

DAN ROYLES: This is Dan Royles interviewing Phill Wilson at the offices of the Black AIDS Institute on November 26, 2012 for the African American AIDS Activism Oral History Project. So I'll start off with a simple question, which is when and where were you born?

PHILL WILSON: I was born in Chicago, Illinois on April 22, 1956.

DAN ROYLES: Did you grow up in Chicago?

PHILL WILSON: I did grow up in Chicago. Initially, my family lived in Altgeld Gardens, which is a housing project on the south side of Chicago. We moved to the far south suburbs, a community called Dixmoor, which is where I grew up and went to high school. I went to Thornton Township High School in Harvey, Illinois.

DAN ROYLES: Who was in your family that you lived with in Altgeld Gardens and then Dixmoor?

PHILL WILSON: I am the oldest of four children. I have three siblings. I have a brother, a sister and a younger brother and so our family was basically my parents and myself and my three siblings.

DAN ROYLES: What did your parents do for work or for a living as you were growing up?

PHILL WILSON: My mother was a banker. She worked for the First National Bank of Chicago and my father was a truck driver, still is a truck driver actually. My mother is now retired.

DAN ROYLES: What was your community like in these places in Chicago as you were growing up? Who was in it in terms of neighbors or church or other community institutions?

PHILL WILSON: Well, in Altgeld Gardens in the mid to late '50s, it was an all-black community. It was one of the early housing projects in Chicago and it was kind of interesting because everybody in the community was black. All the people who lived there were black. All the teachers at the schools were black. The service delivery people, the mailman, the juice man, the milkman, the iceman, all were black, so it was an interesting experience to live in that environment. When we moved to the far south suburbs, we moved to a little community called Dixmoor, Illinois, which was not exclusively black but, you know, largely black. That was also an interesting experience where it was an integrated community, but not completely black or blacks were the dominant population. My high school, on the other hand, was completely integrated, about 35 to maybe 40 percent of the students in the high school were black and the remaining students were white with a very, very, very small Latino population.

DAN ROYLES: As you were growing up, were people in your family or in your community politically active?

PHILL WILSON: Growing up, my mother was very politically active. She was always a part of the democratic process and was a member of the Democratic Committee and always participated in voting activities, poll watching, poll sitting, those kinds of activities, particularly in the early '60s when black Americans were getting the right to vote. My mother was very active in that movement. When we were growing up, my father was not so

active in that activity, but today, both my parents tend to be very engaged and active in politics.

DAN ROYLES: Were you, yourself, engaged and active in politics growing up?

PHILL WILSON: I wouldn't say that I was engaged or active in politics growing up. I was very involved in student activities and maybe that constitutes involvement in politics. I don't know. I was involved in student government but mostly, I was involved in speech and theater in high school.

DAN ROYLES: So, for college, you went to Illinois Wesleyan?

PHILL WILSON: Right. I went to Illinois Wesleyan.

DAN ROYLES: What did you study?

PHILL WILSON: I was a double major at Wesleyan. I majored in Spanish Literature and I have a BFA in Theater Arts.

DAN ROYLES: When and how did you first become aware of AIDS, or what would become known as AIDS, if what was before that designation?

PHILL WILSON: My earliest memory of HIV was actually GRID [gay-related immune deficiency]. At the time I lived in Chicago. I was a part of a gay softball league and a member of our team got sick mysteriously and died rather rapidly. That was my first introduction to it. Very shortly thereafter, my partner at the time got a physical and discovered that he had swollen lymph nodes and the doctor thought that there's a relationship between swollen lymph nodes and this new disease at the time. I also had swollen lymph nodes at that time,

so we both had our lymph nodes biopsied. Basically, there wasn't a lot of information about the disease at that time but the doctor said that the lymph nodes were not normal. That's how the disease got on our radar. Shortly after that, we moved to Los Angeles and by then, GRID had actually turned into AIDS and we had more of an understanding and right away, we got involved in HIV/AIDS issues. First, in Black and White Men Together, which was interracial—is a national interracial gay men's organization and then shortly after that, involved in things at the Gay and Lesbian Community Services Center and what ultimately became the first AIDS hotline here in Los Angeles. We were trained at the Newman Center, and eventually that would turn into AIDS Project Los Angeles.

DAN ROYLES: Backing up a little bit, in terms of your sexuality, how do you identify yourself?

PHILL WILSON: I'm a gay man.

DAN ROYLES: When did you come to identify yourself as a gay man?

PHILL WILSON: Well, how did I come to identify myself as a gay man? In 1979, 1980, I was living in Chicago. At the time I was engaged to be married and I knew something was not right and basically, I didn't really know anybody that was gay or lesbian at that time but I knew that there was something that was not right. I had not connected that to my sexuality but literally, kind of one day, I did. It was kind of simple as that. I was driving to work and pondering why was I having such a hard time. And there was a radio show about gay men and it's like, that's it. And within a matter of a few days, I had a conversation with my fiancée at the time, went out and bought some books to explore the issue and that's how I

came out. Within two weeks, I had disclosed to all of my family that I was gay and had broken off the engagement and that's how I came out.

DAN ROYLES: How did your family react?

PHILL WILSON: Very positively, actually. It was a foreign concept to everyone in my family but the reaction was overwhelmingly, you know, "As long as you're happy, that's what counts." I think that both my mother and my father were surprised and thought that maybe it was something that I would get over but basically, they were supportive and have been ever since.

DAN ROYLES: Before moving to L.A, were you in the Black and White Men Together chapter in Chicago?

PHILL WILSON: No. I joined Black and White Men in Los Angeles.

DAN ROYLES: Was your partner white?

PHILL WILSON: Yes. My partner was white.

DAN ROYLES: So, you joined as—

PHILL WILSON: As a couple.

DAN ROYLES: —as an interracial couple. So you were aware that you had AIDS before the HIV test came out?

PHILL WILSON: No. I'm not sure if anybody other than the people that were very, very sick were ever aware they had AIDS before the test came out. By the time I took the test, which

was in 1985, I assumed that I was HIV positive. By then, my partner actually—my partner's name was Chris Brownlie—and by then, he was sick already. And by then, we knew that it was sexually transmitted and so, I assumed that I was HIV positive. But it wasn't really until 1985 where I absolutely knew I was HIV positive and the reason why that was important is the process in which I discovered that I was HIV positive really has informed my work ever since then. As it turned out, I probably was infected in 1980. I was probably infected by Chris who was clearly already HIV positive from what we know about the disease now. I assumed that I was HIV positive. I began to volunteer for AIDS organizations rather early in the disease. By 1985, I was working for an AIDS organization and I lived my life as if I was HIV positive. What motivated me to get tested in the first place was really the debate that was going on at that time because we had an HIV test. By the time I got tested, there was this grumbling. We had survived the Lyndon LaRouche Initiative in California, which was the initiative that would have quarantined people living with HIV. And we were debating, "Should people get tested?" because there were no treatments. There was an HIV test, there was widespread discrimination and no treatments. And so there was a very big debate on, "Should people get tested?" And in fact, people were, in fact, finding out that they were HIV positive and killing themselves. And so I decided to get tested because I felt that it was important for me to understand what the process was like if I were to counsel people on whether they should do it or not. So I did. I went through the process. Back then, I think it was two weeks before you got the results back. So I went to get tested, I waited the two weeks, I went to get my results. I happened to get tested in the same place where I work, and so I had my colleagues walk me through the entire process, again, fully expecting that the result would come back positive. When it did come back positive, it was absolutely

devastating, much to my surprise, that I was just completely blown away. And the point of that is that thinking that you're HIV positive is very different than knowing that you're HIV positive and I think that that is still true today.

DAN ROYLES: What was that organization that you were working for at that point in 1985?

PHILL WILSON: I was working for the Stop AIDS Project, which is a part of the Gay and Lesbian Community Services Center in Los Angeles.

DAN ROYLES: And so as part of being involved with Black and White Men Together, you co-founded the National Task Force on AIDS Prevention?

PHILL WILSON: Right. There's a little history that—the trajectory of my activism began initially with Black and White Men Together and starting to talk about HIV, doing the weekly raps. BWMT used to have weekly raps, and I was actively involved in facilitating those weekly raps. But before the National Task Force on AIDS prevention got started, I was very much involved in fighting the Lyndon LaRouche Initiative and defeating that [initiative] on the California [ballot]. I participated in the first candlelight vigil that was held here in Los Angeles. I was one of the speakers at that candlelight vigil. We founded the Stop the AIDS Quarantine Committee during the campaign, the No on LaRouche campaign. Out of that came the AIDS Hospice Foundation that eventually became the AIDS Healthcare Foundation. I was one of the founders of that organization. Around that time, Reggie Williams and Steve Feedback and I began to do the work and ultimately started the National Task Force on AIDS Prevention, which initially was a project of the National Association of Black and White Men Together. The National Association of Black and White Men Together was a not for profit and so to start the organization, we really needed a not-for-profit

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organization, and so we started as a project of NABWMT. We eventually created our own 501(c)(3) and became an independent organization. I worked for the National Task Force on AIDS Prevention as the National Outreach Director, traveling the country. We developed in that program a safer sex workshop called "Hot, Horny and Healthy!" which is a program to help black gay men primarily develop safer sex practices. From that, I went from that position and became the city AIDS Coordinator for the city of Los Angeles under Mayor Bradley. I was the second AIDS Coordinator in Los Angeles and Los Angeles was the second city in the country to have a city-wide AIDS Coordinator. I did that for, I think, about three or four years. From there, I went to work for AIDS Project Los Angeles as the Director of Public Policy and Planning. And then from there, I started the Black AIDS Institute.

DAN ROYLES: And at what point did you become aware that AIDS was going to be something that affected African Americans disproportionately?

PHILL WILSON: Well, you know, it never made sense to me that the disease would be a quote-unquote "white gay disease." It just didn't make sense. It's like, how can that be? But it became really clear doing the No on LaRouche initiative. My job was to engage black communities in opposing the LaRouche initiative. And in order to do that, I had to really understand how HIV impacted black communities. During that time, the CDC didn't really break down the data by race, and so we requested that the data get broken down by race, and it became so clear. 25 percent of the AIDS cases even then, and this was very early on because this was right after the HIV test was discovered, were black. Over 50 percent of the cases among women were [black] women, and this was in 1985. So it was very clear to me that this was a major, major black problem. We already knew the devastation that was



happening in sub-Saharan Africa. So those two pieces of information really sounded the alarm for me, and I began to do work in black communities around AIDS, first connecting with Reverend Carl Bean who had already started the Minority AIDS Project and volunteering and eventually working for the Minority AIDS Project. But then also working with black churches during the time when I worked for the mayor's office in Los Angeles, and I remember early, early on—this was actually before I worked for the mayor's office—when we were actually trying to organize black churches to oppose the Lyndon LaRouche Initiative. And I remember going to church and the minister saying, "This is not our problem, we're not going to allow them to blame this on us." The reason why they reacted in this way is because I shared with them the data around the epidemic. And so, I thought, okay, this is a big problem because the epidemic is going unchecked in black communities. And so I asked the ministers, "At what point does it become our problem? How many of us have to get infected? How many of us have to die? How many people who sit in your churches every Sunday have to get sick before this becomes our problem?" And what was very interesting, and I don't think I fully understood it, that the folks who knew that AIDS was disproportionately impacting the black community were the ministers because it was the folks in their churches who were dying. They were the ones who were burying their choir members every week. So when I came to share them the data, it wasn't new to them because they already knew.

DAN ROYLES: But there was still pushback.

PHILL WILSON: There was still resistance, I mean, knowing and being willing to take ownership of it are nowhere close to being the same thing. They did not want to take on

HIV and AIDS. They didn't want to deal with the issue of homosexuality. They didn't want the stigma of this new disease. They were already dealing with—and I think the thing that's important to note is that in the 1980s, if we're looking at AIDS through the lens of white gay men, basically, we're looking at AIDS through a community that by and large, AIDS was the only issue negatively impacting the community, more or less. Obviously, there were issues around homophobia and what have you. But they were not widespread issues around poverty and unemployment and homelessness and all those various issues that the black community was dealing with. We're also in the middle of a crack epidemic in the mid '80s in black communities. Black communities had full plates already. We're overloaded already when AIDS arrived. And none of those issues went away, so dealing with AIDS really meant just adding something else to the list. And so, part of the resistance was the fact that institutions were looking at their plates and saying, "We can't take on anything else and we certainly don't want to take on anything as big as AIDS, as scary as AIDS, as stigmatizing as AIDS."

DAN ROYLES: When you founded the Black AIDS Institute, what did you want to accomplish with the organization that you maybe weren't accomplishing or couldn't accomplish in another capacity?

PHILL WILSON: Well, I founded the Black AIDS Institute after having been very sick in 1996. I almost died and had to stop working. And so I literally stopped working from 1996 through 1999. By 1999, I felt like I was well enough to get back in the fight. You know, protease inhibitors had come out. I had been on protease inhibitors. I was feeling much better and quite frankly was kind of bored. I began to look around and began to send out

signals to people that I was thinking about coming back to work. And I was offered a number of jobs in HIV at the time, primarily working with big organizations. I could have gone back to AIDS Project Los Angeles. The county of Los Angeles courted me about coming to work for the county as running the AIDS office in the county, and a number of positions, a number of positions in Washington DC. But as I looked around, what was surprising to me is that between 1996 and 1990, we really saw some progress in a number of areas. We saw some progress in women responding to the AIDS epidemic. We saw some progress in Latinos responding to the AIDS epidemic. We saw some progress among Asian Pacific Islanders responding to the epidemic, but the health disparities between blacks and other racial ethnic groups had grown. And I thought, well, if I'm going to come back to work then I really need to come back to work and work on reducing the HIV/AIDS health disparities between black Americans and other racial/ethnic groups. And that's what the Black AIDS Institute was founded to do.

DAN ROYLES: So, you've also done a lot of things, and I just want to ask you about a couple of them in particular. The International Community Treatment and Science Workshop at the International AIDS Conferences—you've done four?

PHILL WILSON: One of the problems that continues to be a problem in addressing AIDS in black communities is low HIV science literacy. And I've been involved in HIV on the international stage from the very beginning as well, and I began to attend the International AIDS Conferences—oh my gosh—I think I've only missed two in the history of the conferences, and that's where the important science was happening. The turnaround in AIDS among white gay men happened because white gay men learned the science. It

happened out of ACT UP and it happened more specifically about the data, that Science and Data Committee, the Treatment and Data Committee at ACT UP that eventually became TAG. It happened because of Project Inform. It happened really because those who were most impacted decided to get educated on the disease. And it seemed very clear to me that if black communities were not properly educated on the disease, we were never going to be able to end the AIDS epidemic. And so what we decided to do was to basically figure out how to get black communities involved in the International AIDS Conference because that was the venue where the science was happening. But it was an international conference and so we thought, okay, how can we make this work? And so we created the Community Science and Treatment Workshop at the International AIDS Conference and what it did was it was a mechanism to help community folks actually get the science because what would happen is that community folks would come to the International AIDS Conference, but they wouldn't go to the scientific meetings. They would go to the sessions on activism or they would go to the sessions on community building or those kind of sessions, or they would shop. And in fact, the catalyst—I get a little animated about this because even now, it makes me crazy—the catalyst around my starting the Community Treatment and Science Workshop is we were in Yokohama and they were presenting on a major presentation from a pre-meeting called the Whistler meeting and they're going to be talking about important data. And so I was walking into the session and a number of people who I knew were leaving and I thought, where are you going? You know, we've come basically halfway around the world to attend this meeting and this is going to be one of the most important sessions in the meeting and you're leaving. And they said, "Well, we're leaving because we don't understand anything they're talking about and so we might as well go sight-seeing."

And so, I thought, well, this is just not okay. And so the next meeting was in Geneva, and so in Geneva, we started the International Community Treatment and Science Workshop, and what it was was basically a two-day meeting where we got the scientists to come and talk to the community in language that the community would understand, kind of like an orientation to the conference. And then we set up, for the community folks, targeting scholarship recipients basically, sessions that they could go to, and then everyday, we would do updates with them. So that we would say, okay, these are the sessions that we think are important for you to go to today. And the next day, we would review those sessions, and by getting people involved so they could actually understand the science sessions, and then they would be required to take that information back to them. And so we started that in Geneva, and we've done some version of that every conference since, culminating with the international conference that just happened in Washington, D.C. in July of 2012, with one of our largest sessions ever where we did a two-day pre-conference, we did breakfast meetings every day, we paired many of the people that were part of our delegation with mentors to help them through the conference. And it's all around increasing HIV science literacy in communities that have not been really addressed properly.

DAN ROYLES: So aside from African Americans, who were some of the other communities that represented?

PHILL WILSON: Primarily, our emphasis is on African Americans but when we do the International Community Treatment and Science Workshop, our target population are folks

from developing countries, women, and people of color in the United States. That's who we primarily focus.

DAN ROYLES: You also serve on the President's Advisory Commission on HIV and AIDS [PACHA]. What kind of work do you do in that capacity?

PHILL WILSON: Good question. What kind of work does the PACHA [do]? The PACHA is the President's primary advisory body. Our charter is to advise the president on HIV/AIDS policy. We're primarily working to oversee the implementation of the National HIV/AIDS strategy. When President Obama was then candidate Obama in 2008, we asked him if he became president, would he support the development of a national HIV/AIDS strategy. Previously in this country, we had no national plan. We had these disjointed programs and sometimes they worked in cross-purpose of each other. And as my grandmother used to say, "If you fail to plan, you plan to fail." And so no wonder we were having limited success because we didn't have a coordinated strategy. We didn't have clear goals and objectives. We didn't have time frames to work with. And so, when President Obama was elected, he followed through on his commitment to create a national AIDS strategy and in 2010, he actually released his National HIV/AIDS Strategy. One of the things that the PACHA is doing, the primary thing that the PACHA is doing is overseeing the implementation of that strategy.

DAN ROYLES: So you've done, obviously, a lot of work around the epidemic. How has the work that you do changed since you got started in the mid '80s, so over that twenty-seven years?

PHILL WILSON: You know, the work that I do has changed because the epidemic has changed. In the beginning, we were helping our brothers, because it was primarily our brothers, we were helping our brothers die. And our victories were when we could get people to die at home with family and friends and loved ones and not stigmatized and not alone. That's where the work started. That moved to just trying to help people survive fighting for the development of treatments and what have you. That moved to helping people live through quality life things and passage of laws and policies that were supportive of people living with HIV and preventing new people from getting infected to today when the work is about ending the epidemic. It is an interesting arc to think about what has happened in thirty-three years of this epidemic, basically my entire adult life to go from confronting a disease where literally, we thought that we all were going to die. There were days when it certainly felt that way. I think that many gay men, regardless of color, of my generation, are suffering from post-traumatic stress syndromes. I think that what we went through in the early '80s certainly matches and probably surpasses any sort of trauma than anyone in any war experience has ever had, to trying to figure out how to live our lives with integrity, to try to figure out what it meant to live a life. Many of us are now approaching old age with not having initially expected that we would get to middle age and all the challenges associated with that, and yet wanting to see it through. We made a commitment that, until it was over. And so now, we're being challenged that there is a possibility that it could, in fact, be over and so how are we going to live up to that pledge is, I think, the challenge for all of us.

DAN ROYLES: What makes you say, now at this point, the end is within our reach whereas it wasn't before?

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PHILL WILSON: Well I think over the last two years, we've had a number of remarkable scientific breakthroughs, which are game changers. We know now that if we can get people onto treatment, we can keep them on the treatment, we can drive down their viral load, we can reduce transmissibility by 96 percent. That's huge. That gets us almost to the finish line. We know now that if HIV-negative people are in high risk situations that they can take the same medicines that we're using to treat people with HIV to prevent acquisition, again, if we can get people on pre-exposure prophylaxis, we actually get them to take it, they can prevent acquisition of the disease by 96 percent. That's huge. We now know the fundamentals of how microbicides work to provide women with ways to protect themselves. We now understand so much about HIV in the way of better surveillance. We know where the epidemic is. We now have policies in place, the Affordable Care Act, the National HIV/AIDS Strategy so we have made advances on the policy front, we've made advances on the prevention front, we've made advances on the treatment front. Those are the elements necessary to end the AIDS epidemic.

DAN ROYLES: So what then stands between where we are now and the end? What needs to happen in between to get from here to there?

PHILL WILSON: The thing that's standing between us and the end of AIDS epidemic is will. The question is not, "Can we end the AIDS epidemic?" The question is, "Do we have the will to end the AIDS epidemic?" Do we want to really do what it takes? Do we want to make the investment to end the AIDS epidemic or do we want to continue paying into perpetuity to fight epidemic?



DAN ROYLES: The last Black AIDS Institute report, *Back of the Line*, focused specifically on black gay men, who are vastly disproportionately affected by this disease. Why are they affected so much more than both white gay men and African Americans as a larger population? Why is it so bad among black gay men?

PHILL WILSON: Black gay men are the most at risk population for HIV on the planet. Black gay men in America are more at risk than any other population on the planet. I think there's a number of reasons for it, and it's a perfect storm. The issues around racism, the issue around homophobia, the issue around poverty, the issues around how black men, regardless of sexual orientation, are marginalized in our society. Black men are most unemployed population in America today. Black men are the largest population incarcerated in the country today. So black men are marginalized and demonized in this country. Gay men suffer from homophobia and black people suffer from racism so black gay men get the trifecta. And so that's the population that falls between the cracks. When we have conversations around AIDS among gay men, the truth of the matter is that that's often code for AIDS among white gay men. When we have the conversations about AIDS in the black community, that's code for AIDS among black women and black children, the innocent victims. So we don't have, have not created the kind of infrastructure and support and safety net to address the epidemic among black gay men. Now we run across, particularly young men, who are struggling with whether or not they have a right to live or to exist, period, let alone whether or not they have a right to live and exist free and open and free of disease.

DAN ROYLES: So you have all these pressures on a population but for some people, it's probably not obvious how this set of pressures translates into this disease. What connects those?

PHILL WILSON: What's the link? Well, I think that the link around isolation and marginalization is strong. It's a structural determinant of health when it comes to HIV because here's the important piece to understand. Because often, when people talk about HIV among black gay men, they talk about it in a context of blame and shame. It's like, we're thirty two years in the epidemic, why haven't they got it yet? Why haven't they figured it out yet? Well, the truth of the matter is that they have figured it out [chuckles] that when you compare the behaviors of black gay men to white gay men, black gay men do not engage, and even young black gay men do not engage in risky behavior at a higher degree than white gay men. So, if black gay men are safer in their risk, why are their risks still higher? And there are a few reasons for that. The first is that we didn't address the epidemic among that population until late, and so HIV is a disease of opportunity, and so we waited until we already had high levels of prevalence in the community. Prevalence is the amount of HIV in a community per 100,000. So, if you want to use an analogy, let's say that you like to go swimming. And so, you swim in a swimming pool where there is one shark. It's a dangerous place to swim. I swim in a swimming pool that's the same size but there are 20 sharks. It's a much more dangerous place to swim, so even if you swim in the swimming pool five times more often than I swim in the swimming pool, my swimming pool is still more dangerous and I'm likely to get bitten more often than you're likely get bitten, even though I don't swim nearly as often as you swim. That's what we're talking about and that's the relationship between prevalence and how it relates in black

communities. The second thing is the environment in which people experience their sexual debut. This is an issue where homophobia or stigma comes into play. Across America, in wealthier high schools and high schools that have a larger white population, there are organizations, there's clubs where young LGBT people get support. They get support to come out. Those activities are less prevalent in black schools, in urban schools, in poorer schools. What does that mean? That means when you are sixteen and you're white and gay, you have a higher probability of attending a school where there's a straight-gay alliance or even a gay organization. And so what does that afford you? That affords you to meet someone else who is sixteen who is gay and you can explore your sexuality together in an environment where neither of you are likely to be HIV positive. If you are a sixteen-year-old black boy discovering that you're gay and there's none of that support there, then what do you do to explore your sexuality? What you do is you get a fake ID and you go to a gay bar and you meet someone at that gay bar who is twenty-one or twenty-two or twenty-three or twenty-four or twenty-five. That person now is already involved in a sexual network where's likely to be HIV positive. And so your sexual debut happens in an environment that is a riskier environment than your white counterparts. So those two counterparts, those two aspects, dramatically drive risk. The third aspect is who has access to primary health care. If you're black and gay and twenty-one or sixteen or fifteen or twenty-five, you're much less likely to have access to primary health care, including health education, than if you're white and gay and twenty-four or twenty-five or twenty-six or sixteen. So you put together those structural determinants—access the healthcare—those social determinants around social debut against a background of high prevalence. The truth of the matter is the question should not be, "Why are they getting it?" but the miracle is that

they're getting it to the degree that they're getting it. The fact that some young black gay men are able to avoid HIV at all is the surprise, not that they're getting infected.

DAN ROYLES: In terms of safer sex behaviors, do you think those came later to gay men of color, the adoption of those behaviors came later for gay men of color than white gay men because they weren't being targeted?

PHILL WILSON: Yes. I think that certainly the messages around safer sex came later or around prevention at all in all of its forms came later among black gay men than it came among white gay men primarily because for the first few years, the conversation was not about black gay men. So, black gay men did not realize it was even an issue that they needed to deal with because all the images were white and gay, all the conversations were white and gay, and all the folks doing the talking were white and gay.

DAN ROYLES: And that was something that you were trying to correct for with NTFAP—

PHILL WILSON: Right. The whole point in developing the National Task Force on AIDS Prevention was initially to sound the alarm among gay men of color to say, "This is our problem too, and this is something that we can address," and the whole work of the Black Gay and Lesbian Leadership Forum was to sound the alarm in the black LGBT community. The work among the Black AIDS Institute is to figure out how we end the AIDS epidemic, particularly in black communities, by engaging all of us to communicate in black communities that we don't have a soul that we can afford to waste, and so we need to save all of us. Our straight ones, our gay ones, our old ones, our young ones, our male ones, our female ones, every single one, we need to figure out how to save them.

DAN ROYLES: Back in the late '80s or early '90s when you were doing the work with the [National] Task Force [on AIDS Prevention], that was a different environment probably than today.

PHILL WILSON: Well, the work we did at the Task Force was all about prevention. It was really primarily around prevention around sexual transmission. That's what that work was about because that's all we had at the time. We really didn't have treatment options. We didn't really have good testing options. All we really had was to try to convince people to assume that everyone that you had sex with was HIV positive and how to take precautions.

DAN ROYLES: What were you trying to do, like specifically with Hot, Horny and Healthy?

PHILL WILSON: We were trying to change the cultural norms in the community to teach people that there are ways to have a healthy sexual life and not expose yourself to HIV, because part of the challenge is that we were working against a backdrop where the sexuality of gay men was being demonized, that the conventional wisdom was telling the gay men, well, the answer to AIDS is for you not to be sexual at all. That was not going to be sustainable so we had to come up with a few things. One, we had to help gay men, without regard to race, to deal with our own internalized homophobia, to deal with issues of believing that our lives were worth saving. That embracing our sexuality— because only by embracing our sexuality could we make healthy choices. As long as sex was relegated to something that was shameful and dirty and done in the dark, you couldn't have conversations. You couldn't negotiate safer sex in an environment where sex was not something you believe you should be having. That the only way that you can rationalize being sexual is to say, "The devil made me do it, that I had no control, that it just happened."

Well, if you're talking about negotiating a condom, it just can't happen. It means that there is an intentionality around it and if we're going to get people to deal with the intentionality, we needed to get them to embrace their sexuality. So, Hot, Horny and Healthy! and the programs, many of the early prevention programs, not just at the National Task Force [for AIDS Prevention], but all over, we're really tied to helping gay men deal with embracing our own identities.

DAN ROYLES: In the introduction to *Back of the Line*, you included two photographs of you with friends, one with Ken, Roger, and Steven and the other with a friend named David. Who were they and why did you want to put them in the introduction?

PHILL WILSON: I think that what *Back of the Line* is in part, is it's a tribute to our brothers that we've lost and a challenge to the rest of the community to pay homage to them by making sure that we don't continue to lose brothers. So, those two photographs are photographs of friends of mine. In the one photograph where the four of us are in the photo, I'm the only one that's alive in that photograph. I think that photograph was taken in the mid '80s, and I'm the only one alive. The other one was a photograph of me and a very, very good friend of mine who's also dead. Both of those photographs for me was kind of reminding myself and paying a tribute to those who were gone too soon. And I think that we should never forget them. I think that it is critical that we remember them, at least until this is all over.

DAN ROYLES: In the introduction, you also talked about this moment, maybe a long moment in the '80s and '90s where there's this huge profusion of work by black gay intellectuals—by Essex Hemphill and Joe Beam and Other Countries, and you could

probably, I would say, add Marlon Riggs and Isaac Julien to that. Why then, why in that long moment do you think there was this—why was it so prolific?

PHILL WILSON: I think that the black gay renaissance that happened in the late '80s and early '90s quite frankly happened because we knew that we were dying and there was a rush to say, "We were here." I think we were all desperately just trying to say, "We were here," and to leave something behind to remind people that we were here and so, certainly, Marlon's work was all about that. Marlon's best work happened after he discovered that he was HIV positive. His initial work wasn't about that. Marlon was an ethnographer. He was going to chronicle the black experience and in fact, his first film was about black images in television. It was not about LGBT issues. It was not about HIV and AIDS. He found out that he was HIV positive while making that film and every other piece he did after that was about HIV. Essex's work, Isaac's work, Roy Buchanan, Donald Woods, we could go on and on and on. The whole Other Countries anthology was really about chronicling our lives. No one had ever done it and quite frankly, I can't say that there's been nearly as much stuff done to chronicle our lives after that period.

DAN ROYLES: Is there a problem of there's no one to do it because so many of those people are gone?

PHILL WILSON: I don't believe that the problem is that there's no one left to chronicle our experiences. I don't believe that. Certainly, there are a lot of us that are gone and the best and the brightest of that generation, I think, actually were taken away. But I think that there are certainly a sufficient number of black gay men who are talented and gifted and interested around today to write the stories. I think that to the first question, why did it

happen then? I think that it's not due to lack of talent. I think that if anything, it may be comparatively speaking, the lack of urgency, I think.

DAN ROYLES: But the urgency hasn't gone away, in a sense.

PHILL WILSON: I think for a lot of people, the urgency around HIV and AIDS has gone away. I think that's the problem, that that urgency has gone away. I would not wish to return to those days but it's a very, very different climate when you are literally either burying friends, sitting at deathbeds or racing to the emergency room every day. There was a period of time where every single day, those were one of the three things you did, every single day, and sometimes, you did multiple of those things on the same day. So, I think, thank God, we're not there. Sadly, we're not ending the AIDS epidemic yet but thank God, we're not at that point anymore. I think that that kind of intensity really bred the kind of renaissance that we saw during late '80s and early '90s.

DAN ROYLES: Were Ken, Roger, and Steven part of that black gay renaissance?

PHILL WILSON: Ken, Roger and Stevens, they were all HIV-positive men who were not necessarily writers or artists per se, but they were certainly men who were courageous enough to stand up and say, "I have AIDS," and which is an important thing to be done as well. And so, that picture is actually about the four of us. It was a campaign that we did really to get black gay men to—or black people, actually, it just so happens that all four of us were gay—but to get black people to stand up to say, we are people living with AIDS as a way to help the community understand the magnitude of the epidemic. What's interesting is that we've kind of come full circle, that if we're going to end the AIDS epidemic, one of the things that we need to do is to create an environment where people living with HIV, in fact,



come out about their HIV status and that we need to encourage people with HIV to come out about their HIV status. But people aren't going to be able to do that if we still have an environment where stigma rules.

DAN ROYLES: Did that campaign have a name?

PHILL WILSON: I don't remember, actually, if it had name or not. It was a campaign that we did as a part of the city AIDS office but I don't remember if it had a name, or what the name was.

DAN ROYLES: In your career, you've been involved with both organizations that do service or advocacy around HIV and AIDS for people of color generally, like the National Minority AIDS Council or the Gay Men of Color Consortium, and then for organizations like the Black AIDS Institute, that service specifically African Americans.

PHILL WILSON: And organizations like AIDS Project Los Angeles and the Gay and Lesbian Community Services Center as well.

DAN ROYLES: So, what's the difference? Why are they both necessary?

PHILL WILSON: Well, all of them are necessary because it's multiple kinds of organizations because people see themselves in different places, you know, and we will get to the end where there is some place for everybody to be. One of the challenges is that for too many people, there's no place to be, and we need to find a way that there is a place to be for everybody.

DAN ROYLES: So here at the Black Aids Institute, what do you day to day?

PHILL WILSON: [laughs] We basically do four things here at the Black AIDS Institute. We disseminate information with the largest provider of original HIV content in print media in America today. We generate some 500 million media impressions a year. We work extensively with black media, and we have 1,500 media partners, from black newspapers to black radio to black online site venues to black magazines to black television. We do training and capacity building with a number of programs where we train people in community mobilization. We train outreach workers. We train people in treatment and science, and we raise treatment and science literacy in communities. We both influence and recommend policy, analyze and make policy recommendations on HIV, both in the public sector and private sector. But most importantly, we do mobilization and advocacy from a uniquely and unapologetically black point of view, which is basically our job, is to get black people engaged in ending the epidemic.

DAN ROYLES: Why do you say uniquely and unapologetically?

PHILL WILSON: Uniquely because I think that we are the only organization that focuses in the way that we focus, so we're unique in that regard, and I think unapologetic because we don't shy away from who our audience is. We know that black people aren't the only people getting HIV. It's no less tragic when anyone gets infected with HIV or gets sick or dies. We know that. But as a black organization, we are uniquely positioned to address the epidemic in our communities. Our motto at the Black AIDS Institute is, "Our people, our problem, our solution." There are no histories on the planet of folks truly being rescued by outside forces. That in the end, people survive because there's something within them that allows them to survive, and we know that there is something within black communities that we're

not going to allow HIV to take us out. We are an extremely resilient folk. We were greater than the Middle Passage. We were greater than slavery. We were greater than Reconstruction. We were greater than Jim Crow. And clearly, we're going to be greater than HIV as well.

DAN ROYLES: Does a black solution to the epidemic look different than a white solution or a solution that is supposed to be universal?

PHILL WILSON: Well, I think that the components of the solutions to HIV may in fact objectively be similar but the messenger matters, the message matters, the tenor of the message matters, and where the message is being delivered matters. So it is all in the preparation. You can lay out to two different chefs the same five ingredients and they might come up with very, very, very different products and the same thing is true around solutions to major issues like HIV, that you take the same ingredients and you put those ingredients in one community, and you take the ingredients, and you put them in another community. In one community, you need more of A and a little less of B and the other community, you need more of C and a little less of D. And so, the balance matters and the way the elements are put together [matters], the way the ingredients are prioritized [matters]. So, yes, a black solution is not going to be the same as the solution that we come up for white gay men. The solution we come up for teenagers is not going to be the same as the solution we come up for seniors. HIV happens in the context of probably the most personal experience of our lives, our sexual intimacy, and so to the degree that we can, we get infected one person at a time, and we're going to stop the disease one person at a time. And that requires for us to pay attention to the needs of the individuals.

DAN ROYLES: What do you think, or what would you like your legacy to be for the work that you do?

PHILL WILSON: I would say maybe two things. One is I that didn't give up, that I honored my pledge to be there to the end. I think that's probably enough, actually, that I didn't give up, that I honored my pledge to be there to the end.

DAN ROYLES: I have no more questions. Is there anything that you want to say that you didn't get to?

PHILL WILSON: No. If you got all your questions answered, that was my job today.

DAN ROYLES: Okay. Thank you very much.

PHILL WILSON: Sure thing.