president of the Poptech Institute, where she oversees a portfolio focused on global health, environment, social justice, peace and security. Her approach to cross sector solution development is profoundly influenced by her work on the front lines of the AIDS epidemic over nearly two decades, during which she developed a number of programs that opened access to state of the art care for persons living with HIV AIDS. In service to the Yale New Haven
Hospital aids care program as well as similar programs in Boston and Chicago. I'll turn it over to you, Lisa. Well, thank you Anna. It's an absolute honor to join all of you today for the opening of Community in a time of crisis. I was intrigued when I got a note from Sarah Pittman last summer about the curation of an exhibit capturing the early days of the HIV epidemic in New Haven. This exhibit is historically significant. It serves to remind us of the
sociopolitical challenges that run tandem take global health crises like covid, these events uncover long-term in equities, fuel discrimination, set the stage for stigma and lay bare, lay bare the enormous human suffering and premature loss of life that they cause. AIDS, perhaps more than any other modern era. Global health crisis, including Kovid, had the astonishing ability to make the invisible visible. While my first encounters with and as an AIDS care provider, go back to my time at La County USC Medical Center in Los Angeles.
It was in the summer of 1985 at the suggestion of my beloved mentor whose bed mentioned Alvin Novick that I applied for the AIDS coordinator position at Yale, New Haven Hospital. In September of 1985, I became the third person to hold that role in the span of just a few years prior to coming to Yale, I helped establish. The first comprehensive home care program in Connecticut for people with AIDS under the auspices of the Viennet of New Haven. I did not step into the program.
that you see portrayed here today.

Nor did I alone create the atmosphere

that led to the eventual establishment

I was simply a catalyst or a sum

that found my suggestions for a

chronic improvement challenging.

I suppose I was considered a quote

to put it politely.

Many remarkable individuals and

organizations collaborated to create

an ecosystem that eventually ensured

access to state of the art care,

including experimental drugs

in other types of treatments,

access to school for children with HIV,
AIDS, needle exchange programs, secure housing in a multitude of community based services that provided care, benefits, support, and education. I would be remiss not to share the stage with side-by-side colleagues within and outside of Yale. They were my support system, my expertise pool, and my inspiration to fight the fight when it seemed insurmountable. There are two people I owe a tremendous debt of gratitude to Warren and men who came to me in
early 1986 to ask if he could spend his sabbatical year learning about AIDS and experience that undoubtedly changed his life as well as mine. And when that set the stage for what would become the AIDS care program, Warren, of course is well known for his skills as a clinician in a researcher. But it really is his commitment to children with HIV aids in their family that sets him apart as a true humanitarian. The second person I would like to acknowledge is Avis Bers who served as the administrative assistant for the AIDS care program in its earliest years.
She said an example of professionalism, kindness, and optimism that guided every single member of our staff. She truly was a rock of Gibraltar. Our little staff was stellar. Warren Avis. Joyce Simpson June Homes Bill Sibella. Joan Alfieri an later Rick Altys. in Helena Brett Smith too. It was my honor to serve in the foxhole with that posse. Many clinicians donated their time in the AIDS clinic, helping me avoid practicing medicine without a license.
which was truly a risk.

In the days when our clinic was very thinly staffed,

there were people like end Williams, John Rankin, Vinny Quagliarella,

Low, David Podell, Frank Villa.

John Boos Lloyd Friedman Phil asking ace Phil Dickey David August,

Stephen Stein and the person who would later become my life long partner in crime.

My husband, Andy Filderman Ann.

Yes,

there were a number of yentas for that one,

including a patient in common than a few of the colleagues I have mentioned before.

Then there was Bob Levine,
Angela Holder and Nancy Angoff who provided so much support to the AIDS program staff as treatment options became more accessible.

We gotta. We got really good at treating the medical problems, but there were not easy remedies for the multitude of ethical dilemmas and challenges that we were confronted with on a daily basis. End of life conversations duty to warn duty to do no harm. The balance of truthfulness and hope. These issues kept me awake at night.
and I am always grateful to Bob, Angela and Nancy for providing us with an ethical framework that made navigating the current so much easier. There is little chance the AIDS program would have evolved to its status as a stand alone program if it were not for the enduring support of people like John Finn, Ed, Cadman, Dean Rosenberg, Ed Rawlings, and the trustees at Yale New Haven Hospital. I don’t think we would have succeeded in creating a multidisciplinary program without the expertise beyond Yale’s Walls.
New Haven taught me how to be an advocate and has provided endless support in the form of direct services to people with AIDS and Community education.

Ever since, Harlon Dalton and his colleagues at the Yellow Law School took on a variety of legal issues on behalf of people with AIDS in the New Haven community in the state of Connecticut. And our colleagues at the methadone maintenance clinic taught us a thing or two about empathy and respect.

This list could certainly go on for a long time.
Of course, my greatest appreciation goes to our patients and their families. They were truly endless fonts of wisdom and our best teachers. It does serve rare day even now that I don’t reflect on our conversations. The dignity they exhibited when they were there were setbacks, and the moments of humor we shared. Warren and I often refer to the early days. As a good or battle date. It’s really, excuse me. It really is a perfect way to sum up those cumulative experiences those years at Yale remain the...
proudest of my career and I'm forever grateful to my colleagues and mentors for their generosity, their senses of humor in their consummate commitment to humanity, our shared experiences truly did make a difference, and they shape my life in many ways. Many thanks to the Yale Medical School program for art in public spaces for their commitment to memorializing our work. Thank you so much.
with good old bad old days.

Sorry after phrase.

OK so I am now happy to introduce

Doctor Gerald Friedland.

Professor Emeritus of medicine,

Epidemiology and public health.

He has been directly involved in

clinical care and research for people

living with HIV and AIDS since 1981.

He helped develop and lead one of the

programs in the US with a focus

on marginalized and stigmatized men,

women and children living with an at

risk for HIV and AIDS 10 years later,

in 1991, he came to yell to develop and

direct a similar and expanded Yale,
a program which is now a comprehensive, compassionate and greatly admired program in New Haven at Yale and Yale, New Haven Hospital and beyond. For people living with an at risk for HIV and AIDS.

Sorry. OK. Thank you for inviting me, Anna. Thank you for the introduction and thank you for bringing some of our colleagues together for this wonderful, wonderful event.

Sorry. OK. Thank you for inviting me, Anna. Thank you for the introduction and thank you for bringing some of our colleagues together for this wonderful, wonderful event.

Honey, let me see. Not seeing my text.

Home. Sorry.

OK. So as you heard, I arrived at Yale in 1991 after a tense spending.
The first 10 years with the HIV epidemic in the Bronx. New York and at a time when New Haven was among the 12 cities in the US in which AIDS had become the leading cause of death in young men and young women. Ages 25 to 44. In Yale, New Haven Hospital on a given day, there were 50 people hospitalized almost randomly throughout the hospital and most was soon to die. Nathan Smith Clinic already underway in its early stages was severely underfunded for the required needs of the New Haven. Despite the wonderful people working there, including Lisa and Warren, Andaman.
00:28:18.680 --> 00:28:19.700 Had you heard?
00:28:19.700 --> 00:28:21.060 Although the patients and populations in New Haven were and remain diverse in risk and race,
00:28:21.060 --> 00:28:23.048 the M at the epidemic was being driven by injection drug use among young people with color not unlike the Bronx in New York where I previously worked.
00:28:23.048 --> 00:28:24.854 and I think one can contemplate that pandemics, both HIV AIDS and now covid share many feet.
00:28:24.860 --> 00:28:27.644 Among them is the initial denial.
00:28:27.644 --> 00:28:29.861 Followed by despair and initial terrible leadership.
00:28:29.861 --> 00:28:32.478 As we’ve experienced with
both of these epidemics. They uncover all the flaws in healthcare system and indeed society.

In both diseases have shed glaring light on longstanding and continuing poverty inequity racism with resultant disproportionate devastating consequences for individual communities. Building on the extending and pioneering HIV AIDS work illustrated in this beautiful exhibit and described so beautifully by Ed Kaplan and Letha and needing to confront the challenges of the stigmatized, cruel and then almost invariably fatal disease in New Haven and beyond,
we were able to obtain new resource from the hospital from the medical school from the state, from the federal government and from foundations, and recruited a wonderful and broad array of additional colleagues doctors, nurses, social workers, other health care workers, scientists and many others. How did we? How did we overcome the challenges that we face? But I think it was said in this work. I think I’m most important.
Teachers have been the patients themselves listening to the patients and their needs. And trying to meet them and learning and understanding the nature of the HIV virus and AIDS and their lethal tricks. And to do this, I have a sort of list of sees as I'll go through, and some of them mentioned. The first is compassion, but that’s not enough competence is needed. The first is compassion, but that’s not enough competence is needed. Comprehensiveness and continuity. Also needed and so important among all of these and already mentioned it is colleagues. It’s impossible to do this work alone. What sustains us in doing our
work is doing it together.

Often the presence of college is always listed as the first reason for working in Hades.

Among those who do it, creating new knowledge.

Both of these diseases, HIV AIDS, diseases, HIV AIDS, and COVID are new diseases in human history.

They share similarities, but they are unique.

The importance of finding out of learning,

creating new knowledge about HIV and AIDS is paramount in addressing it and looking to their hand.
And then the last thing I’d say and was sort of mentioned his courage and resilience and humanity and wisdom. For providers and also patients. I remember learning this when one of my patients said to me. You know, Doc doctor, you know that aids aids. It's like life only faster. And another transporting the patient from the Nathan Smith Clinic to the emergency Department in a wheelchair. emergency Department in a wheelchair. Breathing frequent breathing rapidly properly with Pneumocystis Carinæ pneumonia. When we passed the food trucks he held his hand up it said stop.
In turn to myself,

another college and said hey Doc can I buy you lunch so our patients will wise they had humanity and they had a sense of humor and we cherish them.

To accomplish the seas over the past three decades, the AIDS program components were expanded and brought it. Now led by data spilling away that include the Atkins Donaldson HIV AIDS, inpatient service, markedly improving.

And shortening hospitalization. I’m in Hanst and also a site for
training of new doctors who will be the next generation of AIDS doctors and enhanced resource than comprehensive Nathan Smith Clinic now led by Lindy. About Linda Barrick Cotton Wynette Stewart with close to 1000 patients. HIV positive care on site, substance use and mental health services. HCV treatment. Collaboration with other services, including the pediatric AIDS program and many, many other components of HI in aid of AIDS care and necessary and插入 it into the clinic as a one Stop Community Clinic site so we
try to pack the clinic with as many

than have patients get lost trying

Characters and entrances and exits at Yale.

Added to that was the needle exchange

program, directed by Rick Altise, an ongoing patient,

and population partnerships with

multiple community programs such

as AIDS Project in Hammond.

In a large and varied portfolio of research,

including NIH and Industry Pro funded

programs, cutting edge clinical trials,

only therapies and prevention

56
strategies led by meiko Zalan, Ounianga Bogu,
and in total more than 100 clinical trials,
many tailored to the needs of people who inject drugs.
And of course, new cutting edge therapies were founded, were started or completed.
I'm here at Yale.
This experience and expertise have now been refocused successfully on Sarah’s Covert 2 vaccine trials.
With all of this in place, we’ve seen and participated in the miraculous conversion of Hi Apas into a chronic disease still challenging in so many ways,
but enabling a young man or woman with HIV infection with proper treatment and care to achieve a normal or near normal life expectancy. As an aging senior citizen, who would have thought that was possible when we first started stigma, though, is still present but partially mitigated by scientific studies that we participated in about transpress transmission risk and non-risk and also advances in treatment. I like to say but need to be careful and apolitical.
I believe that treatment can trump stigma.

And a final legacy is to note that the full force of the HIV epidemic has moved overseas, although. Terrable damage has been done here in New Haven and in the United States. It continues the reach of the program. AIDS program has been extended to global settings with Seminole work in advocating and introducing anti retroviral therapy made by Sheila Shenoy and Rick LTS based Appan. I should say the strategies initially learned and employed in New Haven in the early days earlier pandemic. Thank you.
Thank you so much Jerry.

Our last speaker is Chris Cole. Christopher call it’s been executive Director of AIDS Project, New Haven, or a PNH known as a place to nourish your health for 13 years. He’s been a community Advisory Board and Executive committee member of Center for Interdisciplinary Research on AIDS at Yale for over a decade. Mr Cole is Co chair of the Ryan White, New Haven, Fairfield County Planning Council and the New Haven Regional care continuum. Yeah, good afternoon.
Thanks for inviting me to participate.

I’m so grateful for all the brave, compassionate and loving people who came together to respond to HIV and AIDS over the decades and those who founded AIDS Project New Haven in 1980.

We’ve come a long, long way from the days when our organization AIDS Interfaith and Hispanos Unidos were founded.

Today, AP Nature is the only organization still open and serving the community.

We’re still serving the most marginalized, stigmatized and overlooked within
our community.

Our Caring Cuisine program is still feeding those who cannot prepare meals for themselves.

Both individuals with HIV and living with other chronic illnesses.

We continue to distribute condoms throughout the city and participate in advocacy, and we continue to offer counseling.

We continue to help folks overcome the multiple barriers they face in taking care of themselves and manage their HIV disease.

What a fantastic and important exhibit. So many of our younger staff have
no idea of this history and it’s such important information to know so that we can understand and learn from the past to address the present. The work of a PNH would not be possible without the collaboration we have with Yale, the medical clinics, the El AIDS program Sera the Center for Interdisciplinary Research on AIDS at Yale, the Community health care van, they yell Child study Center, and so many others. What I’m most proud of is the community, another C for you. Doctor friedland.
AP&H began as a community response and remains rooted in community. We work as a community of organizations, clinics and advocates to make the greatest impact and support those living with HIV and anyone who faces stigma in receiving culturally competent care.

I came to New Haven in 2008, well after the 15 years covered in this exhibit. There are many others who have led and served at a pH before me. All humble servants who made significant contributions to caring for those living with HIV.
I’m grateful to Co. Campbell for her contributions to this exhibit and for representing AP&H so well, especially the days before I was there. I can tell you, though, that while we have come a long way and things have changed, HIV continues to be an ongoing public health concern and stigma, racism, homophobia and transphobia continue to be a public health crisis intertwined with HIV. I want to tell you a little story and I’m going to share my screen, so give me one second to pull it up. This is our building at 1302 Chapel St.
On my second day on the job at its project, New Haven, the New Haven Register came to do a little story on the new executive director and they wanted to take my picture and I said, let’s go out on the front porch and take the picture and I was asked by. Can another see my screen? Can another see my screen? No, OK, no we’re not seeing that. There you go. OK, thank you, I’m so sorry. And while I was out on the front porch with a camera from the New Haven register. Someone from the staff came out.
00:40:12.720 --> 00:40:14.463 and said you can’t take your
NOTE Confidence: 0.8799848
00:40:14.463 --> 00:40:15.918 picture on the front porch.
NOTE Confidence: 0.8799848
00:40:15.920 --> 00:40:17.822 People will know that were AIDS
NOTE Confidence: 0.8799848
00:40:17.822 --> 00:40:20.124 project New Haven and I thought people
NOTE Confidence: 0.8799848
00:40:20.124 --> 00:40:22.385 don’t know or AIDS project New Haven.
NOTE Confidence: 0.8799848
00:40:22.390 --> 00:40:24.640 And I was told that you know if folks
NOTE Confidence: 0.8799848
00:40:24.640 --> 00:40:26.580 saw people walking into our building
NOTE Confidence: 0.8799848
00:40:26.580 --> 00:40:29.060 and knew that it was AIDS project,
NOTE Confidence: 0.8799848
00:40:29.060 --> 00:40:31.006 New Haven that they would be judged
NOTE Confidence: 0.8799848
00:40:31.006 --> 00:40:32.878 and an they wouldn’t come and
NOTE Confidence: 0.8799848
00:40:32.878 --> 00:40:34.503 get their care any longer.
NOTE Confidence: 0.89125556
00:40:37.410 --> 00:40:39.010 As you can see in this
NOTE Confidence: 0.89125556
00:40:39.010 --> 00:40:40.660 photo on a nice winter day,
NOTE Confidence: 0.89125556
00:40:40.660 --> 00:40:43.054 we have our name and a sign on the
NOTE Confidence: 0.89125556
00:40:43.054 --> 00:40:44.996 building now and I’m proud of that.
NOTE Confidence: 0.89125556
00:40:45.000 --> 00:40:47.212 I think that it’s our job to
overcome stigma and as an institution we began to do that. In 2018, we changed our name and updated our logo and mission to expand our services to anyone facing stigma and challenges and receiving culturally competent care firmly rooted in our beginning and looking forward to utilizing our core competencies to reach a broader community. In 2019, the latest compiled public health data available for the State of Connecticut says that there are 10,705 people living in with HIV in Connecticut. And 222 new cases of HIV in 2019 alone.
28% diagnosed with AIDS within one year of HIV diagnosis, so these are folks who have waited quite awhile to test positive for HIV and get into care. 3322 people are living with diagnosed HIV infection in New Haven in 2019 and there’s an estimated 378 living in New Haven who don’t know their HIV status. Of those diagnosed in with HIV in 2000, nineteen 76% are male, 24% female. The more important numbers are 60% are black, 20% are Latin X and 12% are white. Our MSM or men who have sex with men. 56% our MSM or men who have sex with men.
Are people who inject drugs.

This is a big change from the early days of HIV and AIDS in New Haven.

40% of the total R20 are between the ages of 20 to 29 and 78% of men who have sex with men are between the ages of 20 and 29.

Young black and Latinx gay men and transgender individuals are disproportionately impacted by HIV and account for the majority of new infections in New Haven, CT.

Today, a friend of mine once said HIV and AIDS has always been about
00:42:54.894 --> 00:42:57.244 judgment and racism and homophobia
NOTE Confidence: 0.8976441000000001
00:42:57.321 --> 00:42:59.939 more than it’s been about a virus.
NOTE Confidence: 0.8976441000000001
00:42:59.940 --> 00:43:02.516 In coordination with the Ryan White Part,
NOTE Confidence: 0.8976441000000001
00:43:02.520 --> 00:43:04.740 A office for the New Haven,
NOTE Confidence: 0.8976441000000001
00:43:04.740 --> 00:43:05.514 Fairfield counties,
NOTE Confidence: 0.8976441000000001
00:43:05.514 --> 00:43:07.836 we have conducted a series of
NOTE Confidence: 0.8976441000000001
00:43:07.836 --> 00:43:09.530 conversations with groups at AP&H.
NOTE Confidence: 0.8648046
00:43:13.370 --> 00:43:15.080 This is a storyboard illustrating
NOTE Confidence: 0.8648046
00:43:15.080 --> 00:43:16.790 a conversation held in January
NOTE Confidence: 0.8648046
00:43:16.843 --> 00:43:18.659 with our empowerment participants,
NOTE Confidence: 0.8648046
00:43:18.660 --> 00:43:21.705 young gay men, some living with HIV
NOTE Confidence: 0.8648046
00:43:21.705 --> 00:43:24.918 and some not living in New Haven.
NOTE Confidence: 0.8648046
00:43:24.920 --> 00:43:27.806 You can clearly see that homophobia,
NOTE Confidence: 0.8648046
00:43:27.810 --> 00:43:30.355 stigma, transphobia and racism continue
NOTE Confidence: 0.8648046
00:43:30.355 --> 00:43:34.078 to be barriers to prevent HIV to health,
NOTE Confidence: 0.8648046
00:43:34.080 --> 00:43:37.928 Wellness, and self esteem of young gay men.
71
There we go, this next storyboard.

It’s from a conversation in January with our transgender support group again clearly showing HIV stigma transphobia. And judgment are significant issues. We need to stop labeling.

We need to see real images of transgender folks in mainstream media and non stereotype roles.

We need to talk to folks who, as they are who they are, and stop perpetuating shame.

And this final storyboard is from our chapter Change Workgroup Group of Young Black and Latin X-Men who
have come together to assist us in increasing Prep Pro pre exposure, prophylaxis uptake among their peers. And it shows that addressing disparities and intersectionality with raisan clefts, class movements, ending stigma, sex, positive iti, social networks and media can increase prevention efforts and help us in ending new HIV infections. While our crisis is different today, until our society begins to treat people as people eliminate racism, transphobia, and homophobia, we continue to have a community in crisis. All like we did in the early
00:45:03.224 --> 00:45:05.410 days of the AIDS epidemic.

00:45:05.410 --> 00:45:07.378 All of us at Apna HC,

00:45:07.380 --> 00:45:08.688 it is our responsibility

00:45:08.688 --> 00:45:09.996 is to educate ourselves,

00:45:10.000 --> 00:45:11.968 understand our past and make healthcare,

00:45:11.970 --> 00:45:13.278 housing, education, technology and

00:45:13.278 --> 00:45:14.913 opportunity equally accessible to all.

00:45:14.920 --> 00:45:17.674 It is then that we will be able to

00:45:17.674 --> 00:45:20.544 end HIV that we will be able to

00:45:20.544 --> 00:45:22.919 end COVID-19 and that we will be

00:45:22.919 --> 00:45:25.612 able to end so many of the other

00:45:25.612 --> 00:45:28.168 ills that our society faces today.

00:45:28.170 --> 00:45:30.618 All of us at AP&H are humbled and

00:45:30.618 --> 00:45:33.044 honored to stand on the shoulders and

00:45:33.044 --> 00:45:35.969 carry on the work begun by these Giants,
and so many others who have provided long

and loving care to so many in our community.

Thank you so much Chris.

So glad that you brought this storyboards.

This really added.

A lot to your remarks.

Thank you so much so we do have

some time for questions and

really so much gratitude towards

the four of you for sharing.

So much of your experiences and

challenges from those early days,

and one of the questions that’s come in.

Actually, it’s related to challenges,

and the attendee asks what was the

hardest challenge that you faced as
you confronted HIV and AIDS at Yale in New Haven back in those early days.

I can take a stab at this.

This is Ed Kaplan.

So as I said, I arrived at Yale in 1987, so I was a young guy then.

I actually had her.

Now I have hearing aids,

so it’s not the same thing.

And while there were some

off the cuff remarks,

some of the company marks in

the extent that what are you doing

working on this problem for drug injectors,

when you should be using your
00:46:57.980 --> 00:46:59.260 math for other problems?
NOTE Confidence: 0.84828436
00:46:59.260 --> 00:47:01.180 Here you’re throwing your career away.
NOTE Confidence: 0.84828436
00:47:01.180 --> 00:47:02.610 That was really the minority
NOTE Confidence: 0.84828436
00:47:02.610 --> 00:47:04.487 I found my Yale colleagues to
NOTE Confidence: 0.84828436
00:47:04.487 --> 00:47:05.657 be tremendously supportive,
NOTE Confidence: 0.84828436
00:47:05.660 --> 00:47:07.580 but I and I think others,
NOTE Confidence: 0.84828436
00:47:07.580 --> 00:47:09.500 at least on the research side
NOTE Confidence: 0.84828436
00:47:09.500 --> 00:47:10.780 of the needle exchange,
NOTE Confidence: 0.84828436
00:47:10.780 --> 00:47:13.516 were not prepared for was some of the
NOTE Confidence: 0.84828436
00:47:13.516 --> 00:47:16.466 politics and the attention that we would get.
NOTE Confidence: 0.84828436
00:47:16.470 --> 00:47:18.766 Not so much at the local level,
NOTE Confidence: 0.84828436
00:47:18.770 --> 00:47:21.410 we expected that we were well prepared,
NOTE Confidence: 0.84828436
00:47:21.410 --> 00:47:23.055 but at the national level
NOTE Confidence: 0.84828436
00:47:23.055 --> 00:47:24.700 we were taking it back.
NOTE Confidence: 0.84828436
00:47:24.700 --> 00:47:25.356 For example,
NOTE Confidence: 0.84828436
00:47:25.356 --> 00:47:27.324 when the initial results were released.
Some of you may remember Congressman Charles Rangel from Harlem. He was the chair of the House Select Committee on Narcotics, and he requisitioned the General Accounting Office. The Geo now is the General Accountability Office. Basically to come up and investigate us. He did not believe. Or maybe he did not want to believe that there could be a program doing good that involved making it possible for drug injectors to continue injecting drugs,
but in a safer way so that you could attack the twin problems of injection drug use on one hand. But HIV transmission in particular on the other. And so there were people from the jail who came up. And here I am, standing at a blackboard and literally was like doing my orals all over again. Where did this number come from? Where did this? You know? Why do you believe this? Why do you believe that? When in the end,
of course it worked out for the better because. Diego actually said that we had lowballed things they thought the program is more effective than we had given it credit for because we didn’t pay appropriate attention to how much of an effect the people getting into drug treatment him. That was one instance, and there were others the director of the Office of National Drug Control Policy, Bob Martinez, put an article out there was in
newspapers all around the country, basically castigating us for this program. You know, this is a band aid. We’re squandering away. The gains we’ve made in the hard earned war on Drugs quote unquote. On the other hand, there were also moments of victory. If you want to think of it like that. Probably my favorite was when committee from the National Academies, chaired by an eminent statistician with the name Lincoln. Moses basically wrote a report that was largely approving of what we had done, an I,
I guess, I felt that if someone named Lincoln, Moses was going to say this was OK. Didn’t really go too far wrong. Thanks, Ed, anybody else want it? Comment on that question about. The most difficult challenges. At Yale and New Haven, those in those early days. I think for me. First of all, I confirm all the wonderful things that have been that we’ve done in New Haven. But given the fact that it. 10 years into the epidemic
and there was an behave and
NOTE Confidence: 0.8752503
was so brutalized by HIV aids,
NOTE Confidence: 0.8752503
I was disappointed that the medical
NOTE Confidence: 0.8752503
school and the hospital would not
NOTE Confidence: 0.8752503
more generous in resources. And.
NOTE Confidence: 0.8752503
I thought that there would be more
NOTE Confidence: 0.8752503
and had to set out to actually
NOTE Confidence: 0.8752503
find sources and fight for them.
NOTE Confidence: 0.8752503
So we did that successfully and
NOTE Confidence: 0.8752503
convince people that this was.
NOTE Confidence: 0.8752503
Had to be done.
NOTE Confidence: 0.8752503
But I think it must have been very
NOTE Confidence: 0.8752503
hard for Lisa and Ed and others
NOTE Confidence: 0.8752503
to be in an environment in which
NOTE Confidence: 0.8752503
although they were wonderful
NOTE Confidence: 0.8752503
colleagues working together,
the mainstream was still not comfortable with HIV aids.

Well, Jerry, I would certainly concur with you there and I think as I politely alluded in my talk. There were significant challenges that were all around us and they weren’t just within the medical school in the hospital. They were with the local newspaper that kind of badgered us on a regular basis for names of patients and what have you. There were all kinds of problems with state legislature people, so it was. It was a list,
but I think we just said we have to put our heads down and make the best of what we have and keep trying to get more and. You know, every day you got rooted in in feeling negative, you lost ground on other areas. So I think we learned how to be a a positive crew together. Well, I think the issue of colleagues is so important. I think a lot of us said that and that’s sustaining, and it’s true with Covid also. We just have to have people to work with who are supportive and is that a lot of love among people who do HIV.
work because they see themselves.

People.

I have a question. If I may.

So one of the sections of the exhibit is entitled Legacy and one of the images that’s included is the Community health care van that remains in the service of Community all these years later, and I was just curious about what each of you thinks about that term, the visual legacy.

Aside from the van up of the early days of HIV and AIDS in New Haven, and it yell that we should be capturing.
In this exhibit, what other images do you carry with you that have lasted from the 1980s until now, what still resonates? What could we put up? What could we add to our exhibit to capture that legacy? Well, I don’t speak what I would like to do, but won’t is to include the faces of some of our patients. Because in my mind and in my thoughts, I think of so many of them still. Wonderful as I tried to portray. Ordinary people who had were who were really extraordinary in terms of courage and resilience,
and learn so much from them.

And there's so much a part of it. And because of stigma and privacy.

We don't do that, so that would make a tremendous contribution.

I think if we were able to do that, we really should be hearing the voices of people living with HIV.

Yeah, and I would agree with Jerry when you ask me what's my visual image that comes to me it generally revolves around the people we care for and yet we can't show those photos or or portray them visually.

But I think you could do a very
interesting audio collection where
And I think that would bring
so much of this to life.
I mean, we become translators.
Um for them, and that’s that’s well meaning,
but it’s not always accurate.
and it tends to be sanitized messaging,
so I think if there was an
ability to expand the exhibit some,
I might try to to capture some audio files.
And I think it would be useful,
and it might be people might be willing
long-term survivors who’ve successfully
lived with AIDS for long periods
of time might be willing actually
to participate in that way and tell their stories, and that would be. I mean, that would be very, I think, both courageous. But also, I think. Well, it will help people understand what it has been like. Thank you, I love that idea. And just to say the online portion of the exhibit. By all means, we’re going to continue to expand upon that because it’s it’s online. It’s ritual, so we have endless space. So we very well may look into doing that.
So thank you for that.

I have another I don’t want to be the only one.

That comes to mind.

So we as you know, have had a program in the prisons in Connecticut, but 10% of the HIV population is incarcerated on free day. For reasons that you might expect that people might be incarcerated for, but also because of racial issues and poverty. And I had the opportunity to visit a program that we had in Niantic, which is where the single women’s prison is in Connecticut.
And prisons are very eerie places and you go through signing your name with invisible ink and multiple layers of doors and gates and all and you drive to Niantic through this very pristine, beautiful New England town. And it really is and you come to the prison and you go inside and all of the women are black and Brown. It’s very vivid, really.

What can I say picture? Have hidden picture. Of the consequences of the HIV epidemic in women.
Thank you.

Darren, do you wanna close us out?

I think we’ve reached the end of the hour.

I know there are a few more questions

I haven’t been answered and I strongly

encourage you to email us and we will

share those with our speakers and and we

appreciate your comments and questions

and feedback as we move forward.

So again, I want to thank

everyone for joining us.

Our speakers do an extraordinary

job of reminding me of the courage,

the advocacy and the hope they got

many of us through this time period.

I hope once we all can actually
00:58:18.028 --> 00:58:21.125 be in person that you’ll come and
00:58:21.125 --> 00:58:23.861 see the exhibit in person I’m.
00:58:23.870 --> 00:58:27.452 I think being able to touch and feel has
00:58:27.452 --> 00:58:31.147 value within itself until that time occurs.
00:58:31.150 --> 00:58:33.478 Please go on the online website
00:58:33.478 --> 00:58:36.029 because you can see the exhibit.
00:58:36.030 --> 00:58:39.358 You can zoom in, zoom out and have
00:58:39.358 --> 00:58:41.728 the experience at your own rate.
00:58:41.730 --> 00:58:43.770 Again, thank you, thank you,
00:58:43.770 --> 00:58:46.206 thank you for being here speakers.
00:58:46.210 --> 00:58:48.616 Thank you so much for bringing
00:58:48.616 --> 00:58:51.905 our stories to life and I love the
00:58:51.905 --> 00:58:54.311 statement of learning from the past
00:58:54.392 --> 00:58:57.199 to help influence what we do today.
00:58:57.200 --> 00:58:58.812 And I think that.
If the program on art in public spaces, if that’s one of our values, one of our goals is to really use the walls of young School of Medicine as an opportunity, not just to showcase, but actually to teach and for people to learn and to create conversation. And I think this was an excellent example of that happening in real time. Again, thank you and have a wonderful evening.