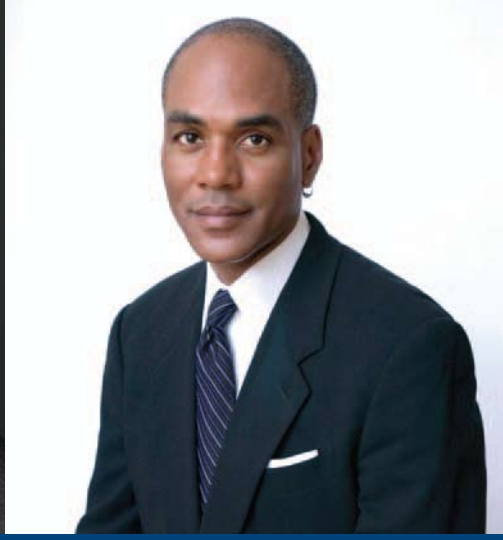

KEVIN M. CATHCART AND PHILL WILSON

Prologue to the Future

The HIV/AIDS epidemic is far from over. But many LGBT organizations have been criticized as devoting less attention on HIV-related funding efforts and policy work in the last decade. Meanwhile, the Black AIDS Institute reports that 54 percent of new HIV/AIDS cases in America are in the black community. This crisis affects a disproportionate number of black gay men and remains largely invisible outside of HIV-specific organizations. Executive Director Kevin Cathcart discusses the problem with Black AIDS Institute's cofounder and CEO Phill Wilson.

KEVIN M. CATHCART: Over the last decade I think primarily-white LGBT organizations have become increasingly less visible in HIV work. There's really been a split into two camps: gay organizations and HIV organizations, with not a lot of interaction between them.

PHILL WILSON: In the mid-90s, some people began saying the AIDS epidemic was over. They pointed to protease inhibitors and the fact that people were going to live longer. Well, that was true and continues to be true for many people. But it is less true for black gay men, and certainly less true for black people and poor people in general. That's why we started the Black AIDS Institute in 1999. There was a tremendous amount of progress in fighting the epidemic, but there had been very little done to address the AIDS epidemic in black America. There was a desire in LGBT communities to experience something other than grief. Out of that came the gay men's health movement, which was meant to be about gay health being inclusive and going beyond HIV and AIDS. But what happened is that it became everything but HIV and AIDS. And it became a movement that was dominated by white gay men who, out of fatigue or by virtue of themselves not being HIV positive, didn't really want to talk about HIV. That created distancing.

KC: I agree, with advances in treatment options, it meant having some hope after a long stretch of not having much. Unfortunately, this led to denial and wishful thinking, which has contributed to the increasing invisibility of the epidemic. The other issue that we aren't talking about enough or preparing for is those people who've been living with HIV for 20 to 30 years and who have been taking a lot of drugs for a long time. I suspect there's a whole series of aging issues that are coming down the road. I'm guessing it's getting attention in HIV-specific organizations but I'm not seeing it or hearing it at all in the broader LGBT world.

PW: Even though the rates of infection in young white gay men are less than those of black gay men, the rates are beginning to climb to rival rates that we saw in earlier times of the epidemic. That means that we're going to be faced with multiple problems. We're going to be faced with possible problems arising from an aging population of HIV-positive gay men. And we have this burgeoning epidemic among young white gay men. Also, I believe very strongly we are losing ground on the progress we had made around diversity in our community. Our community is beginning to splinter in ways that I think won't serve us well in the long run, along race and class lines.

KC: Right. Gay people of color in leadership positions tend to be in the HIV groups. And in broader LGBT groups, the leadership tends to be much more white. That has an impact on direction and can become self-perpetuating. I think that's how some of the more mainstream LGBT groups have been able to continue to act like HIV is something that they've already dealt with.

PW: It does become a self-perpetuating reality because of the people who end up not being in the room. Yes, some of it is about political realities, but some of it is psychological. A broad gay men's health movement is not a bad thing, but we need to reassess what the big issues actually are. We have never been serious enough about prevention work done in a serious and frequent enough way.

KC: As a gay man who lives in New York, I feel like I can go through days of my life without bumping into any noticeable or visible safer sex messages or prevention messages. We've never demanded that this be done differently. We've never banded together to provide the funding to our own agencies to do it better or to demand that the government do it better.

"We need to go back to the basics: raise the volume of the HIV/AIDS conversation in the country, and raise awareness about where the current impact of HIV and AIDS plays out in the gay community. And, yes, we need more conversations about race in the context of the LGBT community. "

- PHILL WILSON

PW: That's part of the fallout from the exodus of the LGBT community from the AIDS fight; the advocacy work suffers. One of the reasons why you don't see the prevention messages is because there's less funding available. You have the pressure of homophobia, particularly now from funders and politicians who don't want to get into fights with the right wing. And you don't have the kind of robust advocacy efforts that were primarily driven by gay men in the early eighties. When you look at the white epidemic in America, it is still predominantly among the gay population. And when you look at the black epidemic, it is also still mostly a gay epidemic. We should be mindful that it is still about all of us. This is hard to say, but I think that when white gay men see how AIDS is impacting black gay men, they don't see that as an attack on the gay community. It's critical that we get past that.

KC: We're not going to be able to bring the gay movement back into the AIDS fight in the way it needs to be unless we talk about race. I think you're right about white gay men not seeing that what's happening to black gay men is happening to the gay community as a whole. And it makes it harder to address when we live in a country that shies away from so many conversations about race. But that's a part of what has to happen to get things to move forward, because we can't continue to have LGBT organizations work on so many different issues but block off HIV as something separate.

PW: We need to go back to the basics: raise the volume of the HIV/AIDS conversation in the country, and raise awareness about where the current impact of HIV and AIDS plays out in the gay community. And, yes, we need more conversations about race in the context of the LGBT community. One of the things that we are trying to do at the Black AIDS Institute is to try to work on some of our capacity and infrastructure issues so that we can engage in a more robust way with LGBT organizations and create broader coalitions.

KC: If we get a very different administration next year, we may have possibilities in Washington on major policy issues that we haven't seen in a long time. But I worry that gay groups will continue to focus solely on "gay issues" and then HIV groups will be left alone to work on HIV issues. When we're considering talking at a national level, it's important that we try to come back together a bit more beforehand. Otherwise we might cement this split in place.

PW: We're trying to figure out how to have a larger presence in other circles. We just opened up new offices in the Gay Men's Health Crisis building in Chelsea. We hope to provide a potential link between what is happening in black America and the LGBT community. I'm having a tremendous amount of success in getting black clergy and conservative African-Americans to be willing to talk about LGBT issues through the lens of the conversations that we have to have around HIV.

KC: What I think has been one of the big challenges for us – and I know the same thing is true for the other legal organizations – is that we have never found an effective entryway into using law and litigation as a way to support prevention work. What we're good at is antidiscrimination work. We just resolved the Taylor case with the State Department, for example *[see "The HIV Project: Then and Now, p. 8]*. But it's very hard to come up with a legal hook to address issues in prevention, like lack of or limited access to medical care. These bigger problems surrounding the epidemic have been an ongoing challenge. In the meantime, I have made a commitment to myself to move the HIV conversation much more front and center when I speak around the country. I think these are important conversations to have, and we've got to get them into a larger arena.

PW: I think that the good thing about the LGBT community is that we have learned about the power of the possible — the accomplishments and the things that have been achieved in our community when we've set our mind to doing them. I think that the same can be said for this issue. If we were successful in developing the will to respond or to re-engage in the fight against HIV we would be very effective in changing the current paradigm. The past, in some ways, can be the prologue to the future. A lot of the successes in fighting HIV were driven by the LGBT community. And that can happen again.

KC: Yes, we have to make it happen again.