POZ Q&A: John Tedstrom [VIDEO]

POZ editor-in-chief Regan Hofmann sits down with the president and CEO of the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria to discuss its role in the global fight against HIV/AIDS.

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What was your reaction to the *New York Times* article, "At Front Lines, AIDS War Is Falling Apart," by Donald G. McNeil Jr.?

I think he deserves a lot of credit for refocusing people's attention on an unbelievably serious and emerging crisis that is exploding before our eyes. The crisis in Uganda is emblematic of the crisis that is going on throughout much of the world. What needed to be added to that story is there are versions of it happening in our own country today. California is slashing its support for HIV funding; New York is struggling; and infection rates are going up in this country. I think [the article] underscored the point that we're all connected. We've got to come together to find a comprehensive solution to tackling this epidemic and keeping it under control. What we have to do is decide where we're going to spend [taxpayer] money and what the smart investments are, and where we get the highest rate of return. We need to get the right people to the table and have a lot of conversations if we're going to solve [the problems] in Uganda, New York, Oakland and Washington.

What is the mission of the Global Business Coalition (GBC)?

The GBC was created around the premise that businesses have a huge obligation in society to give back or to be giving back. Businesses need to be investing in the long-term [needs] of the communities they work in, to take care of the families of their employees. At the end of the day, studies show this approach is in the best interest of the company. The company's role is to create wealth, make jobs and give returns to their shareholders. But investing in medium and long-term [goals] is much more likely to produce results than focusing on the quarterly statistics. [Corporations] have access to skills, technologies, infrastructure and networks. And when those are applied to global challenges, such as AIDS, they can do so much good.

How would you characterize our current spending levels on HIV/AIDS versus the global need?

Today we are spending about a half to a third of what we need to. I think if we could get global AIDS funding up to $25 billion a year then we would feel a lot more comfortable. The problem is the price tag for controlling HIV around the world is only going to go up incrementally each year as new people become infected and as people are living longer [on treatment]. There are not many

prospects in the [drug] pipeline. Developing a new HIV drug is going to [cost] anywhere from $600 million to $1 billion, and cutting back now is a false savings. Last week I was in Washington talking to people on the Hill, in the White House, at the State Department and at the Department of Health and Human Services making the point that as we go into the fall funding cycle, cutbacks now are going to come back and haunt us very quickly.

What will these cuts mean for the long term?
We're playing a short-term versus long-term game, and the fact is that you have to play both. You have to be able to balance budgets today in order to not run huge deficits that devalue your currency, shoot inflation up and ruin your ability to create jobs. And on top of that you have competition for [resources]. In the early part of this decade, HIV was top on the list of global priorities. Now, [there are a host of other issues such as] climate change, maternal health and malaria to focus on. And when we force ourselves to choose, there's no right answer, there are no winners—just losers—when we don't embrace each other's causes. I don't want our member companies to have to choose between going green and going healthy—we've got to find ways to do both. If anybody can do this, I think it's [the corporate world] because these are folks competing in the global marketplace day in and day out with enormous odds, great competitors—and every quarter they have to report their earnings to the shareholders. They're always looking for ways to stretch a dollar, for more efficient ways to get something done. Let's unleash some of that know-how and audacious approach of conquering a market to conquering AIDS.

In this era of a global recession, do you think the importance of bringing business to the fight against AIDS is higher than before?
Yes. Businesses can bring incremental dollars. Three years ago Chevron committed $30 million to the Global Fund. That [amount] was unprecedented, and it still is—unfortunately, no one else has followed their inspirational model. $30 million is a pretty small slice in the global architecture when we're talking about a need of $25 billion to $30 billion, right? But Chevron knows how to manage huge projects. Coca-Cola can sell a can of anything to virtually anybody around the planet; FedEx can get something to where it needs to go—and they all have to do it better than the guy next door because their competitors are out there working just as hard. If we can bring that kind of spirit to the fight against HIV, I think their contribution will be so much greater than just the dollars they can contribute.

One of the things that I want to do at GBC is to push what I call sustainable health—it really gets away from the philanthropic impulse and to investment, and I think that's going to be an exciting innovation.

If you had a pot of money and had to divvy it up for treatment, prevention and research for a cure, where would you put it?
Nobody wins from answering that question. We need to [fund all of those things]. The fact is, prevention is inexpensive, and it is not done extensively enough. I don't get it. It doesn't cost that much money, we know how to do it, we know the messages that work and the messages that don't, and we need to be doing more.

A vaccine is hugely important—it is the end game and where we all want to be as soon as we can get there. Every year there are two steps forward and two steps to the side and half a step back, so it's hard to know how far we are [with the vaccine]. And there's no turning back [in regards to funding] new treatments. My PhD is in economics. I'm not an epidemiologist or a public health guy, but your question poses a tough challenge because you've got long-term and short-term answers, potential solutions and activities that are incredibly expensive—some of which may stretch out for many years, and some of which may produce nothing.

So, I think we need to get our hands around prevention. It's the least expensive of all the things that we can do—and we know how to do it. We are in a new communications era. We are speaking to new populations where HIV is not the death sentence that it was in the '80s and early '90s. We've got social media and all sorts of new [messaging] techniques. We've got ethnic mixes in concentrations in the epidemic today that we've never had before. It's a new ball game, but the principles we've learned over the past 30 years in terms of what works and doesn't work are very valuable. It means we don't have to reinvent the wheel. But the $45 million that the [Centers for Disease Control and Prevention] allocated for over five years for HIV prevention is disgraceful—it's embarrassing. No U.S. government agency should ever be allowed to come out with something that paltry for a challenge that is so serious.

There has to be some experimentation, some risk taking. Do we risk offending HIV-positive people by talking bluntly about some of these issues at the expense of softer messaging that has less of an impact to the people that we are trying to reach? It's not just about taking one pill and life is hunky-dory. We don't have to terrify people so they don't get tested, but it's about waking up to reality. I think there are ways in which we can have adult conversations about the real risks of HIV in this country and elsewhere.

What's your biggest challenge?

We're very proud of the fact that 220 of some of the world's best companies are members of the GBC, but we need a lot more. We have huge employers in our ranks, but there are a lot of people who do not work for a GBC member company and don't have access to the workplace education programs and nondiscrimination policies that we provide to our members. We want to grow the GBC over the next two to three years to over a thousand companies. We're going to set up our membership to facilitate small and medium businesses to [join]. And we're going to make sure the information and tools that are available through the GBC membership are relevant for small companies or a company that is interested in just one [particular] region of the world.

We are also going to focus a lot of our energy on what I call the three legs of the GBC stool. We've always been good about the business-to-business (B-to-B) leg, bringing our members together so they do more as a team than any one of them could do independently. [In terms of the business-to-consumer (B-to-C) leg], we have not asked our members to go out and communicate with their consumers as much as we could and as much as we will in the future. I want our members—especially our big brands—to be global advocates for HIV and some of the other global health problems. And I am very excited about the business-to-global (B-to-G) leg, which has gotten a lot of traction in China, Russia and Africa. We worked hand in glove with the Bush administration

in those countries through [the President's Emergency Plan for AIDS Relief (PEPFAR)] and the president's Malaria initiative and worked with foreign governments to help improve and strengthen policies. Now we are working very closely with the Obama administration both on the domestic and the international [front].

What's the goal of your second annual conference this summer?
The purpose of the conference is to bring the business community together with civil society and with government leaders to share best practices and to see if we can find some common ground on some of these thorny issues and make partnerships happen. You've got to bring people together to get them working together. The conference also has an annual dinner to recognize the companies that are doing the best work out there. We are going to visit our friends at the White House and sit down and talk to them about policies on HIV at home and abroad. And we are going to talk about some exciting new partnerships that the business community is going to create through the GBC with the U.S. government.

Do you think we can solve this problem?
I think we can, though I'm not sure we're going to. I'm not sure the global community has the focus we need to keep this from spinning out of control, quite frankly. There are still more people that become infected every day, compared to the number of people who are able to get on treatment. That imbalance is only going to get worse as funding for treatment dries up. The growth rate for people going on treatment is going to decrease, but the infection rate, even if it stays constant, will begin to outpace today's treatment access rate by a greater and greater margin—and that's going to mean a greater number of people who need treatment aren't going to be getting it. The dynamic that is created is not a virtuous one—it is pretty destructive, and it should terrify everybody that cares about this planet and the health of the people on it. If we don't have the focus that we need, it will be at our own peril. The small part [the GBC] can play is to work on that focus.

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