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VIII INTERNATIONAL CONFERENCE ON AIDS
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Paris, Saturday January 11th, 1992

Professors,

As chairman of the 8th International Conference on AIDS we wish to address to you a list of issues that we hope will not be ommitted or forgotten in the planning of this conference. We expect these issues are now being discussed by you and other authorities as well as the importance you will attribute to each one of them.

You are a witness more than any one of the expansion of the AIDS crisis from year to year. The year 1991 has seen more cases and situations of discrimation against people with AIDS or HIV than ever before and, in the face of a growing apathy, this situation can only worsen. It seems therefore almost ironic to be speaking of *a world united against AIDS* when no one country has yet united its efforts against this pandemic. We therefore first hope that your opening speech will reflect this concern and that throughout the conference consistent attention will be brought to the following problems.

Last year AIDS activists from throughout the world gathered in Florence fore the 7th International Conference on AIDS noting the continuing inadequate response to the AIDS epidemic worldwide, called for the immediate institution of an international assault on the disease; in particular, we demanded that those communities and countries that have been traditionally underserved or ignored by the world's medical, educational and social service agencies receive appropriate health care, treatment, education and services to ensure their survival. We asked that certain issues be addressed in as many sessions as possible. These are:

A global harmonization of drug approval for therapeutic use including standardization of data package formats from pharmaceutical companies. There is no reason that high quality appprovals from pre-designated countries should not be recognized by other countries. An international registry must be constructed of clinical trials occuring anywhere in the world. The World Health Organization must establish an international AIDS definition that reflects the differing manifestations of the disease in different parts of the world and in different

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populations, so that no one is excluded from receiving benefits because of a failure to meet the requirements of the US Center for Diseases Control definition.

Full inclusion and integration of non-pharmaceutical-based treatments and traditional/indigenous approaches to HIV/AIDS. There must be full coordination and cooperation between mainstream Western healthcare providers and researchers and practitioners of non-pharmaceutical approaches, specifically to facilitate clinical trials of alternative and holistic treatments. Insurance and government health plans must cover these treatments.

An end to racism in the fight against AIDS. People of color must be equally represented in all clinical trials, especially those occurring in white-dominated countries. There must be equal representation of non-industrialized countries in international clinical trials. Analysis of trial data according to race must be performed to determine race-specific pharmacokinetics. The practice of siting unpopular or potentially injurious trials in non-industrialized countries must be immediately stopped. There must be a ten-fold increase insubsidies for medical and social services in non-industrialized countries . Programs for non-industrialized countries must be coordinated by the United Nations and the World Health Organization and managed by the affected communities within the developing countries. All research on communities of color must be designed and managed by members of the communities themselves.

An end to sexism in the fight against AIDS. The United States Center for Diseases Control must adapt its definition of AIDS to include woman-specific diseases and symptoms. Thorough research must be done on the development of HIV infection in women, on the fact that women with AIDS have a shorter life expectancy than men with AIDS, and on treatments and prophylaxes for woman-specific opportunistic infections. Any clinical trial or epidemiological research must have arms designed for women as women, not as vectors for HIV transmission to men or as incubators for children.

Children and infants should have access to HIV/AIDS-related treatments after Phase I trials, with dosage based proportionately on body weight. Post-Phase I trials must include pediatric arms, which must be open to children in foster care. Treatments for mother and child with HIV must be available in the same treatment center at the same time. Families must be counseled on nutrition and alternative therapies.

Adolescents (particularly those from the lesbian, gay, and bisexual communities and from communities of color) must have access to culturally appropriate, sexually-explicit information on AIDS prevention as well as condoms and dental dams in schools and other agencies that serve this population. Adolescents must also have access to all treatments and to enrollment in clinical trials. All these services must be available without parental approval.

Traditionally under-served populations must be provided the services they need: Inmates living with HIV/AIDS must not be denied the basic human right to healthcare. Incarcerated persons must be provided with prevailing community standards of medical treatment as well as access to experimental drug programs, AIDS prevention programs, AIDS education and the right to have family support visits. In the event that prison systems are incapable of providing these basic services, compassionate release programs must be instituted.

As long as hard drugs are illegal and injection drug users (IDUs) are criminalized and marginalized, AIDS prevention for this community is impossible. Large scale needle exchange programs must be instituted and medical care provided by workers sensitive to IDU concerns. Hospitalized injection drug users with HIV must have access to methadone programs or, if needed, pure heroin. HIV positive drug users must also have access to clinical trials, which is seldom the case.

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Transsexuals must be served by culturaly appropriate education, health care and social services, and be eligible and recruited for clinical trials. Studies must be done on interactions of hormones taken by transsexuals and HIV-related therapies.

Sex workers, both women and men, must not be viewed as vectors of transmission. Sex work must be legalized. Sex workers must not be mandatorily tested for HIV, and government funded medical and social services appropriate to this community must be provided.

The specific concerns of the lesbian, bisexual and gay communities must be addressed in social and medical research, such as woman-to-woman HIV transmission and issues of married bisexual men.

An end to all discrimination against people with HIV/AIDS. The concept of "high risk groups" must be abolished and replaced with "high risk behavior". People with HIV/AIDS have the right to housing, healthcare, employment and insurance. Seropositive healthcare workers must be allowed to continue their work. All mandatory HIV testing must end. All HIV-related travel and immigration restrictions must be lifted.

Act Up holds that it is the responsibility of all workers in the fields of HIV and hence all attending this Conference to meet these demands. The present situation must not be allowed to continue.

We thank you for including these topics in your agenda for the forthcoming conference, and are looking forward to being there ourselves. If you have any questions or would like to meet with us, we would be glad to answer you. Please write to us on the address written above.

Sincerely,

ACT UP-BRUXELLES.

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