AIDS in Africa: an indictment of an outmoded social order

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The 13th International Conference on AIDS, held in Durban, South Africa last month, highlighted the social catastrophe unfolding on the African continent. The meeting took place in the country with the largest number of people infected by HIV, the virus that causes AIDS, on the continent that is home to 70 percent of the world's HIV-infected population.

Of the estimated 35 million around the world who are living with HIV/AIDS, 25 million come from the sub-Saharan region. While this area contains about 10 percent of the world's population, 80 percent of the 2.8 million who died of AIDS last year come from the sub-Saharan countries.

Seven countries in the region have HIV infection rates of greater than 20 percent. In most of these areas, according to the United Nations agency Unaids, one-third of today's 15-year-olds will die of the disease. At the present rate, 10 years from now life expectancy is predicted to be between 30 and 35 years of age in Botswana, Namibia, South Africa and Zimbabwe, roughly half what it would be without AIDS.

Many other countries in the region will also be devastated. An entire generation will be decimated by the epidemic.

In terms of the deadliness and persistence of this disease, the only comparison is the Black Plague, which killed 100 million or more in the fourteenth and seventeenth centuries. Twenty-five million died in little more than a year in the 1918 influenza pandemic, but, unlike HIV, that killer virus vanished within 18 months.

Medicine has made enormous strides in the past century, especially in dealing with infectious disease. Despite the progress made in understanding as well as in treatment of AIDS in the 20 years since it first emerged, however, it killed nearly 3 million last year, and the vast majority of the world's people remain at its mercy.

This trajectory of the AIDS epidemic has been visible for some time. At the 1998 meeting the scale of the human tragedy was very clear. The epidemic has been worsening in Africa and elsewhere, even as new treatments have drastically reduced the death rates in Europe and North America.

The response from the world's major economic powers and the giant pharmaceutical companies has been either silence or platitudes. Last year the imperialist creditors of the Third World promised to forgive $100 billion in debt. Even this gesture, amounting to a tiny fraction of the trillions owed to international institutions and banks, has come with conditions attached and has barely begun to be implemented.

In the context of the latest international conference, more attention has been focused on the crisis in Africa than ever before. The connection between AIDS and the growing social inequality of the past two decades is also being grasped by greater numbers of people, and it has become increasingly difficult for the ruling elites in Washington, New York, London and other major capitals to ignore.

The major powers might wish to quarantine Africa, to let it succumb to its fate, but the spread of HIV has made this impossible. AIDS is spreading even more rapidly in Eastern Europe and the former Soviet Union than in Africa. In China the number of HIV-infected grew by an estimated 60 percent last year, and there are now 600,000 mainland Chinese who carry the virus. India, the world's second most populous nation, is also on the brink of mass infection. If these countries were to face a rate of infection such as that existing in South Africa, it could lead to hundreds of millions of people condemned to an early death.

Furthermore, with the growth of economic globalization, travel, migration and tourism, the spread of HIV threatens to spill over, or more precisely to attack again, in the wealthier countries, including those which have made strides in reducing both deaths and infection over the past decade. Even more important, as far as Western capitalist interests are concerned, is the threat of social and political explosions in huge areas of the world. These would have, in legal language, a “material adverse effect” on capitalist investment and trade.

The imperialist policymakers are motivated above all by questions of their own security. The US Central Intelligence Agency summed up its concerns in a special report issued last January, “These (infectious) diseases will endanger US citizens at home and abroad, threaten US armed forces deployed overseas, and exacerbate social and political instability in key countries and regions in which the United States has significant interests.”

These considerations are behind a flurry of new initiatives over the past few months. Last May five giant pharmaceutical firms from the US, Britain and Germany offered to discuss voluntary cuts of as much as 80 percent in the prices of anti-retroviral drugs used in the treatment of AIDS. One company, Glaxo Wellcome, proposed to cut the cost of one of its drugs from $16 a pill to $2. And right after the conclusion of the AIDS conference in July, the US Export-Import Bank, a government agency financed by Congress, announced that it was prepared to offer sub-Saharan nations $1 billion in annual loans to finance the purchase of AIDS drugs and medical services.

The public relations objective behind the US announcement was bluntly revealed by James Harmon, the president of the Export-Import Bank, who piously declared that “this is at least a first step in showing the world that Africa is important to the United States and that we can make a dent in this terrible problem.”

The US proposal is a fraud. First of all, the millions of afflicted cannot afford even a $2 pill daily, under conditions in many of them exist on less than the equivalent of $2 a day.

Nor is it simply a matter of the distribution of drugs, although that is certainly needed. These countries require means of providing modern medical care to the tens of millions who need it. The HIV-infected would need to be tested to determine the efficacy of their treatment. Side effects would have to be monitored and treated as well. A whole medical and social infrastructure would have to be built up where it barely existed even before being overwhelmed by the AIDS epidemic.

The loan proposal is cynically aimed, not so much at meeting the needs of those facing death from AIDS, but at protecting the profits of the US

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drug companies. A condition for receiving the $1 billion in loans being offered by Washington would be that the money be spent on drugs and services from US firms. So huge are the profit margins on the anti-retroviral drugs that even at the lower prices these pharmaceutical giants will still make a profit. The US proposal will also protect the patents of these huge corporations, preventing the African nations from purchasing generic versions elsewhere.

Moreover, under conditions in which the interest on external debt paid annually by these countries is already about four times what they spend on health or education, the proposal that they take on billions more in debt, at interest rates of about 7 percent, is a cruel mockery of the needs of the hundreds of millions of desperately impoverished people in sub-Saharan Africa.

If none of the proposals from Washington, the United Nations or other capitals even begin to address themselves to the enormity of the AIDS challenge, it is not simply because of the intentions of individuals or the greed of individual corporations and their CEOs. The pharmaceutical firms are part of a system of production for profit in which they either deliver maximum return to their shareholders or they see their competitive position undermined and their stock prices collapse. There is a direct conflict between the profit system itself and the most basic human needs, in this case the need for medical treatment to save millions of lives.

Precisely because none of the governments, companies or international institutions can address this, their spokesmen are engaged in a jockeying for position. Some of the mutual finger-pointing that took place at the AIDS conference had the effect of diverting attention from the real issues.

There was understandable consternation and outrage at South African President Thabo Mbeki's refusal to acknowledge HIV as the cause of AIDS. Mbeki's purpose, in falsely counterposing the importance of poverty as a factor in the spread of illness to the role of HIV itself, was to deflect attention from the bankruptcy of his own government, and that of Nelson Mandela preceding him, in dealing with the crisis.

The end of apartheid less than 10 years ago, followed by the election of Mandela to the presidency, was used to create the myth of a peaceful solution to the struggle of black South Africans. In fact nothing was changed fundamentally as far as the poverty and social misery facing the great majority of the South African people is concerned. Political power was transferred, not to the masses, but to a black elite sharing power with and being incorporated into the South African ruling capitalist class.

Mbeki, along with every other national bourgeois leader in sub-Saharan Africa, is incapable of mounting any challenge to the domination of the giant multinationals around the globe. He is desperate to cover up his own bankruptcy and complicity in the disaster now befalling the country. Hence his use of nationalist demagogy, calling for “an African solution to an African problem.”

Scientists and health workers were justifiably angered by Mbeki's speech in Durban. But the official of the World Bank, who accused the South African leadership of “irresponsibility that borders on criminality,” was guilty of monstrous hypocrisy as he sought to use Mbeki to divert attention from the role of the banks and multinationals.

The crisis in South Africa and throughout the region is the clearest expression of the reality of global capitalism as it enters the twenty-first century. It is no coincidence that the spread of AIDS has coincided with the “structural adjustment” programs through which the International Monetary Fund and the World Bank have saddled dozens of countries with trillions of dollars in debt. Poverty and malnutrition have skyrocketed. Reductions in spending for education and health care have left masses of people ignorant of basic health issues, unable to receive treatment for other diseases which have been shown to increase their susceptibility to HIV infection.

The growth of poverty has led to the internal migration of many millions of men seeking work. The breakdown in family structure has led to the spread of sexually-transmitted diseases, above all AIDS, among women forced into prostitution and men seeking sex far from home. Superstition and cultural backwardness, including the myth that a man can be cured of HIV infection through sex with a virgin, has been encouraged and has led to further spread of the disease.

What is needed to conduct the fight against AIDS is no great mystery. Tens of billions of dollars would be required to bring the latest medical treatment to the millions who need it, along with a massive health education program and the provision of decent medical care and preventive medicine. A coordinated international campaign could save millions of lives over the next decade, along with sharply reducing the rate of infection.

At the same time, a commitment is needed to provide all the resources necessary to secure a vaccine against HIV in the shortest possible time. The search for a vaccine has been hampered by scientific obstacles having to do with the complex ability of HIV to mutate, but also because profit-making medicine is oriented far more toward the lucrative drug medications.

It should be clear that there is no purely national solution to the AIDS crisis. The comments by such figures as Nelson Mandela and Peter Piot, the chief of the Unaids agency, calling for a “nationally driven” campaign against HIV/AIDS are a clear signal that they will do nothing to expose the responsibility of global capitalism and to demand a global struggle against the disease.

The magnitude of the challenge calls for the nationalization of the drug companies and the health care industry. The giant corporations, which have the power of life or death over billions of people, must be transformed into public institutions under the democratic control of the all working people. The supremacy of the capitalist market must be rejected in favor of a systematic plan, which harnesses all of humanity's resources in this campaign.

When the Black Plague struck, the world was not equipped to fight back. Today, when the weapons are at hand to fight the new plague, capitalism prevents their utilization.

There is only one force in the world which can lead this struggle on behalf of all humanity. The international working class has no stake in the profit system. It must fight for the reorganization of economic life to meet the needs of all. The struggle against AIDS has come to symbolize the struggle against the outmoded social relations of capitalism, which is leading to social devastation of literally genocidal proportions.

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