

Bush's AIDS appointee spells out corporate agenda

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Randall Tobias, ex-Ely Lilly CEO and a member of the Pharmaceutical Research and Manufacturers of America (PhRMA), was confirmed as head of the Bush administration's Emergency Plan for AIDS by the US Senate last week.

The programme, announced by Bush before his recent visit to Africa, was heralded as spending \$15 billion over the next five years to fight the AIDS pandemic. In fact, budget cuts mean that far less will be spent—the realisation of which has led rock star Bono, who originally praised the initiative, to row with Bush and announce that he is “depressed” at the lack of response.

How the Emergency Plan will function was revealed when Tobias appeared before the Senate Foreign Relations Committee. He defended his appointment and complete lack of experience of dealing with AIDS or public health matters in general by claiming he would “get a better deal” with the pharmaceutical corporations for antiretroviral AIDS drugs. In other words, Tobias will use the government funding to buy AIDS drugs from US corporations at their inflated prices—often up to 10 times more than the price of generic versions.

The appointment of Tobias is part of a concerted trade strategy on the part of the Bush administration. It is aiming to close down pharmaceutical production in a number of the more developed semi-colonial countries. In Brazil, Thailand and India there are companies that can produce generic versions of many drugs including antiretrovirals. The US government is concluding bilateral trade deals that will prevent the export of these drugs and force poor countries to buy from the US pharmaceutical giants.

According to a coalition of campaign groups, Tobias displayed his ignorance of public health by telling the Senate committee that money is “not the problem” in the fight against the pandemic—suggesting that because of the lack of infrastructure in poor countries there was little point in distributing drugs. Tobias was echoing the comment made by the Senate majority leader Bill Frist after an African tour in August. On his return Frist also made the claim that lack of health infrastructure in Africa meant funding by the US government should be scaled back.

It is true that developing countries are desperately short of health service provision, suffering huge levels of debt, declines

in income and cuts in state spending imposed by the west. But in spite of this aid experts have insisted that an urgent mobilisation of resources, particularly the availability of cheap antiretroviral drugs, could drastically reduce the growing AIDS catastrophe. This was the basis of the Global Fund to fight AIDS, put forward by the United Nations at its special session on HIV/AIDS in 2001 and supported by the US at the time, with a pledge to raise \$10 billion a year.

Commenting on Tobias's remarks, Asia Russell of the charity Health GAP said that it was patently untrue: “Annual spending on AIDS in poor countries needs to reach \$10.5 billion by 2005 just to utilise poor countries' existing infrastructure alone.”

The Bush administration has now virtually abandoned the UN-backed Global AIDS initiative, giving only \$200 million—6.6 percent of the total needed—in 2004. Other western governments have followed the lead of the US so that the UN report on HIV/AIDS last month announced that “many UN member states will not meet basic AIDS prevention and care goals established at the 2001 meeting unless efforts are dramatically scaled up.”

The report states that this year the total world spending on AIDS was only \$4.7 billion, a figure that includes nearly \$1 billion from the governments of developing countries themselves. AIDS campaigners have pointed out that in 2004 the Global Fund is likely to collapse as it will need \$3 billion to meet existing programs.

The UN report spells out the desperate situation. It states that “antiretroviral therapy coverage for people in low and middle income countries remains extremely low, with only 300,000 receiving medication in 2002, out of an estimated 5-6 million people who need therapy.”

In the Asia-Pacific region, where an estimated seven million have HIV/AIDS, no country reported treatment coverage above five percent.

In sub-Saharan Africa at the end of 2002, out of a total of 4.1 million people in need of treatment, only an estimated 50,000 have access to antiretrovirals, about one percent of the total. With the exception of Botswana less than one percent of pregnant women in sub-Saharan Africa receive information and treatment to enable them to prevent HIV infecting their

children.

During the Senate hearings Tobias also referred to another aspect of the Bush administration's AIDS program. He claimed that the relatively lower HIV rate in Uganda was due to campaigns focusing on abstinence. At the behest of the religious right the US is now insisting that AIDS campaigns must be based on promoting sexual abstinence and refusing to support any charities that distribute condoms or make abortion available.

At the end of August the US government announced it would cut funding to an AIDS programme working with refugees in Africa. The programme involves seven agencies, but the US government cut the funding on the basis that one of the seven is the Marie Stopes International organisation. This organisation is involved in family planning, including giving abortion advice and has earned the antipathy of the Christian fundamentalist right. The programme affected promotes HIV/AIDS awareness and prevention and works in Liberia, Sudan, Sierra Leone and Sri Lanka. Samantha Guy, a spokeswoman for Marie Stopes International, said the cut would force them to abandon plans for a new project in Angola. In July last year the White House overturned a Congress award of \$34 million to the United Nations Population Fund on the grounds that it does joint work with Marie Stopes International.

The effect of the US policy has meant that some communities have been left with no healthcare provision at all. A study by reproductive healthcare organisations highlighted the situation in Kenya where three clinics of the Family Planning Association of Kenya had been forced to close. The closure of the Mathare Valley clinic in a slum area of Nairobi has left 300,000 people without healthcare. In Ethiopia and Zambia, health services have had their supplies of USAID contraceptives stopped. There will undoubtedly be a rise in unsafe abortions as a result of the funding cuts—the level of unsafe abortions in Africa is already estimated at four million a year, with 40 percent of deaths due to unsafe abortions occurring on the continent.

In countries with a high level of HIV/AIDS the refusal of USAID to supply condoms or support NGOs that do will mean that AIDS spreads unchecked through the sexually active population. USAID donated 426,000 condoms to the Lesotho Planned Parenthood Association between 1998 and 2000. Since 25 percent of women are HIV positive in Lesotho the lack of condoms will lead to more deaths.

The decision of the Bush government to withdraw funding for organisations that provide condoms has signed a death warrant for millions of poor people. Faced with a global epidemic the self-serving clique around the White House can only think of the quickest way to make money by handing over public money to the big pharmaceutical companies.

There are close parallels between the Bush administration's behaviour over HIV/AIDS and its actions in Iraq. In both cases there is an overwhelming contempt for human life and well

being. In both cases Bush's primary concern is for the profits of the corporations that back him.

AIDS may have begun naturally but the continued spread of the disease is a man made disaster. In the richest countries antiretrovirals and condoms have held it in check. The decision to deny treatment and preventive measures to poor countries is as deliberate an act of genocide as bombing a civilian population.

The resulting economic dislocation claims even more deaths. In Africa, where the majority of the world's HIV positive and AIDS sufferers live, the economy and social infrastructure is being rapidly destroyed by the advance of the disease. More than 30,000 nursing posts are vacant in South Africa because of the death toll among medical professionals.

Bush has been followed by a succession of congressmen in posing for photographs alongside AIDS orphans. But the gap between the rhetoric and the reality is becoming too great to maintain. A growing sense of anger is evident among AIDS groups in Africa. The Pan-African AIDS Treatment Access Movement mounted noisy protests at the 13th International Conference on AIDS in Nairobi, Kenya.

Chanting "You talk, we die", they picketed the stands of Bristol Myers Squibb, Glaxo Smithkline, Merck Sharp Dome and other pharmaceutical companies. These companies sponsored the September conference but are not prepared to forgo their profits to help dying people.

The massive gap between what could be done and what is being done about HIV/AIDS is an indictment of the entire capitalist system. When a small group of wealthy people holds in their hands the means to prolong the lives of millions and refuse to give what is needed, the only answer is for the majority to take these selfishly hoarded resources and put them to use.

In the face of the disaster that is already engulfing the population of Africa and threatens to do the same elsewhere the only answer is to expropriate the big drug companies. Their facilities could be used to turn out massive quantities of antiretroviral drugs, as well as treatments for the other major killers such as malaria and tuberculosis.

The huge profits these companies have made over the years could fund health care and educational provision. Research efforts could be directed into the major killer diseases rather than the most profitable areas.



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