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Editorials

We Are All Berliners: Notes from the Ninth International Conference on AIDS

The series of international conferences on AIDS, starting in 1985, have been unique events in the field of public health. Each of these annual conferences has been an important milestone along the path of global thought and action against the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The conferences have helped to define our perception of the pandemic, chart scientific progress, and characterize the prevention and care responses at community, national, and global levels. The annual conference has also evolved remarkably, from a traditional biomedical conference to an increasingly international, interdisciplinary meeting that combines—and occasionally succeeds in bridging—scientific and societal concerns and perspectives. Finally, the world's capacity to respond with solidarity to HIV/AIDS has been symbolized by these conferences, which determine, more than any other single event, the critical sense of where we are and where we are going in research, prevention, and care.

What, then, can be said about the Ninth International Conference on AIDS, held from June 6 to June 11, 1993, in Berlin, Germany? In what ways did the Berlin conference help shape our understanding, inspire ideas, catalyze our commitment, and help us to cope with the challenges of the growing pandemic?

Berlin had its successes and accomplishments. Important networks of individuals (such as the Global Network of People Living with HIV/AIDS and several women's networks) and organizations (such as the International Council of AIDS Service Organizations and its regional affiliates) have been formed and are gaining strength. Their common feature is a powerful commitment to global sharing, pragmatism, and

solidarity. In addition, personal friendships and professional linkages were forged and strengthened at the conference. The hallways were rich with hugs and smiles and private conversations. Finally, much information was exchanged; this sharing of knowledge, experience, and ideas is the lifeblood of a conference.

Yet the Ninth International Conference on AIDS lacked a guiding sense of meaning and spirit, both for the participants and, through the media, for the global public. The ever-retreating date for a vaccine, diminishing optimism about treatment related to Concorde trial results, and the shrinking commitment of industrialized countries to the developing world all contributed to this lack. However, beyond these specific problems, a fading sense of common purpose and direction left participants vulnerable to feelings of isolation and uncertainty about how best to proceed. In its sense of frustration and its fragmentation—the inability to become more than an assembly of individual sessions—the Berlin meeting accurately reflected the zeitgeist of 1993 with respect to the global AIDS crisis.

1993 needed a conference of reassessment and renewal. A sense of history and a global perspective were both required, for it was imperative to raise—courageously and explicitly—hard and painful questions about the pandemic and about collective efforts in research, prevention, and care. The conference participants knew that although current work in prevention and care is necessary and occasionally inspired, it will not be sufficient to bring the pandemic under control. While the central challenges to HIV/AIDS prevention and care were ignored or circumvented, they were not exorcised; rather, these unaddressed issues haunted

the conference, great unspoken truths like clouds building ominously on the horizon.

In place of dialogue about critical, larger problems, there was an intense focus on what could be measured, regardless of its real importance. For example, changing frequencies of condom use were charted and reported, while the capacity of these programs to affect the pandemic was not considered, nor was the failure to replicate successful pilot programs seriously analyzed. There was also a return to the past—a repetition of the now familiar calls for the right things to be done. In the absence of a historical or a critical perspective, it was considered acceptable to simply recycle these appeals. Why these “right things”—widespread sex education, universal availability of condoms, development of a vaginal microbicide, availability of needle exchanges, tolerance for homosexuals—have not advanced very much was not considered. Our emotions were occasionally stirred deeply. However, a coherent sense of linkage—between emotion and practice, between new thinking and action, between the conference and the realities of the pandemic—was missing.

Finally, there was Berlin itself, the western sector prosperous and relatively bright, the eastern sector heavy and somehow lacking gaiety despite the early summer sunshine. Germany had just suffered a terrible fire in which people of Turkish origin had perished; the number of attacks on foreigners had increased substantially over the same period in 1992. The conference site was guarded by police with guns and batons; in Berlin itself, participants clustered together rather than wandering through the open city. People of color reported feeling oppressed; uncomfortable collective memories were reawakened.

Yet in Berlin there was also a historical echo, present yet difficult to hear, with the power to subsume all these divisive and depressing elements and articulate a way forward against AIDS. Almost ex-

actly 30 years ago, President John F. Kennedy went to Cold War-shattered Berlin and found the courage to say clearly, “I am a Berliner.” With these words, a city under threat became the symbol of the real possibility of collective, mass destruction. With one resolute sentence, the freedom of Berlin was inextricably linked with our own freedom, its danger became our danger, and the isolation of Berlin was ended.

In 1993, we needed to hear, feel, and understand that we are all Berliners. For how a problem is defined determines what is done about it. The central insight gained from over a decade of global work against AIDS is that societal discrimination is fundamentally linked with vulnerability to HIV. The spread of HIV in populations is strongly influenced by an identifiable societal risk factor: the scope, intensity, and nature of discrimination practiced within the particular society. The HIV pandemic flourishes where the individual’s capacity to learn and to respond is constrained. Belonging to a discriminated-against, marginalized, or stigmatized group reduces personal capacity to learn and to respond. People whom society discriminates against are less likely to receive information adapted to their needs, to have access to the range of critical health and social services, and to be able to organize as a community. In addition, the range of choices people can realistically make in response to HIV/AIDS is sharply defined by the broader context of their lives, including level of education, housing, and employment.

We are all Berliners—because to the extent that societies can reduce discrimination, they will be able to uproot the HIV/AIDS pandemic, rather than addressing only its surface features. The missing message in Berlin was that societal risk factors can be identified and reduced, and that this work will add the critical missing dimension to global efforts against HIV/AIDS and to public health efforts more broadly.

Thus, the currently declining and fragmenting efforts against AIDS, the complacency and discrimination, are closely linked with phenomena in Europe and around the world involving resurgent xenophobia; hatred based on ethnicity, race, sex, national origin, sexual preference, and religion; and violence and fear. In this sense, it is as if the Fates had selected Berlin in 1993 as the ideal location to test our capacity to draw forth a global vision of AIDS, health, human rights, and peace.

Next year’s conference will be held for the first time in Asia, in Yokohama, Japan. The cost and effort required to organize and participate in such a meeting endows it with special and even historic responsibilities. It is fitting and proper that the Asian AIDS explosion and the pandemic’s future in Asia be highlighted in this manner. If the 1994 conference helps to catalyze and accelerate the response to HIV/AIDS in Asia, it will make an enormous contribution and will be judged a great success. The Japanese organizers have the skills and the means to ensure that the tenth conference achieves these goals. (After 1994, the International Conference on AIDS will shift to an every-other-year cycle, with the next meeting scheduled for 1996.)

The mantle of history is heavy. Only in retrospect will the full measure of the Berlin conference be taken. Yet today, it seems that Berlin may have marked the end of an era. The world needs—and is now ready for—a far-reaching transformation of our approach to the global epidemic of AIDS. □

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HIV Prevention: An Update on the Status of Methods Women Can Use

In a 1990 commentary on “HIV Prevention: The Need for Methods Women Can Use,” I argued the urgent need for the development, testing, and distribution of prophylactic methods on which women might rely to protect themselves from heterosexual transmission of the human immunodeficiency virus (HIV) and help stem the epidemic.¹ At that time, voices

raised in support were few and they were heard by fewer. Today, national and international voices have joined in advocacy of such prophylactic methods. They could be heard at the International Conference on Acquired Immunodeficiency Syndrome (AIDS) in Berlin in June, most notably at a crowded roundtable on microbicides. A recent working paper from

the Population Council reviews what we know and joins in advocacy.² These beginnings of a social movement need to be given direction in the cause of HIV prevention worldwide.

In this editorial, therefore, I move on to an assessment of what has been learned since 1990 about methods women can use and what might be achieved in this area.