MOVEMENT EVOLUTION
Continuities and Change in the Fight Against AIDS

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Abstract: The social movements literature has developed increasingly sophisticated understandings of movement emergence and evolution. The contentious politics model, in particular, has given us a more sophisticated look at movement-government interaction. What remains underexplored, however, in the contentious politics model are the dynamics within the movement itself. This is particularly true in the case of movements that are themselves made up of movements. Existing concepts do not seem sufficient to account for these 'movements of movements', in other words, movements that emerge on the borders of existing group interests that do not lead to entirely new movements of their own. Intermovement relationships are dynamic and ongoing, sometimes perhaps even helping to sustain one another. Using the AIDS Treatment Access movement as an illustration, this paper will examine how social movements 'cross-fertilize' one another. The sheer number of movements in today's society ensures there is ample opportunity not only for tactical diffusion but also information exchange that can create alignments of interest promoting collective action across groups and movements. Furthermore, these ideas can take on a life of their own, being adopted and expanded long after their originators have disappeared. In the case of AIDS, the movement evolved to reflect the spread of the disease as well as the increasingly successful efforts to combat it. As the infection patterns shifted socially and geographically, the AIDS movement too was reconstituted. The actors changed and the focus moved to developing countries, but the driving motivations of the movements lived on in the Treatment Access movement. With the shift to the developing world, these motivations had resonance with other movements. They found common ground on combating AIDS, yet each maintained their existing missions and adapted the treatment access message to their existing frames. This alliance of movements goes a long way toward explaining the speed with which treatment access became one of the most prominent global issues.

Given that social relations are complex systems of interaction, does social movement scholarship pay adequate attention to this complexity? Social movement literature provides us with a number of useful theories and heuristic tools to explain the emergence of movement phenomena. Political opportunities (McAdam 1982), long-term change processes (Tilly 1964; Tilly, Tilly, and Tilly 1975), cycles of contention (Tarrow 1989), as well more recent ideas like transformative events and cultural epochs (McAdam and Sewell 2001), provide powerful explanations for patterns of social movement activity. However, all of these tend to privilege external impacts over internal dynamics in our understanding of movement behavior. Overall, there is a greater emphasis on the relationship between movement and government authority and/or the broader cultural and historical environment in which it engages in contentious action. With its more general focus, the contentious politics model does this less. However, particularly in empirical practice, it typically amounts to an analysis of how new contenders interact with "the powers that be."

The more sophisticated look at government-movement interplay in the social movement literature is in stark contrast to the relative lack of attention to intermovement dynamics. As the number of movement actors as expanded, they inevitably come into contact more frequently. This in itself may not seem very path breaking. Movements often reenergize or spur the creation of opposition movements as has occurred for example with the abortion debate in the US. However, this is much less true for cases of intermovement cooperation. What needs further attention are the internal dynamics of social movements, which are themselves often made up of other movements. The potential for cooperation exists where an issue emerges in which existing movements find

common interest. Intermovement relationships are dynamic and ongoing, sometimes perhaps even helping to sustain one another. Using the AIDS Treatment Access movement as an illustration, this paper will examine how social movements 'cross-fertilize' one another. The sheer number of movements in today's society ensures that there is ample opportunity not only for tactical diffusion but also information exchange that can create alignments of interest promoting collective action across groups and movements. Furthermore, these ideas can take on a life of their own often in institutionalized form, being adopted and expanded long after their originators have disappeared.

The Treatment Access movement potentially represents a new type of social movement phenomenon. A recent social movement book heralded the arrival of 'the social movement society' (Meyer and Tarrow 1998), representing the great prevalence and acceptance of social movements as part of Western society. Given the growing movement population, separate movements are increasingly finding overlapping interests and engaging in joint action. Existing concepts do not seem sufficient to account for these 'movements of movements', in other words, movements that emerge on the borders of existing group interests that do not lead to entirely new movements of their own. When the AIDS movement originally began in the United States in the 1980s, it was made up of social groups, some of which had their own movements, who were disproportionately affected by the disease. Comparatively speaking, there was relatively little cooperation between these groups. As the infection patterns shifted socially and geographically, the AIDS movement too was reconstituted. The participants changed and the focus moved to developing countries, but the driving motivations of the movements

lived on in the Treatment Access movement. Frames from the anti-AIDS movement have proved enduring. With the shift to the developing world, these motivations had resonance with other movements. They found common ground on combating AIDS, yet each maintained their existing missions and adapted the treatment access message to their existing frames. This alliance of movements goes a long way toward explaining the speed with which treatment access became one of the most prominent global issues.

As a new movement is unleashed upon the social environment, it interacts with existing movements and cross-fertilization takes place. Ideas, concerns, and tactics are exchanged at these convergences of interests. Neither movement remains the same and there is the potential for cooperation or the creation of whole new movements at these convergences. All movements involved draw strength from the ties, yet at some level maintain discrete interests. What happens as these networks of movements grow thicker and tighter requires long-term analysis, but it seems likely that these 'movements of movements' may even have the potential to sustain their constituent parts.

The AIDS Treatment Access movement represents one example of this process. In many ways, it can be considered a construct of other movements. Since its identification twenty years ago, HIV-AIDS has impacted a diverse range of communities around the entire globe. Originating in the gay community, there was early mobilization there against the disease. As other segments of society were affected, however, links were forged with other movements. As drug therapies became more widely available in the West in the early 1990s, the epidemic went from being a killer to a chronic disease across much of the developed world. Less quickly, the AIDS crisis in the developing world has been recognized by the international community as a result of pressure in part

from the groups who fought the same battle in the developed world. The post-Cold War environment generated contradictory norms. On the one hand, the market economy was ascendant. Under this view, giving business free-reign was the surest means of ensuring innovation and, in the image of Adam Smith, making society better. The other strand of the post-Cold War world was the growing importance of and a more expansive conception of democracy and human rights. Couched in this environment, the AIDS Treatment Access movement has sought to expand the availability of these new drug treatments to the poor of the developing world, treatment they could not afford through market mechanisms. This paper will argue that the key to the success of the Treatment Access movement has been broadly speaking two-fold: first, it has been able to draw on experiences and experts from the prior AIDS prevention movement as well as through cooperation with other compatible movements and, second, it has utilized 'external shocks' to garner attention and allies for the treatment cause. The AIDS Treatment Access movement represents the alignment of a unique constellation of interests that have taken advantage of a series of opportunities throughout the 1990s to bring the issue to the top of the global agenda.

The movement has put the issue on the global agenda in an extremely short amount of time. According to the World Health Organization's (WHO) Gregory Hartl, the cause of AIDS in the developing world was "nowhere" as of the beginning of 2000 (Hurst 2001). Since then, the issue has achieved global prominence. The United Nations Security Council debated the crisis in early 2000, the first time a health issue had ever received that kind of attention. In the summer of 2000, AIDS was on the agenda of the G-8 summit. Rich countries committed to helping the developing world reduce AIDS

cases by 25 percent by 2010 (Fidler 2001). With demonstrations taking place outside, the 2001 G8 meeting in Genoa saw smaller nations such as Nigeria, Mali, Bangladesh, and El Salvador invited to the meeting to discuss health, debt, and the poor. President Bush pledged $15 billion in his 2003 State of the Union Address. The speed with which the movement had an impact was assisted by a series of political opportunities, but the dense network of movements was really key to taking advantage of those opportunities. Movements are usually around for a long time before achieving results. The AIDS Treatment Access movement has been so successful so quickly because it has drawn directly on expertise from a whole range of movements. While the movement to fight AIDS in the US has remained consistent in its goals, its makeup and the scope of its attention have changed dramatically over time.

ORIGINS: THE AIDS MOVEMENT IN THE UNITED STATES

One can see a number of parallels between the Treatment Access movement and the earlier AIDS movement within the United States. In both instances, the movement established a network of actors who would not have otherwise been linked. Originally, what united the disparate groups was that HIV had disproportionately affected them. Shifting patterns of transmission led the movement in different directions, bringing it new allies. When the AIDS crisis first emerged in America in the early 1980s, the Reagan administration employed a combination of facilitation and repression in an effort to bury the issue. While Western governments are rarely able to employ directly repressive tactics against movements, the Reagan administration utilized conservative rhetoric and funding access to try to derail the movement. It was not until his friend Rock Hudson died in 1985 that Reagan made his first public comments on AIDS. It could be argued,

however, that the government response helped to fuel the movement. Given the conservative nature of the administration, it wanted little to do with the disease when it first emerged in the gay community in the early 1980s. What this lack of early support did was mobilize private resources and volunteers, in part from the gay rights movement, to establish community-based organizations which provided care for many of the early victims (Lerner and Hombs 1998). In January 1982, for example, the first organization to provide services to the infected was formed in New York City, the Gay Men's Health Crisis. It was not until the 1990 Ryan White Comprehensive AIDS Resource Emergency (CARE) Act that this dynamic changed and government assistance was provided to these organizations for the first time. In response to government inaction, marches became an increasingly common phenomena to draw attention to the growing epidemic. While the political contentiousness of homosexuality limited early mobilization, growing infection rates and the rapid spread of the disease into other populations lent the movement increasing weight.

The early AIDS movement was able to develop ties with other communities, many of which had their own new or existing social movement organizations. The next significant population to see a rise in HIV infection was amongst intravenous drug users. Although the AIDS Coalition to Unleash Power (ACT UP) and other groups were mobilizing support for needle exchange programs with growing success by the late 1980s, the 'questionable' behavior of drug users led many to turn a blind eye, much as the gay community had experienced. Soon, however, even more groups became affected. The growing spread of HIV via heterosexual intercourse, for example, led to convergence with the women's movement. The first event focusing on women and AIDS was

organized by ACT UP New York's Women's Caucus in January, 1988 (Lerner and Hombs 1998). The role of the medical community in the AIDS movement was also an important, though complicated, one (Bosk and Frader 1991; Cameron 1992; Sills 1994). In some ways, it could be argued that it was in opposition to the movement. Fear of infection led to great caution in treating HIV-positive individuals, something the movement derided as discrimination. At the same time, they shared a common interest in having the disease directly confronted.

The last important group to become part of the movement was hemophiliacs. Early on, the plight of hemophiliacs was emphasized by the AIDS movement to show the broader society that the disease was a legitimate concern for all. A key figure for the AIDS movement was Ryan White, a 13-year old hemophiliac who had contracted HIV from a blood transfusion. It was highly publicized when, in August 1985, he was barred from public school in Kokomo, Indiana, for fear of infecting others. In November, after much public and scientific debate, he was allowed to enter school. The attention to this case was invaluable in informing the public that anyone was at risk and that it was a vital public health concern. White went on to be a tireless promoter of the AIDS cause until his death in 1990. The case of Ryan White showed that HIV could not be ignored as something that happened only to 'immoral' homosexuals or drug users.

As frustration mounted that nothing was being done to deal with the epidemic, a section of the movement's tactics became increasingly radicalized. From its start, ACT UP has not shied away from confrontational tactics to vocalize what it saw as corporate power and greed impeding progress. On March 24, 1987, the group held its first major protest on Wall Street against perceived profiteering by the pharmaceutical industry with

respect to AIDS drugs. Shortly after the protest, the Food and Drug Administration (FDA) announced it would significantly shorten the drug approval process. From early on, ACT UP's tactics were highly disruptive and controversial (Lerner and Hombs 1998). The focus on militant action was meant to convey the desperation of the situation for AIDS sufferers. ACT UP closed down the FDA in 1988, occupied stock exchanges on a number of occasions, and disrupted Catholic Church services to highlight the Church's positions on AIDS-related issues. On January 23, 1991, ACT UP held a "Day of Desperation" in New York City in which protests were held at government buildings and on Wall Street as well as occupying Grand Central Station and the newsrooms of PBS and CBS (Lerner and Hombs 1998).

At the same time, ACT UP worked to establish and maintain links with other movements. Having established ties with the women's movement, the medical community, and hemophiliacs, one might say they could employ a good cop – bad cop routine to keep attention focused on AIDS. From May 1-9, 1988, ACT UP organized protests focusing on links between AIDS and homophobia, women, people of color, and drug use to name a few. Protests occurred in more than 50 cities over that week (Lerner and Hombs 1998). Throughout, protests focused on economic impediments to access, corporate greed, the inadequate government response, and discrimination, which would prove to be frames easily transportable to the global realm in the Treatment Access movement.

Growing activism on the part of the AIDS movement began to have dramatic impacts in the United States. Although there are significant pockets, disproportionately minorities, who remain unable to afford treatment, HIV/AIDS has become a chronic

disease rather than a killer in much of the developed world. Lerner and Hombs give much of the credit to the movement arguing it was

> responsible for radically changing the way medical research is conducted in the United States, changing the course of the drug approval process, motivating pharmaceutical firms to institute compassionate use programs, and, most important, making it clear that patients were entitled to have a say in their treatment. The activities of organized groups like ACT UP have brought significant media attention to the AIDS crisis, attention the epidemic would not likely have received without those activities, although more recently the media has paid less attention to ACT UP in particular. (1998, p. 25)

OPPORTUNITIES AND CHALLENGES

As already mentioned, the form and tactics of the AIDS Treatment Access movement were, in many ways, influenced by lessons from the earlier movement within the United States. A central question that must be asked is why the movement emerged when it did because public health officials had been warning of an AIDS holocaust in the developing world for over a decade (Stolberg 2001). The Treatment Access movement, at least in part, emerged because the AIDS movement had to a great degree succeeded in the developed world. While there is still no cure for the disease, it is no longer a fatal disease for most in the global North. It is concerns about globalization that has helped to energize the Treatment Access movement and redirect the efforts of many within the North who had long been involved in the AIDS movement.

As Lerner and Hombs noted above, the success of the movement in the US had to some degree taken the wind out its sails. HIV cases in the US have not grown to the levels of earlier estimates (Bayer 1996). Furthermore, in 1996, triple-therapy antiretroviral cocktails entered the US market (Kim 2001b). The availability of drugs removed the urgency surrounding AIDS and the issue receded in the United States

(Stolberg 2001). This helped to give the impression that the crisis was lessening. Indeed, a prominent AIDS researcher and activist described the global AIDS movement in 1996 as one of "fragmentation, isolation and separation" (Mann 1999). Even as the movement was arguably at a low, demographic changes in AIDS victims in combination with a series of political opportunities laid the foundation for the movement's reemergence and redirection to the international stage.

Setting the Domestic Scene

Within the US, the early 1990s presented the AIDS movement with a number of opportunities, but growing complacency made it difficult to take advantage of them. The election of President Clinton seemed to present a political opportunity that the movement quickly took advantage of. Protest activity, for example, picked up markedly in 1993 (Lerner and Hombs 1998). In April, organizers estimated one million gay men and lesbians gathered in Washington DC, the biggest event of its kind. Yet, the Clinton administration proved disappointing. Although it is commonly noted that there was little leadership on AIDS under Reagan and Bush, the US government's response continued to be inadequate under Clinton (Lerner and Hombs 1998). What made the movement's situation more difficult was that the availability of drugs, while not providing a cure, made AIDS seem like less of a crisis.

With treatment regimens a reality and more readily available, the internal dynamics of the movement began to change. Up to the late 1980s, ACT UP's membership had been drawn largely from the white, middle-class gay and lesbian communities (Kim 2001b). At present, however, Kim notes that AIDS activism is no longer a part of gay and lesbian politics. The issue became one of treatment affordability

as the impact fell more heavily on minorities. AIDS was becoming particularly acute within the African-American population. In 1996, the Centers for Disease Control (CDC) released statistics indicating AIDS was causing one-third of all deaths amongst black men aged 25 to 44 (Lerner and Hombs 1998). As the disease grew to disproportionately affect minority groups by the early 1990s, AIDS activists developed ties with civil rights groups.

In a parallel development, in the early 1990s, the plight of HIV-positive Haitian immigrants also received increasing attention from the movement. With civil unrest in Haiti leading to increased immigration to the United States, the Immigration and Naturalization Service came under increased scrutiny by human rights groups. Given that Haiti has one of the highest per capita HIV infection rates in the world, the disease was also common amongst the refugees. Activists were highly critical of the US government for not making adequate allowance for the needs of HIV sufferers amongst the immigrants. This growing awareness of the extent of the epidemic internationally and the changing patterns of infection in the US helped to alter the composition of the AIDS movement.

Setting the International Scene

As globalization brought the international nature of the AIDS pandemic more closely to the United States, new links were created to revitalize and redirect the movement. Before the American AIDS movement was heavily involved in the international dimension of the epidemic, action was taking place at the global level, particularly amongst the scientific and development communities. Given that the

development community in particular has always been attuned to issues of poverty and racism, it was not a great leap to focus on the plight of AIDS in Africa.

Although slow to respond, Western governments had resources to forward prevention efforts and activists and NGOs worked to implement effective prevention programs. As in the AIDS movement early on in the US, the issue was framed largely in terms of human rights as HIV-positive individuals faced overt discrimination. Until the latter part of the 1980s, however, there was relatively little international coordination in the effort against HIV. In 1987, the United Nations established the special Programme on AIDS, later called the Global Programme on AIDS (GPA). It has been argued that this is one of the early turning points in global attention to AIDS (Panos 1989). Through the course of the late 1980s, WHO shifted its resources to developing countries as evidence of increasing infection rates emerged. As part of this shift, the framing of the AIDS problem evolved from a human rights issue to a socio-economic one (Gordenker et al. 1995). AIDS quickly became viewed as an issue of poverty. As such, it became common to see development as a necessary component of an anti-AIDS strategy. With no cure forthcoming, WHO needed to turn to development-oriented NGOs for help in building prevention programs. As a result, the development community, although proposing varied solutions, saw AIDS as a concern quite early on.

The work of the GPA began to mobilize resources to fight HIV in the developing world. Financial flows from the GPA instigated the creation of national AIDS control programs around the globe. By 1990, 159 of 167 WHO member governments got some support from WHO in combating HIV/AIDS (Gordenker et al. 1995). However, the flow of money soon began to dwindle. Consistent with broader trends in foreign aid, funding

from the North both declined and was increasingly directed through NGOs rather than to developing country governments or the UN. The logic was that these governments are often perceived as inefficient or corrupt. However, this only served to create antagonistic relationships when cooperation was vital. Another reason for the reduction of available funds was that, in the early 1990s, there was increasing unease in the donor community over inefficiencies at the UN. Also, aid demands in the former USSR drew attention away from other needs. At a time when successful anti-HIV/AIDS strategies needed to include all relevant actors, fragmentation was taking place. Efforts were made to improve communication between governments, the UN, and NGOs. Beginning in 1992, the yearly international AIDS conferences combined scientific and NGO programs, which helped facilitate a coherent message.

Convergence of Movements

Over the past five years, what has propelled HIV/AIDS in the developing world into the spotlight has been the recognition by diverse groups that they have a common interest in fighting the disease. The Treatment Access movement went forward with an argument that treatment was possible, in fact a moral imperative, but the greed of developed countries and multinational corporations was the obstacle. Just as the AIDS movement did in the North, they argued that it was not necessary for those already infected in Africa to die. AIDS activists, those concerned with foreign debt in the developing world, and anti-globalization groups have been some of the most prominent in promoting the issue. With respect to debt activists, groups like Jubilee 2000 and Drop the Debt used the millennium as an opportunity to raise the issue and call for a fresh start for heavily indebted countries. The connection was made that the debt burden of

developing countries limited their ability to allot adequate resources to their health systems to deal with crises such as AIDS. Anti-globalization and consumer groups were concerned about unequal power relations in the marketplace. They saw the multinational pharmaceutical industry, or 'Big Pharma' as critics like to refer to it, putting profits before public health needs in the allocation of R&D funds and being more concerned with the protection of intellectual property than human lives. For the AIDS movement, ACT UP in particular, criticism of the pharmaceutical industry represented a significant continuity.

Common interests existed. There just required an opportunity for this to be recognized. Protests surrounding World Bank/IMF meetings over the past few years brought these groups together and allowed them to interact and exchange ideas (Kim 2001a). Part of this coalition building was the creation of the Health GAP Coalition, a collection of US-based AIDS and trade activists formed in 1999. Health GAP, in turn, formally established international links by creating the Global Treatment Access movement (GTAC) in 2000 with South Africa's Treatment Access Campaign to produce policy papers and share information amongst activists globally.

BUILDING ON THE PAST, REACHING OUT TO THE FUTURE: THE AIDS TREATMENT ACCESS MOVEMENT

In the fight against AIDS, the early to mid 1990s marked a reappearance and reassertion of status quo realities, meaning gaps "between the 'haves' and the 'have nots'; between scientists and activists; between men and women; and between infected and uninfected people" (Mann 1999). At that time, Mann describes the movement as virtually nonexistent, "a collection of isolated efforts, not a public health movement; and it remains isolated from other, and broader health…" As mentioned earlier, changes

were taking place within the AIDS movement that gave it renewed vitality as the decade went on. For US AIDS activists, the growing membership of ethnic minorities made the movement more attuned to the international dimension. Just as importantly, new and existing ties with other movements were an energizing force. For ACT UP and other AIDS activists, one of their first encounters with the AIDS epidemic in Africa came from debate surrounding the Africa Opportunity Act in 1998. An environmental group asked for ACT UP's assistance in challenging the bill (Davids 2002). This experience provided the opportunity for the movement to begin to become aware of how dire the AIDS epidemic was in Africa.

A second important instigator of renewed AIDS activism came from global trade activists. In the 1990s, the Clinton administration, while promoting political and economic opportunity abroad, pursued a pro-business policy of intellectual property protections. The Consumer Project on Technology leaked a February 1999, State Department memo calling for 'a full court press against South Africa' to ensure it did not seek AIDS drugs through compulsory licensing or parallel importation. Although these steps are allowable under international trade rules if a national emergency is declared, the Clinton administration had long threatened developing countries with a Section 301 designation if they did not provide sufficient intellectual property protections. The Section 301 list is a sort of warning, often a precursor to the imposition of sanctions. This conflict in Clinton administration rhetoric served in part to mobilize the Treatment Access coalition. Ultimately, electoral politics allowed the movement to pressure the administration to back off of its earlier hard-line stand. At early Gore campaign events prior to the 2000 primaries, groups such as ACT UP brought attention to the

administration policy and embarrassed the candidate. Soon thereafter, the Clinton administration moved away from its prior stance, in fact declaring AIDS a national security threat.

Another key element of the emergence of the Treatment Access movement was that the diverse movement participants grew to recognize their common interests through protest action. Simply put, they each showed up at the same protest events, which presented the opportunity to share information and to strategize. An important component of this intermovement cooperation was the creation of the Health GAP in 1999. The brainchild of a lifelong activist who wanted a more comprehensive approach to dealing with AIDS, it serves a coordination and communication function to bridge treatment, trade, and development knowledge within the movement. While Health GAP does not have a central office, it has grown to become its own entity (Davids 2002).

Momentum continued to grow with the turn of the century. In March 2001, the first major protest against the AIDS crisis in Africa took place in the US. In fact, parallel protests occurred in Pretoria, New York, Washington DC, London, and Paris. The protests were about the ongoing controversy between the pharmaceutical industry and the South African government. At that time, 39 multinational pharmaceutical companies had taken the South African government to court over the government's plan to utilize compulsory licensing and generic producers to make anti-AIDS drugs affordable. This lawsuit marked another significant turning point in the global response to AIDS. By the time the trial in South Africa began, 'Big Pharma' was already in a weakened position. Aside from the barrage of bad publicity, the new Bush administration had announced it would not seek to change the Clinton administration policy of not pursuing sanctions

against developing countries that import or produce generic versions of drugs. The lawsuit was dropped less than two months later. The World Bank/IMF demonstrations in Washington DC in April 2001 marked the second major march against the AIDS crisis in Africa that took place in the US. Finally, on the eve of the UN special session on AIDS in June 2001, a major march was held in New York. This last protest was truly international in nature with groups from around the globe. Other meetings of international organizations have also presented significant opportunities for action. What is more, in the aftermath of the Seattle WTO protests, this type of activity has received much more media attention providing another avenue for the message to spread.

The movement has had a significant impact at the international level. In particular, the United Nations has placed a great deal of attention on HIV/AIDS and has made a strong effort to mobilize resources to allow the developing world, particularly Africa, to deal with the epidemic. A number of key high-profile individuals have helped put AIDS in the spotlight (Gupte 2001; Perlez 2001). With their ancestry in Africa and the Caribbean where AIDS has been most devastating, UN Secretary General Kofi Annan and US Secretary of State Colin Powell have waged a strong and personal campaign to draw attention to the disease. AIDS was the special cause for Annan in 2001 and his efforts contributed to his winning the Nobel Peace Prize. Newly reappointed to another five-year term, he is at the peak of his power. With the US pledge to pay up much of its past dues in recognition of the UN's role against terrorism, it may lend additional clout to the United Nations effort.

Multiple Targets of Action

One should also remain cognizant that the targets of movement action need not be government (Moore 1999). For the Treatment Access movement, they sought to influence multi-national corporations (MNCs) in a number of ways. Pharmaceutical companies had long been a target of the AIDS movement, but current activism has sought to engage the broader business community. According to Robert Hecht, who leads the section of UNAIDS that seeks corporate contributors, "[p]erhaps the two most under-tapped areas in fighting AIDS are the developing countries themselves taking initiatives and the private sector getting involved" (Donnelly 2001). UN Secretary-General Kofi Annan has made a concerted effort to get the private sector involved. Annan has appealed to the corporate sector to contribute to the Global AIDS and Health Fund. Despite significant contributions by the Gates Foundation and a few others, there has been limited success thus far in raising money in the private sector.

It would be a mistake, however, to dismiss the role business has played in fighting HIV/AIDS. In fact, through direct action and foundations, many corporations have been at the forefront of the AIDS crusade. A 1997 UNAIDS survey found that 73% of corporations had education programs for employees, although only 13% had programs for the wider community (Wheeler, Walter, and Parkinson 1997). Their contributions, however, often go far beyond simple calculations of self-interest. Corporate involvement need not be strictly financial contributions. With respect to AIDS in Africa, their particular expertise and resources on the continent are also important to the fight. Examples abound of corporations being actively involved. Shell Oil is planning on putting AIDS prevention posters in its service stations throughout Africa. Puma is going to begin advertising anti-AIDS messages along with its shoes. Anglo-American has been

distributing drugs to its 50,000 employees in Botswana (Perlez 2001). Coca-Cola has lent its distribution system and marketing expertise in Africa to help in the fight. DaimlerChrysler's South African division is providing free anti-AIDS drugs and condoms for its employees and their families. Activists have been pressing MNCs to do more for their employees in Africa as well as the broader community in which their operations are located.

In fact, a group of multinationals have gotten together and formed the Global Business Council on HIV/AIDS, now headed by former US United Nations ambassador Richard Holbrooke. While with a membership of only 20 companies as of late 2001, Holbrooke hopes to build the nonprofit group to 200 members with each paying $25,000 to join (Donnelly 2001). For some companies, participation can, to a degree, be reduced to simple self-interest. Corporations doing substantial business in Africa have seen their workforces devastated in many cases. Due to the high death rates from HIV/AIDS, companies are hiring more than one worker per job for insurance. Investment in worker training is lost if they are infected and cannot perform their jobs. Increasing numbers of workdays are being lost as employees attend funerals for family and friends who succumbed to AIDS. Corporate behavior seems less self-serving, however, when it is realized that few derive substantial profits from Africa and are increasingly engaging the broader community in their efforts. It also seems unlikely that these steps are intended strictly to please investors. With a significant component of the Treatment Access movement made up of anti-globalization groups, however, these steps are not seen as nearly enough given the enormous power and wealth MNCs have at their disposal.

Some continue to question corporate motivations for participation. With reference to corporations, Asia Russell of Health GAP, for instance, contends that

> [i]t's almost like some are making statements to calm investors above all else. They talk about doing the right things for the wrong reasons. I think we need to force this question of what corporations should be doing in order to make use of their incredible wealth to serve the interest of not just their own employees, but all the people of Africa. (Donnelly 2001)

This kind of tack, however, seems potentially self-defeating when positive things are being accomplished. Although publicity concerns make it unlikely, such a message may drive off corporate participation. Many existing corporate programs do seem to go well beyond strict self-interest. First of all, there are few multinationals that derive substantial revenue from their African operations. Recognizing this, Kofi Annan's appeal to corporations offered other reasons to give support, such as to counter anti-globalization sentiment (Perlez 2001). In addition, many programs go beyond helping employees, but extend benefits to extended family or even the wider community. A greater trust of business' role is needed. Critics often see corporations as monolithic powers and fail to recognize they are made up of individuals who have diverse interests. In addition, foundations have long been an important resource and their assistance cannot simply be written off as aiding the company bottom line. Their work is often far removed from the business or individual that established them. In short, the anti-globalization frame presents potential conflicts with the movement's ultimate goal. This would seem unproductive, but makes sense particularly if it is recognized that the anti-globalization portion of the treatment access movement also has its core constituents to speak to.

A Counter-Frame?

At the same time the Treatment Access movement was gaining momentum, it also became increasingly common to hear AIDS discussed as a security issue (Barks-Ruggles 2001; Gordon 2000; ICG 2001; USSD 2000). As discussed earlier, over time and to their constituent parts, the Treatment Access movement has used different frames for the issue; a racial issue, a human rights issue, and a development issue. These frames coincide with the various bases of support the different participants in the movement had come from. It is difficult to trace the origin of the security frame, however. The movement itself was reluctant to use the security frame (ACT-UP 2000; Davids 2002), although as discussed below, it has recently become useful.

The security frame is a powerful one, but is potentially risky for a movement to adopt. Viewing AIDS as a security issue got its start during the 1990s. With the end of the Cold War, policymakers and academia alike sought to redefine security for the twenty-first century (Allison and Treverton 1992; Lipschutz 1995; Lynn-Jones and Miller 1995; Romm 1993). Given an increasingly interdependent world, issues not traditionally associated with national security, such as the environment, immigration, and disease, are increasingly seen in those terms. While there is no evidence at present to indicate this was explicitly done, the United States government may have an interest in AIDS being considered a security issue. Labeling something a security issue indicates it is vitally important and a high priority. It also, however, often serves to squelch debate (Buzan 1991). The movement was presenting a challenge to some of the international structures in which the United States has the strongest interest, namely international trade and development. The movement argued for the need to go beyond the traditional

development model of focusing on health infrastructure and prevention programs, which other actors in the AIDS fight such as USAID, the Gates Foundation, and WHO advocated (Davids 2002). Thus, labeling AIDS a security issue could be seen as an attempt to hijack the movement. Security issues are ones for governments, not non-state actors, to solve. The fact that the Clinton administration declared AIDS a national security threat shortly after the Gore campaign protests could suggest either an acquiescence to the movement that the issue is vital or an attempt to shift the debate. While the movement had succeeded in making the issue highly salient, it was perhaps believed that, under the label of national security, the United States could shape a solution more in-line with its interests.

THE FUTURE OF THE AIDS TREATMENT ACCESS MOVEMENT

By drawing on existing movements and frames, the AIDS Treatment Access movement has accomplished a great deal. As of early 1998, there were no drug pricing standards and none within 'Big Pharma' were disclosing profits or costs associated with AIDS drugs (Lerner and Hombs 1998). Due to the efforts of the movement, a lot has changed in a couple of years. Media attention and United Nations activism have increased dramatically. Wealthy states have not been immune to calls for action. During the 2001 G8 meeting in Genoa, Italy, a new fund to fight AIDS was formally launched. These funds are intended to buy drugs and support healthcare infrastructure in the developing world. Contributions to the fund, however, have thus far been disappointing. UN Secretary Annan has argued that an effective campaign would cost US$ 7-10 billion per year, yet contributions reached only US$ 1.2 billion by early Fall 2001 (Beattie and Fidler 2001). Unfortunately, the US contribution of US$ 200 million, although described

as a down payment, seems to have put a cap on what other countries were willing to commit.

The 'war on terrorism', however, has proven to be a serious challenge to the movement. It has overshadowed HIV/AIDS. Prior to September 11, awareness and resources had been increasingly mobilized, a UN special session held, and G-8 meetings focused on AIDS each of the previous two years. Two broad challenges face the movement after September 11. First, resources have been redirected to anti-terrorism efforts as well as rebuilding Afghanistan and now Iraq. Estimates for rebuilding Afghanistan are around $10 billion, identical to UNAIDS' estimate of the yearly amount needed to combat AIDS in the developing world. Therefore, resources that may have been committed to AIDS may now be redirected to Afghanistan, Iraq, or elsewhere if and when the war expands. Second, the new security master frame that now exists presents challenges to the movement's message. Although having rejected the security frame in the past, particularly in this new environment, the movement has found the security frame useful to retain attention on AIDS, especially in community outreach activities (Davids 2002). There has also been much discussion within the anti-globalization community (of which the Treatment Access movement is at least to some degree a part of) as to whether and how their strategies need to be reassessed given the new public mood. In short, the new focus on security in American society presents challenges for the movement, but also potential opportunities.

It is to be hoped that momentum will not be lost. There is reason to believe it may not. The issue of AIDS treatment was an important part of recent global trade talks held in late 2001. There is growing recognition within the World Trade Organization that

greater flexibility is needed on enforcement of intellectual property rights. The recently completed WTO meeting in Doha produced an understanding that greater flexibility is needed to allow developing countries to attack AIDS. In the words of one activist, "Two years ago you would never have got anything like this through the WTO" (Economist 2001). Having taken place two months after September 11, it is reasonable to suspect that the old adage of poverty and deprivation leading to violence weighed on the minds of many at Doha. Thus, the security frame may prove to be of continued use, a necessity at the present time.

What is more, conservative groups have recently latched onto the issue as well (Burkhalter 2004). Some have credited this shift with explaining the Bush administration's surprise commitment to fighting AIDS in the 2003 State of the Union message. At the same time, there are certainly significant differences between conservative groups and others as to how to conduct the fight. Again, although too soon to tell, this would suggest the need to look more closely within movements. Significant questions to be explored include how these new groups were brought into the movement and whether and what type of coordination may be going on within the movement.

CONCLUDING REMARKS

Twenty years ago, a movement began which centered on the claim that, if the political will could be created, HIV/AIDS could be overcome. As the path of the disease shifted, so too did the movement. Likewise, as scientific and policy breakthroughs altered the available responses to AIDS, the movement and groups with an interest in the disease changed as well. As such, the life of the AIDS movement in the United States resembles very much the path the virus took in spreading around the globe. Figure 1

gives a graphic presentation of how the movement has evolved. Originally, the movement was made up of groups and movements whose members had disproportionately fallen victim to the disease. As AIDS became more controllable in the US, some groups left the movement. Others, most notably ACT UP, were significantly reconstituted by changed infection patterns and increasingly applied their expertise to the plight of HIV suffers in the developing world. To make that happen, alliances were made with new groups to generate the movement for equal access to AIDS treatments worldwide.

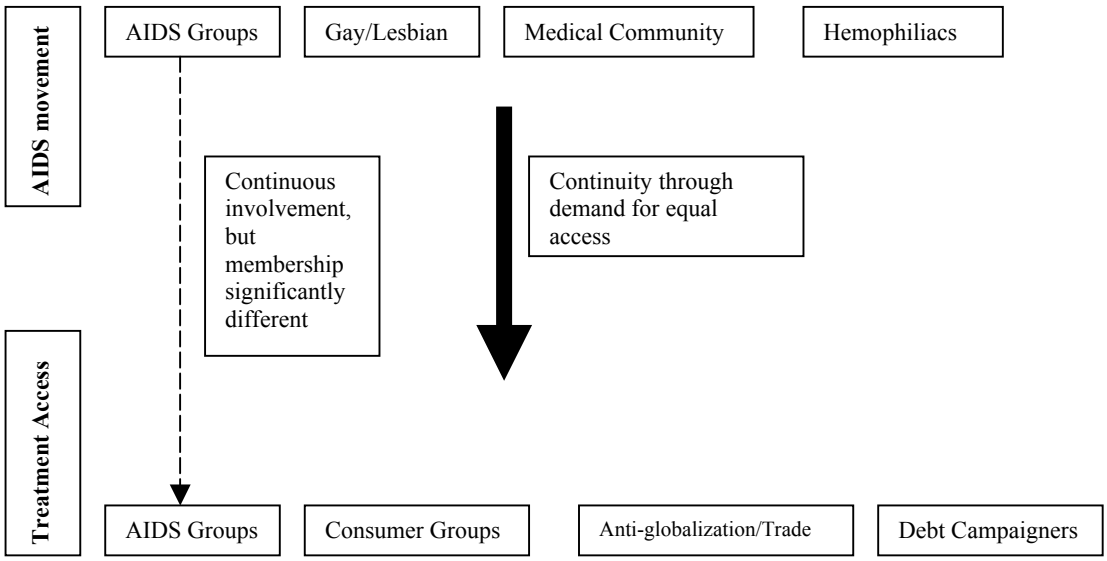

Figure 1: Origins of the Treatment Access movement (Major categories, not exhaustive)

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