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Drugs, Money, and a Few Helping Hands

Imagine a world with an epidemic in which one in four would have the horrible stigma of an incurable disease—a disease that's capable of being passed from a mother to her child. Picture a world in which a child is given a death sentence for no reason other than being born into a world ravaged by disease and poverty, a world where that same child's generation is going to be faced with harder conditions than the current state of affairs because of this horrible disease. This world of disease, poverty, and hardship actually exists in the Sub-Sahara region of Africa; this is a world where millions of people live and suffer.

In the early 1980s, southern Uganda introduced a curse to humanity (Guerin). This curse is called the Acquired Immune Deficiency Syndrome (AIDS); it is the most advanced stage of HIV or the Human Immunodeficiency Virus ("Questions"). AIDS quickly spread around the world; as of today, Africa's Sub-Sahara region has been hit the hardest with 24.5 million out of the global 34.3 million infected with the disease (Lustig). Recently the AIDS epidemic rose to catastrophic levels. According to Dr. Peter Piot, executive director of the Joint United Nations Program on HIV/AIDS, "AIDS has cross-generational impact, leaving children without parents to guard and guide them, increasing their vulnerability to HIV infection, and creating a legacy of economic and social instability" (United). Clearly something must be done in order to save millions of lives

and prevent the spread of this virus. Drugs, money, and new health care systems are needed to defeat AIDS in the Sub-Saharan region of Africa.

Newly elected Senator Barack Obama once said, “I am my brother’s keeper, I am my sister’s keeper.” When the governments of Africa are slow to act to help their citizens, the rest of the world must roll up their sleeves and help their fellow brothers and sisters in need. For example, the government of South Africa has blocked the provision of anti-AIDS or anti-retroviral drugs in the public health service and has opened up debate over whether HIV actually causes AIDS (Barrow). The ruling African Congress says it cannot afford to pay for the drugs and blames the international pharmaceutical companies for seeking to profit from Africa’s AIDS crisis (Barrow). While South African President Thabo Mbeki has expressed doubt that HIV is the cause of AIDS (Barrow).

Dr Costa Gazi, health spokesman for the South African Opposition Party, has called for the distribution of anti-retroviral drugs to pregnant mothers to protect the next generation from contracting the illness (Barrow). Dr. Gazi has pointed out that there are legal mechanisms that the African governments could use to secure rights to produce its own cheap anti-retroviral drugs. Under the laws governing international trade, the African governments could get authorization to produce cheap drugs if they can demonstrate that the drugs are required to contain a medical emergency (Barrow). Dr. Gazi notes that with these drugs, half the babies that have been born with HIV could have been saved; and in Dr. Gazi’s own words, “Anything that can be done to stem the progress of this epidemic, must be done.” The governments of Africa have failed to

protect and help their citizens. It is now up to the international community to take action to help the citizens of Africa.

Fortunately, the United States has decided to get involved. President George W. Bush has pushed legislation that will give \$15 billion to Africa, especially the countries most ravaged by AIDS in the Sub-Saharan. This \$15 billion, of which \$10 billion is new cash, will be dispersed over the next five years. Three billion of the funds are to be spent on campaigns to educate and prevent the virus from spreading. The other twelve billion is to be spent on those already infected with the disease. Over the next five years, the goal is to treat two million people infected with HIV, prevent seven million new infections, and care for ten million HIV-infected individuals and AIDS orphans (“The End”). President Bush’s plan will provide anti-retroviral drugs for the sick and will provide an education on how to prevent the spread of the disease. These actions are the first steps in defeating AIDS in Africa; however, there are problems within the Bush Administration’s AIDS policy.

The Bush Administration will not be able to reach the numbers that they have set forth. The issue that will hold back the policy’s effectiveness is the fact that one-third of the prevention money is being spent on teaching sexual abstinence called the ABC system of sexual education: Abstain, Be faithful, and use a Condom (Voinov). Historically this type of approach has not worked unless there is an as great if not greater emphasis placed on condoms and safe sex education (Voinov). The Bush Administration is playing down the role of condoms for religious reasons, yet this type of action will not help in saving lives.

Another major problem with the Bush plan is that the groups that were awarded contracts to provide antiviral drugs have no choice but to use FDA approved medication (Voinov). This may sound good, but most of them are high cost American drugs, the cheaper foreign-made drugs are not allowed for this plan. The FDA states that it's wrong to give people drugs that haven't been approved for Americans, that it's a safety and ethics issue. The World Health Organization, on the other hand, has called these other cheaper foreign-made drugs just as safe and effective as the American drugs.

The last and largest flaw with the Bush Administration's plan wasn't even considered when it was written. It's a problem that wasn't even known until the recent outpouring of monetary aid within the past two years. It's the fact that these nations do not have proper health care systems in place that are capable of allocating the funds and treatments effectively. Take Botswana and their anti-AIDS program as an example. Four years ago, they began to receive \$100 million in aid from two private donators; so far only half the money has been allocated, while only 70% of that has been spent (Susman). The country can't take any more money and spend it wisely or usefully.

This is not to say that what's going on in Botswana is a complete failure, in fact according to Dr. Ernest Darkoh, director of Botswana's Highly Active Anti-retroviral Therapy or HAART program, this is the first large-scale treatment of AIDS in Africa. Since January 2002, more than 27,000 people in Botswana infected with HIV have enrolled in their nationwide program to receive therapy. Of the 27,000 infected, 17,387 have begun treatment, with more than 1,000 people enrolling every month (Susman).

This HAART system works well in Botswana, but it couldn't work throughout all of Africa because HAART therapy is quite difficult to administer. Patients of the

HAART program must adhere to a strict treatment schedule. In Botswana about 85% of patients are compliant with their therapy after six months (Susman). However, if patients do not adhere to the treatment schedules, and receive treatment occasionally, they then run the risk of creating new resistant strains of HIV and AIDS that would render drug treatment obsolete. Therefore, a new more effective health care delivery system is required. It's now time to start spending money on building new health care delivery systems and less on the actual drugs themselves.

This is the first workable step that is needed. A more effective health care delivery system would allow for more infected citizens to receive the treatment they so desperately need. This means that more hands are needed, and this need is great.

However, there is opposition in America that the United States shouldn't be aiding Africa because we have our own problems. The problems in the United States are miniscule in comparison to the problems of Africa. "Hard times" in the U.S. is that of someone who works three jobs and barely makes ends meet, or a homeless person who has to sleep on a bench with newspapers as sheets. In the Sub-Saharan region, nearly all would give up everything they had for a country where the poor live better than they currently do. They don't have a strong enough economy to provide jobs, while many don't even own a bed. The U.S. has a moral obligation as the richest, most powerful nation in the world to help those who are less fortunate. The United States of America must not only help aid Africa, but we must lead the fight against AIDS in Africa. For the eyes of the world fall upon the United States for leadership in times of crisis, and this is the largest humanitarian crisis since the bubonic plague of the 14th century.

The world is currently fearful that a terrorist group might secure a weapon of mass destruction and use it on the innocent. Well, there is a terrorist out there, who doesn't need a WMD because that terrorist is a WMD. This WMD is HIV and AIDS, and they have been terrorizing the world for the past quarter of a century. The world needs to start viewing AIDS as a weapon of mass destruction, or as a terrorist group that has and still to this day continues to kill millions of innocent people each year. That is why it is of paramount importance that the international community reaches out and helps Africa in their struggle against AIDS. If the international community could have the same resolve it had in the 1970s to rid the world of smallpox, then through the donation of drugs, money, and a few helping hands can we break this endless cycle of destruction.

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