The Way We Live Now: Phill Wilson

AIDS Social Policy Archive

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Five years ago, my doctor called my mother in Chicago to tell her that I was in the hospital again -- that I was unconscious in the intensive care unit and if she wanted to see me alive she should go immediately to the airport and catch the next plane for Los Angeles.

Last year, I went on a seven-day hike through the French Alps with my 14-year-old nephew, an all-conference running back, and he complained that I hiked too fast for him.

Clearly, we are not where we used to be. The AIDS paradigm has changed. The questions are: Are we where we want to be? And if not, how do we get there? Has, as Andrew Sullivan suggested, the plague really ended?

Papers presented at the February Retrovirus Conference showed that up to half of HIV patients "fail" on the drug cocktails that have cut AIDS deaths for two years in a row. Not a day goes by that I don't hear of someone who has "broken through" or is experiencing serious kidney damage, diabetes, lipodystrophy or some other scary consequence of taking HIV chemotherapy. During the last three months, four very close friends of mine have died from complications due to AIDS.

So, how can the plague be over when the new therapies are proving ineffective even for many people in developed countries who can afford them, while in Africa and other parts of the developing world the AIDS epidemic is exploding at staggering rates, and the new drugs are not even a pipe dream? And, what does it say about those who suggest that the epidemic is over when an estimated 1,600 children and 14,000 women are infected each day? By the year 2000, an estimated 40 million people worldwide will be HIV positive. And no one will have been cured.

Over the last few months I've spent time talking to people living with HIV in Southern Africa. Amazingly, many of them know about the new "miracle drugs." Some can even tell you about dosing and issues around food and fat intake. Yet less than 5 percent have access to even the oldest antiretroviral therapy.

We are not where we need to be. Sadly, as time goes by, it does not appear that we will get there easily. I was asked the other day, "What happened to radical AIDS activism?" It's a good question. The simple answer is many gay activists got what they wanted: drugs they could afford. America is tired of AIDS, now that the real face of AIDS has been revealed: the marginalized, the expendable,

poor people, women, drug users and people of color. AIDS is now clearly an issue of race, gender and poverty, all of which are surrogate markers for access to health care.

There is a line from one of my favorite black spirituals, “I don’t believe he brought me this far to leave me.” We have come far in the fight against AIDS. We just haven’t won yet. How we respond now will say a lot about what the AIDS movement is really about.

Will AIDS become yet another indicator of American-style apartheid? Further evidence of the existence of two Americas -- one healthy, prosperous and distinctly white, and one increasingly sick, desperate and overwhelmingly black, brown, red and yellow? Will AIDS become the systemic realization of the insights gained -- or insights lost?

We have the tools to end this epidemic. The question is whether or not we will use them to end it for everyone.

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