



John Curry Synopsis of United States Conference on AIDS 2015

During the 2015 United States Conference on AIDS I attended workshops on PREP and on the Office of National AIDS Policy, a roundtable on Holistic Solutions for Transgender Women, a number of Health Resources and Services Administration (HRSA) sessions, and three plenaries: #BlackLivesMatter, Mind the Gap: From Vision to Reality, and HIV and the South.

Much of the information disseminated during the break-out sessions and groups were basic best practices in the HIV field, e.g. testing, awareness, outreach, and linkage to care for men who have sex with men (MSM) as well as other high risk individuals. Many organizations around the country focus on high impact prevention and align themselves with our National HIV Strategy Plan in order to increase sustainability. Community based organizations and health departments collaborate with community members to determine effective strategies for reaching high risk groups, and to implement new approaches, including biomedical interventions. Many workgroups discussed incorporating early intervention strategies in order to increase retention in care, especially for homeless individuals, substance abusers, and those struggling with mental health disorders.

The technical assistance I provided at the CAI booth focused on grassroots HIV prevention. It was a privilege to interact with people from all spectrums of life who shared a common goal: eradicating HIV. I learned a great deal and was amazed by those I interacted with. I was humbled by the resiliency, for instance, of one woman who had been caring for her mother with HIV only to learn she herself was positive as well.

During the workshop on the Office of National AIDS Policy I saw the unity of a team of highly accomplished individuals: Eugene McCray, Cornelius Baker, Jeffrey Crawley, Sandy Thurman, and Dr. Grant Colfax. These individuals worked on President Obama's team to write the National HIV / AIDS Strategy Plan, and are therefore responsible for policies that gave rights to people living with HIV in America. They displayed strength, determination, resiliency, accountability, knowledge, and passion. This session inspired me to do further work with the Black Treatment Advocate Network Initiative in Melbourne. It reminded me of the importance of teamwork and collaboration, and I hope that Cornelius Baker, with whom I was able to discuss the Melbourne chapter, will serve as my mentor as I help to implement policy initiatives going forward.



At the plenary entitled “Mind the Gap: From Vision to Reality” Bryan Stevenson, the executive director of the Equal Justice Initiative, equated the HIV/AIDS epidemic to incarceration, and spoke about the importance of all HIV positive individuals having equal access to health care. Stevenson touched on a number of disparities that may explain why rates of HIV infections are disproportionately high in African American populations. Through the lens of black incarceration, Stevenson discussed health, economic, social, political, and educational inequalities. Stevenson explained that because black individuals have not had equal access to society leadership roles, privileged groups continue to serve as leaders of the major social bureaucracies, and this has amplified cultural disparities. Stevenson spoke about the African American race becoming the burden of this disease, and of his belief that black individuals need to support each other when receiving bad news, especially an HIV diagnosis (which some equate to a death sentence, and in many cases may cause people’s own families to turn against them). He also spoke about the importance of accountability in the community, as well as exercising voting privileges in order to spark change.

I will carry back Stevenson’s information and passion to the community I serve. Social justice for all is an important step in changing the trajectory of HIV in our community, and ultimately to achieving viral eradication.