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Desk

HEADLINE: AIDS Is Not a Death Sentence

BYLINE: By William Jefferson Clinton; William Jefferson Clinton was the 42nd president.

BODY:

Historians will look back on our time and see that our civilization spends many millions of dollars educating people about the scourge of H.I.V. and AIDS, which has already taken 25 million lives and could infect 100 million people over the next eight years. But what they will find not so civilized is our failure to treat 95 percent of people with the disease.

Given that medicine can turn AIDS from a death sentence into a chronic illness and reduce mother-to-child transmission, our withholding of treatment will appear to future historians as medieval, like bloodletting. Consider that there are close to six million people in the developing world with AIDS who should be getting treatment but are not. That does not account for the 36 million people around the world whose infections will need treatment in the next few years. Worldwide, 14,000 people are becoming infected with H.I.V. each day, and the number of people with H.I.V. or AIDS will more than double by 2010. To compound the horror, millions of children are born into the world carrying H.I.V. Without treatment, they, too, will sicken and die -- but not before watching their parents die, leaving them orphaned.

Confronted with these awful facts, we can offer the historians of the future our excuses: too many countries are still in denial about the scope of the problem and what has to be done about it; many countries lack the nationwide health infrastructure to treat such a disease; most countries don't have enough health-care personnel to run a complicated treatment program; the necessary drugs are expensive and unavailable to people in the poorest, hardest-hit countries.

But those facts only serve to outline the extent of the problem. They do not justify our failure to recognize

the moral and practical imperatives to mount a full-throttle treatment program in conjunction with ongoing education and prevention efforts.

Some people argue that treatment is less important than prevention; a dollar spent on prevention, they say, goes further in slowing the spread of the disease than a dollar spent on treating someone who already has it. But this is a false choice. Prevention doesn't work unless large numbers of people agree to be tested. They won't agree to be tested if all they will learn is that they are going to die.

They should be tested, of course, to save others. But they want to save their own lives, too. If we focus on treatment in addition to prevention, several good things would result.

More people will stop suffering in silence and be willing to get tested for H.I.V. if we offer treatment that will prolong their lives and spare the lives of others. People who have the disease will live longer, healthier lives. This will make a big difference not only to them, but to businesses that will keep productive workers, governments that will spend less on caring for those with illnesses brought on by AIDS and children who won't become orphans.

Perhaps the greatest beneficiaries of testing would be pregnant or new mothers, who can transmit H.I.V. to their babies in utero or through breast-feeding. If they test positive, they can receive new drugs that can reduce the chances of such transmissions by 50 percent and give life to a generation of children now in jeopardy. I know women will willingly undergo testing if it is accompanied by treatment. When I visited an AIDS clinic in Kigali, Rwanda in September, young women, many carrying infants, were literally lined up around the building waiting to be tested and, if necessary, treated with antiretroviral drugs.

And as more people are inspired to be tested, more will receive potentially life-saving education about AIDS transmission, regardless of their current health. With a new generation coming of age every few years, the need for AIDS education remains high, and no amount of mass marketing can match the power of one-on-one advice -- the kind that can be provided by the trained professionals at clinics where AIDS testing and treatment occur. These professionals can tell

patients how not to spread the disease, if they have it, and how not to get the disease, if they don't.

Through testing, we can also help end discrimination against people who acquire AIDS. This is in keeping with the theme of the 15th annual World AIDS Day, which is today: "Live and Let Live: Ending Stigma and Discrimination." The more that people understand that AIDS is not only a preventable disease but a treatable one, the less they will shun those who have it. And as more and more people are able to live with AIDS, their presence in families, workplaces and neighborhoods will help to reduce fears and misconceptions about the disease.

Can treatment work? It has in Brazil, where virtually all AIDS patients are given access to life-saving, generic drugs manufactured in that country. According to a Ford Foundation report, by integrating its treatment and prevention programs, Brazil has saved \$422 million a year, in part because the number of people hospitalized with H.I.V. or AIDS has fallen 75 percent over the past five years. Brazil's death rate from AIDS and related illnesses is down 50 percent, and the infection rate is low and getting lower.

This success can be replicated across the globe. To promote the development of AIDS treatment programs in places where they are most needed, my foundation has begun signing agreements with developing nations, including Rwanda, Mozambique and the 15 states in the Caribbean Community. We are putting teams of expert volunteers in these countries to help governments and health-care institutions develop strategies to establish large-scale testing and treatment programs for their citizens.

These are small, grass-roots efforts. But if they succeed, they will save many lives and provide a model to the rest of the world. And the International AIDS Trust, which I lead with Nelson Mandela, is helping to mobilize the resources and leadership needed to focus on treatment and wage a real war on AIDS.

More must be done by governments, too, especially in answering the call of Kofi Annan, secretary general of the United Nations, for \$10 billion to fight AIDS worldwide. Governments must also push pharmaceutical companies to make good on their commitments to provide drugs at discount prices or to stop trying to

block the purchase of generic drugs by poor countries. Finally, they should also help developing countries to increase the supply of qualified health workers, because without them a treatment program is impossible.

A lot is at stake. AIDS kills people in their most productive years. As a result, businesses in places where workers are sick and dying are losing a lot of money. And countries with large populations of people suffering with AIDS risk becoming unstable and susceptible to the forces of lawlessness, famine, terror and the demagogic appeals of dictators. Once the disease reaches epidemic proportions, it is much more difficult for a poor country to stabilize its democracy, grow its economy or emerge as a responsible partner in the global community.

For all these reasons, we can and must do more to stop the spread of AIDS by doing more to treat people who already have it. Now that we have the medical capacity to save and improve the lives of millions of people, there is no other moral or practical choice.