FONDATION MARCEL MERIEUX

FONDATION UNIVERSITAIRE DES SCIENCES ET TECHNIQUES DU VIVANT

MEETING, PENSIERES VEYRIER-DU-LUC, FRANCE

22-23 APRIL 1989

ANNECY REVISITED - MEMOIRE OF A COLLOQUIUM ON AIDS

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The Hon Justice Michael Kirby CMG*
Australia

A SECOND MEETING BY THE LAKE

I am one of the privileged few who have twice received the summons of Dr Mérieux to this jewel of France at Pensières. The record of the first meeting is available.[1] It is a valuable document. The events of these past two days have convinced me that re-reading the report is worthwhile. Doing so again, I was struck by the common (as well as by the new) themes which have emerged at this meeting.

Some of the voices were familiar. Dr Mérieux himself and Jean-Marie Dupuy, with their scientific perspectives born of work with other epidemics. Dr William Haseltine, with his sharp eyed vigilance for new evidence about the puzzling patterns of Human Immunodeficiency Virus (HIV). Howard Hiatt with his sober, self-critical analysis of the response of the United States of America - still the Western epicentre of the epidemic. Professor Mirko Grmek, with his specially useful perspectives from the standpoint of the history of medicine.

Abigail Trafford of the Washington Post - doyen of American popular medical communicators. The legendary Jonas Salk, still at his bench, bringing us enthusiasm, the product of great achievement. Alain Valleron, with his insights into education as a weapon against the spread of HIV. Daniel Défert, compassionate student of the response of society to this new challenge. Dr J F Lemaire, contrasting and comparing United States and French journalists, whose similarity of dress betokens a growing resemblance in their writing styles: searching for the facts with no abject respect for any profession. And everywhere the indefatigable Jonathan Mann - a mixture of scientist, evangelist, global bureaucrat and inspirational motivator. Fortunate is the world at this critical time to be the beneficiary of his remarkable energies.

In the audience, contributing from the floor, have been important and familiar figures in the global struggle against AIDS. Lars Kallings, recently elected chairman of the Global Commission on AIDS. At the proper moment he rose, as a member of the Executive Board of the World Health Organization, to shoulder the responsibility of WHO for its resource allocation on AIDS. Professor Alain Pompidou was there, as was Guy de Thé, who puzzled away this time on why the patterns of HIV were different in Western countries and in the developing world. Why should we, who are in advance in hygiene and medicine, be the sentinels of AIDS? Perhaps Africa gives the answer to this question. As Jonathan Mann

has ceaselessly stressed, AIDS is, and has always been, global in its challenges.

Some important faces of the first meeting were missing this time. The incomparable Luc Montagnier, who isolated the virus and declared it to be a disease of civilization, was expected to attend but was unable to appear. David Baltimore, Nobel laureate is not here this time. The vivid prose of Richard Selzer, whose tale of the three red taffeta dressed prostitutes in Haiti, remains lingering in the mind when all statistics and less memorable images of the meeting of 1987 have faded. It is worth reading once again Selzer's personalization of this tragedy in the record of the first meeting.[2]

In a way, we had a similar reminder yesterday of AIDS in the villages in Dr Solle Amon's image of a doctor in Douala, Cameroun, bending over the bed of poor villagers ill with the slim disease. What do the doctors say? In despair, the mind of the unsatisfied patient rushes back to traditional medicine. The same point was made again today by Dr Lufa Kumunu of Kinshasa, Zaire. Is this the point at which the great medical tradition of Pasteur and Lister has momentarily arrived in Africa? Denied ready answers by our scientists, to whom else can the villagers turn but God or traditional medicine?

Also at the first meeting we had more philosophers, gnawing away at our problem, than graced this occasion. Ronald Bayer, then of the Hastings Institute was there.

René Girard and H Altan were there, offering their analogies to the Great Plague of earlier times. Professor Helène Ahrweiler declared on the last occasion that we should call a spade a spade. She asserted that "sodomy" was chiefly to blame for AIDS. Stephen Graubard of the American Academy of Arts and Sciences brilliantly explained the reticence of all societies in coming to terms with sexuality, inextricably linked with ideas of morality. Drs Carballo, Fluss and Tarantola of the Global Programme on AIDS were there in 1987. This time, their place was taken by Dr Roy Widdus and by the graphic presentation of Dr Jim Chin: fresh from a consultation with the modern statistical oracles of Delphi.[3] We will all agree in the significance of Dr Chin's epidemiological projections and in the importance of doing them. If we do not found our projections on the best available data, our policies on AIDS are truly based on nothing more than the shifting sands of hunch and guesswork.

The mood of their meeting at Pensières was rather different from that of 1987. Perhaps the change reflects the shift of feelings as our societies embark upon the second decade of awareness of AIDS. The shock, excitement, alarm of the first phase is over. Now we are <u>all</u> living with AIDS. If there was missing some of the anger that marked the exchanges of the philosophers in 1987 (for example between Professor Ahrweiler and Dr Bayer), there was also possibly missing some of the optimism which had marked the exchanges of the scientists on that occasion. David Baltimore, William

Haseltine and Jonas Salk then gave us a spirit of American "can do". Haseltine and Salk still exude that vital confidence that cures will be found. How we thirst for confidence. How we wish to share in its exhilaration. Heady wine, confidence in the face of AIDS. But here we are, nearly two years later, and the progress which is being made, occurs step by cautious step. True, we have unravelled the mysteries of the virus thanks to Montagnier, Gallo and their collaborators. And that is something of a scientific miracle. But conquering the virus is seemingly still a long way off. AIDS plays with us. We still await the advent of the AIDS Pasteur and the team which, like those worthy bearded companions of the great Louis, look down benignly at our hours of labour. According to Howard Hiatt, it is the very distance of a biomedical answer to HIV and AIDS that makes progress in the social sciences so vital and so urgent.

NEGLECT OF THE SOCIAL SCIENCES

If there has been a single dominant Leitmotiv of this meeting, it is the expressed need for more sociological research on HIV and AIDS. Not just any social science. Well focused research on such matters as behavioural change and resistance to change in the face of a perilous epidemic. There was a repeated call for better social science. The call came through for a greater sense of urgency. It appeared in virtually every session. Perhaps it was inevitable that it should come in this new mix of experts. But it was the bell which rang loudest of all at this

meeting.

Dr Howard Hiatt demonstrated the comparative expenditures on social science research and the investment on other aspects of the combat against AIDS in the United States. According to his figures, on average over the past five years, the expenditures have been as follows:

Treatment	33%
Vaccine Development	11%
Epidemiology	27%
Biological Sciences	27%
Social Sciences	2%

This disproportion was demonstrated by Hiatt with more statistics. The well intentioned Illinois experiment with mandatory testing of marriage applicants was mentioned. It seemed like a good idea at the time that it was introduced. It followed earlier legislation to test marriage applicants for syphilis and other sexually transmitted diseases. Politicians, medical administrators and, it should be said, our populations supported the idea. They probably still do so. But is it cost effective? No. What has been its contribution to the containment of AIDS? Virtually nothing. As Dr June Osborn has elsewhere demonstrated, the chief results were a fall-off in the applicants for marriage licences in Illinois and a shift interstate to get married: unincumbered by such a state intrusion.

June Osborn herself brought her calm voice to Pensières this time. In measured prose, she painted the halting steps of the United States response to the AIDS epidemic. Vividly,

she illustrated why the "just say no" campaign to drugs and sex will not work as an effective strategy against HIV and AIDS. But what will work in the environment of drugs, poverty and race: the triple crown of disadvantage mentioned by Dr Richard Rockwell? For the answers to this question, we need better social science.

June Osborn stressed once again the politics of AIDS. Yet politics depends on politicians and health bureaucrats. This was a point later illustrated by Dr David Roy of Canada. He recalled the suspicious questions pressed upon him by his Health Minister. Is the AIDS lobby not alarmist? Why use cumulative figures? Why not spend more on cancer which presently affects more people? What is so special about AIDS? I shall return to these themes.

Two perspectives from the East then followed. Secretary Bengzon of the Philippines described the appearance of AIDS in his country. But as if to stress the importance of social science research, carried out in each different cultural environment, Mr Bengzon told the tale of the Bishop of Bagio. It may be all very well for officials in far away meetings to urge the use of condoms to stem the spread of HIV. But the free distribution of condoms was attacked by this servant of the Church as the promotion of immorality. The good Lord Bishop will eventually have to ask his now quiet conscience about the hierarchy of moralities: promiscuity or the prevention of death.

Dr Ramalingaswami - an experienced official of the

world community - stressed the same lesson from the standpoint of India. How, in an Asian community, can women, traditionally deprived of power, be rapidly empowered to insist upon the use of condoms to check the spread of HIV. He too emphasised good social science by stressing that strategies must only be introduced with full knowledge of the culture of the community in question.

Dr J F Girard joined in this chorus. Amongst his catalogue of actions he urged a rapid increase in social science research. He did so if only to prove the exact dimensions of the problem before us. Nor should we be too optimistic, he warned. Let the facts speak. But first we must find the facts so that they may speak.

Again and again Jonathan Mann returned to this theme. Policies in the struggle against AIDS must be grounded on good data. But if we do not have knowledge of social science data, we depend all too often upon guesswork and hunches, frequently coloured by prejudice. And in matters of sex, drug taking and death, the imagination has full opportunity to flower. Fantasy not facts may reign. We cannot ban words, as Dr Dupuy acknowledged - whether "sidaique" or "sodomite" or otherwise. Nor can we - nor should we - still the tongues of politicians like M. Le Pen and his equivalents in every land, only too anxious to ride the wave of public fear about AIDS. But we have a better chance of answering such commentators if we have reliable social science data. Much more needs to be done.

This was also the essence of the contribution of Dr Rockwell of the Social Science Research Council of the United States. He spoke with feeling about the failure of his colleagues in the social sciences to respond to this epidemic. He pointed out that in the United States, the funds are now there for such research. But none of the recent applicants could warrant an "A" grade on the basis of their applications. Vividly, Dr Rockwell reminded us of the bombing of Dresden and Hamburg in the last War. The generals assumed that bombing would melt public support for Hitler. But on the contrary - in Germany, as earlier in the Netherlands and Britain and later in Vietnam - bombing had precisely the reverse effect. It takes the military a long time to learn lessons such as this. Politicians also are slow to learn. But if we do not have reliable data, how can we blame them for hugging closely to their comfortable myths? AIDS is perverts. AIDS is anal intercourse. AIDS is declining. AIDS is a problem of others. AIDS will go away. AIDS is nothing special. We can only attack these and similar myths with sound data.

Dr Rockwell talked of ten years of social science research that lies ahead, after which we would have the results. Alas, we do not have ten years. Dr Jim Chin's figures of the projected course of this epidemic - and his postulated scenarios - require much more immediate strategies. As I listened to Dr Rockwell I wondered if he and his colleagues - and the governments and foundations of

all our countries - were not just a little too passive in the face of the urgent challenge of AIDS. Should governments and agencies not go out and find the best and brightest social scientists - talented young people like the economist Dr Flori - and persuade them, encourage them to do this vital social science research into hitherto unexplored topics? Is that not an urgent moral obligation of the state?

One suspects that myths and fears pull the politicians back from such initiatives. But why should the agencies and universities not initiate social science research? If, as we all know, it is so vital to our strategies - national and global - in dangerous times a rather greater sense of urgency may be needed. We just do not have ten years to wait for the research and the answers. This is not now a matter for scholarly hypothesis. Millions of our fellow human beings will die in this epidemic. Their deaths will partly reproach the slow moving social scientists who continued with idle speculations when here, at last, was a great adventure beckoning social science to research and inquiry of high relevance.

Professor Mark Augé returned to the need for social science in an address reminiscent of some which were heard in 1987. He helped to explain the feelings of guilt and discomfort which eat away at the human mind and turn researchers away to other topics. How much easier it is to call for state control and criminal laws in our ignorance and uncertainty about sexuality, drug taking and how such

behaviour may be modified. How readily AIDS opens the Pandora's Box of all our darkest fears.

MUTED SCIENTIFIC NEWS

The second theme - a rather muted one at this meeting - was scientific. No great new breakthroughs were recorded here. No dazzling feats of science to lift our eyes to Pasteur or turn them to Marcel Mérieux and say to their successors "You've done it again boys!". On the contrary, William Haseltine gave new information which, if anything, is a cause of still greater concern. It adds to the urgency of good scientific work which he stressed in 1987 and stressed again at this meeting. Could it possibly be that 25% more than those already detected, yet presenting negative on the antibody test, could actually carry the HIV virus but simply not bring forward the necessary antibodies to trigger the test? This hypothesis was the subject of anxious questions by Dr Widdus and Dr June Osborn at the end of the final session - questioning the basis and the sample upon which Haseltine's prediction was founded. Will more sophisticated weapons of DNA identification of the virus (such as the PCR test) actually show that our problem is greater than we thought by as much as a quarter? What is the meaning of this possibility?

Those who were at the AIDS conference in Stockholm will recall Professor Luc Montagnier's arresting illustration of a similar thesis with a little submarine - a symbol of an undetected, submerged infection. Is there a layer of an

undetected virus which promises still more victims in the future? Is there, perhaps, hope in the fact that, as in epidemics in the past, the vulnerable fall victim first whilst others can acquire exposure to the virus and yet somehow overcome it, however fatal it is to others. Why, Haseltine asks, do those exposed to the virus in blood transfusions virtually always produce the antibodies and progress to AIDS whilst those exposed in sexual activity do not? We must answer this riddle. Perhaps in unravelling it there may be a clue for the vaccine or the cure.

I confess that when I examined the graphs of Dr Galvao Castro, showing the sudden rapid rise of tuberculosis in Brazil, I reverted to Haseltine's thesis. Is tuberculosis just one of the markers of HIV and AIDS? Why should there be so many new cases of tuberculosis? Why especially is this condition presenting in many who do not presently produce a positive response to the HIV antibody test? Is this just a coincidence which can be discounted? Or is the virus - present but undetected - performing its work in an even more insidious way because it remains undetected to the present test? In the light of the new thesis of Montagnier, Haseltine and others we must confront these questions. We must do so without alarm for, as yet, this is just a thesis. But it is a reason, certainly, for increasing our vigilance and not diminishing it.

Dr Peter Fischinger of the Medical University of South Carolina expressed a view that curative drugs might be just

around the corner. If they were, he declared, they would lower the economic impact of AIDS. But his paper did not detail any hard evidence of such new drugs. And none was presented in other papers read to the meeting.

A NEW PHYSICIAN / PATIENT RELATIONSHIP

If there was a significant development in medical science disclosed at this meeting, it was the growing evidence that a new relationship is developing between physicians and patients locked together in the struggle against AIDS. The archetype of this new development - and its brilliant, civilized expositor - is Dr Tony Pinching of St Mary's Hospital, London. He has earlier declared that AIDS patients are the great teachers of the modern physician. Pinching is a compassionate man first and a fine physician close behind. But the point he makes is important for the practise of medicine and not only in the field of AIDS. Because of the comparative youth of most of the HIV and AIDS patients, the stimulation of the representative bodies such as those formed by Daniel Défert, the novelty and difficulty of treatment, the painfulness of medical inadequacy and the courage of some of the early medical workers in this field, a new and non-paternalistic relationship has sprung up. At least it has done so in some institutions in some Western countries. The former bedside manner and the Grand Rounds will not do for AIDS. This is why Tony Pinching is cautious about the calls for "mainstreaming" of AIDS. At least he is cautious if this is

a verbal symbol for a return, in AIDS, to the old medical model of paternalistic care. AIDS and HIV already sufficiently alienate those who are affected. The medical practitioner can exercise his or her healing art by involving the patients and those whom the patients trust in the whole management of this complex condition. Truth-telling is important. This was emphasised by Dr Jean-François Lemaire of Le Point. He took a telling glance backwards at the sanctioning of professional lying urged by Professor Debré in France as recently as 1951. Debré was rewarded for his advice that cancer patients should not be told by his immediate admission to the Medical Academy. But truth is the patient's right. Of course truth can be told to a patient facing grim news in various ways. It is important to be careful to avoid an unnecessarily loose and hurtful use of language. In particular we must be careful of using such phrases as "AIDS is a sentence of death". This was a point made by Dr Ramalingaswami. All of us are on the journey towards death. It is a matter for emphasis and choice of words. But living with HIV and AIDS is a more positive way of approaching the journey than constantly repeating the dying of it. Indeed, according to Pinching, many patients have found, after the diagnosis of HIV, that they lead a richer, fuller and more spiritual life than before. So we should all be careful with words which can needlessly wound. Perhaps this is a reason for always involving in meetings such as this those who are living with AIDS and those who

care for and love them.

One likes to think that out of AIDS and HIV the medical profession in all lands is learning from the work of physicians like Tony Pinching. If they do, they will return to the older healing art and to kindliness and support of the patient which was once the essence of the pre-technological medical profession. Deprived of miracle drugs, the early motive forces of caring are again being uncovered. Perhaps this is what traditional medicine offers to the patients in Cameroun and Zaire where Western medicine, sometimes practised in its paternalistic mode, has so far failed. Attention. Concern. Involvement. Proximity. These will be the watchwords pending a chemical breakthrough. This was the third theme which was brought to this meeting by Tony Pinching.

NEW FOCUS ON DEVELOPING COUNTRIES

A fourth theme which was new was the attention to the developing world. At the 1987 meeting one of those invited, Professor Kapita of Zaire, could not come. In his place, we had to rely on Jonathan Mann for the grim statistics of Africa. But this time we had the news first-hand. We had it from Secretary Bengzon of the Philippines, from Dr Ramalingaswami of India, from Dr Chin's global statistics, from the observations of Dr Solle Amon (Cameroun) and those of Dr Castro (Brazil) and Dr Kumunu (Zaire). We also had the comments of Bradshaw Langmaid of the Agency for International Development in Washington. Finally, Dr Pinching added a

perspective from his work in Zambia. These were beneficial developments. AIDS may be a disease of "civilization". But "civilization" includes AIDS. It is brought to every land by Jumbo jets, by tourists, by travellers, even conference-goers. So in AIDS we have the first truly global pandemic.

There are dangers in treating the developing world as being of less importance because we feel relatively more hopeless in the face of its particular problems. If the average per capita health budget of a developing country is, as Dr Langmaid said, but $10 a year, how can it possibly contemplate expenditures in response to AIDS and HIV of the kind that Dr Gabrielle Bez illustrated were now involved in the management of patients in France and in the United States? Furthermore, the kinds of epidemics in different lands follow different patterns. This was a point which Jonas Salk made when closing the session he chaired. The range of differences may vary. Dr Galvao Castro of Brazil showed how his country had started with the Western pattern. But now there is an alarming increase in cases involving intravenous drug users. Furthermore, the figures of infections from blood transfusion are still very high. In Africa, the spread is very serious in some regions as the statistics of Drs Amon and Kumunu showed. It is particularly high around Kinshasa and Kampala. It is alarmingly high in Raunda. The target groups for behaviour modification in these regions must obviously be prostitutes who, sadly,

become vectors of the epidemic like the three red ladies in Richard Selzer's Haiti.

But this is not all. Syringes used in regular medical practice, hospitals and vaccinations are not always sterilized properly. Hospitals are over-burdened. Despair is itself a contagion as dangerous to medical morale as HIV. AIDS, as Dr Kumunu said, is the major public health problem facing Africa at this time. It is, as Dr Amon declared, nothing less than a catastrophe for Africa, still struggling with so many other burdens. In these circumstances, fearful of the impact of AIDS on vital tourist traffic, some African countries are under-reporting cases of AIDS to the World Health Organization. This problem was recently noted by the Global Commission on AIDS. Only in good data can good policies be formed. In under-reporting there is fuel for those who say that AIDS is behind us. The concern about developing countries was a new and thoroughly positive aspect of this meeting when compared with that of 1987. As Jonathan Mann repeatedly says, this is a global concern. The very international character of this epidemic requires a rare degree of international co-operation. It may be hoped that this will carry the flag for health for all in the century to come.

THE GROWING PERIL OF APATHY

Denial and apathy are probably the greatest problem looming in Western countries. This was also a new theme. Abigail Trafford brought to the meeting an issue of the

American Spectator of 5 April 1989. In that issue there is a special report by Michael Fumento. It is titled "The Shrinking AIDS Epidemic". It propounds the thesis that the worst is over. That AIDS cases are diminishing. That things are nowhere near as bad as had first been feared. That AIDS is really just a homosexual condition. And that a homosexual lobby is working furiously to disguise these realities.

The opinions expressed by Fumento are not those of a harmless crank. His is obviously an opinion which is now being seriously put about. It presents a major problem for Western countries, including my own. At its first meeting, the Global Commission on AIDS drew attention to the risk that apathy about AIDS would follow the acceptance of such opinions. Yet as Dr J F Girard, Director General of Health in France rightly observed, we must not disguise or withhold the figures of the body count. However, if those figures momentarily drop, it is clearly the responsibility of public health officials to allay any false sense of confidence, derived from them, that the AIDS crisis is over.

The World Health Organization must embark upon a major effort to eradicate this fallacy. It is in this respect that the Delphi study may come just in time. Dr Mann, with his rare gifts of communication, must meet the claims of those who, like Fumento, say that AIDS is over. AIDS is far from over. If Dr Haseltine is right, AIDS and HIV are even bigger than earlier thought. If Dr Jim Chin's statistical extensions are even nearly right, the epidemic is very big

and growing bigger. If Dr Castro is right, AIDS is going to find many ready avenues to spread in developing countries, such as in Latin America. In Dr Amon's words, for Africa, AIDS is nothing short of a catastrophe. So the old and new problems of AIDS must be explained patiently and repeatedly by those in the know. It must be explained by people who can on no account be excused of being members of a homosexual conspiracy. By June Osborn, calling attention to the children of single mothers, dead from AIDS in New York. By David Roy, stressing the danger of losing our commitment whilst recognising the difficulty of sustaining it. By Dr Jean-François Girard, emphasising the dangers of optimism and the constant need for better epidemiological data. By the economists, stressing the cost impact of AIDS, falling as it typically does on the productive young at the peak of their economic usefulness. In 1987, Howard Hiatt stressed that economics was the most likely key to unlock the door of the budgetary treasure house. Not compassion but economics. And this time, Hiatt was joined in this chorus by many others, as I shall show.

Dr Alain Valleron explained the "back projection" method of estimating the numbers of persons affected by HIV. He showed the way in which we could use presently available statistics, together with our knowledge of the long incubation period of AIDS, to illustrate the likely incidence and future pattern of the infection. It is like an iceberg. That we can now see only the tip should not leave us in any

doubt that a great mass remains below the surface, waiting for revelation. The Titanic should be a symbolic warning before us of the dangers of ignoring or under-estimating submerged icebergs.

THE ECONOMISTS MARCH IN

In Mahler's Third Symphony there is a marvellous lyrical piece in the first movement. It was titled by the composer "Summer Marches In". I thought of it by Lake Annecy in the sunshine amidst the spring flowers of Pensières. Summer truly marches in. Well, this time at Pensières, the economists marched in. This was another new theme to distinguish the meeting in 1989 from that in 1987.

First, there was Yves Flori. He gave a detailed approach to an economic analysis of the impact of AIDS and HIV. Even in the law and justice we are all becoming economists. Cost/benefit analysis is the order of the day. In the age of Milton Freidman, Margaret Thatcher and privitization, it is inevitable that the economics of AIDS should be considered. Perhaps as Dr Hiatt said in 1987, the costs of AIDS, because of their sheer dimension, will cause the policy decisions to be made necessary to stem the epidemic.

Dr Flori stressed the need for a sophisticated approach to the task. There are, after all, some economic activities which are positively stimulated by the advent of AIDS. He mentioned the Wellcome shares, leaping with the stimulus of AZT. This was not said only in jest. Profits will be made

from AIDS. Yet the costs of AIDS are truly great. They include direct costs, such as the figures produced by Mr Bez. Three hundred and twenty million dollars for France this year, with a prospect of $2 billion annually within five years. And in the United States, comparably higher figures. Dr Flori projected a total annual cost of $55 billion by 1991. Dr Fischinger estimated that the direct cost of the maintenance of each AIDS patient during the course of final illness ranged from $26,000 in Australia through $40,000 in Europe and an average of $60,000 in the United States of America.

Yet there are also the indirect costs of AIDS to be taken into account. They include the opportunity costs - the loss of the economic contribution of young people, many of them with talent and training, struck down in their most productive years. This was a point stressed by Dr Fischinger. The loss of these skills is especially devastating in Africa and in other parts of the developing world where there is some evidence that AIDS attacks the educated élite in higher proportion. Of course, we cannot only measure the impact of AIDS in dollars and cents. That would be a grievous mistake. Dr Pinching drew timely attention to the emotional burden of AIDS and to the occasional countervailing improvement in the spiritual value of the lives of some patients after a HIV diagnosis. All of this simply proves that there is a limit to economic analysis. But that is not a reason why it should not be

ventured.

Then there were contributions by Director Francis Blanchard of the International Labour Organisation. He made the point that questionnaires by employers may lead to unwarranted discrimination against persons with HIV/AIDS or persons who have undergone a test. Yet most employers owe their legal duties to shareholders. We should not assume without effective laws to proscribe discrimination, that employers will heed the calls of WHO and ILO to avoid discrimination against workers in this regard.

The economic cost of the epidemic to the insurance industry was reviewed by Mr Jacques Lallement of the French Federation of Insurance Companies. What his contribution may have under-emphasised is the special position of insurance in the United States of America. There is no broadly based social security net in that country. If you do not get private insurance, you are often, effectively, on your own. That is why different insurance policies may be justified in different countries of the developed world to provide an equitable loss distribution of the inevitable costs of AIDS and HIV. Mr Lallement stated that it was unfair to burden current policy holders with the costs of AIDS. But insurers are versatile. They have insured against some strange things over the years. I well remember a case of insurance against the cancellation of the coronation of King Edward VII. An unlikely event you might think, yet it transpired for the good monarch fell ill with influenza! In these

circumstances, I am not sure that Daniel Défert's question about insurance for the already infected was fully answered. If the criterion for insurance is random factors, there would certainly appear to be random factors in the conversion of a patient who has shown positive to the antibodies test to ARC and later full-blown AIDS.

And then we are back to the worrying figures of Mr Bez. One thousand three hundred beds in France are already devoted to patients with AIDS. This is the beginning. Already 3% of patients in some hospitals in Paris are there because of AIDS. The burden on the social security system of this epidemic may presently be tolerable. But what if the worst scenario of Dr Chin proves true, particularly in societies which are already aging and in which a smaller and smaller proportion of working people must support a growing body of pensioners? Will the social security systems then be able to cope? And what of the high cost of AZT and anti-viral therapies available and yet to come? All of these questions were touched upon by the economic contributions to this meeting.

Professor Fischinger rightly stressed the difficulties which economists have in estimating accurately the economic costs of AIDS. They lack models for a challenge such as this. He stressed the tens of millions of tests being carried out throughout the world. In the end, as he pointed out, somebody has to pay for all these tests, as for the other economic consequences of AIDS. The ultimate tab for

AIDS is picked up by society. And that is precisely why the epidemic must remain a matter of society's urgent concern.

THE NEED FOR LEADERSHIP

The seventh theme was leadership, or should I say the lack of it in vital places. In my first intervention in the meeting, I mistakenly used the name of "President Ford" for the new President of the United States, Mr Bush. Having just arrived from Harare, I could perhaps be excused. I was tired. The new President, after all, is very new. But the gaffe provided Howard Hiatt with one of the more memorable lines of the meeting. I could be forgiven for the mistake, he declared, if a person from Boston could equally make the same mistake of forgetting the name of the leader of leaderless America.

On AIDS, the former President, Mr Reagan, did not mention the acronym AIDS in the first four years of his Presidency. More to the point, the free press of that country did not ask him a single question about the epidemic. The system of political accountability of a great democratic society failed as it confronted an infection which was to come to involve a million or more of Mr Reagan's fellow citizens. So let us hope that Mr Bush will do better.

Prompted by this reflection, Dr Haseltine asked a very pertinent question. Why have the groups concerned with AIDS - medical and non-medical - failed to get through to the politicians and health bureaucrats? The question was addressed by Howard Hiatt, June Osborn, David Roy and

Larry Kessler. Dr Kessler of the AIDS Action Committee in Boston, suggested that we have just failed to get through to the right people. The press agents, pollsters, campaign managers, political advisers and the other movers and shakers of modern democracies. But get to them we must before more mischief is done by those who say that AIDS is over. Relax. Happy days are here again.

In this process of communication, Daniel Défert emphasized once again the importance for homosexuals and drug users to become aware of their own identity as a step in the direction of influencing policies which affect them. But although the former group has made great strides in many lands, the latter certainly have a long way to go.

June Osborn pointed to the complexity of effective political change on a topic such as AIDS. As impediments she mentioned virulent homophobia in some quarters; the fear of changing course on intravenous drug users; the great commitment to the strategy of the "drug war"; the impotence and silence of prostitutes and bisexuals; the big industry that lies behind alcohol abuse; and the powerlessness of the destitute. To this catalogue many other problems could be added. And such a concatenation of grounds for prejudice fuels the right-wing movement which June Osborn warns may distort effective policies for the containment of the epidemic.

It is true that in the matter of leadership it has not been all bad news. After all, we have had the leadership of

some national leaders. President Mitterand, as Mr Jean Audouze reminded us, took the initiative of raising the significance of AIDS at the meeting of the Heads of Government of the major Western economies. They agreed to establish a committee of high level advice. Why it has taken so long to bring the advisers together is something of a puzzle. Certainly, it does not reflect the urgency of the issue to be addressed. But in many lands, health ministers, health officials, some academics and courageous individuals like Daniel Défert have been ceaseless in their efforts. And above them all, we have had the leadership of the World Health Organization. Of Dr Mahler and now Dr Hiroshi Nakajima and working under them Jonathan Mann, the indefatigable head of the Global Programme on AIDS.

A RELEVANT ANNIVERSARY

Reverting to the danger of a right-wing movement in the wake of AIDS makes it timely to remember that this meeting has come together exactly on the 100th anniversary of the birth of Adolf Hitler. I was reminded of this fact in Zimbabwe where I was on Friday last for another conference. There the local newspaper published an extract from its edition fifty years ago. It talked of the celebrations throughout Germany of the Führer's birthday which were extended over the whole of the April weekend. Troops and people would parade for hours before Hitler in joyous felicitation.

To attend this conference I took a plane from Harare to

Frankfurt am Main. As I disembarked there, I found myself in the midst of the happy, confident, busy German people. They seemed blissfully unaware that one hundred years earlier the scourge of that industrious and civilized country had been born in Austria, not far away. Instead, the Germans were busy using their video cameras, travelling to exotic destinations, buying their duty free goods. If they were celebrating anything it was the 40th year of the Federal German Republic and the economic prosperity that everywhere surrounds them.

I looked at the faces of the old men. I wondered where they had been fifty years ago on this day, so close to the brink of a second Great War. Were they in the crowds observing the virus of Naziism manifest as the happiness of the German people spilt over. "Wir danken unserem Führer"?

This reflection made me sober as my mind turned back to AIDS. Here too in Fascism was a pestilence, grave for humanity. It burst suddenly upon the world. It was unexpected, but, once known, could possibly have been predicted. It first manifested itself in an earlier strain, in Italy. Its nature was quite quickly unmasked and disclosed to the world. Yet it was very hard, at first, to extirpate it, as more and more fell victim to it. Initially, mankind was generally apathetic. Some, indeed, said that it could never be eradicated and was rather the phenomenon of the future. Leaders of Western countries hoped that it would just go away. Instead, it eventually spread to many

continents. It discriminated viciously against minorities, mostly Jews but also homosexuals and other stigmatized groups. And it took a whole world to beat it.

As I thought about this earlier social virus, I considered that we could take encouragement in this green and sunny place for our response to another global misfortune. There will be a day when, if we have not entirely eliminated AIDS, it will be well and truly under our control. It may be soon. Yet it will only come about if mankind is united and if the best minds are brought together to stop it.

The minds to be harnessed will not just be those of the biologists. There will also be the economists, the political scientists, the philosophers, the journalists, the bureaucrats, enlightened politicians and even a lawyer or two.

On a day such as this, where summer marches in, and in such a place and in such company it is hard to be pessimistic. Rousseau said that he came to Lake Annecy for reassurance that life was worthwhile. So it is. And doubly so because, in the struggle against AIDS, we can meet and calmly share our ideas. We can draw inspiration from the beauties of nature. We can take encouragement from the astonishing marvels of French hospitality. We can be stimulated by the inspiration of ideas of civilized and sensitive fellow human beings. We are all locked together for no reason other than that in the face of a common problem, we are humans together.

Life is unexpected. Who could have thought, but ten years ago, that we would be here together at Pensières, struggling with such issues. Yet here we are. Here AIDS is. When we wake up tomorrow, it will not have disappeared like a bad nightmare. It will be there in all of its frightening aspects; individual, national, international.

The answer to the question - AIDS 2001 - is a spectre in the mind of all of us as we ponder this disaster in these uplifting conditions. I have given you some of my reactions. But in the end we will not unravel the future in a weekend or even in a month or a year. We will only experience it as it unfolds. Yet I believe that we will be fortified by our work together under the watchful eyes of the great Pasteur and by the lake near Annecy.

ENDNOTES

* President of the Court of Appeal of the Supreme Court of New South Wales, Sydney, Australia. Member of the Global Commission on AIDS of the World Health Organization. Commissioner of the International Commission of Jurists. Personal views.

1. Fondation Marcel Mérieux and Fondation des Sciences et Techniques du Vivant, SIDA: Epidémiés et Sociétés, Summary of a Meeting at Pensières, Annecy, 20-21 June 1987 (editor Charles Mérieux), 1987.

2. R Selzer, "The Idea of AIDS in Society and Culture" in "SIDA: Epidémiés et Sociétés", 151.

3. This is a reference to the presentation by Dr J Chin, "Projections - HIV Infection and AIDS Cases" in which the Delphi technique of projecting the epidemic was explained and illustrated. See below.