

August 16, 2010

Dr. Elly Katabira
President, International AIDS Society
International AIDS Society Headquarters
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PO Box 28
CH - 1216 Cointrin
GENEVA, Switzerland

Dear Dr. Katabira,

As organizations committed to health and human rights for all, we congratulate you on your new position as President of the International AIDS Society. We are writing to you to express our concerns and objection to holding the 2012 International AIDS Conference in the United States, as long as sex workers and people who use drugs who have valuable expertise on prevention and treatment of HIV/AIDS are prohibited entry into the country.

As you are aware, current U.S. law prohibits issuing visas to foreign nationals who currently engage in sex work and those who have engaged in sex work in the past ten years, as well as those who are drug “abusers” or “addicts.” While there is a waiver process for “rehabilitated” sex workers (at the discretion of the consular officer and bearing a \$545 fee), there is no such process for current sex workers.

As this information has come to light over the past month, it has been suggested that the current U.S. administration can be persuaded to issue waivers to those persons prohibited by U.S. travel bans, similar to waivers granted to people living with HIV for United Nations conferences. However, we believe this solution, if implemented, carries serious risks that are unique to sex workers and people who use drugs, and that we should not ask these individuals to endanger themselves. For example:

A waiver system registers these communities with the U.S. government, and potentially with other governments. By requiring sex workers and people who use drugs to apply for a waiver in order to obtain a visa, these individuals would be recorded in the U.S. Department of Homeland Security system as such. This has the potential to affect their safety within their own countries, and could create travel difficulties for future visits to the U.S. or other countries. This is especially likely if a future U.S. administration more hostile to sex worker rights releases this information to other governments.

A waiver system does not replace the visa application form DS-160 that would reveal a conference participant's identity as a sex worker or person who uses drugs.

Even with a waiver system in place, in order to enter the U.S., a sex worker or person who uses drugs would be required to complete form DS-160, the U.S.

Department of State nonimmigrant visa application, and check "yes" to the question, "Have you ever . . . been a prostitute or procurer of prostitutes," thereby allowing U.S. Department of Homeland Security to record those who are sex workers and use drugs.

A waiver system would not insulate representatives of these groups from the U.S. political environment.

The summer of 2012 will be extremely heated politically due to the November elections. Even if sex workers and people who use drugs are admitted through a waiver system, their presence in the U.S. is likely to be exploited for political gain by right wing politicians and activists who conflate prostitution with human trafficking and dismiss harm reduction as condoning immoral behavior. As they have done in other venues, these groups are likely to attempt to disrupt events they disagree with, or what is more chilling, record the names of those participating who openly discuss their sex work or drug use in an attempt to get them expelled from the U.S. This combination of factors could attract negative and potentially harmful attention to both the conference and the already-marginalized groups that are crucial to the fight against HIV/AIDS.

If, however, a waiver system is to be the IAS and U.S. government's temporary solution to discrimination against sex workers and people who use drugs in U.S. immigration policy, it is imperative that applicants 1) not be required to self-identify as a sex worker or person who uses drugs or reveal their connection to sex work or drug use in any way; and 2) that any fees associated with a waiver process be suspended or covered by IAS. Nevertheless, no approach short of changing U.S. immigration law and policy would adequately protect the rights of sex workers and their advocates to travel freely both to the U.S. in 2012 and in the future, or to live and work securely once they have returned home.

Sex workers, people who use drugs, and the advocates who work closely with them have made great strides in reducing stigma, particularly through the International AIDS Conferences. The panel discussions, poster presentations, and global village presence of these groups is a vibrant and vital part of the International AIDS Conference. Through these conferences and the research presented in them, an important consensus has been built around the positive impact that stigma reduction has on HIV/AIDS prevention and treatment. Holding the conference in the U.S., where these groups will find open participation difficult, if not impossible, would cast a pall over the vibrancy and integrity of the proceedings, and could result in a retreat in international AIDS advocacy.

For years, IAS took a principled stand against holding the IAC in the U.S. because of the HIV travel ban. This sent a clear message to the U.S. government that the IAS placed higher priority on full expression of the voices of affected groups than on the strength of political support from the U.S. This decision was respected and applauded for its unwavering reflection of the importance of human rights in the struggle against HIV/AIDS, and contributed to the successful repeal of the U.S. HIV travel ban.

We fully realize that many people believe that holding the conference in the U.S. is essential at this juncture to reignite global commitments to funding the fight against HIV/AIDS, to raise awareness of the HIV/AIDS epidemic in Washington, D.C., and to support the local economy in the nation's capital. While we recognize the importance of robust funding levels and supporting the District of Columbia, we urge you to maintain IAS's commitment to human rights. To establish a principle for one group and ignore it for another sends a strong signal that these other affected groups are not of equal importance to the movement building and scholarly exchange that characterize the IAC.

We believe the IAS does not intend to diminish the importance of sex workers and people who use drugs and the important role they play on this issue. We also understand that moving the conference at this juncture comes with considerable cost and effort. However, we believe that unless U.S. immigration law and policy is amended to allow sex workers and people who use drugs to enter the U.S. legally without revealing their identities as sex workers or people who use drugs, there is no reasonable alternative to moving the conference venue outside the U.S. that preserves the honest expression and safe space necessary to advance the fight against HIV/AIDS.

We respectfully ask that you respond in writing to this letter so that we might develop constructive dialogue on this issue. Thank you for your thoughtful consideration and action.

Sincerely,

1. ACCES, France
2. ActionAid International
3. AIDES, France
4. AIDS and Rights Alliance for Southern Africa (ARASA), South Africa
5. AIDS Legal Network (ALN), South Africa
6. AIDS Prevention ACTION Network (APAN), USA
7. AIDS Tugikeskus (AIDS Information & Support Center), Tallinn, ESTONIA
8. ALCIS (Action pour la lutte contre l'ignorance du SIDA), République Démocratique du Congo
9. Any Positive Change, USA
10. ASTRA – Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights
11. Association Aides Pays Basque, France
12. Association Nationale de Protection Des Femmes et Enfants Haitiens(ANAPFEH), Haiti
13. ATHENA Network
14. Best Practices Policy Project, USA
15. Bomme Isago Association, Botswana
16. Brandywine Counseling & Community Services, USA
17. California Drug Policy Reform Coalition, USA
18. Canadian Harm Reduction Network, Canada
19. Canadian HIV/AIDS Legal Network
20. Caribbean Vulnerable Communities Coalition
21. Center for Health and Gender Equity (CHANGE), USA
22. Center for Women's Global Leadership, USA

23. CHAMP, USA
24. Common Ground – The Westside HIV Community Center, USA
25. Critical Resistance, New Orleans, USA
26. DANAYA SO, Mali
27. Desiree Alliance, USA
28. Different Avenues, USA
29. European AIDS Treatment Group
30. Federation for Women and Family Planning, Poland
31. FIRST (Feminists advocating sex worker rights and decriminalization), Canada
32. Forum For Activists Against HIV/AIDS Scourge (FAAS), Rwanda
33. Foundation for Research on Sexually Transmitted Diseases, Inc (FROST'D), USA
34. Fundación para el Estudio e Investigación de la Mujer (FEIM), Argentina
35. Gender DynamiX South Africa
36. Gestos – HIV+, Communication and Gender, Brazil
37. The Global Justice Ministries of UFMCC, USA
38. Global Network of Sex Work Projects
39. Global Youth Coalition on HIV/AIDS (GYCA)
40. GSSG – Foundation Sexuality and Health, Germany
41. HAMS Harm Reduction Network, USA
42. Harm Reduction Coalition, USA
43. HCV Advocate, USA
44. HIPS (Helping Individual Prostitutes Survive), USA
45. House of Peace, USA
46. International AIDS Women's Caucus
47. International Committee on the Rights of Sex Workers in Europe (ICRSE)
48. International Union of Sex Workers, UK
49. Ipas, USA
50. Jamaica AIDS Support for Life, Jamaica
51. Jamaica Forum for Lesbians All-Sexuals and Gays (J-FLAG), Jamaica
52. Kenya Legal & Ethical Issues Network on HIV and AIDS, Kenya
53. The Larcher Group, Canada
54. Lower East Side Harm Reduction Center, USA
55. Mission Neighborhood Resource Center, USA
56. Mujer y Salud en Uruguay (MYSU), Uruguay
57. National Alliance for Medication Assisted Recovery, USA
58. National Native American AIDS Prevention Center, USA
59. Needle Exchange Program of Asheville, North Carolina (NEPA), USA
60. New York Harm Reduction Educators, USA
61. North Carolina Harm Reduction Coalition, USA
62. Northern Colorado AIDS Project, USA
63. Norwegian Sexworker Organization (PION), Norway
64. Open Society Initiative for Southern Africa (OSISA), South Africa
65. Pascale Robitaille for Stella, Canada
66. Paulo Longo Research Initiative
67. Pittsburg Community Council Inc. (California), USA
68. Positive Action for Treatment Access (PATA), Nigeria
69. Positively UK, United Kingdom
70. Prevention Point Philadelphia, USA

71. Program on International Health and Human Rights, Harvard School of Public Health, USA
72. Project Mali, France
73. Raising Voices, Uganda
74. RASEBEF, Sénégal
75. Rose Alliance, Sweden
76. St. Ann's Corner of Harm Reduction, Bronx, USA
77. St. James Infirmary, USA
78. Salamander Trust, UK
79. SANGRAM, India
80. Scarlet Alliance (Australian Sex Workers Association), Australia
81. SERES (HIV in a feminine prespective association), Portugal
82. Sex Work Association of Jamaica
83. Sex Worker Education & Advocacy Task Force (SWEAT), South Africa
84. Sex Workers Project at the Urban Justice Center, USA
85. Sex Workers' Rights Advocacy Network (SWAN), Eastern and Central Europe and Central Asia
86. SisterLove, USA
87. Society Against Sexual Orientation Discrimination (SASOD), Guyana
88. Sonke Gender Justice, South Africa
89. Stepping Stone Association, Canada
90. STRASS, Syndicat du TRAvail Sexuel, France
91. Sunshine Cathedral Jamaica
92. Support Initiative for People with atypical sex Development (SIPD), Uganda
93. SWANK (Sex Workers' Action New York), USA
94. SWOP-USA (Sex Workers Outreach Project), USA
95. SWOP NYC, USA
96. SWOP Colorado, USA
97. SWOP Tucson, USA
98. Swaziland Positive Living (SWAPOL), Swaziland
99. Thohoyandou Victim Empowerment Programme (TVEP), South Africa
100. TJENBE RED (Fédération de lutte contre les homophobies, les racismes & le sida), France
101. Transgender Education & Advocacy (TEA), Kenya
102. Twilight United Sports Club, Jamaica
103. UK Network of Sex Work Projects, United Kingdom
104. VAMP, India
105. Washington Heights CORNER Project, USA
106. Women's Global Network for Reproductive Rights (WGNRR)
107. Women and Harm Reduction International Network (WHRIN)
108. Women of Color United, USA
109. Women's Leadership Centre, Namibia
110. Women's Organisation Network for Human Rights Advocacy, Uganda
111. "Women Won't Wait. End HIV and Violence Against Women Now." Campaign
112. World AIDS Camapign
113. Youth Coalition for Sexual and Reproductive Rights

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cc: Ron MacInnis, Senior Advisor, International AIDS Society