

Views *from* Vienna

Five attendees offer their impressions of the recent XVIII International AIDS Conference.

Vienna city hall plays backdrop to the city's annual Life Ball fundraiser, which coincided with the conference opening.



Murray Jose

Living with HIV since 1991

The conference appeared to me to be full of dichotomies. Topics often seemed to have two strongly opposed or simply distinct positions.

For example, the call for earlier treatment and even the idea of “test and treat”—which suggests everyone should start treatment early, perhaps right after diagnosis—were juxtaposed with research presentations highlighting the impacts of the long-term side effects of HIV medications and our lack of knowledge of the consequences over many decades of use. There was also a focus on the need for new ways to support people with HIV/AIDS (PHAs) as we live longer and get older. At the same time, mounting evidence suggests that living long term with HIV leads to a sort of accelerated aging.

It frustrated me that many researchers and physicians at the conference didn't seem to notice (or at least have any desire to discuss) these contradictions.

During the week, former U.S. President Bill Clinton spoke on the idea of false choices. He said that we can too easily see a situation as presenting apparently opposing choices, but in reality this opposi-

tion is fictitious. For example, in promoting women's health, it's a false choice to think we must choose between programs for women living with HIV and programs for broader groups. The choice is a false one because both programs can improve the health of women living with HIV and their families.

As the conference progressed, I reflected on Clinton's words. Perhaps the apparent dichotomies I saw were just false choices. In looking at the issues from this perspective, maybe we can find the connections that indicate where solutions lie and guide us forward in a way that will further support our living well and whole as PHAs.

Kath Webster

Living with HIV since 1995

I loved the conference—a huge global, intelligent, dynamic community came together for a week full of presentations, protests, discussions, performance, research, art, debate and more.

I was particularly intrigued by sessions on treatment as prevention, criminalization and harm reduction. The theme of human rights was prominent and peaked with a midweek march through the city streets that ended with a robust rally and a concert by Annie Lennox. She proved to be a well-informed and passionate spokesperson on HIV issues, particularly those affecting African women.

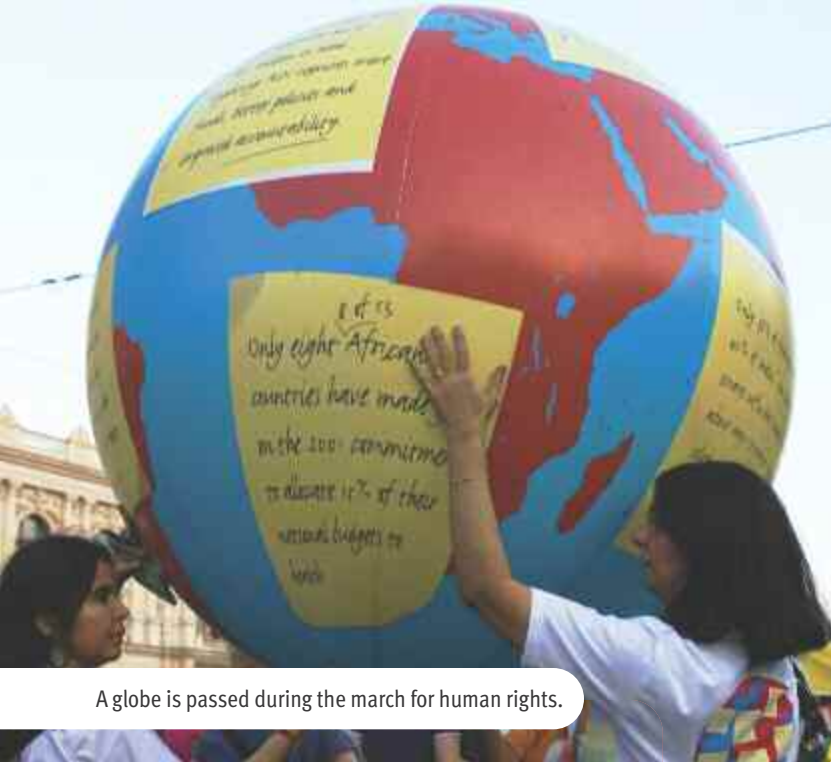
The most hopeful and exciting news was about a new microbicide—a vaginal gel used to prevent HIV. It has been a long wait for an effective prevention tool that women can control. When I heard that the gel is 54 percent effective in the best-case scenario, I thought: “Why are people so excited about something that's only effective slightly more than half the time?” However, I learned that the good news is that the trial is proof of a new concept,

namely using an HIV drug (tenofovir/Viread) as the active agent in the microbicide. There is great optimism that further developments will very likely improve its effectiveness. It is a true milestone.

The level of involvement of people with HIV at this conference was impressive. I witnessed HIV-positive folks in a multitude of roles: as conference organizers, speakers, delegates and moderators. It inspires me to no end. I came home more informed on local and global HIV issues, and, more importantly, I am acutely aware and feel a part of the thousands of dedicated people working to improve the lives of those living with and at risk of HIV.



Raising red umbrellas, protesters call for rights for sex workers.



A globe is passed during the march for human rights.

Alex McClelland

Living with HIV since 1998

For me, this year's conference provided a platform to let the world know that Canadian HIV, hepatitis C and harm reduction activists have had enough of the current government's regressive policies and inaction.

The conference saw the launch of the Vienna Declaration, which calls for science-based drug policy and an end

to the "war on drugs." Canadian government officials at the conference refused to endorse the declaration and openly deny the overwhelming scientific consensus on the value of harm reduction approaches.

Our epidemic is still growing and I see a link between the government's policies and the alarming rates of HIV in Canada. The prevalence of HIV in federal prisons is as high as the generalized epidemic in some sub-Saharan African countries.

While at the conference, a group of us felt we needed to hold our government accountable, so we did what any angry activists would do: We held a demonstration! Led by Toronto harm reduction activist Zoë Dodd, 50 of us walked across the conference venue chanting: "The war on drugs is a war on us!" We marched into the exhibition hall to shut down the Canada exhibition booth—the symbol of our country's presence at the event.

Our action brought attention to the issue. We got press coverage in Canada and abroad. Many people said they had no idea about the Canadian government's anti-harm-reduction stance. Many people from the Canadian HIV response thanked us.

While these kinds of actions can make some people uncomfortable (especially us polite Canadians), people in Canada are still dying from HIV and hepatitis C. And while people lose their lives because of what I see as the inaction of decision makers, I will continue to feel the responsibility to act. This is why we did what we did in Vienna and why we will continue to act until these policies change.



In the main conference venue, balloons advocate for increased AIDS funding.

Tim Rogers

CATIE

At this conference I think we witnessed the long-awaited marriage of treatment and prevention.

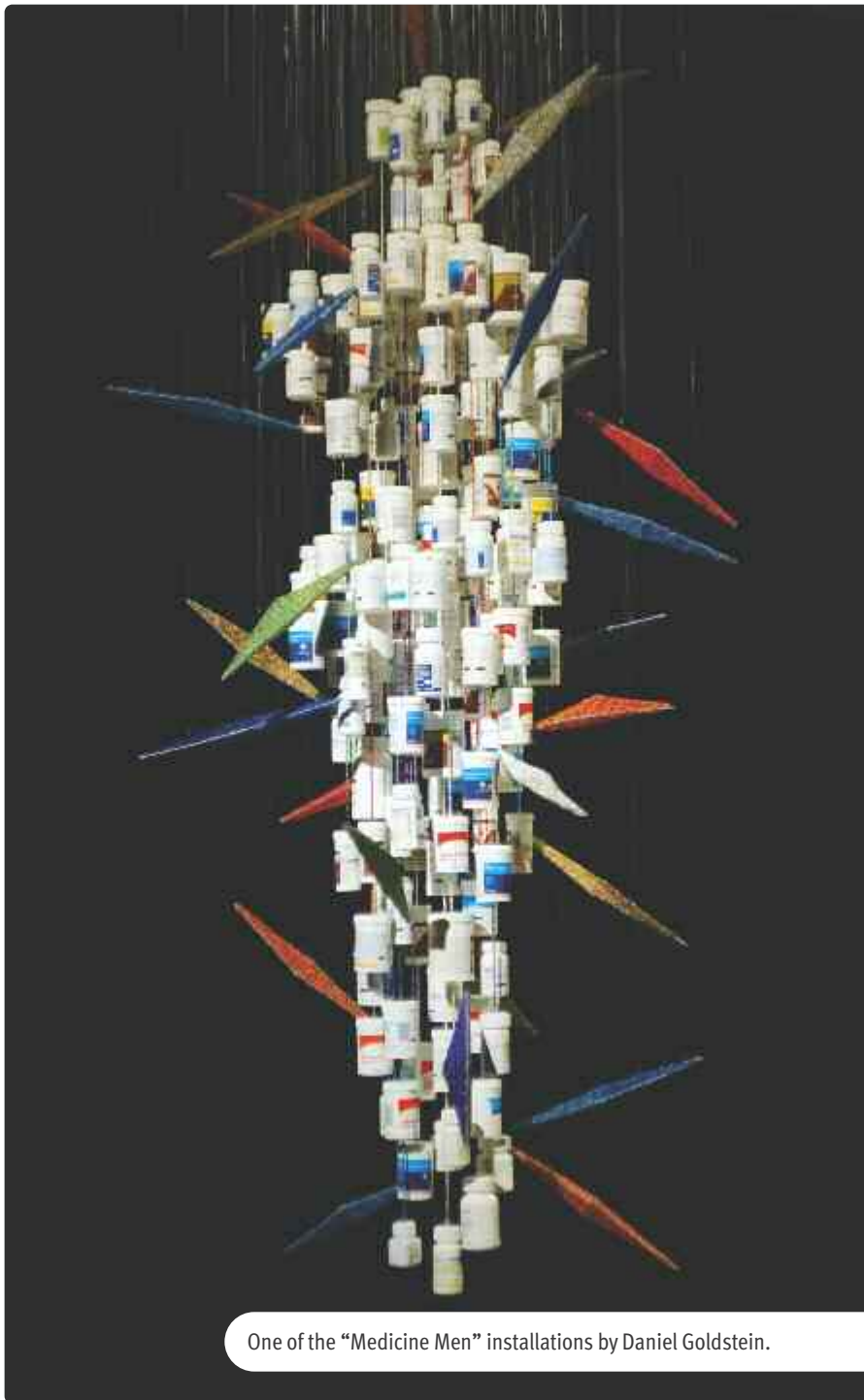
Researchers from South Africa led the way with results from a clinical trial of a microbicide containing an anti-HIV drug that was used by people who are HIV negative. They found that tenofovir gel applied vaginally can reduce HIV transmission on average by 39 percent in women. It was a modest result, but the standing ovation for the researchers showed how excited people are about this potentially new approach to prevention.

Interestingly, adherence was one of the big issues in the trial. Women who were able to maintain high levels of adherence received the maximum benefit of 54 percent reduction in HIV risk. Unfortunately, the longer women used the gel the less effective it became, and researchers think this is because it was hard to keep using it consistently. The challenges of long-term adherence are something PHAs have known for a long time.

A lot of evidence about treating PHAs with anti-HIV drugs as a method of prevention was presented and debated. How well does it work? Should treatment be considered for the sake of prevention? Will this approach undermine existing prevention work? What about the idea that the responsibility for preventing infection is shared by both HIV-positive and HIV-negative people?

Beneath the controversies, there seemed to be consensus that providing optimal diagnosis, care and treatment for PHAs is an important and underappreciated prevention tool. There were also a number of presentations around the theme that supporting healthy sexuality is just as important for PHAs as it is for those who are negative.

This convergence of treatment and prevention is exciting, but it also brings new challenges. It was fantastic to see the leadership of PHAs at the conference, but I worry that communities in Canada are still not engaged enough in the research and debates, especially considering what is at stake. +



One of the “Medicine Men” installations by Daniel Goldstein.

Photographs by
Jacob Peters

Living with HIV since 1984