00:02.06

Brittnie Bloom

Okay, thank you so much for being here today, Mike. We're so excited to have you. and today I am thrilled to also be introducing a very special extra guest or bonus guest, Chris Sanchez, who is a member of the podcast team and an undergraduate here at San Diego State. Chris, do you want to introduce yourself really quickly?

00:26.59

Chris Sanchez

Yes, thank you for the introduction, Dr. Bloom. Hi, everyone. My name is Chris. I'm currently a senior majoring in public health with a minor in cognitive and behavioral neuroscience psychology. And I'm really excited to be a part of this podcast here today.

00:42.69

Brittnie Bloom

Okay, Mike, it's your turn. We are here and so thrilled to have you. And So I'd like to start us off by asking if you could talk to us about your pathway from the military to working and in the public health sector and how your time in the military has shaped your passion for public health.

01:18.70

Michael

Great. Thank you both for having me here and I appreciate the invitation to join you. um And it's a pleasure to be here. So I just want to make a statement saying that these statements that I'm talking about, is really my own opinion and views and do not reflect any of the previous jobs or current jobs that I currently have or organizations.

01:39.44

Michael

But that's a great question talking about how the military shaped my pathway. And I could just go back to what happened um in the early days of my military career in the mid-1980s.

01:52.04

Michael

You know, HIV became a large disease. problem or concern throughout the nation, but in the military was particularly concerning because of our deployability and how people um interact with others. You know, if there's a spot where people are on the battlefield, you know, there were a lot of concerns. So the military started in 1986, a campaign for everyone to be tested in the military. for HIV.

02:21.57

Michael

And as a result, we started seeing many people more than we anticipated who were positive for HIV. And because of that, the military opened up these centers then to figure out how to manage ah people that are living with HIV. And during those years, it was quite problematic because people were not living very long, um especially because many of them may have been positive for a few years already.

02:50.01

Michael

So I think looking at that military career in the military, asking me to join them. I transferred up to Portsmouth, Virginia from my my current state duty station in Florida.

03:01.15

Michael

And I started working preventive medicine and dealing with patients that I was you know not comfortable with, talking about many issues that I wasn't comfortable with at the time.

03:13.27

Michael

you know I was very young myself, but the military brought me into this environment to work in infectious disease and particularly with HIV. for you know prevention, counseling, ah their career counseling as well, and contact tracing, and doing all that work.

03:30.86

Michael

And I think you know the discipline of the military, understanding the complexities of the disease that is extremely complex, but the social aspects of the disease is also extremely complex.

03:44.67

Michael

And then families and the civilians that are all involved with this. So I think for me, the military really put me in a position of number one, learning, because I learned so much about the disease, how to work with people, how to manage, how to deal with public health issues that are dealing not only with the disease, but then also all the social events that many of our public health aspects really can you know work with.

04:13.92

Michael

So in doing this, I think the military just provided me that background and the opportunity without me realizing it to really start a public health career that was not my initial intent. So, you know, the pathways are always a bit changed.

04:30.61

Michael

You know, I was originally thinking I was going to go to med school and go down that route. But when I started working with people living with HIV, I really thoroughly enjoyed the time, even though it was extremely painful because many of our clients, patients were were dying at the time.

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Michael

So that foundational program from the military, the discipline, seeing the the clients, the patients, their spouses, and other family members and how to deal with this disease and, you know, a public health threat at the time and continues to be.

05:06.66

Michael

um was really exciting. And then, you know, it brought me into working internationally. And that international work has even expanded my thought process and in working with people living with HIV and other infectious diseases.

05:23.06

Michael

I hope that answers the question.

05:25.51

Brittnie Bloom

It absolutely does. And I think it's a good reminder for all of our listeners that sometimes our pathway is different than what we originally imagined it would be. And sometimes our lived and learned experiences surprise us in how they, you know, form where we go and what we do.

05:49.49

Brittnie Bloom

um I noted on your you know resume and your background that you actually started out studying industrial and organizational psychology. And I was also a psychology major. So high fives to us for switching from ah psych to public health. But I'm wondering um how that transition sort of occurred between psychology, public health, and your lived experiences in the military.

06:18.40

Michael

So if I can go back a little bit, what happened was, you know, i by the time I was in high school, both my parents passed away.

06:35.11

Michael

So I had to, you know, finish high school, live with my sister for a time being and went to college, to Marist College, which is Marist University now in New York.

06:46.46

Michael

where I grew up. And that changed my world because I needed to start my own life and I needed to do it in a hurry. So I thought, you know, I knew someone that joined the military before.

06:58.39

Michael

So I joined the military as a corpsman and that being enlisted and being in that position really put me in a great advantage point to grow further.

07:10.60

Michael

And because the military put me in, you know, the medically into, um an HIV infectious disease environment, preventive medicine, work environment, public health, it really changed my outcome of what I wanted to do.

07:26.74

Michael

And it changed my thought process on becoming an MD to then think about how can I really help people a little bit differently than I was thinking.

07:37.74

Michael

So I went from doing all this medical clinical work, then to much more of counseling and education and training.

07:49.46

Michael

And then that brought me to, I love public health. I love medicine, but I also had to learn the structural environment in which we work. Because I've done a lot of surveys trying to fix and learn about what I needed to do better and to prove the clinic and to improve our services.

08:09.95

Michael

So in doing so, I learned that, you know, people didn't like the structure, didn't like how they were moving from one spot to another, um didn't like, you know, how they were treated in certain areas of the hospital. So how do we combine those things?

08:25.61

Michael

So thinking about psychology, which I loved. um thinking about becoming a like you know a psychologist, a clinical psychologist, I then learned how to think about organizations and as a whole.

08:40.03

Michael

And you know public health is all mixed in with that. So an IO psychologist really blended all those pieces together. So as I was working in infectious disease, I then finished my bachelor's, finished my master's and was able to get my PhD along the way during my military career.

08:58.89

Michael

while working with people living with HIV. So you can see it's never one pathway. And I moved in many different directions before I landed on becoming an IO psychologist with the public health and clinical background.

09:14.96

Brittnie Bloom

Well, thank you for sharing your journey. I agree that you know there are components to the IO psychology route that absolutely makes sense.

09:28.47

Brittnie Bloom

But sometimes when you're just going through life, it sounds like you had to make a decision to be independent at a really young age.

09:37.03

Brittnie Bloom

And life, sometimes just life's, as we say. And your pathway has allowed you to... you know, invest in a lot of different structures and it sounds like make them better.

09:51.33

Brittnie Bloom

So on that, your background is so impressive, especially in the way that you've worked in more than 50 countries. Not many people can say that. I mean, the impact that you've had globally with the institutions that you've worked for and the work that you've done is pretty incredible.

10:14.08

Brittnie Bloom

and So I'm wondering, given all of your experience in all of these different spaces and places, how do differences in national health policies shape the success or challenges of HIV, AIDS prevention and education programming?

10:35.06

Michael

That is another great question. And thinking about what makes these different countries see these different countries's policies shape the success is is really leadership.

10:47.57

Michael

And, you know, when you're working with host countries, you really have to understand some of their problems and concerns. So first you just need to work with the ministries of health. For me, it was also the Ministry of Defense.

11:03.59

Michael

And really creating the new programs required us to have their understanding, support, and securing their approval for us for a military base. You have to have approval to go on and on the base and you know gain entry.

11:19.34

Michael

plus sell the program you're trying to encourage them to take on. So I learned quite a bit about cultures, different cultures. you know I thought I knew a lot coming from you know an Italian background, but you know my environment. I grew up in the Bronx, so growing up in the Bronx, it was multicultural. So I thought I knew a lot.

11:41.46

Michael

But when you start traveling internationally and especially in developing countries, you really learn quite a bit more. And policies are very, very difficult to create and to get rid of.

11:55.05

Michael

So when thinking about these policies, getting that gaining the buy-in from all the high levels of leadership is important, but then dealing and working with all of their subordinates is also important to understand how to develop policies.

12:12.39

Michael

And one of the things that I think I've learned early on was policy shouldn't always come first. And i always thought policy should come first and you have the program, but sometimes you need to get involved and get your feet wet to understand what kind of policy you really need that would address the issues or concerns you're you're managing.

12:31.47

Michael

And with my case, who I was dealing with HIV. So we had to start with how do we enable the staff? you know What kinds of policies do we need for the staff to learn about HIV infection and other infectious diseases?

12:44.22

Michael

What were the universal precautions that needed to happen? How do you make these things you know sustainable? So we created the train-the-trainer programs for not only staff members, but then also in our prevention programming.

12:57.94

Michael

And those are the policies that we really needed to create. And when we did that, we also had to think about how do we make this broad enough so that it's it's not, it doesn't it doesn't hold us back from new um and, you know,

13:17.40

Michael

new programs or new thought processes or new directions for care and treatment for people living with HIV or TB or malaria. So in thinking about that, you have to be very broad, but then you don't want to be too broad that it's not helpful for the program either.

13:34.88

Michael

But I realized with some of the policies you can you can get stuck. And getting stuck means that you create a policy that is turned out to be discriminatory.

13:45.58

Michael

And you didn't really mean it to be discriminatory, but the effects it has created that kind of environment. So our military to military programming or even our military to civilian programming is is essential to be able to understand leadership, understand their needs, understand the chain of command and who they support, making sure they feel like this is their program and not our program.

14:12.12

Michael

So that's the kind of level when you start thinking about national health and looking at policies, what are also influencing you know our HIV program.

14:23.23

Michael

That it was also gender-based violence was an issue. Thinking about the gender disparities, you know, disparities between male and females in some countries, women weren't even able to own property, which then created other problems that we saw. So how did we pull these all together and in thinking about not only the programs are trying to help, but the policies that are around that and.

14:47.92

Michael

How do we help the country move forward in a positive way that is embracing the culture, but embracing their way of life, but also steering it in a direction of a positive public health outcome?

15:03.51

Michael

So it's not always easy, but the first thing is to learn, learn, learn. We never want to go into any of the countries with a preconceived notion of what we're going to do.

15:16.94

Michael

You might have the basics, but you don't need to bring that on. You want to learn first, understand it, and then suggest the things you know from knowledge that works.

15:27.37

Michael

You know all of the essential programming around you know, that whatever infectious disease it might be or program that you're you're looking to implement.

15:40.79

Brittnie Bloom

I think those three steps that you just highlighted, learn first, then understand, then implement, is something that really public health professionals should be using and any place that they go and are trying to work with communities that they are not you know originally from.

16:01.75

Brittnie Bloom

And for our listeners who are unfamiliar with the train the trainer model, I'm wondering if you could just briefly describe what train the trainer actually means. I know it's tied into what you just responded, but um I want to make sure folks know since it's kind of a public health jargony type of ah training.

16:25.23

Michael

Absolutely. Thank you for for bringing that up. And, you know, train the trainer programs. It has a simple meaning, but then when you dive into it, it can be a little bit more complex.

16:36.92

Michael

But basically what you want to do is ensure sustainability because every program we go into, we have to think about what our exit plan is. So you don't want to create dependence on you or your group or your country like the US.

16:54.26

Michael

So you want to be able to make things sustainable. So a train the trainer, program really emphasizes how do we train the educators so that they so what I'm doing is training them so that they can train others on whatever the subject might be. In our case, it was HIV prevention, you know, condom use, how do we, you know, implement care and treatment?

17:19.65

Michael

So you want to have all these programs, people in country that can train others and continue to train so that when people move to other jobs, you still have a program that's sustainable.

17:40.68

Chris Sanchez

Thank you, Dr. Grillo, for your response. I had another question too. I personally am very interested in global health, and I really enjoyed the input you had on cultural competency and making an exit plan for when you do do these interventions abroad.

18:00.15

Chris Sanchez

And I know you've developed HIV prevention education for both the U.S. and foreign military personnel. What does effective policy-driven education look like in these contexts? And how do you tailor messages across countries with vastly different epidemiological profiles, health systems, cultures, and military infrastructures?

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Michael

And I think, you know, when you start thinking about different countries, or different programs or what you know.

18:32.26

Michael

I think the first thing we really need to think about is what are all the programs that we can implement and we think about naturally, right? So you have this idea, you have this understanding of how to do training, how to do education, what the components are.

18:52.16

Michael

But I think going back to the one of the first questions that I was asked was how do you start implementing that with different host countries? And the first thing again is to not come in with your preconceived programs already because I learned the hard way.

19:07.77

Michael

I tried to do that in the very beginning saying, you know, here I am, I have all this stuff and I can just implement all of it. And I was met with quite a bit of resistance. And then I realized I have to understand them.

19:21.99

Michael

And in many countries, a matter of fact, most countries, You can't do business or even work with them until you establish a little bit more of a personal relationship.

19:32.70

Michael

And we don't do that in the United States. We get right down to business. But in many of the countries, the first thing you really need to ask is, how are you? How is your family? You know, thinking about more of those personal questions that I think sometimes in the U.S.

19:46.55

Michael

we are a little bit more uncomfortable with. But internationally, we have to be much more aware of that. So each country is very different. and what you learn from one country can be brought to another, but you don't have to say this came from another country or, hey, this is coming from, you know, the U.S. So you go there with all of your knowledge and skills and abilities, your KSAs, and you then go into the environment with understanding their program

20:18.97

Michael

thinking about what they need. So you want to see what they already have, how you can improve those activities, and then using their cultural language, using their cultural things that are acceptable, you know such as one of the things that was really difficult And in military environment, I was very comfortable with this because we had to do this in the U.S. when we had the ah ban on gay people in the U.S. And then we also then had don't ask, don't tell.

20:47.07

Michael

So with those two policies in place in the U.S., we had to develop ways to talk about HIV in non-gender ways or non-personalized ways to people, but rather acts.

21:00.55

Michael

You know, in this case, it was sexual acts that are more... transmissible. HIV becomes more transmissible that way. So those are the kinds of things that you sometimes need to be aware of to make sure you're culturally sensitive to, you know, their own um their own ways of of conducting business and training and education and how they do it.

21:25.12

Michael

And it's much more of a person to person. So we've grown with computers and learning so much that way. But I think in many of our developing countries, those new technologies that we take for granted nowadays is still not there.

21:38.97

Michael

So you have to back up a little bit, understand how they're going to ah display and train others and educate others. And then you also need to be aware of, you know, what the outcomes that you want. So keeping the outcome always in mind in every country you go needs to then be you know intertwined with what their cultural values are and their changes are that would make the program even better.

22:07.10

Michael

And of course, it's their program. We're not developing a program for us. It is their program. So having them own the program and be a part of that, so your counterparts in public health is extremely important to have.

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Chris Sanchez

Thank you so much. I think you worded it very beautifully of just practicing a lot of cultural humility when you're coming into these places and really understanding that you're there to help and you're there to work alongside them and not imposing programs into these countries. So I really think that this is really awesome work that you've done.

22:50.96

Michael

Great, thank you. It took many years to do that and to learn those lessons.

22:59.28

Brittnie Bloom

So I think you've answered part of this next question that we have prepared for you. As Chris mentioned, you already have covered the key components of a successful global health initiative as it relates to incorporating your public health partners, the experts in other countries, and how that's different in every place that you go, and making sure that you're using you know those personal touches and really a person-first approach um strategy when you're going into places that you are ah not familiar with, but particularly when you're working with military health systems across different countries, what are key components of a successful global health initiative?

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Brittnie Bloom

And what are the biggest risks to global health programs failing?

23:55.34

Michael

Yes, that's a big question. So the one great thing is because I came from a military background, having these military to military programs really helps understand their needs.

24:10.48

Michael

We understood their language already. And what I mean by that is, you know, the military culture and across militaries, we, no matter what military you're in, you have a culture. And our military culture is pretty much standardized throughout the world. Now, it varies, of course, but we also know how the structure itself works and what the protocols are.

24:32.62

Michael

And that's really, really important to even start out with. So having that knowledge of how military structures work really gave me the hierarchy and, you know, my understanding of, you know, the Ministry of Defense and then all the people that fall under the ministry.

24:49.10

Michael

And then there's two lines, right? So you have what we call the line command. So the line command is the ones that are doing all the actions. You know, they're action officers that are implementing a variety of different military programs from war fighters and to all of those different things.

25:07.17

Michael

And then you have the medical command. So of course I had to work with both because we need to have the buy-in and the programs that are developed by the military medical groups.

25:18.27

Michael

But then you also need to make sure you have the buy-in from the line command because those are the troops you're trying to reach. So understanding that knowledge was really very helpful, I think, for me to to go into the programming with.

25:31.05

Michael

And you know they don't let people on base on any base where our hospitals and clinics are. So you really have to establish that relationship so you can get permission for each base you go to and be allowed to come on you know go to their their own, you know their individual bases.

25:49.45

Michael

So again, you had to backtrack in our military because I thought, you know, just starting out and doing this internationally 20 years or so ago, it was difficult because I had to start at a very different level than I thought I was going to start.

26:05.26

Michael

So I needed to go back and start thinking about the infrastructure and the needs and the development of what that military clinic or hospital or site needs to look at.

26:17.15

Michael

I needed to look at the health systems and how can I strengthen them ah to be able to put these training programs in. Looking at the hospital systems, you know, I went into my first country I ever went to was the Democratic Republic of the Congo.

26:33.48

Michael

And it was in 2002. And, you know, I landed was post-conflict. And I landed in the country. It was very dark. There were no lights and electricity. So a lot of the places we were coming by or through from the airport to the hotel were just lined with people selling things on the sides of the streets, which is typical in a lot of countries.

26:57.37

Michael

But they were all done by candlelight because there was no electricity. So to me, that was an awakening of, you know, what else do I need to think about in bringing these military programs to a country that is limited on their own infrastructure?

27:13.55

Michael

So, you know, you think about how you're strengthening their healthcare system, but you're starting at a very different level than your preconceived notions were that you were going to start at.

27:24.85

Michael

So I was looking at, okay, if we're going to do anything, we need to have electricity. So how do we get a generator here? So those are the kinds of things you start out with. And of course, like I said earlier, the cultural sensitivities and respect for those local customs are extremely important.

27:40.78

Michael

your effective communication strategies are so important in understanding that particular country. But then I'll break it down even further because just like in the United States, you can't take a whole country that and assume it's the same. Because if you look at it our West Coast versus the Southeast or the Northeast, we're very different groups of people and we learn differently and we have different cultures and we have different ways of doing business. So We need to tailor those prevention activities for not only the different epi profiles and their health system, but also for their cultural differences within the country.

28:20.96

Michael

So and then also looking at, you know, in DRC, that electrical problem was an issue. But then I looked at the filing system and typically I didn't expect electronic health records, which we are now doing across the countries, but we didn't necessarily have that in mind from the beginning.

28:40.61

Michael

And looking at how they filed was literally broken file cabinets. um They didn't have the resources to you know just keep things in order. So they had stacks of files just on the floor, patient files on the floor.

28:55.34

Michael

And I had no idea how they can even track or monitor any patient. with that kind of system in place. But with the little resources, keeping that in mind, keeping the post-conflict in mind and what there're what their important aspects are. It wasn't so much healthcare, care but it was much more of, you know, how do we get to a society that isn't fighting any longer?

29:19.34

Michael

them having to deal with all the repercussions of a post-conflict country, which is there tends to be a lot of bad things that happen. You see HIV increase quite a bit during a conflict. You see gender-based violence or intimate partner violence happen in many of these different countries.

29:38.58

Michael

and happen. So how do you deal with the counseling aspects of all of that and the needs of women and children and our military members that are dealing with a lot of, you know, PTSD in dealing with, you know, what they saw and what they had to do in order to move their country forward in a democratic way.

29:59.52

Michael

So it's not one thing, it's many things to think about, especially in post-conflict military settings.

30:11.27

Chris Sanchez

Thank you for your input on a lot of working with the global health and in different countries. and really seeing things that you normally wouldn't see in the U.S. And on that note, how you we talked about your experience in landing in the first country that you worked in internationally and seeing that there are a lot of differences between the U.S. and other countries that have less infrastructure.

30:40.84

Chris Sanchez

And I was wondering, how do you address systemic challenges like infrastructure, stigma or lack of trained personnel when launching HIV prevention programs in low resource settings?

30:53.07

Chris Sanchez

And what are some lessons you've learned about navigating global health diplomacy when working with countries or military leadership abroad?

31:02.13

Michael

yeah That is another fantastic question to really think through and to work through because you know what you're going in there, I went into a country thinking that I was going to implement this fantastic HIV prevention care and treatment programs for all the people in DRC.

31:21.38

Michael

Little did I realize that there you know some parts of DRC you cannot get to.

31:25.62

Michael

You have to fly to another part because there's no roads to get to. So you have to learn that where you think you might be going may not be the exact pathway. So just like your career, you're going into a country, you need to be prepared to understand the challenges they're facing, making sure your program is important while keeping what's important to them in the in the forefront because their concerns are more important than

31:59.08

Michael

what you're coming in there with. So our goal, we had HIV money. We're coming in with money for prevention, care, and treatment programs, but their concern was post-conflict. You know, they had to go down to the basics without electricity.

32:13.21

Michael

So one of the things we started out with is while we started the train, the train, the program train, the trainer program and prevention programs and getting our people and our NGOs, the non-governmental organizations to support the military and help us, you know, accomplish our goals.

32:29.41

Michael

We started out doing some of that work and we did all the work. And then we started looking at that infrastructure and say, how can we care for people living with HIV and not have electricity? So we then...

32:45.52

Michael

started to build and create and purchase generators for their laboratory to ensure that the laboratory equipment that we're purchasing is kept, you know, cool and not in the hot environment in many of the countries we go to.

33:01.01

Michael

So having that basic structure and understanding and seeing what their needs are and providing it for them. So that ah that generator, while we were working for HIV and we had the money for HIV, it actually helped the entire hospital become a better sustainable um and ah create you know creating an environment of healthcare that we didn't anticipate when we first started.

33:26.38

Michael

So generators were important. ah You know, air conditioning was important to be able to start with. So while we might not have had a lot of money from the beginning, we went from year to year doing the inexpensive stuff such as training in military environments, using their sites rather than try to pay for a hotel or something else.

33:44.68

Michael

And we didn't want to waste money on that. So the military has conference rooms, has places we can do training in. One of the countries I went up to early on was, at that time it was Sudan, and then it was now South Sudan that we know it as.

34:00.95

Michael

We were in a trailer doing training on a military base, and the electricity goes out. So it's like 120 degrees, and you just push forward and go forward and make it happen.

34:13.92

Michael

So there are a lot of things you may not anticipate, but you need to be flexible, understanding, and be able to implement something in the way that they really need you to.

34:27.37

Michael

And that, I think, is another big learning lesson for me was I came in with an HIV program, but I needed to think about electricity and infrastructure and filing cabinets and just the basic functions before we could even get to moving them forward with a ah healthcare care program.

35:50.86

Brittnie Bloom

Next, I'd like to hone in on the United States role in HIV AIDS work. If you could speak to the role of US foreign policy, specifically PEPFAR, which stands for the US President's Emergency Plan for AIDS Relief, and Department of Defense supported programs in shaping the global response to HIV AIDS and what lessons have emerged from these initiatives.

00:02.04

Brittnie Bloom

Okay, so next I'd like to hone in on the United States role in HIV AIDS work. If you could speak to the role of US foreign policy, specifically PEPFAR, which stands for the US President's Emergency Plan for AIDS Relief and Department of Defense supported programs in shaping the global response to HIV AIDS and what lessons have emerged from these initiatives.

00:27.72

Michael

Thank you for the thought process on PEPFAR because PEPFAR, which as you said, is the President's Emergency Plan for Age Relief, has been a life-saving program for so many people globally.

00:43.31

Michael

And PEPFAR's policies and procedures really, you know, be if this program was developed under President George Bush, and it was clearly a bipartisan effort to stop an epidemic that was gaining, was really becoming out of control.

01:00.11

Michael

And we started seeing countries like Eswatini, otherwise known previously as Swaziland, with a prevalence rate of about 26%. So you're thinking about a quarter of the population was infected.

01:13.26

Michael

So managing that kind of infection where theyre their age of life expectancy went down went from the 60s, mid-60s, like 66 years old, dropping down to the 20s, which is extremely problematic when you start thinking about the epide- and you know the the economic outcomes, the healthcare care outcomes, the costs for all of these you know implementing or all these problems with, you know,

01:42.06

Michael

based on HIV infection. So PEPFAR came in, which is the first time ever that one particular country, the United States, put so much money and so much effort towards one single disease.

01:57.35

Michael

And PEPFAR was able to bring many organizations and agencies. So for for us, it was DOD, it was USAID, the United States Aid to International Development.

02:10.03

Michael

CDC, which is the Centers for Disease Control, HHS, you know Health and Human Services, all these programs, you know Peace Corps, Department of Labor, bringing us all together to make one single program in each country ah one you know And coordinating all the management from other groups as well.

02:31.62

Michael

So that was important. So like WHO, UNAIDS, Global Fund, all these programs were combined together. So we had one implementing program for HIV.

02:43.75

Michael

And that was... you know revolutionary because we've never did that before and no country ever implemented that kind of program so those policies from the very beginning were extremely important and just going back to some of the the successes of PEPFAR and then we can go into some of the challenges but some of the successes for for PEPFAR was they were able to really avert about 26 million lives from and people from becoming infected with HIV.

03:15.65

Michael

They were able to avert about almost 8 million babies from being ah infected with HIV. So they were born from HIV positive moms, HIV free. And if you know about the prevention of mother to child transmission, you'll know that prior to giving moms antiretroviral therapy, as soon as we know she's positive and remain on therapy for the rest of mom's life, we actually can reduce the baby becoming infected in utero down to less than 1%, which is phenomenal.

03:44.82

Michael

And then working with so many other different programs, you know we can see that there are over 20 million people that PEPFAR has been able to put on antiretroviral therapy. And if we can bring people down to undetectable levels of virus, then they cannot transmit HIV disease to anyone else.

04:03.24

Michael

So now you have treatment, that person can live a normal, healthy life for that particular person, and they can't transmit HIV to anyone else. That provides us with a couple of different ways um and prevention activities and healthcare activities.

04:19.43

Michael

The other thing is when you're looking at adolescent girls and young women, we're able to really provide services and testing and counseling for, you know, almost, 2.5 million young girls.

04:35.07

Michael

Now, How do you define what that means? Basically, they have at least one parent that died of HIV infection. And those, we were over 6 million people, we were able to reach, provide care for, and test for HIV infection.

04:53.34

Michael

PrEP services, pre-exposure prophylaxis, we can prevent people from becoming infected ah by providing services like PrEP. And PrEP is giving antiretroviral therapy to people who are HIV negative. So it's a lesser dose, a lesser of a problem, but it keeps them from becoming HIV positive.

05:14.10

Michael

So that has been extremely helpful. One of the key components that I work in and part of WHO, part of CDC and our PEPFAR interagency group is with HIV testing.

05:28.04

Michael

And we've tested every you know year over year, we tested about 85 million people every year. to prevent you know for to to know their status, people to know their status.

05:40.80

Michael

And you can see this from the status that if you look at the status report, ah you'll see that we've trained just in the one year um about 350 plus healthcare care workers to support people.

05:53.17

Michael

So those numbers alone are extremely helpful. But there's all these other programs that you think about HIV and you're treating HIV. Well, that also includes, do they have a laboratory? Is the laboratory functioning?

06:08.37

Michael

You know, what are the counseling aspects of it? You mentioned earlier about counseling for mental health issues and intimate partner of violence. Those are all programs that we need to address as well, but it has to be addressed in different ways. But they're part of a program that you're implementing.

06:29.01

Michael

So when you talk about being flexible, this is a perfect example of how you need to really understand the culture, understand the problems on the ground, and be able to collectively come together with many different agencies, many different thought processes, many different fields of service to be able to implement one particular program.

06:50.38

Michael

So PEPFAR has been outstanding to provide services, care and treatment for so many people. And we're hoping to get to that 95, 95, 95.

07:02.46

Michael

which is 95% of the people in a country know their HIV status. Of that 95%, there are 95% that are on treatment.

07:13.49

Michael

And then of that 95%, 95% are virally suppressed. So when you get to that level, you're talking about a viral suppression of over 86%, which is enormously helpful to get to epidemic control.

07:29.29

Michael

So we have to think about all these things when we're implementing a program. So I hope that gives you a little light um of what the success, the enormous success that HIV through PEPFAR has been able to accomplish with prevention, care and treatment um for many countries.

07:51.45

Brittnie Bloom

PEPFAR has saved and prolonged the lives of people globally from infants, mothers, young people, old people.

08:04.35

Brittnie Bloom

How incredible.

08:08.52

Brittnie Bloom

How incredible. And, you know, many who are listening to this podcast likely are aware that there have been some big changes in funding related to PEPFAR and the Department of Defense, and therefore big shifts in how we're able to support efforts to respond to HIV globally and here in the United States.

08:27.15

Brittnie Bloom

So can you tell us just briefly what the what impact these changes have had on our ability to respond to HIV-AIDS both globally and here in the U.S.?

08:38.70

Michael

Yes, you know, that's a ah really important question to be able to think about. And I think it's it's really hard to really know at this point and understand what the future direction of public health in general, but also specifically with HIV.

08:57.53

Michael

The cuts are pretty deep. and the programs that we're implementing will dramatically change.

09:08.87

Michael

One of the concerns that I have is that we were looking at, remember I talked about sustainability earlier, and to create a sustainable program, you really need to be able to have that end goal in mind that we said earlier as well.

09:23.81

Michael

And The date for us was thinking about 2030. So how do we get to that 95, 95, 95 at 2030? And what this is put us in a position in is that we're not there in a lot of countries.

09:39.29

Michael

Many countries were able to get to that point. So that's fantastic. And the success of that is amazing. What I'm a little fearful of is that we will lose ground on moving forward.

09:49.13

Michael

. And that moving ground, you know, could be a setback for our prevention, care and treatment programs, but could also potentially lead to another outbreak with a newer group becoming infected with HIV.

10:07.19

Michael

And if you know, and you look at global population sizes, you'll also understand that, you know, it's kind of a pyramid effect. And at the top, we have our older group, but we have a youth bulge, which is a major population growth within the last 20 years.

10:16.88

Brittnie Bloom

Mm-hmm.

10:24.14

Michael

So that youth is is extremely, a lot more people than we ever had before. And if HIV gets into that population without control, we're going to be in another global problem with HIV infection.

10:39.55

Michael

and especially if we don't have these prevention methods and treatment programs for people. So my fear is people are going to start dying again. But what do we do as public health specialists?

10:50.60

Michael

We don't ever give up. You know, our goal is to strive to continue to push for these healthcare programs. If you know anything about our own past history in the US and how HIV really came to fruition here in the United States, we saw that it became a big problem and we started seeing it in 1981.

11:11.82

Michael

And our own policies were problematic because we didn't pay attention to programs. And everyone within you know all of our agencies had to fight for funding.

11:23.13

Michael

It did not come. And it wasn't until there was global response and many different organizations that were created in the United States that pushed all the healthcare care industries to move forward and to provide research and to provide funding for HIV infection.

11:40.62

Michael

So we didn't see that in the past, and I have a feeling we did see that in the past, but I have a feeling we're going to potentially see this again. So we have to stay focused. We have to be vigilant on health care outcomes.

11:53.08

Michael

We have to always fight for that funding, no matter what the obstacles are that we're facing, and continue to do the work, continue to do the research, and gather the crucial information on what the actual numbers and what's happening.

12:05.96

Michael

So it's going to be challenging. We're going to have another couple of years of challenging times without the funding that we really need to move forward. With USAID no longer functioning um in the role that they were functioning, we're going to lose our supply chain management that we've been relying on in all these countries for HIV drugs, for rapid test kits, for all the commodities that you may think we need in a country.

12:40.85

Brittnie Bloom

but i Hope that you fight on and remain vigilant because you know lives are at stake here. And so thank you for for sharing the the impact on your work.

12:51.49

Brittnie Bloom

And we'll hope that you're able to continue to to find ways to make positive impacts and save lives globally.

13:02.71

Michael

Thank you so much. It's been a pleasure to be here and to talk about some of the experiences that I have. I encourage all of you to really think about, you know, what direction you want to go. What are you passionate about?

13:15.74

Michael

And how can you move forward with that passion that you have? With public health, you have as you know, you have to be extremely passionate about the job because, you know, the pats on the back aren't always there.

13:27.72

Michael

But the knowledge that you know that you're helping all these people globally is immensely, immensely gratifying. and And, you know, you can't get any more pleasure from thinking about your impact in the world. And just one person could do that.

13:43.85

Michael

You could make an impact on whatever the... you know, public health concern might be.

13:51.35

Brittnie Bloom

And Mike, we have just one last question for you, if you wouldn't mind. And it's a key question to this podcast. It's actually the namesake of this podcast. We've spoken about a lot today, but if you could change one thing about HIV AIDS prevention, about education, health communication, policy, et cetera, all of the topics that we've covered, what would that one thing be?

14:20.03

Michael

Let me think about that for ah minute because there's so many things I think I would like to change. um But if it was one thing, you know, I think it's...

14:35.41

Michael

It's understanding human behavior. And this is where I really love having my psych hat on and thinking about human behavior in very concrete ways because fear, stigma, and discrimination has impacted our programming enormously over all the years.

14:57.25

Michael

And if we were able to you know describe HIV from the very beginning, even in the United States and globally, if we were able to take away the stigma and discrimination around it and calm the fears that people have, I think we would have had a much different outcome and we may not have had the global pandemic as as we saw.

15:20.59

Michael

You know, the one thing I think about is COVID-19. I can't talk about HIV without bringing COVID-19 up because there are so many similarities between what happened 40 years ago and what happened again today.

15:35.56

Michael

And it's the same issues, fear, stigma, and discrimination. How do we, as a society, as a culture, you know, as a global society, group How do we do better when we talk about health communication?

15:49.88

Michael

How do we make sure that we're culturally sensitive to many of the differences in our world? And that education and communities, and it's crucial for us to reduce stigma and discrimination.

16:04.37

Michael

Having these prevention programs in place, you know, knowing that male circumcision was important to me, you know, could have changed things earlier on if we knew about the epidemic.

16:15.87

Michael

Surveillance systems would have been really helpful to have. But just looking back, I think the biggest things that I would change would be. thinking about how do we address human behavior, fear, stigma, discrimination, because that has impacted how we were able to move forward.

16:36.34

Michael

And just moving beyond that and getting past that, I think could have helped us instead of having to backtrack and come up with many other programs that would help reduce stigma and discrimination.

16:48.03

Michael

But, you know, I think it prevented us. So if I can change anything, it would be that fear stigma discrimination

16:58.15

Brittnie Bloom

And what a lovely note to end on today, because I think addressing fear, stigma, and discrimination is something that we do in the classroom, outside of the classroom, in research, outside of research, et cetera. If we can figure out how to do that and better understand human behavior, like you said, we'll be in a much better place, I think, across the life stage and across the world.

17:22.36

Brittnie Bloom

So, Mike, thank you so much for your time today. Chris, thank you for being an excellent co-host with me today. Any last words before we wrap up here on the podcast?

17:35.86

Michael

So I'd just like to again, thank you so much. And think about you know some how to how does SDSU and universities really play a role in public health? And there's so much, as you see with the universities right now, to come together and to ensure that our programs, ah both you know undergraduate, graduate programs, PhD programs, are all thinking about all the public health programs and how the universities can be instrumental to providing comprehensive education.

18:07.58

Michael

you know, to think about the multicultural approach to these different fields in epidemiology, biostats, you know, health policy, environmental health, all these things are really what make us so well-rounded in public health.

18:22.18

Michael

Thinking about all of that and ensuring that all the universities, all the programs that are out there come together and become one voice, just like we did in the PEPFAR program.

18:33.15

Michael

become one voice with one single message is that public health is important and all of us talk the same language. So thank you again. I cannot, you know you two are amazing. You're doing such great work and I cannot thank you enough for having me today.