



THE **STORIES**

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PACIFIC FRIENDS OF THE GLOBAL FUND



Bill Bowtell

Overcoming HIV/AIDS

Of the many contributions conferences can make to society, Professor Bill Bowtell believes none is more vital than the role they can play in promoting knowledge diffusion and information flow. Reflecting on the impact conferences had in the global effort to understand and address AIDS and HIV over the past 30 years, he states:

“I’ve seen people go to many types of conferences – you know, there are no doubt conferences for people who make sunglasses and they all come together and you improve sunglasses – but I know, in relation to AIDS, the conferences became the driving force behind massive changes in international and national policy that led to many people receiving treatment who otherwise would have died.”

When Bob Hawke led the Labor Party to power in March 1983, and Bill Bowtell was appointed Chief of Staff (Senior Private Secretary) for then Minister for Health, Dr Neal Blewett, AIDS was emerging as a major health crisis internationally, and global concern was growing. The previous October, Australia’s first case, an American tourist, had been diagnosed at Sydney’s St Vincent’s Hospital and a month after Labor took office the country was rocked by the news that the first Australian citizen had contracted AIDS. There was widespread community panic, as people searched for answers. Where had it come from? Who was at risk? How was it spread, and why was there no cure?

Looking back on this dynamic period, Bowtell says there were two very clear and very important objectives that dominated the health agenda: one was the implementation of the Medicare National Health Insurance Scheme (Medicare) by the Hawke government; and the other was management of the threat to public health with the emergence of the HIV and AIDS virus throughout the world.

“There was no cure of course; there was no treatment at all in the early days and there were a lot of very crazy and foolish responses that were being advocated by people in relation to how to deal with it, and people were getting sick and dying.”

There were many small groups and working parties that had been operating for some years in various parts of the world that were inflicted

with the disease, but with no central coordination their knowledge and experiences were isolated and at times ill-informed, and as community anger, fear and confusion grew alongside the growing number of identified cases, it was decided that an international approach was needed.

“More than in any other field I’ve ever been involved with there was an imperative need for people to come together in a conference internationally to compare notes, experiences, and understandings, to try to take [into consideration] the most recent scientific and medical research and explanations about what was going on.”

But, far more importantly, according to Bowtell, was the way conferences became a focal point, bringing together all of the different groups, many of whom had very different perspectives about AIDS and how it should be managed.

“As it turned out, the scientists and the doctors had to collide with the people who were most affected by the virus: the gay men, injecting drug users, sex workers, people with haemophilia and other people who were first affected by this virus, and the mechanism for this coming together was the conferences.”

The 1st International AIDS Conference was hosted by the US Department of Health and Human Services (HHS) and the World Health Organization (WHO) and held in Atlanta, Georgia, in April 1985. Two thousand people came together to contribute and learn, and so productive was the event that it was held annually until 1994 and biennially ever since. Even in the early years, the conferences would regularly attract anything up to 14 000 people (Berlin, 1993), and, as transportation and funding improved, conferences this century have attracted up to 26 000 (Toronto, 2006).

According to Bowtell, the first conferences became the venue for a titanic collision between everyone who was involved in the epidemic and the response.

“The first few [conferences] saw spectacular fireworks because the doctors and the scientists had one way of working and it was just inadequate to the task, and, as a profession, they certainly had no great ability to think

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through what was needed to have the people most at risk of the virus change their behaviours and moderate it to prevent transmission. The orthodox medical profession is very good at treating illness, but very lacking in understanding [of how to prevent] illness in the first place.

“So [the conferences were], if you like, the great collisions between the treatment and the research side, the orthodox side – doctors and scientists and so on – and the people who said it’s got to be prevented, which was a social and political thing, and this led to some spectacular confrontations.”

What became obvious as a result of these confrontations was that the problem needed not only medical and technical expertise to find the sources, modes of transmission, and the treatments and cures, but also policy responses that would bring about behavioural changes in the at-risk public.

“You can argue that, of course, to deal with AIDS and other great problems you need scientists and researchers and clinicians and doctors who are technically able, and know what they’re talking about, but you also need people who can shape the overall public policy response. I was a diplomat, with no medical or scientific background, but sheer luck placed me at the heart of the policy response required by the Australian government and it was far beyond the knowledge and capacity of doctors and scientists to bring about the changes in behaviour and awareness that were needed to contain the virus and the threat that it posed to our country.”

It was as a result of these conferences that Bowtell says the different sides came closer to understanding the full spectrum of perspectives.

“The conferences were the venue at which the international community, governments, scientists, doctors, clinicians, the World Health Organisation, media, private sector foundations and local communities came together to sort out what needed to be done and why and how.”

“Without the conferences there wouldn’t have been anything like an effective international response. In addition to the international events, the Federal Government very swiftly instituted a series of National AIDS Conferences in Australia, from 1985 on, and from memory they would attract around

5 000 delegates. There were also state and regional ones and these were the vehicles by which the information was transmitted and everyone came together to hammer out, debate, attack each other, really bring together all the politics and the information that was needed to respond to AIDS in Australia.”

Without the luxury of the internet, people in many parts of the world were limited in the speed with which they could access the most current information, so the conferences became the medium through which the most recent advances or knowledge about the disease were publicised. Pharmaceutical companies would attend and talk about their most recent therapies or treatments and the media covered the conferences very closely, knowing everyone was hungry for the information each new conference would provide.

“We didn’t have iPhones or the internet or podcasts or any of that sort of thing, and information was transmitted by documents and those documents were only available at the conferences and the papers were physical papers. People would also put up acetate slides or projections on the wall, so your physical presence at the conference was really important and people had to bring back reams of papers and these were distributed physically or by fax or whatever. So it was a very different working environment.”

Bowtell believes the conferences were also a great opportunity for networking and establishing links with people at the forefront of the fight.

“Of course it was very important to go and meet the great international people like Jonathan Mann who is WHO and Tony Fauci and all of the famous scientists and doctors and activists, Larry Kramer and Dennis Altman, I mean everybody was in it. Even though it was terribly horrible and tragic, it was a lot of fun too, I’ve got to say. It was very exciting.”

Apart from the 1986 Paris conference, following which Dr Bila Kapita, the Chief of Internal Medicine in Kinshasa, Zaire, was jailed for being the first public figure to talk openly about the problems his region was facing with AIDS, and the Durban conference in 2000 where Nelson Mandela during his closing address spoke of the irresponsibility of the South

African government in failing to face up to the AIDS crisis, one of the most significant things Bowtell believes the conference environment achieved was the provision of a platform for culturally sensitive issues to be openly debated, and for the realities of the situation to be made publicly known.

“These conferences became like the parliament of AIDS, but there was no rule book, so they had to be innovative and one of the main things they had to be innovative with was how to get people to talk about such sensitive issues as sex, drug use and prostitution.

“In the developed countries the way in which AIDS was transmitted was by sex and particularly by sex between men, gay sex, anal sex and by injecting drug use. So these conferences had to frankly and honestly talk about these things and it was not easy to do internationally and nationally. People did not necessarily want to hear about sex. And they certainly didn’t want to talk about injecting drug use. There were very many taboos and in polite company these things would not be mentioned, much less be talked about on television.

“People had to say well, how do you talk about sex to 15 year old gay boys or clients of sex workers or sex workers themselves? How do you talk about the need for injecting drug users who mostly are doing something that’s illegal to change practices by having needle and syringe exchanges, and access to clean needles and syringes? And how do you do this for the general population in countries where – including Australia – such things had never been openly discussed?

“So once it became clear that was what had to be done, and through the mechanisms of the conferences, people would come together and somebody from Peru might present and say, well, we’re a very conservative country, predominantly Catholic and we found that this worked in our country. And somebody from the Netherlands would come and say, well, in relation to injecting drug use we were able to get these clean needle and syringe programmes up by stating this and that. And they would bring forward the evidence and say that when we did this the rate of new infections fell by such and such a level.”

He also believes that by everyone coming together, having faced the same sorts of problems, they could look at the range of solutions and responses and see which ones worked and which ones didn't, and then facilitate rapid transmission of those that had worked.

Bowtell says the conferences enabled Australia to showcase our responses to the issue, many of which were replicated in other regions. Similarly, he said that our policy makers could see what others had done in their countries, which helped us tailor our approach to those of other cultures living within our borders.

“The conferences also helped us with policies, particularly in relation to non-English-speaking communities in Australia, because not only did we have to deal with the general Australian population and talking about these things, with so many different ethnic and language groups in Australia, we obviously had to take lessons about how we talk about these things say, in the Vietnamese community or in the Khmer community or in the Lebanese community because that would be different from how we deal with it in the general population.”

Whilst he concedes that technological advances have meant access to information, and electronic networking opportunities are far greater than they were in the 80s, he says the potential benefits of conferences are just as great.

“The core of what conferences can achieve is still as relevant for me today, because I'm a great believer in going and meeting people and having a cup of coffee or dinner, and talking.

“It's all very well and good to have Skype calls and emails and teleconferences and that's great but it's no substitute for meeting people and talking to them face to face. It's better for all sorts of information, and of course, the more knowledge you have and the more people you meet who know more than you do or who are better than you are or who have more experience or better experience, of course, the more you know and the better you will do your job. How can that not be so? You can't lock yourself away in a room by yourself and expect to come up with policies that work.

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“You might think you have a great idea but you have to take it to people who have experience and knowledge and they might say, ‘yes, do this, do this but don’t do that, we tried that and it failed’. So, yes, of course, they’re just vital for professional development and for getting to a better solution faster, a better outcome more quickly.”

And, according to Bill Bowtell, by bringing people together to share what they knew, by enabling the public to engage with the scientific community, and by helping those on all sides to understand the enormity of the issues, the International AIDS Conferences did just that.

“Where there were the changes that had to be made in sex and drug use and acknowledging what was happening there was, of course, a very strong reaction amongst religious fanatics and politicians and others who didn’t like these things being talked about and who didn’t want to face up to reality, and who would rather have had millions die thanks to entrenched bigotry and stupidity than come to terms with reality. But the media broadly did its job in ventilating all sides – and they were only able to do this in and around the vehicles of these conferences, where the huge arguments and the debates took place.”

Bill Bowtell gives conferences a 10 out of 10. He believes they were one of the most important elements of the global response to AIDS, the success of which has significantly reduced the cost of the disease in terms of not only the dollars spent but of the lives saved, and that as the world grapples with new threats from things like the Ebola and Zika viruses, it will be to conferences that the world will turn to find the solutions we need.



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