Transcript: AIDS Activism For The Next Decade

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At the XVII International AIDS Conference in Mexico City, David Evanstalks with Mark Harrington—a long time AIDS activist and the ExecutiveDirector of the Treatment Action Group in New York City—who predicts the coming challenges in AIDS activism and explains what people withHIV and their allies can do about them. Click here to watch the video.

David Evans: Hi I'm David Evans. I'm here with Mark Harrington, who's the executive director of the treatment action group in New York City. Welcome!

Mark Harrington: Thanks David! How's it going?

DE: Good! So you gave a plenary address on the future of AIDS activism, this treatment activism. And I'm wondering what were sort of the major themes that you hit on?

MH: Well the session was actually intended to frame where we're going to be in the next 20 or 30 years. And since none of the people at the session have a crystal ball we had to sort of improvise based on what we already have, the tools that we know we have to fight the epidemic. And so Tony Falchy thought there was a need to continue research towards a cure and vaccine particularly emphasizing the need for a cure because of the overwhelming logistical difficulty of treating all the HIV infected people in the world for the next 30 years. Then if more people get infected even more people will need to have two billion patient years of [heart]. And that's going to be very hard logistically to deliver it; we all know the difficulty of long-term heart. But nonetheless it is a vital tool for the short and medium term. And Peter Piate also talked about the fact that human population growth itself is going to reverse some of the benefits that we've seen with reversing. Peter UNAIDS recently claimed that we're starting to see a down tick in death for the first time for the last two years and in babies for the last four years because of PMTCT and the incidents [peeped] in the late 90s. We all know that those estimates are based on data that are not complete. A lot of countries don't have good data.

But in any case the sheer fact of human population growth means that in a country like Uganda that's made major progress particularly in treatment scale. Just by human population growth and new generations coming online and becoming sexually active means that the chances of those gains being reversed are very very high if we don't do more. And so I think all the speakers were agreed that things that we need to do now are to massively continue to scale up all of the things

we know work. That means ART, it means prevention of mother to child transmission, all the prevention modalities that we know are working and most of them we know that they work but political horses will not fund them like needle exchange in the U.S. And so what I try to talk about is since we don't have a crystal ball, we need to massively increase funding for a cure, better treatments, and better prevention, including a vaccine but also combination prevention has been a big theme at this meeting.

And then the other thing that I talked about was how we needed to use the human power that we all have to change the social and structural barriers that are really leading to the epidemic's growth. And that means addressing the status of women, gender base violence, sexual minorities, violence against women and sexual minorities, the war against drug users, the war against sex workers. Just by addressing the social rights and giving rights and health to those groups we can make major gains against the epidemic. Then a big strategy trial of when to start antiretrovirals, better diagnostics for cd4 count, for viral load, and for tb, better use of opportunistic infection prevention. We talked about Hepatitis and how treatment and prevention of Hepatitis needs to be added to the universal access package. And then we talked about some structural reform at the global level including removing IMF International Monetary Fund spending caps on public health sector, health sector spending, abolishing user fees for patients and reforming the world bank and the world health organizations so that they had more representation of civil society and not just governments running those organizations. And then we ran out of time.

DE: Well there's a lot to accomplish in the next 20 some years. I'm wondering for the average POZ viewer who is living in the United States most often HIV positive and often times focused on local issues, if they could do three or four things that might have some impact in changing policies or shifting funding on a global perspective what might they do?

MH: Well I think the two domestic bombshells for the US population at this meeting were the CDC revised estimates that show the epidemic is 40% larger than we thought and that they claim that new methodology allows them to measure up more exactly. But it means that we don't know how big the epidemic was before and it makes me worry that we still don't know where it is, where it's going. And the other bombshell was the Black AIDS Institute report on left behind and the huge disparities in US between African Americans and other ethnic and racial groups in terms of HIV. It's important to note that Latinos and Latinas also have a disproportionate amount of HIV infection. But the things we can do domestically if I could say the top five. One would be to get involve in the political campaigns this year and let your congressman, your senator, the candidates and presidential campaigns know that domestic AIDS needs to be right at the top of the agenda along with international AIDS. The second thing is to figure out in your local community where are the points where you can make the biggest difference now. Whether it be go to the local needle exchange or in some states that are a little more progressive they're even thinking of funding needle exchange. Work for decriminalization of drug possession, work for reentry of prisoners with HIV back into society, work all the structural barriers I talked about violence against women, against sexual minorities, legal status of gays, sexual health disparities for Blacks, Latins, women, gay people and young people.

Those are very intensely local issues. The third thing I would say is get on board with some sort of national healthcare plan and then the last two are about treatment. And I think this meeting doesn't have a lot of new information about antiretroviral treatment but the information it does have is a consolidation of what we already knew which is the benefits of [heart] are greater then what we use to think. And this has been known ever since the Smart study but it's really clear from the global scale up studies. Not only is [heart] beneficial, it's beneficial earlier, it's beneficial for preventing mother to child transmission, it's beneficial for people with co-infection with Hepatitis, for children it's recommended for birth, so earlier starting is now more scientifically reasonable than it was before and I think we should support a clinical trial that really answers that question. And then the last thing is prevention and reemphasizing. If we look at the US epidemic then one of things we can see is that push policies have led to an increase in transmission.

And so we need to push the candidates to fully fund needle exchange, remove the legal barriers to treatment for drug addiction, drug abuse, to led to decriminalization for sex workers and drug users and to really provide a human rights base and public health base, social justice base approach base to HIV. And what's amazing is that here in Mexico they're far far ahead of us and we don't even know about it. In things like human rights for gays, human rights for sex workers. They have gay marriage here in Mexico City, they recently expanded their national social security to include unemployed people and so HIV universal access is starting to become a reality here in Mexico and we all know about Canada. But low an behold we come to Mexico and we find out that the US is the ugly sandwich in between two health systems that are actually working to try and create universal access. And so not only should we try and have more solidarity with the rest of the world, we should look south and north of the border to learn the lessons from what they are doing here.

DE: Well thanks I really appreciate your time.

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