

Appendix E - UNIVERSITY HONORS PROGRAM
SENIOR PROJECT - APPROVAL

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PROJECT TITLE: The Effect of AIDS
on the Culture of Sub-Saharan Africa

I have reviewed this completed senior honors thesis with this student and certify that it is a project commensurate with honors level undergraduate research in this field.

Signed: Mark D. Harmon, Faculty Mentor

Date: Aug. 6, 2002

General Assessment - please provide a short paragraph that highlights the most significant features of the project.

Comments (Optional):

The project offers a very thorough analysis of the devastating effects of this disease on sub-saharan communities. The author uses sources well and writes clearly.

Dear Tom Broadhead, Aug. 6, 2002

This is a brief but good paper. The author has done good research and writes clearly. She covers well the devastating effects of AIDS on sub-Saharan Africa. I was disappointed in her inability to secure some primary sources (eg. interviews) and believe that is what keeps it from rising to an excellent paper. I believe the appropriate grade is a B+. --Mark Harmon

The Effect of AIDS on the Culture of Sub-Saharan Africa

Shelley Breeding

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Acquired Immunodeficiency Syndrome has emerged as the plague of the twenty-first century. It may well become the most devastating disease ever known to mankind. The statistics remain staggering: forty million people globally living with HIV/AIDS; three million deaths in 2001; 25 million deaths from AIDS since it was identified.¹ Still, a cure has not been found. These statistics reflect only the number of people already affected by the disease directly; the indirect effects appear more widespread, ranging from the emergence of millions of AIDS orphans, to the loss of productivity and the destruction of the education system.

By far the hardest hit region in the world is Sub-Saharan Africa; 28.1 million people in the region are currently living with HIV/AIDS.² The adult prevalence rate in the area has risen to 8.4%, with the Caribbean the next highest region at 2.2%. North America weighs in with a comparably low 0.6%, while the world adult prevalence rate was 1.2% at the end of last year.³

Scientists believe Sub-Saharan Africa is probably the hardest hit region because it is the origination location of the disease. The disease most likely started in the region through zoonosis, the process by which a disease crosses from one animal to another. Some strands of HIV have been identified so closely with some strands of SIV (simian immunodeficiency virus) in monkeys in the area that it is a reasonable assumption to link the two together. Another reason that

¹ United Nations Joint Program on AIDS (UNAIDS).

http://www.unaids.org/epidemic_update/report_dec01/index.html. Viewed May 21, 2002.

² UNAIDS

³ UNAIDS

scientists believe the disease most likely started in the region is that there is more variation in the strands of HIV in that area than anywhere in the world.⁴

AIDS most likely started in the 1970s, although it is possible that it began in the late 1960s. We will never know exactly when, where or who it took as its first victim. However, it was not until after AIDS reached North America and Europe in the late 1970s that it was finally identified in 1980.⁵ The disease most likely killed thousands of people in Africa before anyone knew what it was. At the same time, the disease spread at a mind-boggling pace while those in the area did not even realize they were spreading such a deadly disease or how the disease was being spread.

AIDS in Sub-Saharan Africa is "not only the most important public health problem, but also an unprecedented threat to the region's development. It is therefore, a development crisis."⁶ The region has spent money fighting the disease, only to lead to problems in other areas. Through its impact on productivity and the costs AIDS entails, "the epidemic is operating in turn to frustrate further developmental progress, so much so that it has been belatedly acknowledged by international institutions to be the foremost development issue for the present and foreseeable future."⁷

⁴ HIVINSITE. On-line textbook of the HIV disease from the University of California San Francisco and San Francisco General Hospital. www.hivinsite.org Viewed May 27, 2002

⁵ UNAIDS

⁶ HIVINSITE

⁷ Baylies, Carolyn, and Janet Bujra. *AIDS, Sexuality and Gender in Africa*. (New York: Taylor and Francis Group) pg. 2

AIDS and Poverty in the Region

Poverty obviously allows a disease to spread quickly and easily. "Low levels of education, crowded and unsanitary living conditions, malnutrition, limited access to basic services, high rates of unemployment, and rapid urbanization are all poverty phenomena that are increasingly associated with HIV/AIDS."⁸ It is also the poor who are least likely to get tested, least likely to be educated about the disease and most likely to spread the disease.⁹ The impoverished lack access to many of the resources in an area with few options because the private sector is too expensive.¹⁰

Poverty also creates a problem regarding migrant workers. Because little or no employment opportunities exist in rural areas, many husbands have taken on the role of a rural-urban migrant worker. Migrants are a very high-risk group. They are primarily single men who suffer loneliness.¹¹ In the urban areas, migrant workers are likely to engage in sex with prostitutes. Then they are likely to infect their wives upon returning to home. Single women also will become migrant workers at times and are most likely to enter the sex industry in an urban area as a migrant worker.¹²

⁸Hope, Kempe Ronald. *AIDS and Development in Africa: A Social Science Perspective*. (Binghamton, NY: The Haworth Press, Inc.) pg. 3

⁹Hope, 3

¹⁰ Bond, Kreniske, and Vincent Susser. *AIDS in Africa and the Caribbean*. (Boulder, CO: Westview Press) pg. 15

¹¹Hope, 4

¹²Hope, 4

¹³ Shilts, Randy. *And the Band Played On*. (New York: St. Martin's Press, LLC) pg. 5.

In Sub-Saharan Africa, the temperature also plays a role in aiding poverty. The hot and humid climate of southern Africa leads to a welcome environment for diseases to live. "One historian has suggested that humans, who first evolved in Africa eons ago, migrated north to Asia and Europe simply to get to climates that were less hospitable to the deadly microbes the tropics so efficiently bred."¹³ The climate is sure to play a role in transmitting the disease, especially for the impoverished who are likely to live without shelter and without protection from the climate's conditions.

The Health Care Sector

In a region where the health care infrastructure was already weak, the AIDS epidemic has weakened it to the point of near collapse. In a 1997 study, public health spending for AIDS was exceptionally high, exceeding two percent of GDP in 7 of 16 countries in Sub-Saharan Africa. What makes this number overwhelming is the fact that total health spending in those nations accounts for three to five percent of GDP.¹⁴ With AIDS continuing to spread throughout the region, the statistics are unlikely to change for the better.

In addition to diverting spending to AIDS patients, hospitals have had to shut out many non-AIDS patients to make room to accommodate the AIDS victims. Hospital beds are filling up with AIDS patients, leaving very few beds for others who need to be hospitalized. In addition to fewer hospital beds, the

¹⁴ HIVINSITE

increase in time spent on AIDS patients results in neglectful treatment of non-AIDS patients in some areas.

In Malawi and Zambia, since the epidemic began, there have been five to six fold increases in illnesses and death rates of health care workers. This increase has resulted in a fear of entering the health care field due to the close work with HIV/AIDS, and has reduced personnel. With the decrease in numbers of workers, there has been an increase in stress levels and workloads for the remaining employees.¹⁵

There is also a problem of poor medical supplies in many of the region's hospitals. AIDS is still a highly stigmatized disease and many of the hospitals in the region were at first reluctant to take in AIDS patients for fear of contamination of the whole hospital. Now, the hospitals can take in the patients, but there is little to be done. There is a limited amount of drugs and the price of those drugs is usually more than anyone in the region can afford. Furthermore, many doctors in Africa complain of the Western intent to test everyone for HIV and then to test again for T-lymphocytes. With the intent on testing and "taking a head count," there is little or no emphasis on doctors going to "the villages to follow up and treat patients with AIDS."¹⁶

¹⁵ UNAIDS

¹⁶ Bond, 137

AIDS and Children

As former congressman Henry Hyde has said, "Children suffer inordinately from the cruel AIDS pandemic."¹⁷ One of the most critical effects of AIDS will be the effect that it has on children. The number of orphans due to AIDS has risen to alarming rates. The number of children who had lost their mother or both parents to the disease by the end of 2000 had risen to 12.1 million. Furthermore, scientist have predicted that number to more than double over the next decade.¹⁸

It is hard to imagine anything more devastating to a child than losing a parent. The death leaves an empty place in the child's family and disrupts the unity of his or her life. Children who have lost parents often begin to view the world as very unpredictable. In addition, it has been shown that children who lose a parent react with sense of insecurity – frequently fretting over losing other members of their family. AIDS orphans are especially vulnerable because they have often seen their parents deteriorate over time and are likely to have to deal with the identical disease attacking multiple family members or possibly themselves.¹⁹

¹⁷ U.S. House of Representatives debate transcript: *Amending the Foreign Assistance Act of 1961 to Authorize Assistance to Prevent, Treat, and Monitor HIV/AIDS in Sub-Saharan Africa and Other Developing Countries* (Washington: GPO) pg. 4

¹⁸ UNAIDS

¹⁹ Dane, Barbara, and Carol Levine. *AIDS and the New Orphans: Coping with Death*. (Westport, CT: Greenwood Publishing Group) pg. 43

"Most of the children who will be orphaned by AIDS will come from socioeconomically disadvantaged minority families."²⁰ It is likely that dealing with a parent's death is only one of countless problems that the child has had to face. The child is also likely to have been or currently faced with "poverty, family or community violence, crowded living conditions, and physical abuse."²¹ The ways in which the child copes with the loss will vary, but often include denial, a change in the child's self-concept, a sense of guilt, the child trying to play "superchild" by taking over many of the household chores (which also often forces the child to drop out of school), and many other short term changes.²²

Because of the risk that AIDS orphans face, it is imperative that they receive extra attention. However, "identification of these children is often difficult because fears of the consequences of disclosing one's HIV-infected status lead parents to hide their diagnosis from their children or to instruct them not to reveal it to others."²³ The only solution for this problem is to educate the population properly so that there is no longer a stigma associated with the disease.

As education efforts begin to show progress in the area, there is an increase in awareness of the ways of transmitting the disease. Along with education there is also an increase in awareness of the number already infected and the probability of contracting the disease. An unintended side effect of these

²⁰ Dane, 56

²¹ Dane, 56

²² Dane, 47-49, 67

²³ Dane, 56

²⁴ Hope, 41

²⁵ HIVINSITE

two phenomena coming to the forefront of attention, there has been an increase in children being sexually abused. Many now see children as the only uninfected source for sex, leading to children at young ages being solicited for sex and raped.²⁴

Children are also being inordinately affected in schools. UNICEF reported in 1999 that 860,000 primary school children had lost at least one teacher to AIDS in Sub-Saharan Africa.²⁵ The very institutions that are the hope for the future are emptying at a surreal rate. In addition to losing teachers, many of the students are also leaving because they themselves are infected, they have to take care of an infected family member, or they must carry out extra duties on the family farm due to an AIDS patient or death in the family. The loss of education may be the most devastating manner AIDS harms the future.

Stigmatism and Discrimination

In the United States, the stigma associated with AIDS most likely stems from the fact that it was first identified as a homosexual disease and perceived to be a disease affecting only the homosexual community. The second largest group with AIDS in the United States is intravenous drug users, a group with no better reputation. However, AIDS was not, nor is it today, associated mainly with homosexuals or injected drug users in Africa. The main means of transmission in the region is heterosexual sex. The question then becomes why is there a stigma associated with AIDS in a region where approximately half of the people infected became infected by their spouse.²⁶

²⁴ Hope, 41

Stigma and discrimination have become such large issues that they have become the theme of the United Nations Joint Program on AIDS' (UNAIDS) two-year World AIDS Campaign 2002-2003.²⁷ Fear of discrimination often prevents individuals from seeking testing and treatment for AIDS or from publicly acknowledging their status. "People with, or suspected of having, HIV may be turned away from health care services, denied housing and employment, shunned by their friends and colleagues, turned down for insurance coverage or refused entry into foreign countries."²⁸ In addition, the stigma often passes through generations, extending to the children of AIDS victims.

The stigma is feared so much today that many HIV-positive people hide their diagnosis from their communities and even their families to avoid the shame and discrimination. When one discloses his or her HIV-positive status, the household is often marginalized from community-level support and, all too often, support from the extended family as well at a time when it is needed most. To lessen this stigma and discrimination, in addition to encouraging those who are HIV-positive to disclose their status, there must be open discussions about HIV/AIDS and better education about the facts of the disease and how it is spread. Much of the stigma and discrimination stems from the lack of differentiation between contagion and transmissibility.

²⁵ HIVINSITE

²⁶ UNAIDS

²⁷ UNAIDS

²⁸ UNAIDS

In Zimbabwe, the national policy regarding HIV/AIDS has consisted of statements from the Ministry of Health and Child Welfare and the National AIDS Coordination Program (NACP). There have been many statements about "principles of nondiscrimination and care, of avoiding preemptive screening, and so forth," but the statements have no legal weight. For instance, "many private companies have been known to screen job applicants and existing employees for HIV prior to costly training."²⁹

Governments can help protect the quality of life of those infected with HIV/AIDS, but most have chosen not to do so. A recent study by the World Health Organization and UNAIDS, among 121 of the 191 member countries representing 85% of the world's population, found that notifications are kept confidential in only 20% of the countries by law. Only 17% of the countries (representing 16% of the world's population, but only 5.5% of the global estimate of HIV-infected people) have "developed HIV-specific legislation against social discrimination."³⁰ Without laws in place to protect the confidentiality of those tested, there will be a legitimate reason for individuals not to be tested, which will facilitate the spread of the disease.

Agriculture

AIDS in the region has also had a tremendous effect on agriculture. Agriculture accounts for providing jobs for the majority of workers and a large

²⁹ Hope, 137

³⁰ D'Amelio, Raffaele, et al. "A Global Review of Legislation on HIV/AIDS: The Issue of HIV Testing." *Journal of Acquired Immune Deficiency Syndromes*. Oct. 2001. pg. 173-175

percentage of production.³¹ In most areas, farms are cultivated by family members. Family farms may vary in size, "but are generally small-scale enterprises where crops are grown for the family's consumption, or for cash, or sometimes a combination of the two."³² When a parent gets sick, the oldest child will "often be removed from school to take care of the family farm."³³ However, when families lose adults to AIDS, this often forces them to "make irreversible decisions to sell livestock, equipment, and land to cover AIDS-related expenses, leaving surviving family members in poverty from which it is hard to escape."³⁴

There has been an increase in the reduction of land use in the region caused by several factors. One of the most obvious is the aforementioned situation where sickness and death in the household leads to fewer family members being available to work in the fields, thus leading to the reduction in the amount of the land that can be cultivated. Another reason for the reduction in land use can be attributed to the limitations of land inheritance and land tenure systems, especially as they may affect widowed and orphaned households. These practices often lead to malnutrition because crops are not being grown. Finally, the lack of use of the land combined with the decrease in food being produced, affects the health of family members and their ability to perform agriculture work. This leads to reduced cash incomes needed to purchase inputs

³¹ HIVINSITE

³² Lemille and LeBlanc. *Readings in the Sociology of AIDS*. (Upper Saddle River, NJ: Prentice-Hall, Inc.)

pg. 46

³³ HIVINSITE

³⁴ HIVINSITE

such as seed and fertilizer and then to a loss of soil fertility on farms with limited areas cultivated.³⁵

Demographics

AIDS is the leading cause of death in Africa and the prime factor depleting adult productive capacity. The impact of AIDS on life expectancy in Africa has been immense. UNAIDS has found that in "nine African countries with adult prevalence of ten percent or more, HIV/AIDS will erase seventeen years of potential gains in life expectancy, meaning that instead of reaching 64 years, by 2015 life expectancy in these countries will regress to an average of just 47 years."³⁶ UNAIDS has predicted that in countries where fifteen percent or more of adults are currently infected with HIV, at least thirty-five percent or more today's fifteen year-old boys will die of AIDS.³⁷

Also, according to UNAIDS, one quarter of households in Botswana, where adult HIV prevalence is over thirty-five percent, can expect to lose an income earner within the next ten years. This is the same group of households that can "expect to take on four more dependents as a result of HIV/AIDS."³⁸ It is hard to imagine how these households will be able to survive the future, especially in a region that has experienced economic hardships for decades.

³⁵ Haslwimmer, Maartina. "What Has AIDS to do with Agriculture." *FAO Farm Management and Production Service*. <http://www.fao.org/waicent/faoinfo/sustdev/wPdirect/wPre0003.html>. Viewed May 29, 2002

³⁶ UNAIDS

³⁷ UNAIDS

³⁸ UNAIDS

According to UNAIDS, Botswana, Malawi, Mozambique, and Swaziland all have life expectancy of less than forty years. If not for HIV/AIDS, scientists believe the life expectancy in those countries would be about 62 years. The life expectancy at birth in the year 2000 for those in Sub-Saharan Africa was only 49 years; taking the world as a whole, the life expectancy for the same year was 66. In addition, child mortality rates are also rising due to mother-to-child transmission. In Zimbabwe, UNAIDS estimated that seventy percent of the deaths among children under the age of five are due to AIDS.³⁹

AIDS and Behavior

The impact of AIDS on a household begins when a member starts to suffer from HIV-related illnesses. This results in "a loss of income of the patient, a substantial increase in household expenditures for medical expenses, and missing school or work to care for the sick person."⁴⁰ The economic loss may not be as great as the "psychological impact of caring for a chronically ill patient who is physically deteriorating before his loved ones."⁴¹ This stretches "the capacity of social safety nets to the limit."⁴²

It has been shown that "concern about HIV infection can lead to anxiety or depression. The stress of coping with the illness is not confined to the person infected, but also encompasses those who care for him or her."⁴³ The

³⁹ UNAIDS

⁴⁰ HIVINSITE

⁴¹ Feldman and Miller. *The AIDS Crisis*. (Westport, CT: Greenwood, Press) pg. 120

⁴² HIVINSITE

psychological impact of AIDS begins even before an HIV test has ever been taken. For those who test positive, the anxiety and depression only worsens as the disease progresses. Most people deal with the psychological impacts by “tolerating” or “managing” instead of “mastering” or “eliminating.”⁴⁴ Individuals should not shy away from dealing with the disease in this way.

The psychological effects associated with AIDS in Sub-Saharan Africa are worsened because of the large number of infected in each community. The psychological effects reach to all members of many of these communities. One of the psychological implications for those around the infected individual is bereavement. “Research on bereavement suggests that it is affected by the meaning of death involved.”⁴⁵ Often, surviving members of the community have increased fears about their own risks. This can lead to depression if the individual feels that becoming infected is inevitable. Furthermore, it is not uncommon for the caregivers of the infected to experience dysphoria – an emotional state of depression, anxiety, and restlessness.⁴⁶

Caregivers are especially affected. Most caregivers end up on call at all times and become intensely emotionally involved. However, many have never before given physical care to a terminally ill patient. The caregivers are forced to learn a wide range of skills, from technical tasks to administering medication to inserting and cleaning catheters. The hardest skills that the caregiver must

⁴³ Auerbach, Judith, et al. *AIDS and Behavior*. National Institute of Health. (DC: National Academy Press) pg. 140-141

⁴⁴ Auerbach, 143

⁴⁵ Auerbach, 145

⁴⁶ Auerbach, 147

master are the emotional skills. This includes maintaining hope in the face of continued deterioration, in order to provide a safe and supporting environment while the care recipient is dying.⁴⁷

Furthermore, there has been an increasing division between the elderly and the young in the region due to the AIDS pandemic. There has been a conflict most notably in the views of morality. For example, in a church in Rungwe, the elders denounced the young people in the congregation for being loose and frivolous. The young men in the congregation responded that "Elderly men are the problem. They preach to us about morals, while they swallow the girls and spoil them of us. We don't have money. When we do marry, our wives are already infected."⁴⁸ Add to this a recent trend for many of the youthful members of the church to join the elders in denouncing the youthful behavior to distance themselves from the generally negative views of the youth, and the conflict escalates at rates never seen before.⁴⁹

Another aspect of behavior that has aided the spread of the disease is the manner in which the infected are cared for and how the bodies are handled immediately after death. The women of the household often prepare the body for death by washing and often performing rituals. In these burial preparations, gloves are not worn, nor is there any thought given to possibly transmitting diseases.⁵⁰

⁴⁷ Auerbach, 147

⁴⁸ Baylies, 8

⁴⁹ Baylies, 87

⁵⁰ Hope, 61-62

AIDS and Sexual Behavior

In the culture of Sub-Saharan Africa, it is generally thought and accepted that the males have the final say in sexual matters. Women are not asked when it comes to these topics, nor do they speak to men about it. In most studies regarding the use of contraceptives, women were quoted as worrying if their male partners would allow such contraceptives. They also expressed concern about discussing contraceptives because it is thought that the women should not be concerned with any sexual issue. In addition, in a culture where procreation is of the utmost importance in a marriage, contraceptive use is not thought of highly as it would obviously lessen the number of children in each household.

The word "condom" itself was taboo in almost every village in the region until the realization of the need to educate about condom use to stop the spread of HIV/AIDS. While many elders still object to discussions about condom use, there have been vast improvements. The price of condoms has dropped dramatically throughout the region. However, the price for female condoms is still two hundred and fifty times the price of a male condom in most places.⁵¹

Women overall appear to be much more receptive to the idea of condom use with the exception of the concern for their male counterparts being upset at the idea of being asked to use one. Most will not discuss the issue with their partners because of this fear, but that is slowly changing today as women realize their lives are at stake.⁵² Men are becoming more receptive to the idea of

⁵¹ Baylies, 91

⁵² Baylies, 91

condoms, but many men fear “the extra lubrication in a culture where ‘dry sex’ is preferred.”⁵³

“Dry sex” is a common practice in Southern Africa. Sipewe Mhakeni described how she used herbs from a Mugugudhu tree. She would grind the stem and leaf, and then mix a pinch of the powder with water. Then she would wrap it in a nylon stocking and insert it into her vagina to make it dry out. She admitted that it made sex “very painful” but that “African husbands enjoy sex with a dry vagina.”⁵⁴

This practice has only fueled the spread of the disease. “Research has shown that dry sex causes vaginal lacerations and suppresses the vagina’s natural bacteria, both of which increase the likelihood of HIV infection. And some believe the extra friction makes condoms tear more easily.”⁵⁵ Even with the education initiatives in place, this is one aspect of culture that may be the hardest to change.

The Future

The question now is what can be done to curb the future spread of the disease? There are several things that have provided positive results. The most promising seems to be the avenue of education. Education must follow several pathways and through education other problems relating to the disease can be relieved.

⁵³ Temin, Miriam, et al. “Perceptions of Sexual Behavior and Knowledge About Sexually Transmitted Diseases Among Adolescents in Benin City, Nigeria.” *International Family Planning Perspectives*. Dec. 1999. Viewed May 18, 2002

⁵⁴ Schofs, Mark. *AIDS: The Agony of Africa. Part Six: Ending the Epidemic*. <http://www.thebody.com/schoofs/africa6.html>. Dec. 15-21, 1999. Viewed May 18, 2002.

⁵⁵ Schofs

Education must, of course, address the ways of spreading the disease from one individual to another. Through education of this matter there can be some relief or at least decrease in discrimination against those infected. One hopes this form of education also will help persuade people to use condoms and realize the benefit of contraceptives.

There seem to be two frames of mind when it comes AIDS in the region. The first is "it can't happen to me," which is often associated with terminal illnesses. If education addresses the number of people infected in the region to inform citizens that the risk posed is very real and not something that is just a statistic, this frame of mind can be eliminated.

The second frame of mind is that expressed by a woman in Rungwe: "Why worry or do anything? Probably all of us here are infected, but we do not know. Hence the best thing is to behave normally by fulfilling our desires. We are all at risk and those who will survive the disease are only lucky."⁵⁶ It will take education, including education about condoms, to prove that something can be done to stop the spread of the disease. In addition, education about drugs that can better and prolong life for those infected and education for the realization that if one has contracted HIV/AIDS he or she needs to know his or her status to keep from spreading the disease to others, will help alleviate the suffering in the region.

The future must also look out for the children. There are several ways of helping the children deal with both AIDS and the enormous number of individuals

⁵⁶ Baylies, 69

lost in a community. One way to help the children is to provide age-appropriate information. Overloading a young child can cause confusion, anxiety and/or depression. Another needed tactic is to address the child's security needs and to maintain as much stability and consistency in the child's environment as possible. Finally, there must be a reassurance to the child that he or she is not responsible for the illness or death to a family member.⁵⁷

Other prevention programs that must be implemented include improving the status of women and eliminating harmful and discriminatory practices. There need to be incentives for training workers to maintain worker productivity, support for home care for HIV/AIDS patients (including supporting the basic needs of the household), and implementation of food programs throughout the region to ease the burden of those families that rely on agriculture. It should be remembered that any program must be a grassroots campaign because the area is undeveloped and has a poor infrastructure.

The cost of delaying an intensified response is monumental. More than five million people in Sub-Saharan Africa were infected in 2001, and the numbers only will grow in 2002.⁵⁸ Most of these people will die within the next decade, leaving yet more orphans. The resulting social decay and breakdown in the region will threaten economic and social conditions for decades to come. Although the AIDS crisis has hit Sub-Saharan Africa the hardest, "the reality is

⁵⁷ Dane, 51-55

⁵⁸ UNAIDS

that AIDS knows no borders, discriminates against no one. It ravages men and women, mothers and fathers, sons and daughters, children who did nothing to contract the virus.”⁵⁹ The dilemma of AIDS is forecast by UNAIDS not to weaken in the coming years, but to grow at an unbelievable rate. In many countries in Sub-Saharan Africa, AIDS is now the leading cause of death, and it is certainly the plague of the 21st century. Despite the mounting crisis, there are still more than 200 million adults in Africa not yet infected.⁶⁰ However, many are vulnerable and will be infected and die unless action is taken now. As United States Secretary of State Colin Powell said, “From this moment on, our response to AIDS must be no less comprehensive, no less relentless and no less swift than the pandemic itself. I know of no enemy in war more insidious or vicious than AIDS.”⁶¹

⁵⁹ U.S. House of Representatives Debate Transcript, 19

⁶⁰ HIVINSITE

⁶¹ U.S. House of Representatives Debate Transcript, 6

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