Editor’s Letter

July 1, 2004 By Walter Armstrong

This month, barring any Al Qaeda surprises, the world media’s news ticker will include a week of AIDS stories. This happens every two years, when the International AIDS Conference serves up its package of “AIDS news”—complete with catchy slogan and exotic locale. This year’s setting is Bangkok, Thailand; its theme, “Access for All.” You’ll see top scientists lecturing the press about the next big HIV drugs. You’ll applaud chanting protesters slapping drug-company booths with PEOPLE, NOT PROFITS! stickers. You’ll bask in the rousing rhetoric of Bill Clinton and Nelson Mandela at fancy ceremonies. Off-camera, 15,000 researchers, activists, drug marketers, government officials, agency heads and even some HIVers will conduct the real business of AIDS. Pharma, of course, will foot much of the bill.

At their most personal and poignant, “these biannual meetings are nothing if not a marker of mortality, both a reassurance that some are beating the virus and a cold reminder that many more are not,” Cindra Feuer wrote in *POZ*’s 2002 Barcelona report (“Worlds Collide,” October 2002). Many tears will be shed in many moods. Then, the AIDS pros will head home—the rich to one epidemic, the poor to another. We can only hope against hope that this year the relentless toll the virus is taking on our planet’s health, economy and security will finally pierce minds numbed by 24/7 news and noise.

And yet (call me petty) I have an issue or two with this XV International AIDS Conference, where Asia and treatment will headline. As Joep Lange, MD, the outgoing head of the International AIDS Society (IAS), which runs the confabs, told amfAR’s “TREAT Asia Report”: “The situation in Asia is different from Africa because we can still accomplish an awful lot with prevention. By the time the conference took place in Durban [South Africa, in 2000], we already had infection rates of 10 to 30 percent. In Asia, although the numbers are huge, it’s still a relatively small proportion of the population. So we’ve got an enormous opportunity to turn the tide—and people should realize it.” Why “people should realize”—especially if the theme is *treatment*—that prevention is the No. 1 priority in Asia isn’t so obvious. Can the media be counted on to clarify the (mixed) messages? Hardly. And to say, as incoming IAS head Helene Gayle, MD, did in the same report, that “people are recognizing that the mobilization around access to [treatment] needs to go hand in hand with prevention” is wishful thinking. Who are these “people”? In the four years since Durban, the global movement for access to HIV meds has won a series of stunning moral and political victories. Meanwhile, prevention is in pieces. With fundamentalist faiths dominating our post-9/11 world from the White House to the Vatican to all of Asia, it’s more dangerous than ever to speak openly of condoms and sex, not to mention homosexuality. And leaders like Lange and Gayle are apparently too politically correct to call these “cultural sensitivities” what they are: hatred,

ignorance, shame.

Despite the IAS hype, Bangkok is no exception. Three years ago, Thailand won the lucrative conference contract in part as a reward for slashing its HIV rate by two-thirds, thanks to its massive sex industry's cop-enforced "100% condom use" campaign. But as *POZ*'s cover depicts—and as Austin Bunn discovered and reports in "Lost in Paradise"—not all Thais have shared in this "miracle." In particular, Thai men who have sex with men have never had access to "culturally sensitive" (or any other kind of) prevention. They lack even a word for "gay." What they do have, however, is HIV—at the rate of 1 in 5. Still, humiliated and arrested as they often are, these men fare better than many other hated Thais with HIV. After a year during which the government gunned down 2,000 drug dealers, 1 in 3 needle users has fled from prevention and treatment ("In Cold Blood," October 2003).

Yes, the global AIDS conference is critical. But in order to remain so, it must also become self-critical.

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