The Washington AIDS Conference: Reflections of the Epidemic

Michael Helquist

Participants at the Third International Conference on AIDS held in Washington, D.C. in early June found nearly every facet of the AIDS epidemic reflected — sometimes inadvertently — during the five days of presentations. As with the epidemic, the conference involved greater numbers than anticipated, commanded massive media attention, presented an uneasy balance between basic science and politics, and sparked the full range of emotions from hope to despair.

Striking contrasts also appeared. Although AIDS threatens to have a devastating impact in less developed countries, the Washington conference focused much higher priority to the concerns of Western nations. Although gay men, women, and people of color have been extensively involved with this epidemic as educators, researchers, and populations with high incidence of disease, their involvement as participants and presenters in Washington was rather limited.

Apparent from many of the 1300 presentations was the steady progress being made worldwide in efforts to control the spread of the disease. Researchers reported no major scientific breakthroughs in treatments, vaccine development, or preventative interventions. However, scientists expressed cautious optimism in Washington — unlike the gloom that overshadowed last year's international conference in Paris and the shock registered in Atlanta the year before.

The international media has already presented in extensive detail many of the major highlights from this conference. The following review addresses two primary areas of importance to health care workers: the implication of the many studies about HIV antibody testing and the psychological responses of individuals diagnosed with HIV infections, ARC, and AIDS.

The Extent of Testing Data

The relative value of the HIV antibody test as an effective tool in AIDS prevention remains a hotly debated topic. Although not all nations have been able to purchase antibody tests and implement testing programs, the routine use of the tests in screening contaminated blood is accepted unanimously among health officials. Controversy about the widespread testing of individuals in the United States tended to overshadow the Washington conference and to dilute the international relevance of the proceedings.

Data about antibody testing centered on two primary areas: (1) the psychological impact for individuals who choose to be tested and (2) the behavioral consequences of receiving test results.

Several studies confirm that the incidence of psychological depression increases following notification of seropositivity. Those who test seronegative, on the other hand, experience considerably decreased levels of depression. The data also generally imply that individuals who are tested report greater adherence to risk reduction guidelines than they did before being tested — no matter what their test result. The majority of these studies involve gay and bisexual men, often from urban areas that have experienced a high incidence of AIDS for several years. Many of the study participants have considered the possibility of HIV infection during these years, and they have had the opportunity to adapt to the anticipated outcomes of the antibody tests. These findings of psychological responses and behavioral changes have relevance perhaps only for high-risk populations in those urban areas of Europe, Asia, Latin and South America, and Australia who share the following characteristics: (a) being well-informed about the risks of HIV infection, (b) having considered their potential exposure to HIV, and (c) having adopted some changes in response to the epidemic.

University of California San Francisco researcher Robert Stemple, MA, an investigator in a major study of reactions to antibody test notification, recently reviewed the data presented in Washington and offered the following conclusions about these AIDS-sophisticated populations:

1. Awareness and knowledge alone may not be sufficient to motivate major behavioral risk reduction;
2. Immediate experience with AIDS and exposure to the consequence of AIDS are strong motivators;
3. A small group of individuals — even in a high prevalence, high awareness area — continue to engage in high-risk activities and require special educational interventions;
4. Antibody testing may be useful for some in changing behavior; however, its behavioral impact may be less dramatic and its psychological impact more substantial than some observers believe;
5. Many individuals who are not infected believe that they are; and, realistic risk assessment information may help eliminate unnecessary anxiety.

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The implications of HIV antibody testing among other population groups largely remain unstudied; a few preliminary studies indicate that intravenous drug users and heterosexuals at risk may not so readily adopt behavior changes or adapt to news of seropositivity.

Although a considerable amount of research about the effect of HIV antibody testing is underway, major areas of concern have yet to be adequately addressed. Current data does not differentiate between the relative effectiveness of the test result itself and the education that accompanies notification. If antibody testing is to be an effective intervention, health officials must determine how to provide different population groups with the most relevant pre- and post-test counseling. Future studies should also assess the amount of counseling needed over time by individuals to help them cope with test results and to reduce personal risks. Implicit to all of these considerations is the question of whether government officials will be as willing to fund counseling programs as they are to call for widespread testing.

In addition, few studies have addressed the psychological impact of test result notification for those individuals who have been tested but not voluntarily, for example, members of the military, prisoners, immigrants, and, in some countries, international travelers.

Concerns of People with AIDS

The major concerns of people diagnosed with AIDS were surveyed by researchers from the National Institutes of Health and Massachusetts General Hospital. In a study of 30 people with AIDS, researcher Christine Grady, RN, MSN and her colleagues suggested that patients' concerns about their health, their future, and possible discrimination prompted important considerations for health professionals involved in AIDS care. These findings represented similar conclusions drawn from several related studies presented at the conference. These include the following:

(1) talking to patients about the impact of AIDS on their lives was seen as therapeutic by patients interviewed;
(2) patients expect nurses to be knowledgeable and to share this information with them;
(3) patients consistently asked for acceptance, a non-judgmental attitude, and concern about them as interesting persons;
(4) patients expressed great concern about confidentiality;
(5) a diagnosis of AIDS should not be given over the telephone and should be given with counseling and with crisis intervention services made available;
(6) emotional support and referrals to agencies that provide support should be a high priority for those without readily available support systems; and
(7) health care workers should never take away patients' hope and should find ways to foster hope.

Other Highlights

• HIV seropositive individuals appear to become more infectious over time, thus increasing their ability to spread the infection. Researchers had previously thought infected individuals had the greatest ability to spread HIV soon after their own initial infection. However, a National Cancer Institute study found that as AIDS patients — in this case, heterosexual homosexuals — showed a drop in their T-cells, they were more likely to infect their partners during unprotected sexual intercourse. One of the possible implications of this study is that women in Western nations may not have been infected with HIV long enough to be contagious, thus explaining the lower rates of AIDS and HIV infection among women outside the central African countries.

• An increasing number of physicians and researchers believe that asymptomatic HIV seropositive individuals should undertake antiviral therapies to block the development of AIDS. A study from Memorial Sloan Kettering Cancer Center and New York Hospital considered the psychological reactions of research subjects who are healthy but seropositive and distressed about their risk status. Researchers surveyed the responses of 26 gay and bisexual men enrolled in a 12 week, placebo-controlled, randomized and double-blind trial of the drug ribavirin. Standardized self-report measures of psychological distress revealed that mean levels of distress remained unchanged between the initial and follow-up assessments.

Future Conferences

The extensive study of how AIDS affects both individuals and societies tested the very logistics of holding an annual international review of data. The interest and participation of ever greater numbers of health care professionals is sure to confront planners of future AIDS conferences. They might consider scheduling special global conferences to address developments in basic science separately from psychosocial research, prevention, and public health issues.

Michael Helquist is the editor of FOCUS; he has participated in each of the international conferences on AIDS. Helquist is currently assisting the World Health Organization with plans for AIDS prevention in less developed countries.

AIDS Education: Worldwide Strategies

Cheri Pies, MSW, MPH

"What kind of people get AIDS?" asks a London newspaper advertisement. "The people who don't know the facts." How people get those facts received an important — but too limited — share of attention at the Third International Conference on AIDS. Few of the oral presentations during the five days of meetings focused on educational interventions; however, several dozen poster sessions offered descriptions of a wide variety of strategies and programs aimed at both the general public and special populations.

National Media Campaigns

Several developed nations — as well as a few less developed countries in Africa and Latin America — have designed multi-faceted AIDS prevention media campaigns. The recent effort in the United Kingdom has received perhaps the most attention with its bold anti-AIDS messages (see FOCUS, June 1987 for preliminary evaluation of the U.K. campaign). While several health authorities appear convinced that AIDS prevention must employ several communication outlets simultaneously (e.g. television, radio, billboards, newspaper and magazine ads, and house-to-house mailings); no consensus has emerged about the tone or content of the message.

One of the unresolved issues concerns the use of fear to attract attention and encourage behavior change. The U.K. campaign promoted such messages as "Don't Die of Ignorance" and "Your Next Sexual Partner Could Be That Very Special Person — The One Who Gives You AIDS." In another example,
the World Health organization’s Special Program on AIDS currently distributes a striking poster that portrays a stark death mask superimposed on two overlapping hearts. The death threat of AIDS is especially prominent in the current Australian national AIDS education program. In a video shown at the AIDS conference and developed for general television viewing, the Grim Reaper appears holding a bowling ball. A following scene reveals a bowling alley filled with many Grim Reapers, rolling balls at successive numbers of victims, each falling startled and helpless before their slayers. While several observers were shocked at this graphic use of fear, the Australians felt confident that the video would effectively get the public’s attention.

This educational approach is in sharp contrast to that employed by other countries, such as Denmark and Sweden, in which the predominant message, “Protect The One You Love...” has been used to promote condom use and safer sex. In the African nation of Uganda, a similar message is “Love Carefully.”

Although it is too soon to determine the long-term effects of these campaigns, most observers at the conference felt optimistic that extensive national efforts have begun and that many governments have now recognized the importance of AIDS prevention.

Minorities at Risk

Although the risk for HIV infection among minority populations in the United States has begun to command the attention of health authorities, the planners of this conference on AIDS provided few opportunities for the concerns of minorities to be discussed in plenary sessions or workshops. Those speakers who did address AIDS outreach to these populations emphasized that people in the Black and Hispanic communities may not be resistant to the information; instead, the prevention messages simply may not have been presented to them in an effective or culturally relevant manner. Reverend Carl Bean of the Minority AIDS Council of Los Angeles asked during one workshop, “There is no problem selling McDonalds, cars, or AT&T to minority communities, so why do we suddenly have so much trouble marketing information about AIDS?” Rev. Bean noted that how education programs are delivered, in what medium, and by whom are all critical aspects of successful programming.

Outreach for I.V. Drug Users

Research and experiences both in the United States and internationally suggest similar interventions to reach needle-sharing I.V. drug users. Several programs have hired ex-addicts as street outreach workers to educate drug users about AIDS prevention, to make entry into drug treatment programs easier, and to distribute condoms and pocket-size bottles of bleach. A few cities have used a mobile van to bring HIV antibody testing and counseling, as well as medical examinations, to the streets. A few Western European cities have initiated needle-exchange programs to reduce the incidence of HIV transmission. Early analyses of this effort indicate some success, but full evaluations of the programs are still pending.

Targeting Youth

Young people often prefer to learn about AIDS at school, according to AIDS educators presenting poster sessions in Washington. Several programs directed toward youth, in school settings and on the streets, highlighted the importance of emphasizing decision-making skills, risk analysis, and self-esteem as integral parts of AIDS prevention for this population. In a somewhat different fashion, outreach efforts developed for college campuses tend to follow community organizing principles, using peer educators and involving the target populations in education efforts. Although curricula are being developed for high school and college age youth, few programs have been designed for younger school age children. In addition, few presentations discussed how to reach young people in the villages and small towns of less developed countries or the street youth in the major cities of these nations.

Within the school education realm, programs geared toward helping teachers use the AIDS curricula are especially important. While educators may develop innovative and creative curricula, teachers may have great difficulty using the materials due to their own fears and anxieties. The need to support teachers is similar to the growing realization that programs must also be developed to “care for the caregivers.”

Need for Evaluation

Until there is a cure for AIDS, health authorities believe that education is the only answer to prevent the spread of the disease. Yet whether AIDS education as it is now practiced is the best approach or whether it will be effective in actual behavior change remains to be seen. Evaluation of educational interventions can help determine what is working and why.

Evaluation can address not only the effectiveness of specific media campaigns and education messages but it can also look at such important questions as: Who is likely to use information to adopt behavior changes? Who is not susceptible to change? How long will behavior changes be maintained? and What are the effects of different types of approaches (e.g. fear as opposed to sex-positive messages).

An important future strategy will be for educational interventions to be given a more prominent status during international AIDS conferences so that researchers, caregivers, and educators — as well as the media and the general public — will recognize more fully the crucial role of HIV prevention through education.

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BRIEFS

In Review


Institutions of higher education have become an important focus for AIDS education. College and university students are people of striking social, ethnic, and psychological diversity. Nonetheless, these students share the challenge of completing the developmental tasks of early adulthood — tasks which may make changing behavior to prevent the transmission of HIV difficult. Unstable concepts of identity and sexuality complicate counseling and render pointless the identification of “risk groups;” college AIDS education programs must emphasize risk behaviors instead.

Experimental behavior among young adults is both common and risky. It involves sex, drugs, immediate gratification, thrill-seeking, and the testing of limits. The dangers involved seem distant to young people who see themselves as invincible. Much high-risk behavior is not acknowledged, planned, or chosen. Taking precautions is often compromised by an attitude of “One thing leads to another,” and by the influence of alcohol and drugs, the weight of peer pressure, and the occurrence of acquaintance rape.

Many students have not defined themselves and their values well enough to possess a viable and tough sense of self-esteem, without it they have little self to protect. For AIDS education programs to succeed in reducing HIV transmission, allaying fear, and promoting compassion, they will have to work within the context of unsettled identity, experimental behavior, and wobbly self-esteem.

All of this means that campus AIDS education programs must take into account the psychological development of their audience. Effective approaches require student involvement in planning and execution; multi-faceted approaches that accom-
The amount of research information now appearing in the medical and lay press staggers most AIDS health care and service providers. The goal of FOCUS is to place the data and medical reports in a context that is meaningful and useful to its readers.

Next Month

Health officials believe that AIDS and HIV transmission will continue unabated until the complex problems of drug use are addressed effectively. Health care professionals often bear the burden of trying to prevent the spread of HIV among drug users while politicians and societies at large remain ambivalent or uncertain about acceptable AIDS prevention strategies.

In the September issue of FOCUS, Jack B. Stein, LCSW will review the challenges of counseling and educating drug-using populations about AIDS. He will discuss also the role of AIDS prevention outreach programs conducted on the street by peers of drug-users. In addition, Stein will present findings from the recent evaluation of such programs in Baltimore. Stein is the Deputy Director of the Health Education and Resource Organization (HERO), the primary AIDS education and service agency for the Baltimore, Maryland metropolitan area. Responsible for overseeing the street outreach program, Stein has also been a consultant to the National Institute on Drug Abuse (NIDA).

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