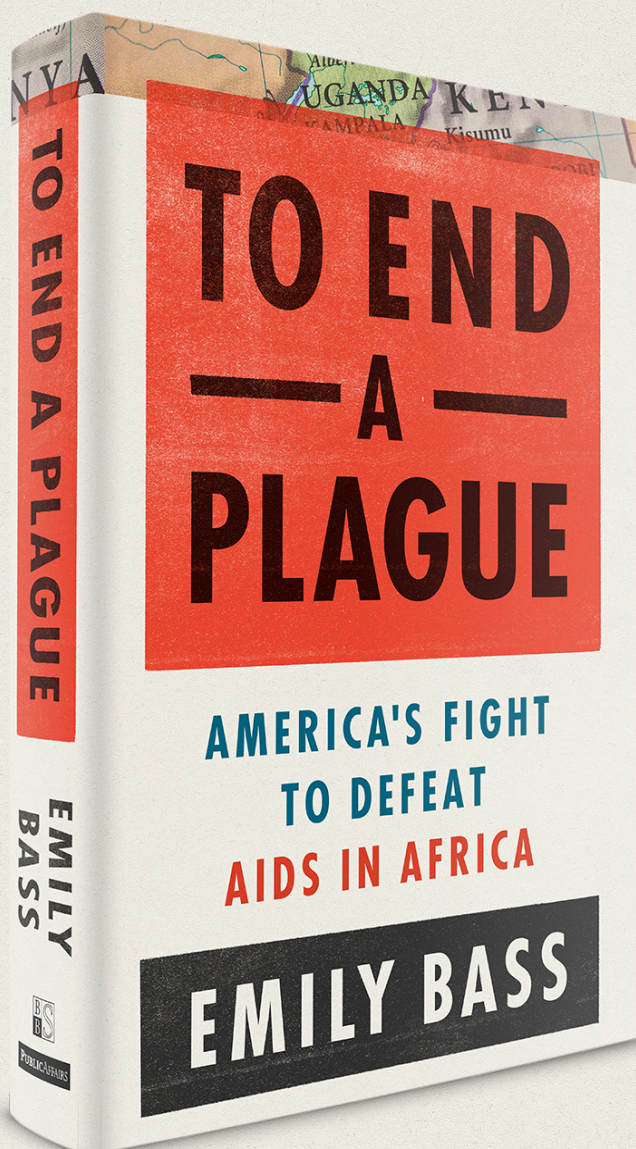


EXCERPT:
Prologue & Chapter 1



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TO END — A — PLAGUE

AMERICA'S FIGHT
TO DEFEAT AIDS
IN AFRICA

EMILY BASS



PUBLICAFFAIRS

New York

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*For Cissy, Lillian, Milly, and Yvette,
our daughters and sons,
and all of the next generation*

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PROLOGUE

ON JANUARY 28, 2003, the night that President George W. Bush launched America's war on AIDS in Africa, he brought the whirlwind with him. In fact, it had seldom left his side. In his 2001 inaugural address, the president twice quoted a letter to Thomas Jefferson from his friend and fellow slave-owning politician John Page. "We know the Race is not to the swift nor the Battle to the strong. Do you not think an Angel rides in the Whirlwind and directs this Storm?"¹ Page penned those words after congratulating Jefferson on the Declaration of Independence, conjoining American governance and divine Providence. Some of Bush's supporters did much the same, seeing divine intervention in an election settled by a Supreme Court decision. At first, the president's whirlwind seemed merely metaphorical. But 235 days after his inauguration, twin columns of air roiled at the bottom of Manhattan Island. Ever since, even on clear days, America had dwelt within a storm.

"In a whirlwind of change and hope and peril, our faith is sure; our resolve is firm; and our Union is strong," the president said on that January 28, in his 2003 State of the Union address.² If he did not name the angel this time, perhaps it was because he intended to assume its earthly, avenging form. Like many viewers of the speech who hadn't voted for Bush, I tuned in dreading a declaration of war

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on Iraq. Two months prior, Congress had authorized use of force; millions of people around the world had taken to the streets to protest, but the White House's zeal for war had not slackened. I'd turned on the speech because I understood witness as an act of resistance. He would not catch those who vehemently opposed violence and vengeance by surprise.

In the opening minutes of the speech, Bush hardly projected holy clarity. His eyes darted, and his mouth seemed a separate living thing, wriggling, flattening, and bunching up with helminthic volition. But after his promise of hydrogen-powered cars, his voice softened, grew hoarse with sincerity. My sense of watching a badly dubbed soap opera disappeared. He began to talk about something that interested him: getting drunk. He'd met a Louisiana addict in recovery. "God does miracles in people's lives," that man had said to the president. "You never think it could be you."

The putty of Bush's face softened with an inwardly directed tenderness when he spoke these words. He could not make himself the subject, of course. But he had been frank about his own alcoholism and recovery. Against my will, I warmed toward him just then. We knew each other, drunks and recovering drunks. On that January night I was twenty-nine years old, sitting in my apartment in downtown Brooklyn, wrapped in the duvet I had brought to college my senior year. I was, if asked, an AIDS activist and journalist. That was what I did; but I was not always sure who I was, and so I loved nothing more than when, after a third or fourth glass of wine, I could at last hear my voice at a distance.

Bush finished the story about recovery in Louisiana with a plea for people to embrace God's "wonder-working power," then hopscotched from a condemnation of partial-birth abortion to a call for a law against human cloning, staking the state's claim to control corporeality in all its forms, from womb to cell. Divine might manifested as governmental jurisdiction over bodies. His voice was firm and his sentences flowed. Something was coming.

Just after 9:30 p.m., Eastern Daylight Time, he looked at the camera again. "Today, on the continent of Africa, nearly thirty million

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people have the AIDS virus, including three million children under the age of fifteen,” he said. I recognized the facts that were a catechism for me and many others working on “global AIDS”—an American neologism for the epidemic beyond US borders. “There are whole countries where more than one-third of the adult population carries the infection. More than four million require immediate drug treatment. Yet across that continent, only 50,000 AIDS victims—only 50,000,” he repeated himself, as we activists did in our own speeches, marveling at the inhumanity, “are receiving the medicine they need.” Bush continued,

A doctor in rural South Africa describes his frustration. He says, “We have no medicines, many hospitals tell people, ‘You’ve got AIDS. We can’t help you. Go home and die.’” In the age of miraculous medicines, no person should have to hear those words [T]onight I propose the Emergency Plan for AIDS Relief, a work of mercy beyond all current international efforts to help the people of Africa. This comprehensive plan will prevent 7 million new AIDS infections, treat at least 2 million people with life-extending drugs and provide humane care for millions of people suffering from AIDS and for children orphaned by AIDS. I ask the Congress to commit \$15 billion over the next five years, including nearly \$10 billion in new money, to turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean.

His words ended years of American negligence. With a scant handful of sentences, Bush launched the largest disease-specific foreign aid effort in the history of the country and the world. He also brought to an end an era of shameful American heel-dragging over whether people in Africa living with HIV and dying of AIDS deserved access to the medications that had changed HIV from a death sentence to a chronic disease in people who could afford them. In the years to come, members of Congress would call the president’s plan the most effective American foreign aid since the Marshall Plan—the

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legendary post–World War II effort to rebuild Europe and head off Soviet alliances. The program that would be known as the President’s Emergency Plan for AIDS Relief (PEPFAR) would meet the goals Bush set in the State of the Union ahead of schedule and go on hitting or surpassing them across three presidential administrations and eight Congresses.

That night Bush laid out his vision for one war that would maim and another one that would heal. One lethal and ill-fated, the other surprisingly adept at saving lives. Americans would become all too familiar with the death and destruction caused by the war on terror; the plague war would receive far less notice. Ten years after its launch, Nobel laureate Harold Varmus declared with surprise that “few Americans . . . understand how successful the [PEPFAR] has been and how it was conceived and carried out.”³ In subsequent years, assessments of Bush’s presidency would cite the AIDS war as his primary positive achievement, sometimes with gotcha headlines like “George W. Bush Was a Much Better President Than Liberals Like to Admit.”⁴ Such stories suggested that the program’s most salient feature was its surprising progenitor and obscured the extent to which Bush’s work of mercy was also a feat of engineering—of policies, attitudes, activist strategies, and public health programs. The COVID-19 pandemic that began in 2020 made it clear that the country could ill afford this mischaracterization. Even with compromises that put cracks in its foundation, PEPFAR is America’s most sustained and effective fight against a pandemic of the twenty-first century. An unprecedented achievement in promoting public health instead of public death, it offers lessons in how the US government can organize and implement a long-term plague war.

We who worked on AIDS knew none of this that night. But we did know that while a virus can cause illness, it is human actions that allow the virus first to spread until it inhabits enough bodies that an “outbreak” has occurred and then to continue to spread until its presence has reached “epidemic” or “pandemic” proportions. We knew that the actions that fueled the epidemic were not condom-less sex acts or shared syringes but the laws passed and stigma dispensed by

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members of society who despised homosexuals, denigrated women, and deplored drug use. HIV lived in blood and body fluids; each act of transmission occurred as a result of two people drawing close. But we knew that the propagation of pathogens to epidemic levels is not inexorable except in the context of human negligence.

The president and the advisors who'd mapped out the plan to wage war on what was then the worst plague of the twenty-first century knew this too. The global pandemic had reached an astonishing daily death toll after effective medications were licensed and made available in the wealthiest nations in the world. To wage war on the virus was, then, to wage war on the human-derived scourge of inequity: a lofty idea, and one for which President Bush might have earned praise even if he'd simply written a giant check. But while the other war he'd launch that night would prove to be based on faulty intelligence and half-truths, the President's Emergency Plan for AIDS Relief was rigorously researched and scientifically sound. It was indeed a plan. In an effort to save the lives of predominantly Black and brown people whose health was imperiled by a sexually transmitted infection, he'd commissioned and endorsed a marriage of meticulous research and audacious assumptions, then endorsed the plan and the funding level—unprecedented in US disease-fighting history—that it required. It would be seventeen years before the United States took another global epidemic as seriously as AIDS, and by then the most astonishing thing about the program would be not how it started but that it had endured, with its lineaments more or less intact. The original plan had been sufficiently well devised to preserve the program's bipartisan support. The mere fact of PEPFAR's persistence defied the flea-like American attention span for public health emergencies, which wandered once the adrenalin wore off and the outbreaks had been quelled among the most privileged members of society.

Those who watched the speech that night in 2003 also knew the toll taken by years of inaction by this man's predecessors and his global peers. As he paused for applause, his mouth wriggling into a line of suppressed satisfaction, I began to sob, feeling gratitude and then—an instant later—shame. I had allowed hope to be kindled by

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a man who occasioned little but despair. As my mood shifted from optimism to self-castigation, I knew with a rare and sudden clarity that my life had changed too. I wanted to know what the president's announcement meant and whether hope was warranted at all. I knew that this was not a simple question and that the search for an answer would define my life for years to come.

I was not alone in the force of my reaction. The vast majority of people living with HIV, as well as scientists, activists, doctors, nurses, and politicians who had been fighting for access to AIDS drugs for all, had not seen it coming. In hotel rooms and homes, groping for our phones, exclaiming, sweating in the hot flush of committing sodomy, as one friend did ritually with his husband on the occasion of Bush's State of the Union address, we felt the words in our blood. Or perhaps we felt our blood in the president's words. We heard him say things we had said for years prior: the same statistics and figures, the same insistence that the medications that saved some lives should save all lives. He'd claimed the plan as his—the president's—but we knew whom else it belonged to. Because we worked on HIV, we knew that symptoms of the virus can take years to appear. The moment the virus arrives in the body is not the moment it announces itself. Often, the first symptoms come after years of unseen attempts at self-protection by the body and its brilliant immune system. Such is the subterfuge of infection and historic change: that which is visible is not the beginning but the result of a struggle that has been going on for some time.

CHAPTER 1

THE INSIDE-OUTSIDE GAME

ALL ENZYMES ARE PROTEINS,” I muttered to Anne-christine d’Adesky in 1996, then looked down at my hands. D’Adesky, *Out* magazine’s HIV reporter, cut a dramatic figure in the SoHo office. She had ragged, black-dyed hair and pearl-white skin. She wore leather pants, thrift-store cowboy shirts with shiny, pearlized snaps, and bodega musk oil that, on her, smelled rich and intoxicating.

I thought d’Adesky was magnificent. I was also gripped with depression both merciless and mundane and on many days could hardly look anyone in the eye. That day, I tried. As *Out*’s fact-checking temp, I spent hours on the spellings of couturiers and colognes. Each fashion spread carried credits for the scent you would have smelled if you’d been there. I majored in biology in college because I thought that it was as good a language as any for a writer to know. I’d devoured the atlas of the body and the vocabulary of the actual, only to find myself phoning Issey Miyake’s press contact to confirm a scent in pages that smelled of nothing but ink and shine. I needed to get d’Adesky’s attention so that she’d ask for me to work on her pieces and maybe give me a chance to write something of my own.

“‘Enzyme protein’ is redundant.” I choked out. I put a line through the word “protein.” “You don’t need to say both.”

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A descendant of what she described as a “convoluted family tree of Belgian and Haitian colonizers and colonized,” d’Adesky had produced Pulitzer Prize–nominated coverage of political upheaval and everyday life in Haiti throughout the early 1990s before returning to New York, where she ate fire with the Lesbian Avengers and joined the direct-action powerhouse activist group ACT UP. At the same time, d’Adesky gravitated toward the journalistic work of digging into the science of the opportunistic infections that were killing her friends.¹ She liked wreckage, remedies, potential, intuition. That day in 1996, she looked at me as though noticing me for the first time. A few months later, when she persuaded *Out* to launch an HIV-focused quarterly called *HIV Plus*, she hired a performance artist as the managing editor because she was a Virgo, enlisted her ex-girlfriend and current roommate Cindra Feuer as one member of the editorial team, and brought me on as the other.

To write my articles, I tried to mimic d’Adesky’s lucid sentences and loose-limbed metaphors. To research them, I read the daily fax blasts from Housing Works, the New York organization spawned by ACT UP that focused on addressing the housing, mental health, and substance abuse needs of people living with HIV. I flipped through the slippery pages of the *Lancet* and the *New England Journal of Medicine* that arrived in hard copy every month. Mostly, though, I picked up the phone. D’Adesky had a single-spaced list of phone numbers for HIV-positive activists, scientists, doctors, and social workers who had been fighting AIDS for years even as the city, state, and country looked the other way. She gave me a copy of her list to pin above my desk. Call Spencer, call Mark, call Michael, call Gregg, she’d say after assigning me a piece. Spencer Cox, Mark Harrington, Michael Marco, and Gregg Gonsalves—these were some of the beautiful, science-savvy survivors of the first wave of American AIDS who had, like other activists focused on housing and mental health, impelled the National Institutes of Health, the US Food and Drug Administration (FDA), drug companies, and the US government to accelerate research on drugs to treat HIV and the opportunistic infections that afflicted the weakened immune system. Their ceaseless demands to move faster and work more closely with

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people living with HIV had resulted in the antiretroviral (ARV) medications that, when used in combination, stopped the virus from making copies of itself. When viral activity halted, so did the assault on the immune system. Combination antiretroviral therapy (ART) changed HIV from a death sentence into a chronic, manageable disease.²

I began working with d'Adesky within weeks of FDA approval of the first protease inhibitor—a new category of ARVs that was highly effective when used together with other ARVs. When I joined her team, she was still laughing about having won a queer dance contest with JD Davids at the 1996 International AIDS Conference in Vancouver. The pair triumphed, drenching themselves with water that made Davids's green hair dye run until he looked like a topless, gyrating Medusa. They had been irresistible and triumphant, though the next day, when a researcher d'Adesky was about to interview offered her wry congratulations on her victory, she blanched.

AIDS activists had never stopped dancing or making art, even during the killing years, and in Vancouver there had indeed been cause for celebration. The meeting featured the first full presentation of data on the effects of the antiretroviral “cocktail” of medications that included the new protease drugs along with compounds like AZT and ddI, which had been available for some years. People who'd canceled their insurance policies and were waiting to die found themselves facing the rest of their lives. One of the participants at the meeting was a slim, handsome Californian named Chris Collins who'd made a film about AIDS, then set aside cineaste ambitions and turned to wrangling legislation to fund virus-fighting efforts in the office of Nancy Pelosi. He found a friend in tears. “Tony Fauci just told me I'm not going to die,” the friend exclaimed, referring to the tough, diminutive scientist who'd headed the National Institute of Allergy and Infectious Diseases since 1984.³ Fauci had been the target of activist ire and a close collaborator, hosting dinner meetings with the same people who took over the campus of the National Institutes of Health, working to develop a shared scientific agenda.

The meeting's scientific news was welcome, but it did not expunge the sense of grief for all the comrades who had not lived long enough

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to hear Fauci tell them that their lives were saved. People who have survived a war mark victory not with light hearts but with mourning. Nor did it eliminate a sense of dread. The pandemic was global; the drugs, priced at more than \$10,000 a year, were a luxury for the vast majority of people living with HIV. “Are you listening yet? The headlines that PWAs [people living with AIDS] want you to write from this conference would read: ‘Human Rights Violations and Genocide Continue to Kill Millions of Impoverished People with AIDS.’ That is the truth about AIDS in 1996,” Eric Sawyer exhorted participants during the opening session.⁴ A tall former football star from a working-class family in upstate New York, Sawyer was an ACT UP member who’d acquired HIV in 1979, before it even had a name. A decade later, he and other ACT UP members, including Charles King, Keith Cylar, and Virginia Shubert, ruffled feathers when they demanded time in the weekly Monday evening meeting to advance an activist agenda on Medicaid, housing, and social services. Sawyer and his allies ignored the critiques that they were “diluting the energy . . . taking up too much time on social justice issues” and went on to found Housing Works.⁵

At the Vancouver meeting in 1998, Sawyer was a grimly passionate Cassandra. He himself was white; still, he knew that Black people, poor people, and people who used drugs had been and would continue to be left behind. “Greed equals death,” he shouted, bringing the crowd along in the chant, updating the “Silence equals death” slogan that had been created by a small artists’ collective and become synonymous with ACT UP.

I began working for d’Adesky a few months after the Vancouver meeting and quickly understood that while I had arrived at a moment of change in the AIDS epidemic, there were different ideas about what had changed and for whom. The year 1996 was a sharp dividing line between two eras: “before” and “after” effective combination AIDS treatment; it also marked the beginning of the gap between those who had access to the medications and those who did not.

While d’Adesky put former junkies, homeless people, and Black and brown women and their children on the cover of *HIV Plus*, the

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ads inside were thick with pictures of mostly white muscled men in chaste yet suggestive “brother’s keeper” hugs, one muscled arm across another man’s chest, or else rock climbing or biking, showing acres of unblemished skin. But American AIDS didn’t look the way it looked in the drug company advertisements. Between 1988 and 1990, the number of Black Americans diagnosed with HIV surpassed the number of diagnoses in white Americans for the first time, in spite of the fact that Black Americans account for just 14 percent of the US population.⁶

Racial disparities in rates of HIV diagnoses were widening at the precise moment that the antiretroviral cocktail became available. In 1996, when AIDS ceased to be the leading cause of death for all Americans, it remained the number one killer of Black Americans.⁷ In 1997, rates of new HIV diagnoses in gay men and other men who have sex with men who identified as Black, indigenous, Latinx, or of Asian and Pacific Island descent surpassed those in white gay men—and would remain higher every year thereafter. In that same year, the first full year in which the potent antiretroviral “cocktail” was available, AIDS deaths dropped by 47 percent overall, the largest single-year decline in a disease-related death rate ever recorded; but the odds of survival were not equal.⁸ As one paper on people with HIV receiving Medicaid noted, “Black patients have approximately ten times and Hispanic patients four times the mortality rate from HIV/AIDS compared with white patients.” The same paper noted that white people with HIV were more likely to receive antiretroviral medications than were Black or Latinx people and that men with HIV were more likely to receive the medications than women. All of these gaps, present at the moment that the American plague ended, would persist for years to come.⁹

Communities of color impacted by HIV weren’t the audience for the slick drug company advertisements for ART. At home in West Philadelphia, JD Davids looked around and realized that many members of the local ACT UP chapter—unique among national chapters for its robust membership of people of color, former veterans, and incarcerated people—didn’t know much about the medications

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at all. "There was such a gap between who was getting this information and who wasn't," Davids said.¹⁰ He cofounded Project TEACH (Treatment Education Activists Combatting HIV) and started explaining the science to former drug users, people who'd been incarcerated, people who were not affluent and white. He understood that drugs that treated the virus in the blood did not remediate what public health experts called the "structural determinants" that drove the epidemic, including lack of access to high-quality, clear information and health services.

A pathogen moves from one person to another on its own. To move through vast swathes of a population, it is aided and abetted by the negligence and violence of the state. The ordeal of AIDS as a whole was not over; nor was the epidemic. I had arrived at the moment when the search for treatment ended and the work of ending the plague had just begun.

AT *HIV PLUS*, I spent the next two years mastering the science of the drugs and their specific actions within immune cells. Untreated, HIV can make up to one billion copies of itself every day. I saw the viral mechanics as a vast and clanking printing press; the drugs were a set of saboteurs. Nucleoside reverse transcriptase inhibitors prevented the virus from translating its genome into the language of the cell. I watched them slip the wrench into the works. The protease inhibitors that stopped the virus from launching new particles in the cell were the squad that slashed the tires on the factory trucks. One or two drugs alone had not been sufficient to stop the virus. With three drugs, three different teams of saboteurs, the mad work of copying shut down. I came to know each squad and each agent editing the table of meds that ran in every issue of *HIV Plus*.

Each drug had a brand name and a generic one. Merck's Crixivan, one of the earliest protease inhibitors, was known in generic form as indinavir. Generic name, brand name: the crux of the gap in access to the drugs lay in that chemical taxonomy. A pharmaceutical company like Glaxo Wellcome, Pfizer, Boehringer Ingelheim, or Merck

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made the most money when a drug for which it held the patent was only available in its branded form. As long as a patent held, the company named the compound and, far more importantly, set the price. But most pharmaceutical products and commodities come in branded and generic forms. Not all plastic bandages are “Band-Aids,” and Advil is just one company’s name for ibuprofen. Like other products, pharmaceutical compounds could be recreated, and when the drugs came off patent, they were. So-called generic manufacturing led to competition; the prices dropped.

I learned about drug pricing and patents through the listservs that were, in the mid-1990s, emerging as new spaces for sharing information and ideas. The staff of *HIV Plus* shared a single dial-up internet connection; our AOL password was based on d’Adesky’s astrological sign. In those listservs, I left the molecular realm and began to learn about the global policies and practices that kept drug prices high. I relied on John James, a Brooklyn-born gay rights activist who’d edited one of the first newsletters for people with HIV and their allies that helped break down the complex science. Many people, including myself, read *AIDS Treatment News* for scrupulously researched updates and clear explanations. James often wrote about drugs and the cells in the body, but by 1998, he had expanded to the geopolitical, offering a pellucid explanation of the General Agreement on Tariffs and Trade (GATT), which bound rich and poor nations into compacts, enforced by the World Trade Organization (WTO), over imports, exports, intellectual property, and more. “Perhaps the worst single feature of GATT was the decision to include pharmaceutical patents—effectively locking in a system which cuts off most of the world’s population from almost all access to new medicines, until 20 years later when the patents expire,” James wrote.¹¹

Many of the places that needed AIDS drugs the most were not markets for the companies that had their headquarters in the Western world. A cheaper AIDS pill on the shelves in Gaborone or Lusaka would not displace a more expensive one. Companies did not make their money in Botswana or Zambia. But in a globalized world, the principle of patent protection mattered. A cheaper version of a drug

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anywhere—even in a country that wasn't a market for the full-priced medication—was a threat to profit everywhere. James had lived through and documented the years in which there hadn't been any pills at all. He knew how to envision change. "It seems impossible to change the GATT treaty itself, because so many countries willingly or unwillingly signed on. But it would still be surprisingly feasible for an activist movement to save lives," he wrote.

By the time I encountered James, I'd learned that AIDS activists had a sense of the movement as a body. The muscle was activists in the street. The heart was service delivery organizations and support groups that cooked meals, washed sheets, and fought for housing and comprehensive services for people with addictions and mental health issues. The brain was the science geeks—a group of laypeople who'd learned immunology, virology, drug development, and the mechanics of clinical trials in order to teach one another and to formulate potent demands. I first heard the heart, brain, muscle analogy from Carlton Hogan, a midwestern AIDS activist whose "how to be a problem patient" columns laid out in delicious, furious detail the ways that people with HIV could navigate the jargon encountered in their doctors' offices.¹² I modeled my work on that of people like Hogan, who explained statistical trial design to me whenever I needed help, and JD Davids, who cowrote "An Assay Is a Test" as a guide for regular people trying to understand scientific presentations.¹³ I learned that plainspoken, precise, and irreverent language that emerged from and explained the body was valuable.

If I was seldom happy, as long as I was working, I was at peace. I liked to be useful, and I was good at what I did. When I left the office and stepped out onto Greene Street, though, I struggled to find my bearings. I did not know what I wanted to do or where I wanted to go. On some evenings, I followed d'Adesky and Feuer to activist meetings. I was too uncertain and unhappy to accept their invitation to zine launches, loft parties, potluck holidays. Conversation was a challenge; contributing facts and drafts of press sheets came far easier.

One evening in October 1998, I followed them to the old red-brick building holding the Lesbian and Gay Community Center and

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climbed a narrow staircase to a room filled with queers who were outraged and heartbroken over the recent brutal murder of Matthew Shepard, a young gay college student in Wyoming. The room held authority and experience. Many people were all too familiar with the alchemy of grief, anger, and purpose that begets activism. Ideas appeared, morphed, elided. A political funeral, in the ACT UP tradition? Yes. Seeking a permit from the city? Maybe. A pale-skinned, freckled woman with dark hair pinched her first three fingers against her thumb and made small circles in the air as she spoke. I guessed that if she could, she'd be smoking. "That makes no sense whatsoever," Sharonann Lynch said in a surprisingly sweet-toned drawl, then laid out a counterplan.

On Monday, October 19, the evening that the Shepard political funeral began, I followed Lynch off the curb of the sidewalk in front of the Plaza Hotel. "You're under arrest, you're under arrest, you're under arrest," a cop jerked his thumb at her, then me, then the person next to me. She stepped forward, sat down, and waited to be hauled off. I stepped back, tightened the pink ribbon around my forearm that designated me as a marshal—an activist who would help organize the protest as it moved—and spent the next several hours racing down the center of Fifth Avenue hand in hand with others, marked by ribbons, seeking to avoid the police and to guide the crowd so large it seized Fifth Avenue. The crowd flowed down the East Side artery, and we raced alongside it, seeking to steer it this way, then that, to avoid the infuriated police who menaced with horses and billy clubs. The city was a body; we were the bloodstream, the throng as large as our grief and anger. I had seldom felt so alive.¹⁴

After that, I would go to any meeting Lynch called in her Alphabet City apartment, smoke-filled sessions discussing AIDS in prison or the feasibility of chaining oneself to the Rockefeller Center Christmas tree. The activists I met there were, like Lynch, largely unsmiling, unphased by getting arrested during civil disobedience. Most were white, queer, and enthralling. They made wheat paste to slap up signs for upcoming protests; when the cops busted them, they jumped turnstiles. Later, they laughed. They seldom mentioned

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where they'd gone to college, if they'd gone at all, or what they wanted to be, as though they only wanted to be themselves. If I was careful to remain taciturn and tactical, I could get dates—but only if I could stay awake. When the meetings ended, the work began: painting banners, making signs. It seemed these activists never slept and seldom ate, save for trips across Avenue A to Teresa's, a Polish restaurant with old red booths, springs pressing hard against packing-tape-patched Naugahyde gashes, for plate-sized latkes, medicinal Jack, and cokes.

Unlike most of the activists, I was from New York City. If I wanted a home-cooked meal, I could always go uptown to my parents' apartment, book filled and warm. I could find my childhood friends, go to diners that didn't double as bars, eat french fries under twenty-four-hour golden light, watch *The X-Files*. Uptown, all I did was rest and eat. I wanted to stay there forever; I could not wait to leave.

I was accustomed to ambivalence. I grew up on the Upper West Side of Manhattan, the daughter of two Antioch college graduates, one a Jew from the Bronx and the other a transplanted southerner raised in Leonia, New Jersey. They sent me to a secular Yiddish school where my Stalinist teacher made sure we learned "Nkosi Sikelel' iAfrika," the African National Congress antiapartheid anthem, along with "Zog Nit Keynmol," the hymn of the Jewish resistance in World War II. As a child, in the Baptist and Episcopalian churches of my North Carolina family, I was transfixed by the women in the congregation, whose clothes matched their bags, whose hair didn't move, and whose foundation-heavy skin was as flat and smooth as that of a mannequin.

At twenty-two, I spiked the world around me with binaries, then told myself to choose: the church or the shul; Snow White or her queer sister; the state or the revolution; the vague, benign warmth of the natal home or the endless night of activist urgency. I myself dressed in a wardrobe filled with effort and contradiction: Laura Ashley jumpsuits; high, red Doc Martens lace-up boots; voluminous floral dresses topped with men's button-down shirts. A tendon in my neck strained when I arranged my face in what I hoped appeared to

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be a smile. My curly hair crackled with a testosterone frizz. I dyed it blonde, shaved it off, wore it long, but I never recognized myself in the mirror.

New York City itself rebuked me. I could come back, but I could not go home. Elected in 1993, New York's mayor Rudy Giuliani created a Gotham peopled by Black menaces and pervy queers, then enacted a raft of policies to protect a mythic populous from all that was frightening and unclean. In the name of public health, he undertook cuts to public education, encouraged privatization of public hospitals, and attempted a dismantling of the Department of AIDS. No panhandling, no squeegee men, no sex shops, no X-rated movies. Disney displaced sex shops in Times Square; public spaces bore private names.¹⁵

Many nights to calm my mind, I walked south toward the Twin Towers through a city that seemed to be undergoing a rapid glaciation, plate glass and silver-blue commercial lighting overtaking blocks where delis, diners, and hardware stores had once offered cluttered windows, local names. In the stores I passed, the number of objects in the window stood in inverse proportion to their prices: a pair of shoes, a dress, a single bag. In this landscape hospitable only to the enormously rich, the cost of cleanliness came clear. It was not money but other people's lives. I could leave d'Adesky's assignments on my desk at the end of the day, but I still saw the world marked by AIDS and the patterns it, like all plagues, revealed in society. All of my Jewish education had been preparation, not commemoration. Crisis was the norm. By the time I realized how frightened I was of what would happen when I accepted this, I already had.

IN JANUARY 1999, I met JD Davids for the first time at the Conference on Retroviruses and Opportunistic Infections. To stretch the *HIV Plus* budget, d'Adesky and I shared a room; to stretch his even more minimal budget, Davids bunked with us, bringing a pile of plaid shirts, black jeans, and protest T's that were hardly adequate against Chicago's frigid cold.

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The hottest talk at the conference came from a German American virologist named Beatrice Hahn, who announced she'd identified a close relative of human immunodeficiency virus, or HIV. It had come from the frozen cadaver of a Cameroonian chimpanzee named Marilyn who'd been captured and held at Holloman Air Force Base in New Mexico for years. Simian immunodeficiency virus does not cause disease in monkeys, but at some point the virus leaped from chimps to humans and acquired its virulent form. Showing spiky family trees of genetic relatedness, Hahn declared that Marilyn had carried, in her blood, something close to the origin of AIDS.¹⁶

One afternoon, a shaggy-haired man in a rumpled suit came flying toward Davids and me in the conference center hallway. He was from the Rainforest Action Network (RAN), he said. Hahn was going to receive an award for her research, and he wanted to use the opportunity to call attention to the rapacious forces that threatened Marilyn's descendants' habitats. Over breakfast with Davids, he explained the risks posed by the trade-liberalizing legislation known as the African Growth and Opportunity Act and by a World Bank-funded Chad-Cameroon oil pipeline that posed risks to people, nonhuman primates, and the land.¹⁷ As Davids recalled, the RAN organizer explained "why AIDS activists should care about trade policy."¹⁸ It was the first such conversation that Davids would have, and for him it tied the inequities of West Philadelphia back to the West African region from whence so many Black Americans' ancestors had come against their will.

All of the HIV in the world could be traced to three separate instances of "zoonotic" transmission in which a chimp and a human drew close. Perhaps a hunter had been wounded while trapping one of Marilyn's ancestral relatives, and their blood had mingled, passing on the simian virus that mutated and acquired virulence in its new human host. That human-adapted virus also mutated and changed as the years passed. Some of those mutations serve as blazes on the trail back through time to viral origins. A British team that sequenced a range of HIV samples followed that trail back to 1920s Kinshasa in what is now the Democratic Republic of Congo. The virus had likely

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circulated for some time prior, but Kinshasa, with its congestion of underpaid male laborers, female sex workers, and, eventually, a railway line, allowed the virus to spread within and then beyond the city.¹⁹ As Canadian infectious disease specialist Dr. Jacques Pepin laid out in his book *The Origins of AIDS*, white human behavior caused the epidemic via colonial engineering that forced African men into congested quarters and, in lieu of allowing families to join them, permitted handfuls of women to sell sex instead.²⁰

The long-term consequences included AIDS and environmental devastation—as well as resistance and activism both within sub-Saharan Africa and in the Western nations that had been built on those ill-gotten gains. The ACT UP Philadelphia chapter was filled with people whose bodies and lives reflected this legacy of extraction, including the uneven distribution of quality health care that its members called America's medical apartheid. In the late 1990s, its legion of members included John Bell, a straight, Black veteran living with HIV; Kiyoshi Kuromiya, who'd been born in a Japanese internment camp and had gone on to become an antiwar civil rights activist and cofounder of the Philadelphia chapter of the Gay Liberation Front;²¹ and Joyce Hamilton, a Black woman living with HIV who'd joined the group after seeing one of its protests against an impending state-wide plan to move Medicaid recipients into cost- and corner-cutting HMOs that would not provide quality care to people living with HIV.²² Asia Russell, a white activist from Silver Spring, Maryland, who had gravitated toward ACT UP Philadelphia as a teenager, paid close attention to the teachings from these and many other members. "In ACT UP Philadelphia, we were always trained to think about the hidden spaces," she said. The group fought for the rights of prisoners with HIV, concealed behind bars. Another campaign involved fighting back against Bill Clinton-era cuts to social welfare systems. "Connecting the end of food stamps as we knew them to a life with dignity for people living with HIV—that's what drew me to AIDS activism—that electrifying connection."²³

Like Davids, Russell was interested in the connections between trade policy, aid, and AIDS in Africa. She'd picked up on the issues

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raised by John James and others and, in January 1999, took the train up to the SoHo offices of the AIDS Treatment Data Network to learn more.

The network offices sat just off the northwest corner of Broadway and Houston, beside a David Barton gym. A visitor disembarking on the sixth floor that night would have seen Russell—a dark-eyed, short-haired figure with coiled intensity—among a group seated in chairs drawn close together on a blonde wood floor, all watching as a man with a mop of brown curls held up Matchbox-car-sized boxes that held pill bottles. “This drug was made in India by a generic company called Cipla, and a year’s supply of this drug will cost \$80,” said Jamie Love, a lawyer who worked with consumer-protection advocate Ralph Nader. He held the box aloft. The drug in question was AZT; in America, a year’s supply cost \$3,500.²⁴

A bearded man, somewhat older than many of the participants, had helped organize the gathering. Dr. Alan Berkman was a self-described revolutionary who had gone underground after providing medical care to one of the participants in a 1981 botched and bloody attempt to rob a Brink’s armored truck—and subsequently spent seven years in prison for his political activism. Berkman’s understanding of the limitations of medical care in a white supremacist state were bone deep. Before his arrest, Berkman had treated survivors of the Attica prison riots, Native American protesters at Wounded Knee, and Puerto Rican revolutionaries. Diagnosed with cancer while in prison, he’d nearly died of sepsis, saving his own life by pinching an IV line to set off an alarm that forced a negligent nurse to his bedside.

In 1994, two years after his release from prison, Berkman became the staff physician at the Highbridge Woodcrest Center, a residential HIV/AIDS program in Harlem.²⁵ His partner, Barbara Zeller, also a physician, had been working on the front lines of New York’s AIDS epidemic for years, serving as the director of a residential health facility for people dealing with drug addiction and HIV who had “been through the war of the streets . . . their medical and psychosocial problems . . . vast and sometimes overwhelming.”²⁶

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Both Zeller and Berkman understood that an epidemic like AIDS required radical social justice as well as medication. In 1998, when they traveled to the International AIDS Conference in Geneva, they came face to face with the extent to which this was true within America and beyond its borders. Held two years after the Vancouver meeting, the Geneva meeting had the slogan “Bridging the Gap.” But for many speakers, the gap yawned, without a bridge in sight. In Geneva, Jonathan Mann, the first director of the special program on AIDS at the World Health Organization (WHO), declared the chasm in access to antiretrovirals an emergency that required action, not out of charity but because of shared humanity and “solidarity.”²⁷

Mann had been urging global solidarity and massive action for more than a decade. In 1987, he called on the United Nations General Assembly to consider the emergency in terms of “three epidemics”—one of the virus, the next of the diseases that ravaged the body in the absence of treatment, and the third of reactions to both HIV and AIDS. In 1987, he’d said, “These three epidemics—of [the] AIDS virus, of AIDS itself, and of social reaction and response—together constitute what the World Health Assembly recently called a ‘worldwide emergency.’”²⁸ By 1998—also the year in which he and his wife, Mary Lou Clements-Mann, perished in the crash of Swiss-air Flight 111—Mann had allies in Geneva, including Peter Piot, the bespectacled, impassioned head of UNAIDS, the agency charged with coordinating all UN work on AIDS. As a patient, physician, and former prisoner, Berkman was, like Piot and Mann, horrified by the “inertia manifested by people who were supposed to be providing leadership around global AIDS.” In Geneva, his horror and “social rage” had swelled. The low-cost drugs were “a matter of right and justice.”²⁹

When he returned to New York City from Geneva, Berkman reached out to Bob Lederer, a fellow traveler in the anti-imperialist May 19th group,³⁰ who in turn reached out to Eric Sawyer, who’d warned of the coming access gap at the Vancouver AIDS Conference in 1996.³¹

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Berkman, Lederer, Lederer's partner and fellow activist John Riley, and Sawyer met for dinner a few times before calling the meeting at the AIDS Treatment Data Network. Berkman would talk about the drug combinations selling "like hotcakes" and the "pornographic" profligacy of pharmaceutical company dinners held to educate prescribers and, sometimes, potential consumers about their new drugs. The luxury boutiques and big-box stores pocking the avenue below and the box in Love's hand lay on the same continuum in a world that prioritized profits over people's lives.

In the weeks after the meeting on lower Broadway, the group tried to figure out what they wanted to win. For Russell, the initial grappling with access gaps within and outside America felt like working from the middle of "a Russian nesting doll," where the most proximate layer was "the US and key debates about racism," with detention of and discrimination against Haitians—an issue Eric Sawyer had worked on at ACT UP—lying just beyond. From the initial meeting, she and others began the work of bringing gaps in more distant geographies into focus too.

In New York, other people joined the group that had met at that January meeting, including Jennifer Flynn, a queer AIDS and housing activist who hailed from New Jersey, and Sharonann Lynch, who'd helped organized the Matthew Shepard rally a few months prior. Lynch was an erstwhile Southern studies major who'd founded ACT UP Memphis then moved north. Flynn, Lynch, and a handful of other young activists had founded Fed Up Queers (FUQ)—whose acronym made Lynch chuckle—a scrappy, direct-action group that fought back against Mayor Giuliani's assault on New York. In the protests against the police shooting of Amadou Diallo, an unarmed Black man, FUQ members were the first to be arrested for civil disobedience.

One night, Lynch arrived in a basement where Lederer, Riley, and Sawyer were debating whether the group's mission statement ought to encompass "micronutrients."³² She'd mastered ACT UP's organizing discipline. "You knock down every barrier. Behind every barrier, there's a person who can give you what you want."³³ In the weeks that followed, as winter turned into spring in New York City and

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Philadelphia, the group tried to apply this discipline to the chasm in access to AIDS medications. They started with what they knew: drugs cost whatever the patent holder decided to charge—at least in the United States, where generic manufacture of a compound at a cheaper price was prohibited until the patent had expired. They quickly learned that not all countries were willing to play by American rules. Brazil recognized patents on the process by which a molecule was made but not the molecule itself. A Brazilian laboratory that could reverse-engineer a molecule could make it, even if that meant breaking the patent. Thailand, too, had both the capacity and a national framework for manufacturing cheap generic medications—resources that both the US government and PhRMA, the US pharmaceutical lobby, regularly pressured it not to use.³⁴

Similarly, postapartheid South Africa had a law called the Medicines Act that enshrined the nation's right to make or import generic medications in the context of health emergencies. One of the provisions involved in exercising this right was known as compulsory licensing, a term that referred to government-sanctioned production of a patented product or process without the consent of the patent holder. Another key provision was parallel importing, in which a country obtained a noncounterfeit version of a product made without permission of the patent holder, such as a drug made under compulsory license.³⁵

As the group gathered information, asked questions, and emailed experts, they also came to understand how the US government intervened to protect drug companies' patents. Starting in 1997, the US government had, at the behest of the pharmaceutical lobby, pressured South Africa to back away from the use of either compulsory licensing or parallel importing. The Clinton administration placed South Africa on the "watch list" of the Office of the US Trade Representative (USTR) and subsequently refused to request tariff reductions until South Africa made "progress" on its intellectual property provisions. Both US Trade Representative Charlene Barshefsky and Vice President Al Gore specifically raised concerns about the provisions in private meetings with the country's elected leaders, including President Thabo Mbeki.

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When the activists figured out that the White House was stumping for drug companies and not the lives of newly liberated South Africans, they knew they had a media-ready story. They also knew the power of pointing the finger at a single person. Clinton occupied the Oval Office, but it was his vice president, Al Gore, whose public image was most vulnerable. Clinton was set to leave the White House; Gore was about to launch his own presidential campaign.

I'd ended up on Sharonann Lynch's "B-list" of activists—meaning I could not be relied upon to risk arrest in civil disobedience. Still, she knew she needed bodies in the streets, which was why in June 1999 I got a call for a weekend meeting in an apartment on East 11th Street. Gore was going to declare his presidential candidacy in Carthage, Tennessee, in a few days' time. At the meeting, Lynch sat with a steno notebook flipped open in her lap. What if the activists drove down to Carthage and disrupted the announcement of his candidacy? Could people do that?

There is nothing remarkable at all about the moment that a decision gets made that will change everything. People checked their work schedules; they considered who would rent a car. They talked about how long it would take to drive down. The proposition hung as a bubble in midair, and then there was an astringent certainty. People would drive overnight and confront the candidate when he declared. What would they chant? "AIDS Drugs for Africa, Gore's Greed Kills." I helped with the order of the words. Lynch grinned with one side of her mouth and produced, as if out of thin air, a sticker for me: a gold star, as though she knew that I was best suited for watching, then finding the words.

ON JUNE 15, 1999, Lynch did hours-long stints behind the wheel of a rental car, relying on fellow Fed Up Queers member Emily Winklestein's renditions of Lucinda Williams songs to keep her awake.³⁶ They met up with a group that arrived in a rented van packed with freshly made shirts that read "Columbia Students for Gore." They'd donned these shirts and shoved flier-sized signs reading "AIDS Drugs

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for Africa” beneath them. They’d hoped they wouldn’t need tickets to get into the main crowd. When it turned out they did, they’d sweet-talked a granny working the cordon into allowing them in anyway.

Mark Milano, a blazing-eyed stalwart of ACT UP, held the whistle that was the signal to start shouting. As he’d later write, “Al started talking: about women’s rights (couldn’t disrupt there); about voting rights for blacks (no, not there); about immigrant rights (not yet); and then about ‘stronger families.’ Okay, close enough to ‘family values’ for me—I got up on a fence, ripped off my t-shirt to reveal one that said ‘GORE’S GREED KILLS’ and blew my whistle. All hell broke loose. We began chanting, ‘Gore is killing Africans—AIDS drugs now!’ One of the women we had been chatting with for hours turned to us with tears in her eyes: ‘I can’t believe you’re a part of this!’”³⁷

The next day, the *New York Times* coverage of the June 16 kickoff event mentioned the protest and its focus on “AIDS drugs for Africa,” the first time that the phrase had appeared in mainstream American media.³⁸ By the time the story ran, another set of activists was barreling north to Manchester, New Hampshire, for Gore’s next scheduled appearance. The group detoured to fetch Rachel Maddow from her yardwork and PhD writing in Northampton, Massachusetts. This time, the fresh-faced crew got placed behind the candidate, a prime location for unfurling a banner reading, “Gore’s Greed Kills.”

Gore’s campaign manager, Donna Brazile, followed another ACT UP Philadelphia member, Paul Davis, as he left the Manchester demonstration. “What do you people want?” she’d asked. Davis, who favored black jeans and plaid shirts wrapped around his pixie waist, had been waiting for the question. He wore a pile of proto-dreads on top of his head. But as much as he looked like an angry anarcho-punk, Davis could—and did—talk to anyone, more honey than vinegar, in a rapid-fire secret code that he never stopped to explain because he figured if you were worth talking to, then sooner or later you’d catch on to his lingo. People he believed in were “weirdos” and “chickens,” new activists were “peaches,” and hard workers were

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“good eggs.” People who worked for members of Congress were “Congress critters.”

He was, above all, a master of the “inside-outside game”—the activist jab-cross that applies threats, pressure, and shame in the streets and negotiates behind the scenes. He’d learned the game in Seattle, working alongside tenant organizers taking over unclaimed houses, land-trusting them, and turning them over to self-managed homeless communities. It was a staple of the American AIDS activist movement too. ACT UP cofounder Larry Kramer would excoriate Dr. Anthony Fauci in public, then call him up as if they were the best of friends.

The whole point of following Gore from place to place was to get someone like Brazile to ask someone like Davis, “What do you want?” Like all good activists, Davis had a specific, actionable answer ready. Davis wanted Brazile to help her former boss, Representative Eleanor Holmes Norton, get a letter from the Congressional Black Caucus (CBC) to the Gore campaign asking about its positions related to essential medications, compulsory licensing, and parallel importing as needed.

Brazile agreed to Davis’s demand, but the vice president’s office also went on the offensive, seeking to discredit the activists as willfully misunderstanding the causes of the raging African AIDS epidemic. The Gore team compiled a list of quotes in the vice president’s defense from politicians and mainstream groups like the AIDS Action Council (AAC). (When AAC’s Daniel Zingale told *Newsweek* that blaming Gore for AIDS in Africa was like blaming Franklin Roosevelt for World War II, Maddow fired off a blistering condemnation.)³⁹ While Gore’s team played defense in public, they scrambled to come up with a solution. “The only way we are going to start to get out from under the current situation, which will get worse before it gets better and now includes the CBC and others, is to announce the plan that you all have been working on with Sandy,” wrote Richard Socarides, the openly gay White House advisor on LGBT issues, referring to Sandra Thurman, the head of the Office of National AIDS Policy. “We need to do this in the next two weeks.

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Help!” Socarides sent his email to “Sandy” and several members of Gore’s staff.⁴⁰

The “plan” in question was a \$100 million investment in HIV testing and treatment for the prevention of vertical HIV transmission, also called prevention of mother-to-child transmission of HIV.⁴¹ Known as the LIFE initiative, the project emerged out of Thurman’s tireless work to garner White House funding for global AIDS. To build political will, she’d brought diverse delegations of members of Congress and their influencers on heart-strings-tugging trips to hold AIDS orphans in Africa. The LIFE initiative was a major achievement, and Thurman was “fit to be tied” when she learned that Gore, not Clinton, would announce the new funding—especially since the image burnishing did nothing to appease the activists, who’d “zap” Gore eight times in the next seven weeks, always giving the media advance notice.⁴²

Gore’s ambiguous response to the letter dispatched by Representative James Clyburn, chair of the Congressional Black Caucus, only fueled frustrations. “I want you to know from the start that I support South Africa’s efforts to enhance health care for its people—including efforts to engage in compulsory licensing and parallel importing of pharmaceuticals—so long as they are done in a way consistent with international agreements,” Gore wrote, without explaining how he proposed squaring the World Trade Organization’s patent protections with South Africa’s right to obtain medications.⁴³ On August 23, activists took over Gore’s office in the Old Executive Office Building. Immediately afterward, they began publicizing a “showdown with Gore” for October 6 with a flier that spoofed the campaign logo, reading “Greed 2000,” a shooting star encircling the phrase.⁴⁴ Before that action could happen, however, the government and its drug company allies changed their positions.

On September 9, 1999, the Pharmaceutical Manufacturers’ Association announced that it would drop its lawsuit against the government of South Africa over the provisions allowing parallel importing and compulsory licensing in the Medicines Act.⁴⁵ On September 17, the US Trade Representative’s Office announced that the United

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States had “come to an understanding” with the country given the severity of its AIDS epidemic. The USTR removed South Africa from the “301 Watch List” cataloguing countries that have run afoul of America’s self-interested economic agenda.⁴⁶ In under three months, a globally focused American AIDS activist coalition brought a technical trade issue into the public eye and forced the US government to take a position that ran counter to the desires of major campaign contributors in the pharmaceutical industry.

SHIFTING BARRIERS TO OBTAINING cheap drugs was one part of the battle; getting funding to buy the drugs—at any price—was another. Here, the activists made less headway in 1999 and 2000 with a White House still swayed by the view, prevalent among the experts who guided the US approach to foreign aid and development, that investing in AIDS drugs for Africa meant making promises that, however moral they might seem, the government would not want to keep. The magnitude of the pandemic was such that anything but a massive, ambitious investment would be inadequate. Some officials fretted that a piecemeal response would only prompt unending demands. In the face of the greatest plague of the twenty-first century, leading development experts argued that the best way to manage America’s potentially enormous obligation was to do nothing at all.

A three-part *Washington Post* series by Barton Gellman published in late 2000 laid bare the specific aversion of the US Agency for International Development (USAID) to the lifesaving medications. Gellman reported that USAID’s AIDS advisor, Duff Gillespie, had written an internal memo arguing against antiretrovirals just at the time that the new medications began to change the course of disease in America. “Transplantation of Northern interventions to the South” was a bad idea, he reportedly wrote. Gillespie thought those drugs—the “Northern intervention”—would “siphon off resources” with “limited or no impact on the course of the epidemic.”⁴⁷

USAID’s hesitation on the greatest humanitarian issue of the century came at a time when its reputation was already in something of

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a shambles. When the Cold War ended, American politicians no longer had a rationale for foreign aid. Without hearts and minds to win in the fight against communism, the case for spending overseas was harder to make, with fiscal conservatives especially hard to convince. The agency's checkered track record didn't help. Founded by John F. Kennedy in 1961, USAID had been hamstrung from the start. Congressional earmarks that dictated what the agency should spend its money on limited the ability of field missions to act on local priorities, while a "Buy American" provision drove up costs.⁴⁸

Boondoggles abounded—even in the early years when money was flush and the Cold War logic clear. When Irvin Coker, a career foreign service officer, arrived in Senegal in 1967, as part of a West African survey trip for USAID's accounting division, he found a rice-production project with about sixteen contractors from the US Department of Agriculture sitting around doing nothing. "We had selected a site which is flooded out every year, when it rains," he recalled. "I asked: 'Did you know this in advance?' The man I was talking to said: 'No.' I said: 'Well, why didn't you know it in advance?' He said: 'Well, we didn't use any of the Senegalese experts for this project.' I found that was a waste of money."⁴⁹

USAID did notch successes, including championing immunization campaigns, contraceptive provision, and shifts in agricultural approaches that helped double crop yields as part of the "Green Revolution." But it failed to secure staunch, bipartisan support from government officials who could never quite agree on why America dispensed aid. Was it in order to advance its own interests, via spending on uplift of political allies, or was it apolitical humanitarianism? USAID itself avowed the latter, even though the vast sums that flowed to countries where America was at war, from Cambodia to Afghanistan, belied the claims of neutrality.

After the end of the Cold War, one development expert would write, "The U.S. foreign assistance program has groped to find its bearings. No recent administration has articulated a compelling vision: what its purpose should be, how it relates to broader U.S. foreign policy and national security interests, and how aid programs

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should be executed.”⁵⁰ Murkiness in worth and mandate took a toll. Between 1995 and 2000, the agency’s staff size shrank by nearly 30 percent. President Clinton designated it a “laboratory” for innovation but also oversaw the closure of twenty-six of the agency’s overseas missions—the first reduction in US development partners since the Marshall Plan. The Republican-controlled Congress teamed up with the State Department in a failed attempt to dismantle the agency and move its functions into the State Department in Foggy Bottom.⁵¹

By 2000, USAID had little political clout, power, or backing because its focal issues were not perceived as threats to national security. Winning hearts and minds in the midst of a war, whether hot or cold, was part of military strategy. Poverty, hunger, and childhood disease were terrible things—but they were not widely viewed as posing direct, material threats to domestic American life. This view prevailed even as experts warned that infectious-disease outbreaks didn’t respect borders and that the history of pandemics past foretold a future in which a novel influenza virus could spark a pandemic that would bring the world to its knees.

If Bill Clinton deprioritized USAID, he did apprehend the security threat associated with HIV. His administration created the first health-focused position on the National Security Council (NSC) and staffed it with Dr. Kenneth Bernard, a passionate and loquacious physician who realized that security experts liked “point-in-time” events—wars, invasions, missile strikes—and had a far more difficult time comprehending the slow-motion security risk of an epidemic like AIDS. Arguing that anything that destabilized economies and societies was a security threat, Bernard tried to get the powerful NSC to take on AIDS as a critical issue.

Bernard had help with this argument. In May 2000, the United States declared AIDS a threat to American security—a first for an infectious disease. The virus itself wasn’t the problem—it was still raging in many segments of America’s population. But if an entire generation of adults were wiped out, “revolutionary wars, ethnic wars, genocides and disruptive regime transitions” might ensue.⁵² The

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orphans would grow up and be recruited into lawless militias, wreaking havoc at the behest of their adult commandants.

Bernard got the green light for developing a strategy and proposal for action, only to see Sandy Thurman's LIFE initiative—developed independently and, Bernard said, in secrecy—carry the day. Years later, Bernard bemoaned bipartisan American waffling over whether public health and infectious disease were indeed worthy of consideration as security issues that warranted action to protect the nation's own interests.⁵³ It was, in many respects, a replication of the ambivalence over foreign aid. The American government couldn't figure out whether it provided development aid to help other countries or to boost its own political interests; nor could it decide whether it fought epidemics beyond its borders in order to save foreign lives, or to protect those of Americans.⁵⁴

At about the same time that HIV morphed into an American security threat, the *Advocate* acquired *Out* magazine and, with it, *HIV Plus*, moving the office out to Los Angeles and—when we declined to follow—relieving us of our jobs. ACT UP Philly came up to New York in force for our closing party, and a lanky artist and West Coast transplant named Kate Sorensen was among them. We'd met on a snowy night in late 1999 at a party at d'Adesky's house—I'd finally begun venturing out to gatherings that weren't meetings. Leaning in the kitchen door, Sorensen told me she had a crush on my writing. A few months later in SoHo, I implored her to buy me the vodka gimlets that went down tart and easy and loosened my tongue. I leaned on the bar and tried to get her to be Bogart to my laid-off Bacall. She didn't buy silver screen stereotypes though, and so I bought my own and tried to pretend that I knew what I would do, or who I was, now that I'd lost my job.

Once again d'Adesky offered me an answer. The International AIDS Conference would be held in July in Durban, South Africa, the first time the meeting had taken place in sub-Saharan Africa. Before we were laid off, d'Adesky was already working on a conference for HIV-positive women and their allies that she'd organized in collaboration with groups of South African women living with HIV.

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While we still had a budget from *HIV Plus*, she'd bought plane tickets from a Russian bucket shop that would not refund them. We kept the tickets, and I picked up a freelance writing contract with the American Foundation for AIDS Research. I sublet my apartment for three months and left for a place I'd never been and about which I knew little save for AIDS statistics and the words to what was now the national anthem.

We took off from JFK in the swelter of July humidity and landed in Johannesburg, where the Southern Hemisphere's winter was underway, the trees autumn hued, the air smoke scented and chilled. I'd packed my camping backpack, an octopus of Fastex clips, with a mosquito net, a first aid kit, and performance fabrics. I was cold, underdressed, and on edge due to warnings about the country's high rates of violent crime. Walking to the convenience store by the hostel for eggs, butter, and a Cadbury chocolate bar, I encountered a woman in the street. "Help me, my sister," she said, or at least that was what I heard. As I backed away, I heard myself say, "Not yet. Not yet."

D'Adesky rented a tiny car to drive from Johannesburg to Durban; I claimed one of the seats because I was not ready to ride public transportation or, for that matter, to leave her side. We drove out of Johannesburg and into the dusk of low, dry, golden fields, the rolling veld. On arrival, we checked into the Holiday Inn South Beach in Durban, where the air smelled of salt and grilling meat from the never-ending *braais* of the beachfront bars. I kept following d'Adesky, first to registration in the giant conference center with the swooping glass facade of an airline terminal and then to the Durban Playhouse, where the meeting, "*Ubumbano IoMama*," roughly translated as "Woman United," was scheduled to take place.

The Playhouse was a Tudor-style building stretching much of a city block. During apartheid, those allowed into the cinema had been treated to a star-spangled trompe l'oeil sky. Decades later, the grand entryway smelled of wood polish and sawdust and—when the women organizers crowded into a basement room—of sweat, cakes of laundry soap, sweet-scented body oils, and the iron tang of blood. When the meeting started, we'd use the upstairs rooms with their

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wide windowsills and creaking wooden floors. That afternoon we crowded close, chair legs locking, climbing on tables, a room of Black women, a handful of whites.

One by one, people rose, gave their names, and said how long they had been living with HIV. Evan Ruderman, a petite, white American feminist who'd dropped out of high school to become an electrician, stood up. When she said she'd been living with HIV for twelve years, the room gasped. The Black women did not expect to live that long. Roughly 20 percent of the country's adult population had HIV; without treatment, the vast majority would die. In spite of the recent victory that had seen the United States remove trade-related barriers to South African purchase or production of antiretrovirals, a government-supported treatment program was nowhere in sight.⁵⁵

Thabo Mbeki, the South African president, stated that the drugs that had prolonged Ruderman's life needed to be used with an abundance of caution, and an eye to the true motives of the profit-hungry pharmaceutical industry. He expressed public doubts about whether HIV was the causative agent of the constellation of diseases collectively defined as AIDS and used these doubts about HIV and the pills that treated it as an excuse for investigating the issues rather than launching a national AIDS response. The country was grappling with massive income inequality and poverty; it also had one of the largest economies and most robust health systems in sub-Saharan Africa. Moreover, as the newly formed activist group the Treatment Action Campaign (TAC) pointed out, the postapartheid constitution stipulated citizens' right to health. TAC had started in 1998, building on the powerful legacy of antiapartheid resistance with local chapters that identified issues in their health clinics and local governments, then turned out crowds to demand action. TAC brought passionate, meticulously-researched counterarguments and legal challenges to the AIDS denialism peddled by President Mbeki and his health minister, Manto Tshabalala-Msimang.⁵⁶

Around the world, concerned allies made common cause. Before Durban, Alan Berkman had helped to write a "Global Manifesto" that laid out demands for governments, pharma, and the "bureaucracies"

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of UNAIDS and the WHO, asserting, “We demand ACTION and not statistics and press releases!”⁵⁷ More than 5,000 scientists, researchers, activists, and public health professionals signed on to the “Durban Declaration,” released days before the meeting’s start, which took aim at Mbeki’s denialism, affirming that HIV caused AIDS and the benefits of the drugs were real.⁵⁸

“Call me Chief,” a broad-shouldered Black South African woman said to me in the basement of the Durban Playhouse. She had a gap between her teeth and a fedora on her head. “You will be *Nkosazana*,” she said. It meant princess. I blushed. I had not thought aloud about what I expected from this conference of women or even what it meant to be an ally. If pressed, I would have admitted that I had not anticipated so much life.

That evening, d’Adesky, Cindra Feuer, and I left the Playhouse and walked down Joe Slovo Avenue to find a doorway in a dead-end street at the end of a dingy shopping arcade. We ducked below a metal grate pulled halfway down and rode an ancient elevator up to the unused office space rented as the activist headquarters for the week. TAC had hired out the space along with Health GAP—the group formed out of those early meetings convened by Alan Berkman that now had Paul Davis, Sharonann Lynch, and Asia Russell on its staff.

TAC and Health GAP, along with the Thai Drug Users Network, Brazil’s Grupo Pela Vida, and the Indian Lawyer’s Collective, were the core of a global cadre of groups that advanced national and community-based components of a common agenda focused on securing universal access to affordable AIDS medications. On the listservs, I’d come to know by name some of the Indians, Thais, and Brazilians whose countries were willing to produce and/or export cheap medications. When I emerged from the elevator into a warren of rooms filled with the black carapaces of rolling chairs and faux-wood desks with chipped veneers, it seemed like every one of the people I’d encountered in the virtual space was there.

ACT UP Philadelphia had turned out in force. The members who’d traveled to Durban included Melvin White, a Black gay man

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living with HIV; along with Paul Davis; Asia Russell; JD Davids; and Kate Sorensen, who'd left me with thrumming curiosity that night in SoHo. She had dyed her short hair rainbow colors with food coloring and sat on the floor beside a printer she had brought, zipped up in a plastic protective case, all the way from America. There, too, were the leaders of ACT UP Paris—Gaelle Krikorian and Khalil Elouardighi—whom I'd met when they came through New York and who now stood, unsmiling, in form-fitting black T-shirts that read, "Africa Is Burning." I recognized Brazilian activists, proud of their country's patent-breaking policies and universal AIDS drug program, and the Indians whose companies manufactured the active pharmaceutical ingredients that Brazil imported to make its medications. Rachel Cohen, Kris Torgeson, and Daniel Berman were all there from Médecins Sans Frontières (MSF) New York. The South African activists commanded the attention of everyone in the room, even when they were not trying to. Zackie Achmat, Mark Heywood, Vuyiseka Dubula, others whose names I did not know.

When the activists called their meeting to order, no one made up new names for each other. During introductions, everyone who had one gave their title. "I am the executive secretary of the Treatment Action Campaign," or "I am the vice president of ACT UP Paris." With the dingy furniture and lighting, the slept-in clothing, and the vague currents of sexual tension, it was like a meeting of a student council or yearbook staff. The group approached the issue of if, and how, to protest President Mbeki at the opening ceremony the next day. His AIDS denialism was immoral, an affront to anyone who cared about AIDS; he was also the president of a proud, liberated Black nation. If American activists did not, then, know that printers could be had in sub-Saharan Africa, we—like the other non-Africans—understood that this was not our government to blame and shame. Nor did all of the South African activists have access to the seats on the floor of the stadium where Mbeki would speak. Only people with conference registrations could get close; locals were relegated to the bleachers. The discussion proceeded with extreme care, as though we were all traversing a great height, a precipitous drop on either side.

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The room took on the saturated hues and crisp edges of a space filled with concentration. The South African activists seated in the bleacher seats would start a chant during their president's speech. People who'd come from beyond the country's borders would follow their lead.

It was a night to tell the truth. "Will you take me home?" I asked Kate Sorensen when the meeting ended. We navigated by the boardwalk building's rooftop lights, but we were never in danger of being lost. Exhausted, jet-lagged, dirty, and disoriented, each person in that room had understood where we were: on the knife-edge of history.

At the march the next day, I tried to copy the South African activists in their *toyi toyi*, the hybrid of marching and dancing originated by antiapartheid freedom fighters. I stumbled in the stomping and jumping, which surged forward then leapt back, and sang nonsense syllables to the apartheid-era songs that now had lyrics condemning the CEOs of Pfizer and GlaxoSmithKline. I had been warned of the enormous rates of crime and violence in South Africa, and so I had been scared each time I stepped into the street. Within that sinuous, swarming crowd, I could finally look around, taking in storefronts, bank buildings, electronics shops. Amid the clamor, I slipped into the place itself, a city that, with its wide streets and congested shopping districts, could have been many places in the world. Then, in an instant, it was only one place: Durban. As we marched, the sun dropped swiftly, and a chill crept into the air. I felt as though my skin had loosened from my body, as though I might shuck it off. Travel and mass protest both afford escape, however illusory, from the isolated self. Momentarily unencumbered, I felt very far from home and, at the same time, that I had arrived.

For many of the Westerners at the march that day, the focus on Africa, and on specific countries within the region, was a relatively new development. One could argue for equitable drug access without traveling to or knowing much, if anything, about the places where the drugs were lacking. For all the work that Eric Sawyer and his globally focused ACT UP comrades undertook, African AIDS—including AIDS affecting Africans in the diaspora—hadn't dominated the group's agenda.

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In New York City, Kim Nichols, a white woman with a gentle voice and a wide-planed, open face, had joined the African Services Committee, which had been founded in 1981 to meet the needs of African emigrants newly arrived in the United States. By 1991, the immigrants arriving at the organization for housing or jobs were “coming with full-blown AIDS, tuberculosis in particular.” When she thought back on that time in later years, she’d recall “the loneliness of working on African AIDS.” Diagnosed herself in 1992, Nichols, a onetime acupuncturist, was embedded in both the city AIDS response and the New York–based activist community. “I felt I had to keep reminding people that . . . there was an immigrant presence in New York City that was very deeply affected by the AIDS epidemic. More than that, to try to connect with others who had the means, the intention, the knowledge to work in Africa or at least begin to explore some sort of a more localized response in Africa.”⁵⁹

When Amanda Lugg, a British Ugandan chef and queer activist moved to New York City in 1993, she marked the way that local AIDS activism and community support structures often replicated racial divides. ACT UP New York was not wholly white, but it also was not the sole or even the chief node of organizing for the Black, Indigenous, and people of color (BIPOC) living with HIV in the city. “I am in awe at the amount of work that ACT UP did . . . I didn’t go because of my perception that the white gay intelligentsia was at the helm of the movement,” Black gay filmmaker Chas. Bennett Brack later said.⁶⁰

In New York, as in every community hit by AIDS, BIPOC organized their own support networks and services, drawing on history, tradition, and diasporic identity. In Harlem, Gay Men of African Descent offered HIV education and services intermingled with stories of gay resistance and resilience during the Harlem Renaissance.⁶¹ Marlon Riggs, the brilliant filmmaker and writer whose life was cut short by AIDS, documented the experiences of his compatriots—gay men of color with diasporic identifications with Africa and Haiti—and dropped a pink triangle into the center of the African continent in his dizzying, delicious 1991 film *Anthem*, in which the poet Essex Hemphill, who would also die of AIDS, declaimed his poetry. “Every

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time we kiss, we feel the new world coming.” This new world often meant BIPOC-led responses and resistance that received less attention than the media-savvy ACT UP protests. Bennett Brack worked at Gay Men’s Health Crisis but “chose to put [his] efforts into [projects] targeted for black folk, in the sacred community of Lavender Light Gospel Choir and Unity Fellowship Church.”⁶²

There was a gap between white and BIPOC-led responses in the United States; there was a gulf between the epidemic in America and in Africa.⁶³ In the mid-1990s Lugg was working for God’s Love We Deliver, a meal service for homebound people with AIDS. Lugg kept a map of Africa and its AIDS statistics pinned to the bulletin board above her desk. One day a colleague asked her why. “I said, ‘Well, look at Africa, this is what’s happening in the [global] south.’ And she said to me, ‘Oh, you don’t want to get involved with that. It’s too much. It’s overwhelming. It’s like we can’t even think about it.’”⁶⁴ Lugg ignored her colleague and instead joined Kim Nichols on the staff of African Services Committee, where, in the late 1990s, the pair worked to pull together a scant handful of like-minded organizations interested in Africa. After Durban, Lugg and Nichols hosted a meeting between members of that group and the Health GAP team, a convening that ended the relative isolation of Africa-focused activists working in New York. Lugg would become a Health GAP board member and dynamic speaker at many of its rallies, but she also wouldn’t forget the years when the epidemic in Africa and its impact on the New York-based diaspora had seemed a world apart.



IN JULY 2000, YVETTE Raphael, a twenty-five-year-old Black feminist from the South African province of Limpopo, had a job counting guns. As a monitoring and evaluation officer for a government office, she collected munitions from citizens of all races who’d armed themselves under apartheid. She logged the weapons that marked the armistice, of sorts, in one war. When she realized she carried the virus in her blood, she started talking about her status right away. “If you fire me, I’ll sue,” she told her employers.⁶⁵

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Raphael also started treatment right away, a decision that put her in the distinct minority of her comrades living with HIV. She had the money to pay for the medications when others did not. She wasn't deterred by the government's denialism, even though Mbeki's questions left her anxious each time she swallowed the pills. She also had women friends who couldn't afford drugs and asked her to take care of their children when they died. "My power around it was if I can survive and look after my friends' kids, I should do it, and that was a decision of a group of women who were in my circle," she said.

She watched as prominent male movement leaders, including Zackie Achmat and Lucky Mazibuko, went on "treatment strikes," stating that, even though they had the resources to pay for the pills, they wouldn't take the new combination antiretroviral therapy until it was available to all South Africans who needed it. These bold stances seized international media attention and put the men's health in peril.⁶⁶ But to Raphael, the decision looked like one that only men could make. She couldn't say, "'Yhoo, I am a strong man, if you don't give it to everyone I would rather die.' . . . For women it meant something different."

One of the women in Raphael's circle was Prudence Mabele, among the first South African women to declare her HIV status openly. An activist firebrand and *sangoma*—or traditional healer—she cofounded both the Treatment Action Campaign and the Positive Women's Network (PWN). TAC was savvy, visible, and powerful. To Raphael, it seemed as though the group often had male leaders in speaking roles at press conferences, while the women who'd done the door knocking to turn out the massive protest crowds didn't always make it into the front-page news. With PWN, Mabele emphasized psychosocial support and issues of trauma and gender-based violence.

Raphael met Mabele soon after her diagnosis, when Raphael, a "damn hard worker," was surfing internet chat rooms to learn about the virus while executing her job. Via the internet, she found AIDS activists in America and Europe like Charles King, a cofounder of Housing Works. King said that "housing was health care," and

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Raphael—the granddaughter of a land activist—knew exactly what he meant.

Twenty years later, when I asked Raphael if she'd been in Durban in 2000 at the AIDS conference, she said she had. She told me that "Pru" had a hotel room at the Marine Parade paid for by one of the international groups looking to support South African activists. She'd piled four of her friends in, including Raphael, and then brought them along to the high-profile meetings she'd been invited to.

Raphael has a mobile, expressive face that slips from playful, pursed-lip pout to square-jawed defiance with liquid ease. At that conference she remembered using her body to make her point throughout the entire week of the meeting, forcing herself into the streets over and over. "When you were in the conference and people told you, 'So and so is dying,' you had to literally pick yourself up and start another *toyi toyi* and make sure there is another protest—enough for the world to hear. Because now here's the world in your country."

One day, Mabele swept Raphael into a meeting with Thabo Mbeki and Manto Tshabalala-Msimang. She'd gotten sick and tired of the president and health minister saying that the ARVs were poison. "Yvette Raphael," she'd called out. "Please stand up." She told everyone that her friend Yvette was taking antiretrovirals and was doing so well, looking so nice and fat. Raphael told me that when she went back to their shared hotel room and fell asleep, Thabo Mbeki and Manto Tshabalala-Msimang came for her. In her dream, they kidnapped her off the beach she'd just been sitting on, forcing her away with them to the Union Buildings, the official seat of South African government, many kilometers away in Pretoria.

To Raphael, the dream came from "the trauma of having to use my body" and from the drugs in her blood—one side effect of some of the medications was nearly hallucinatory dreams. She would take on the children, take the medications, pull herself into the street to *toyi toyi* in a fallen comrade's name. Her feminist principles, handed down by her grandmother and reinforced by her tribe of women friends, moved her body as much as her muscles. But when she was at rest, the fear crept in. She'd be responsible for eight children before she

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was twenty-five; her life, and theirs, depended on the president being wrong about the medications. Survival was an act of rebellion.⁶⁷

Years later, Raphael told me there was video of Prudence Mabele asking her to stand up before the president. “I need to see that event,” I said to her, then started combing the Durban conference program. I saw events I remembered vividly—like the historic speech by Justice Edwin Cameron, a white South African jurist with HIV who denounced the immorality of the treatment gap. I saw, too, the debate-style sessions between eminent scientists over whether it was possible to use AIDS drugs in Africa. I’d gone to one debate where Dr. Paul Farmer showed before and after pictures of Haitians brought back from the brink of death by antiretrovirals and quoted American poet Wendell Berry: “Rats and roaches live by competition under the laws of supply and demand; it is the privilege of human beings to live under the laws of justice and mercy.” I recalled that Mead Over, a health economist and Farmer’s debate opponent, declared that prevention of new infections was of the utmost importance and that an effective AIDS response simply had to deal with sex workers who were “epidemiological pumps”—acquiring HIV then churning it out into their clients’ bodies.

But I could not find a session with Prudence Mabele and President Mbeki anywhere. I wanted to put us in the same place at the same time, to make the point that I treated the *toyi toyi* like a dance, while Raphael pounded the pavement to commemorate another death, performing because people like me were watching. “I’m obsessed,” I messaged her. “I can’t find it.”

“Sorry, sis,” she wrote back. It wasn’t that conference; it was another one, in 2001. She’d received her diagnosis in December 2000; in July, when I’d been in Durban, she’d been enjoying the last HIV-free months of her life. The meetings had all seemed so big to her back then, she said. It always seemed like the world was watching.

“Sorry, sis.” Raphael’s apology jolted me. I realized how much I wanted her to have been in Durban in July 2000. I’d been at the opening ceremony of the conference where a young boy named Nkosi Johnson stood, nearly swallowed by his suit, his eyes giant in a

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skeletal head, and explained that he had HIV and wished to live. Great red balls bounced among the audience, making slow arcs from one set of patting hands to another. After Johnson left the stage, President Thabo Mbeki spoke at length, suggesting that poverty, malnutrition, and underdevelopment all caused AIDS. During his speech, the South African AIDS activists' voices had come drifting down from seats high above the stadium floor. From where I sat, they sounded faint and light, an echo of the roar that had filled the streets just hours earlier. Johnson died eleven months later in June 2001. The effect that evening was as horrifying as if we'd witnessed his execution, which—in a way—we had.

I met Raphael nearly a decade after the Durban meeting, when she was a fellow at the AIDS advocacy organization where I worked. With her swagger and playful sense that she had my number, Raphael reminded me of Chief, whom she'd also known. By the time Raphael and I met, Chief had been dead for three years. Our mutual friends thought she'd stopped taking antiretrovirals; they knew only that she'd stopped picking up her phone. I myself had been an inconstant friend, sending email replies months after she wrote, uncertain what I could offer from afar.

I was hungry for Raphael's account of her time in Durban because I could not ask Chief to tell me what had really happened, and I did not like my own Durban story, with its traveler's curiosity and naivete. The impulse to decenter myself and other white American activists was appropriate. But when I messaged Raphael that I was "obsessed" with finding the video, I realized I wanted to disappear altogether, to write her story and leave mine out entirely. That would not have been noble; it would have been a lie.

The 2000 International AIDS Conference in Durban was the beginning of the transnational AIDS activist movement's collective memory, the first time so many people who cared about the same thing were in the same place, with the eyes of the world watching. It began a shared experience. Raphael remembered Nkosi Johnson like she'd seen him speak because the movement's memories were hers to claim.

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Collective memory can obscure as often as it illuminates, reinforcing a single version and offering it up as fact. The versions matter. Raphael had not been there, but she'd felt it in her body as if she had. I had been there, one of thousands of white Western people whose prior experience in other geographies afforded a sense of understanding of the situation far from home. My own body had been strung with desire for Kate, a desire heightened by the proximity of death, so near and sure it seemed to darken the shadows on the pavement beneath the marchers' stomping feet. The events that followed for years to come would be shaped by Black and white, African and American, Northern and Southern desires, beliefs, convictions. Black bodies would be offered as proof that the drugs worked; white ones would recede, even as they exercised power. All the bodies needed to be included in the telling.

The truth was in all of it: the loquacious, evasive president, the boy who had no time to waste, the march, the swiftly falling dusk, the beach, the *braais*, the certainty that sex, which the billboards said could kill, was the only possible salvation. To tell the truth, I had to include how Evan Ruderman lived just two more years, how I recoiled from Chief's intensity, how easy solidarity seems in a crowd. There was failure, disappointment, misunderstanding, and misremembering amid the certainty, glory, and bravery.

By the conclusion of the Durban AIDS conference—perhaps by the conclusion of the march on the opening night—the question of AIDS drugs for Africa changed from “if” to “how.” It seemed as inevitable as that perfect orb of searing orange sun that rose each day out the beachside windows. Yet there were many answers to the questions, many nightmares, many dreams. Once the medications began to arrive, the kaleidoscopic nature of these visions became abundantly clear.



I LEFT DURBAN WITH a combination of writer's block, heartache over parting with Kate, and a dense sense of dread. Chief, like almost all the other Black South African women at the conference, did not

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have treatment, and she told me that she did not know if she wanted to take it. Having joined the AIDS activist movement at the moment that antiretrovirals arrived, I'd never had friends who might die as the result of state-sanctioned violence before I saw them again.

As a parting gift, d'Adesky passed on an assignment she'd been offered by the International AIDS Vaccine Initiative to write about AIDS vaccine research in a country I knew almost nothing about. In August 2000—after reporting in Lesotho and South Africa for several weeks—I boarded a plane in Johannesburg and flew five hours north. I landed at night and rode down Entebbe Road after the owners of the small three-sided shops called *dukas* had lit their lamps. It was a drive through flickering shrines, missing sidewalks, dirt paths, and overloaded bicycles. The malls and motorways of modern South Africa appeared a shining scrim before the townships and their poverty. Uganda was, it seemed, not hiding anything. The government, under the leadership of President Yoweri Kaguta Museveni, forthrightly accepted HIV as a problem; Museveni decreed that all sectors of the government needed to respond. He'd approved of the establishment of the Joint Clinical Research Center (JCRC) as a parastatal organization that would do HIV research and, for paying clients, provide treatment.⁶⁸

The clinic's director was Dr. Peter Mugenyi. In 1977, Mugenyi had hunkered down in the backseat of a friend's Volkswagen to flee the country then ruled by Idi Amin, whose vicious anti-intellectualism put educated elites like Mugenyi in peril. On his return in 1989, after Museveni assumed power, Mugenyi found that the fear of political violence had subsided, but a new "bad omen hovered in the air."⁶⁹ He saw coffin makers' stands crowding the roadsides and understood that a new, lethal force stalked the nation: the virus that caused AIDS.

By the time I met him, Mugenyi had emerged as a vocal, seemingly fearless treatment activist. Disgusted by Western pronouncements that Africans could not take AIDS medications, he'd begun offering antiretrovirals to people who could pay for them—chiefs, politicians, and wealthy businesspeople. He provided them with

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discretion and a lifeline; they in turn offered the proof he needed. He closed most of his PowerPoint presentations with a slide stating, “Yes! It Is Possible to Treat AIDS in Africa.” He’d tell the audience, and anyone else who asked, that the cost of drugs was the only limiting factor. To make his point, he imported generic antiretrovirals from Indian manufacturers, turning a sanction from the National Drug Authority into a media moment that highlighted the absurdity of a world in which it was illegal to procure the medications that saved people’s lives.

In public, Mugenyi exuded confidence and professionalism. He could not afford to let the public see his fear and exhaustion, though he felt these too. Instead he welcomed visitors, giving interviews in his office in the elegant green-roofed, white-walled JCRC building that was itself a rebuke to the notion that his country’s health system was too primitive to provide antiretroviral medications.⁷⁰

Before I was ushered into Mugenyi’s office in the JCRC complex on Rubaga hill, I’d seen the physician on *60 Minutes* and in countless media stories produced around the time of the Durban AIDS Conference just two months before. I had no new questions. No reason, really, to ask for his time. But the doctor was willing to speak to any journalist or visitor who listened. He sat behind a heavy wooden desk, brocade curtains in the window, and shuffled papers while he repeated his message. It was possible for Africans to take AIDS drugs. Cost was the only obstacle.

While I dropped a sugar cube into my tea and tried to think of something else to ask him, a knock sounded at the door. A woman entered, dressed in a matching ensemble from headpiece to skirt, striking in sapphire blue and white. She and Mugenyi spoke for a while and laughed. She had bangles on her wrist that clanked and rang when she reached out to shake the doctor’s hand. She was, he said to me, a patient from West Africa. She flew in every month from her home country. He had many other wealthy clients—politicians, tribal chiefs, and businesspeople—who did the same. He saw whoever came and was able to pay. As he did so, he thought of those who couldn’t pay, people like the woman who came to his clinic every day,

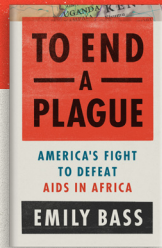
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bringing her daughter and a bottle of carefully boiled water. “Why are you here?” he’d ask her. “Just in case you find something,” she’d explain. She hoped that the doctor might produce an affordable remedy that could save her life. One day, though, she hadn’t appeared anymore.⁷¹

Mugenyi hadn’t been able to bring himself to ask what happened to the woman or her daughter, and he knew that there were thousands of men, women, and children who were also waiting for something, anything that might stave off death. Until he had an answer, he would invite every visitor into his office and onto the wards to show them the proof—that it was indeed possible for Africans with HIV to take antiretrovirals. When an American member of Congress asked him to leave antiretrovirals out of his prepared remarks before a House of Representatives hearing, he refused. He would not change his story or turn away a witness.⁷² People with the power to change things needed to see what was possible—and what was happening in the meantime.

TO END A PLAGUE

America's Fight to Defeat AIDS in Africa



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