

Botswana Case: AIDS Can Wipe Out Nations

by Dr. Debra Hanania-Freeman

When statesman and economist Lyndon LaRouche, then seeking the Democratic Party Presidential nomination, first warned in 1985 that unless the U.S. government and the international health establishment acted swiftly, the AIDS epidemic carried the potential to threaten the human species' existence, almost no one agreed.

In the United States at that time, the highest concentration of the virus was found among urban homosexual men. Because the U.S. government had waged an aggressive disinformation campaign as to the nature of the virus and the manner in which it was spread, most Americans believed that they could never be infected. But even then, it was a fact generally known to all governments, that apart from the special group of homosexuals, the spread of the deadly virus was mainly concentrated in poverty-stricken areas of Africa and Ibero-America, and in the black and Hispanic ghettos of the United States.

Indeed, this led some investigators to question whether the virus had a natural origin, or if, in fact, it had been created as an ideal solution to what some in the Western establishment considered the "overabundance" of darker-skinned peoples. While the final verdict as to the origin of this species-threatening virus has yet to be delivered, there is little doubt that criminal negligence in the handling of the AIDS epidemic has led to the unnecessary death of millions, and the impending death of yet millions more. And there is now no question, that the failure to stop this deadly virus—because the cost of doing so would divert financial resources from such exigencies as debt service—has the potential to make entire nations extinct. Perhaps the most dramatic example of this awful truth is the Sub-Saharan nation of Botswana.

Growth and Life Cut in Half

Botswana is a small country of 1.7 million people, which achieved its independence 36 years ago. Largely as a result of its rich deposits of gold and diamonds, the nation, until a short time ago, represented a rare success story on the continent of Africa. Between 1970 and 1990, Botswana was the fastest growing economy in the world, with its 13% growth rate surpassing even China. The nation had the highest credit rating in Africa and was considered a haven of stability. Botswana scored very high in the UN's Human Development Index, and its high per-capita expenditure on health care contributed to a life expectancy of well over 70 years in the early

1990s. In an extremely rare occurrence, in the middle 1990s Botswana graduated from Least Developed Country (LDC) status, becoming a middle-income nation by United Nations classification.

Today, all that has changed; Botswana is threatened with physical extinction.

The first case of HIV/AIDS in Botswana was diagnosed in 1985. Today, 40% of the nation's 1.7 million people are infected. The prevalence rate among adults between the ages of 15 and 49 is about 37%. The highest median infection rate is among pregnant women between 15 and 49—a terrifying 45%. In an astonishingly brief period of time, the life expectancy in Botswana has dropped from over 70 years to 38 years.

A closer look paints an even more devastating picture of the effects of the pandemic. The mortality rate has grown exponentially. The number of orphaned children has reached about 65,000. The expectation is that within 15 years, that number will increase to 240,000. Government expenditures for food, clothing, and shelter have declined precipitously under the staggering costs of caring for HIV/AIDS patients, which continue to increase. Similarly, as individual earnings are diverted toward health care, the nation is experiencing an across-the-board decline in individual income, savings, and investment. Botswana has also had to bear the cost of a dramatic increase in training and employing immigrants to replace local people who have been incapacitated by HIV/AIDS.

Since the disease has hit men and women of working age hardest, Botswana's food security is immediately threatened by plummeting agricultural output, and loss of human capital across all sectors of the workforce has forced down overall productivity. The once-impressive rate of economic growth has already declined by over 33%.

Making Food Shortages Worse

In his State of the Union address on Oct. 28, 2002, Botswana's President Festus Mogae noted that, "Virtually every one of us has been deprived of a close friend or relative, a workmate, a schoolmate, or an acquaintance due to HIV/AIDS." Although Mogae tried to reassure Botswana's citizens, that his administration is devoted to reversing this unfathomable calamity, the simple fact is that international assistance has been paltry. The bulk of support has been provided by private sources, principally the Bill and Melinda Gates Foundation and the Merck (Pharmaceutical) Company Foundation. This is all the more ironic, since it is widely believed that the raging epidemic was sparked in Botswana as a result of mass vaccinations with a serum, produced by Merck, that was contaminated with the human immunodeficiency virus (HIV).

The clearest indication that the epidemic is being left unhindered: To date, only 3,000 of the 330,000 infected people are being treated with anti-retroviral drugs. These drugs not

only prolong life; the experience of their widespread distribution in Brazil has also proved that they reduce the rate of new HIV infection.

Without a large-scale international effort aimed at reversing this drama, there is little question that the nation of Botswana, deprived of the simple capability to reproduce its population, will cease to exist. And although Botswana represents the most dramatic example, it is not the only African nation threatened with extinction.

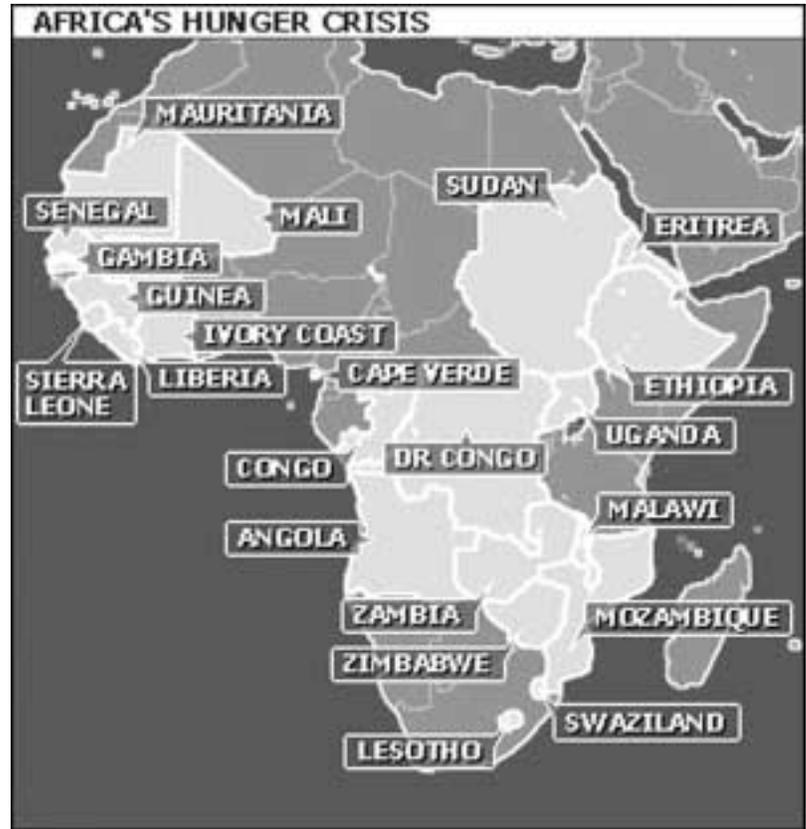
In a recent study, Alex de Waal, director of Justice Africa and an adviser to the United Nations Commission for Africa and UNICEF, made the point that as a result of HIV, the worst-hit African countries have undergone a social breakdown that has now reached a new level. De Waal asserts that African societies' capacity to resist famine is fast eroding as a result of the pandemic, and that hunger and the disease have begun to reinforce each other. He argues that either a global effort be undertaken to fight hunger and disease together, or we will succeed against neither.

According to the De Waal study, 29 million Africans are infected with HIV. Almost all of them, he says, have contracted the disease through heterosexual transmission. Only 30,000 of these people—one-tenth of 1%—are receiving anti-retroviral treatment.

He argues that up to now, traditional agrarian societies in Africa were well adapted to threats like drought and famine. He characterizes food shortages as a "familiar virus"—unpleasant and extremely painful, but one to which most Africans had resistance. He points out that the victims of famine were almost exclusively young children and the elderly. Young adults rarely died, and women survived better than men. As a result, he says, although nations suffered terribly, the core of African society was preserved, and recovery was possible.

But, he contends, this is changing. In societies hurt by AIDS, famine is more deadly and less susceptible to existing treatments, because AIDS attacks and destroys exactly those capacities that enable people to resist famine. In Africa, AIDS kills young adults, especially women—the people whose labor is most needed and most critical to society's ability to reproduce itself.

De Waal says that when the drought-relieving rains do come, manpower must be mobilized, working 16 hours a day planting and weeding crops. If that critical timeframe is missed, then the family, and indeed the extended family, will go hungry. Meeting that deadline is threatened, to the extent that the available workforce of young adults has become greatly at risk. De Waal points out that, up to now, relief



Africa's worst hunger crisis in decades—just under 40 million people in 21 countries face famine danger, as shown in this UN World Food Programme map—is being made much worse by AIDS, which is mowing down adults in rural areas, leaving the elderly and orphans to farm.

programs have largely ignored adults' nutritional needs and focussed on children. But adult hunger can no longer be overlooked, because a person with HIV needs better nutrition—more calories and especially more protein—to stay healthy. Malnutrition of any kind accelerates the progression to full-blown AIDS.

In short, de Waal concluded that we have reached the point where HIV is imperiling the ability of African societies to reproduce themselves. And he insists that anything short of a large-scale international response will be inadequate.

De Waal is quite right. But, he fails to acknowledge that under current conditions, the total collapse of the international financial system makes such a response virtually impossible. Lyndon LaRouche was right in 1985 when he identified both the cause and the cure for the HIV catastrophe. Even then, LaRouche insisted that only a new, more just global financial system would allow such an approach. Today, we have a small window of opportunity in which to effect the equivalent of bankruptcy reorganization of the system that has brought nations like Botswana to the edge of extinction. Only if we do that, under LaRouche's leadership, does the possibility of saving Botswana and other suffering nations exist.