

## The Hum Podcast

### Episode 24: “I Was Now Fighting The System Rather Than Myself”

*[Theme music fades in]*

Vuyiseka: When many people in the US, many people in Canada were already alive on antiretrovirals for more than 10 years, and here I was, hearing about a diagnosis that meant death to me, because of where I was, I was in Africa, who I was, I was a black poor young person coming from a poor family. That then basically paved whether I'm going to be alive or not.

*[Music increases in volume]*

Speaker: You're listening to The Hum.

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Gilad: So when I think of incredible organizations doing meaningful and necessary work, the Stephen Lewis Foundation is always one of the first groups I think of, and I'm honored that they're supporting the episode you're about to hear. The Stephen Lewis Foundation is a Canadian charity that exists to raise funds and get them directly into the hands of tenacious and effective community-based organizations right at the frontline of the AIDS pandemic in the 15 countries in sub-Saharan Africa, hardest hit by AIDS. These grassroots organizations provide care and support to women, grandmothers, children orphaned by AIDS, and courageous people living with HIV. You know, the real experts on what it will take to turn the tide of AIDS. In fact, our next guest is not only one of these leaders, but she also sits on the board for this brilliant charity. To learn more and to find out all the ways that you can get involved, visit [stephenlewisfoundation.org](http://stephenlewisfoundation.org). That's S-T-E-P-H-E-N-L-E-W-I-S-Foundation.org.

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Simona: We are so incredibly happy to have Vuyiseka Dubula-Majola here with us today. Vuyiseka is the director of Stellenbosch's University Africa Centre for HIV/AIDS. She's also served as a national representative for people living with HIV on the South African National AIDS Council, and has served on two national ministerial, advisory committees on leadership, governance and service delivery. She's the founder of the Activist Centre for Education and Development, which strives to facilitate access to higher education for social justice activists. In her spare time, she is completing her PhD at the University of KwaZulu-Natal, School of Development Studies, and she's also a wife and mother of two beautiful children. Thank you so much for joining us today.

Vuyiseka: Thank you for inviting me.

Simona: My first question is, you were diagnosed in 2001, and you were 21?

Vuyiseka: Correct.

Simona: You weren't ill, you didn't have outwardly ... You didn't have out or public symptoms, so what provoked you to get tested?

Vuyiseka: I think mostly it was curiosity, and I've heard of topics around HIV on radio, mostly on radio, and I thought, "You know what? Maybe I should also go." It was basically curiosity. I had no reason, I wasn't sick, as you correctly pointed out, I had no visible symptoms, but I just was curious.

Simona: So, my big question is, what was it like to get that diagnosis at 21 years old?

Vuyiseka: The worst news. Firstly, the process of going through the HIV test is something. One, you are doing the test with someone who's trained obviously, who prepares you for what you're going to do, which for the first time, I've never had to do that. I've never had to ... I've made the decision I'm coming for a test, but I did not process what the process is going to be about, and what emotions I can prepare for. So I was completely unprepared for the actual test and what would come out, because obviously I think any young person who's healthy assumes they're negative. I think subconsciously I had assumed I was negative, until you get to the pre-HIV test counseling, where you are being told the actual facts about the disease, and what it could do, what you start to see out in terms of symptoms. But still, it's still very foreign to you, because you have not seen those symptoms, you are very confident. But the actual test itself, you get tested after you've been hearing all this information. It's quite scary to be pre-tested.

Vuyiseka: You then do the test, and all the things that the counselor has spoken to you, starts coming back to your brain, "What if? What if?" And every minute, because at the time when I tested for HIV it was 25 minutes to wait for the test. It was still a rapid test, so they would prick you on your finger, wait for 25 minutes for the blood to go into the actual device in order for you to get a reading, like your pregnancy test. That 25 minutes was the longest I have ever waited for a diagnosis, because everything was playing back. In fact, I had a moment of wanting to leave, say I'm going to the loo or washrooms and not come back, because I was beginning to doubt whether I can confidently wait for those results that they'll be negative. Something was telling me, "You know what? I think I might be positive," because there were moments when I did not use condoms, and I'm now not sure.

Vuyiseka: And I happened to see my results before they were shown to me. Again, curiosity. I sneaked into the book where the counselor records the diagnoses of the day, and mine was written in red. Everybody else was written in black. Something told me something is wrong, and anything else that she said after I had seen the results on my own, I wasn't listening. I did not hear anything after that. I don't know whether you have ever had the experience of feeling like a bomb just dropped, and your ears can't hear anything, there's that "ding" sound in your ears, where you're suddenly ... your hearing was blocked. I could not hear what she was saying, but I remembered that I needed to come back. I came back in order to do other tests, because obviously an HIV test is the beginning of many other tests, because they need to make sure if I do have HIV, how far my immune system is compromised, meaning am I too sick? Am I too ill? Meaning they needed to measure my immune system. Do I have TB? Do I have pneumonia? Because all these things don't always show when you have a very low CD4 count, which is when they measure your immune system.

Vuyiseka: So I came back. When I came back, she started going through the post-test again, because I think she could see that I wasn't there, but before I could come back, I remember vividly coming out of the clinic, and I walked all the way. If anyone can imagine Cape Town, I was in Cape Town Green Point close to Waterfront, that's where the clinic where I was tested in, and I walked from Green Point to Waterfront, all the way to the CBD center in Cape Town. I don't remember crossing any big traffic lights, and there's quite a few traffic lights in big intersections, traffic intersections. I don't remember all of that, all I remember is I left, I walked, I went home. All the other memory in between, I don't have it, I completely lost it.

Vuyiseka: But I remember coming back, I came back and I could remember here now, that I needed to do these tests, and there's no treatment. That was another big bomb on my second appointment, that I'm told I have this disease, and now I have a disease where there's no treatment. I started resenting the decision, "Why did I come to the clinic for something that I didn't research thoroughly about? Because if I knew that there is no treatment for what I was diagnosed, I would not have went for that test." I am just being honest and I've completely been honest all my life to say, look if it wasn't for the fact that I wasn't curious, I would not have went for that test, because I didn't have any motivation, because I wasn't sick, and many people of my age who were tested at that year, they were either pregnant and they found out they were HIV positive through pregnancy, or they were sick.

Vuyiseka: I had none of the above, I wasn't pregnant, I wasn't planning to be pregnant, I was very ambitious in my life as a young person, black person. I wanted to go to school, I had ambitions with education, I wanted to be something in life, because I grew up in a very poor family. I wanted to be a beacon of hope for my family.

So pregnancy was not part of my plan, but boom, instead of pregnancy I have HIV, worse than pregnancy in my view, because it's a lifetime disease, it's uncurable, you can only manage it. But to hear about the fact that there's no treatment available for poor people, was not the news I was expecting on my second appointment. Regardless, they measured my immune system, they found that my CD4 count was 215.

Simona: What does that mean?

Vuyiseka: That means it was too low, my immune system was severely compromised. If I was living in Toronto, or if I was in America, or if I was in London, I would have been initiated on treatment that very week. And this was 2001, when many people in the US, many people in Canada were already alive on antiretrovirals for more than 10 years, and here I was, hearing about a diagnosis that meant death to me, because of where I was, I was in Africa, who I was, I was a black poor young person coming from a poor family, that then basically paved whether I'm going to be alive or not. So your access to healthcare and access to life was basically dependent on the size of your pocket.

Gilad: I have a question about the inaccessibility. So you were talking about people in the US, for example, were on medication. One thing that really jumped out at us, and correct me if I'm wrong here, was just the cost of medicine at the time. HIV medicine at the time in South Africa, and I'm talking about Diflucan. So one thing we heard, this actually came out of your TED Talks, was at the time, one tablet cost 78 rands, which in Canadian dollars is about seven bucks, and other countries like Thailand for example, a generic manufacturer sold the same drug, which was the bioequivalent ... So imagine just going to Shoppers and getting a Shoppers brand hard drug for just 24 cents. Couple of questions. Why was it so much more expensive, and how that of that medication did you need to take? Like is \$7 it? Do you need to take more than one tablet? Can you guide us through the medication process of this?

Vuyiseka: Okay. So Diflucan is a treatment for a fungal infection. That fungal infection is very common, called thrush, other people call it candida. It's very common to people who have compromised immune system, particularly in HIV. But in HIV, it starts in the mouth, and when you have candida in your mouth, and I want to explain it vividly and clearly, so that you can understand why it was so important to get access to it. When you have thrush in your mouth, you can't eat. Everything hurts, because it's like all over your mouth, your tongue and the sides of your mouth have all this fungus, and it's very painful. And once you don't treat it while it's still beginning in the mouth, it goes, we call it systemic thrush, it goes into your esophagus. And imagine your mouth was sore, now you can't swallow, you couldn't chew, now you can't swallow. And most people died out of hunger, because you can't eat when you have candida. But Diflucan can treat easily, can

treat candida of anyone, but with South Africa many people who couldn't afford, then died. I remember one guy who used to be part of our campaign for Diflucan who passed away the very year we were fighting for ... when we exposed the price differences between countries, because obviously we know why. Trade relations and world trade organizations determine who in the drug companies gets a lifetime, what I call evergreening, a lifetime license.

Gilad: Like a monopoly?

Vuyiseka: Yes. They monopolize the market, and no one else can compete for the prices, but we pushed those boundaries and we can talk about that later in the conversation. But about Diflucan, so because one, it was a human right violation in terms of the State, because our right to health is guaranteed in the constitution in South Africa, but a constitution is meaningless. It is meaningless without the people challenging and making sure that the constitution lives in order for people's rights to be delivered, otherwise there will never be a living constitution without the people. So we used the constitution, the right to health and life to make an argument, a human right argument that people living with HIV need quality drugs to treat opportunistic infections, because we were not even treating HIV at the time, we were treating the after-effects of living with HIV, which is now the body's too weak to fight infections, including candida, and then eventually people die of a disease that is preventable, in fact also treated.

Vuyiseka: We then pushed a drug company, the only drug company at the time that was selling Diflucan, Pfizer that had a 20-year license to sell Diflucan without any competition in South Africa. We first wrote a lot of letters, a lot of protests outside Pfizer offices, asking them to drop the prices so that government is able to buy the drugs cheaper, to distribute for free for poor people. Of course, Pfizer makes money out of Diflucan, they didn't agree. We then secretly went to Thailand, we went to find out in another generic company in Thailand, where we found Biolab, we found the same bioequivalent as you were saying of the same Diflucan, and it was WHO prequalified. We then smuggled 6000 copies, and that was part of a campaign that we called 'Break the Patent.' In order for Pfizer to realize we are serious, we had to cause worse drama in terms of PR for them, because they were bad, letting people die because of profits and greed. At the same time, we were showing that there's an alternative from Pfizer in another country, and it's allowed by law to do what we call parallel importation.

Vuyiseka: You can in your country, especially for the State for public interest, if the drugs that are available in your country are too expensive, you can use the TRIPS laws, in order to go and buy where it's cheaper, only if you're not going to sell, it's for public use, meaning it's for the State to give for free to poor people. But our government didn't use those provisions in the law. We used the provisions ourselves as the people. We went and got 6000 copies. Of course, people were

arrested at the airport, and 3000 copies were taken by the Medical Control Counsel at the time, and 3000 copies we gave them to doctors that were part of our campaign, to give and prescribe, obviously we needed it to be in the hands of the right people, to prescribe to poor people who couldn't have. So we had a Diflucan ... a group of people who were suffering from thrush, who had access to Diflucan.

Vuyiseka: But for us, Diflucan opened a way to say, "Okay. If we can challenge drug companies on the issue of medication for opportunistic infections, we can take this to another level, challenging drug prices for antiretrovirals." Because that was the ultimate aim. You can fight for Diflucan until you turn blue, at the same time if you're not stopping the virus from multiplying, which is by suppressing it through antiretrovirals, you are playing, because we are still going to die from another disease, TB, from pneumonia and so on. So that's the story of Diflucan. The price issue was a serious issue in South Africa, but today we get Diflucan for free, and for some people taking Diflucan is only for a 7-day period, others it's a three-months period, depending how systemic was their thrush, but it's something that can manage thrush, and I think today we shouldn't have people who are dying of thrush. But you might find that in some countries, where still the price of Diflucan is expensive, then it means that people will die. So, one, it's one of an essential drug, it's now on the essential drug list in South Africa. It was not on the essential drug list until we started the campaign. It's now seen as essential drug needed in order to manage HIV, because for some people they test very late.

Gilad: I feel like I'm sitting across the most interesting person in the world. It's like in your spare time you do a PhD, other times you're going into other countries and smuggling, well useful drugs back into your country. You keep referencing 'we,' so I just have a question, when you say 'we,' who is we? And maybe this is related, but going back, after you got your diagnosis, and you're finding that medication is expensive, who is your support system? Who's helping you? Who is helping you navigate through this new world that you're living in?

Vuyiseka: So, in June 2001, after being depressed and waiting for my death for two months, which never came, I guess I was one of the few lucky ones who didn't die in the first year of the diagnosis, because most people who were diagnosed with me at the time were way too ill, even with a CD4 count of 215, were way too ill to survive that year. I was lucky enough to still be around that whole year and waiting for my death, and I'm literally, Gilad, being honest with you, I was waiting. Each day, I thought I was going to die, because I thought each day means I'm losing one CD4 count at a day. CD4 count a day, CD4 count a day. And I counted and I thought, "But I've now gone as far as 215, I should be left with nothing. So the death is coming." And I've seen people die, I have seen my grave.

I have seen where you start by being a healthy person to be bones, barely bones, to a point where you can't eat, to a point where we have to bury you.

Vuyiseka: I have seen my grave, like I normally say, "I have stood on top of my grave, and I saw how I was going to die through other people who were dying every day around me." 2001, June the 15th, some of the stuff that I was told by the counselor started coming back, that I could go to MSF, which is Doctors Without Borders in Khayelitsha. They had just started setting up an HIV clinic, but only starting with very, very severe cases, and I was not severe. Even though I was 215, by WHO standards at the time, I should have been started treatment immediately, or if I lived in the right place, or I had the right money, I should have started treatment, but I ended up at MSF in June. And I met a very interesting person, who also lived with HIV, same age as me, who had a child living with HIV, and suddenly I was now introduced to another angle.

Vuyiseka: It was all about me for two months, and I thought I was alone, I thought there could be no other person who has the most depressing story, but then I'm hearing here's someone who's very energetic, who knows everything I should know about the HIV in my body, who's encouraging other people, but she was not on treatment. So I draw a lot from her, and she connected me the very same day. The very same day, she connected me to a movement of people living with HIV, who were fighting for access to treatment, and suddenly from being depressed for two months, I had a home. I literally from that day, when I was introduced to Treatment Action Campaign, I never stopped. I went there every day. At that time, I was working at McDonald's drive through, and working shifts, so if I'm working a night shift, I am at TAC office, Treatment Action Campaign offices in the morning, the whole day, I'm not sleeping. I was hungry for it. I wanted to be like that woman that I met the first day when I walked into her clinic.

Vuyiseka: I wanted to be like her, and that helped me to refocus. Instead of eating myself up, because I was internally eating myself up, I then changed. I had new energy in fighting the system, rather than fighting myself, because I suddenly made connections about access to information for people with HIV, access to a place and a belonging and other people who are like you, and also re-imagining a different society than the one that you're living in, even though we knew that some of us will die. And that's another thing, to continue to fight for something that you might not even have access to, but with the imagination that, "If I don't benefit, at least the next generation will benefit." It's something that I never imagined I would be able to get it, especially at the time where I was mental health wise, and it helped me in that very first year. I had a different outlook, I was willing to fight, I was willing to die fighting.

Vuyiseka: I have seen other people dying fighting, and I really I got inspired. That's the group that today I think I allude or maybe say, "If it wasn't for that group, I wouldn't be alive today. If it wasn't for Treatment Action Campaign, there wouldn't be access to antiretrovirals in South Africa and many other African countries." We were the first group in the continent to start challenging government, and we were the first group of people living with HIV. These are poor people, mainly poor women, black women, who were now suddenly holding and speaking through to power, both private power and state power, and suddenly organizing themselves post-apartheid, to challenge the government, and that's the 'we' I talk about.

Simona: You discuss this constant challenge to the government to try to get access to affordable drug care, affordable access to healthcare, why do you think there was such a resistance from the South African government to acknowledge the problem that HIV and AIDS was becoming?

Vuyiseka: I think it's a complex issue. One, remember South Africa had just come out of liberation, and there was this aspiration of African solutions for Africans, and it was really an aspiration that we've just come out of a liberation, we've liberated ourselves. Whatever then we do, we cut from our own cloth, we take very little from the West, and try to make our own, and reimagine, and make, and co-create a different South Africa, and a South African democracy, and different South African state. And HIV coming in very early on, I mean by 1990, '92, there was a big push for South Africa to take HIV very seriously, and that's too much for a new government that's in waiting, because '93, that's when Mandela was released, '94 he was in power, and HIV was not a priority. We had to prioritize stabilizing our country. We had huge levels of poverty, huge levels of social economic inequalities, housing, lots of backlogs, particularly for poor black people, but healthcare was another biggest area, and HIV escalated the problem in healthcare.

Vuyiseka: So that's the context within which one has to understand the resistance, but on the other side, is South Africa being in the international community ... I mean all the developing countries were under severe pressure from the West, particularly from the US, US government and US drug companies to comply to a law where all developing countries were allowed until 2005, to use what we call TRIPS-Plus, meaning if you have a disaster health crisis, public health crisis in your country, you don't have to use the current prices of drug companies that are available, you can still use other ways. For example, you can use voluntary licenses, you can use compulsory licenses to access cheaper drugs. They didn't have to comply, but each country ... I mean I can name Thailand. Thailand was in trouble with the US, and all of that. So South Africa decided, "Okay. We're going to try our own, our own way. We're going to look for our own scientists to look for



solutions to solve HIV, we're not going to look from the West, because there's also other pressure, we have other priorities."

Vuyiseka: There's been a few other mistakes that the government made in the attempt to try to respond. One, there was a so-called [inaudible] Virodin, which was basically a patch which was made out of bleach basically. It was nothing, it did nothing, instead it killed a few people. Desperation again, of looking for a cure. We've also been trying to promote traditional medicines as an alternative. We've been promoting nutrition as an alternative. Those for me, are all attempts to look for solutions inside South Africa, rather than only thinking our HIV problem has to be solved by the West. And then, we also come from the notion of thinking, "But where did we get HIV?" So there were all conspiracy theories that were floating around, "Where did we get HIV?" And again we blame each other, because we come from a history of poor people blamed for everything, and for the first time we needed ... But as a person living with HIV at the time, I heard all those conspiracy theories, it did not make sense.

Vuyiseka: We were living in a country that had a constitution, we have the right to life. All those conspiracy theories could apply to any healthcare condition, why only in HIV? We are marginalizing people living with HIV. So we then had to test the State to say, "We hear all that, but for all other diseases, if that is then the issue, we have to look for all solutions. Then we must dump insulin, we must dump all these other modern medicines that are coming from the West, and use all alternatives for all diseases. Why only apply this for this disease?" And we pushed a human rights approach, because we thought that is the only way that pushes the State to comply to what is prescribed in the constitution, and not to make what is prescribed in the constitution debatable or negotiable, because it's not negotiable. But also the price of drugs was a key barrier which influenced the State to refuse the ... I've talked about issues of ideology, but also who was getting HIV and then becoming a priority.

Vuyiseka: As you know, any poor man's disease is not a priority for the private sector to make the drugs, or sometimes not a priority for the State until poor people themselves revolt and rise, and make themselves seen and heard, then the State becomes ... then suddenly you become important, because the marginalized are suddenly speaking and the whole world is listening because that's how we connected with other activists all over the world, to make this a global issue rather than just a South African issue. But they had their own reasons, and we were not prepared to negotiate, because otherwise we would have died. We would have perished with HIV.

Gilad: Simona and I were talking before this, just trying to remember what it was like for us, as 21-year-olds living here in Toronto, what that was like, and for me it was like going out, meeting people, dating. What was it like for you as a 21-year-

old, living as a 21-year-old in South Africa with this diagnosis? How were you able to navigate through all those things that a 21-year-old still wants to do?

Vuyiseka: To be honest, all the things that a 21-year-old should be doing at 21, I did not have time. I had no time to dream about school anymore. I had to stop dreaming in fact, because I never knew I would live that long to even finish a degree. So that was out of the way. I did not want to commit myself to long-term plans. I did not have time to have fun because I was fighting for my life and fighting for the life of others. It was survival every day. Basically, you try to survive every day and try to get as much information and fight as much as you can. I never thought I would even have children, I never thought I would get married, I never thought I would love again, because there's also an issue, who infected you? How did you get infected? You start resenting even relationships at that age, at 21, not thinking you would ever get married. I never thought I would go as far as even 21. Remember, I was waiting for my death at 21.

Vuyiseka: So anything else that looked at my life beyond 21, was not possible at 21. I wanted to live, but the means to live at 21 were impossible, because I had no money. My mother is a domestic worker. She was earning 1000 rands, which is less than \$100 a month, and we are eight siblings. My dad is a taxi driver. He was earning 1500 rands which is just over \$100. There was no way that they could afford a 3500 treatment regimen for me, for a disease which I was going to be blamed, I brought it to myself, and obviously the conditions around my infection cannot be taken away. The fact that I was a young black child, a woman who got infected, like many others, is a political issue. Why most black young children, or maybe women are getting infected in Africa, is still continue to be an issue today. So those conditions and socioeconomic conditions, or social determinants, determine whether we will live till 80, because it depends where you are, it depends on the size of your pocket, and your social status in society.

Simona: I think the question I want to end with is something that all activists in the movement to find a cure for HIV/AIDS, or to increase the quality of life, is that they're constantly battling misconceptions, and South Africa and Africa as a whole faces misconceptions on a public stage every day. In North America, we believe that we have the epidemic under control. We've had access to better drugs for a really long time, but I want to ask you is, what do you want to dispel around HIV and AIDS in South Africa, and if you can mention Africa as a whole? What are some things that you want people to walk away with, and know that this is an untruth, and this is the reality of what our lived experience is?

Vuyiseka: I think I would possibly choose two things. One, is we should never rely on the so-called people who have power as people who would save us, or lead ourselves out of an AIDS-free generation. It is the people themselves who live with HIV, or those who are negative, who want to remain negative, that will lead

themselves into an AIDS-free generation. So I guess, this can apply to all struggles. That don't wait that the politician, or the big person, or big man, or big woman in your village, or in your city, or in your township, will lead you into a better free community. You are that person, and you have to believe that, because I have seen that in me. I had never known that I had that potential to fight for a drug that in my lifetime, I would be saved by that very same drug, to be alive 20 years later. I'm 40 this year, I never thought I would be, until I took the first step in joining other young people who believed that we are the leaders in society, and so we must stop complaining and thinking politicians will do everything for us.

Vuyiseka: The second is I believe that HIV today in Africa, and sadly in Venezuela, Latin America, across ... HIV does not have to be a death sentence in 2018. It is a manageable, chronic disease, it's preventable, so there is no reason for people to accept to die. And I think for many people who are facing drug stockouts in Venezuela, who are literally fighting each day, and those who are comfortably living in their comfortable homes thinking it does not affect them, I think once we all believe that HIV is manageable ... I take my drugs like anyone else today, in fact it's not painful ... Today I think cancer is the most horrible disease you can ever have. In 2001, I thought HIV is the most horrible disease. We need to get there with each disease. Get over it, and obviously we have to fight towards a cure. I want to make sure that I can be cured completely, instead of relying on drugs every day, but I want to make sure that my daughter doesn't get HIV.

Vuyiseka: So it's how do we make sure that the current generation that lives with HIV can at least be eradicated, and the HIV can be eradicated in their bodies, but also the newer generation doesn't have to live through HIV? And I'm not hoping for a new disease either, because we have so many already in the world. So I think there's no reason for people to die today, but we know why. Stigma kills people, misinformation kills people, poor government decisions kills people, lack of investment in HIV kills people. We see a lot of less investments in HIV today than we've ever seen in many years. I'm talking about countries who cannot even budget in their own domestic budget for HIV programs and they rely on the West. 100% of the HIV programs reliant on the West. When the West pulls the rug under people's feet, what happens? People die. Why should we accept that people should die in 2018? And unfortunately, we live in a world where people have gotten into their little comfortable spaces, where if it doesn't affect me, I don't bother.

Vuyiseka: But we don't want a situation where everybody's affected, and what happens in Venezuela, or happens in Africa, or happens in Toronto, what is happening in UK, the new emergence of new infections should concern all of us, and I think we do need a little bit of hope in global solidarity, and I will end with this. I am very hopeful, I am very hopeful. The "Me Too" is teaching us new platforms and new

ways of solidarity. We need to capture those moments, obviously ground it up with more movements that are face-to-face, and plug in other things. I am very hopeful, young people will lead us to a much more free, more democratic society. You've seen what has happened with Emma Gonzalez. I see those moments as moments of hope for me. We did our part in the HIV movement. I'm not saying our time is over, we have to sustain our struggles, but I think young people today don't need to apologize, they don't need to ask for permission for the mic, they must grab the mic, be a louder voice, even in our society, and make our society much more democratic, because you will be the one that lives longer in our society to see what we are not doing today, the effects of it in your generation, and there is no other moment than today, than now.

*[Theme music fades in]*

Gilad: My name's Gilad Cohen.

Simona: And I'm Simona Ramkisson.

Gilad: This podcast is edited and produced by Brandon Fragomeni and Alex Castellani. Our associate producer is Ron Ma.

Simona: This is an initiative of JAYU, a charity that shares human rights stories through the arts.

*[Music fades out]*

Gilad: If you enjoyed this podcast, help us make more of them by donating whatever you can. Visit us online at [jayu.ca/donate](http://jayu.ca/donate).