

AIDS, the Black Death, and Africa's Future

Final Paper

PUBP 710: Global Terrorism and Public Health (Fall 2003)

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And in many places...great pits were dug and piled deep with the multitude of dead. And they died by the hundreds, both day and night, and all were thrown in those ditches and covered with earth. And as soon as those ditches were filled, more were dug. And I...buried my five children with my own hands. And there were also those who were so sparsely covered with earth that the dogs dragged them forth and devoured many bodies throughout the city. There was no one who wept for any death, for all awaited death. And so many died that all believed it was the end of the world.

—Agnolo di Tura, 1348

The way we deal with AIDS in Africa will determine Africa's future. The devastation wrought by HIV/AIDS on the continent is so acute that it has become one of the main obstacles to development itself. AIDS threatens to unravel whole societies, communities, and economies. In this way, AIDS is not only taking away Africa's present—it is taking away Africa's future.

—Kofi Annan, 2002

Abstract and Purpose

In the mid-1300s a Black Death swept across Europe that left millions dead—perhaps half the population—communities decimated, and kingdoms in turmoil. Society would forever be changed, both socially and politically, by the effects of the plague epidemic. The feudal system would eventually collapse under those changes, ushering in modern civilization with the Renaissance, the Great Exploration, the Reformation, and a new economic system. While few at the time would have thought that the Black Death was a “good” event, the ensuing changes altered Europe, ultimately for the better. Western hallmarks—modern medicine, modern democracy, modern religion, modern philosophy—all have their roots in the death and destruction of the 14TH Century.

As we note World AIDS Day on December 1ST, Africa is in the middle of its own Black Death (in both senses of the term) with the crisis of HIV/AIDS. Once again, few in Africa believe HIV/AIDS to be a “good” thing, but could Africa emerge from this crisis a stronger continent? Would Africa finally have the conditions it needs to join the 21ST Century with economic growth, stable political systems, peace, and health? While the hope, for the sake of modern civilization, is “yes,” Africa has terrible odds stacked against it. Famine, war, disease, dependency, and apathy from the developed world have led Africa to the brink of the apocalypse, and the world at large seems ready to let it fall. Despite the poor odds stacked against Africa, there are several measures that the developed world could take immediately that could shape Africa's fate.

Purpose

This paper will argue that Africans are not positioned to “flourish” following their plague, as Europeans were following theirs, for three primary reasons:

- 1) The nature of the disease itself—HIV/AIDS in Africa strikes down adults in their prime, when they provide the most to the workforce and are raising their families. HIV/AIDS kills slowly over a period of 7 to 10 years, where the effects of death and dying are strung over long periods of time. Plague struck less discriminately, affecting societal groups roughly equally. Plague killed quickly, and epidemics lasted only a few years.
- 2) The “world posture” of Africa during the 21ST Century is much different than Europe’s during the 14TH—African nations are highly dependent on the developed world for aid, imports, and education opportunities. Europe, conversely, was not dependent on the “developed world” at the time (Middle East, Africa, China).
- 3) The status of women—HIV/AIDS, predominantly a sexually transmitted disease in Africa, “exploits” unequal sexual status in Africa, where women have very little control over their lives or the lives of their children. Since plague was spread through fleas, not sex, it did not exploit the medieval practice of subjugation of women.

This paper is predominantly about HIV/AIDS and the situation in Africa, with reference to Europe, the Black Death, and the similarities and differences between AIDS and the plague. In addition to describing how HIV/AIDS in Africa will have different social, political, and economic outcomes than plague in Europe, this paper will offer four ways that the world’s powers can immediately address the crisis in Africa, if the will to change Africa’s fate is there.

Background and Methodology

HIV/AIDS has often been compared to the plague that killed millions in the 14TH Century. In a speech in December 2001, former President Bill Clinton stated that the AIDS epidemic posed the biggest threat to world health since the Black Death [13]. Traditional estimates of the death toll in Europe during the 1348–1350 epidemic are 25 million, roughly one third of the population. Some authors have posited that the death rate may have been much higher, perhaps 50 percent of Europe’s population [1, 10]. Regardless of which figures are more accurate, there is no doubt that the plague took an enormous toll on Europe’s population. In fact, the population would not reach its pre-plague levels until well into the 18TH Century. Until the AIDS epidemic, the world had not seen such jarring devastation from disease, though smallpox, typhoid, cholera, influenza, and tuberculosis also claimed millions over time as humankind sought a cure.

Currently, 42 million people have HIV/AIDS, 29 million (70 percent) of them in sub-Saharan Africa [14]. As there is no cure for HIV/AIDS and treatment is currently out of economic reach for most Africans, these people will die of the disease. Annually, approximately 3.5 million contract the disease in Africa [14]. By 2010, the AIDS death toll around the world will have surpassed all other disease catastrophes [12]. In recognition of World AIDS Day, UNAIDS, the United Nations body that monitors the pandemic, reports that 2003 brought in a record

number of new infections [4]. The World Health Organization (WHO) estimates that 74 million life-years are lost annually in Africa due to sickness and death, 19 percent of sub-Saharan Africa's Gross National Product (GNP) [11]. If economic growth stagnates over the next decade as a result of lost human capital (and it is hard to imagine that it will not), the effects on GNP will multiply.

Why the world should care is threefold: these are fellow human beings, and future generations will judge our actions—or inactions—accordingly (as generations have judged the atrocities of Stalin, Hitler, Pol Pot); social unrest, economic instability, and state collapse as a result of the AIDS epidemic will create a more dangerous world that is further prone to disease and fanatic mysticism (though not due to disease, witness the collapse of Afghanistan and Osama bin Laden's subsequent co-op of the failed state); and, Africa will be merely the first domino to fall (North Africa, Asia, and Russia are poised to follow Africa over the cliff if current trends continue).

The West, and America in particular, are currently engaged in a War on Terrorism that began with the events of September 11, 2001. Billions of dollars have been poured into airline security, border security, and military operations in Afghanistan and Iraq. Substantial resources have also been expended to improve the public health system that simultaneously appears to be the most advanced in the world and on the brink of collapse under the weight of skyrocketing health care and an aging, unhealthy population. There is no doubt that the American public health system needs to address resource gaps, better information transfer, and the risks from terrorism—it is, certainly, only a matter of time before terror strikes again, and the public health system will be expected to respond. Consider, however, that AIDS has killed 28 million in 20 years. Consider, too, that AIDS is not a future threat; “it is destabilizing our entire planet right now and will have far worse consequences than any event a terrorist could ever invent [12].” The American public health system is likely to successfully cope with the next terrorist attack. We are less likely to successfully cope with the collapse of nations in the underdeveloped world—all the more dire if those collapsed states leave behind weapons of mass destruction.

For much of Africa's modern history, it has been war-torn, unproductive, and marginalized. Indigenous populations were oppressed during the period of European colonialism, then abandoned following their independence in the 1960s. African nations became highly dependent on foreign loans, debts that still strangle their growth. Africa became a nexus for disease, as the tropical climate, corrupt governments, extreme poverty, drought, famine, war, mass migration, overpopulation, and lack of a public health system all converged on the vulnerable population. As the prevalence of HIV/AIDS reaches almost 30 percent in some countries [15], productivity has plummeted, foreign investment has stagnated, and governments are destabilizing. Africa is also home to 14 million orphans, who are vulnerable to not only to further trauma and risky behavior but also to violent groups vying for power in their world turned upside down [8].

Africa is not the only region at risk for total collapse; it is merely the first. The former Soviet states, India, China, and the Pacific Islands will soon have cases of HIV/AIDS that will rival the numbers in Africa [4, 7, 14]. In many of these nations, prevention programs and support are far behind Africa's, as they have been slow to respond to the crisis or have refused to believe that the problem exists. If the current rates of infection continue, there will be an

estimated 130 million people living with HIV/AIDS worldwide by 2010, nearly 60 percent of them from Nigeria, Russia, India, and China [12]. One source predicts that “once HIV is set loose in Asia, home to the majority of the world’s population, it may not peak for 40 years, killing hundreds of millions [7].”

The remainder of this paper will explore Africa’s HIV/AIDS crisis in contrast to the Black Death that occurred in Europe in the 14TH Century. It will explore reasons for why Africa is at an advantage to conquer HIV/AIDS in ways that people living in the Middle Ages could never fathom. It will also explore the three reasons that HIV/AIDS is not likely to result in the same kinds of “benefits” experienced in Europe following the plague. Finally, the paper will explore four measures that the world can take to mitigate the HIV/AIDS crisis in Africa before it is too late.

Results

Africa’s advantages

Modern Africa and Medieval Europe bear striking resemblances, no doubt the reason we often compare the AIDS crisis with the Black Death. Europe was a scene of “unparalleled chaos” during the late Middle Ages, and at times it must have seemed as if the “end of the world was truly at hand [1].” Europe, facing a population boom that could not be sustained by exhausted land and low agricultural yields, descended into an abyss of “famine, war, plague, and death [1].” The Great Famine lasted from 1315 until 1322. The Hundred Years War between Britain and France flared intermittently from 1337 until 1453. An apocalyptic obsession dominated the literature, art, and music of the Late Middle Ages. Corrupt monarchs and an even more nefarious Church conquered the political landscape and the primitive economic system. The feudal system tied impoverished peasants to unfertile land with essentially no control over their personal freedoms or economic status. The devotion to God was almost absolute. The plague occurred in the convergence of all these unfavorable conditions. “In the face of this avalanche of arbitrary death, the best one could do was stand back in awe, and bear witness [1].”

While it took decades to ultimately transpire, the Black Death changed much of this. As both landlords and serfs died in droves, the land went fallow and livestock roamed the countryside. Lords, desperate to keep their landholdings, improved their serfs’ lots by providing more and better food and decreasing work hours [10]. Landlords who did not make concessions for their charges were likely to lose their workers to better circumstances in the next county. The Peasants’ Revolt in 1381 is almost certainly directly tied to the conditions following the Black Death, as stirrings of independence and valuations of fairness began to enter the peasants’ psyche. The feudal system was slowly replaced by a rent and tenure system, which afforded lessees greater agency in their lives. While the Church remained the most powerful institution in Europe, change flickered on the horizon: “[The Church] never regained the complete authority it had enjoyed before the plague. Once people began to question the Church’s actions, they kept on questioning them. This eventually led to attempts to reform the Roman Catholic Church and then, in the sixteenth century, to the establishment of the first Protestant churches [10].” It is virtually impossible to precisely analyze the effects of the plague

on medieval Europe, “but it can’t be disputed that, by turning the old world upside down, the Black Death helped pave the way for the new [10].”

On its face, AIDS in Africa would appear a much easier problem to address than plague in Europe during the 14th Century. The primary reasons are our vastly advanced technology, medical knowledge, communications infrastructure, and modern political and economic systems. Plague killed so many millions largely because a microscopic bacterium was wholly misunderstood. Medieval physicians partially recognized its contagion, but not realizing the role that fleas played, thought it was transmitted through the evil eye, witchcraft, bad thoughts, or God’s hand. Jews in Germany were systematically persecuted as the perpetrators of the disease. Some scholars thought recent earthquakes had triggered the plague. Proximity to infested animals, appalling hygiene, and the overall favorable conditions for fleas to thrive did not enter physicians’ understanding of the plague. Many physicians were scholar-priests, studying ancient Greek writings and leaving treatment to barber-surgeons. Harsh treatments, such as bloodletting, and ineffective preventive measures, such as flagellantism, proved as deadly as the disease. “The terrorized European population did everything save what might have spared them: ridding their cities of rodents and fleas [9].”

HIV/AIDS, conversely, is largely understood—at a minimum scientists are aware of the virus’s complexity—including how it is transmitted, who is at high risk, and effective treatment regimes. Scientists are pursuing a vaccination, unfathomable in the Middle Ages, to eradicate, or at least slow, the virus. Statistical models predict the spread of the disease and estimate potential infections over time. Our knowledge of the disease can be transmitted to nearly every corner of the globe, even the underdeveloped corners, with massive outreach and education programs, internet access, and advocacy groups. We understand that failing, corrupt states that do not address the disease become hotbeds for violence, subjugation of women, and risky behaviors that foster the epidemic. We can lobby governments in the developed world to donate resources to the cause. Overall, the world is in an unprecedented position to combat disease, quell internal conflict, and improve overall public health. While data gaps exist, the lack of information about disease and transmission vectors is not killing us; rather, it is inaction, complacency, and a sense of being too overwhelmed to effect change.

Science wants to win this war and, eventually, it will find a successful vaccine, or more likely an array of vaccines, that could slow the AIDS epidemic [14]. With the exception of smallpox, however, humankind has been unable to eradicate diseases. Meanwhile, a whole generation of Africans is crumbling. While developing a vaccine is imperative, we should not write off so many suffering people in the interim.

Africa’s disadvantages

Is Africa going to experience its own renaissance following the scourge of HIV/AIDS? That is difficult to determine, though Africa’s prospects look bleak. Massive depopulation as a result of disease changed Europe, eventually in a positive way. But it probably did not look so hopeful in 1348 (or in any of the hundred years following the Black Death). It is difficult to imagine Africa rising from the ashes when all we see now is the firestorm. Given the experience in Europe, however, and continuing our comparison of the plague and AIDS, we can make an initial assessment about what Africa might look like given its depopulation, failing states, and

the world's response. There is nothing to say that Africa will not beat its terrible odds and rejoin the world as a vibrant and respected continent. From our incomplete vantage point at the beginning of the 21ST Century, however, we can point to three "disadvantages" Africa has that Europe did not have in 1347.

The first is the nature of the disease itself. Plague tended to strike all demographic groups equally over its course [1]. The fleas carrying the disease did not much discriminate among their victims, and because hygiene was essentially nonexistent regardless of social status, the population was affected somewhat equally. The most vulnerable sub-populations were children and the elderly—those with underdeveloped or compromised immune systems. HIV/AIDS, in the developing world, is transmitted overwhelmingly by sexual activity, though intravenous drug use is an important vector of transmission in many parts of the developing world [12]. Unlike the plague, HIV/AIDS strikes young adults in their prime, as this population is the most likely to be sexually active and the least likely to be educated on how the disease is transmitted. In Africa, the death of one or both parents has created an unprecedented number of orphans. Many of these orphans enter the sex trade as the only way to sustain themselves and the remainder of their families. Grandparents play a significant role in raising the orphans their children leave behind, though future generations will not have this luxury as tomorrow's grandparents are dying today from AIDS.

Outbreaks of plague followed seasonal fluctuations in temperature, with bubonic plague often tapering during the winter months [1]. Africa enjoys no such respite from HIV/AIDS. Sub-Saharan Africa, in fact, shoulders a high tropical disease burden that has been made all the worse by HIV/AIDS [12]. Finally, plague struck and killed quickly, usually taking its victims in the first week of infection, with outbreaks taking several months to run their course in the population at large. HIV, conversely, lurks in its hosts for years without showing symptoms; HIV is thus spread widely, without victims knowing when they have become infected nor to whom they have spread the virus. Since few people are tested in Africa—and there are many disincentives to getting tested—the virus rages on.

Africa's second disadvantage is its world posture. At the time of the Black Death, Europe was nearing the end of its Dark Ages. While the center of the pre-modern world had shifted toward the Eastern Mediterranean and the Ottoman Empire, Europe was by no means hopelessly backwards [1]. Most importantly, Europe did not depend on the East for survival, in terms of trade, monetary aid, or knowledge. There is no doubt that trade greatly enhanced the living standards of those in Europe, and Europe could not have attained its status without trade with the East, but it was not dependent on imports from the East for survival. Europe's agrarian society provided some internal stability, as most food production took place within Europe. Europe's relationship with the rest of the world in the 14TH Century was not defined by economic dependence on the East. Europe was by no means invulnerable either from internal catastrophes (famine) or external strife (the plague, the Crusades); however, Europe was not reliant on the East. The "Dark Ages" are, in fact, marked by numerous discoveries and achievements, such as advances in metallurgy, navigation, art, and literature [1].

Africa enjoys no such economic independence. The developed world has largely pushed Africa into a position of economic depravity. Following the end of colonialism in the 1960s, the West, through the International Monetary Fund (IMF) and the World Bank, floated loans to

African nations that these countries will never be able to repay. In some countries, over 90 percent of Gross Domestic Product (GDP) is spent on servicing their debt [12]. Trade policies strongly favor Western economies, not Africa, further exacerbating the situation. Africa is not currently in any position to serve as a world manufacturing center. It is, however, able to produce food for the world cheaply, especially with new fertilizers, pesticides, and genetically modified crops. The developed world, however, has imposed tariffs on African agricultural products to the point that Africa cannot compete with Americans or Europeans [5, 17]. The EU has taken the additional step of banning the importation of all genetically modified crops. These trade barriers have greatly damaged any hopes of Africa joining the world economy. Most African nations are dependent on a single export for the bulk of their GDP. Their economies are thus highly vulnerable to price fluctuations on the world market. Finally, Africa's own internal strife has done nothing to elevate its position on the world stage. Corrupt governments, brutal dictators, tribal warfare, and monopolistic control of assets have all contributed to Africa's demise. Foreign investment is unlikely under such high-risk conditions. If Africa is to grow and flourish—with or without AIDS—foreign investment and the development of internal human capital are imperative.

Africa's third disadvantage stems from the overall status of women on the continent. Arguably, the status of European women during the 14TH Century is comparable to African women of the 21ST. It appears that only once the population was devastated and vastly reduced, the status of women was elevated, as society realized women's great value in procreation. Even so, following the Black Death, families did not grow to their pre-plague size, presumably because families were hedging their bets against another great wave of disease. Whatever the reason, both delayed marriage and smaller families demonstrate that women had become agents in their own lives and had some say over sexual choices and their outcomes. Prior to the plague, anecdotal evidence shows that infanticide of females was a common practice [12]. "Femaleness was defined by the submissiveness of wives who were expected to defer to their husbands in both private and public...Public reticence on the part of women was explicitly encouraged in the prescriptive admonitions of popular literature, religious sermons, and local ordinances [3]." The Church was obsessed with original sin and the seductive wiles and public vanity of females. Women enjoyed few of the rights of men.

African women are similarly regarded today. Their irresistible powers of seduction and undisputed role in "spreading" AIDS rings eerily with the attitudes of the 14TH Century [2]. Women are primarily responsible for the welfare of their households, especially the health of their children, do virtually all household chores, gardening, and carrying water, often miles from their homes. Boys are given preferential treatment in terms of nutrition, education, and household chores [2]. Education for girls is not a priority in most African households, often because school fees exceed what families can pay. Many girls and young women are forced into the sex trade, as it is the only alternative to starvation and abject poverty [12, 14]. This is of such importance in the HIV/AIDS epidemic, as it was not during the Black Death, because of the way the disease is transmitted. Since HIV in Africa is predominantly transmitted sexually, prevention of the disease lays primarily in abstinence or condom use. The success of both of these relies on the ability of women to act on their own behalf to protect their health. Because of the persecutory attitude towards women that is prevalent throughout Africa—in fact,

throughout most of the underdeveloped world—women are not agents in their own lives. They are, therefore, unable to make critical decisions regarding their personal health or sexual practices [12, 14].

For example, many men in rural Africa migrate to cities in search of work and money to support their families. These men leave behind wives but partake liberally of the sexual services available in the cities. These men return home and demand sex from their wives, a protected right of marriage. If wives refuse sex or cannot persuade their husbands to use condoms, they can be beaten or raped. These women thus engage in “risky” behavior, but have no choice in that engagement. This realization is critical to understanding why AIDS has spread so rapidly in Africa and why it is likely to spread so quickly in Asia. Populations in poverty that consistently hold women in poor esteem are highly vulnerable to sexually transmitted disease. Women in poverty may have no choice but to become prostitutes, arguably the subpopulation at most risk for sexually transmitted diseases. Migrant men, also attempting to escape poverty, engage in the sex trade and take diseases home to women who cannot say “no.” “Women are often prevented from effectively controlling important dimensions of their own lives, including choices about when, with whom, and under what conditions to have sex. In fueling the spread of HIV and other sexually transmitted infections, systemic discrimination against women is among the deadliest forms of inequality [14].”

The pattern is seen not only in the Third World; inner cities in America and Europe see HIV prevalence rates that rival Africa’s. Poverty, labor migration, and overall fatalism create a climate where risk is improperly assessed and individual choices are not rationally based. While prevention is an essential component of any program to tackle HIV/AIDS, it is not difficult to see why prevention and education are not enough to stop the disease. A regime that focuses exclusively on prevention ignores the fact that people living in poverty—and especially women—by and large are unable to make choices regarding their sexual practices. “We must grasp how vastly unequal distribution of global wealth produces wide differentials in human freedom and capacity for informed, reasoned choice [14].”

Discussion

While the situation in Africa appears intractable and dire, there is much that could be done immediately to mitigate the situation. Change must come from two sources: from the developed world and from within Africa itself. Wholesale reformation of societal attitudes must take place in Africa, especially regarding the overall treatment of women. As with any society, these changes will be very, very slow in coming and will be countered with continuing poverty, growing disease prevalence, and general ambivalence. Nevertheless, change must take place. The developed world will not be able to save Africa, but it can do much to improve the situation there, changing the lives of generations of Africans. While there are no solutions, there are beginnings. What we must realize, as potential agents of change, is that the developed world cannot wait for social change in Africa before acting. Similarly, Africa must change without reliance on the developed world. There will be obvious overlaps—and these can be exploited to maximize the return of both our efforts.

First, both those helping Africa and those within Africa must move from a regime that emphasizes prevention solely to one that incorporates both prevention and treatment.

Abstinence, while clearly desirable, is simply not realistic. Sex is a biologically programmed function that cannot be “turned off,” even in the face of a devastating disease. Developed societies that are bombarded with sexual media and have pornography available at any internet connection—regardless of whether we wish to view those images or not—should quickly realize that abstinence and strict monogamy are no more likely in African societies as they are in ours. Prevention relies on the transmission of information from those who know how to prevent the disease to those who do not. At the beginning of Africa’s plague, education certainly made sense. Today, however, reliance on knowledge to prevent the spread of HIV makes less sense. “[C]urrent studies indicate that people in many high prevalence settings have accurate knowledge of transmission of HIV. Therefore, information alone is not likely to be sufficient to cause a change in behavior [11].” Besides, even if Africans donned condoms religiously or became celibate tomorrow, the continent still holds tens of millions with HIV/AIDS that are receiving no help at all. Furthermore, a regime that supports prevention over treatment provides a disincentive to getting tested for disease, as those tested who are then found positive are stigmatized but cannot receive treatment to extend their lives. If testing for HIV/AIDS leads only to persecution, not hope, there is little point to getting tested. “One’s decision to remain ignorant about his or her serostatus generates powerful costs to others [11].”

Treatment is out of the hands of most Africans due to the expense of highly active anti-retroviral treatment (HAART) that has extended the lives of so many in the developed world. Some of this is due to the fact that global pharmaceutical companies are unwilling to offer generic forms of HAART or to allow offshore drug producers to manufacture cheap alternatives. Some believe that it is not “cost effective” to provide HAART to HIV/AIDS victims in Africa for a variety of reasons. Perhaps. Consider, however, how often doctors in the developed world choose to extend life or provide hope for patients with little chance for survival—lifetime smokers succumbing to cancer, the very elderly, organ transplant recipients, conjoined twins, just to name a few. Even if the chances for survival are so poor that treatment is moot, patients in the developed world receive care and medicine to make their last days and months more comfortable. The argument that Africans dying by the thousands each day do not deserve the same comforts and dignities because it is not cost effective is simply not compelling.

The proof that the argument is not compelling is that the world is changing—slowly. Brazil, a developing country, but by no means as poor as Africa, has a national program that provides free HAART to any individuals with HIV/AIDS, regardless of their economic status [12]. India has joined Brazil in producing cheap alternatives to patented Western drugs despite considerable pressure from the Western countries and the drug companies [5, 14]. In November 2003, South Africa, long criticized for not even acknowledging that AIDS existed, promised to provide HAART to its people, a population with one of the highest prevalence rates in the world [16]. China has begun a national treatment program as well. Botswana has had a government-sponsored program for HAART for over a year. Kenya has begun a HAART program in Nairobi. Africa’s single bright spot, Uganda, continues to successfully battle the disease and should experience a decline in new infections by the end of the decade, as education, destigmatization of the disease, and fledgling treatment programs have had measurable positive effects [5]. Finally, on World AIDS Day 2003, WHO revealed a plan to put 3 million people on retrovirals by the end of 2005 [18]. While WHO will not provide the drugs, it

will provide the expertise required to start programs in suffering countries. The plan faces plenty of obstacles—but at least the process has started.

Many of these programs co-exist with extreme poverty, armed conflict, and corrupt government, largely because a successful program is not dependent on the absence of these conditions for its success. Is an African “worth” a person in the developed world? The issue is debatable. What is clear, however, is that for the millions of Africa’s orphans who could potentially be cared for by at least one healthy parent, relative, stepparent, or generous neighbor, the value of a life extended is *genuine*.

Globalization is a reality. Countries that have failed to join the world economy have suffered greatly (witness North Korea). Previously closed economies have opened and are finally experiencing growth and development (China, Vietnam). Trade allows countries to barter on the basis of their “competitive advantages.” The country that can most efficiently produce a good will produce, forgoing the production of another good. This country will trade the good that it produces efficiently for those goods that it cannot produce efficiently. All countries involved benefit and “live beyond their means.” Trade is, in fact, the way that the underdeveloped world will join the large economies.

Trade is stymied, however, by barriers erected by the developed world. As argued previously in this paper, these barriers, along with other detrimental economic policies, keep the underdeveloped world in relationships of dependency. The latest trade talks within the World Trade Organization (the Doha round) collapsed in autumn of 2003 because the underdeveloped countries were disgusted with the American and European positions on agricultural goods, namely continuing policies of protectionism. Tariffs on agricultural goods shut the Third World, and especially Africa, out of the world economy. The US and EU are unlikely to reform their trade policies any time soon, but if they did—a third measure that could help Africa—the effects could be immediate and perhaps more beneficial than any aid package. Sectors of both will suffer in the short term, but both the US and EU economies have proven resilient to fundamental shifts over time, and the populations of both will benefit as new and cheaper products enter the American and European markets [6]. Trade is not the evil holding Africa back; rather, it will be Africa’s savior, as long as the world’s large economies learn to benefit from the goods exchange without holding the underdeveloped world under their thumbs.

Finally, a fourth measure that could be taken immediately that would help Africa would be for donor nations to honor their commitments. There is no “magic percentage” of GDP that should be contributed to assist other nations, either with military or humanitarian aid. The US has historically contributed the lowest percentage of its GDP for AIDS support when compared to European nations, though the absolute sums have been quite large. Most aid groups and UNAIDS believe that it will cost \$10 billion annually to combat the disease worldwide, and donations always fall short of this figure [5, 12]. The Global Fund to Fight AIDS, Tuberculosis, and Malaria, a public-private partnership on the front lines of combating HIV/AIDS, has received generous private contributions from a handful of wealthy individuals, but paltry public support. Nations participating in the Global Fund are asked to contribute 0.035 percent of their GDP, which means that the US and Japan, the world’s two largest economies, should be the largest donors. Both countries have failed to fulfill their commitments.

Countries that participate in the Global Fund and other important world organizations need to fulfill their donation commitments. The US has hesitated to support these groups because it is less able to politically leverage its monetary contribution through organizations than through direct aid. President Bush has refused to support any program that teaches safe sex or provides free abortions. This means that only programs preaching abstinence will receive funding from US sources, a policy that has already been tried and failed time and again in Africa (the policy, in fact, fails in Mr Bush's own country). Both of these positions need to change immediately. If we fail to donate what we promise, our commitment to stopping the AIDS crisis is annulled, and other donor countries may feel compelled to withhold their contributions. Comprehensive programs need to be instituted that educate young Africans about risky sexual practices in coordination with effective treatment regimes.

A fifth potential measure that could affect the crisis in Africa is debt forgiveness. This option has become the most high-profile solution, in large part because several notable world celebrities have championed debt forgiveness. In many African countries, there is no such thing as "public health" or public services of any kind, primarily because so much public funding must be applied to servicing decades of loans from the IMF and the World Bank. Forgiving billions in Third World debts would certainly keep more money in country, but it is unclear that it is the solution to the public health crisis in Africa. Giving more money to corrupt governments or countries embroiled in civil war may do nothing to enhance public health; it may merely line the coffers of dictators and special interest groups in the pockets of corrupt leaders. Debt forgiveness may also demonstrate that any ne'er-do-well nation can receive free aid without any expectation of reform or repayment. This last argument is the one held by IMF and the World Bank, though their stringent rules for aid that emphasize reform and good behavior have not, in fact, triggered much change in any of the nations receiving aid. Debt forgiveness, on the whole, appears to be a good idea, especially for good actors with a legitimate government and a clear intent to reform (such as Botswana). It is probably only a small part of the overall solution to the HIV/AIDS crisis in Africa.

Conclusions

This paper has argued that while there are many similarities between the Black Death in Europe during the 14th Century and the HIV/AIDS crises plaguing Africa today, Africa is not likely to emerge from the crisis as well as Europe did. This is due to three primary factors: the nature of the HIV and its spread (sexually transmitted, prolonged incubation period when no symptoms are apparent); the world posture of Africa in relation to the rest of the world (one of dependency); and, the social status of women (systemic subjugation and lack of agency in their own lives). In many ways Africa is better positioned to conquer AIDS than Europe was to conquer the plague. Advances in health and technology provide modern observers with a wealth of information and potential solutions to crises. A vaccine will surely become available in the future, though its effectiveness is unlikely to be universal, and it will come too late for most of the people infected with HIV today. Support systems within Africa, from familial bonds to community organizations to international aid groups, are finally, after almost 2 decades of pressure from the disease, collapsing under so much death. A sense of fatalism, which fuels further risky behavior, an aversion to being tested for diseases, and disregard for the risks of

others has descended on Africa. By contrast, in Europe: “If the Four Horsemen [famine, war, plague, death] were destined to ride together upon the earth, perhaps at no other time were men and women better equipped to endure the ordeal; culturally and psychologically they were imbued with the assumption that everything happened by design in accordance with the will of a beneficial God. Indeed, this was their religion, and it served them well [1].”

There are four measures that could be undertaken immediately to mitigate the devastation. First, aid programs must switch their focus from prevention only to a two-pronged regime that integrates both prevention and treatment. Second, HAART must be made available in Africa (and other developing nations) immediately. Third, trade policies must be reexamined and redeveloped to ensure that Africa has the opportunity to join the world economy, diversify its own economies, and reap the benefits of trade. Fourth, donor nations need to fulfill their promised contributions to world support groups. A fifth potential measure could be debt forgiveness, though this will provide the most benefit under a comprehensive program of political, economic, and social reform. Merely lining the pockets of dictators in Africa is not likely to positively affect the millions infected with HIV/AIDS in desperate need of a public health system.

Africa, like Europe in 1349, stands on the brink of the apocalypse. Africa will not be able to pull itself back alone; the world is likely to suffer greatly if Africa falls. Besides the obvious risks to national security and world health, Africa has numerous natural resources the rest of world is desperate to preserve—oil, metals and gems, chemicals, and Africa’s unique and fantastic wildlife—and not just for pure economic gain. Africa’s most important asset, however, is its largely untapped pool of human capital. Nearly a third of these people have received a death sentence, and many will die from other diseases. These people have left behind 14 million children who have little future to hope for and will likely receive death sentences themselves. Africa will not be the only region to fall; it will merely be the first.

Governments everywhere should look at Africa and tremble. In some countries, more than half the population will still die of AIDS. All of Africa’s famines are now AIDS-related: hungry people lack the strength to fight off sickness, sick people lack the strength to grow food, and dead parents cannot teach their children how to farm. Other regions can avoid this, but they must act now. The reward will come slowly; it will be years before current investments make a dent in HIV prevalence, let alone the death rate. The worst is yet to come.

—*The Economist*, 2003

Bibliography

- [1] Aberth, John. 2000. *From the Brink of the Apocalypse: Confronting Famine, War, Plague, and Death in the Later Middle Ages*. Routledge Publishing; London, England.
- [2] Barnett, Tony and Piers Blaikie. 1992. *AIDS in Africa: Its Present and Future Impact*. Guilford Press; New York, New York.
- [3] Bennett, Judith M. 1989. *Women in the Medieval English Countryside: Gender and Household in Brigstock before the Plague*. Oxford University Press; New York, New York.
- [4] *The Economist*. November 29, 2003. "AIDS: Help at Last." Volume 369, Number 8352.
- [5] *The Economist*. November 29, 2003. "AIDS: A Mixed Prognosis." Volume 369, Number 8352.
- [6] *The Economist*. November 29, 2003. "American Economic Policy: Failing on Trade." Volume 369, Number 8352.
- [7] *Executive Intelligence Review*. January 31, 2003. "AIDS Plague Won't Reach Peak for 40 More Years." http://www.larouchepub.com/other/2003/3004aids_cens.html.
- [8] Foster, Geoff and Stefan Germann. 2002. "The Orphan Crisis," in *AIDS in Africa*. Max Essex, et al. eds. Kluwer Academic/Plenum Publishers; New York, New York.
- [9] Garrett, Laurie. 1994. *The Coming Plague: Newly Emerging Diseases in a World out of Balance*. Penguin Books; New York, New York.
- [10] Giblin, James Cross. 1995. *When Plague Strikes: The Black Death, Smallpox, AIDS*. HarperCollins Publishers; New York, New York.
- [11] Hamoudi, Amar A. and Jeffrey D. Sachs. 2002. "The Economics of AIDS in Africa," in *AIDS in Africa*. Max Essex, et al. eds. Kluwer Academic/Plenum Publishers; New York, New York.
- [12] Hunter, Susan. 2003. *Black Death: AIDS in Africa*. Palgrave Macmillan; New York, New York.
- [13] *Irish Examiner*. December 14, 2001. "AIDS Biggest Threat since Plague, Says Clinton." <http://archives.tcm.ie/irishexaminer/2001/12/14/story19244.asp>.
- [14] Irwin, Alexander, Joyce Millen, and Dorothy Fallows. 2003. *Global AIDS: Myths and Facts*. South End Press; Cambridge, Massachusetts.

[15] Stanecki, Karen A. and Neff Walker. 2002. "Current Estimates and Projections for the Epidemic," in *AIDS in Africa*. Max Essex, et al. eds. Kluwer Academic/Plenum Publishers; New York, New York.

[16] *The Washington Post*. November 19, 2003. "South Africa to Provide Free AIDS Medication." <http://www.washingtonpost.com/wp-dyn/articles/A63872-2003Nov19.html>.

[17] *The Washington Post*. November 30, 2003. "Debate Grows over Biotech Food: Efforts to Ease Famine in Africa Hurt by U.S., European Dispute."

[18] *The Washington Post*. December 1, 2003. "WHO Unveils Plan to Fight HIV and AIDS." <http://www.washingtonpost.com/ac2/wp-dyn/A24635-2003Dec1?language=printer>.