

A REPORT OF THE CSIS
GLOBAL HEALTH POLICY CENTER

The International AIDS Conference Returns to the United States

LESSONS FROM THE PAST AND OPPORTUNITIES
FOR JULY 2012



Author
Katherine E. Bliss

March 2012



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Cover photos: **Top left**, hundreds of AIDS activists from the Treatment Action Campaign (TAC) march, © AFP/Getty Images; **bottom left**, lab technician at the HIV Pathogenesis Program, photo by Gates Foundation, <http://www.flickr.com/photos/gatesfoundation/6429524921/>; **top right**, Ban Ki-moon (R) speaks next to UNAIDS Executive Director Michel Sidibe during a press conference on March 31, 2011 in Nairobi, © AFP/Getty Images; **bottom right**, AIDS activists march near the White House in Washington, D.C., © AFP/Getty Images.

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ACKNOWLEDGMENTS

The author would like to thank Lizzie Cohen, Matt Fisher, Assad Moten, and Alisha Kramer for their research assistance. The author is also grateful to Chris Beyrer, Janet Fleischman, Diane Havlir, Jennifer Kates, and Steve Morrison, who read and commented on earlier drafts. The November 2011 meeting of the American Friends of AIDS 2012 group, convened by the CSIS Global Health Policy Center, also provided a helpful forum in which to test ideas and receive valuable insights and suggestions.



THE INTERNATIONAL AIDS CONFERENCE RETURNS TO THE UNITED STATES

LESSONS FROM THE PAST AND OPPORTUNITIES FOR JULY 2012

Katherine E. Bliss

In 1985, four years after the U.S. Centers for Disease Control and Prevention (CDC) published a notice in the *Morbidity and Mortality Weekly Report* regarding unusual clusters of disease in young, otherwise healthy, gay men in California and New York, more than 2,000 scientists from around the world assembled at the World Congress Center in Atlanta to exchange research and compare notes on what had come to be known as Acquired Immune Deficiency Syndrome, or AIDS. There have been 18 international AIDS conferences since that initial gathering, in locales ranging from Amsterdam and Florence to Durban and Mexico City. These conferences, which have been organized since 1988 by the International AIDS Society, have evolved from modest-sized meetings of scientists and researchers to multitrack, week-long conventions attracting more than 20,000 delegates, including heads of state, celebrities, philanthropists, researchers, activists, and people living with the human immunodeficiency virus (HIV) and AIDS.

Today, the biannual international AIDS conferences are the largest assemblies of global health professionals focused on a single disease and among the largest regular global meetings of any kind. Over time, the formal program has added important legal, social science, and multimedia perspectives to its traditional focus on clinical research and bench science. The conferences now also feature a community component—the Global Village—a space adjacent to the formal conference halls where nongovernmental organizations, advocates, and scientists can interact with the public regarding the state of the epidemic, new techniques for addressing it, and their effects on the ground. The changes in the conferences' character have, at times, provoked debate over the nature of the meetings themselves. But there are three points on which many in the global health community can agree: First, the international AIDS conferences serve an essential role in convening diverse communities to learn about the current state of research and policy on the global HIV/AIDS pandemic. Second, they offer patients, clinicians, and program managers the chance to exchange information about what works in AIDS treatment, care, and prevention. And third, they provide advocates, policymakers, and political figures a space in which to address tough and often divisive questions about such issues as discrimination against those infected with HIV, how to prioritize funding for international programs, and the appropriate price of life-saving drugs for different global market segments.

The fact that the CDC, in cooperation with the World Health Organization (WHO) and Emory University, hosted the first of the international AIDS meetings underscores the historic role that the U.S. government has played, both in convening the meetings and in advancing research, funding, program implementation, and advocacy with respect to global HIV/AIDS challenges. Following the 1985 session in Atlanta, the United States hosted the international AIDS conference two more times—in Washington in 1987 and in San Francisco in 1990.

In 1987, however, responding to fears that HIV-infected immigrants could threaten public health as well as U.S. economic stability, the Department of Health and Human Services added AIDS to the list of diseases that could exclude a traveler from gaining a visa to enter the United States. Later that year, Congress enacted legislation mandating HIV screening for all visa applicants over the age of 14 years. These controversial decisions provoked such strong protest at the San Francisco meeting that the conference scheduled to take place in Boston in 1992 was relocated to Amsterdam, and the subsequent meetings have all been held outside the United States.

In October 2009, following 2008 congressional action removing regulatory language about the travel and immigration restrictions, President Barack Obama lifted this visa ban. This act paved the way for the conference to return to the United States for the first time in nearly a quarter century, and now 25,000 delegates from up to 200 countries are projected to attend the Nineteenth International AIDS Conference in Washington from July 22–27, 2012.¹

The expectations for the July meeting on the part of the international AIDS community, particularly longtime conference participants, are mixed. Many are optimistic that the return of the conference to the United States offers an opportunity to showcase domestic and international achievements related to HIV/AIDS research and program implementation. They also see the meeting as a chance to promote support among the American public for the conference theme, “Turning the Tide Together,” which serves as a call to action for international collaboration to change the course of the epidemic.² But others are concerned that the meeting may be overshadowed by a focus on U.S. budget cuts for overseas development assistance or the legacy of earlier and often controversial U.S. overseas HIV/AIDS programs that have promoted abstinence education or that have excluded some groups considered to be most at-risk for becoming infected with HIV/AIDS, including commercial sex workers, men who have sex with men, and injection drug users.

Certainly the politics of AIDS within the United States have changed considerably during the past decades. In the 1980s, the United States and Europe were the epicenter of the epidemic; today, the greatest numbers of people infected have shifted to developing countries—though the City of Washington has remained at the top of the list of U.S. urban centers most burdened by HIV/AIDS, with a 3 percent prevalence rate. The U.S. advocacy community has also diversified, expanding from groups such as Gay Men’s Health Crisis and ACT UP, which were originally founded to fight

1. The CSIS HIV/AIDS Task Force played an important role in providing analysis and facilitating discussion regarding the immigration ban. In a 2007 report, *Moving Beyond the U.S. Government Policy of Inadmissibility of HIV-Infected Noncitizens*, Phillip Nieburg, J. Stephen Morrison, Kathryn Hofler, and Helene Gayle noted that in 1987, when infection with HIV was first listed by the Department of Health and Human Services as grounds for visa exclusion, “the central policy imperatives at that time were to protect American citizens from what was perceived to be a grave external threat and to preempt the entry and potentially heavy cost burden of a large population of noncitizens living with HIV.” Phillip Nieburg, J. Stephen Morrison, Kathryn Hofler, and Helene Gayle, *Moving Beyond the U.S. Government Policy of Inadmissibility of HIV-Infected Noncitizens* (Washington, DC: CSIS, 2007), 2, <http://csis.org/files/media/csisis/pubs/movingbeyondinadmissibility.pdf>. With the reauthorization of the President’s Emergency Plan for AIDS Relief in the summer of 2008, Congress removed language in the Immigration and Nationality Act that denied admission to the United States for those infected with HIV. In October 2009, President Barack Obama announced that a rule lifting the ban would be published in early November and implemented after a 60-day waiting period. Julia Preston, “Obama Lifts Ban on Entry to U.S. of HIV-Infected People,” *New York Times*, October 30, 2009.

2. International AIDS Society, conference brochure, http://www.aids2012.org/WebContent/File/AIDS2012_leaflet.pdf.

homophobia and raise awareness of the devastating impact that HIV/AIDS was having on the U.S. gay community in the 1980s, to now include such organizations as the ONE Campaign and a range of faith-based organizations focused on global challenges.

In addition, despite the persistence until 2009 of the travel and immigration restrictions, the United States has become a global leader, funder, and advocate for HIV/AIDS policies and programming worldwide, with HIV/AIDS initiatives garnering bipartisan congressional support. During the last decade, HIV/AIDS activities have commanded considerable attention from the Bush and Obama administrations, both of which have leveraged White House influence to advance progress on domestic and global HIV/AIDS challenges. The United States engages with a variety of multilateral and partner organizations—including the Group of Eight and the Global Fund to Fight AIDS, Tuberculosis, and Malaria—to strengthen the international response to the epidemic. From 1985 to the present, the U.S. scientific community—including government, academic, and private-sector scientists—has remained at the forefront of clinical research and analysis with respect to HIV prevention and treatment.

In 2012, however, the global AIDS community finds itself at a pivotal juncture. On the one hand, advances in research, particularly those associated with life-saving treatments, have made it possible to envision an end to the epidemic. On the other hand, funding challenges and cuts to foreign assistance budgets threaten to slow progress on scientific discoveries and program implementation, especially in the most vulnerable and resource-challenged settings. At the same time, there is an underlying sense of ambivalence on the part of some in the Obama administration regarding the potential political implications of the conference, which will take place just weeks before the Republican and Democratic parties' national political conventions. And there is an understandable desire to minimize the almost certain protests, criticism, and media coverage of debates regarding AIDS program budgets and spending cuts.

Nonetheless, the meeting also holds tremendous potential to highlight for the international community the long-term impact of America's contributions to the global AIDS agenda—including research, advocacy, political leadership, and funding—and to reinforce for political decision-makers, Congress, and the American people the ongoing significance of the global AIDS crisis for U.S. foreign policy and national security concerns, as well as economic and humanitarian interests. If managed well, the July conference has the potential to make a historic impact in advancing collaborative action to move closer to ending the AIDS epidemic.

This report examines the political history of the international AIDS conferences from 1985 to the present. It is less a survey of major public health achievements in the fight against HIV/AIDS than an examination of the politics of the conferences themselves. It provides insights into the ways the conferences have contributed to the mobilization of funding, research, and advocacy focused on ending the epidemic. At the same time, it both aims to identify the key attributes that have characterized the most “successful” conferences for participants, organizers, and the broader AIDS community and to offer considerations for future conference planning and decisionmaking.³

3. This analysis is based on review of media reports about the conferences, conference materials, interviews with conference attendees and officials, and attendance at the recent International AIDS Conferences in Mexico City and Vienna. Because accessible archival materials related to the earliest conferences are limited, I have relied to a great extent on media coverage of the meetings in the 1980s and 1990s. Understanding that media sources may present their own biases, I have attempted, where possible, to supplement information about the earliest meetings with impressions gleaned from in-person or published interviews.

The report finds that the most significant conferences from participants' point of view have featured either major scientific breakthroughs, such as the 1996 Vancouver meeting, or substantial sociopolitical breakthroughs, as in Durban in 2000, when unprecedented civil society engagement helped generate momentum for the development of an international consensus to institute and scale-up treatment for HIV-infected populations in resource-limited settings. Those conferences at which the local community has been strongly represented—as participants, volunteers, or citizen-hosts—have also been among the most significant in demonstrating the potential for international collaboration to help end the epidemic. Obviously, the organizers of the upcoming Washington meeting cannot control the pace of scientific discovery, but there are several elements to keep in mind as they strive to put together a positive and significant international AIDS conference:

- First, research suggests that criticism and protests have become an inevitable—and important—aspect of the meetings, and that the tough engagement by civil society of political leaders, pharmaceutical companies, and international donors has been an overwhelmingly positive factor for prompting action on domestic and international challenges. Maintaining an open approach and embracing debate and constructive conversation, rather than seeking to prevent protest actions or stifle criticism, can contribute to a positive and forward-looking conference experience for the anticipated 25,000 who will attend.
- Second, it is worth recalling that the conferences began as scientific meetings. Both the quality of the science presented at the conferences, and the participation of scientists at the sessions, are important measures for success. The Obama administration should therefore try to ensure that a broad range of U.S. government scientists attend and showcase their work. The conference organizers can also work to promote attendance by both U.S. and international academic, private-sector, and nonprofit sector scientists.
- Third, one major strength of the conferences has been their ability to facilitate dialogue and information exchange among a diverse group of AIDS experts, policymakers, and advocates. To that end, ensuring broad global participation at the conference is essential. Beyond having lifted the “travel and immigration ban,” the United States can facilitate global civil society engagement at this year’s meeting by granting visas to allow a diverse, experienced group of attendees to enter the country in July.
- Fourth, engagement by the host community appears to be key to a meaningful event. Conference organizers have already begun to work with the City of Washington to raise local awareness about the July 2012 AIDS conference. Because it has an HIV prevalence rate of 3 percent, Washington has what can be considered to be a “generalized epidemic,” with rates similar to those in some of the most affected countries. That the conference will be held in Washington offers the opportunity to raise awareness among the American public, as well as among attendees, about the ongoing HIV/AIDS crisis in the United States while also encouraging Washington residents to become actively engaged in learning more about the epidemic and advocating for greater action to end it.

From Science to Protest, 1985–1991

Following the 1981 brief in the CDC’s *Morbidity and Mortality Weekly Report* regarding a strange cluster of infections affecting gay men in the United States, U.S. and European researchers began

intently studying what appeared to be the emergence of a new disease.⁴ During the next three years, efforts focused on gaining a better understanding of the epidemic's scale and extent. In 1985, the CDC, in collaboration with WHO and Emory University, called a meeting in Atlanta at which more than 2,000 researchers gathered to share information and assess prospects for controlling the disease.

The Atlanta conference featured 392 presentations and generated considerable excitement among participants, who were eager to learn more about how this new disease was playing out within specific populations in the United States, including injection drug users and men who had sex with men.⁵ Much of the news was discouraging, however, as presenters showcased new data suggesting that many of those dying from the disease in 1985 had been infected before 1981, and that within especially vulnerable populations, the epidemic was becoming entrenched.⁶

Two issues generated particular controversy in Atlanta, foreshadowing subsequent debates over the issues of testing policies and international cooperation. At a side meeting the day before the conference opened, gay activists protested Reagan administration proposals to implement mandatory HIV testing policies, arguing that this would do little to halt the spread of the disease and would only intensify discrimination against vulnerable groups.⁷ During the sessions themselves, a dispute between U.S. National Institutes of Health researcher Robert Gallo and Pasteur Institute virologist Luc Montagnier over who should receive credit for discovering, naming, and classifying the virus stirred tensions and debate regarding the prospects for international research collaboration.⁸

The Reagan administration's slow response to domestic HIV/AIDS challenges came under special scrutiny. In a keynote address at the conference, the U.S. secretary of health and human services, Margaret Heckler, claimed that AIDS was the Reagan administration's number one priority. Experts doubted this assertion, and pointed to Heckler's comment that "we have a very strong interest in stopping AIDS before it spreads outside the risk groups, before it becomes an overwhelming problem" as proof that the administration's chief concern was not the current population of homosexual or injection drug user patients, but rather those heterosexual ones who might follow. After the meeting, some in the scientific community publicly questioned the administration's commitment to funding research or developing a strategy to address the epidemic.⁹

4. CDC, "Pneumocystis Pneumonia Los Angeles," *Morbidity and Mortality Weekly Report* 30, no. 21 (June 5, 1981).

5. Interview with Helene Gayle, July 21, 2010, Vienna; Charles Seabrook, "AIDS Conference Brings 2,000 Health Experts to Atlanta," *Atlanta Journal*, April 15, 1985.

6. Lawrence K. Altman, "Drug Abusers Try to Cut AIDS Risk," *New York Times*, April 18, 1985.

7. Randy Shilts, *And the Band Played On: Politics, People, and the AIDS Epidemic* (New York: St. Martin's Press, 1987), 548.

8. *Ibid.*, 554. See also Robert Lee Hotz, "U.S., France Scientists Do Battle over Patent Rights for AIDS Test," *Atlanta Journal Constitution*, December 14, 1985. In 1983, Luc Montagnier and Françoise Barré-Sinoussi announced the identification of a new virus called LAV in the lymph nodes of patients in early and late stages of infection. In 1984, Dr. Robert Gallo reported the identification of a virus referred to as HTLV-3, which turned out to be almost identical to the French LAV virus. Studies later showed that HTLV-3 and LAV were the same virus, and Gallo later confirmed that French samples contaminated samples in his NIH laboratory. Eventually Montagnier was credited with discovering the virus and Gallo was credited with recognizing that it caused AIDS. Lawrence K. Altman, "Discoverers of AIDS and Cancer Viruses win Nobel," *New York Times*, October 7, 2008.

9. Letter from Marcus Conant, "Where Is the U.S. Fighting the War on AIDS?" *New York Times*, April 17, 1985.

In 1986, AIDS researchers convened for three days in Paris at a session hosted by WHO, the French Ministry of Health, the French National Institute for Health and Medical Research, and the Pasteur Institute. With more than 2,800 participants, the gathering featured 200 papers and 700 poster presentations. As in Atlanta, science was at the top of the agenda. New research suggesting that heterosexual transmission was the principal mode of transmission of HIV in Haiti animated considerable discussion.¹⁰ Presentations emphasized the potential of new drug therapies to slow the progress of AIDS in some patients, as well. Yet tensions persisted within the scientific community, with one Soviet official arguing that HIV had been genetically engineered in a U.S. lab. Moreover, during the previous 12 months, the dispute between Montagnier and the Gallo over who should receive credit for the “discovery” of HIV and royalties for blood tests to detect its presence had escalated to a lawsuit and generated considerable behind-the-scenes distraction.¹¹

The conference’s return to the United States in 1987 provided a new chance for the Reagan administration to demonstrate its leadership on HIV/AIDS, following the disappointing Heckler speech in 1985. However, controversies over the administration’s AIDS policies cast a shadow over what was then the largest meeting of AIDS experts, with 6,300 delegates and 940 journalists gathering for a week at the Washington Hilton.

This meeting, cosponsored by the U.S. Department of Health and Human Services and WHO, marked the emergence of politics as a significant competitor with scientific research for attention within the international sessions.¹² To be sure, new evidence regarding mother-to-child transmission of the virus and the discovery of HIV-2 in West Africa created a buzz, as did WHO’s effort to combat misinformation about HIV transmission by releasing a statement on kissing, the first for an international organization.¹³ But it was President Reagan’s address at a Georgetown fund-raiser chaired by the Hollywood actress Elizabeth Taylor and hosted by the newly created American Foundation for AIDS Research (known as AMfAR) the night before the opening session that set the stage for a contentious six days.

Delivering his first-ever public comments on AIDS, six years into the epidemic, Reagan proposed that his administration would carry out mandatory testing of prison inmates, immigrants seeking permanent residence in the United States, and those seeking marriage licenses.¹⁴ When Vice President George H. W. Bush reiterated those same themes in his speech during the conference’s opening session, he was met with turned backs, protest posters, and boos and hisses from the audience, even as his emphasis on guaranteeing the confidentiality of those tested drew applause from some quarters.¹⁵

A proposal by the secretary of health and human services, Otis Brown, to test 45,000 Americans to assess the extent of the domestic epidemic generated a similar outcry. When a coalition

10. Lawrence K. Altman, “A Striking Shift in Haiti in AIDS Victims,” *New York Times*, June 29, 1986. See also Robert Stenbrook, “Signs of Progress Emerge in Worldwide AIDS Battle,” *Los Angeles Times*, June 26, 1986.

11. Lawrence K. Altman, “The Doctor’s World: Despite Wide AIDS Cooperation, a Feud Holds Center Stage,” *New York Times*, July 1, 1986.

12. Shilts, *And the Band Played On*, 597.

13. Lawrence K. Altman, “Health Experts Find No Evidence to Link AIDS to Kissing,” *New York Times*, June 7, 1987.

14. Elizabeth Kastor and Sandra G. Boodman, “The Flap at the AIDS Fundraiser: Reagan’s Plan for Testing Brings Both Boos and Applause,” *Washington Post*, June 1, 1987.

15. Greg Behrman, *The Invisible People: How the U.S. Has Slept Through the Global AIDS Pandemic, the Greatest Humanitarian Catastrophe of Our Time* (New York: Free Press, 2004), 28.

of 300 activists blocked access to the White House to “protest a lack of funding for AIDS research and the slow pace of federal education programs,” the fact that the police wore protective gear, including rubber gloves, to arrest and disperse the protesters provoked fresh outrage regarding the stigma against those infected with HIV.¹⁶

The international meetings in 1988 and 1989 were characterized by three phenomena: a deepening participation by and diversification of conference attendees, a growing recognition that AIDS was becoming a health challenge in the developing world, and the increasing participation of advocacy groups willing to adopt dramatic tactics to publicize their views.

The 1988 session in Stockholm attracted 7,000 participants and featured more than 3,000 scientific presentations.¹⁷ A generalized sense of pessimism hung over the gathering, as scientists examined the massive amounts of data collected since 1981 and pondered the difficulties of controlling the epidemic. New data regarding the transmission of the virus from mother to child through breast milk was a featured topic of discussion.¹⁸ Data released in Stockholm about worsening epidemics in Sub-Saharan Africa, along with requests from African governments for assistance and funding from developed countries, provoked increasingly urgent conversations about the importance of taking an international approach.¹⁹ Indeed, the Swedish minister of health, Gertrud Sigurdson, went so far as to proclaim the meeting “a symbol of global will to solve the HIV problem.”²⁰

For some observers, “the Stockholm conference marked the start of close cooperation between the conference organizers and UN agencies, at that time primarily WHO.”²¹ It was also at this meeting that the decision was made to institutionalize the international gatherings through the creation of the International AIDS Society (IAS), with headquarters in Stockholm and registration as a nonprofit organization in Frankfurt.²²

If the Stockholm meeting marked a shift toward serious recognition of the challenges that HIV/AIDS was then posing in Sub-Saharan Africa, the 1989 meeting in Montreal signaled a new and more organized strategy on the part of the growing AIDS advocacy community.²³ With 11,800 participants attending the conference, some scientists complained that a “circus-like atmosphere” now dominated the sessions, even as both advocates and patients applauded organizers’ effort to open the proceedings to a greater diversity of perspectives. Indeed, at the opening ceremony, advocacy organizations took advantage of the media coverage of Canadian prime minister Brian

16. Shilts, *And the Band Played On*, 601; Sandra G. Boodman and Michael Specter, “64 Demonstrators Arrested in Protest of U.S. AIDS Policy; District Police Wear Gloves,” *Washington Post*, June 2, 1987.

17. Lawrence K. Altman, “AIDS Meeting: Puzzling Data, Promising Drug,” *New York Times*, June 13, 1988.

18. Lawrence K. Altman, “Biggest AIDS Parley Ends in Sweden amid Sober Mood and Deluge of Data,” *New York Times*, June 16, 1988. On transmission modes, see Associated Press, “AIDS Risk in Breast Milk,” *New York Times*, June 13, 1988.

19. Lawrence K. Altman, “The Doctor’s World: Poor Nations Plagued with AIDS Pose Haunting Ethical Questions,” *New York Times*, June 28, 1988.

20. Altman, “Biggest AIDS Parley Ends.”

21. Lars Kallings and Craig McClure, *20 Years of the International AIDS Society: HIV Professionals Working Together to Fight AIDS* (Geneva: International AIDS Society, n.d.), 15.

22. *Ibid.*

23. Ron Goldberg, “Conference Call: When PWAs First Sat at the High Table,” *Poz*, July 1998, available at <http://www.actupny.org/documents/montreal.html>.

Mulroney's keynote statement to publicize their own demand for more money for drug and vaccine research, delaying the proceedings by an hour so that their voices could be heard.²⁴

Following the Montreal conference, reporter Lawrence Altman wrote in the *New York Times* that "the AIDS meeting closed with many participants complaining that it had grown too large and unwieldy, making it difficult for scientists to attend the sessions and talk with each other. . . . From gavel to gavel, the meeting was punctuated by heckling from groups with various concerns about the response to AIDS."²⁵

But the meeting also featured high-level participation by developing-world leaders eager to raise awareness about the toll the epidemic was exacting in their countries. President Kenneth D. Kaunda of Zambia, the first African leader to speak openly about HIV/AIDS, offered an "apology for his indifference to the epidemic, saying he had lost his son to AIDS in 1986."²⁶

In 1990, the conference returned to the United States, but the political controversy that dominated the proceedings made the San Francisco meeting the last to be held in the United States for the next 22 years. In 1987, Senator Jesse Helms (R-N.C.) had led efforts within Congress to strengthen travel and immigration rules in order to prevent HIV-infected applicants from gaining entry visas for the United States. While this legislation had not surfaced as a contentious conference issue in 1988 or 1989, when the meetings had been held in other countries, the decision to return to the United States in 1990 stirred polemic even before the meeting began.

Conference organizers initially anticipated roughly 12,000 participants, but in the months leading up to the sessions, about 100 advocacy groups representing some 3,000 people signaled their refusal to attend because of the visa restrictions.²⁷ At least 85 countries also called for a boycott of the meeting, prompting the Immigration and Naturalization Service to agree to temporarily waive the policy for those seeking a brief, 10-day entry to attend medical meetings.²⁸

In the days immediately before the conference, however, federal officials surprised organizers and prospective attendees when they pledged to enforce an obscure 1950s-era law that labeled homosexuals "sexual deviants" and barred their entry into the United States. The law had rarely, if ever, been applied, but officials of the Immigration and Naturalization Service claimed to have received reports that foreign gay rights groups planned to challenge it and said if a foreigner declared his homosexuality at the border, the service would "have no choice" but to enforce the legislation.²⁹ Press photos of the San Francisco police using billy clubs while practicing crowd

24. Lawrence K. Altman, "Test May Show Status of AIDS, Scientist Says," *New York Times*, June 9, 1989. Altman further reported that "because many scientists were upset at the demonstrations here, organizers of next year's meetings are considering a plan to divide it into one for scientific sessions and another devoted to the social and political aspects of AIDS."

25. Lawrence K. Altman, "Test May Show Status of AIDS, Scientist Says," *New York Times*, June 9, 1989.

26. Lawrence K. Altman, "Talking about AIDS with All the World Watching," *New York Times*, August 8, 2006.

27. The restrictions were the result of a 1987 law championed by Senator Jesse Helms of North Carolina. See Philip J. Hilts, "U.S. to Ease Passport Curbs on Visitors Infected with AIDS Virus," *New York Times*, January 16, 1990; and Philip J. Hilts, "Bush May Support Easing AIDS Policy," *New York Times*, April 4, 1990.

28. Warren E. Leavy, "Visa Rules Eased for Foreigners with AIDS," *New York Times*, April 13, 1990.

29. Philip J. Hilts, "Agency to Use Dormant Law to Ban Homosexuals from U.S.," *New York Times*, June 2, 1990. Under the terms of a 1983 court ruling, the Immigration and Naturalization Service had to enforce the law, and Public Health Service doctors were required to certify if a person seeking entry into the United States was homosexual.

control in Golden Gate Park in the days before the opening session created a charged atmosphere as the meeting got under way.³⁰

Perhaps recalling his hostile reception at the 1987 Washington AIDS conference, President Bush declined an invitation to speak in San Francisco, further angering delegates when it was reported that he instead spent the day campaigning in North Carolina with Senator Helms. The visa ban dominated media coverage of activities within the formal sessions and also within the city at large. The Seattle chapter of ACT UP coordinated an “invasion” by 1,000 people of the downtown San Francisco Nordstrom department store, both to protest alleged discrimination against an HIV-infected employee and to generate awareness about the visa restrictions.³¹ Shouting protesters drowned out the closing speech by U.S. secretary of health and human services Louis Sullivan before an audience of 6,000.³² As the San Francisco meeting came to a conclusion, the organizers of the proposed 1992 conference in Boston threatened to relocate the meeting if U.S. travel and immigration policies were not changed.³³

The 8,000 attendees at the 1991 International AIDS Conference in Florence discussed the availability of new and experimental drugs for opportunistic infections associated with HIV, as controversy over U.S. visa policies continued to compete for attention within the sessions themselves. In a move interpreted by some as proof that the U.S. government was retreating from engagement on AIDS with the international community, the Bush administration at the last minute, withdrew permission for half the originally scheduled 400 representatives of the U.S. government to travel abroad.³⁴ During the opening plenary, European leaders sharply criticized U.S. AIDS policies. During the course of the meeting, 500 participants marched on the U.S. consulate in Florence to protest the visa ban.³⁵

Some critics also argued that the money spent on the conference, about \$8.5 million, might have been better used for program implementation in developing countries than on coffee and hand-outs at international meetings. In a letter to the *New York Times*, one critic wrote that “instead of pulling together to deal with this unprecedented emergency, each separate interest group seems to be pushing its own agenda and figuring out how it can profit from the crisis.”³⁶

Reflecting on the persistence of the U.S. travel ban despite widespread domestic and international pressure, IAS president Paul Volberding reiterated the threat to relocate the 1992 Boston conference.³⁷

30. Jane Gross, “Warily, San Francisco Braces for AIDS Forum,” *New York Times*, June 17, 1990.

31. Jane Gross, “Reporter’s Notebook: City Hears Harmony, with A Few Jarring Notes,” *New York Times*, June 24, 1990.

32. Philip J. Hilts, “Jeers at AIDS Gathering Drown Out Health Chief,” *New York Times*, June 25, 1990.

33. Associated Press, “Harvard May Drop 1992 AIDS Meeting Over Travel Limits,” *New York Times*, June 15, 1990.

34. Lawrence K. Altman, “U.S. Ban of Infected Travelers Attacked at World AIDS Conference,” *New York Times*, June 17, 1991.

35. Judy Foreman, “Harvard Biologist Joins Activists to Protest AIDS Immigration Ban,” *Boston Globe*, June 22, 1991. See also Donald C. Drake, “Ultimatum on AIDS: Expert Warns US to Lift Ban on Immigration,” *Philadelphia Inquirer*, June 22, 1991.

36. Robert Yates, Letter to the Editor, “Tote Bags and T-Cells,” *New York Times*, September 15, 1991.

37. Lawrence K. Altman, “Scientists Encouraged by Two AIDS Vaccines,” *New York Times*, June 22, 1991.

Steady but Sobering Progress, 1992–1998

During the last half of 1991, and in the wake of U.S. government intransigence on the travel and immigration ban, the organizers of the 1992 meeting shifted the conference's location from Boston to Amsterdam, concerned that protests of U.S. visa policy would overshadow the conference's scientific deliberations, as they had in San Francisco just two years earlier.³⁸

Minus the noise surrounding the U.S. visa ban, the Amsterdam meeting was the first in a series of yearly gatherings during the early 1990s that shifted attention to scientists' frustration with slow progress in the development of an effective vaccine or treatment for HIV. Over the next few years, attention also shifted from the American and European epidemics to the increasingly alarming spread of the disease in Sub-Saharan Africa.

Some conference participants point to the Berlin meeting in 1993 as a low point in the history of the international meetings. Before the conference, there had been hope that a new combination of therapies—including AZT, ddI, and nevirapine—would help slow the disease's progress in HIV-infected patients.³⁹ But studies released in Berlin showed that AZT, originally viewed as a promising treatment, was more limited in efficacy than anticipated and also somewhat toxic for patients. For some scientists, this news inspired a redoubling of efforts aimed at drug discovery and testing, while international officials, recognizing that treatment breakthroughs might still be far off, began to emphasize the importance of improving research concerned with disease prevention activities. WHO's coordinator for AIDS, Michael Merson, projected that with the right policies, it might be possible to prevent 10 million, or 50 percent, of anticipated new HIV/AIDS infections by 2000.⁴⁰ Meanwhile, in the wake of discouraging news on the scientific front, the British journal *Nature* boldly called for an end to the international conferences themselves.⁴¹

The decision to hold a meeting in Yokohama in 1994 reflected organizers' desire to raise awareness about the burgeoning epidemic in Asia. While one *New York Times* editorial characterized the meeting as having a “note of gloom,” others reflected that after the deep pessimism in Berlin, the Yokohama sessions also brought forward a greater sense of realism.⁴² But the Yokohama meeting was not without controversy, with reports of hotel staff and restaurant servers who were unwilling to clean rooms or serve presumed HIV-infected conferees, despite preconference sensitivity training.⁴³ The conference program reflected a growing emphasis on legal analysis, with

38. Lawrence K. Altman, “Amsterdam Picked for AIDS Meeting,” *New York Times*, September 11, 1991. According to one of the meeting organizers, Jonathan Mann, a professor at the Harvard School of Public Health, this was as much a protest of the immigration policy as recognition that “the Dutch were known for innovation in caring for people infected with the virus.” This shift to Europe came at a significant expense to Harvard University, which had contracted with Boston-area hotels for rooms and conference services for an estimated 15,000 participants and lost a lawsuit after refusing to pay local hotels \$1.6 million in early booking fees. Ivan Oransky, “Paying for High Moral Ground,” *Harvard Crimson*, March 15, 1993.

39. Mireya Navarro, “The Sharp Edge of Hope and Tears: New AIDS Report Brings Wrenching Mix of Emotions,” *New York Times*, February 21, 1993.

40. Behrman, *Invisible People*, 82. Lawrence K. Altman, “World Health Official Says AIDS Spread Could Be Controlled,” *New York Times*, June 7, 1993.

41. “Conference Unwanted: The Annual AIDS Conferences Should Be Replaced by More Effective Channels of Communication,” *Nature*, June 3, 1993, 382.

42. “Japan Opens AIDS Forum: Note of Gloom,” *New York Times*, August 7, 1994; Andrew Pollack, “Meeting Lays Bare the Abyss between AIDS and Its Cure,” *New York Times*, August 11, 1994.

43. Kallings and McClure, *20 Years of the International AIDS Society*, 24.

sessions focused on the relevance of property rights and divorce laws for women vulnerable to HIV infection.

Starting with Yokohama, the organizers decided to shift to a biannual rather than annual format and thus to meet every two years instead.

Signs of Hope, 1996–2004

In contrast to the dark years between 1991 and 1994, the conferences held between 1996 and 2004 reflected heightened hope for the potential of newly discovered treatments to reach millions. The idea that new therapies might allow clinicians to meaningfully treat HIV-infected patients, thereby reducing AIDS-related death and suffering, as well as a deepening awareness of the need to expand the global response, energized civil society activism focused on securing widespread access to life-saving medications, especially for patients living in developing countries.

The 1996 Vancouver meeting was themed “One World, One Hope” and was attended by more than 15,000 participants. Sessions were dominated by discussions of new combination therapy studies suggesting that there was “promise to slow the progression of AIDS, if not stop it in its tracks.”⁴⁴ New information regarding the efficacy of drug combinations that could suppress the presence of HIV in blood and tissue led scientists to talk for the first time about the possibility of “curing” AIDS. Inspired by these encouraging research reports, advocates escalated their efforts to press governments and the private sector to do more to address the AIDS epidemic, with the members of one group “leaping on stage and snatching the microphone from France’s health minister, Hervé Gaynard” to publicize their demands.⁴⁵ Some participants recall that advocacy groups seized on the new treatment efficacy to demand greater funds for developing-world challenges, criticizing the profit motives of international drug manufacturers and flinging fake currency with the names of pharmaceutical companies into the air to dramatize their concerns.⁴⁶

Despite frustration over drug pricing, many who attended the Vancouver meeting point to it as the single most exciting conference—notable both because of the scientific discoveries unveiled there and because it was the “first conference when the developing world was firmly on the agenda.”⁴⁷ Some recall its impact on the U.S. advocacy community as well, pointing to a shift in focus as the clear need for interventions in the developing world encouraged AIDS activists to urge greater funding for international activities and programming.⁴⁸

Vancouver was followed by the 1998 meeting in Geneva, where the relatively new Joint United Nations Program on AIDS—known as UNAIDS—released 180 country-level fact sheets on the extent of the epidemic, with a focus on the discouraging data then coming out of Sub-Saharan Africa that suggested one in four adults in some regions could be infected with HIV.⁴⁹ Optimism about the promise of combination therapy with protease inhibitors was offset by ongoing concern about

44. Lawrence K. Altman, “AIDS Meetings: Signs of Hope Amid Obstacles,” *New York Times*, July 7, 1996; “Protesters Disrupt AIDS Prevention Briefing in B.C.,” *Toronto Star*, July 7, 1996.

45. Leslie Papp, “Unsafe Sex Is Destroying Gay Men; Young around World Are Taking Vast Risks, Delegates Told,” *Toronto Globe & Mail*, July 9, 1996.

46. Lindsay Knight, *UNAIDS: The First 10 Years* (Geneva: UNAIDS, 2008), 60.

47. *Ibid.*, 61.

48. Behrman, *Invisible People*, 134.

49. Lawrence K. Altman, “Parts of Africa Showing HIV in 1 in 4 Deaths,” *New York Times*, June 23, 1998.

the high costs of treatment, which led to a more generalized debate over the potential to get the drugs to the vast numbers of patients in the developing world who needed them.⁵⁰ The importance of maintaining a focus on prevention in the wake of discoveries regarding therapeutic approaches also characterized the discussion.⁵¹ Following the conference, it was resolved that future meetings would implement the “Geneva Principle” to balance scientific and community participation and to encourage local populations to both attend the conferences and become engaged in public activities.⁵²

Longtime conference attendees point to the 2000 meeting in Durban as a high point in the meeting cycle. Durban had been selected as the inaugural developing-country site because it was the only city in Sub-Saharan Africa with sufficient meeting and lodging facilities to host the international gathering.⁵³ Though the conference theme was “Break the Silence,” the political context in South Africa at the time was not auspicious, as then-president Thabo Mbeki’s refusal to acknowledge the link between HIV and AIDS caused some regular conference attendees to mount a boycott.⁵⁴ This denial of the HIV–AIDS link frustrated conference organizers. As the conference chair, Jerry Coovadia noted, “It was so discouraging that our first democratic government could have descended to the level of trying to challenge certain essential methods of arriving at the truth through science.”⁵⁵

A report released by UNAIDS before the Durban conference noted that “half of all 15-year old Africans in the countries worst affected will eventually die from the disease” and thus generated fresh motivation for accelerated action on the continent.⁵⁶ Statements by South African Constitutional Court judge Edwin Cameron, whose opening session speech criticizing the Mbeki government’s slow pace on AIDS drew a standing ovation, and by former president Nelson Mandela, who closed the meeting with an appeal to Mbeki to bring the dispute over HIV/AIDS to an end, created a energetic atmosphere for analysis regarding the potential for an international partnership in which patients in rich and poor countries alike had access to the life-saving products of AIDS research.⁵⁷

To emphasize the importance of high-quality investigation and product development, the journal *Science* published the Durban Declaration, signed by 5,000 delegates, which affirmed “that empirical evidence for the link between HIV and AIDS was ‘clear-cut, exhaustive, and unambiguous.’”⁵⁸

50. Interview with Sally Cowal, November 30, 2011. See also Lawrence K. Altman, “The Doctor’s World: Battle Scarred Veteran Is General in Global War on AIDS,” *New York Times*, July 20, 1998.

51. Knight, *UNAIDS*, 87.

52. Kallings and McClure, *20 Years of the International AIDS Society*, 28.

53. Interview with Alan Whiteside, Boston, December 2, 2011.

54. Lawrence Goldyn, “African Can’t Just Take a Pill for AIDS,” *New York Times*, June 6, 2000.

55. Joe DeCapua, “AIDS 2000: Former Chairman Reflects on Landmark Conference,” *Voice of America*, May 27, 2010, <http://www.voanews.com/English/news/Africa/decapua-aids2000-coovadia-17may10-93937619.html>.

56. Lawrence K. Altman, “UN Warning AIDS Imperils Africa’s Youth,” *New York Times*, June 28, 2000.

57. Rachel L. Swarns, “Focus on AIDS Epidemic, Mandela Says,” *New York Times*, July 15, 2000. See also Lawrence K. Altman, “A Call for Fair Access to Future AIDS Vaccine,” *New York Times*, July 6, 2000; Lynne Altenroxel, “AIDS Conference Becomes Mbeki-Bashing Circus,” July 10, 2000, <http://www.virusmyth.com/aids/news/sapambeki2.htm>; John Materson, John Battersby, and Sapa, “Mandela Steers Mbeki Down Different Track,” *The Independent Online*, July 15, 2000, <http://www.iol.co.za/news/politics/mandela-steers-mbeki-down-a-different-track-1.43398>.

58. Knight, *UNAIDS*, 110.

However, it was civil society engagement and the focus on extending drug therapies to the millions of HIV-infected patients living in developing countries that made the Durban meeting so significant for many observers. The attendance by thousands of Africans, including numerous people living with HIV/AIDS, created what for many felt like the first truly representative meeting. According to local organizers, the commitment of the Durban city government and the people of Durban as hosts also electrified the setting.⁵⁹ As a UNAIDS report on the Durban conference observed, “No one who attended the conference and particularly the closing ceremony had any doubts that a line had been crossed in the global response to the epidemic. . . . The conference recognized that AIDS is a crisis of governance. . . . The Durban conference was critical in mapping out the need for an immensely increased resource flow.”⁶⁰

Based on the success of the Durban meeting in generating momentum for greater international collaboration, and recognizing the significance of the participation at the conference by people living in areas most affected by the AIDS pandemic, the IAS decided to alternate between developed- and developing-country sites for future international sessions.⁶¹

The 2002 meeting in Barcelona built on the progress on international cooperation manifested in Durban, even as the 17,000 delegates began to focus their attention on the emerging epidemics in highly populated areas of Asia, including India and China. Between the Durban and Barcelona conferences, the UN General Assembly had called a Special Session on AIDS in June 2001 to bring member states together to discuss the political implications of the global AIDS crisis, especially in Africa.⁶² Following the 2001 Group of Eight Summit in Genoa, plans for the proposed private-public Global Fund to Fight AIDS, Tuberculosis, and Malaria accelerated political commitments by governments and spurred donations by governments and private citizens, as well as philanthropic groups, such as the Bill & Melinda Gates Foundation.⁶³ The release in 2002 by UNAIDS of data regarding access to HIV medications by region showed that only 1.75 percent of those who needed medications had access, and the majority of these lived in high-income countries.⁶⁴ In Barcelona, participants focused on how to get life-saving medications to AIDS patients in developing countries, with WHO director-general Gro Harlem Brundtland taking the stage to announce the WHO 3x5 Initiative to reach 3 million with antiretroviral therapy before 2005.

Barcelona also represented a turning point in the conferences’ international high-level political participation. Although the Spanish prime minister did not attend, former U.S. president Bill Clinton and former South African president Nelson Mandela spoke, urging heads of state to exert strong leadership in addressing the epidemic. In his remarks, Clinton built on the concerns about equity in drug access that had been expressed in Geneva and Durban.⁶⁵ He encouraged greater U.S. support for global AIDS activities and said he regretted not having done more as president,

59. Interviews with Jerry Coovadia, Boston, December 2, 2011; and Alan Whiteside, Boston, December 2, 2011.

60. Knight, *UNAIDS*, 112.

61. Kallings and McClure, *20 Years of the International AIDS Society*.

62. UN General Assembly Special Session on AIDS, June 25–27, 2001, <http://www.un.org/ga/aids/coverage/>.

63. Group of Eight, “The Final Official Notice,” Genoa, July 2001, <http://www.un.org/esa/ffd/themes/g8-5.htm>.

64. Lawrence K. Altman, “Report, Reversing Estimates, Forecasts Big Increase in AIDS Death Toll,” *New York Times*, July 3, 2002.

65. Behrman, *Invisible People*, 284.

especially on needle-exchange programs to reduce HIV transmission among injection drug users.⁶⁶ A focus on making combination drug therapies available to patients in developing countries dominated the overall discussion, with some conference participants warning that prevention and treatment should not be seen as competing aims.⁶⁷

Despite the emerging consensus on the importance of international cooperation and assistance, the Barcelona meeting was not without tension. At the time of the gathering, the United States reported commitments of \$500 million for global HIV/AIDS programming, but the U.S. health and human services secretary, Tommy Thompson, was nevertheless heckled by activists demanding that the George W. Bush administration spend more for AIDS drugs and contribute more generously to the newly established Global Fund to Fight AIDS, Tuberculosis, and Malaria.⁶⁸

The Politics of Plenty, 2004–2008

Between 2004 and 2008, funding for global HIV/AIDS challenges rose dramatically, thanks to grants provided by new multilateral institutions such as the Global Fund to Fight AIDS, Tuberculosis, and Malaria, based in Geneva, as well as increased bilateral donor commitments to global health. At the conferences during these years, debates over the importance of international cooperation gave way to efforts to broaden the pool of donor countries and encourage national governments to prioritize and fund domestic HIV/AIDS programs. The meetings between 2004 and 2008 also saw a renewed focus on neglected vulnerable sectors, including women and girls, even as conference organizers emphasized efforts to reinvigorate the scientific component of the meetings, which some participants believed was being overshadowed by attention to politics, social movements, and international funding mechanisms.⁶⁹

By the time the Fifteenth International AIDS Conference opened in Bangkok's IMPACT Convention Center in 2004, the United States was actively implementing the President's Emergency Plan for AIDS Relief (PEPFAR), which had been launched in the fall of 2003 with an initial commitment of \$15 billion over five years. PEPFAR's strategies called for scaling up funding for bilateral programs in 15 focus countries, as well as making sizable donations to the new Geneva-based Global Fund. But the infusion of funds from U.S. and other donor governments into the global struggle against HIV/AIDS spurred a fresh round of concerns over duplication of effort. This in turn led to recommendations in Bangkok that standardized measures be established to monitor the costs and outcomes of prevention efforts in accordance with UN guidelines and principles.⁷⁰ The Bangkok meeting also saw the launch of the Global Village, as well as the Youth Program,

66. Lawrence K. Altman, "Clinton Urges Global Planning to Halt HIV," *New York Times*, July 11, 2002.

67. Peter Piot, "In Poor Nations, a New Will to Fight AIDS," *New York Times*, July 3, 2002. See also Abigail Zuger, "Cases: Beyond Temporary 'Miracles,'" *New York Times*, July 16, 2002.

68. Lawrence K. Altman, "U.S. Official Is Jeered at AIDS Conference," *New York Times*, July 9, 2002. According to Altman, Thompson's prepared remarks indicated the U.S. commitment to \$500 million during the next 18 months for AIDS programs in 12 African nations and the Caribbean.

69. International AIDS Society, "Maximizing the Impact of the International AIDS Conference," International AIDS Conference Future Directions Project, 2005. The Future Directions project was billed as "the first major review of the Conference since its creation in 1985."

70. Lawrence K. Altman, "Duplicated Efforts Are Hampering AIDS Fight Conferees Say," *New York Times*, July 12, 2004.

which are intended to encourage local communities to become informed and engaged on HIV/AIDS issues.⁷¹

The organizers of the 15,000-person meeting had hoped to foster high-level political engagement, with Thai prime minister Thaksin Shinawatra delivering an opening speech on the importance of a sustained response to the epidemic.⁷² But Thai hopes of hosting a high-profile, by-invitation-only AIDS summit involving the leaders of Botswana, Brazil, Canada, China, India, Nigeria, Russia, Rwanda, Uganda, and the European Commission fizzled, when only President Yoweri Museveni of Uganda accepted the invitation.

Perhaps some leaders declined the invitation because they feared facing a reprise of the hostile reception that the U.S. secretary of health and human services, Tommy Thompson, had confronted in Barcelona in 2002. To prevent similar protests from disrupting the Bangkok meeting, IAS president Joep Lange used his opening address to urge delegates “not to prevent an open exchange and to adhere to the IAS Freedom of Expression Policy.”⁷³ But not everyone heeded Lange’s appeal, and the U.S. government was the target of vociferous protests regarding PEPFAR policies that promoted abstinence in overseas programs and also the Bush administration’s decision to restrict the number of government scientists authorized to officially participate in the meeting.⁷⁴

The Bangkok sessions featured new evidence about the misuse of drugs in the region and the consequential emergence of drug-resistant strains of the disease in some parts of Asia.⁷⁵ Some advocates—frustrated by pharmaceutical companies’ slowness in reducing drug prices for developing-country health programs—attacked booths sponsored by drug manufacturers.⁷⁶ Following the conference, the IAS established a permanent base in Geneva in order to better coordinate with the international organizations based there, and it launched the Future Directions project to enhance transparency, participation, lessons learned from the field, and the quality of science at the conferences.⁷⁷

The 2006 Toronto conference, themed “Time to Deliver,” attracted 26,000 people over six days and remains the largest of the international AIDS conferences to date—featuring 4,500 presentations at a cost of \$20 million. It was the first meeting to take place since member states had committed in June 2006 in the UN General Assembly Political Declaration on HIV/AIDS to promote

71. International AIDS Society, “30 Years of AIDS: A History of HIV and the International AIDS Society,” http://www.iasociety.org/Web/WebContent/File/30_Years_of_AIDS_A_History_of_HIV_and_IAS.pdf.

72. Lawrence K. Altman, “World Leaders Are Scarce as AIDS Conference Opens in Bangkok,” *New York Times*, July 11, 2004.

73. Dennis McClean, “Opening Ceremony at the International AIDS Conference in Bangkok,” July 12, 2004.

74. Lawrence K. Altman, “Political Circus,” *New York Times*, July 19, 2004.

75. Lawrence K. Altman, “AIDS Drugs’ Fast Rise in Asia Risks Resistant Strains,” *New York Times*, July 8, 2004.

76. Kallings and McClure, *20 Years of the International AIDS Society*, 39.

77. According to Pedro Cahn, IAS president, and Craig McClure, IAS executive director, “the move was intended to strengthen links with other health NGOs and UN multilateral agencies.” Pedro Cahn and Craig McClure, “Beyond the First 25 Years: The International AIDS Society and Its Role in the Global Response to AIDS,” *Retrovirology* 3 (December 2006).

“universal access” to HIV/AIDS treatment by 2010.⁷⁸ For some attendees, Toronto was notable for its emphasis on ensuring adequate attention to women and girls within the context of the epidemic.⁷⁹ In an effort to move beyond the “treatment versus prevention” debate, several researchers emphasized a new “treatment as prevention” paradigm, arguing that providing necessary therapies to AIDS patients could reduce their overall symptoms and progression of the disease and their potential for infecting others. The incoming IAS president, Pedro Cahn, asserted that “more than ever, we confirmed during this week that prevention and care are two faces of the same coin.”⁸⁰

Although Canadian prime minister Stephen Harper declined to speak at the event, Toronto audiences heard from other high-level speakers. Former U.S. president Bill Clinton reiterated his message of global leadership delivered in 2002 in Barcelona, saying that “it is difficult to imagine how the world can grow unless we tackle AIDS.”⁸¹ Bill and Melinda Gates, whose foundation had emerged in the previous five years as a major private funder of work on AIDS and global health, attended the conference for the first time; Melinda Gates drew attention for a speech to the assembly in which she emphasized “the need to put the power to prevent HIV in the hands of women, and in particular to accelerate the development of microbicides that would allow women to protect themselves from HIV.”⁸²

Encouraging news was reported regarding global access to antiretroviral therapy, with estimates suggesting that up to 24 percent of all who needed these medications now had access to them.⁸³ News that the average price of first-line drugs had fallen to \$132 per person a year came as a relief for some advocates, who continued to press governments and pharmaceutical companies for more advantageous prices on second-line treatments.⁸⁴

Some critics lamented that the quality of the science discussed at the conference had diminished, arguing that “leading scientists have stopped attending, choosing to present their findings elsewhere.”⁸⁵ But according to the local cochair, Mark Wainberg, “people come to this meeting because they want to identify with the global epidemic, and it’s not possible for everybody to get on a plane and go to Kenya, Nairobi, or Tanzania or South Africa and have an impact. But when they come here, they’re showing that they identify with the international dimension of HIV, and that’s extremely important. This conference gives people that opportunity, and it’s also a first-rate scientific conference.”⁸⁶

The 2008 International AIDS Conference took place in Mexico City—the first Latin American location—and attracted 25,000 people over six days. IAS president Pedro Cahn and local organizer

78. Lawrence K. Altman, “The Doctor’s World: A Political Circus Is Part of the AIDS Meeting,” *New York Times*, July 19, 2006; UN General Assembly, Resolution adopted by the General Assembly, 60/262, “Political Declaration on HIV/AIDS, 16 June 2006,” http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf.

79. Interview with Zonibel Woods, Kaiser Family Foundation, August 4, 2008.

80. “Daily Roundup,” XVI International AIDS Conference in Toronto, Friday, August 18, 2006.

81. Andre Picard, “Double Bill Packs Punch in AIDS Fight,” *Toronto Globe & Mail*, August 2, 2006; “Daily Roundup,” XVI International AIDS Conference in Toronto, Tuesday, August 15, 2006.

82. “Daily Roundup,” XVI International AIDS Conference in Toronto, Monday, August 14, 2006.

83. “Daily Roundup,” XVI International AIDS Conference in Toronto, Wednesday, August 16, 2006.

84. Stephanie Nolan, “Drug Access Is Critical, Activists Warn,” *Toronto Globe & Mail*, August 17, 2006.

85. Lawrence K. Altman, “Talking about AIDS,” *New York Times*, August 8, 2006.

86. Kaiser Family Foundation, “Newsmaker Interviews: Mark Wainberg, Ph.D., XVI International AIDS Conference,” August 13, 2006, available at www.kaisernetwork.org.

Luis Soto Ramírez emphasized the importance of using the meeting to raise awareness about the epidemic in Latin America and of showcasing the region's achievements for participants from other world regions.⁸⁷ In addition, the ministers of health and education from the region's countries met on the margins for the first time to discuss and commit to a comprehensive program of sex education and HIV prevention for youth.⁸⁸

The conference theme was “Universal Action Now”—echoing the 2006 commitment to Universal Access to treatment for all by 2010. The program featured an emphasis on dismantling laws that criminalize transmission and promote discrimination and stigma, and the conference witnessed the first International March Against Stigma, Discrimination, and Homophobia.⁸⁹ Jorge Saavedra, who was then coordinator of Mexico's National AIDS Program and who was involved with the local planning, emphasized the extent to which the organizers had worked to lessen the likelihood of discrimination by hotel and restaurant staff against HIV-positive guests by hosting workshops and offering educational materials to service-sector workers in advance of the meeting.⁹⁰ The IAS and United Nations Development Program worked closely with the Mexican Foreign Ministry to ensure a process whereby delegate visa requests would be quickly approved at lower costs than normal.⁹¹ To facilitate the participation of injection drug users, the Mexican government allowed delegates to the conference to use methadone, which normally is illegal in Mexico.⁹²

The organizers also secured high-level participation, with Mexican president Felipe Calderón and health minister José Angel Córdova speaking at the opening ceremony, despite the fact that HIV/AIDS had not historically been a comfortable issue for the conservative ruling party, Partido de Acción Nacional.

The conference in Mexico City was characterized by significant participation among youth, even as some observers noted a “sober mood” and “shift to a convention-like atmosphere.”⁹³ Still, PEPFAR's reauthorization by the U.S. Congress that summer, with an unprecedented commitment of \$48 billion over five years, gave hope to many participants that the acrimonious debate over the role of the developed countries in supporting work on HIV/AIDS in the developing countries had ended.⁹⁴

87. Interview with Pedro Cahn, Kaiser Family Foundation transcript, August 1, 2008.

88. Interview with Luis Soto Ramírez, Kaiser Family Foundation transcript, August 1, 2008.

89. “Lawrence K. Altman, “Seeking Better Laws on HIV,” *New York Times*, August 8, 2008; “Thousands of demonstrators take part in the First International March Against Stigma, Discrimination, and Homophobia,” *Global Voice: The Official Newspaper of the XVII International AIDS Conference, 3–8 August, 2008*, August 4, 2008, 9.

90. Interview with Jorge Saavedra, Boston, December 1, 2011.

91. “IAS Thanks Mexican Federal Government and the UNDP for Visa Support,” *Global Voice: The Official Newspaper of the XVII International AIDS Conference, 3–8 August, 2008*, August 8, 2008, 5.

92. “Mexican Government Lauded for Allowing Life-Saving Medicines for Conference Delegates,” *Global Voice: The Official Newspaper of the XVII International AIDS Conference, 3–8 August, 2008*, August 6, 2008, 4.

93. Lawrence K. Altman, “At Meeting on AIDS, Focus Shifts to Long Haul,” *New York Times*, August 19, 2008.

94. Lawrence K. Altman, “No Magic Bullet in Sight: AIDS Researchers Shift Focus to Long Haul,” *New York Times*, August 19, 2008.

Prioritizing HIV in a Period of Austerity, 2010–?

The theme of the July 2010 meeting in Vienna was “Human Rights, Right Now.” By the time the conference got under way, the global financial crisis was raging, which led to serious discussions at the meeting about the sustainability and future of AIDS funding. The conference organizers had wanted to hold the meeting in Eastern Europe in order to highlight regional HIV/AIDS challenges, in particular the association of HIV infection with injection drug use. Vienna was eventually selected as the conference site because it was the city in Central and Eastern Europe with the most accommodating meeting and hotel facilities for such a large gathering. Given the global economic situation, and Vienna’s status as a relatively expensive European city, it is perhaps not surprising that participation at AIDS 2010 dropped slightly to 19,300. Along with the traditional scientific tracks, the program emphasized legal and political analysis. The Vienna Declaration, released on the conference’s final day, reflected the consensus among participants that the policies criminalizing injection drug use should be rejected in order to enhance outreach to drug users and other vulnerable groups.⁹⁵

Like previous conferences, Vienna attracted a number of high-level participants, including Bill Clinton, Bill Gates, AIDS ambassadors from several countries, the first lady of Georgia, the crown princess of Norway, and Archbishop Desmond Tutu of South Africa, by video link. One especially memorable session featured the promising results from the CAPRISA microbicide trials in KwaZulu-Natal, South Africa, which suggested the potential of a prevention method that could empower women who find it difficult or impossible to negotiate a partner’s condom use. But despite excitement about this and other scientific discoveries, concerns about actual or potential funding cuts by several donor countries generated protests during speeches and uncomfortable questions for those sitting on public platforms.⁹⁶

Many welcomed the announcement that the conference would return to the United States in 2012, thanks to the 2009 lifting of the immigration laws by newly elected president Obama. However, some delegates expressed fresh concerns that advocates or presenters with criminal records, such as current or former commercial sex workers and injection drug users, might still be prevented from participating because of visa restrictions.⁹⁷



As the international AIDS conference returns to the United States for the first time in nearly a quarter of a century, there is a sense of anticipation, and perhaps wariness. With the reform of visa exclusions based on an applicant’s HIV infection status, it is unlikely that the acrimony that characterized the 1990 San Francisco meeting will disrupt the 2012 proceedings. In the intervening decades, the United States has become a leading funder and advocate for global HIV/AIDS activity and programming, channeling unprecedented billions into global health programs since 2003. Yet, even as much of the international AIDS conference program will highlight global challenges, the U.S. epidemic continues, and the City of Washington has among the highest HIV prevalence rates of U.S. urban centers. The meeting’s location thus offers the U.S. government, researchers, philanthropies, advocates, pharmaceutical companies, and policymakers a chance to showcase

95. Donald G. McNeil Jr., “Drug War Statement Upstaged at AIDS Gathering,” *New York Times*, July 22, 2010.

96. *Ibid.*

97. Interview, Ruth Morgan, Global Network of Sex Workers, Vienna, July 20, 2010.

international achievements while reminding participants and the American public alike about the ongoing domestic challenges.

In recent months, Obama administration officials have made bold statements about the importance of intensifying both domestic and foreign policy approaches to HIV/AIDS. Speaking at the National Institutes of Health on November 8, 2011, Secretary of State Hillary Clinton described her vision of an “AIDS-free generation” that could be achieved, in large part, thanks to United States–based scientific research and innovation.⁹⁸ And at George Washington University on World AIDS Day, December 1, 2011, President Obama emphasized a renewed U.S. commitment to resolving domestic and global AIDS challenges, urging countries around the world to join the United States in dedicating funds, expertise, and human resources in an effort to end the epidemic.⁹⁹ Yet against a backdrop of political acrimony and debate over federal spending and the foreign assistance budget, the Obama administration is also concerned about the potential for clashes with conference participants regarding funds for HIV/AIDS programs, perhaps fearing negative media coverage just weeks before the national political conventions to nominate presidential candidates, which are scheduled for late August and early September.

Considering the factors that have made past international AIDS conferences meaningful for attendees and significant with respect to overall progress in addressing global HIV/AIDS challenges, the conference organizers, the City of Washington, and the Obama administration have a number of options to help make the 2012 AIDS Conference a success:

- A speech by President Obama at the opening session would send a strong signal about America’s continuing commitment to combating the global AIDS crisis. Participation in the conference by high-level figures—including Secretary of State Clinton, U.S. Agency for International Development administrator Rajiv Shah, National Institutes of Health director Francis Collins, CDC director Thomas Frieden, and Global AIDS ambassador Eric Goosby, as well as other policymakers—could then reinforce the message that HIV/AIDS is among the highest foreign policy and global health priorities for both the U.S. government and the American people. Strong representation from scientists who work for U.S. government agencies could further support this position. And to encourage the engagement of foreign AIDS experts and activists, the administration can work through the State Department and overseas U.S. embassies and consulates to facilitate the availability of visas in a manner that promotes widespread participation and inclusion.
- To encourage the highest quality of conversation, the conference organizers will no doubt seek to engage a broad representation of domestic and international speakers for both plenary and side sessions. United States–based advocates should be encouraged, and, like some international participants, should be financially supported so they can travel to Washington to share their valuable expertise and insights gleaned from efforts to address HIV/AIDS in communities across the nation. The organizers could also make a special effort to reach out to the U.S. faith community, which has been at the forefront of service delivery and advocacy regarding global HIV/AIDS programs, in order to engage local religious organizations and congregations in conference activities. For those experts who may not be able to travel to the United States

98. Rob Stein, “Hillary Clinton Calls for ‘AIDS-Free Generation,’” *Washington Post*, November 8, 2011.

99. Remarks by the President on World AIDS Day, December 1, 2011, <http://www.whitehouse.gov/photos-and-video/video/2011/12/01/president-obama-world-aids-day#transcript>.

because of limited resources or visa challenges, an alternate way to participate, such as via digital video conferencing or social networking media, could be promoted.

- Finally, organizers can work with Mayor Vincent Gray and the City of Washington, as well as local media outlets, to raise awareness among local residents regarding the return of the conference to the United States and the significance of its location in Washington, the nation's capital and a large urban center with high HIV prevalence. Local museums, including the Smithsonian Institution, could be encouraged to showcase the history and current status of HIV/AIDS in the city, itself, highlighting the efforts of local organizations to address the related challenges. Area students, citizen advocates, and experts could be given special opportunities to participate as delegates, volunteers, or local staff. The organizers of a rally and march planned for Sunday, March 22, could encourage Washington residents and advocacy organizations to play a prominent role in the activities. And the conference organizers could also work with the service industry—including hotels, taxi firms, and restaurants—to ensure inclusivity and to reduce the chances of discrimination against HIV-infected visitors and conference participants.

The theme of the AIDS 2012 conference is “Turning the Tide Together.” The organizers chose this theme to emphasize the importance of international collaboration to harness the power of recent scientific advances and the need to scale up proven interventions, particularly in the neediest settings, in order to reverse the course of HIV/AIDS. The meeting this coming July may not feature scientific breakthroughs, but it will offer a singular opportunity for HIV/AIDS patients, advocates, researchers, policymakers, and program implementers from around the world to exchange views, share information, and engage in constructive dialogue about what is working, and what is still needed, to end this epidemic that is now more than 30 years old. With broad participation and clear messages of commitment from political leaders, a deep level of civic engagement, and opportunities for interaction among the diverse sectors, the meeting in Washington has the potential to be as historic as is the return of the conference to the United States after 22 years.



ABOUT THE AUTHOR

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