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Newsmaker Interviews: Helene Gayle, M.D. XVI International AIDS Conference August 12, 2006

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JACKIE JUDD: Helene Gayle, thank you for joining us today. What are your goals for this conference?

HELENE GAYLE, M.D.: Well, I think my goals and the goals of all us who have been working on this conference are probably threefold. First of all, this is a wonderful advocacy opportunity. It is a chance for the world to really focus on the global HIV/AIDS epidemic. We have a lot of media here. We have 24,000-plus people here. It is a real chance for us to raise our voices and really make sure that people understand, hear and remember how important it is for us as a global community to focus on HIV and AIDS.

Secondly, I think it is a time for those of us who are working on this epidemic to share information, to learn from each other. To feel like we go away from here knowing more how we can do the best and be most effective in our collective roles, because we do learn from each other when we are here.

Third, it is a chance to get inspired, to recommit ourselves to the work of fighting this epidemic.

JACKIE JUDD: I have heard you speak about the necessity of accountability of the promises made at this conference going forward. I am wondering how you achieve that,

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and is there an implied suggestion that in the past there has not been enough accountability coming from these conferences?

HELENE GAYLE, M.D.: As you know, the theme of this conference is Time to Deliver. We feel that 25 years into this epidemic, with as much as we know about what it takes to have an impact on preventing and the spread of HIV, to helping and providing treatment to people already infected, with all the resources, with all the knowledge, with all the promises that we made it is time to deliver.

It is also a time for us to hold ourselves accountable for delivering. We do have more available today than we ever had before, but I think in many ways we have become ourselves, as a community, complacent.

We have come to accept that it is inevitable that the numbers of new infections continue to rise. That the number of people treated is never going to be adequate. I think we have to challenge ourselves and really believe that we can have an impact and that when we come back here two years from now, or come back to Mexico two years from now, that we really can point to tangible progress that has been made in this epidemic.

So I want us to hold ourselves accountable. I think we need to think about how best to do that, so that we can come back together two years from now and really show that we have made a difference.

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JACKIE JUDD: How do you think at this conference you can best hold yourself - and by yourself, I mean that broadly - accountable?

HELENE GAYLE, M.D.: I think, first of all, we have to measure where we are. We have to be open and honest about what we have already accomplished, and where we failed to accomplish some of the things that we have set out for ourselves. I think once we are able to look at where we are, that gives us a good opportunity to then set some goals, set some targets and really be able to measure how far we have come. It does take having open dialogue, and coming together as a united community that is united in one single goal, and that is to ultimately stop the epidemic of HIV and AIDS.

JACKIE JUDD: During the last conference, you of course were at Gates. You have now moved on to CARE. I heard you say the other day that you are now speaking in a broader way about AIDS, and all of the other issues that go with it. I think you used the word interconnectedness. You said that it also marked a personal evolution for yourself. How so?

HELENE GAYLE, M.D.: I think in some ways, I see my evolution in the same way that the epidemic has evolved, or

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perhaps our understanding of the epidemic that has evolved. In the beginning, we focused on that virus, knowing as much as we could about the virus and attacking the virus, but we recognize that the virus occurs in people, and that the epidemic plays out in populations. Some populations are at greater risk than others. We know more about the reasons that that is so. What are the vulnerabilities? What makes one person or another, one community or another, one population or another at greater risk for HIV and AIDS?

Those are so some of the underlying societal issues, like poverty, like stigma, like gender and equality, lack of access to services, homophobia, and racism. All of these are some of the underlying issues that we know that we also have to address if we are going to have an impact on HIV and AIDS ultimately.

Those are the kinds of things that we work on at CARE. For instance, our overall focus is fighting poverty, but in doing that, we also look at HIV and AIDS. We work on HIV and AIDS because we know that AIDS is both a cause as well as a consequence of poverty. So for me, they are very interconnected, and I feel very fortunate to be able to now work on some of the broader issues that I know if we have an impact on, they will also have an impact on helping us to stop the spread of HIV and AIDS.

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JACKIE JUDD: Is that broader perspective that you have just described in evidence here at the conference in terms of who is here, who will be speaking?

HELENE GAYLE, M.D.: I think that broader vision is very much a part of how the conference has evolved as well. At first this was a conference that again, was really very bio-medically focused. Focused on the virus and the host, and understanding better the biology of HIV and how it interacts with its human host. As we have come to appreciate the fact that our response has to be broader than that, that the factors, the drivers fueling the epidemic are broader than that, so have the people who come to these conferences.

The people who come to these conferences work on HIV in a wide range of ways, and a wide range of areas. They are bringing a whole range of disciplines, a whole range of experience tackling the broader root causes of societal issues, as well as the more specific biologic factors.

So I think our conference, our conference speakers represent that broad range comprehensive approach to what we need to do to have an impact on HIV. In the early days, we thought only about the individual. Now we realize that the societal context is also important.

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JACKIE JUDD: I have a final question. You wear a lot of different hats here, and one of them is a member of the Prevention Working Group. A report will be coming out later in the week about the status of prevention strategies. Can you give me any kind of preview?

HELENE GAYLE, M.D.: We are really proud of this report, as we have been of all the reports, but this is a very timely report because it talks about expanding the prevention options. Looking for new tools and technologies that may make a difference and expand people's options, particularly women, who currently have a limited range of options to prevent herself from acquiring HIV and AIDS.

So we talk about the development of new prevention technologies all the way from circumcision to microbicides, female barriers and, particularly, cervical barriers. Better focus on treatment of STDs, particularly viral STDs like herpes, oral preventive therapy using antiretroviral therapy in a preventive fashion, as well as continuing the search for an HIV vaccine. We talk about what are the studies that are going on in the very vigorous area of prevention research.

I think some of the most interesting research that we present at this conference, in fact, will be some of research on the progress towards expanding prevention options.

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JACKIE JUDD: Does the report deal with, once a prevention strategy shows some success, is there the capacity to implement it on the ground?

HELENE GAYLE, M.D.: One of the biggest points that we try to highlight is that while it is very exciting, the new range of prevention options that may be available even in two or three years, that if we are not committed to making sure that these prevention options are available to the people that need them the most, then our research is for naught. So we are as eager to make sure that we are thinking now about how to make these available to the people who need them, once we know which options are going to be able to make the biggest difference. Our caution is to make sure that the world is getting prepared to make them available.

JACKIE JUDD: Helene Gayle, thank you very much.

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