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XVII International AIDS Conference Newsmaker Interviews: Phill Wilson August 5, 2008

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JACKIE JUDD: Phill Wilson, thank you for joining me today.

PHILL WILSON: Oh thank you for having me.

JACKIE JUDD: The CDC recently issued revised estimates of newly infected Americans. It is a much dire situation than we previously realized. How does it change the picture in the African American community?

PHILL WILSON: Well the interesting thing about the new numbers that the CDC released is that everyone thinks that it is news and I guess it is for some people but for many of us who are working now on the front line, it is not news. It was clear that the epidemic was worst than previously believed.

I guess, at the end of the day, the bad news ends up being useful because now the CDC has to admit what we already knew. Hopefully that will translate into more effective HIV health policies.

JACKIE JUDD: Well at a news conference here in Mexico City yesterday, you and others on the panel called for a domestic PEPFAR. What do you mean by that?

PHILL WILSON: Well it is interesting that the United States has invested a huge amount of money in PEPFAR. We just made a \$48 billion commitment and the reauthorization of PEPFAR and in many ways PEPFAR has been extremely successful.

One of the reasons why it has been successful, where it has been successful is that when we give money to developing

countries, we demand that they have a national AIDS strategy and yet we do not have a national AIDS strategy in the United States. As my grandmother used to say, when you fail to plan, you plan to fail.

One of the reasons why I think that we are not more successful in fighting AIDS in America is because we do not have a plan. What we have is a hodgepodge network of programs and projects. There is no coordinated effort between the different agencies of the federal government, HRSA and the CDC and NIH, now OMH, et cetera, et cetera, et cetera. As a result, so much that is necessary to fight HIV cannot be done because HIV is a big problem. It requires a national kind of focus.

JACKIE JUDD: And in addition to asking, demanding for that focus, that strategy, you are also asking for \$1.3 billion more every year. What would you want to see that money spent on?

PHILL WILSON: Well one of the things that is happening is that because our investment in HIV prevention is so inadequate, we are unable to do the real work that needs to be done to fight the epidemic. We need to increase access and utilization of HIV screening. Now if everybody wanted to get tested for HIV, in fact, tried to get tested for HIV, they could not do it. We want to make sure that we have comprehensive prevention.

Now we appear to be obsessed with abstinence only to the exclusion of comprehensive prevention. So we need to have

programs that, of course, they include abstinence but they also include negotiated safety and they include proper condom usage but they also include programs like harm reduction and other therapies for drug users, that includes things around behavior modification for young people and in-school programs and out-of-school programs. So we certainly want to see that kind of work done.

We want to see work that is both targeted and generalized. Part of the problem in America is that we think of our epidemic as a targeted epidemic where the general population is not at risk but there are vulnerable populations that you need to focus on. In developing countries, we think of them as generalized epidemic, which means that the entire society is at risk. In Black America, for example, we have an epidemic that is closer to a generalized epidemic than we have one that is closer to a targeted epidemic. So what does that mean?

It means though there are definitely vulnerable populations, we have HIV rates among generalized populations in the United States that are as high as we find in some areas of Sub Saharan Africa. So we want a prevention program that is able to respond to the targeted aspect of the epidemic as well as the generalized aspect of the epidemic.

JACKIE JUDD: As you and I talked before we sat down here, this story has gotten an enormous amount of attention here in Mexico City. Mexico City will end in a couple of days.

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So what is next? How do you move towards the next step and what is, in your view, the next step?

PHILL WILSON: Well as we said in our press conference yesterday, enough talk already. Let us take action and one of the reasons why we decided to make recommendations and to voice them stronger than recommendations, to actually demand or to call for four things to be done.

One is the development of a national AIDS strategy, domestic PEPFAR if you will. Two is an increase in our investment and prevention to \$1.3 billion is what the experts say is necessary to end the AIDS epidemic in America.

Number three, to invest in innovative programs. Right now, our prevention strategy is wedded to this narrow set of programs that are called DBIs [misspelled?] or already demonstrated effective interventions. Well some of them, no, very few of them for example, target African Americans. So we need innovation.

Number four, supporting traditional Black institutions. We have a robust civil society in Black America, civil rights organizations, fraternities and sororities, Black colleges and universities, Black media, all of that but yet they have not been called to action. So we need to call them to action and to mobilize them.

JACKIE JUDD: One final question, what is your realistic expectation about what can happen between now, August, and

January before new administration comes in? Do you believe that there will be some movement before the end of the year?

PHILL WILSON: I do not have expectations that there will be a lot of movement from the government between now and the end of the year but I do believe that, on a community level, we can do a lot between now and the end of the year.

There are two men who want to be the next leader of the free world as they say and each of us will have a say in which one gets the job. I think that it is really important that we are thinking about this. Coretta Scott King, for example, said anyone who is interested in Black people had better be talking about HIV. As far as I am concerned, that anyone who wants me to pay his rent for the next four or eight years had better be talking about HIV. I hope most people feel that way.

JACKIE JUDD: You touched on an interesting subject and one that was brought up at the news conference and that is that this has to be a multi sector approach, that you cannot only look to the United States government to help solve this problem. What are your expectations about what the foundation world will do, community service organizations et cetera?

PHILL WILSON: Well there has been a lot of attention paid to the fact that the government is investing in PEPFAR, which is a global program and not investing so much in the domestic epidemic but the truth of the matter is that foundations have turned their attention away from the domestic

epidemic towards the global epidemic. Corporations have backed away from the domestic epidemic.

When we began to write our report, our working title was "Abandoned" because, for many of us, that is the way it has felt that our government has abandoned us. Foundations have abandoned us. Corporations have abandoned us and quite frankly, our colleagues and the activist world have abandoned us as well. I think that this information is so compelling that hope springs eternal. People of good faith will hear the call and respond.

JACKIE JUDD: Okay. That is the final word. Thank you
Phill Wilson.

PHILL WILSON: You are welcome.

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