

**Interview: 15<sup>th</sup> Annual International AIDS Conference  
Bangkok Notebook:  
Jon Cohen, Science Reporter  
July 15, 2004**

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**JACKIE JUDD:** Jon Cohen of Science Magazine. Thanks for joining us again.

**JON COHEN:** I'm glad to be here.

**JACKIE JUDD:** You attended a session today having to do with the epidemiology of the disease, particularly in Africa. What stood out to you?

**JON COHEN:** Everybody here basically knows that the epidemic is hitting women hard. When you see it up on the screen though and you hear people talk about what's really happening on the ground with young women in particular in Africa, it's just incredibly depressing and staggering. In Africa right now, between the ages of 15 and 24, two-thirds of the infections are young women.

**JACKIE JUDD:** And there's not a similar infection rate among young men because of the intergenerational sex issue there?

**JON COHEN:** That's right. If you look at the same age bracket, you see more infected young women than you see infected young men, which means that the women are being infected by older men. And there was a Asia epidemiology presentation later in the day that pointed out the stark differences between these two continents.

**JACKIE JUDD:** How so?

**JON COHEN:** Well, it's hard to talk about Africa as one

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place, or Asia as one place. Every country has several epidemics within its country. But you can compare the two continents in a gross way because there is nowhere in Asia that looks anywhere like the hardest hit places in Africa. South Africa has 20% of its adults infected. You don't see that in any Asian state or entire country even. So epidemiologists have analyzed, "Well what are the drivers that differ in Africa and Asia?"

But first thing off the bat sitting here in Asia, is there's injecting drug use here. There really isn't very much injecting drug use in Africa. Ok, well the logic would dictate that's a great way to spread the virus. The virus loves needles and you should have more infections by that logic. But that's not what injecting drug use does to an epidemic. It speeds up an epidemic and then epidemics grow and they hit plateaus and the plateaus that African epidemics hit are higher. And the one key driver that's different is that there are young women in Africa who are having multiple concurrent sexual partners and you're not seeing that very much in Asia at all outside of sex workers.

**JACKIE JUDD:** What do epidemiologists do with the kind of information you just described?

**JON COHEN:** You know, that's an excellent question because to stop this epidemic in Asia, all the experts here agree that you need to target those high-risk groups. And

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that's really how you can get the most bang for your buck, when you're doing a big rollout campaign for prevention. So the big driver here of epidemics is the percentage of men who go to sex workers - Thailand, when it had this raging epidemic in the early 90s, had 20% of its men going to sex workers. It's now been cut to 10%. Now condoms certainly make a big difference too, but target those men; target the sex workers for the condom campaigns. Men who have sex with men, big driver of the epidemic in Asia. Target those men. Injecting drug users, big driver. Get them clean needles, get them the harm reduction...

**JACKIE JUDD:** Some say.

**JON COHEN:** Some say.

**JACKIE JUDD:** Not everyone.

**JON COHEN:** Well, I think there's round agreement in the scientific community that harm reduction works. I mean it's not a political issue. Scientifically, it's been tested and it works. It keeps the prevalence in those communities low. I mean I've been to places here, like Manipur in India, where it went from 0 to 50% in 6 months in a group of injecting drug users. I mean it's just - vroom!

**JACKIE JUDD:** So the epidemiology helps figure out who to target, how to target, what kinds of prevention strategies may work. But does it also help scientists figure out why women, for example, are more prone to getting it, aside from the issue of multiple sex partners that physiologically,

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biologically it's easier to transmit?

**JON COHEN:** It is easier to transmit from male to female than from female to male. But that distinction isn't what drives epidemics. So there is a lot of research in trying to understand what that is because by understanding that, you can then come up with interventions, like microbicides that go into the vagina and stop the virus. And there are all these different ways that you can stop it once it's entered. It's incredibly important, biological information and a lot of people are looking at it.

**JACKIE JUDD:** And speaking of microbicides, you heard some research today?

**JON COHEN:** Yeah. You know, it's not that there was any great advance announced about a microbicide today and what's heartening is that there are a lot more products being tested. But still, one of the main messages is, there's nowhere near enough money going into that field. There's no industry involved to speak of and it's struggling to move more quickly. And it's a mirror of the vaccine situation.

**JACKIE JUDD:** I was going to say, we're hearing the same message here in Bangkok about vaccines - very slow if ever?

**JON COHEN:** Oh, there's abundant evidence that we can protect humans from HIV. I think that there will be a vaccine. I hope it will be in my lifetime. I'm confident that a

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breakthrough will happen at some point that makes people go, "Ah! That's the missing piece." It hasn't happened yet. It hasn't happened here, that's for sure. And the main message that we're hearing here is there are lots more vaccines in the pipeline, and that's good. But it's not the answer.

**JACKIE JUDD:** There's also been criticism here this week though regarding vaccine research that too many people are trying too similar an approach.

**JON COHEN:** Yep. It's been a problem since the beginning of the AIDS vaccine surge. It's this "me too" syndrome. You know, it's one person gets some attention for doing this, everybody runs in that direction, then somebody says, "No, that doesn't work," everybody runs in that direction. It's a very problematic aspect of vaccine research and microbicide research.

**JACKIE JUDD:** But if you've heard this before - if this problem has been talked about before - why in 2004 is it still the same problem, when it's such an urgent issue?

**JON COHEN:** Well, until now, there hasn't been an organization to organize the field at all. And, you know, organizing scientists, as the old saying in academia goes, is like herding cats. They want to do what they want to do. And there's something to be said for that. That's where innovation comes from, letting people run with their own wild ideas. But there comes a point in time when organization can greatly help

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a research endeavor and this vaccine field, the community has recognized this in the last year.

**JACKIE JUDD:** And in Bangkok, has there been any progress made to - everybody's here, why not start talking about that kind of organization now?

**JON COHEN:** Well last year, there was an article signed on by 2 dozen of the leading vaccine researchers, policymakers, saying, "We need a vaccine enterprise to help steer this field." And so it's happening here, but not in the meeting rooms. It's happening in the hallways. It's happening in the hotel rooms. It's happening at the dinners. These people are here, and they're all chatting away like mad, when they see me coming, they run for the hills. You know, they don't want to talk publicly about it yet. And I urge them to be more transparent about it. I think that would be a terrific thing for the world. But they're going to come out with a blueprint for what they've been talking about for the last year very soon.

**JACKIE JUDD:** Final question for today, and that has to do with this research that came out from Doctors Without Borders, and work they've done to see what kind of drug regimens work. What were the results?

**JON COHEN:** Well it's obvious to some people that if you combine 3 AIDS drugs into 1 pill, that it ought to work. It's called a fixed dose combination. It vastly simplifies

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getting people to stick with their treatment plan. If you got to take 2 pills a day, it's a whole lot easier than taking 6 pills a day, or 12 pills a day. You can cut these numbers down greatly. And what they've shown is that it works. And that's good news because when there's political resistance to do things like fixed dose combination, they can now say, "Well we've got evidence that it does work."

And I visited these medicine - some frontier clinics. I visited in Myanmar, I visited in Cambodia and I saw what they were doing. And I also visited in China and I saw what they were doing. And it was clear to me then, just meeting with the patients that it was working. I mean when you meet somebody who holds up a picture and says, "Look at me. This was me 6 month's ago" and 6 month's ago, they were skeletal and now they are saying, "I'm chubby. You know I'm doing well," it's obvious that it's working.

**JACKIE JUDD:** But was the study put out here in Bangkok for the political reason you just touched on?

**JON COHEN:** I don't know. I think that it's probably more a matter of timing because the MSF programs haven't been running that long, so it would take this long to get the data. I think that's probably more likely the answer. But I don't know.

**JACKIE JUDD:** Well I asked that question because we couldn't have a conversation without talking about politics in

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Bangkok.

**JON COHEN:** Yeah, yeah. Well this has been a great day for me because I've loved getting rid of the politics for the day. I like the politics. I like covering the politics, but there comes a point where I just want to steep my head in new ideas. You know, big, fat ideas that I just - that blow my mind. And I found a bunch of them today - little nuggety things that would bore anyone other than me.

But I'm thinking about new things that I've never thought about. And I think that many of the scientists are too, because we've been chatting in the hallways today and there are a lot of excited scientists here. So as much as people run the meeting into the ground, trust me, there's good science here and if it makes you think new things, that's what it's all about.

**JACKIE JUDD:** Well we're glad you shared it with us today.

**JON COHEN:** Thanks so much.

**JACKIE JUDD:** Jon Cohen of Science Magazine. Talk to you tomorrow.

**JON COHEN:** Great.

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