

HIV/AIDS in 1990 and 2012

From San Francisco to Washington, DC

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IN 1990, THE INTERNATIONAL AIDS CONFERENCE WAS LAST held in the United States. The US Food and Drug Administration had approved only 1 antiretroviral drug to treat human immunodeficiency virus (HIV) infection (zidovudine, approved in 1987 [FIGURE]). Highly active antiretroviral therapy, which has made it possible to reduce the risk of HIV transmission and for infected individuals to live longer and healthier, was still 5 years in the future.¹ The AIDS epidemic remained very much out of control in the United States and around the world. Each year brought many more infections and deaths, and the expanding pandemic threatened to overwhelm the capacity for an effective response.

This month, the International AIDS Conference returns to the United States. The conference has been absent for more than 2 decades because from 1987 to 2010 the United States restricted entry of people living with HIV. These restrictions could have led to the cancellation of the 1990 San Francisco conference; there were fears that large numbers of people with HIV infection might be arrested on their way to the meeting.² However, the 1992 conference, originally planned for Boston, was moved to Amsterdam as a protest against the continuing restrictions. The International AIDS Society, which convenes the conference, adopted a policy that prohibited the society from holding meetings in countries that restricted the short-term entry of people living with HIV and AIDS.

HIV-specific travel and residence restrictions have never served a public health purpose. In January 2010, the United States formally lifted its travel and immigration restrictions regarding people with HIV. Yet as of 2011, the 30th year of the epidemic, about 50 countries still had some form of restriction on the entry, stay, and residence of people living with HIV based on their HIV status.³ As the ongoing controversy illustrates, the AIDS epidemic has always been about human rights, not simply a virus and its effects on the immune system. Social and political systems struggle to come to grips with discriminatory and punitive attitudes and practices directed at infected individuals, while scrambling to find sufficient resources for treatment and prevention.

The AIDS epidemic is usually dated from June 5, 1981, when the *Morbidity and Mortality Weekly Report* published a report of *Pneumocystis carinii* pneumonia in 5 previously

healthy young men in Los Angeles, 2 of whom had died.⁴ The first International AIDS Conference was held in Atlanta in 1985, the third in Washington, DC, in 1987, and the sixth in San Francisco in 1990.

In 1990, I worked as a medical writer for the *Los Angeles Times* and covered the San Francisco conference. Through a scientific lens, the conference, as I wrote at the time, was the first such gathering “where the promise of eventual success [against AIDS] loomed large, if only the political, economic and social will can be found to implement the key research advances.”⁵ Dozens of new AIDS drugs were in various stages of development. Anthony S. Fauci, then and now the director of the National Institute of Allergy and Infectious Diseases, set the goal for the 1990s as “a lofty one, namely the ability to completely and indefinitely suppress HIV in infected individuals.”⁵

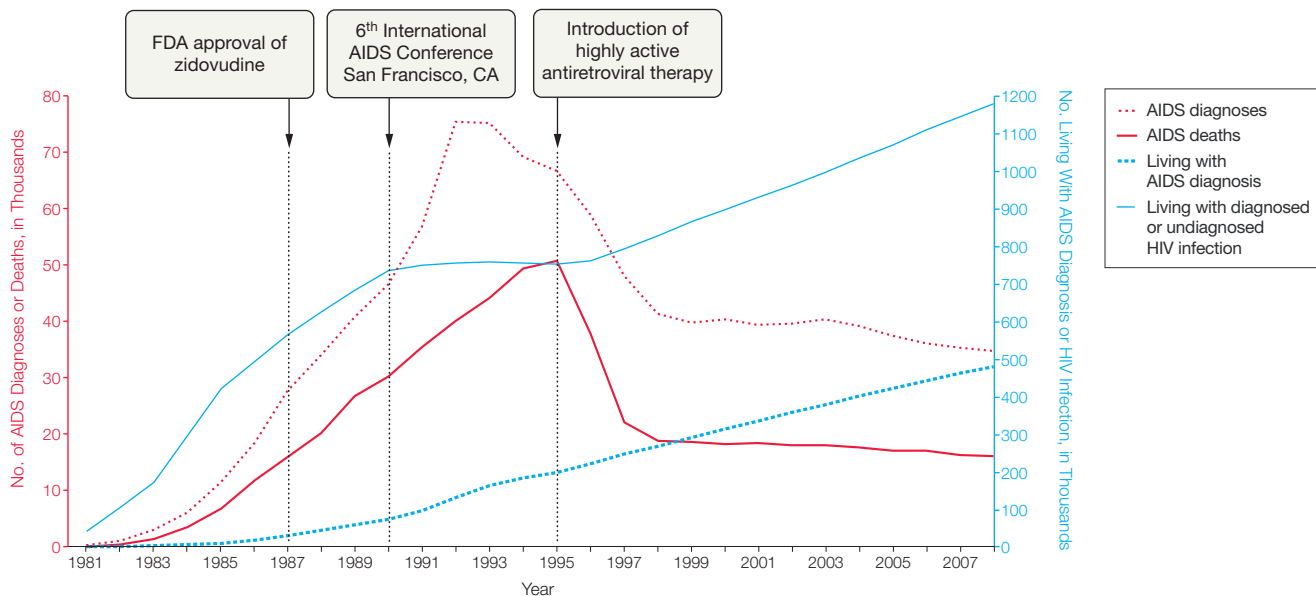
The politics of AIDS, however, were quite unsettled. On the second-to-last day of the meeting, scientists and activists marched side by side through downtown San Francisco in a symbolic show of unity that was reported around the world. The message was, “We’re all in this together. Action equals life.”² Yet in an equally striking tableau at the conference’s closing ceremony, jeering activists, frustrated over the response to the epidemic by the US government, drowned out remarks by Louis W. Sullivan, then the Secretary of Health and Human Services, as he stoically called for tolerance and unity in the fight against AIDS.

During the last 2 decades, scientists, public health officials, and AIDS activists have not always agreed, but they have often listened to one another and worked toward common goals. Some of the United Nations’ current targets and commitments for elimination of HIV/AIDS might be considered primarily about public health (for example, reducing sexual transmission of HIV, preventing HIV among drug users, eliminating new HIV infections among children, increasing to 15 million the number of people accessing HIV treatment, and avoiding tuberculosis deaths), and some might be considered primarily about human rights (for example, eliminating gender inequalities, stigma and discrimination, and travel restrictions).⁶

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Figure. Estimated Number of AIDS Diagnoses and Deaths and Number of Persons Living With AIDS Diagnosis and Living With HIV Infection Among Persons 13 Years or Older—United States, 1981-2008



AIDS surveillance case definition was expanded in 1993. FDA indicates US Food and Drug Administration; HIV, human immunodeficiency virus. Adapted from Centers for Disease Control and Prevention.¹

Like prior conferences, the 19th International AIDS Conference in Washington, DC, will be a scientific meeting; a gathering for people working in the HIV field, people living with HIV, policy makers, and activists; and an opportunity through the news media to focus attention on the epidemic. From the perspective of the San Francisco conference, a great disappointment has to be the continued absence of a marketable AIDS vaccine.⁷ In 1990, few would have predicted that 22 years later the public health armamentarium would remain so incomplete.

In contrast, a great success story is the advent of highly active antiretroviral therapy and the increases in the global resources available for HIV/AIDS programs in low- and middle-income countries, including the President's Emergency Plan for AIDS Relief (PEPFAR), launched by President George W. Bush in 1993. In the first decade of the 21st century, the annual number of people acquiring HIV infection and dying from AIDS-related causes decreased. In 2010, 6.65 million people worldwide received antiretroviral therapy.⁸ From the perspective of 1990, 6.65 million people receiving treatment is an astounding number. The current debate about the proper balance between funding for HIV/AIDS treatment programs and funding directed at other ailments, such as respiratory and diarrheal diseases and malaria, seems like a problem well worth having.⁹

Although HIV infection is no longer inevitably fatal, the greatest disappointment in 2012 is that there is still an AIDS epidemic. In the United States, 1.2 million people are estimated to be living with HIV infection—20% are unaware of their infection—and about 50 000 people are estimated to be

come infected each year. The cumulative number of AIDS deaths is approaching 650 000. The most severely affected groups include men who have sex with men, blacks, and Hispanics or Latinos.^{1,10} Worldwide, there were an estimated 2.7 million new HIV infections and 1.8 million AIDS-related deaths in 2010.⁸ These numbers are a sobering reminder that the response to HIV and AIDS continues to fall far short of the need.

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