THE U.S. GLOBAL AIDS RESPONSE:
NORMS, INTERESTS AND THE DUTY TO TREAT

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ABSTRACT

The dissertation seeks to explain the transformation in the response by the United States to the challenge of global AIDS. Between 1998 and 2008, U.S. spending on global AIDS increased 50-fold to over $6 billion. Most conventional explanations of international politics and foreign assistance give a dominant role to various conceptions of interest, including key economic interests and the strategic interest of powerful states. This dissertation tests these dominant theories against a hypothesis that suggests a more significant role for norms and norm entrepreneurs in shaping political decisions.

Neither the influence of important economic interests nor the national security interest of the United States can adequately explain the transformation in U.S. global AIDS policy. Instead, an emerging norm around the duty to provide AIDS treatment and the norm entrepreneurs who championed this idea were the driving force in shaping the U.S. response to global AIDS. Emerging norms require effective champions to capture the attention of a wider public and the support of political leaders. Norm entrepreneurs will be most successful when they adopt the strategies of symbolic politics, leverage politics and accountability politics to influence political leaders.

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CHAPTER ONE

NORMS, NORM ENTREPRENEURS

AND GLOBAL AIDS
INTRODUCTION

Over the last decade, the global AIDS crisis emerged from years of neglect to become a major focus of United States policy. Between 1998 and 2008, U.S. global AIDS spending increased 50-fold to over $6 billion. Most of this transformation took place during the Administration of George W. Bush, but the issue initially moved onto the political agenda at the end of the Clinton Administration, with disputes over trade and access to medicine. In the 2000 campaign, Bush was skeptical about increasing AIDS funding, but in early 2003 he announced a $15 billion global AIDS initiative. In 2008, a bi-partisan consensus on the need to respond to global AIDS led to the passage of legislation expanding the initiative to $48 billion over the next five years.

Most conventional explanations of international politics and foreign assistance give a dominant role to various conceptions of interest, including economic interest and the strategic interest of powerful states in shaping policy outcomes. These theories generally suggest that norms are proxies for interests and predict that moral politics will not be decisive in shaping major resource allocations. This dissertation tests these dominant theories against a hypothesis that suggests a more significant role for norms and norm entrepreneurs in shaping political decisions. Norms are understood to be: “Collective expectations for the proper behavior of actors with a given identity.”1 Norm entrepreneurs are defined here as “champions of a particular norm who seek to convince politically powerful actors to adopt and adhere to that norm.”

Neither the influence of powerful economic interests nor the national security interest of the United States seems to adequately explain the transformation in US global
AIDS policy and the commitment of significant long-term resources. Leading economic actors, such as the pharmaceutical industry, were not a significant force in advocating for a major global AIDS treatment initiative. Despite the Clinton Administration’s concerns about transnational health threats, it reversed its policy on intellectual property and access to medicines only after public confrontations with civil society activists. While many Bush Administration policies reflected national security concerns in the wake of 9/11, the AIDS initiative was not conceived with national security at the forefront. If narrow conceptions of interest cannot fully explain the shift on global AIDS, it suggests the possibility of a more substantial role for norms and the agency of civil society actors who champion them.

Norms and norm entrepreneurs were a critical force in shaping the response to global AIDS. Civil society activists used innovative strategies to champion a norm around the duty to provide AIDS treatment that catalyzed major U.S. investments in global AIDS. At the end of the Clinton Administration, civil society groups highlighted the AIDS treatment gap and the role of U.S. trade policy in maintaining high drug prices in the developing world.

The emerging norm around the duty to treat constrained United States trade policy with respect to intellectual property and generic AIDS medicine. During the early years of the Bush Administration, wider acceptance of the duty to provide AIDS treatment catalyzed billions of dollars in investment to put two million people on life-saving treatment. Subsequently, norm entrepreneurs fostered a strong bi-partisan congressional coalition that supported expanded funding, including for international institutions such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.
The dissertation also seeks to draw lessons about the mechanisms through which emerging norms become significant forces in political debate and the ways in which norm entrepreneurs deploy these norms to exert influence. Norms require effective champions to capture the attention of a wider public and the support of political leaders. Global AIDS activists utilized a series of strategies, including symbolic politics, leverage politics and accountability politics to secure a global AIDS response.

Dramatic symbolic confrontations at the end of the Clinton Administration generated media attention to the global AIDS crisis and constrained the choices of policymakers. Civil society actors leveraged support from a wide range of sympathetic faith groups who were crucial to catalyzing President Bush’s initiative on global AIDS. Once global AIDS was firmly on the political agenda, civil society groups turned to accountability politics to secure promised funding increases and expand support for multilateral mechanisms that were not favored by the Administration.

Symbolic politics involves efforts by norm entrepreneurs to draw upon broadly held values, such as the value of preserving life, in order to reframe political debates. Symbolic politics draws upon these values to convince political elites and the broader public that issues previously conceived largely in material terms actually hold a moral significance. In the case of access to AIDS medicine, a debate framed in terms of property rights was transformed into one focused on the denial of life-saving medicine through key moments of symbolic conflict that captured widespread media interest.

The mobilization of major investments in global AIDS required the deployment of leverage politics, through which norm entrepreneurs engaged the support of more powerful allies. Linking powerful symbols to people with real influence and connections
with political elites provided critical leverage over policy decisions. It was the fusion of powerful norms with the leverage of key influential allies that gave norm entrepreneurs the ability to catalyze major commitments on global AIDS. Leaders within the faith community became powerful messengers for the norm of the duty to treat and the call for a major response to global AIDS directed at the White House.

Accountability politics focuses on the translation of major rhetorical commitments into actual resources and real world outcomes. Political leaders make commitments all the time, and moral commitments are often very challenging to enforce. Norm entrepreneurs generally lack traditional levers of coercive power and, therefore, must rely on the persuasive power of the underlying norms to police broken promises. In the case of global AIDS, civil society actors used a range of accountability strategies, including identifying grassroots supporters in key political districts, generating media attention around broken promises, and enlisting Congressional supporters to challenge their colleagues to live up to their commitments.

External political opportunities were significant in shaping the environment in which norm entrepreneurs could be successful on global AIDS, but so too were the opportunities that they created for themselves. Important scientific breakthroughs and a shift toward a more outward and global focus were both important enabling conditions for the adoption of the norm of the duty to provide AIDS treatment. Without effective medicines or heightened attention to America's role in a wider world, the global AIDS response might never have happened on the scale that it did. Yet, the acceleration of investments in the development of effective AIDS treatments and the dramatic decline in the price of those treatments can also be traced back to the efforts of activists on AIDS.
While the scientific breakthrough on AIDS treatment made the death rates in Sub-Saharan Africa from AIDS seem more intolerable, the growing media attention to the global AIDS crisis resulted from the frame and strategies pursued by norm entrepreneurs. The scale of a meaningful response to the global AIDS crisis was shaped by those advancing the idea of the duty to provide AIDS treatment, and this formulation leveraged much greater investments in global AIDS than would have otherwise been possible.

LITERATURE ON THE ROLE OF INTERESTS

The dominant explanations of foreign economic policy and of foreign assistance rely on various conceptions of interest to explain outcomes. For foreign policy realists, the interests of powerful states best explain policy preferences and outcomes. For many liberal theorists, interest is again central, but the key dimension is economic interest. For these theorists, powerful economic actors and the local political economy of political districts are the best explanations for policy outcomes. These two approaches are dominant in accounts of foreign economic policy and foreign assistance, as well as the smaller subset of analyses of political responses to Global AIDS.

In explaining the behavior of states in the international arena, realists take the view that states are generally rational actors seeking to maximize power and security.² Significant quantitative empirical research on foreign assistance tended to confirm the contention that foreign assistance primarily reflects the strategic interests of donors. Alberto Alesina and David Dollar found “considerable evidence that the pattern of aid giving is dictated by political and strategic considerations.”³ In analyzing the foreign
assistance practices of major donors, they found that colonial links, historic alliances and strategic interests of donor nations explained more than other factors in terms of which countries received aid. Similarly, recent research by Fleck and Kilby found that significant increases in the US foreign assistance budget appear to be linked to US involvement in foreign wars and US geopolitical interest.⁴

Significant work focused on foreign economic policy confirmed the idea that economic interests are the most powerful force in shaping political outcomes. E.E. Schattschneider’s landmark work on trade policy, looking at the Smoot-Hawley tariff, revealed the tremendous influence of organized interests on America’s foreign economic policy. More recently, Robert Baldwin and Christopher McGee found that contributions from organized interests, as well as the political economy of local political districts, shape key policy votes in the Congress. They concluded that rent-seeking groups contributed to campaigns in exchange for policies that raised the rents earned by these interest groups.⁵ Michael Hiscox also found an important role for organized interests in shaping Congressional decisions over the foreign economic policy of the United States.⁶

On issues of foreign assistance, a growing literature also suggests that political decisions reflect the influence of industry pressures. According to Lawrence Broz, the interests of private actors have an important effect on the voting of members of Congress on key matters of economic assistance. Analyzing the decision to provide assistance to Mexico after the financial crisis, Broz found that campaign contributions from international banks increased the probability that members of Congress would support assistance. Broz concluded that multinational banks benefit directly from economic rescues and, as a result, support lawmakers that share their views of these rescues.⁷
Recent research by Helen Milner and Dustin Tingley on U.S. foreign assistance, also found strong support for the impact of economic interests. They identified a strong connection between the campaign contributions of organized interests and levels of support by members of Congress for foreign assistance. Milner and Tingley also found that members of Congress from high-skill districts and high-capital districts tended to support aid while those from low-skill and low-capital districts tended to oppose foreign aid. They concluded that “the political economic interests of districts systematically affect legislative support for aid.” Instead of following Presidential leadership, Milner and Tingley found that members of Congress tended to vote the economic interests of their local districts.\textsuperscript{8}

Very little research has explicitly focused on global health assistance or funding for global AIDS. In fact, Milner and Tingley explicitly excluded votes on AIDS from their data set. Much of the empirical work looking at U.S. foreign assistance pre-dates the rapid expansion of funding for global AIDS. Nonetheless, one can extrapolate certain hypotheses from these theoretical approaches. One possible hypothesis that flows from these assumptions is that pharmaceutical interests sought increased global AIDS funding to expand the market for their products.

In the case of global AIDS, some scholars argue that the shifts in policy by the United States reflect strategic national interest based on the long-range implications of emerging disease threats.\textsuperscript{9} Daniel Drezner concluded that “the key variable affecting global regulatory outcomes is the distribution of interests among the great powers.”\textsuperscript{10} Drezner is critical of accounts that highlight the impact of global civil society and,
instead, claims that: “securitization helps to explain the shift in great power preferences
toward a more flexible view of TRIPS.”

In the wake of 9/11, Africa’s ungoverned spaces and potential failed states
became a higher priority for the United States. The threat posed by AIDS to governance
in Africa can also be seen as a key cause for increasing US investments in global AIDS.

According to David Fidler, AIDS became an important foreign policy problem because
of its potential to frustrate US strategic interests. Fidler argues that: “The dominant
feature of the increased US foreign policy interest in HIV/AIDS has, however, been
conceptualizing the problem as a threat to material US political, security, and economic
interests. The Clinton Administration framed the HIV/AIDS pandemic as a threat to US
national security, and the Bush Administration continued this approach.”

Most of the existing literature that analyzes the global AIDS response highlights
the role of strategic national security interest. Emphasizing either the recognition by US
policymakers of the growing importance of transnational health threats or the increasing
threat posed by ungoverned spaces and threats to stability in Africa, these approaches
explain the AIDS response as a product of US strategic interest. Although there is more
limited literature highlighting the role of economic interests in the AIDS response, the
broader literature on foreign assistance identifies powerful industries and the political
economy of local districts as key factors shaping political outcomes. Therefore, the role
of both America’s strategic interest and the pharmaceutical industry’s economic interest
must be taken seriously as possible drivers of the AIDS response.
LITERATURE ON THE ROLE OF NORMS

An emerging literature suggests that norms can shape state policy by creating powerful expectations around action that shape interests and identities. The leading theoretical approach that emphasizes the significance of norms, often referred to as constructivism, contests the idea that the interests and actions of states can be derived solely from approaches based on security and economic interests. As John Ruggie explains, this approach problematizes states’ identities and interests by examining a broad array of ideational factors that can affect international outcomes.\(^{15}\) A number of scholars have highlighted the important role of non-state actors as the champions of norms adopted by states. However, little previous research has focused on claims grounded in health or those that require large-scale resource commitments.

The early literature in this school focused primarily on the significance of the norms themselves without giving much attention to the array of actors championing these norms. Peter Katzenstein argued that just as economies are socially embedded, so too are states. He claimed that culture, in the form of international law and transnational discourse, shapes the incentives and identity of states. Katzenstein defined norms as the “collective expectations for the proper behavior of actors with a given identity.” He argued that the collective self-understandings and the worldviews of decision-makers, as well as material interest, are important in shaping state policy.\(^{16}\)

Martha Finnemore demonstrated how specific norms could evolve and shape humanitarian intervention by powerful states in ways that were inconsistent with narrow conceptions of interest. According to Finnemore, humanitarian norms came to
encompass broader populations as decolonization consolidated shared conceptions of humanity. As norms evolved, so did the range of humanitarian interventions that became common even in places that held little strategic or economic value to powerful states.\textsuperscript{17}

Building on this earlier work, Margaret Keck and Katherine Sikkink highlighted the role of non-state actors who actively champion norms that in turn influence state policies. They argued that transnational advocacy networks often introduce “new ideas, norms and discourses into policy debates.” They distinguish these networks based on their “shared principled ideas or values” from other networks with more instrumental and material goals, or those motivated by shared causal ideas, such as scientific groups or epistemic communities.\textsuperscript{18}

Keck and Sikkink identified four tactics that transnational networks use in their efforts to shape policy: 1) information politics- “the ability to quickly and credibly generate politically usable information and move it to where it will have the most impact” 2) symbolic politics-“the ability to call upon symbols, actions, or stories to make sense of a situation for an audience that is frequently far away” 3) leverage politics- “the ability to call upon powerful actors to affect a situation where weaker members of a network are unlikely to have influence” and 4) accountability politics- “the effort to hold powerful actors to their previously stated policies or principles.”\textsuperscript{19}

Keck and Sikkink noted that a single campaign may contain many of these strategic elements simultaneously, but focused on them as discrete tactics rather than as linked dimensions of a successful campaign. However, they did suggest that there are different stages of network influence: 1) issue creation and agenda setting; 2) influence on the discursive positions of states and international organizations; 3) influence on
institutional procedures; and 4) influence on policy changes in "target actors." In their view, changes in the discursive positions of governments make them more vulnerable to the influence of advocates.20

Although most of the literature on transnational activism has focused on cases of human rights, recent work by Gay Seidman has sought to apply some of the insights from this literature to the labor rights context. Seidman found that transnational campaigns sought to redefine labor issues as human rights issues. However, the human rights tradition of protecting victims was in tension with the ethos of strength of the labor movement and did not easily capture some important labor rights such as free association. Seidman found that the threat of state action was important to the success of activists, along with their ability to leverage more powerful institutional allies such as churches and universities.21

In analyzing foreign assistance, there is limited literature that emphasizes the importance of norms, but one work of note is by David Lumsdaine, who explains the rise of foreign assistance as reflecting an "ethical and human concern." He argues that this attitude of concern toward poverty in the developing world grew out of the development of the social welfare state in the industrialized world. Although Lumsdaine briefly mentions the role of churches in the United States, he emphasizes the power of the norms themselves and offers a more limited exploration of the champions of those norms.22

Recent work in the social movement literature, which has traditionally focused on domestic political issues, increasingly recognizes the international context in which movements often operate. Sidney Tarrow situates the transnational claims of activists within the societies in which they live. He argues that these activists are actually "rooted
cosmopolitans” who draw upon the resources, networks and opportunities of their home
country, and whose greatest contribution often lies in influencing domestic politics.
Tarrow suggests that collective action on international issues similarly requires the
seizing of opportunities, the marshalling of resources, and the framing of demands in
ways that make it possible to join with others. Tarrow argues that campaign coalitions,
which combine high-intensity with long-term cooperation on specific issues, are the most
successful model because they combine focus with the capacity to shift venues and make
short-term tactical alliances. Yet, he also recognizes that transnational activism will fail
more than it will succeed and claims that its most visible impact will be often be in
domestic politics.

In the field of international law, Harold Koh builds on many of the insights of the
constructivist literature and argues that non-state actors have an important role as
“transnational norm entrepreneurs” in convincing states to obey international norms. Koh
argues that domestic legal systems incorporate international norms and rules through
a dynamic process of interaction, interpretation and norm internalization. In Koh’s view,
non-governmental organizations and transnational moral entrepreneurs play an
increasingly important role in introducing new norms and shaping the interpretation of
these norms by governments and domestic legal systems.

Koh’s category of “norm entrepreneurs” evolved from the concept of
“transnational moral entrepreneurs” developed in the political science literature by Ethan
Nadelmann in his work on prohibition regimes. In his work, Nadelmann defined
“transnational moral entrepreneurs” as nongovernmental organizations that mobilize
popular opinion, catalyze the creation of similar organizations in other countries, elevate
their objective beyond identification with national interest, and persuade audiences that their objectives reflect a widely shared moral sense.\textsuperscript{29}

While Koh highlights the interaction between non-state actors and allies within governments, the organizational change literature focuses on the importance of institutional entrepreneurs, and their capacity to seize opportunities for change in a complex structure. Paul DiMaggio introduced this concept of institutional entrepreneurship to bring the agency of actors back into institutional analysis.\textsuperscript{30} Neil Fligstein proposes that moments of crisis or uncertainty in the institutional order can provide strategic opportunities for institutional entrepreneurship.\textsuperscript{31}

Although much of this literature on institutional entrepreneurs suggests that they are scarce, Rodrigo Canales argues that there are many potential entrepreneurs, but relatively few have the skills and structural position to identify opportunities for change and to drive the process of change.\textsuperscript{32} One of the elements of success for non-state actors is their ability to successfully identify and cultivate allies within government who are in a position to shape the adoption of new norms.

The dissertation adopts the concept of “norm entrepreneurs” as an important unit of analysis, and the idea that non-state actors can be the driving force for catalyzing the adoption of new norms by government actors and states. While Nadelmann’s definition was limited to organizations outside of government, the definition used in the dissertation encompasses individuals as well as organizations, and includes those inside as well as outside of government. Unlike the prohibition regimes that Nadelmann studied, or the human rights regimes that Koh highlights, the dissertation explores the role of norm entrepreneurs in convincing states to adopt positive duties with significant resource
implications. While most of the literature in this area has focused on examples of core civil and political rights from violation, the dissertation explores the significance of norms linked to global health and the challenge of global poverty.

The core insight derived from the work of Keck and Sikkink is the importance of the strategies that non-state actors pursue. The dissertation adopts the categories of symbolic politics, leverage politics and accountability politics that Keck and Sikkink identify as among the key strategies that are utilized by norm entrepreneurs. In contrast to Keck and Sikkink, the dissertation argues that these strategies are part of a sequential process through which norms can shape state policies. The argument in the dissertation is that each of these strategies is vital at a particular stage in the process by which norm entrepreneurs persuade powerful political actors to adopt norms. Symbolic politics catalyzes the entry of new norms onto the political agenda, leverage politics shapes the adoption of these norms by political leaders, and accountability politics holds these leaders to fulfilling their norm-based commitments.

METHODOLOGY

The dissertation uses a case study approach to examine competing hypotheses, by identifying several cases that reflect key policy transformations in the U.S. response to global AIDS and highlight different independent variables. Chapter Two, which focuses on the reversal of policy with respect to intellectual property rights for AIDS medicines, reflects a case in which the interests of the pharmaceutical industry were both substantial and in direct conflict with the goals of civil society norm entrepreneurs. Chapter Three
investigates the origins of President Bush’s $15 billion President’s Emergency Plan for AIDS Relief, and represents a case in which the scale and timing of the funding implicates the role of national security concerns and the focus on treatment implicates the interests of the pharmaceutical industry. Chapter Four focuses on Congressional support for global AIDS, including for the Global Fund for AIDS, Tuberculosis and Malaria. Support for the Global Fund, since it is an independent multilateral mechanism that uses almost exclusively generic medicines, controls against high values for national security concerns and the interests of the pharmaceutical industry.

The dissertation utilizes process tracing in order to establish the chain of events and decision-making that led to the expansion of global AIDS funding and better uncover the causal chain and underlying causal mechanisms involved. The chapters are presented in the form of historical narratives followed by analysis of the role of different independent variables for the particular case. The purpose of the historical narrative is to allow close examination of the various steps in the causal chain that led to the expansion of global AIDS funding.

The dissertation incorporates a range of different types of qualitative data, including key informant interviews, contemporaneous private records and publicly available materials. I conducted interviews with key civil society and business actors and with key Congressional and Executive Branch officials who were centrally involved in shaping the response to AIDS within the U.S. government. The interviewees included staff from the National Security Council, the White House Office on National AIDS Policy, the National Institute on Health, the Office of United States Trade Representative, the House Foreign Affairs Committee, the Senate Foreign Relations Committee, the
Senate leadership, diverse faith groups, pharmaceutical representatives, and AIDS activists. Evidence based on individual interviews was cross-referenced with other informants who might be expected to give conflicting accounts, as well as with contemporaneous documentary sources for further verification.

The dissertation also incorporates primary documentary sources from diverse actors inside and outside of government. It utilizes both public archival sources, and contemporaneous private materials from key actors, as well as relevant media reports, polling data and secondary accounts. Among the private materials are briefing materials provided to key government actors, early drafts of important legislation, private communication between key actors, and other relevant privately held background information. Among the public sources are contemporaneous media accounts, polling data, publicly available government records and diverse publications by key actors.

Finally, the dissertation also reflects knowledge acquired through participant observation. As a participant in some of the events described, I had a unique vantage point on the dynamics involved in shaping the global AIDS response. While this observation provided a useful supplemental source of information, I was careful not to rely on my own recollections as a substitute for evidence which could be independently established and documented in examining the competing hypotheses explored in the dissertation.
CHAPTER OUTLINE

The empirical chapters explore the role of competing explanations for the global AIDS response by the United States and seek to reveal the different strategies that shaped that response. Chapter Two focuses on the importance of symbolic politics through public confrontation in getting global AIDS on the agenda at the end of the Clinton Administration. Chapter Three explores the role of leverage politics in engaging the support of more powerful faith groups to convince the White House to respond to the AIDS crisis. Chapter Four investigates how accountability politics was implemented through grassroots and editorial strategies to foster a bi-partisan congressional coalition to expand AIDS funding.

Chapter Two explores the collision between protections for intellectual property and access to medicine for AIDS treatment during the tail end of the Clinton Administration that put global AIDS on the political agenda. At the end of Clinton’s second-term, the Administration abandoned years of pressure on South Africa over drug patents and issued an Executive Order against interfering with developing countries seeking access to generic AIDS medicines. The wholesale reversal of its prior position reflected the impact of symbolic politics as civil society activists captured media interest by portraying the Administration as blocking access to life-saving AIDS treatment.

After South Africa introduced legislation to make it easier to import low-cost medicines, U.S.-based pharmaceutical companies successfully pushed for action by the United States Trade Representative (USTR) to raise the threat of trade sanctions. Although the South African legislation was consistent with the requirements of the World
Trade Organization, Vice President Gore urged South African Vice President Mbeki’s to modify the law to respond to the concerns of pharmaceutical companies. In June of 1999, as Vice President Gore launched his campaign for President, a small group of AIDS activists interrupted him with shouts of “AIDS drugs for Africa.” After activists disrupted Gore’s first week of campaign events and generated a media storm, Gore expressed support for the activists’ position. The United States Trade Representative subsequently signed an agreement with South Africa to resolve the trade dispute.

The shift of US policy on access to AIDS medicine culminated in an Executive Order by President Clinton providing that the United States would not interfere with developing countries’ efforts to procure generic AIDS medicines. Soon after Clinton’s Executive Order, five pharmaceutical companies offered to negotiate steep cuts in the prices of AIDS medicines. Within a month, a leading generic producer responded to activists by offering generic anti-retroviral AIDS medicines for $350 per year. As a result, major pharmaceutical companies announced further price cuts, with some agreeing to match generic AIDS treatment at just one dollar a day per patient. The symbolic politics of civil society activists created media attention around the global AIDS treatment gap, and introduced the idea of a duty to treat as a way to constrain the actions of the Clinton Administration.

Chapter Three examines the launch of the President’s Emergency Plan for AIDS Relief. For George W. Bush, global AIDS was not a major priority as he ran for President in 2000 or when he assumed office in 2001. Within two years, however, the President adopted the duty to treat as the centerpiece of an unprecedented $15 billion AIDS initiative. A range of faith groups helped to put the issue of global AIDS on the
President’s agenda. Contributing to the growing faith interest in AIDS was a strategy of leveraging politics by other civil society actors to enlist more powerful allies.

Civil society groups consciously sought to build stronger support for an AIDS response in the faith community, including among evangelicals. At Billy Graham’s alma mater, Wheaton College, the engagement of students and faculty led to direct outreach to top White House officials. One college alumnus, Michael Gerson, became an important internal champion for the initiative, and called the faculty on the day of the President’s State of the Union speech on AIDS. In late 2002, diverse civil society groups generated thousands of calls to the White House in support of the AIDS initiative.

The vision of the activists and the Administration ultimately converged around providing AIDS treatment. The normative argument that activists put forward centered on the idea that “every life mattered—had equal value to my life in America.” The appeal of treatment to President Bush linked to his theme of the “human dignity agenda” and his “core view that you don’t write people off . . . can’t abandon some people as lost and not salvageable.” Civil society groups successfully leveraged the support of important faith voices as effective messengers to the Bush Administration in support of the duty to provide AIDS treatment. The launch of PEPFAR by President Bush reflected the adoption of the norm of a duty to treat at the highest levels of government.

Chapter Four looks at the role of Congress in expanding funding for global AIDS programs. Increasing support for global AIDS programs were a product of accountability politics, in which civil society groups utilized grassroots support and media attention to highlight the gap between public commitments around the duty to treat and actual AIDS funding levels. The United States became the leading contributor to the multilateral
Global Fund to Fight AIDS, Tuberculosis and Malaria, despite the fact that the Global Fund was not a central part of President Bush’s AIDS initiative.

A bi-partisan coalition in Congress was crucial to ensuring a significant role for the Global Fund in the US response. In writing the global AIDS implementing legislation, House International Relations Chairman Henry Hyde (R-IL) included up to $1 billion each year for the Global Fund despite the Administration’s opposition. After the President’s State of the Union speech, a broad civil society coalition pushed for global AIDS funding levels at the $3 billion authorized level and expanded support for the Global Fund. In the House or Representatives, Representative Jim Kolbe (R-AZ) quadrupled funding for the Global Fund in the House Foreign Operations bill after hearing from local civil society groups and his hometown newspapers in support of the Fund. In the Senate, Senator Richard Durbin (D-IL) and Republican collaborators consistently increased funding for the global AIDS and the Global Fund beyond the President’s request each year.

Increasing funding for AIDS and the Global Fund reflected the success of accountability politics in highlighting the gap between public commitments and financing. The broad acceptance of the duty to treat among bi-partisan members of Congress made it possible for civil society groups to use support from editorial boards, and local constituents across the country to increase funding for the Global Fund. The US contribution to the Global Fund increased six-fold, between the 2002 fiscal year and 2008 fiscal year, while funding for more established multilateral institutions was essentially flat over this period. The strong political consensus on responding to AIDS helped norm entrepreneurs succeed in convincing each of the 2008 Democratic
Presidential candidates to commit to providing $50 billion for global AIDS, and catalyzed the passage of AIDS reauthorizing legislation at the level of $48 billion.

Chapter Five analyzes the implications of the global AIDS response for the way we think about politics more broadly. The response to global AIDS suggests we need to expand our models of politics to better incorporate norms and norm entrepreneurs, in addition to interests, as the shapers of political outcomes. The global AIDS response reveals that unlikely alliances are possible around norms that do not fit with established patterns of interest and existing political cleavages. Recent breakthroughs on other global health and global poverty issues, which reflect a similarly important influence on the part of norm entrepreneurs, strongly suggest that AIDS is not a unique case, and that the causal mechanisms operating in the context of global AIDS have broader relevance. The chapter also reflects on some of the key questions left unanswered in the dissertation and suggests a number of promising directions for future research that would help shed light on the ways in which norms and norm entrepreneurs impact politics as well as the interaction between these forces and various conceptions of interest.

CONCLUSION

It is the power of the norms they champion that sometimes allows relatively weak actors to shape the policies of strong states. The significant potential for norms to shape important political outcomes also highlights the possibility for human agency to overcome structural political forces under certain conditions. The finding that norms rather than interests catalyzed such a major investment in resources in the case of global
AIDS suggests that our models of politics must take into greater account the role of norms and the array of non-state actors who champion them. While interests remain extremely important in shaping many dimensions of politics, most interest-based theories of politics do not yet sufficiently incorporate the role of principled ideas in motivating political actors and shaping important political outcomes.

The strategies pursued by the norm entrepreneurs who champion these ideas are key determinants of the adoption of norms by political leaders. The combination of symbolic politics, leverage politics, and accountability politics provides a roadmap of the strategies that can shape the adoption of emerging norms by powerful states. Norms that resonate with deeply held beliefs about human dignity, the value of life, and core conceptions of justice hold enormous potential to reshape political debates and affect political outcomes.

While major technological advances and public interest in the wider world can provide important opportunities for norm entrepreneurs, unless these entrepreneurs can successfully frame and define the scope the problem and the scale of the response needed in the public debate, they are unlikely to succeed. Moments of political vulnerability and openness to new ideas, such as Presidential primaries in the United States, are especially important windows for the adoption of new norms.

Norm entrepreneurs must create a supportive political environment in order for norms to take hold and to convince political leaders to act boldly. The switch for potential allies within government can be turned on through crystallizing appeals to a broader mission or direct experience with profound suffering. However, the success of
these governmental actors will depend largely on the political calculus of those around them.

Without an intense media spotlight, the shift on drug prices would probably not have occurred as it did, despite the real epiphanies of many within the Clinton Administration at the time. Without the momentum in the Congress and the potential support of important elements within the faith community, the PEPFAR initiative probably would not have been launched on nearly as large a scale. Similarly, significant support from important local constituencies and media voices afforded those members of Congress who were moved by a normative frame to act boldly on AIDS the freedom to do so.

The mobilization of actors within government around powerful normative visions can also have significant long-term effects. For example, one of the key architects of PEPFAR was himself powerfully influenced by treatment activists in the domestic AIDS movement years earlier. Even as the political space for action diminished, the members of Congress who had been transformed through direct encounters with people living with AIDS, remained committed and focused on the response. The growing commitment to respond to global AIDS has been a gateway to a much deeper engagement by many Americans with issues of global poverty that will have lasting effects.
10 Ibid., p. 5.
11 Ibid., p. 206.
14 Fidler, p. 132.
19 Keck and Sikkink, p. 16.
20 Keck and Sikkink, p. 25-6.
24 Tarrow, p. 179
25 Tarrow, p. 219
29 Nadelmann, p. 482.
Interview with Eric Sawyer, ActUp.
Interview with Kristen Silverberg, Office of White House Chief of Staff.
CHAPTER TWO

ACCESS TO MEDICINE:
AIDS DRUGS AND INTELLECTUAL PROPERTY
INTRODUCTION

Global AIDS emerged onto the political agenda on the United States as the result of the symbolic confrontation between an emerging AIDS treatment movement and government officials who were focused on issues of intellectual property. Following two decades of negligible attention by the media and policymakers, norm entrepreneurs reframed technical questions of drug patent law as issues of life and death. By challenging strict enforcement of the intellectual property regime as the denial of life-saving medicine, AIDS activists captured the media’s attention, catalyzed a policy shift away from support for pharmaceutical interests, and contributed to a dramatic drop in the price of AIDS medicines.

From its discovery in the 1980’s to the end of the 20th century, global AIDS was not a priority issue for policymakers in the United States. In contrast, expanding international trade and protecting intellectual property rights of US-based companies were higher priority issues that led to increasing protections for patented pharmaceuticals internationally. The discovery of effective life-extending anti-retroviral medicines and the collision between protections for intellectual property and access to medicines for AIDS treatment put global AIDS squarely on the agenda of the media as well as that of political leaders. Near the end of the Clinton Administration, the United States abandoned years of pressure on South Africa over its drug patent regime and issued an Executive Order against interference with developing countries seeking access to generic AIDS medicine. The wholesale reversal of its prior position, which had been strongly supported by the pharmaceutical industry, was both a surprising and a significant
development. Within the next six months, generic drug producers offered AIDS medicines for as little as a dollar a day and triggered dramatic price declines across the industry for the cost of AIDS treatment.

The ultimate reversal of policies that prioritized intellectual property rights at the expense of access to medicine in South Africa demonstrates the limits of purely interest based models of politics. The core advantage that these norm entrepreneurs held over the much more powerful interests was their ability to generate symbolic confrontations that forced a re-thinking of the moral significance of the issue, and exposed the issue to a much wider public audience through the media.

EMERGENCE OF A GLOBAL AIDS TREATMENT MOVEMENT

The global AIDS treatment movement in the United States emerged after nearly two decades of neglect by policymakers. President Ronald Reagan took years to publicly talk about AIDS, and some of his top aides blocked Surgeon General C. Everett Koop’s early efforts to address the disease. Reagan’s successor, George H. W. Bush, attended the Third Annual International AIDS Conference as a candidate, but his major global action was to block immigrants with HIV from entering the United States. While campaigning for President, William J. Clinton declared that AIDS would “become part of my obsession as President” and he gave a brief mention of “the world AIDS crisis” in his first inaugural speech. However, global AIDS funding declined between 1992 and 1998, and the Division of Global HIV/AIDS was institutionally demoted within the government.
It was not just policymakers who were slow to respond to the crisis posed by AIDS in Africa and the rest of the world. Despite extremely effective domestic efforts, AIDS activists in the United States, during the 1980’s and most of the 1990’s, were not focused on the crisis in Africa. Nonetheless, domestic AIDS activism in the United States accelerated the development of treatments for AIDS, and leveraged the expansion of government resources for AIDS treatment within the United States. The focus on treatment and the strategies of domestic AIDS activists became part of the repertoire of the emerging global AIDS treatment movement. The legacy of AIDS activism in the United States was especially important in contributing to the breakthroughs on anti-retroviral treatment that later made it possible to reframe how the global AIDS crisis was viewed.

One of the most aggressive and effective AIDS activist groups, Act Up, was launched in March 1987, after a speech given by writer Larry Kramer at the Lesbian and Gay Community Services Center in New York. Kramer was frustrated by the slow pace of the development of new treatments and argued that a new organization devoted solely to political action rather than service delivery was needed. Kramer’s view of the epidemic, which he referred to in speeches and writings as a holocaust and genocide, was importantly shaped by a visit to the concentration camps in Dachau, Germany. In his speech, Kramer counted the dead so far and asked “How long does it take before you get angry and fight back?” Within a couple of days, Act Up was organized and a new brand of media-oriented street activism was launched by using civil disobedience and dramatic visuals to bring attention to the AIDS crisis, and pressure for accelerating action especially on AIDS treatment.
The first major targets of Act Up’s protests in the late 1980’s were the Food and Drug Administration and the National Institute of Health, in order to speed up the development of new AIDS medicines. Act Up succeeded in creating a faster parallel drug approval track from the FDA, securing an unprecedented policymaking role within NIH clinical trials. They subsequently succeeded in pressuring leading drug companies to reduce their pricing for AIDS drugs. The domestic AIDS movement’s focus on the pricing and availability of medicines would become a key dimension of efforts to respond to the global AIDS crisis and a benchmark for how these subsequent global efforts were perceived by political leaders and the pharmaceutical industry.

Some of the earliest efforts to bring attention to the global AIDS crisis emerged from domestic AIDS activists. In 1990, about 250 AIDS activists participated in an Act Up demonstration in front of the United Nations for World AIDS Day. It was one of the first demonstrations that called for global access to AIDS drugs. Eric Sawyer, one of the founders of Act Up, established the Global AIDS Action Committee of Act Up in 1991, but most AIDS activists remained disengaged from the global crisis.

The origins of these early global efforts in the United States on AIDS were the encounters between US-based activists and people living with HIV from the developing world. As Sawyer explained, those “benefiting from medicines found ourselves going into [our] medication . . . giving them our immodium, anti-fungal, anything that would help them even if only for the conference” On World AIDS Day in 1991, Sawyer and his colleagues called for access to medicines in the developing world to respond to the deadly opportunistic infections that AIDS enabled: “It was pre-[anti-retroviral] cocktail and there was absolutely no support or consideration of treatment for anyone in the
developing world... We said bullshit- treatment for antibiotic, antifungal, anti-tuberculosis, extend the lives of people with AIDS.”10 For Sawyer, the test was equity even before the breakthrough of anti-retroviral medicines: “If we are gaining longevity in the developed [world], we should help the developing [world].”11

Despite pioneering efforts within the activist community in the United States, a focus on the developing world was often not well received. At a major AIDS summit to define advocacy goals before Clinton took office in 1993, efforts to put the global pandemic on the agenda failed to gain support, as activists insisted “we really need to focus on AIDS in our own country.”12 In the context of this resistance, Paul Boneberg founded the Global AIDS Advocacy Network (GAAN) in 1994, the first stand-alone group focused on the global AIDS response. As Boneberg tried to engage domestic AIDS organizations in the global crisis, the response was: “I can’t change my mission statement. I can’t tell my board that I’m spending any meaningful resources on global AIDS.”13

In 1996, at the Vancouver International AIDS Conference, calls for treatment in the developing world gained major media attention for the first time. In the run-up to the conference, media attention was focused on the transformative impact of anti-retroviral medicines in the United States. The discovery of these medicines was a major breakthrough in the battle against AIDS, dramatically altering the impact of the disease and extending lives. The increasing availability of these new medicines in the United States ultimately transformed AIDS to something closer to a chronic condition for many, rather than a certain death sentence. The almost total lack of access to these medicines in Africa put in stark relief the way in which access to medicine defined the difference
between people who lived relatively normal lives despite HIV, and the millions who died each year because of the disease. The scientific breakthrough of anti-retroviral medicines for AIDS, itself partially a product of the domestic AIDS movement, created an enormous political opportunity for those seeking to catalyze a response to the global AIDS crisis.

In the planning for the Vancouver Conference, Eric Sawyer served as the NGO liaison and he “kept continually raising the moral imperative (that) it wasn’t acceptable to not talk about treatment. Every life mattered- had equal value to my life in America.”14 In his speech, Sawyer called for $3 billion from the United States to provide access to medicines in the developing world.15 The call for solidarity with the developing world was echoed by Dr. Jonathan Mann, who had led the World Health Organization’s Special Program on AIDS: “We have a precious, historic opportunity here . . . To create and build a new solidarity in the face of all the standard, historical, expected, routine and powerful status quos which seek to divide us . . .”16 According to Sawyer, the Conference was “really a turning point in launching the treatment access movement- we’ve got to find ways to make treatment available.”17

Although public attention quickly shifted away from the AIDS treatment gap, a new generation of AIDS treatment activists was emerging that would force the issue onto the political agenda. In South Africa, the Treatment Action Campaign (TAC) was founded on Human Rights Day in 1998, with the mission of establishing “greater access to treatment for all South Africans by raising public awareness and understanding about issues surrounding availability, affordability and use of HIV treatments.”18 As co-founder Mark Heywood, explained: “It was clear by late 1998 that nobody was doing or saying
anything about treatment and that we needed to create a movement led primarily by people affected by HIV directly."

Inspired by colleagues in South Africa, Health GAP (Global Access Project) was formally launched in the United States in 1999 to focus attention on the treatment gap. Before the launch of Health Gap, there was no organization in the United States focused primarily on access to AIDS treatment in the developing world. According to Eric Sawyer, “there was some resistance even among Act Up, [we] needed some autonomy and the ability to hire people. Act Up was totally volunteer . . . [we] decided to start an organization focused on bridging the [treatment] gap.” Health GAP, defined its core mission as “achieving equitable access to treatment and care for people with AIDS in developing countries. . . .” Unlike other groups that were focused primarily on prevention efforts, Health Gap’s mission explicitly focused on global treatment: “We believe that fulfillment of the human right to life and treatment for all people living with HIV/AIDS (PLWHAs) should be a first-order priority of the global response to AIDS.”

The focus on treatment translated the moral significance of the global AIDS crisis to a wider audience. As one of the Health Gap’s founders explained: “The availability of treatment humanized the issue of global AIDS in a particular way. It was more concrete in that you could actually save lives and in that way more compelling . . . it’s very clearly about saving lives, about saying you couldn’t just write off 35 million people.” One of Health Gap’s earliest campaigns focused on access to medicines in South Africa and the impact of intellectual property restrictions.
The emergence of intellectual property as a major dimension of US trade policy, in the 1980's and 1990's, reflected the success of a number of industries in expanding international protections through the trade regime. Expanding the reach of pharmaceutical patents through the trade regime was a major objective of leading companies such as Pfizer, Bristol Myers, Merck and Johnson and Johnson. Beginning in 1988, Congress directed the Administration to review the degree to which other countries provide adequate protection of intellectual property rights. According to one of the negotiators, pharmaceutical patents were the “most controversial issue in 1991-1992... because many countries didn’t give patents for pharmaceuticals. India and Brazil said this was anti-counterfeiting and now [you] want patents.” The Trade Related Aspects of Intellectual Property (TRIPS) agreement subsequently required all member countries to standardize pharmaceutical patent protections while giving developing countries a longer period to adapt.

As the TRIPS agreement came into force in 1994, accelerating the implementation and enforcement of TRIPS became a key industry priority. According to Joe Papovich, who led the United States Trade Representative’s (USTR) work on intellectual property: “USTR is charged with being confrontational and aggressive, Congress wants that [because of a] sense U.S. exports get the short end of the deal.” USTR pressed developing countries to implement TRIPS sooner than required through bilateral agreements with the US and the threat of bilateral trade sanctions. According Papovich, “We began pressing countries to implement TRIPS sooner than required
through bilateral agreements, [section] 301 watch-list, Generalized System of Preferences. Between 1995 and 1998, special 301 is only about intellectual property, we’d publish a list at the end of April of those countries [that] fail to provide adequate intellectual property protection."

In 1997, South Africa amended its Medicines and Related Substances Control Amendment Act to make it easier to import low-cost medicines through parallel importation. The legislation gave authority to the health minister, instead of the patent commission, to order the parallel importation of medicines. Although South Africa’s action was consistent with its obligations under TRIPS on parallel importation, the U.S. policy was to persuade governments not to use parallel importation.

Lobbyists from Johnson and Johnson and the Pharmaceutical Manufacturers of America (PhRMA) advocated strong US intervention. Aldridge Cooper, a Vice President of Johnson and Johnson and the Chairman of the US-South African Business Council, warned that the proposed South African law would have “grave consequences for not only the US pharmaceutical industry, but all US direct investment in South Africa,” and argued that the issue should be raised at the US-South Africa Bi-national Commission (BNC), Co-Chaired by Vice Presidents Gore and Mbeki.

The response by the Clinton Administration to the South African legislation reflected the concerns of the pharmaceutical industry. According to Papovich, of USTR, “Pharmaceutical companies came to us and said this is wrong. Parallel is tricky-[it is] not prohibited by TRIPS, but our policy to persuade governments not to parallel import, [they] asked us to put pressure [on South Africa].” In July, the Secretary of Commerce raised the patent legislation at the Bi-national Commission meeting. In the Fall of
1997, Vice President Gore urged South African Vice President Mbeki’s continued “cooperation with concerned US pharmaceutical companies” to modify the law. After President Nelson Mandela signed the amendments to the South African Medicines Act into law, 39 pharmaceutical companies filed suit against Mandela and South Africa to challenge the new law.

In 1998, the White House escalated the conflict by suspending South Africa’s duty-free treatment under the Generalized System of Preferences Program and ordering a special review under section-301 that threatened further trade sanctions. In August, Gore again met with Mbeki and explained to him that “the American pharmaceutical industry . . . exerts an influential voice in political circles.” In October, Rep. Frelinghuysen (R-NJ) successfully pushed for the termination of aid to South Africa until the State Department submitted a report on the US campaign to repeal the South African law.

SYMBOLIC CONFLICT: AIDS AND A PRESIDENTIAL CAMPAIGN

A small, but determined group of global AIDS treatment activists challenged the South Africa policy of the United States on the grounds that it blocked access to more affordable AIDS medicine for those suffering from the disease. They successfully translated an obscure technical debate over intellectual property into a moral test over the denial of life-saving medicine. Activists framed their efforts around the symbol of greedy pharmaceutical companies whose influence over key political actors trumped humanitarian concerns for saving lives. Activists drew on the legacy of the domestic
AIDS movement, to highlight the conflict between the intellectual property objectives of the industry and the fates of millions living with AIDS. The powerful symbolic challenge by activists finally caught the attention of the major media, and generated a rapid political response to the South Africa dispute.

Earlier efforts to frame the global AIDS challenge around the pricing of drugs had met with some resistance even among AIDS activists. When Eric Sawyer initially criticized drug companies because their products were “so outrageously expensive, 99% of people who need them can’t get them” he faced a “huge backlash” among those who feared that such critiques would lead to slower drug development. At the Berlin International AIDS Conference, Sawyer still called for a two tiered pricing structure so that “AIDS drugs in the developing world would be discounted or free.”

Sawyer’s speech caught the attention of Jamie Love, an economist with the Consumer Project on Technology, who had become interested in the new intellectual property rules and the South African trade dispute. Love and his colleagues began meeting with the Office of the United States Trade Representative (USTR) in 1996 and sent a letter to Vice President Gore, in July of 1997, in which they requested a meeting and urged Gore to support the South African government in the trade dispute. According to Love’s colleague Rob Weissman, the “South African minister asked us to join them in meetings with the United States, but the United States [officials] said no” and blocked their participation. When Love and Weissman met with officials at USTR, “We said millions of African lives hang in the balance. [USTR official said] ‘I don’t work for African consumers.’ They were not bad people, they just didn’t think about it.” For Love, who was initially interested in the intellectual property issues rather than
AIDS, the issue became his driving focus: “I was completely focused on this issue, it’s our government, we ought to stop this.”

In early 1999, Jamie Love made the case to a group of AIDS activists from Health Gap that they should take up the South Africa case. Most of the meeting focused on strategies to directly pressure pharmaceutical companies to lower drug prices, but Love instead called for a focus on US government policies around trade and intellectual property rights. During the meeting, according to Rob Weissman, “Jamie introduced them to what was going on in South Africa, the idea of compulsory licenses as a way for government action to overcome power of monopoly holders.” Love argued for a focus on Gore after learning that he received contributions from Bristol Myers Squibb: “I said I’d worry about the Clinton Administration, there is a primary coming up and Gore is the lead guy- the window of the primaries we ought to put heat. [A former government official] back from South Africa, told me Bristol Myers gives money to Gore on the condition he crack the whip on South Africa.”

Health Gap had been trying unsuccessfully to bring media attention to the AIDS treatment gap and the high-cost of medicines. The group helped to shape an alternative to the African Growth and Opportunity Act that explicitly protected access to generic medicines. Health Gap also organized a demonstration of one thousand people in support of the legislation, but the only media coverage was a “brief mention in the Washington Post crime report” about the arrests of protesters. Love organized a major meeting of experts, but “got no press coverage - [A Washington Post reporter said] it’s just not news- it was decided a few years ago that will have patents in developing countries.” In collaboration with Love, Health Gap decided to pressure Gore, using a
call for access to medicines that highlighted the powerful symbol of drug company
profiteering and political influence at the expense of people with AIDS. 49

Meanwhile, the US was steadily escalating pressure on South Africa in the trade
dispute. Gore met again with Mbeki and offered a further warning to South Africa on the
patent and medicine issue: “I want to make you aware of the strong and growing
domestic pressure being brought to bear in Washington, I’m concerned that without
significant progress toward a resolution, a single trade issue could overshadow our
bilateral relationship.” 50 The U.S. Trade Representative, with the support of the
Commerce and State Departments, proposed an escalation of the trade dispute in March
of 1999 by putting South Africa on the “priority watch list.” Although this proposal was
blocked by the White House National Security Council and the Office of the Vice
President, the trade conflict remained unresolved.

In late May of 1999, a member of Gore’s staff entered into negotiations with the
South African embassy to seek a resolution. On June 10, Assistant US Trade
Representative Joseph Papovich met with pharmaceutical representatives in search of
compromise language, but the companies rejected the idea of compromising in any
meaningful way. Although the Vice President’s office sent a proposed settlement to the
United States Trade Representative, the proposal sat on the United States Trade
Representative’s desk while opponents continued to lobby for its rejection. 51

On June 16, 1999, as Vice President Gore launched his campaign for President, a
small group of AIDS activists interrupted him with shouts of “AIDS drugs for Africa.”
The next day, in New Hampshire, activists got behind Gore on the stage and unfurled a
banner that read “Gore’s Greed Kills AIDS Patients.” 52 At the third event of the
campaign in New York, protesters slept under the grandstand to gain access to the VIP section of the event and again protested next to the Vice President.\textsuperscript{53} The \textit{Washington Post} coverage of the protests cited a recent State Department report that pointed out that the Vice President was part of an “assiduous, concerted campaign” to change the South African law.\textsuperscript{54}

AIDS activists continued to follow Gore on the campaign trail and disrupted \textbf{5} of the campaign’s first seven campaign appearances. In New Hampshire, Gore’s future campaign manager, Donna Brazile, approached activists and sought out a meeting.\textsuperscript{55} After three more disruptions, White House aides called seeking a next day meeting. According to Eric Sawyer, “We did three more disruptions, got calls from Gore’s Chief of Staff . . . saying what do you guys want? We said we’ve been writing you for 3 months. They said can you be at the Executive Office Building tomorrow at 10?”\textsuperscript{56} On June 21, just five days after the initial protests, the United States Trade Representative signed a settlement proposal regarding the South Africa dispute.\textsuperscript{57}

Within a week of the start of the protests, Gore sent a letter to the Chairman of the Congressional Black Caucus (CBC) expressing support for the activists’ position. Gore wrote that he supported both compulsory licensing and parallel imports “so long as they are done in a way consistent with international agreements.”\textsuperscript{58} According to Rob Weissman, the campaign “orchestrated an exchange of letters between the CBC and the Gore campaign. The request came from the Black caucus knowing what the response would be.”\textsuperscript{59} As Joe Papovich of USTR explains, what was a “small matter” was “causing big pain and suffering for the Vice President.”\textsuperscript{60}
For the media, the story of AIDS drugs and Africa was suddenly major news. Initially, the media had little interest in obscure intellectual property debates with potential implications for health in developing countries. In the context of the Presidential campaign, the media suddenly became extremely interested. As Eric Sawyer explained: "The sex in this campaign is a bunch of social justice advocates accusing Gore of being an agent of the pharmaceutical industry." Rob Weissman suggests that the symbolic disruption of the campaign was crucial: "Protests were symbolic and disruptive of the stagecraft of arrangements and particularly because [they were] connected to constituencies media couldn’t write off."

At the urging of Vice President Gore, U.S. negotiators eased their demands on South Africa and no longer sought the repeal of the South African legislation. In September, USTR released a press statement announcing an agreement with the South African government. The United States would endorse the South African Medicines Act and the South African government would affirm that it would adhere to all formal international agreements on intellectual property. As Papovich, of USTR, explained, the United States: "entered an agreement with South Africa, they could do what was needed to so long as it was consistent with the TRIPS agreement. We were using [section] 301 to ask countries to go beyond TRIPS- we said we wouldn’t do it."

The resolution of the dispute with South Africa was the first step toward a broader US policy with respect to access to AIDS medicines. In the fall of 1999, activists focused their protest on the United States Trade Representative, with a steady stream of marches, banners and oversized puppets outside the USTR offices. Joe Papovich recognized that "the protests in front of the building" were linked to the upcoming World Trade
Organization (WTO) meetings in Seattle: “As we approached Seattle, this is one we can do something about. I noticed World AIDS Day is on December 1st. Let’s put out a statement that any country that wants to use TRIPS for public health [can do so] . . . Clinton was very happy.”  

On World AIDS Day in 1999, while in Seattle for the WTO summit, President Clinton announced that: “the United States will henceforward implement its health care and trade policies in a manner that ensures that people in the poorest countries won’t have to go without medicine they so desperately need.”  

In the Congress, Senator Diane Feinstein and Russell Feingold pushed for an amendment to African trade legislation that would explicitly allow generic drugs. When the language was dropped from the legislation, Senator Feinstein threatened a filibuster and President Clinton promised an Executive Order confirming the US position. Clinton soon after issued an Executive Order providing that “The United States shall not seek, through negotiation or otherwise, the revocation or revision of any intellectual property law or policy . . . that regulates HIV/AIDS pharmaceuticals or medical technology.” 

AIDS activists translated an obscure policy dispute over intellectual property into a major moral challenge and a significant political crisis for the leading candidate for the Presidency of the United States. Drawing on powerful political symbols and appealing to broadly shared values regarding the protection of life, these norm entrepreneurs successfully defined the denial of AIDS treatment as a product of special-interest politics. After years of steadily escalating pressure on South Africa to uphold stricter intellectual property protections, the moral significance of the policy implications were revealed through dramatic and attention getting strategies by activists committed to the goal of
expanded AIDS treatment. The first step in establishing the duty to treat and putting global AIDS onto the political agenda was challenging policies which effectively denied access to AIDS treatment.

CATALYZING GLOBAL AIDS ONTO THE POLITICAL AGENDA

One of the most enduring consequences of the symbolic confrontation between AIDS protesters and the Gore campaign was the launch of global AIDS onto the radar screens of the American public and the political agenda. A precursor to the adoption of the duty to treat by policymakers was the broad awareness of the nature and scale of the crisis of AIDS in Africa and elsewhere around the world. While such attention might have otherwise ultimately emerged, the extremely limited coverage in the media and political debates over the previous two decades strongly support the idea that the symbolic conflict was a crystallizing moment that was essential to the subsequent mobilization of political will and resources.

Media interest in global AIDS jumped dramatically in the wake of the Gore protests. In contrast to large marches that generated virtually no attention, these small protests were covered on CNN and in all major newspapers. Subsequently, the Boston Globe, the Washington Post, and the Village Voice each did major multi-part feature stories on the AIDS crisis in Africa. Coverage of AIDS in Africa increased by five times between 1998 and 2000. Within these stories, coverage of AIDS drug prices and debates over patents grew from just 1% of stories in 1998 to 12% by 2001. The
percentage of stories about AIDS with a non-US dateline quadrupled between 1999 and 2002.\textsuperscript{70}

The widening attention to global AIDS ultimately translated into giving the issue a much higher profile on the global political stage. In January of 2000, the United Nations Security Council held a special session on AIDS.\textsuperscript{71} U.S. Ambassador to the United Nations Richard Holbrooke, who had previously visited Africa, championed the session on AIDS because he believed that the Security Council was the best venue to put a spotlight on the issue: “That’s where decisions are made, that’s where attention is focused.”\textsuperscript{72}

The UN Security Council session included a high-profile speech by Vice President Gore, in which he called for viewing security through a “new and wider prism,” and argued that: “The heart of the security agenda is protecting lives, and we know that the number of people who will die from AIDS in the first decade of the twenty-first century will rival the number that died in all the wars in all the decades of the twentieth century.”\textsuperscript{73} In July 2000 the UN Security Council passed Resolution 1308 stating that HIV/AIDS “may pose a risk to stability and security.” Before the end of his Presidency, Clinton would himself declare global AIDS a security threat.

TOWARD AFFORDABLE AIDS MEDICINES

The most significant and enduring impact of the reversal of US policies on intellectual property and access to medicine, was its contribution to the drop in the price of AIDS medicines in the developing world to a dollar a day. Without the credible threat
of trade sanctions against countries using generic AIDS medicines, the incentive for
generic competition to drive down branded prices proved extremely powerful. The
intense media focus on AIDS drug pricing after the Gore protests made it very difficult
for branded companies to sustain their pricing policies or block generic producers from
aggressively entering and reshaping the market. Many of the AIDS activists who
challenged Gore over the South Africa policy were also involved in convincing generic
companies to offer affordable AIDS medicines at a dollar a day.

Within days of President Clinton’s Executive Order on AIDS medicines, five
pharmaceutical companies offered to discuss voluntary cuts in the price of AIDS
medicines. According to USTR officials, the order “caused a lot of consternation of
PhRMA and its members.” The initial reaction of the industry to the order was strong
criticism, with the President of the Pharmaceutical Research and Manufacturers of
America, Alan Holmer, saying “The approach taken by the President’s Executive Order
sets an undesirable and inappropriate precedent by adopting a discriminatory approach to
intellectual property laws and focusing exclusively on pharmaceuticals.” Behind the
scenes, however, the Chairman and Chief Executive of Merck, Raymond Gilmartin, had
already reached out to officials at the United Nations after more than a year of extremely
damaging media attention for the industry. Within Merck, the stakes were seen as
nothing less than avoiding long-term reputational damage, such as that faced by infant
formula makers according to one manager: “No matter what Nestle could do or say, they
never really managed to get over that slogan that they killed babies.”

The discussions between pharmaceutical companies and the United Nations went
on for weeks without resolving disagreements about whether to include explicit language
on the protection of intellectual property among requirements for potential beneficiary countries. With the Wall Street Journal planning to uncover the conversations, the formation of a new initiative was quickly announced. Under the auspices of UNAIDS, the new partnership was called the Accelerating Access Initiative. According to Boehringer Vice Chairman Rolf Krebs, a key objective was to respond to damaging media on the issue of pricing: “The price issue was always discussed as preventing people from being treated, we took the price issue away.” Dr. Bernard Pecoul of Doctors without Borders described the step as “a victory, but a small one, much like an elephant giving birth to a mouse.”

Even as the UN was entering into partnerships with major pharmaceutical companies to reduce prices, Jamie Love was seeking a breakthrough with generic manufacturers and “spent a fair part of 2000 looking at the cheapest way to make AIDS drugs.” In February of 2001, the Indian drug manufacturer Cipla introduced generic anti-retroviral AIDS medicines for $350 per year and reshaped the structure of pricing for AIDS medicine. A few months earlier, Jamie Love worked to persuade Cipla’s founder to agree to produce AIDS medicine for a dollar a day to help convince people that AIDS treatment in the developing world was really possible. According to Love, he learned about Cipla when he “was in India and ran out of asthma medicine and bought a Cipla inhaler and was impressed with the product.” In the summer of 2000, Love met with the company’s founder and asked “What is the cheapest cocktail?” to which the response was that it “depends -- do I have tariffs? marketing? IOU for Nigerians?” He took a pencil and said the cheapest would be D4T and nevaripine because [it uses the] fewest milligrams of active ingredient. . . D4T $1 a day.”
When Love approached Doctors Without Borders as a potential customer, they didn’t believe it because at the time they were paying Cipla $1,000 for the same medicine. Cipla was reluctant to actually offer a product for that price since all his customers would then demand it. As Rob Weissman explains, “Jamie pushed [Cipla] that you can’t just lower the price, we need $1 a day because it would change the terms of the debate. Once you said that, you could start talking about treatment being available.”

Love countered that Cipla could “do what [major] drug companies do and say it’s a humanitarian price.” Shortly afterwards, Love sent a note to a New York Times reporter, who ran it as a front-page story and changed the AIDS treatment debate forever.

Just over a month after the Cipla announcement, two of the major pharmaceutical companies announced significant price cuts in AIDS medicines for Africa and a third committed to providing antiretroviral therapy for just one dollar a day per patient. At the time of the Cipla announcement, the lowest market price for triple combination AIDS therapy was a little under $10,500. Within just one year the lowest branded price for triple combination therapy had dropped to $727 per person per year for each patient. Between 1999 and 2003, AIDS drug prices fell by as much as 98%, from $12,000 to approximately $200 per year. At the end of 2001, Tina Rosenberg wrote in the New York Times magazine special ideas issue about “Global Antiretroviralism,” “The campaign for antiretroviral treatment in the third world is no longer a battle of ideas; this year the world recognized that universal treatment is both imperative and feasible. What is left is the struggle for money.”
ANALYSIS OF COMPETING EXPLANATIONS

ECONOMIC INTERESTS

Although the pharmaceutical industry was critical to convincing the Clinton Administration to pressure the South African government over its patent legislation, there is very little evidence that the industry played a direct role in the reversal of that policy. The branded pharmaceutical companies were consistently pushing the Clinton Administration to reject any compromise with South Africa and did not change their preferences prior to the resolution of the trade conflict. Although some Indian generic companies likely benefited from this reversal, they were not involved in the policy discussions or debates in the United States and had to be convinced by AIDS activists to offer treatment for a dollar a day.

If the pharmaceutical industry made any significant contribution to the policy reversal, it was by overreaching. By suing Nelson Mandela to protect the interest of patent holders against claims of access to medicine, the industry created a huge target of opportunity. As one pharmaceutical representative explained: "In retrospect, it was a huge mistake on the part of the pharmaceutical industry... It became an international cause celebre, and symbol around which civil society could rally. Big pharma sues Nelson Mandela... Industry made a huge mistake [by] not dropping the lawsuit earlier than it did."92 The analysis of industry’s strategic error is shared by its critics, such as Rob Weissman, who explains: “PhRMA should have affirmatively done the right thing. AIDS is a special case, we’re licensing. If it said that all together it could have avoided negative publicity and gained control of the issue.”93
While the direct influence of the pharmaceutical industry was insufficient to maintain policies that blocked access to medicine in South Africa, the symbol of pharmaceutical profits at the expense of AIDS sufferers was a powerful force in the policy reversal. The pharmaceutical industry, and its pricing policies for AIDS drugs, became the centerpiece of media coverage of global AIDS. The number of media stories on AIDS and patents jumped more than ten-fold between 1998 and 2001. As Tom Bombelles of Merck explains, “We were being used to drive the issue. Drug prices mean Africans will die- every debate needs a rabbit. We were the rabbit. We were being used to organize society and get moving in the same direction.” 94 The industry helped put AIDS in Africa on the radar screen of millions of Americans because its’ pricing policies and strategies generated widespread outrage and helped make a complicated public health challenge appear much more simple.

The negative publicity around AIDS and Africa contributed to an environment in which public views of the pharmaceutical industry shifted. While in 1998, 59% of Americans surveyed thought that pharmaceutical companies were doing a good job in serving health care consumers, by 2000 this figure had dropped to 45%. In 2000, 73% of people reported that drug companies made too much profit. 95 In 2005, 70 percent thought that pharmaceutical companies were more concerned “about making profits” than developing new drugs. 96 The changing perception of pharmaceutical companies and the conflict over AIDS drugs also took a toll on the self-perception of many within the industry as well its standing with the public. 97

The dramatic drop in the price of AIDS medicines affected pharmaceutical company returns not just in Africa, where they had few customers, but also in middle
income countries such as Brazil and Thailand, where government initiatives supported widespread AIDS treatment. By 2002, there were approximately 200,000 receiving treatment in the developing world and only a small fraction of these were in Africa. In the middle income countries, the entry of low-cost generics into the market severely undercut the actual profits that the pharmaceutical companies were able to command. While 200,000 patients at the pre-Cipla price of over $10,000 per year would yield more than $2 billion for drug manufacturers, at the Cipla price of $350 per year it would have taken more than 5.7 million patients to generate the same annual return. Even the subsequent dramatic expansion of AIDS treatment in Sub-Saharan Africa and other low-income areas over the next five years would not make up for the lost potential profits of the pharmaceutical industry from generic competition.

Although the United States government’s drug procurement for global AIDS ultimately reached nearly $1 billion by 2007, by that time the U.S. was purchasing primarily generic medicines. As Love explains, the “biggest purchase of generic AIDS drugs [are] now the United States government, looking out for taxpayer interest [instead of] some donor interest.” The leading multilateral providers of AIDS medicine used almost exclusively generic medicines, so the subsequent increase in their funding did not materially benefit major pharmaceutical companies. As Rob Weissman explained, “They [major pharmaceutical companies] have more or less ceded Africa and AIDS drugs, it is not a fight they want to have.”98

While some pharmaceutical companies could still command high prices for second-line medications, the loss of leverage through the threat of trade sanctions also undercut these returns. The growing possibility that developing countries could issue
compulsory licenses to override patent protection, in the absence of threats of US trade sanctions, was a major concern for the industry. As Joe Papovich explained, “[The] pharmaceutical industry lived in terror of compulsory licensing, [it was] probably the great concession of the TRIPS agreement.” In middle income countries, such as Thailand and Brazil, the threat of compulsory licensing later forced a number of companies to dramatically reduce their prices even for second-line medications. It is very unlikely that the pharmaceutical industry ultimately benefitted more from the drop in the price of AIDS medicines and aggressive generic competition that resulted from the shift in US policy towards intellectual property and access to medicine.

NATIONAL SECURITY

Turning to the influence of strategic national security interest in this case, there is substantial evidence that AIDS was becoming a national security concern, but extremely weak evidence that it caused the reversal of the Clinton Administration’s pressure on South Africa. Toward the end of the second term, the Clinton Administration did become increasingly interested in the concept of transnational security threats. However, this interest apparently was not sufficient to lead to any meaningful investment in global AIDS or stop officials from prioritizing intellectual property over access to medicine.

Global health threats became a growing interest toward the end of the Clinton Administration. In her memoir, Secretary of State Madeline Albright, explained: “At the start of my term [in 1996], I expected AIDS to be a significant threat to democracy prosperity, and security in Africa. I soon realized it was the dominant one.” Some national security and intelligence analysts pointed to the potential consequences of AIDS
at the end of the Cold War. However, it was not until a decade later that a National Intelligence Estimate report projected that a quarter of Southern Africa’s population would likely die from AIDS. The report found that the “relationship between disease and political instability is indirect, but real” and that “new and reemerging infectious diseases will pose a rising global threat and will complicate US and global security over the next 20 years.”

Daniel Drezner argues that these national security considerations were the key factor in changing US policy on access to medicines: “The United States scaled back its eagerness to unilaterally enforce the strictest interpretation of the TRIPS accord against countries suffering from epidemic levels of AIDS in order to prevent state failure and protect US security interests.” Drezner particularly highlights the growing interest among national security professionals in emerging transnational health threats. However, most of the high-level attention to the security dimensions of AIDS actually occurred after the reversal of the Administration’s South Africa policy in 1999. For example, the meeting of the National Security Council on AIDS and Gore’s speech before the UN Security Council special session on AIDS both took place in early 2000.

The best concrete evidence for the impact of national security concerns in the South Africa case is a single action taken by the National Security Council and the Vice President’s office in opposing further escalation of the trade conflict in 1999. Yet, this single moment followed several years of active pressure by the Vice President and the White House on South Africa and neither resolved that trade dispute, nor pointed toward any broader policy reversal on the issue of intellectual property and access to medicine.
The Vice President’s National Security Advisor, Leon Fuerth, was one of the strongest proponents of the idea that national security concerns played the decisive role in the policy shift. He claimed that “we jolly well engaged in this long before the vice president was criticized” and that [those efforts were] “moving toward closure at the same point the demonstrations began. You could draw the conclusion that it was the demonstrations that brought us to closure, and I’m not sure I can disprove that, but it is simply not true. We did this for the right reasons.”

In contrast with statements by the Vice President’s advisor, officials at the United States Trade Representative’s Office (USTR) point to a much bigger influence by the activists. The United States Trade Representative said publicly that: “Largely it was the activities of Act UP and the AIDS activists that galvanized our attention [to the fact] that there was an absolute crisis, [until then] I was certainly not aware of this at all . . . In years past, this [pharmaceutical] issue was treated purely as a trade and an intellectual property rights issue.” Similarly, activists like Rob Weissman argue that the Administration “really rethought it, but the reason they rethought it was because it was forced on them, it wasn’t like new information in June 1999.” Yet, he also acknowledged that there had been “some legitimate conversion [among officials] when confronted” and that the process involved “epiphany as well as political pressure.”

The USTR staff person closest to the negotiations, Joe Papovich, also confirmed that activist pressure was the key to the reversal: “Activists persuaded the public that this was about AIDS activists got certain amount of policy traction [that it] could prevent the country from dealing with AIDS. I don’t think there was any transition absent activist pressure.” As to whether the issue would have been resolved without activist pressure,
Papovich explained: "I don’t know what that we would have agreed to in the absence of pressure. We would have asked for more (from South Africa)." 106

While there is limited evidence that national security concerns made some officials in the Clinton Administration more sensitive to the implications of its intellectual property policy, these concerns did not drive the reversal of policy in this area. The ultimate decision to reverse these policies followed closely on the heels of external pressure from activists and the media, and key participants point to that pressure as the triggering event. The evaluation of USTR officials closest to the negotiations is that the United States would have sought more concessions from South Africa rather than abandoned entirely its campaign for standards beyond those required by the WTO. 107 Even if national security concerns might eventually have led to a reversal of South African policy, there is no evidence they would have led to a broader policy statement or Executive Order protecting all developing countries seeking access to generic AIDS medicines.

While the evidence is weak that national security concerns directly catalyzed expanded access to AIDS medicines, it does appear that the controversy over AIDS contributed to a reframing of national security, at least for some Democrats. After the United States reversed its position on South Africa, the Clinton Administration did focus more attention on AIDS as a security threat and went to the United Nations Security Council to gain support for the designation of AIDS as a security threat. Once AIDS was publicly declared a threat, other global health challenges also became part of the new language of transnational threats, especially among Democratic foreign policy experts. However, there is much less evidence that this reframing of AIDS as a security issue was
significant for subsequent Republican Administrations, which played a much larger role in expanding resource investments on global AIDS.

NORM ENTREPRENEURS

Looking at explanations that focus on the role of norms and norm entrepreneurs, there is strong evidence for these factors as the leading cause of the reversal of U.S. policy toward South Africa and the prioritization of access to medicine. It is extremely unlikely that the U.S. would have issued broader protections for developing countries around access to medicine, or that the media interest would have taken off as it did, if not for the symbolic conflict between AIDS activists and the Clinton Administration.

The translation of a dry material conflict into a question of substantial moral significance and media interest was critical to the effectiveness of the norm entrepreneurs. Aseem Prakash and Susan Sell have suggested that the access to medicine campaign succeeded because it “highlighted how stringent patents can imperil public health in the context of the HIV/AIDS crisis.” The symbolic conflict between the alleged greed of pharmaceutical companies and the people dying for lack of access to AIDS medicine transformed global AIDS from a faraway problem to one with particular relevance to a US audience.

While there is no doubt that this contrast in the normative frame of the activists and the industry was an important dimension, the strategic choices by activists were also critical to creating the opportunity for their message to be heard. The broad frame that the United States should not actively block access to AIDS treatment was especially powerful once linked to the drama of the Presidential campaign. The earlier efforts by
activists to bring public attention to the high cost of AIDS medicine through legislative advocacy did not succeed in generating serious media interest. Behind the scenes overtures by activists to the Vice President and USTR also showed no indications of having any real effect before the protests. Without a compelling political drama before their eyes, it is unlikely that reporters would have seriously pressed Vice President Gore on trade policy toward South Africa in the context of a Presidential campaign.

At a moment in which the idea that wealthy countries have a duty to provide AIDS treatment in the developing world was not yet widely supported, the first step was to challenge policies that potentially blocked access to AIDS medicines. The activists’ claim that U.S. policy should not block people in South Africa from accessing life-saving AIDS treatment served as the basis for a wide consensus and set the stage for wider calls for U.S. investments in supporting AIDS treatment. In effect, the activists’ normative frame challenged the conventional wisdom that treatment in Africa was impossible because of the high cost of medicines by making the cost the issue itself. By focusing on government policies, norm entrepreneurs more effectively leveraged media interest, helped force lower pricing of AIDS drugs, and set the stage for a more comprehensive AIDS response.

While the efforts of norm entrepreneurs directly challenged the interests of major pharmaceutical companies, there was not any such direct conflict with U.S. national security interests. It is also not at all clear that the shift in U.S. policy on intellectual property and access to medicine would have taken place if there had been a direct conflict with major national security objectives of the United States. Preventing generic competition and lower prices for AIDS medicines, although of great concern to at least
one powerful industry, was ultimately not a core strategic objective of United States foreign policy. If preventing wider access to AIDS medicines had been seen as important to protecting the United States from significant external security threats, the pressures brought to bear by AIDS activists in all likelihood would not have reversed U.S. policy.

CONCLUSION

The early focus of the AIDS treatment movement was to force lower prices for AIDS medicines in order to expand access to treatment in the developing world. Attempts to directly pressure the pharmaceutical companies proved much less effective than challenges to US government policies that supported pharmaceutical industry objectives and helped maintain high prices. Without the credible threat of trade sanctions from the United States to block generic AIDS medicines, the potential for generic competition to drive down branded prices proved extremely powerful. The media spotlight on AIDS drug pricing made it much more difficult for policies to be sustained that forestalled generic producers from aggressively entering and reshaping the market.

In the case of intellectual property rights and AIDS medicine, norm entrepreneurs drew upon core values around the protection of life to convince political leaders and the broader public that issues viewed in largely material and technical terms actually held a broader moral significance. In the case of access to AIDS medicine, a debate framed in terms of property rights shifted to one focused on the denial of life-saving medicine, through key moments of symbolic conflict that captured media interest. In this way, norm
entrepreneurs put the idea of a duty to provide AIDS treatment on the agenda by confronting those policies that blocked treatment.

In order to build the political will for a major global response to AIDS in poor countries, activists first had to reverse government policies that contributed to artificially high prices for AIDS medicines and made treatment seem out of reach. The next challenge would be to establish support for a positive duty to respond to the AIDS crisis in Africa that went beyond the obligation not to block Africans from gaining access to lower-cost medicines. Once the cost of AIDS treatment fell to a dollar a day, it became much more plausible to suggest that wealthy countries should invest in AIDS treatment in the developing world. The Director of the White House Office of Management and Budget, Mitch Daniels, later told Jamie Love, “That was the decisive moment when [you] could get AIDS drugs for $1 a day. At $1,000 dollars, you are not responsible to do it, at $1 dollar a day you had to do it.”109
9 Interview with Eric Sawyer, Health Gap.
10 Interview with Eric Sawyer, Health Gap.
11 Interview with Eric Sawyer, Health Gap.
12 Behrman, pp. 122-5.
13 Behrman, p. 125.
14 Interview with Eric Sawyer.
17 Interview with Eric Sawyer, Health Gap.
20 Interview with Eric Sawyer, Health Gap.
21 Health GAP website: www.healthgap.org
22 Smith and Siplon, *Drugs into Bodies*, p. 59.
24 Interview with Joe Papovich, Office of United States Trade Representative.
25 Interview with Joe Papovich.
27 Interview with Joe Papovich.
28 Interview with Joe Papovich.
29 Interview with Joe Papovich.
31 Interview with Joe Papovich.
34 “Time-line of Disputes over Compulsory Licensing and Parallel Importation in South Africa.”
36 Gellman, “A Conflict of Health and Profit.”
37 Gellman, “A Conflict of Health and Profit.”
38 Interview with Eric Sawyer.
39 Interview with Rob Weissman, Essential Action.
41 Interview with Rob Weissman.
42 Interview with Rob Weissman.
43 Interview with Jamie Love.
44 Interview with Rob Weissman.
45 Interview with Jamie Love.
Interview with Eric Sawyer.
Interview with Rob Weissman.
Interview with Jamie Love.
Interview with Eric Sawyer.
Gellman, “A Conflict of Health and Profit”
Gellman, “A Conflict of Health and Profit.”
Interview with Jamie Love.
Gellman, “A Conflict of Health and Profit.”
Interview with Eric Sawyer.
Behrman, pp. 152-4.
Interview with Rob Weissman.
Interview with Joe Papovich.
Interview with Eric Sawyer.
Interview with Rob Weissman.
Behrman, p. 157.
Interview with Joe Papovich.
Interview with Joe Papovich.
Clinton, William J. “Speech By President to WTO Ministers at Luncheon in Seattle”, December 1, 1999.
Behrman, p. 179.
Henry J. Kaiser Family Foundation Supplement to Columbia Journalism Review (March/April 2004).
Behrman, p. 163.
Interview with Joe Papovich.
Gellman, “A Turning Point that Left Millions Behind”
Gellman, “A Turning Point that Left Millions Behind”
Interview with Jamie Love.
Interview with Rob Weissman.
Interview with Jamie Love.
Interview with Jamie Love.
Interview with Rob Weissman.
Interview with Jamie Love.
Interview with Jamie Love.
Interview with Tom Bombelles, Merck.
Interview with Rob Weissman.
Interview with Tom Bombelles.
Interview with Tom Bombelles.
Interview with Rob Weissman.
Interview with Joe Papovich.
Gellman, “A Conflict of Health and Profit”
Gellman, “A Conflict of Health and Profit”
Interview with Rob Weissman.
Interview with Joe Papovich.
Interview with Joe Papovich.
Interview with Joe Papovich.
Interview with Jamie Love.
CHAPTER THREE:

THE UNITED STATES AND THE DUTY TO TREAT: THE LAUNCH OF THE PRESIDENT’S EMERGENCY PLAN FOR AIDS RELIEF
INTRODUCTION

For George W. Bush, global AIDS was not a major priority when he assumed office in 2001. Yet, within two years, the President adopted the duty to treat as the centerpiece of an unprecedented $15 billion AIDS initiative. A range of civil society and influential faith groups helped to put the issue of global AIDS on the President’s agenda. The fusion of powerful norms with influential allies gave norm entrepreneurs the ability to catalyze major commitments on global AIDS. The vision of civil society activists and the White House ultimately converged around the importance of providing AIDS treatment. The President articulated the perspective that providing AIDS treatment in Africa was an important duty and committed to the goal of putting two million people on treatment through an ambitious new program. The launch of the President’s Emergency Plan for AIDS Relief (PEPFAR) reflected the adoption of the duty to treat at the highest levels of the United States government. The combination of a powerful normative frame and the influence of key messengers from the faith community was critical to shaping this dramatic change in the response to the global AIDS crisis.

THE INITIAL BUSH ADMINISTRATION POLICY ON GLOBAL AIDS

Nothing in the record of George W. Bush or in his 2000 Presidential campaign suggested a strong interest in AIDS or Africa. As Governor of Texas, health issues were such a low priority for Bush that he never gave a significant speech on them.¹ One AIDS advocate had been told by Governor Bush’s health advisor that: “The one thing Bush is
really uncomfortable dealing with is AIDS.” When the issue of Africa was raised in the Presidential debate at Wake Forest University, Bush answered: “It’s an important continent, but there’s got to be priorities. And the Middle East is a priority for a lot of reasons, as is Europe, and the Far East, and our own hemisphere. Those are my four top priorities should I be the president.” In essence, every major continent was a priority except Africa. In an interview with Jim Lehrer the next day, Bush confirmed that this assessment was no mistake, explaining that “while Africa may be important, it doesn’t fit into the national strategic interests, as far as I can see them.”

Global AIDS was specifically raised only in the Republican primary debate in Michigan where Bush was explicitly asked whether the U.S. should spend $300 million of the surplus to fight AIDS in Africa. Bush responded by rejecting the additional spending and arguing that foreign assistance is often wasted: “Oftentimes we’re well-intended when it comes to foreign help, but the money never makes it to the people that we’re trying to help.” In response to a questionnaire from the International Association of Physicians in AIDS Care, the Bush campaign expressed support “first and foremost” for research funding including a research and development tax credit for pharmaceutical companies.

The Bush campaign in 2000 never signaled any intention of providing major resources for global AIDS treatment. During the campaign, the issue of global AIDS was raised at least once directly with Governor Bush. A group of twelve gay and lesbian Republicans were invited to Austin, Texas for a meeting with the Governor. The selected group engaged Bush on a wide-ranging agenda that included the suggestion that he take on the challenge of global AIDS.
In the first month of the new Administration, White House Chief of Staff Andrew Card announced the closure of the White House Office on AIDS. After a firestorm of criticism, the White House reversed this position, but still left the impression that AIDS was not at all a priority. After another White House shift eliminated the position of senior advisor for international health at the National Security Council. Further controversy was ignited over the comments of Andrew Natsios, the Administrator of the United States Agency for International Development (USAID). Natsios testified that AIDS treatment in Africa was essentially impossible: “People [in Africa] do not know what watches and clocks are. They do not use Western means for telling time. They use the Sun. These drugs have to be administered during a certain sequence of time during the day. And when you say ‘take it at ten o’clock, people will say ‘what do you mean ten o’clock?’ They don’t use those terms in villages to describe time. They describe morning and afternoon and evening. So that’s a problem.”

Natsios’ comments reflected broader sentiment within USAID, the main implementer of US foreign assistance, that AIDS treatment in the developing world was not possible. In 2001, when economist Jeffrey Sachs met with Condoleezza Rice, the White House National Security Adviser, she explained that “our experts tell us that people can’t be treated.” With AIDS so low a priority at the political level and internal Administration experts arguing that AIDS treatment in Africa was not possible, the impetus for re-thinking these issues would have to come from outside the government.
CIVIL SOCIETY MOBILIZATION FOR GLOBAL AIDS TREATMENT

The idea that treatment must be at the center of the AIDS response had longstanding roots in domestic AIDS activism in the United States. Act Up initially focused on accelerating the development of new AIDS treatments and reducing drug prices. The global public health community, however, was more oriented towards prevention and initially slow to support a treatment focus. The emergence of diverse voices calling for a major AIDS response reflected the resonance of the duty to treat among a new wave of AIDS activists and within the faith community.

The call for expanded access to AIDS treatment and the need for a multi-billion dollar response gained momentum in 2000 with the International AIDS Conference in Durban, South Africa. It was the first time the bi-annual conference was held in Sub-Saharan Africa, and it put the spotlight squarely on the lack of access to treatment. Inside the conference, Nelson Mandela explained that in an age of globalization we are all the "keepers of our brothers and sisters." Jeffrey Sachs proposed a new multi-billion dollar global fund to respond to the crisis because he was shocked that the world was still giving just $75 million a year for AIDS in Africa at the end of the 1990’s.11

Outside the conference, the Treatment Action Coalition (TAC) and other civil society groups from around the world joined together in a march calling for global AIDS treatment. Led by the Anglican Archbishop of Cape Town, thousands marched wearing t-shirts that said “HIV positive.” TAC had been founded two years earlier after the death of Simon Nkoli, a long-time member of the African National Congress and gay rights activist who lacked access to anti-retroviral drugs. As one of TAC’s founders, Mark
Heywood, explained, “It was clear by late 1998 that nobody was doing or saying anything about treatment and that we needed to create a movement led primarily by people affected by HIV directly.”

In Washington, leading AIDS groups remained focused on small incremental progress, with limited interest in AIDS treatment for people in low-income countries. In 1999, advocacy groups won an increase from the Clinton Administration of an additional $25 million in global AIDS funds. Despite a policy change in 1997 that allowed the United States government to engage in treatment activities, by 1999 the U.S. was still not funding AIDS treatment. Nor were the established AIDS advocates in the nation’s capitol focusing their message on access to treatment in the developing world.

In the United States Congress, even after the reversal of the protests over drug patents and South Africa, there was virtually no discussion of treatment in briefings on global AIDS. An HIV-positive activist from Malawi, Chatinkha Nkhoma, who believed that everyone deserved access to treatment, inspired a congressional staffer to help launch the Global AIDS Alliance (GAA). According to Joel Segal, of Representative John Conyers office, “There was not advocacy for treatment at briefings in 1999-2000. When I asked about treatment, they kept saying the same thing- there wasn’t infrastructure . . . In her [Nkhoma’s] view, AIDS drugs could be provided with a cup of water, a pill and a tent.” According to Segal, the launch of the Global AIDS Alliance with an explicit focus on access to treatment was “an African woman’s vision brought to life- [with] a doctor, a campaigner, and a Hill staffer.” Segal recruited a doctor returning from working in Zambia, Paul Zeitz, who had been inspired by the calls for treatment at the Durban AIDS Conference: “The institutional framework was prevention, it was a huge
leap for Durban to challenge that paradigm . . . Durban was my introduction to activism."16

At the same time, a former member of Congress, Ron Dellums was working to generate interest in an AIDS Marshall Plan for Africa. Dellums worked with his former staff person and successor, Representative Barbara Lee, to craft legislation that would establish an independent fund to respond to the AIDS crisis. The idea generated opposition from some Washington based health groups.17 Nonetheless, Rep. Lee pushed forward with a Republican partner, Representative Jim Leach, on successful legislation requiring the establishment of a new global fund to fight AIDS. According to Riggs, a “sea change happened when Leach took a look at the bill . . . he’d been to Africa and seen the devastation wrought by the disease . . . When Bush won the presidency we continued to carry on with Leach and Lee.”18

In 2001, the calls for access to treatment and for a multi-billion dollar response became closely linked for many activists. New groups, like GAA, advocated for a multibillion dollar response in order to provide access to treatment. Testifying before Congress, GAA Executive Director Paul Zeitz said: “It is outrageous from both a practical and moral standpoint that more than 99% of Africans are not able to obtain practical lifesaving medications.”19 In February of 2001, Jeffrey Sachs wrote an op-ed in the New York Times arguing that a $5 to $10 billion a year investment in the fight against AIDS in Africa would be one of the best investments the United States could make. Sachs also broke the cost down to the US share to “about $3 billion or so annually” with the cost for each American at about $10 a year or “the cost of a movie ticket with popcorn.”20
A broad meeting of global AIDS advocacy groups in March 2001 revealed the emerging tensions around the focus on treatment and the scale of funding ambitions. Newer groups argued that access to antiretroviral drugs should be at the center of the US response and that multilateral mechanisms should replace bilateral mechanisms. Fifty groups participated in the meeting, and they ultimately agreed to support dramatically increased funding, wide access for anti-retroviral treatment, and new multilateral mechanisms. At the UN General Assembly Special Session on AIDS in 2001, these emerging groups sponsored a march demanding billions for treatment with thousands of people, the largest demonstration of support for global AIDS treatment ever in the United States.21

New voices and organizations contributed to the changing worldview around the possibility of large-scale AIDS treatment. These actors helped to unify advocates around a multi-billion dollar treatment-focused message beginning in 2001 and developed a proposal for a major Presidential initiative in 2002. Leading experts helped legitimize a scale-shift in ambition to billions of dollars and contributed to the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. AIDS activists ultimately unified around a multi-billion dollar treatment-focused message and pushed a proposal for a Presidential initiative on AIDS.

EVANGELICAL AND FAITH SUPPORT FOR GLOBAL AIDS

One of the key strategies pursued by the norm entrepreneurs focused on AIDS treatment was to engage more powerful allies in the faith community in the push for a
White House initiative on global AIDS. The emergence of faith groups, especially Evangelical Christian groups, as part of the broad movement calling for a major U.S. response to global AIDS was a key development that helped convince the President to act. A number of important Evangelical leaders and many more local faith activists came to see responding to AIDS as a critical moral duty.

The role that leading Evangelicals played in promoting a global AIDS response is all the more remarkable because in earlier decades important members of the Evangelical Christian community were very outspoken in condemning those infected with HIV/AIDS. Jerry Falwell portrayed AIDS as God’s punishment for sin, and influential figures like the Reverend Bill Graham expressed a similar sentiment about AIDS as punishment. In a sermon in 1993, Graham asked, “Is AIDS a judgment of God?” and answered, “I could not say for sure, but I think so.”22 Ironically, it would be Graham’s son Franklin who later catalyzed some Evangelical Christians to re-evaluate the meaning of AIDS.

Support for action on AIDS among the wider population of Evangelicals in the United States was initially very low. In 1999, when World Vision, the nation’s largest Christian development agency, listed its top ten issues to focus on, global AIDS did not make the list. The head of World Vision’s Africa operations explained to his colleagues that in many communities there was “not anyone who doesn’t have someone infected,” which was “a wake up call for all of us” at World Vision.23 A survey conducted on behalf of World Vision found that only 3% of Evangelicals would be willing to help an AIDS orphan in Africa.24 As Steve Haas, World Vision’s Vice President of Church Relations, explains, “Those who call themselves Evangelicals were absolutely not ready
for this issue. No one wanted to hear about it.” World Vision still went forward with a national tour on the issue, but the interest was less than was hoped for. In Knoxville, Tennessee a breakfast meeting hosted by the pastor of the largest church in town, with the CEO of World Vision and Former Surgeon General C. Everett Koop only brought out three people. Rather than give up, World Vision began to take influential pastors to Africa to see for themselves the impact of AIDS. As Haas explains, in Africa these pastors “came to understand this disease is a disease whether from blood transfusion, homosexual or heterosexual, to see a person as a person . . . they were broken men when they left [after] sitting with a child-headed household. It doesn’t take more than one visit.” Leading figures began to view responding to AIDS as a moral duty.

In May of 2001, Christian Connections for International Health (CCIH) held a conference entitled “Challenges for the Church: AIDS, Malaria, and Tuberculosis.” The members of CCIH included many development professionals, and the gathering brought together a range of faith groups with leading experts in the field. According to Ray Martin of CCIH, “Dorothy Brewster Lee, of the Presbyterian Church, was very taken by the massive effort idea [on AIDS, TB, and Malaria] . . . Dorothy thought we need a faith based version of that massive effort . . . I was astonished at the number of Africans who came, a lot of people on their own steam. The success of our conference was demonstrating the faith community could get into this issue.”

Some Evangelical groups participated in the CCIH Conference, but they were at that time only engaged in an inventory of Christian activities around AIDS. The Conference helped catalyze interest among more conservative faith groups like Samaritan’s Purse, which sought advice from CCIH to host its conference on AIDS and
the church. According to Ray Martin of CCIH, the interest of Samaritan’s Purse was a major development in the faith community: “We’re still small fry and Samaritan’s Purse is a sizable organization and the name recognition of Franklin Graham as the son of Billy Graham is huge . . . [It is] particularly fascinating because in the evangelical community there wasn’t a very favorable view about church people getting involved in AIDS.”

Experience in the field in Africa, helped to re-shape attitudes and catalyze increasing evangelical interest in AIDS. Although in many ways more conservative than his famous father, Franklin’s experience in Africa shaped his understanding of the AIDS crisis. When Graham visited Zaire (now the Democratic Republic of Congo) in the early 1980’s, he found just one AIDS patient in a local hospital, but on return visits he saw the caseload grow to 20 percent of the hospital’s patients.

In early 2002, Franklin Graham and Samaritan’s Purse, sponsored a conference of evangelical Christians on AIDS that drew nearly 1,000 participants from 80 countries. Graham viewed the AIDS crisis as a threat to life as well as an opportunity for evangelism: “I see this virus as destroying human life. . . Now God made us; he created us; and I believe as a Christian I should do everything I can to save life.” Graham’s religious formulation suggested a duty to treat those living with HIV in order to protect life. After Franklin Graham gave the opening prayer at the President’s inauguration, he raised the issue of AIDS in Africa with the new President in an important signal of evangelical interest in the pandemic.

Speaking at the Conference, Graham called for a major response to AIDS: “I would suggest to you tonight that HIV/AIDS is a plague of biblical proportions and we should attack it with the same level of commitment, zeal, money and resources that we
have rightly applied toward combating international terrorism . . .“33 Graham echoed the emerging idea that a duty to treat required massive resources from wealthy nations.

Perhaps the most remarkable speech given at the conference was that of North Carolina Senator Jesse Helms. Helms, who in the past had moved to cut funding for AIDS, said: “I have been too lax too long in doing something really significant about AIDS. . . I’m ashamed I have done so little.” Writing in the Washington Post soon after, Helms called for a new initiative to prevent mother-to-child transmission of HIV, by citing a Biblical injunction: “Perhaps in my 81st year, I am too mindful of soon meeting Him, but I know that, like the Samaritan traveling from Jerusalem to Jericho, we cannot turn away when we see our fellow man in need.”34 Helms was influenced by a dynamic Catholic priest, Father D’Agostino, who worked with African orphans. According to his Chief of Staff, Jimmy Broughton, “Helms got very involved with the orphanage . . . Father D’Agostino came early on and they became friends.”35 Helms’ earliest legislative support for responding to AIDS involved seeking earmarks for these orphans.36 Another important influence on Helms was the performer Bono, who Broughton said “quoted Bible references to helping the poor [and] admonished us.”37

House International Relations Chairman Henry Hyde initially encouraged Senator Helms to speak with D’Agostino, as Hyde was becoming a leader in the Congress for AIDS treatment.38 In 2001, Rep. Hyde passed legislation through the House of Representatives that included a pilot AIDS treatment program, which he defended against Administration critics as “vitally important because it gives hope to those already suffering from AIDS . . . [and] can work to extend the productive lives of those infected with the virus . . .”39 Hyde’s legislative success was linked to the fact that the House
Republican leadership was hearing from Evangelical and Christian missionaries, who were “saying it’s your Christian duty.”

Hyde was also influenced by the faith community in his own district. Catholic nuns from Wheaton, Illinois were quite important advocates for global AIDS. As a key staff person on the International Relations Committee explained: “If Sister Sheila [Kinsey] was in support it was a good idea” and the “Catholic Church in disparate forms was really the driver of this (issue).” Sister Sheila Kinsey and her congregation of the Wheaton Franciscans became involved with issues of AIDS beginning in 1996, when some of the Sisters began counseling and helping with clinics locally. In 2000, inspired by Sister Florence Wia from Kenya, the congregation decided to reach out globally on the issue. As Sister Sheila explains, her work domestically had a “very important link to global [AIDS]” because “with anti-retroviral drugs people were not being dealt a death sentence [in the United States], than you see the global picture . . .”

Bono was an early influence in engaging a number of Evangelical groups to become more engaged on the issue of AIDS. Mark Rodgers, who served as Chief of Staff to Senator Rick Santorum at the time, brought together a meeting of Bono and leading Evangelical groups because he believed Bono “would appeal to Christian artists [and] leverage into conservative faith communities.” Rodgers brought together a wide range of groups, from development organizations like World Vision to movement conservatives like the Family Research Council, to talk about global AIDS. According to Rodgers, “Steve Haas [of World Vision] had those statistics of what a small percentage of Evangelicals would give to AIDS victims and what a shame that was- the way Christ cared for lepers.” Key evangelical leaders and constituencies were targeted, including
evangelical students and Christian music artists, during the “Heart of America” tour in late 2002.

College campuses were another important force for AIDS advocacy within the Evangelical community. At Billy Graham’s alma mater, Wheaton College, the engagement of students and faculty led to direct outreach to the White House. As Wheaton Political Science Professor Sandra Joireman explained, with AIDS, “You can see inequalities clearly ... it’s so visible, the visibility of AIDS without treatment, the idea [that] as Christians how could you ignore that.”  

The Political Science Department at Wheaton College wrote a letter to alumnus and top Presidential aide Michael Gerson, to urge a multi-billion dollar AIDS initiative. On the day that the President announced his initiative, Gerson called a member of the faculty and suggested that they listen to President’s speech.  

By late 2002, key faculty from Wheaton College joined together with the Wheaton Franciscans to work together on issues of AIDS, including people living with AIDS as part of their efforts. Members of Congress were stunned by the breadth of the group, leading one to say: “A Catholic and an Evangelical, and you want the same thing?”  

As Sister Sheila explains, through the work on AIDS she found that “social justice issues are a wonderful way to find ways to respect each other and find common ground.”

In May of 2002, the President of World Vision used a speech to supporters to challenge “an American Church that largely is ignoring the AIDS pandemic.” World Vision called for government action on AIDS, but decided to focus its own efforts on the orphans left behind. As Steve Reynolds explains of World Vision’s planning for its 2003
Hope Tour, “We decided to make it relevant by focusing on the widow and the orphan, We chose to do that because there is a Bible verse . . . That was like, ‘Aha, OK, this is the message’ This is the platform which we can go now to our faith-based audience and say: “We have to do something.”50

World Vision’s interest helped to engage other leading Evangelicals. In November, 2002 Kay Warren, the wife of best-selling author Rick Warren, participated in a call with World Vision on the topic of AIDS that led her to join World Vision’s Hope Tour. Previously, her attitude had been: “You put yourself at risk, that’s your problem.”51 In the Spring of 2002, a powerful magazine story about AIDS catalyzed Warren to become an advocate on AIDS.52 Her advocacy ultimately convinced Rick Warren to join her and led to Saddleback Church’s annual Conference on AIDS and the Church.53 In contrast with the Warrens, some Evangelical leaders remained narrowly focused on preventing support for condoms and strongly criticized World Vision for its support for condoms as one approach to prevention. Over time, however, “those trying to make a split lost their voice” amidst the broader focus on the need to respond to the AIDS crisis.54

These diverse local coalitions of key faith groups, joined with members of national groups like World Vision in calling for a multi-billion dollar initiative alongside other treatment-focused AIDS groups. Earlier in the year, the Global AIDS Alliance and Health Gap worked to leverage the previously incrementally focused Washington-based advocacy organizations toward a bolder request for policymakers. The Global AIDS Alliance developed a costing estimate of the US fair-share that found that $10 billion was
needed overall, which led to consensus among advocates to support a call for $2.5 billion annually from the United States.\textsuperscript{55}

In November, seventy-seven AIDS organizations signed a platform called: “Saving Lives and Communities: A Proposal for US Presidential AIDS Initiative” Although no Evangelical groups were among the formal endorsers of the platform, the $2.5 billion became the benchmark for other groups as well. In addition, the platform emphasized AIDS treatment, by calling for the US to provide treatment to an “equitable percentage” of people as part of a global plan to treat 3 million people by 2005.\textsuperscript{56}

In December 2002, civil society groups organized a large-scale White House call in focused on the $2.5 billion, which involved groups across the spectrum- from Health Gap to World Vision. Thousands of people phoned into the White House switchboard on the same message, calling for a major AIDS initiative. At the same time, the White House was receiving calls from Franklin Graham and Billy Graham. It was Billy Graham who, according to Bush, years before had inspired his own decision to quit drinking.\textsuperscript{57}

THE PRESIDENT’S EMERGENCY PLAN FOR AIDS RELIEF

Although President’s AIDS initiative was planned in great secrecy, the focus and scale of the initiative reflected the calls of AIDS activists and their faith allies. The President ultimately settled on an initiative that centered on AIDS treatment, borrowed rhetoric that highlighted the moral duty to provide such treatment, and committed to investing resources at a level consistent with those put forward by treatment activists.
The earliest announcement of White House interest in AIDS came shortly before the United Nations General Assembly Special Session on AIDS. Early in 2001, the congressional authors of the legislation creating the Global Fund met with Secretary of State Colin Powell because: “the Clinton Administration did nothing with the Fund in terms of money . . . Powell was interested- we pitched it as here is this golden egg we are handing you.”

By 2001, the G8 group of the world’s wealthiest countries had already decided to create a new Global Fund to respond to the AIDS crisis. According to one Senior White House official, The G8 had already decided to create the Global Fund and the Administration held a meeting in the White House Situation Room to determine how best to engage with the Fund. The White House decided to announce a founding contribution to the Global Fund shortly before the UN Special Session on AIDS. Just before the announcement of the Bush Administration’s Global Fund contribution, White House AIDS advisor Scott Evertz went to see the President and told him that “you will not get any credit for doing anything on global AIDS,” but Bush didn’t seem to care, and said “Just do it.”

In the Spring of 2002, the President’s Deputy Chief of Staff, Josh Bolten, asked the Secretary of Health and Human Services (HHS), Tommy Thompson, and Dr. Anthony Fauci of the National Institute of Health to go to Africa and report back on what could be done about AIDS. Both Fauci and Thompson were impressed with the potential for a single dose of nevaripine to block HIV transmission from a mother to her newborn child and recommended a mother-to-child treatment (MTCT) initiative. As Secretary Thompson explains, “While in South Africa, we went to several orphanages . . .
I still remember the little girl’s eyes looking up at me, [it was] so moving.”

Thompson and Fauci talked afterwards and decided “we have to do something about it,” by developing a plan to prevent mother-to-child transmission of HIV. In June of 2002, Fauci presented the MTCT idea to the President and top White House officials, and soon thereafter the President announced a new two year $500 million initiative.

According to one key Senate staffer, the initiative was very close to the earlier proposal by Senator Helms: “The $500 million figure came from Helms’ people—they were thinking legacy and last chance.” At the time, the White House resisted spending as much in the early years and instead “said we’ll agree to $500 million and make it public, but at a separate time of our choosing in the next months and announce it.” When the White House did announce the initiative, civil society activists were critical of the level of funding proposed by President Bush. Media coverage of the Bush Administration’s response highlighted the gap in funding for the global response.

Senator Bill Frist, who had partnered with Senator Helms on the mother-to-child treatment initiative, also reached out privately to the President to encourage action on global AIDS. Frist had taken periodic medical mission trips to Africa, and his staff included Ken Bernard, a doctor, who had worked on AIDS as part of President Clinton’s National Security Council. Frist raised AIDS with President Bush in a meeting with Congressional leadership and reported back that: “It was very interesting, I brought it up and the President kind of pushed back, but kind of challenged [by saying] ‘I’m willing to spend money, I’m willing to spend real money, but I want to see results on this.’” The President was also hearing from Senator Rick Santorum, another member of the Senate leadership, who “would raise [AIDS] periodically at leadership meetings . . .
[the] area he would weigh in most often was compassionate conservatism, [he] raised global AIDS and debt relief."68

The seeds of a broader AIDS initiative were planted with the mother-to-child program. According to Secretary Thompson, the “White House liked it [the mother-to-child treatment initiative], but wanted to expand it.”69 After Bush decided to announce the mother-to-child initiative: “he grabbed one of his very senior staff people, Josh Bolten . . . and told Josh . . . ‘This is terrific, but we have got to do more. We have to do something on a much grander scale. There is a lot more that we can do. Think about it. Work on it. Put together a plan, and then get back to me.’”70

Dr. Fauci and Dr. Mark Dybul put together models of fourteen countries since half of all cases were in fifteen countries in Africa and the Caribbean.71 Fauci early on focused on AIDS treatment as a key dimension of the initiative because he recognized an “immediate need (with) people dying all over the place and no middle young people (left).”72 Although some in the White House were initially surprised when Fauci came back with a treatment proposal, there was broad support for the concept. According to Kristen Silverberg, who worked for Josh Bolten, the “assumption at the time was that Tony would come back with something vaccine related,” but treatment wasn’t a “hard sell.” 73

According to one top official, there was a clear understanding by the President that very few people in Africa had access to anti-retroviral AIDS medicines. Senior White House officials concluded after meeting with top experts that the initiative needed to include an integrated approach to treatment and prevention. The “Lazarus effect” of AIDS medicines and the fact that there existed an emerging network model that could
reach the community level were also important to the decision to include treatment in the proposal.\textsuperscript{74}

However, the senior White House officials who controlled purse strings still needed to be convinced that AIDS treatment in Africa could work. In November, a group of AIDS doctors were brought to meet with top White House staff to talk about AIDS treatment. The group, including Paul Farmer, from Partners in Health, and Eric Goosby, from Pangea Global AIDS Foundation, made the case for the effectiveness of AIDS treatment in resource-poor settings.\textsuperscript{75} As one Administration official confirmed, “The most powerful people in the White House sat in the back of the room and listened: The docs talked about how they’re getting treatment to people, and they’re using it, and they’re getting better, all over the Third World.”\textsuperscript{76} Ultimately, the doctors persuaded budget officials that AIDS treatment in Africa could work.\textsuperscript{77}

The scale and scope of the program was another major issue of contention in the development of the AIDS initiative. The initial proposal put forward to the President included a wider range of countries, but Bush rejected spending money in many of the “next wave” countries such as India because he believed that these countries could afford interventions and the challenge there was really one of political will.\textsuperscript{78} Dr. Fauci was instructed to provide three different scale versions of the initiative. He developed proposals for three to four countries, for five to six countries, and for fourteen countries.\textsuperscript{79} Fauci was developing an initiative focused on the same the fourteen countries in Africa and the Caribbean that were targeted by the President’s mother-to-child treatment initiative. As Fauci explains: “We went on an intense massaging back and forth of different versions, the real Mercedes version, the Chevrolet version, the intermediate
The final proposal to the President focused on the provision of treatment in fifteen target countries hardest hit by the epidemic. Civil society groups were simultaneously mobilizing around an ambitious consensus demand that influenced the scale of the President’s initiative. A broad coalition of AIDS activists unified around a $2.5 billion per year demand for a US contribution on Global AIDS. According to officials at the Office of Management and Budget, this platform helped establish a high water mark for a possible AIDS initiative in their planning process. There was a consensus emerging in the White House as well that any global AIDS initiative would have to be large in scope. As Kristen Silverberg explains, there was a “general view that if you did it had to be big.”

The final scope of the AIDS initiative was determined shortly before the State of the Union. In one key White House meeting on the initiative, chief speechwriter and top aide Michael Gerson said: “If we can do this, and we don’t, it will be a source of shame.” Ultimately, the President decided between three options- a $5 billion initiative, a $10 billion initiative or a $15 billion initiative. Yet even strong advocates for action on AIDS like Colin Powell were on the low end of the range.

At the last minute, some key White House staff sought unsuccessfully to remove the proposal from the State of the Union with the argument that “Americans don’t want to hear about giving money to foreigners . . .” While there was a “sensitivity to would Americans support a big bold foreign aid initiative” the President’s point person on the initiative, Josh Bolten, expressed confidence that there would be a good reaction and that if they did the right thing they could make the case. By the time Bolten expressed this confidence, AIDS activists had successfully generated editorials and broad support across
the political spectrum for a major global AIDS response that included treatment. Two
days before the State of the Union, Bolten asked Dr. Fauci to come to the White House
and work with speechwriter Gerson to develop “language that is bulletproof” for the State
of the Union. 87

In January 2003, President Bush announced a $15 billion over five years initiative
with the goal of putting two million people on treatment, as well as expanding prevention
and care. In the State of the Union speech, Bush focused on the moral imperative to
provide AIDS treatment in Africa: “More than 4 million require immediate drug
treatment. Yet across the continent, only 50,000 AIDS victims – only 50,000—are
receiving the medicine they need . . . In an age of miraculous medicines, no person
should have to hear those words. AIDS can be prevented. Anti-retroviral drugs can
extend life for many years. And the cost of those drugs has dropped from $12,000 a year
to under $300 a year—which places tremendous possibility within our grasp. Ladies and
gentlemen, seldom has history offered an opportunity to do so much for so many.” 88

The President’s PEPFAR initiative committed a total of $15 billion over five
years and set concrete targets for preventing seven million infections, putting at least two
million people on life-extending drugs and providing care for those affected by AIDS.
The President’s words put the duty to treat at the forefront and committed the United
States to a long-term engagement with AIDS in Africa.
ANALYSIS OF COMPETING EXPLANATIONS

ECONOMIC INTEREST

The evidence supports the conclusion that the pharmaceutical industry was not significantly involved in pushing the Administration for the AIDS initiative. According to Dr. Anthony Fauci, who developed the proposal for the President's Emergency Plan for AIDS Relief, the pharmaceutical "companies weren't even involved indirectly." By most accounts, the lobbying efforts by the pharmaceutical industry remained focused on issues of patents and intellectual property. Even observers working with generic companies did not think that the branded pharmaceutical industry was involved in influencing the Administration before the speech.

In explaining the motivation for the President’s AIDS initiative Corporate Council on Africa President, Stephen Hayes, suggests that industry was not a major factor: "I don’t think [the President was] reacting to industry presence as much as acknowledging [a] major issue needed dramatic steps." On the influence of oil companies with some of the biggest investments in Africa, Hayes said: "I don’t think energy has driven AIDS at all- because the main impact of HIV/AIDS is not [in] energy [rich] countries... I don’t think energy was in the equation."

By the time of the President’s announcement, the objectives of the pharmaceutical companies were as much to get out of the newspapers as anything else. After the South Africa debacle, the pharmaceutical industry intentionally created a low-profile on AIDS in Africa. The attacks on the industry around AIDS drug pricing had a dramatic effect on
the public perception of pharmaceutical companies and even affected the self-conception of some within the industry. As Tom Bombelles of Merck and formerly of PhRMA explains, “It was better for us not to be out there leading advocacy for PEPFAR. Of course, we were supportive.” Instead, according to Bombelles, “A measure of my success was news broadcasts on World AIDS Day, articles in leading papers—notice what’s absent now, what’s not said, how to see what’s not there: no mention of WTO, intellectual property protection, drug companies and their patents... we couldn’t get the debate changed until we removed ourselves from the center.”

The core objective of the pharmaceutical industry with respect to AIDS in Africa was as much to get out of the newspapers as anything else. The attacks on the industry around AIDS drug pricing had a dramatic effect on the public perception of pharmaceutical companies. These attacks even affected the self-conception of some within the industry. The negative media view of the industry lingered even after prices began to fall and the industry created pilot programs for AIDS treatment in certain countries. Industry leaders sought to take action to change the public debate and the portrayal of the industry.

In the State of the Union speech announcing the AIDS initiative, President Bush heralded the drop in AIDS prices from $12,000 per year to under $300 per year, citing the lowest generic price of the drugs. The implication of the speech was that generic drugs would be used in the initiative. When the White House was asked about the type of drugs to be used for the initiative, spokesman Ari Fleischer replied, “The President’s proposal focuses on getting low-cost anti-retroviral drugs to people who suffer from AIDS. That’s part and parcel of the program.”
The lack of activity by pharmaceutical companies in advocating for a Presidential initiative on AIDS treatment indicates that their interests did not drive the creation of the initiative. White House officials involved in planning the AIDS initiative reported that they never discussed the initiative with the pharmaceutical industry. Key Senate staff supported this view: “The pharmaceutical industry was never visible, I didn’t know who made what drugs. I just don’t think it played-Pharma wasn’t active on funding . . . they were caught off guard [by the initiative] like everyone else.”

The fact that the President’s State of the Union Address cited the dramatic drop in AIDS prices with reference to the low-cost generic figures further suggests that the industry did not have a strong hand in shaping the initiative at that early stage. Even people affiliated with the generic companies who competed with the big pharmaceutical companies did not believe that the large brand pharmaceutical companies were involved in the planning: “I don’t think PhRMA was at the table before PEPFAR, PhRMA had zero involvement before the speech to my knowledge.”

NATIONAL SECURITY INTEREST

The balance of evidence points to the conclusion that national security interests were not a central motivating force for the launch of the President’s AIDS initiative. The planners of the initiative, the rhetoric used to support the initiative, and the focus countries all point to other factors being more significant.

The main architects of the President’s AIDS initiative did not come from the national security side of the government. The Defense Department did not have any
significant involvement in the proposal. The State Department was so excluded from the planning process that the Department’s top official on AIDS knew nothing of the initiative until just before its launch.⁹⁹ The core planners of PEPFAR were officials with the National Institute of Health, and they were instructed to work in secrecy.

Unlike the Clinton Administration, the Bush Administration only very rarely talked about global health challenges in terms of security threats. President Bush himself almost never used a security rationale to justify for action on AIDS. The Bush Administration’s rhetoric in launching PEPFAR was framed almost entirely in the context of compassion and moral duty. The internal deliberations of the Administration also reflected less of a national security focus. For example, although the National Security Advisor supported the initiative, her argument for treatment was based on her personal experience: “My mother was diagnosed with cancer when I was a teenager. She got treatment, and lived until I was thirty. You bet those years meant something to me—and they would mean something to every African child whose mother lives to take care of them.”¹⁰⁰ One key White House official explained that the President never talked about the AIDS initiative in security terms because security was not an important driver of the initiative, which was instead viewed in humanitarian terms.¹⁰¹

The selection of PEPFAR countries also points to a limited influence of security interests on the initiative. The countries were selected based on AIDS prevalence data and were nearly identical to the countries selected for the mother-to-child treatment initiative. Of the fifteen focus countries for the initiative, twelve were in Africa, and only Nigeria qualified as either oil-rich or predominantly Muslim. None of the countries in West Africa bordering the Sahara that were of increasing security interest as ungoverned-
spaces were selected. None of the major emerging oil producers in Africa were selected.

In September 2002, the National Intelligence Council released a report entitled “The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India and China.” Although the initiative was already slated to include Nigeria and Ethiopia, the much less strategically important nation of Vietnam was later selected over either India or China as the program’s focus country in Asia. Instead of focusing on the most strategic countries, the initiative focused primarily on those countries most affected by the AIDS crisis in Sub-Saharan Africa.

The AIDS initiative also does not easily fit explanations grounded in the Bush Administration’s strategic foreign policy focus on democratization and governance. David Fidler, for example, has argued that the AIDS initiative was linked to strengthening democracy and governance in Africa as part of a broader democratization push. White House officials who recognized the salience of the link between African governance and security argued that it was not central to the motivation for the AIDS initiative, which was “much more compassion driven.”

There is little evidence for the argument advanced by Daniel Drezner, and others, that the transnational threat to US security posed by AIDS led to policy action. While Drezner’s cites statements by State Department officials on the security link, the State Department was not really involved in planning the AIDS initiative. The Bush Administration dismantled the global health portfolio within the National Security Council, and Bush’s own rhetoric was noticeably devoid of the security argument for action on AIDS. Drezner highlights the fact that the Bush Administration required PEPFAR recipients to comply with WTO intellectual property requirements, but this
hardly explains the investment of billions of dollars, since compliance could have been achieved otherwise. 105

The final strategic argument for the origin of the AIDS initiative is its public diplomacy value and the timing coincident with the launch of the war in Iraq. Although Secretary Thompson became a leading proponent of global medical diplomacy to improve America’s image in the world, he distinguished the AIDS initiative: “[the] AIDS movement for PEPFAR really wasn’t wrapped up in global medical diplomacy that came later.” 106 Some participants in the internal White House planning process did cite the importance of showing what America was for, as well as against, in 2003. One key House International Relations staffer dismissed this argument: “I know people working on both sides of the issue- [it was] absolutely not justification for Iraq.” 107 White House aide Kristen Silverberg explained the timing of the announcement with reference to the fact that the “State of the Union coincides with the budget, it was a clear trigger point” and didn’t recall a link to security: “I don’t remember any explicit links [to security] . . .” 108

AIDS treatment was not an obvious choice for a public diplomacy initiative given the stigma that remains attached to AIDS in Africa and elsewhere. Nor was a long-term $15 billion commitment required to publicize America’s humanitarian efforts. Therefore, the evidence does not support the conclusion that public diplomacy itself was the driving motivation for the launch of the AIDS initiative. Nonetheless, it does appear to be the case that the AIDS initiative may have contributed to higher levels of support for the United States, especially in Sub-Saharan Africa. In 2009, just before President Obama took office, a global poll found that approval of the job performance of the leadership in
the United States was 72% in Sub-Saharan Africa as compared with only 34% worldwide. 109

NORM ENTREPRENEURS AND THE DUTY TO TREAT

The balance of evidence supports the conclusion that without the intervention of civil society actors championing the duty to treat, the PEPFAR initiative probably would not have happened at all and certainly would not have been launched on such a massive scale. Key actors in the White House came to adopt the normative frame put forward by AIDS activists that the provision of treatment was an issue of moral significance and obligation. Even as activists contributed to altering the political environment around global AIDS, they also leveraged the support of key messengers to persuade the White House of the duty to respond to the crisis.

The vision of the activists and the Administration ultimately converged around providing AIDS treatment. As White House AIDS Office director Scott Evertz explained, “The politicals (in the White House) never met a person from Act Up and Health Gap, but (they were) agreeing to their charge to do treatment in the developing world . . . We were saying the same thing the activists were- it’s because they were right.” 110

The same vision also influenced the architect of the PEPFAR initiative, Dr. Anthony Fauci. He was a veteran of the Act Up era and after being a leading target of these groups, he later became friendly with some of its members. According to Fauci, “Africans and people in the Caribbean were saying why not [receive access to treatment]
it is like the activist movement in the United States that stormed the National Institute of Health and I got very involved.”

The normative argument that activists put forward centered on the idea that “every life mattered—had equal value to my life in America.”\textsuperscript{111} The appeal of treatment to President Bush linked to his theme of the “human dignity agenda” and his “core view that you don’t write people off . . . you can’t abandon some people as lost and not salvageable. It very much appealed, [it is] easy to write off the sick, [they] can’t be saved.”\textsuperscript{112} As Bush himself argued at a later Rose Garden ceremony, treatment was central to the initiative: “Many past international efforts to fight AIDS focused on prevention at the expense of treatment but people with this disease cannot be written off as expendable.”\textsuperscript{113}

According to Dr. Fauci, President Bush accepted the premise that it was the “right thing to do, we’re a wealthy country how can we not do this . . . we have an obligation to do something for these people . . . We can’t stand by and see these people suffer and die.”\textsuperscript{114} As White House AIDS adviser Scott Evertz explained, “I was [a] political adviser, I felt compelled [to say] you will not get any credit for doing anything on global AIDS – he said ‘I don’t care, just do it. This is one of those things you do just because you’re supposed to do it . . . the U.S. has resources [and] million of people are suffering.”\textsuperscript{115} According to one Administration official, “Evangelical Christians (were) very important in getting the issue on the radar screen with the president, that Jesus would want us to do this, they were very influential in the president’s thinking.”\textsuperscript{116} As Steve Haas, from World Vision, faith support also removed important obstacles to action: “The President had support to take a move . . . it removed obstacles to acting.”\textsuperscript{117}
Norm entrepreneurs also impacted the thinking of the White House indirectly through the support they created for an AIDS response in the Congress. The White House was also urged to act by top leadership in the Congress and by the fact that bold authorizing legislation on global AIDS had recently passed both the House and Senate. As one House International Relations staffer explained, the White House understood that Global AIDS was something on which the President could “show leadership and get broad support.” However, according to one White House aide, there was “no sense at all of an obligation to Congress to come up with something of this magnitude.” While shifting the political environment was an important enabling factor, persuading the White House to adopt the normative frame of the duty to treat was essential to the launch of the initiative.

One Senate leadership staffer believed that the President “became aware of how huge and devastating the disease was” and that “it was a chance for the U.S. to step out and lead the rest of the world on a true life and death issue- Americans knew all about AIDS and how [it] just killed.” A central figure in the House of Representatives on funding for global AIDS, Representative Jim Kolbe believed that “treatment had to be the centerpiece” because you “could not have built that kind of consensus on prevention,” and “health systems [are] too long term . . . treatment could get results [with the] number of lives saved.”

Although there was not initially broad popular support for major investments in global AIDS before the launch of PEPFAR, over time public support grew tremendously. As late as 2002, only 14% of Americans polled supported a doubling of the $1 billion then being spent on global AIDS, and they prioritized issues of hunger and clean water
over AIDS by a substantial margin. Even after the events of September 11th, 71% of respondents favored a focus on issues at home rather than on global AIDS. Yet, after the President’s State of the Union speech framing AIDS treatment as a life-saving intervention, 54% of those polled expressed support for the President’s proposal “to provide AIDS victims in Africa and the Caribbean with drugs and health care infrastructure that would extend the lives of millions . . .”

Among evangelical Christians, the overall support for action on global AIDS was initially extremely low, but again increased substantially after the launch of the initiative. In 2002, only 5% of American Evangelicals said they would definitely be willing to donate funds to respond to global AIDS and only 3% were willing to help children orphaned by AIDS. Yet by 2004 a similar survey found that 14% of evangelicals were ready to contribute to a global AIDS response, and 17%, or more than five times as many, were ready to help children orphaned by AIDS.

As funding levels for global AIDS increased, so too did public commitment to do even more going forward. While only 31% of Americans surveyed believed the United States was spending too little on AIDS in 2002, 56% said that this was the case in 2006. What shifted during this period was the number of Americans who came to believe that the United States had a duty to respond to the global AIDS crisis. In 2002, only 44% of Americans agreed that “The United States is a global leader and has a responsibility to spend more money to help fight the HIV/AIDS epidemic in developing countries.” By 2004, after the launch of PEPFAR, a majority or 53% held this view. In 2006 fully 60% of Americans surveyed agreed that the US had a responsibility to confront global AIDS. As the United States government internalized the idea of the duty to treat
through its own policies, growing numbers of Americans came to view the response as a core duty as well.

CONCLUSION

The US response to global AIDS reflected the successful efforts of civil society groups to leverage faith voices around the duty to provide AIDS treatment. Over just a couple of years, the Bush Administration moved from internal opposition to providing AIDS treatment to launching the most ambitious treatment effort the world had ever seen. Ultimately, the normative arguments of civil society actors converged with the thinking of those planning the White House initiative around the importance of providing AIDS treatment in the developing world.

The PEPFAR initiative reflected the adoption of the duty to treat by the White House and the Congress. Civil society actors successfully leveraged more powerful members of the faith community to become key champions of the duty to treat to the Bush Administration. Ultimately, the White House adopted the frame of the norm entrepreneurs and made treatment the central dimension of the PEPFAR initiative.

The mobilization of major investments in global AIDS required the deployment of leverage politics through which norm entrepreneurs engaged the support of more powerful allies. Linking powerful symbols to influential messengers with close ties to political leaders offered critical leverage over global AIDS policy. The fusion of persuasive norms with influential allies gave norm entrepreneurs the capacity to catalyze major commitments on global AIDS.
3 Presidential Debate at Wake Forest University, October 11, 2000.
4 PBS, NewsHour, October 12, 2000.
5 Transcript from Republican Debate in Michigan, January 10, 2000.
6 International Association of Physicians in AIDS Care, September 2000 Journal.
7 Interview with Scott Evertz.
10 Interview with Jeff Sachs, Frontline: Age of AIDS.
11 Ibid.
12 Grobler, Fienie, “How the TAC Began” News 24, South Africa.
14 Interview with Joel Segal, Office of Representative John Conyers.
15 Interview with Joel Segal, Office of Representative John Conyers.
16 Interview with Paul Zeitz, Global AIDS Alliance.
17 Interview with Michael Riggs, Office of Representative Barbara Lee.
18 Interview with Michael Riggs, Office of Representative Barbara Lee.
21 Interview with Paul Zeitz, Global AIDS Alliance.
22 “Graham Says AIDS May be God’s Judgment” UPI, September 27, 1993.
23 Interview with Steve Haas, Director of Church Relations, World Vision.
25 Interview with Steve Haas.
26 Interview with Steve Haas.
27 Interview with Steve Haas.
28 Interview with Ray Martin, Christian Connections for International Health.
30 Interview with Ray Martin, Christian Connections for International Health.
31 Interview with Ray Martin, Christian Connections for International Health.
32 Interview with Franklin Graham, Frontline: Age of AIDS.
35 Interview with Jimmy Broughton, Chief of Staff, Senator Helms.
36 Interview with Michael Riggs, House International Relations Committee.
37 Interview with Jimmy Broughton.
38 Interview with Adolfo Franco, House International Relations Committee.
40 Interview with Sam Stratman, International Relations Committee staff.
41 Interview with International Relations Committee staff.
42 Interview with Sister Sheila Kinsey, Wheaton Franciscans.
43 Interview with Mark Rodgers, Chief of Staff to Senator Rick Santorum.
44 Interview with Mark Rodgers.
45 Interview with Sandra Joireman, Wheaton College.
47 Interview with Sandra Joireman, Wheaton College.
48 Interview with Sister Sheila Kinsey, Wheaton Franciscans.
51 “The AIDS Evangelists”
53 Newsweek December 1, 2006.
54 Interview with Steve Haas.
55 Interview with Paul Zeitz, Global AIDS Alliance.
56 “Saving Lives and Communities: A Proposal for a US Presidential AIDS Initiative”
58 Interview with Michael Riggs, Office of Representative Barbara Lee.
59 Interview with Senior White House Official.
60 Interview with Scott Evertz. White House Office of National AIDS Policy.
61 Interview with Scott Evertz.
62 Interview with Tommy Thompson, Department of Health and Human Services.
63 Interview with Tommy Thompson.
64 Interview with Dr. Fauci, National Institute of Health.
65 Interview with Allen Moore, Legislative Director, Senator Bill Frist.
66 Interview with Allen Moore, Legislative Director, Senator Bill Frist.
67 Interview with Allen Moore, Legislative Director, Senator Bill Frist.
68 Interview with Mark Rodgers, Senate Republican Conference.
69 Interview with Tommy Thompson, Secretary, Department of Health and Human Services.
70 Interview with Dr. Anthony Fauci. “Frontline: Age of AIDS.”
71 Interview with Dr. Fauci.
72 Interview with Dr. Fauci.
73 Interview with Kristen Silverberg, White House staff.
74 Interview with Senior White House Official.
75 Interview with Dr. Fauci.
77 Interview with Dr. Fauci.
78 Interview with Senior White House Official.
79 Interview with Dr. Fauci.
80 Interview with Dr. Fauci.
81 Hodel, p. 46.
82 Interview with Kristen Silverberg.
83 Gerson, Michael. Heroic Consveratism: Why Republican’s Need to Embrace America’s Ideals. (New
84 Behrman, pp. 305-6.
85 Gerson, p. 3.
86 Interview with Kristen Silverberg.
87 Interview with Dr. Fauci.
89 Interview with Dr. Anthony Fauci.
90 Interview with Congressman Jim Kolbe.
91 Interview with Bill Haddad, Biogenerics Inc.
92 Interview with Stephen Hayes, Corporate Council on Africa.
93 Interview with Stephen Hayes.
94 Interview with Tom Bombelles, Merck.
96 Interview with Senior White House Official.
97 Interview with Allen Moore, Legislative Director, Senator Bill Frist.
98 Interview with Bill Haddad.
99 Behrman, pp. 294-5.
100 Gerson, p. 3.
101 Interview with Senior White House Official.
103 Fidler, David. “Fighting the Axis of Illness: HIV/AIDS, Human Rights and US Foreign Policy” 17
CHAPTER FOUR

AIDS FUNDING, THE GLOBAL FUND AND ACCOUNTABILITY POLITICS
INTRODUCTION

After President Bush’s State of the Union speech on global AIDS, norm entrepreneurs turned to accountability politics to accelerate the expansion of AIDS funding through the Congress and increase the US contribution to the Global Fund. When the President’s budget fell short of expectations based on the initial commitment, civil society groups utilized grassroots support and media attention to highlight the gap between public commitments around the duty to treat and actual AIDS funding levels. The interplay between civil society actors and the bi-partisan Congressional coalition on global AIDS went beyond the President’s vision and helped to give the initiative a strong long-term political foundation.

After the President’s State of the Union speech, a broad civil society coalition pushed for global AIDS funding levels at the $3 billion authorized level and for expanded support for the Global Fund. Civil society groups generated editorials in newspapers across the country pushing Congress to provide $3 billion for global AIDS. In writing the global AIDS implementing legislation, House International Relations Chairman Henry Hyde (R-IL) included up to $1 billion each year for the Global Fund despite the Administration’s opposition. In the House, Representative Jim Kolbe (R-AZ) quadrupled funding for the Global Fund after meeting with local civil society groups and reading local editorials in support of the Fund. In the Senate, a new bi-partisan coalition consistently pushed AIDS funding beyond the President’s request over subsequent years. Members of Congress found that cutting funding for international assistance was suddenly no longer a painless way to balance the budget.
Increasing funding for the Global Fund reflected the success of accountability politics in highlighting the gap between public commitments and financing. The broad acceptance of the duty to treat among bi-partisan members of Congress made it possible for civil society groups to capitalize on support from editorial boards and local constituents across the country to increase funding for the Global Fund. The U.S. contribution to the Global Fund increased six-fold between the 2002 fiscal year and 2008 fiscal year, while funding for more established multilateral institutions was essentially flat. AIDS activists returned to the campaign trail in 2008 and convinced all the Democratic candidates to commit to $50 billion for AIDS, which subsequently scaled up Congressional ambitions to reauthorize the AIDS initiative at a level of $48 billion in 2008.

CONGRESS AND THE $15 BILLION COMMITMENT

Only days after President Bush’s announcement of the AIDS initiative, the Administration released its new budget request for the following fiscal year. Although the speech promised $15 billion over five years, the first year’s request was for only $2 billion rather than the anticipated $3 billion. The White House requested just $200 million for the Global Fund for 2004, a substantial cut from the previous year’s appropriations of $350 million by the Congress. A broad civil society coalition pushed for the $3 billion in yearly funding and helped to forge a bi-partisan congressional coalition that proved as important as the President in propelling funding forward for global AIDS.
House International Relations Chair Henry Hyde was “elated” by the State of the Union Address. The President was “knocking on an open door” in terms of support from Hyde and the Congress. Hyde’s staff was also not drawing on a blank canvas as it set about drafting legislation for the initiative. Previous legislation that had passed the House in late 2001 was the basis for a negotiation with the Senate in 2002 and very nearly became law. The biggest change in the framework after the President’s speech was on the resource side, according to key staff: “The President’s announcement changed everything—we took as starting point his number-$15 billion and started the process of drafting new bill with far higher numbers—only made possible by President’s action.”¹

Representative Hyde had extremely vocal constituents who were strong supporters of the global AIDS initiative and the Global Fund. A few months before the President’s announcement, Sister Sheila Kinsey of the Wheaton, Illinois Franciscan Order organized an initial meeting of the DuPage County Global AIDS Action Network. The meeting brought together a diverse cross-section of religious leadership and the group continued to meet monthly to push for expanded AIDS funding. Sister Sheila Kinsey became a key interlocutor with the House International Relations Committee in shaping the scope of the global AIDS legislation. As one key staff person explained, “If Sister Sheila was in support it was a good idea. When we got calls from her, we would check with the personal office and get told to make her happy.”²

As they were drafting the legislation, Hyde’s staff worked closely with the NGO community, including religious organizations, to identify the issues of importance to them. In contrast to some of the civil society groups, the pharmaceutical industry was not shown drafts of the legislation for comment. Although, the NGO’s and Democratic staff
placed the Global Fund as a high-priority, the White House opposed any money in the authorizing legislation for the Global Fund. According to Michael Riggs, the Democratic focus was “Let’s get the highest number possible, get the $1 billion for the Global Fund. It was just the idea the Global Fund everyone agreed could be the financing mechanism to move beyond USAID, which still was, on AIDS, nickel and diming Africa. The Global Fund was marked change.” Yet the Global Fund was also critical to sustaining civil society support for the AIDS initiative in the eyes of the staff involved in drafting the legislation: “A significant aspect of constituent support on AIDS was based on support for the Global Fund.”

The experience of African AIDS activists was also an important influence on the focus on treatment in the legislation because the “leadership shown by TAC in South Africa, the political risks they were willing to take, their eloquence, and willingness to travel to DC and ability to mobilize opinion contributed greatly to idea of including treatment in overall program.” The legislation ultimately included a target that 55% of all funds be used for treatment which reflected strong support from the groups like the AIDS Healthcare Foundation and AIDS treatment activists.

Although the President’s announcement initially raised Congressional ambitions, the Congress ultimately became the driver for higher annual funding levels beyond what the White House was seeking. Although the initiative called for $15 billion over five years, the White House preferred an authorization level of just $2 billion for the first year of the program. Chairman Hyde resisted White House pressure to lower the authorization levels of the Global AIDS bill, and instead passed a $3 billion authorization, including $1 billion for the Global Fund.
In the full House, conservatives threatened a revolt over the higher funding levels, especially for the Global Fund. Congressman Nick Smith (R-MI) introduced an amendment to cut the authorization for Global AIDS from $3 billion to $2 billion, which would have eliminated the expanded funding for the Global Fund. The Smith Amendment failed, with substantial numbers of Republicans supporting the leadership of Chairman Hyde on AIDS along with nearly every Democrat. The Senate later passed the same legislation almost without amendment before the G8 summit.

A broad civil society coalition worked to push for actual funding at the $3 billion level Hyde’s legislation had authorized. Many main-line faith groups, including the Methodist and Episcopal Churches, became much more involved in advocacy for AIDS funding. The United States Conference of Catholic Bishops also urged the President and the Congress to deliver the full $3 billion authorized for global AIDS. Along with World Vision, the National Association of Evangelicals brought 250 ministers, missionaries and donors to Washington, DC for two days for the $3 billion figure-nearly $1 billion beyond the President’s budget request. Key local Catholic leadership also pushed for additional funding, with the Archbishop of Alaska writing an appeal in the state’s leading newspaper to Ted Stevens, the Alaskan Chair of the Senate Appropriations Committee. Support among Evangelical and Catholic groups was especially important for Republicans, because according to one top Senate aide: “Main line church influence over Republicans is minimal.”

In Tucson, Arizona, AIDS activists brought together diverse constituencies and reached out to their hometown newspapers to influence their Congressman, Foreign Operations Appropriations Subcommittee Chairman Jim Kolbe. Religious leaders,
including a minister from Kolbe’s own Methodist Church, joined forces with local AIDS service organizations and energetic students to gain media attention and personally engage Rep. Kolbe. The local Arizona Daily Star ran a strong editorial encouraging Rep. Kolbe to provide $1 billion for the Global Fund. Although Chairman Kolbe provided only $2 billion for the AIDS initiative in the first year, he included $500 million for the Global Fund which was well beyond the $200 billion sought by the White House. Several efforts in the House of Representatives to increase funding for Global AIDS beyond Kolbe’s starting point failed in the House Appropriations Committee and on the floor of the House.

In the Senate, civil society activists again used the leverage of the President’s promise on AIDS funding to engage key opinion leaders in critical states. In Kentucky, the home of Senate Foreign Operations Appropriations Chairman Mitch McConnell, the Louisville Courier Journal highlighted the Senator’s power on the issue and urged him to fund the full $3 billion for global AIDS, adding: “We hope that he’ll do it, promptly and gladly.” In the state’s capitol, the leading newspaper urged Senator McConnell to keep the President’s promise to provide $3 billion because “this promise is too important to fall victim to what seems to be the Administration’s attention deficit disorder when it comes to highly touted initiatives.”

In July, Senator Jeff Bingaman (D-NM) offered a successful amendment to the State Department Reauthorization bill that called for fully funding the $3 billion for Global AIDS. The bipartisan support extended to 78 Senators with only 18 opposed. Although the amendment was not binding, it strengthened the case that the Congress as well as the President had committed to fully funding the Global AIDS initiative. The
New York Times followed with an editorial entitled “Test of American Compassion” that criticized the low levels of funding for the Global Fund and declared that “Mr. Bush needs to fight for the $3 billion annual installment Congress voted in May.”

When the Senate Appropriations Committee put forward legislation with just over $2 billion for the Global AIDS initiative, Senator Patrick Leahy (D-VT) pledged to add the additional $1 billion when the bill reached the floor of the Senate. Senator Robert Byrd of West Virginia, who had never been a strong supporter of foreign assistance, sought to reduce the defense budget and increase global AIDS funding, but encountered strong opposition from the White House, which argued that: “It is by careful design that the President’s FY2004 budget request is for $2 billion” and that more could not be spent effectively. In a subsequent press conference, the President himself defended the lower funding levels with the explanation that ”the OMB [Office of Management and Budget] came up with a plan that allows for a . . . smaller amount in the beginning.”

After these early failures, civil society groups escalated pressure for the full funding by focusing on the President’s original promise and the subsequent affirmations of the commitment by the Congress. In one news story, Paul Zeitz of the Global AIDS Alliance said, “We’re holding the president and the Congress accountable to the promises they made to the people dying with AIDS.” Civil society groups also escalated pressure on the Congress by using the support of editorial board and faith constituencies for the full $3 billion. As one editorial put it, “If Mr. Bush needs Congressional action to ensure that he keeps his promises, so be it.” The United States Conference of Catholic Bishops urged the President to “press now for Congressional action to appropriate the $3 billion which has been authorized for the HIV/AIDS initiative.” Working closely with
AIDS groups, local Bishops in the Methodist Church, like Bishop Clifton Ives in West Virginia, urged their home state Senators to support expanded AIDS funding: “Now the White House and the Congress have to put the money behind this conviction and seize this opportunity.” In September, thousands of calls to the White House were generated urging the “President to deliver on his promise to fund $3 billion for Global AIDS this year including $1 billion for the Global Fund.” Sponsoring organizations ranged from leading development organizations, to leading faith denominations, and the AFL-CIO.

Senator Richard Durbin (D-IL) became the leading champion in the Senate for groups calling for expanded funding for the Global Fund. During Senator Durbin’s first trip to Africa a few years earlier, he had seen first-hand the devastating impacts of AIDS and “it knocked everything else off the map” for him. Durbin viewed AIDS as “the issue we as a generation will be judged on” and he joined with a wide range of Republican co-sponsors over the years to expand AIDS funding. In what his staff explained was “an artful turn of phrase,” Durbin echoed the message of civil society groups in arguing that the President’s budget fell “$1 billion short of the $3 billion for the coming year that is needed to meet the 5-year $15 billion pledge.”

In Pennsylvania, the home to two powerful Republican Senators, activists secured supportive editorials for additional AIDS funding in nearly every major newspaper in the state. Tough editorials with titles such as “AIDS Football: The President’s African Initiative is No Game” ran in generally conservative Western Pennsylvania. Some of these editorials explicitly criticized the state’s Senators for abandoning support for higher funding levels. Over time, one of the Senate’s most conservative members, Rick
Santorum (R-PA), became an important champion in the Congress for expanded funding. With the encouragement of Senator Santorum, who was a member of the Senate leadership, Senator Mike DeWine (R-OH) put forward amendments to make up approximately 40% of the funding gap. After extensive negotiations, and a wave of pressure from local constituents, the Senate passed the funding increase by a vote of 89-1. Although a subsequent effort by Senator Durbin to fill the remaining gap in the $3 billion failed, House-Senate negotiators agreed to nearly triple the President’s request for the Global Fund. Over subsequent years, this bi-partisan Senate coalition for AIDS funding would prove extremely important. According to Rep. Jim Kolbe, these Senators were extremely active in pushing for additional funding: “I got calls from Durbin, Brownback, and Santorum, [they] wanted to be sure [we were] increasing the amount beyond the money in the House. The Senate was always trying to increase [funding].”

ACCOUNTABILITY AND AIDS FUNDING: 2004-2008

The momentum behind AIDS funding generated a new kind of accountability politics that altered the significance of foreign assistance in the annual budget process. House Budget Chairman Rep. Jim Nussle of Iowa faced a torrent of criticism for cutting international funding that could be used for global AIDS and ultimately reversed his stance in response to strong constituent pressure. The success of accountability strategies pursued by civil society groups altered the free pass that many members of Congress expected when they moved to dramatically cut foreign assistance funding. Building off
the President’s promise, local faith leadership often became the enforcers of the AIDS commitment.

As part of an effort to restrain federal spending, House Budget Committee Chairman Nussle tried to flat-line all international affairs and foreign assistance funding for the 2005 fiscal year. Nussle’s action would likely have frozen AIDS spending at a level $400 million below what the President proposed for that year. Thirty six major humanitarian and religious organizations, including Lutheran World Relief and numerous Catholic groups, wrote to Chairman Nussle urging that he make room in the budget for what they termed a "realistic" response to AIDS. Bishop Philip L. Hougen, Lutheran Bishop of the Southeastern Iowa Synod, sent an urgent appeal, noting the close relationship of local Lutheran congregations to those in Tanzania that were hard hit by AIDS.32 College students in his district even circulated a petition to revoke an honorary degree he had been awarded.

According to Roll Call, “Leaders from Lutheran, Catholic, Presbyterian and ecumenical groups in Iowa's 1st district are gently warning Nussle that he may feel their congregations' ire this year at the ballot box if he does not agree to provide enough money in the budget to fund President Bush's Global AIDS Initiative.” As one Lutheran pastor explained, "I'll be monitoring it closely . . . I'll be holding him a little bit more accountable."33 Nussle’s staff was initially dismissive of constituent pressure: "There are a handful of folks who are very adamant . . . they don't understand the budget process."34

When Nussle subsequently agreed to increase the budget allocation for the international affairs and foreign assistance by nearly $3 billion from his original plan he credited constituents concerned about global AIDS. Nussle’s press release explained: “I
heard from a number of Iowa constituents who were concerned about funding for international programs fighting AIDS and other diseases. While specific amounts will be determined during the appropriations process, this agreement can support historic levels of funding for those efforts.\textsuperscript{35} News coverage of Nussle’s dramatic reversal, over a period of two weeks, highlighted the influence of a diverse range of community faith leaders who sought to engage the Congressman around global AIDS. Newspaper accounts characterized his decision as: “[A]cquiescing to calls by AIDS activists and religious leaders in Iowa, House Budget Chairman Jim Nussle (R-Iowa) has increased by $2.8 billion a funding stream that could bolster the international fight against AIDS.”\textsuperscript{36}

When Democrats sought to flat-line funding upon taking power in 2007, they encountered the same kind of accountability strategies that had proven so effective with the Republican Congress. Among the first decisions of the new Democratic majority in the Congress was to continue existing levels of funding and bypass pending appropriations legislation. The impact on global AIDS would have been a cut of nearly $1 billion, which translated into about 50,000 not receiving treatment, according to the U.S. Global AIDS Coordinator Mark Dybul.\textsuperscript{37}

Civil society groups generated targeted pressure, editorials, and opinion editorials directed towards moving House Speaker Nancy Pelosi to assert her leadership on the issue. In Pelosi’s home district, the \textit{San Francisco Chronicle} wrote that “A scheduled increase in AIDS money is smacking into a Democratic pledge for thrift and reform. Speaker Nancy Pelosi, San Francisco’s own, stands at the center of this stalemate and could settle it with [a] nod.”\textsuperscript{38} Archbishop Desmond Tutu wrote an opinion piece for the \textit{Washington Post}, in which he led off with the idea that “The new Congress, led in the
House by Speaker Nancy Pelosi, is about to make its first decision regarding how
America’s money should be spent- a decision that leaves millions of lives hanging in the
balance.”39

Working closely with civil society groups, new Senate Majority Whip Richard
Durbin also challenged the flat-lining of global AIDS funding. Senator Durbin decided
to make an exception for AIDS because he “he’d fought for HIV/AIDS,” and was
convinced that “with treatment rosters growing . . . [AIDS was] different than funding
anything else.”40 Together with Senator Sam Brownback (R-KS), Durbin managed to get
42 senators to call for maintaining the additional AIDS funding.41 Congresswoman
Barbara Lee (D-CA) quickly secured a group of 92 members of the House to call for
reinstating the AIDS funding.42 In response to a wave of accountability politics around
AIDS, the Congress went beyond the original appropriations increase planned under the
Republican majority and expanded global AIDS programs by $1.3 billion. The Global
Fund received a substantial increase to $724 million as a result of the overall effort.

Near the end of President Bush’s second term, he sought to cement his legacy on
global AIDS through legislation to extend the initiative. Along with his fellow G8
leaders, President Bush committed in 2005 to reaching as close as possible to universal
access for AIDS treatment. In 2007, President Bush expressed support for reauthorizing
the President’s Emergency Plan for AIDS Relief (PEPFAR) at a level of $30 billion over
five years. While much of the Republican base remained focused on restraining federal
spending, Evangelical leaders Franklin Graham and Rick Warren quickly praised
President Bush’s push for $30 billion for AIDS in Africa. The leading Democrats in the
Congress dealing with issues of foreign assistance generally praised and echoed the
President’s call for a $30 billion reauthorization, and did not suggest any increase above this amount.

At about the same time as the President was calling for $30 billion, AIDS advocates were developing a strategy to convince the next President to support $50 billion over the same five-year time frame. Members of Health Gap, working closely with students around the country, developed a 2008 Stop AIDS platform that called for providing $50 billion and garnered the endorsement of over 100 groups. The platform called for keeping “the promise of universal access to prevention care and treatment by providing at least $50 billion by 2013 for the fight against HIV/AIDS.”43 Students from across the country took advantage of intimate campaign forums to ask the candidates whether they supported the $50 billion for global AIDS and created a sense of broad interest and support for expanded AIDS funding.

The Global AIDS Alliance Fund developed a pledge for Presidential candidates that included the $50 billion commitment for AIDS to achieve the promise of universal access. In New Hampshire, the eye of the storm for early Presidential efforts, the Global AIDS Alliance Fund formed a steering committee of local community and political leaders to encourage candidates to sign the pledge for $50 billion for AIDS. Although the initial members of the steering committee were from AIDS service and faith groups, over time the steering committee came to include a member of the U.S. Congress from New Hampshire and other state political leaders, who were being actively courted for their endorsements by the Presidential candidates.

By late September, one of the Presidential candidates had determined that a bold platform on AIDS was good politics: former Senator John Edwards committed to
providing the $50 billion to reach universal access for AIDS. In October, Governor Bill Richardson signed the AIDS pledge, and activists sought to use this commitment to leverage the leading candidates in the race.\textsuperscript{44} The leadership of these Presidential candidates emboldened key supporters in the Congress, such as House Africa Subcommittee Chair Don Payne (D-NJ), to push for reauthorizing the AIDS legislation at the $50 billion level.

Despite extensive outreach in key early states and by national faith leadership, neither Senator Hilary Clinton nor Senator Barack Obama had signed the pledge by late October, as the window for new policy proposals was quickly closing. Senator Joseph Biden, who chaired the Senate Foreign Relations Committee, released a statement on AIDS that reaffirmed President Bush’s much lower AIDS spending target: “I commend the President for seeking to provide $30 billion for the President’s Emergency Plan for AIDS Relief (PEPFAR) over the next five years, and if we can do still more, we should.”\textsuperscript{45}

AIDS activists escalated pressure on the leading Democratic candidates through a planned demonstration on the eve of a major Presidential primary debate. Activists from Health Gap and Philadelphia Act Up organized a Halloween demonstration directed at Senator Clinton, who had not yet released an AIDS plan, and alerted major media outlets to their plans. According to the\textit{New York Times}, when a reporter called to ask about the pledge and the protest, the Clinton campaign said they were signing the pledge shortly.\textsuperscript{46} Once Clinton signed, protesters focused on the Obama campaign and Senator Obama also signed the pledge.
AIDS groups followed up on these successes by translating the new consensus into pressure on the Congress to increase the reauthorizing legislation to $50 billion. Within a few days, Senator Biden, the Chairman of the Senate Foreign Relations Committee, issued a new statement on AIDS, which this time called for “authorizing $50 billion over the next five years.” According to one Congressional staffer, “The groups drove it to $50 billion . . . If you do not have a Presidential race going on, I don’t know that it gets that high . . .”

The Methodist and Episcopal churches joined the Student Global AIDS Campaign, the Global AIDS Alliance, and Health Gap in directly urging House leaders to expand the scope of the legislation. In January, the draft House legislation was increased to $50 billion to fall in line with the commitments of the Presidential candidates and the Chairman of the Senate Foreign Relations Committee. As Peter Yeo, of the House Foreign Affairs Committee staff, explained: “It was because the AIDS community said $50 billion. We were even talking about doing $25 billion at one point . . . AIDS groups created a magic around $50 billion that we couldn’t go below $50 billion without taking too much heat.”

In seeking to pass the legislation before the end of the Bush Administration, the White House relented and followed the lead of Congress by supporting a global AIDS reauthorization at the level of $50 billion. According to Peter Yeo, White House agreement was critical: “Far more influential, the Presidents staff said early on ‘we won’t fight you on the $50 billion.’” However, getting support from Republicans in the House required the intervention of the White House Chief of Staff, Josh Bolten. The incoming Chairman of the House Foreign Affairs Committee, Howard Berman “reached
Bolten on his way back from Africa . . . and within twenty four hours” there was a new negotiation at which “all of the sudden everything came together.” As one member of the Foreign Affairs staff put it, negotiations in the Congress were “all hammered out in wee hours before mark-up with the White House very much at the table . . .”

Ultimately, the White House proved “very helpful” in securing votes for the reauthorization of PEPFAR at the slightly lower level of $48 billion on the floor of the House. According to Jamie McCormack of the House Foreign Affairs Committee, White House support was essential because “on a spending issue of this scale [you] want to be on the same page, from our perspective you don’t want to produce [a] bill [the] Republican leadership or White House disown.” In the Senate, when a few Senators blocked the legislation, grassroots pressure was very important to moving the issue forward. For example, when activists learned that a Senator from Arizona was objecting, they successfully “got the Catholic Archdiocese and the Arizona Republic [newspaper]” to convince the Senator to withdraw the objection.

ANALYSIS OF COMPETING EXPLANATIONS

ECONOMIC INTERESTS

The leading economic interests that were so active on questions around intellectual property and access to medicines, were not very engaged in the efforts to increase funding for the global AIDS initiative. Although some major companies did offer support in response to White House encouragement for the President’s original
initiative, pharmaceutical companies and other companies with interests in Africa were not significantly involved in advocating for higher funding levels for global AIDS. Although the pharmaceutical industry may have contributed to slowing movement toward generic medicines in the implementation of PEPFAR, over time the initiative came to rely heavily on generic medicines. There is very little evidence to support the theory that economic interests were a major force behind the expansion of AIDS funding in the Congress.

After the President's State of the Union speech announcing PEPFAR, the White House sought to get the business community more involved in supporting the AIDS initiative. Stephen Hayes, of the Corporate Council on Africa explains that: “We were asked to take this on by those inside the U.S. government . . . [they] asked us to become involved because of a track record supporting legislation like the African Growth and Opportunity Act.”55 The White House kept track of which companies were contributing to a new coalition, the Coalition for AIDS Relief in Africa (CARA). The Corporate Council on Africa sponsored, and corporate members of the new coalition ranged from global companies like Coca-Cola, Daimler Chrysler and Exxon to small textile companies and major pharmaceutical companies. However, according to Coalition director Neel Lattimore, “None of these organizations were out there advocating for dollars [for AIDS] before then.”56 In addition, the CARA members remained focused on the single objective requested by the White House: they “were lobbying for one thing, passage of the $15 billion authorizing bill . . . After the authorizing bill passed, [there] was no focus on appropriations.”57
The umbrella pharmaceutical trade organization would not join the broad business coalition in support of the AIDS initiative because it had its own concerns. According to Lattimore, “PhRMA had concerns about patent infringement. They wouldn’t join [CARA] under any circumstances because I wouldn’t lobby on these policy questions.” In contrast, the oil companies were much more active with CARA in lobbying on behalf of the legislation.58 According to Stephen Hayes, the impact of the coalition was modest because it was a “fairly fast process, months and weeks to work on getting it through. [The AIDS legislation] probably would have gotten through regardless.”59

The influence of the pharmaceutical industry was reflected in some modest changes to the PEPFAR authorizing legislation. The original bill’s reference to the President’s statement that the cost of drugs had dropped to $300 a year, the generic price, was removed, and language ensuring that pharmaceuticals would not be diverted to the black market was added.60 However, congressional staff involved in drafting the legislation explained that PhRMA did not play a direct role in the process and, in contrast to some civil society groups, was not shown any early drafts of the legislation. As one key House International Relations staff person explained, “PhRMA did not play [a] role in how we wrote what we did.”61

Tom Bombelles of Merck confirmed the accounts of Congressional staff: “To my knowledge there was no direct role by the pharmaceutical industry and I was in a position to know . . . It was in nobody’s interest to make it seem that they were working with us.”62 By 2005, seven out of ten Americans surveyed responded that drug companies put profits ahead of people and half had an unfavorable view of drug companies.63 Further
public confrontations with activists over global AIDS risked undermining broader public perceptions.

The pharmaceutical industry was also not significantly involved in pushing for higher levels of global AIDS funding. As the Chairman of the House Foreign Operations Subcommittee, Representative Jim Kolbe decided funding levels for the AIDS initiative. Kolbe reports that “No companies were involved in pushing for funding of the initiative.”64 Instead, Kolbe explained, the companies were “more interested in questions of intellectual property. Executives were concerned [the AIDS initiative] will steal drugs away from the US [sales market].” The other leading champion of the AIDS funding in the Congress, Senator Dick Durbin, was often on the other side of issues from the pharmaceutical industry and did not hear from the industry on issues of AIDS funding. According to Durbin’s former legislative director, “We never dealt with PhRMA at all . PhRMA didn’t lobby us- if they did they didn’t tell us.”65

Despite a slow start, the PEPFAR initiative ultimately came to rely heavily on generic AIDS medicines. The initiative required the approval of all medicines through a new Federal Drug Administration process, which caused a delay in the use of generics, but fourteen of fifteen focus countries were using generic medicines by 2006. By early 2007, 43 generic AIDS medicines had been approved for use under PEPFAR. According to the Administration, 88% of all central purchases were for generic drugs by early 2007.66 As Jamie Love, one of the strongest supporters of expanding generic access, explained, “Frankly I don’t think [the] industry deserves much of the credit, [they] tried to get control of PEPFAR, but that has not worked very well.”67
Although the pharmaceutical industry was not a major force behind the expansion of global AIDS funding, the industry certainly did directly benefit from expanded AIDS treatment efforts by the United States. While the Global Fund purchased almost exclusively generic drugs from its early days, the PEPFAR initiative did use major brand drugs initially, and some important second-line medications are still not available from generic producers. However, the gain to the industry from purchases through PEPFAR for low-income countries still did not cover the lost potential profits from middle-income countries as a result of the earlier reversal of U.S. policy on intellectual property and access to medicine.

The global expansion of AIDS treatment brought new actors, such as the Clinton Foundation, into the picture to negotiate bulk purchasing with generic producers that further pushed down branded pricing. Also, growing support for the idea of universal AIDS treatment gave added leverage to middle-income countries, which used threats of compulsory licensing to negotiate better price arrangements on their own. While providing drugs to the modest number of middle-income patients receiving treatment before PEPFAR could have yielded more than $2 billion in yearly sales for the industry, the total PEPFAR drug procurement budget in 2007 was only $1 billion, and only 12% of the drugs were purchased from brand suppliers. Therefore, direct gains from PEPFAR funding for pharmaceutical companies should be put in the context of the broader environment shaping lower returns for AIDS drugs in the developing world.
On balance, there is very little evidence to support the conclusion that the expansion of funding for AIDS was motivated primarily by concerns about the national security implications of AIDS. Although some members of Congress referenced security concerns in their speeches, these concerns were not the reason why key supporters in Congress pushed for expanded funding for AIDS. The strongest impact of the national security context was probably its effect on the broader interest for international issues and support for international spending among the general public. However, the evidence points to the targeted efforts of small groups of supporters and their allies rather than broad public opinion as driving factors in expanding funding. National security concerns were not an especially important factor in explaining Congressional expansion of global AIDS funding beyond White House requests.

Some key members of Congress, like Rep. Jim Kolbe, suggested that the moment after 9/11 did make Americans more interested in foreign affairs and changed the overall spending environment as vast sums were requested for wars in Afghanistan and Iraq. However, Kolbe did not cite strategic foreign policy objectives as the basis for his own interest in the issue of AIDS or support for the Global Fund.68

Although AIDS funding champions like Senator Dick Durbin sometimes referred to security challenges linked to AIDS in their speeches, it was not the motivation for their leadership on the issue. According to his Durbin’s staff, he “often quoted [Secretary of State] Powell on [AIDS] and security issues,” but this was “not the motivation, just a useful argument, the real reason [was] he cared and wanted to save some lives.”69
Similarly, House Foreign Affairs Committee staff explained that: “National security was always a talking point, an important talking point, but I don’t believe that it drove votes one way or the other.”

Durbin’s Senate partners in seeking greater funding for the Global Fund were also not significantly motivated by strategic foreign policy objectives. Senator Mike DeWine and Durbin developed a partnership after both visited AIDS programs developed by Dr. Paul Farmer in Haiti. DeWine had been visiting Haiti for some twenty years and had a close personal connection to the island that had been so ravaged by AIDS. Although Senator Rick Santorum’s staff cited the importance of working with other nations among his reasons for supporting the Global Fund, the inclusion of civil society and faith groups at the national level were seen as stronger reasons for that support. Santorum’s public support for the Global Fund was viewed by some in the Senate as being linked to the strong support on AIDS by leading faith groups. Indeed, Santorum’s own staff cited the support of Rev. Rick Warren as being important to support among many conservative Republicans for global AIDS.

The fact that the important Congressional champions of expanded AIDS funding, including Durbin and Santorum, were focused on the Global Fund further undermines the argument that national security concerns were the driving factor. The White House was not a supporter of major growth in the U.S. contribution to the Global Fund and unlike bilateral assistance, Global Fund contributions cannot be earmarked toward friendly nations or countries of strategic importance. At the same time, the fact that the Global Fund is a pooled funding mechanism diminishes the public diplomacy rationale for expanding the U.S. contribution.
While national security concerns were not a major catalyst of AIDS funding, especially for the Global Fund, these security concerns were generally not in direct conflict with expanded AIDS funding. The most direct potential conflict with other national security concerns was the competition for scarce resources in a fixed budget universe for international affairs. Funding for global AIDS came from the same section of the budget that supports a wide range of international affairs funding, including direct economic support to important allies, and funding for expanding the number of U.S. diplomats. To the degree that bilateral AIDS assistance did serve a public diplomacy function, support for the Global Fund potentially undercut resources that could serve a more strategic role. Nonetheless, aside from the issue of budget constraints, global AIDS funding did not challenge any core national security interests of the United States in ways that would lead to the clear conclusion that norms directly trumped interests in this context.

NORM ENTREPRENEURS

The dramatic expansion of funding for global AIDS and the Global Fund reflected the accountability strategies of AIDS activists seeking to translate high-level political commitments into actual global health investments. Without major public commitments by the President of the United States, these norm entrepreneurs would not have been successful in generating extremely broad support in the media and across the country for their AIDS funding goals. Once funding for global AIDS treatment could be framed as a matter of broken promises by the world’s most powerful leaders, the moral urgency of
realizing and exceeding these initial commitments was heightened. Without any meaningful coercive power, the capacity of norm entrepreneurs to enforce commitments on global AIDS depended on a diverse array of accountability strategies that engaged local allies in key districts and States across the country.

The staff of the Chairman of the House International Relations Committee, Rep. Henry Hyde, pointed toward the significance of local voices in shaping support for the Global Fund. Chairman Hyde went against the White House in writing the AIDS legislation by allowing for $3 billion in total funding and up to $1 billion for the Global Fund. He was also very attentive to the strong faith voices in his district calling for higher levels of funding for AIDS and the Global Fund. According to his staff, “A significant aspect of constituent support on AIDS was based on support for the Global Fund.”

Faith groups were particularly important in supporting the Global Fund: “Religious [groups] were especially key in supporting [the] multilateral approach and influential as [a] result.” Moral voices were an especially important influence on Hyde’s staff: “[There was a] distinction between those groups that seek to influence the legislative process by virtue of commitment to the issue and [those seeking to] benefit as a result. I certainly made that distinction . . . I wouldn’t have proceeded without altruistic people who were making the moral case [for treatment].”

According to one key Congressional appropriator, Rep. Jim Kolbe, these local efforts were an important influence on his decision to expand support for the Global Fund. Kolbe cited hearing from a wide range of constituents, especially faith groups, expressing support for expanded funding for the Global Fund. According to Kolbe, “The
advocacy groups did a very good job of reaching out to the media and getting editorial support, (they) flooded-get in all my major papers. Constituent interest gave me the freedom to do it.”  

Kolbe also suggested that the focus on AIDS treatment was essential to the success of the initiative: “Treatment had to be the centerpiece. You could not have built that kind of consensus on prevention, condoms vs. abstinence, couldn’t have done it if it was all about health systems- too long term. [With] treatment you could get results- the number of lives saved. The President really articulated that in the Rose Garden.” Finally, Kolbe said of AIDS that he “thinks it’s a moral crisis,” and one that he personally witnessed both in the United States and in Africa. The centrality of treatment across time was echoed by Democratic staff on the House Foreign Affairs Committee: “Treatment was a different driving factor each time. The first time [2003 legislation] it allowed us to come up with a coalition. The second time, it was our rationale as to why $50 billion made sense . . . treatment was the driving factor in getting to the $50 billion number.”

The strength of the bi-partisan funding coalition for AIDS was somewhat unique and the Administration took notice. According to Secretary Tommy Thompson: “[It was the] right thing to do for the world. Every time we ask for money from Congress, they would give us more, every time, how often is that?” As the Chair of the Global Fund for a number of years, he would receive calls from both Democrats and Republicans wondering “how can we be helpful” in securing additional funding for the Global Fund.

Even reluctant supporters of expanded AIDS funding cited constituent pressure as a key element of their decision making. While cutting foreign assistance was often
viewed as a cost-free activity among members of Congress, the President’s commitments on AIDS funding altered this dynamic. House Budget Chairman Jim Nussle explicitly credited pressure from local constituents on AIDS for his reversal in cutting the overall foreign assistance budget. According to House Foreign Affairs staff, “It was the power of the grassroots . . . Grassroots was important on both sides. On the Republican side, the faith based community became convinced this was a moral imperative to save lives, they became true believers.”

Accountability strategies were also effective with Congressional leaders with a history of strong support on AIDS. The new Democratic leaders in the Congress initially expressed reluctance to challenge the prerogatives of the powerful Chairmen of the Appropriations Committees. Global and local opinion leaders responded to the concerns of AIDS advocates and framed the decision around AIDS funding as a test of her leadership and fidelity to past commitments.

Commitments by candidates on the Presidential campaign trail also translated into higher ambitions once they returned to the Congress. While Senator Biden was initially satisfied with President Bush’s proposal for a $30 billion reauthorization of the AIDS initiative, direct pressure from activists in key states and the competitive dynamic of the campaign trail moved him to the $50 billion level, and led him to introduce successful legislation based on that commitment. In explaining the success of the reauthorizing legislation at this level, one Congressional staffer said it was the “conviction of some very strange bedfellows that it was the right thing to do and you would really lose something if it failed to get the bill through . . . you really have an example of politics working, people of good will figuring out how to make the process work.”
More than the influence of leading economic interests or the importance of national security concerns, the strategies of norm entrepreneurs were the critical factor in shaping Congressional support for expanded global AIDS funding. Most of the key members of Congress involved in significantly expanding funding for the Global Fund and global AIDS cited the support of vocal constituents and local newspapers as important influences. This local support reflected strategic efforts by norm entrepreneurs to hold political leaders accountable for their commitment.

CONCLUSION

No less remarkable than President Bush’s initial $15 billion commitment on AIDS, was the role that Congress played in consistently exceeding the President’s funding promises. Within weeks of the President’s announcement of the initiative, AIDS activists were working with local allies in the media, students, and faith groups to ensure that the best interpretation of the funding commitment would be realized. The momentum generated from these early efforts helped to sustain an incredibly successful bi-partisan coalition in support of expanded AIDS funding and the Global Fund over subsequent years. Just as the strategic opportunity of the 2000 Presidential primary helped to launch AIDS onto the political radar screen, the opportunity of the 2008 Presidential primary allowed activists to again exceed President Bush’s funding ambitions for the AIDS initiative.

Accountability politics allowed AIDS activists to translate major rhetorical commitments into actual global health resources and real world outcomes. Political
leaders make commitments all the time, and moral commitments can be especially challenging to enforce. Norm entrepreneurs generally lack traditional levers of coercive power and, therefore, must rely on the persuasive power of the underlying norms to police broken promises. In the case of global AIDS, civil society actors used a range of accountability strategies, including cultivating grassroots supporters in key political districts, generating editorials that highlighted broken promises, and enlisting Congressional supporters to challenge their colleagues to live up to their past commitments.
1 Interview with House International Relations Committee Staff.
2 Interview with House International Relations Committee Staff.
3 Interview with Michael Riggs, Office of Congresswoman Barbara Lee.
4 Interview with House International Relations Committee Staff.
5 Interview with House International Relations Committee Staff.
6 Interview with House International Relations Committee Staff.
8 Letter from Church World Service to Congressional Appropriators, July 7, 2003.
9 Interview with House International Relations Committee Staff.
20 Bishop Clifton Ives, West Virginia Annual Conference of the Methodist Church, “President’s Budget Failed to Deliver Fully on Pledge” Charleston Gazette, September 19, 2003.
21 Interview with Congressional Staffer.
22 Interview with Tom Falletti, Policy Director, Senator Richard Durbin.
23 Interview with Tom Falletti.
26 Pennsylvania Senators Should Push the President to Fulfill his Global AIDS Pledge, Morning Call, October 3, 2003.
27 Interview with Mark Rodgers, Director of Senate Republican Conference.
34 Emily Pierce, “Nussle Heeds Calls, Boosts AIDS Funds, Roll Call, June 1, 2004.
38 Interview with Congressional Staffer.
41 Health Gap, “2008 Stop AIDS Platform.”
46 Interview with Congressional Staffer.
47 Interview with Peter Yeo, House Foreign Affairs Committee.
48 Interview with Peter Yeo, House Foreign Affairs Committee.
Interview with Peter Yeo, House Foreign Affairs Committee.

Interview with Jamie McCormack, House Foreign Affairs Committee.

Interview with Jamie McCormack.

Interview with Paul Zeitz, Global AIDS Alliance.

Interview with Stephen Hayes, Corporate Council on Africa.

Interview with Neel Lattimore, Coalition for AIDS Relief in Africa (CARA).

Interview with Neel Lattimore.

Interview with Neel Lattimore.

Interview with Stephen Hayes.


Interview with House International Relations Committee staff.

Interview with Tom Bombelles.

Kaiser Family Foundation Poll, “Americans Value the Health Benefits of Prescription Drugs, but Say Drug Makers Put Profits First,” February 25, 2005

Interview with Jim Kolbe.

Interview with Tom Falletti.


Interview with Jamie Love.


Interview with Tom Falletti.

Interview with Peter Yeo, House Foreign Affairs Committee.

Interview with Tom Falletti.

Interview with Mark Rodgers.

Interview with Tom Falletti.

Interview with Mark Rodgers.

Interview with House International Relations Staff.

Interview with House International Relations Staff.

Interview with House International Relations Staff.


Interview with Peter Yeo.

Interview with Tommy Thompson.

Interview with Tommy Thompson.


Interview with Peter Yeo, House Foreign Affairs Committee.

Interview with Congressional Staffer.
CHAPTER FIVE

MOVING BEYOND GLOBAL AIDS:

INCORPORATING NORMS AND AGENCY

IN OUR THEORIES OF POLITICS
INTRODUCTION

Most conventional explanations of politics give a dominant role to various conceptions of interest in explaining political change and policy outcomes. While these conceptions of interest vary, from the economic interest of key societal actors to the strategic interest of powerful states, the underlying premise is that interests are the driving force of politics. In most of these theories, norms are simply proxies for interest, and moral politics is not predicted to be a significant factor in shaping important political outcomes or significant resource allocations.

Yet, neither the influence of powerful economic interests nor the national security interest of the United States can adequately explain the global AIDS response in the last decade. The core finding that norms can indeed shape political outcomes and mobilize significant resource allocations, suggests that our theories of politics must take into greater account the strategies of norm entrepreneurs and the potential for relatively weak political actors to use norms to catalyze political change. It reveals that unlikely alliances are possible around norms that don’t fit with established patterns of interest and existing political cleavages.

Norm entrepreneurs use a variety of different strategies to catalyze norms into the center of political debate and to influence state policies. Norms require effective champions to capture the attention of a wider public and the support of political leaders. The strategies selected by these champions are extremely important in shaping the impact of a given norm. Global AIDS activists utilized a series of strategies, including symbolic politics, leverage politics and accountability politics to secure a global AIDS response.
No less importantly, they used these strategies sequentially in order first to get the issue on the political agenda, then to catalyze political leaders to act, and finally to hold leaders to their promises. The strategies pursued by the champions of these principled ideas are key determinants of the adoption of new norms by political leaders and the translation of rhetorical commitments into tangible resource allocations.

Dramatic symbolic confrontations at the end of the Clinton Administration constrained the choices of policymakers and reversed key policies that contributed to high AIDS drug prices. Civil society actors subsequently leveraged support from a wide range of faith groups in order to catalyze President Bush’s announcement of a major initiative on global AIDS. Seizing upon these public political commitments, civil society groups utilized accountability strategies to secure promised funding from the Congress and expand support for multilateral mechanisms that were not favored by the Bush Administration.

Norm entrepreneurs generally lack traditional levers of coercive power and, therefore, must rely on the persuasive power of the underlying norms to police broken promises. In the case of global AIDS, civil society actors used a range of accountability strategies, including identifying grassroots supporters in key political districts, generating media attention around broken promises, and enlisting Congressional supporters to challenge their colleagues to live up to their past commitments.

Norms can also play different roles at different moments, as was the case with the response to global AIDS. The emerging norm around the duty to treat initially constrained United States trade policy with respect to intellectual property and generic AIDS medicine. During the early years of the Bush Administration, wider acceptance of
the duty to provide AIDS treatment catalyzed billions of dollars in investment to put two million people on life-saving treatment. Subsequently, norm entrepreneurs fostered a strong bi-partisan congressional coalition that supported expanded funding for international institutions, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Our models of politics need to take greater account of the role of norms and of the array of non-state actors who champion them. One major finding is that norms can trump interests through symbolic politics when norm entrepreneurs draw upon broadly held values such as the value of preserving life. Symbolic politics draws upon these values to convince political elites and the broader public that issues previously conceived of in largely material terms actually hold a broader moral significance.

The mobilization of major investments in global AIDS required the deployment of leverage politics through which norm entrepreneurs engaged the support of more powerful allies. Linking these powerful symbols to people with real influence and important connections with political elites provided critical influence over policy decisions. It is the fusion of powerful norms with key alliances that gave norm entrepreneurs the ability to catalyze major commitments on global AIDS. Leaders within the faith community became powerful messengers to the White House for the norm of the duty to treat and the call for a major response to global AIDS.
BEYOND GLOBAL AIDS

One of key questions raised by the conclusion of this dissertation is the degree to which the response to AIDS reflects a unique case rather than one with potentially broad applications. The phrase “AIDS exceptionalism” is often used to suggest that AIDS is different from other diseases, and that the response to AIDS stands in great contrast to the response to other health challenges. While it is true that AIDS is unlike many killer diseases, because of direct experience with AIDS in the United States, there is also good reason to believe that the response to AIDS is relevant to a broader class of cases.

In the context of global health, malaria provides another example of how moral politics can shape significant resource allocations. Ten years ago, total global funding for malaria was less than $100 million dollars. By 2008, global funding for malaria was over $1 billion, with the largest share reflecting investments by the United States. Unlike AIDS, malaria is a disease with which few people in the United States have direct experience. The non-state actors, who helped to catalyze these malaria investments, appealed to norms linked to preserving life, engaged the faith community, and mobilized around the provision of essential medicines to those living in poor countries just as was the case with AIDS.

Even if the AIDS response is not truly unique, some have claimed that global health more broadly is exceptional. While it is clear that appeals to share life-saving medicine have a very powerful resonance, there are examples of other important recent investments in poor countries that are not confined to global health and life-saving appeals. Debt relief for poor countries has been another major recent initiative in
response to global poverty. Faith groups, some of whom became actively involved in AIDS advocacy, were at the center of pushing G8 governments to reduce or eliminate the debts of low-income countries as part of the Jubilee movement. The Heavily Indebted Poor Country Initiative (HIPC) has already delivered most of its planned relief, and the projected total is estimated to be $71.2 billion in Net Present Value terms.

One could still argue that these examples are confined to duties to the poor, and still do not point toward broader norms and duties that hold the potential to shape politics in ways different than interest-based theories would predict. However, scholarship by Margaret Keck and Kathryn Sikkink highlights the key role of human rights, and broader concepts of human dignity, especially with respect to protection from bodily harm. Keck and Sikkink point to the protection of the most vulnerable parts of the population, especially infants and children, as providing wide resonance for campaigns by transnational activists.

Many case studies of the impact of norm entrepreneurs in international politics focus on efforts to outlaw bad practices such as core human rights violations or other forms of violence or discrimination. The additional insight suggested by this dissertation is the potential for moral politics to catalyze action based on a conception of positive as well as negative duties. The duty to provide AIDS treatment reflected an affirmative obligation that extended beyond the framework of substantial earlier work that highlighted prohibition regimes or responses to human rights abuses by governments. The AIDS case is also different in that it required the investment of large scale resources as part of the response and, therefore, confronted the politics of competing budget priorities in ways that many of these other cases did not.
While the pattern of strategies that proved so effective in the case of global AIDS may not be a unique pathway, it does offer a potential roadmap for the challenge of moving norms from the margins of politics into tangible and significant resource commitments in support of those norms. Without the symbolic frame of the struggle between greed and health, global AIDS might never have become a significant political issue in the United States. Capturing media attention and popular imagination, through reliance on dramatic moments and powerful symbols, is a critical first step toward convincing policymakers to focus on moral challenges that started out as low priorities.

Emerging norms must first break through the crowd to get onto the political agenda, be formally adopted by political leaders and generate accountability for political commitments. Even weak actors can sometimes succeed in gaining traction for powerful ideas if they utilize symbolic politics, leverage politics, and accountability politics. Symbolic politics disrupts the conventional narrative for understanding a social problem and exposes moral contradictions in existing policies. Leverage politics constructs a broad coalition in support of emerging norms, in order to gain traction among politically powerful groups and political leaders. Finally, accountability politics holds leaders accountable for commitments to norms through the media and grassroots politics.

Powerful norms can generate political action in the absence of strong interest-based claims, and can sometimes trump powerful interests. Norms that appeal to widely shared values, such as the value of preserving life, and that connect to direct experience, as with AIDS in the United States, will be more successful. Yet, the success or failure of a given norm will depend a great deal on the strategic choices of its champions.
Norm entrepreneurs can successfully translate norms into policy change by making a big splash, opening up a big tent and carrying a big stick. A big splash, using symbolic politics and public confrontation, can get new norms onto the media and political agenda. A big tent, achieved through leverage politics that constructs a broad and influential coalition, can convince Presidents and other political leaders that the way is paved for them to adopt and promote these norms. Finally, a big stick, or a willingness to engage in accountability politics, can secure tangible resources for normative visions.

The combination of symbolic politics, leverage politics and accountability politics provides a roadmap for the strategies that shape the adoption of emerging norms by powerful states. Although these strategies are utilized by other kinds of actors, it is the power of the norms they champion that allow relatively weak actors to shape the policies of strong states. The idea that the strategies of actors can be more important than the pre-existing interests points toward a form of moral politics that allows for significant agency on the part of societal actors.

The strategy of leverage that was so important in the global AIDS case has much wider applicability for norm entrepreneurs and the adoption of emerging norms. Given the reality that, in most cases, norm entrepreneurs lack independent sources of political power or wide political constituencies, their ability to enlist more powerful allies will remain a key factor in their ability to leverage meaningful commitments from political leaders. The faith community, which proved so important in the context of global AIDS, is an important potential ally for norm entrepreneurs seeking to influence political leaders with appeals to moral politics. The strategy of leverage will likely be more effective for
norms that have already garnered significant public attention and the interest of policymakers through symbolic politics.

Finally, accountability politics is among the most important strategies available to norm entrepreneurs. Once political leaders have made public commitments to support emerging norms, and to back up this commitment with significant resources, these promises become the most powerful tool that norm entrepreneurs have to effect change. Without meaningful tools of coercive power, or even the influence of powerful interest groups in most cases, norm entrepreneurs must rely on holding political leaders to their public promises. Doing so often requires catalyzing public attention through media and other channels to the significance of past promises and the implications of the failure to live up to previous commitments.

IMPLICATIONS FOR FUTURE RESEARCH

While powerful states and powerful economic interests will undoubtedly continue to be important in shaping many arenas of politics, civil society actors and the norms that they champion are becoming increasingly significant explanations for political change. Even norms that imply affirmative duties can emerge from the shadows to the forefront of political debate and generate large resource investments as a consequence.

Further research would be useful to better explain the contrast between the findings of the dissertation and the stronger link found in other research between foreign assistance and strategic considerations. While this discrepancy could be taken as evidence for the uniqueness of AIDS, it is also possible it reflects an important shift in
the nature of foreign assistance as a result of AIDS. A broader look at recent foreign assistance trends in the United States and other donor countries which tests for different causal factors could be helpful in resolving this question.

In light of the findings of this dissertation, additional research would also be valuable on the role of various economic interests in shaping foreign assistance. Previous research supported the idea that key industries were important in shaping Congressional support for international funding for institutions such as the International Monetary Fund.9 Yet the evidence on the limited role of economic interests in support of the Global Fund suggests the possibility that most multilateral assistance may not reflect significant support from key economic actors.

Earlier research found that religion was generally not an important factor in explaining foreign assistance, although the percentage of Evangelicals in a given district had a significantly negative effect on support for foreign assistance.10 It would be interesting to learn whether the key role of many faith groups, including Evangelicals, in supporting the AIDS response might have altered these earlier findings. It is consistent with the findings of the dissertation that the intensity of support by faith actors may ultimately turn out to be a much more significant factor in shaping congressional support than the breadth of religious adherence in a given district.

There is also the need for richer case studies focusing on the interaction between different kinds of actors in shaping the adoption of norms by states and the ways in which norm entrepreneurs outside of government engage allies within governments. Most existing literature on the role of norms in politics focuses either on the role of decision-makers or the role of non-state actors. Some of the early literature highlighting the role
of norms, by Peter Katzenstein, focused primarily on the worldviews of decision-makers. Scholarship by Keck and Sikkink, as well as others, has highlighted the increasingly important role played by non-state actors or transnational advocacy networks in catalyzing the adoption of norms by political leaders. Harold Koh has suggested the importance of exploring the interaction between different kinds of actors, both within and outside of government, in shaping the adoption of norms by states. Further attention to the ways in which allies on the inside of government become activated is quite important to explaining the reasons for the success or failure of non-state norm entrepreneurs.

Many of the non-state actors who were most effective in catalyzing the response to global AIDS were those who had strong networks and potential allies within their own communities. These actors broadly fit the description of “rooted cosmopolitans,” whose contribution to the international arena comes from networks within their home country and local communities. For some, it was the experience of involvement with domestic struggles around AIDS that led to involvement with the global AIDS response. For others, it was the experience of seeing AIDS in the African context or hearing about it directly from those who had.

The dissertation also provides some further evidence for the idea that campaign coalitions, which combine high-intensity with long-term cooperation on specific issues, are a very effective model because of the combination of clear issue focus and strategic flexibility that they provide. The single-minded focus on AIDS allowed norm entrepreneurs to form alliances with diverse groups in different contexts and to engage in a range of critical and cooperative approaches to key policymakers.
Future research should investigate the range of emerging norms that have become relevant to shaping political outcomes in recent years. Building out from the case of global AIDS, research on the role of norms and norm entrepreneurs in shaping other global health initiatives in recent years could be quite important in testing the merits and limits of the claim that AIDS is unique. Similarly, research on other kinds of global poverty responses would be helpful to provide insight into the claims that global health is different from other kinds of interventions. Finally, research looking at the response to climate change or major global security challenges could provide insight into whether the experience with AIDS provides important lessons for a much broader class of major global challenges of the 21st century.

While the dissertation provided significant evidence that norms can be an important explanation for political change, and can under certain conditions trump powerful economic interests, it provided more limited evidence that norms can trump national security interests. It would be quite interesting for future researchers to explore direct conflicts between norms and national security as well as conflicts between important economic interests and norm entrepreneurs.

Another useful direction for future research would be to investigate the sequencing of strategies utilized by successful norm entrepreneurs. A core finding of this dissertation is the close link between symbolic, leverage, and accountability strategies and the different stages of the adoption of norms. Whether this conclusion holds for a much wider range of cases should be subject to further investigation and testing. The role and effectiveness of each of these strategies used by norm entrepreneurs in catalyzing
state action should also be examined in diverse contexts, to provide further insight into how these causal mechanisms operate in different settings.

CONCLUSION

We have entered an era in which relatively weak non-state actors and the norms they champion can have a meaningful impact on state action. Although powerful states and leading economic interests remain important to explaining political outcomes, norms and norm entrepreneurs are increasingly a significant force in shaping politics. Given the rapid expansions of new technologies that are exponentially increasing global connection and communication, there is no reason to believe that the potential influence of non-state actors on international issues will not continue to grow.

Therefore, it is important for future researchers to try to better understand the ways in which norm entrepreneurs succeed or fail to translate powerful norms into concrete political action. The global AIDS response provides a window into the potential for unlikely allies to unite around a shared normative vision to catalyze political action. Civil society groups and political leaders, with substantially divergent worldviews on most issues, were capable of finding common ground on the urgency of AIDS treatment and the responsibility to respond to urgent global health challenges on the other side of the world. The strategies selected by these norm entrepreneurs were no less critical to their ability to move the issue of global AIDS from the margins of politics to a new consensus for bold action.
The conclusion that individuals, their ideals, and the strategies they select can catalyze global change upsets much of how most people think about politics. While many of our models of politics support the conclusion that there is little room for individual agency in the context of larger structural forces, the implications of the dissertation is that there is still important space for human agency in catalyzing political change. When political actors utilize powerful norms and creative strategies to capture the political imagination, build alliances and hold leaders accountable for moral commitments, they can overcome decades of inertia and reshape how the public and political leaders themselves view their priorities for public action.

One of the most important lessons from the global AIDS response is the influential role played by so many people who did not hold any of the traditional levers of political power. While Presidents and Senators played key roles in shaping the global AIDS response by the United States, the process was started and shaped by the actions of ordinary citizens who confronted what they saw as an injustice and their readiness to act as if they could change the world. For many people, even in open and democratic societies, important political decisions are often seen as something from which they are quite removed and over which powerful individuals and interests have the real say. The wider implication of this study is that people with a shared vision and commitment may have many more opportunities than is generally perceived to move from being spectators to full participants in shaping the world in which we live.
6 Ibid.
15 Tarrow, p. 179
KEY INTERVIEW INFORMANTS

Tom Bombelles, Director of International Government Relations, Merck

Jimmy Broughton, Chief of Staff, Senator Jesse Helms

Gary Edson, Deputy National Security Advisor, White House National Security Council

Scott Evertz, Director, White House Office of National AIDS Policy

Tom Faletti, Policy Director, Senator Richard Durbin

Dr. Anthony Fauci, Director the National Institute for Allergy and Infectious Disease, National Institute of Health

Adolfo Franco, Counsel, House International Relations Committee/Rep. Henry Hyde

Michael Gerson, Chief Speechwriter, White House

Steve Haas, Vice President of Church Relations, World Vision

Bill Haddad, Chairman/CEO, Biogenerics Inc.

Stephen Hayes, President, Corporate Council on Africa

Sandra Joireman, Professor of Political Science, Wheaton College

Sheila Kinsey, Wheaton Franciscans

Representative Jim Kolbe, Chair of House Foreign Operations Appropriations Subcommittee
Neel Lattimore, Executive Director, Coalition for AIDS Relief in Africa

Jamie Love, Director, Consumer Project on Technology

Ray Martin, Executive Director, Christian Connections for International Health

Jamie McCormick, Subcommittee Staff Director, House International Relations Committee/Rep. Jim Leach

Allen Moore, Legislative Director, Senator Bill Frist

Joe Papovich, Assistant United States Trade Representative for Services, Investment and Intellectual Property, Office of United States Trade Representative

Kristen Silverberg, Special Assistant to the President, Office of the White House Chief of Staff

Peter Smith, Professional Staff Member, House International Relations Committee/Rep. Henry Hyde

Shannon Smith, Professional Staff Member, Senate Foreign Relations Committee/Senator Joseph Biden

Sam Stratman, Press Secretary, House International Relations Committee/Rep. Henry Hyde

Tommy Thompson, Secretary, Department of Health and Human Services

Michael Riggs, Legislative Assistant, Rep. Barbara Lee/House International Relations Committee

Mark Rodgers, Staff Director, Senate Republican Conference/Senator Rick Santorum

Eric Sawyer, Act Up/Health Gap

Joel Segal, Legislative Assistant, Representative John Conyers
Rob Weissman, Director, Essential Action

Peter Yeo, Deputy Staff Director, House Foreign Affairs Committee/ Rep. Tom Lantos and Rep. Howard Berman

Paul Zeitz, Executive Director, Global AIDS Alliance