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Unilateral Compassion

Everyone watching his State of the Union address expected President Bush to demand massive spending and unwavering support in the fight against Saddam Hussein. What very few people expected was that he would demand vast spending and dedicated effort in the fight against AIDS in Africa and the Caribbean. The

President's "Emergency Plan for AIDS Relief" has been hailed over the past two weeks as the most comprehensive effort yet to combat the most deadly pandemic ever. It has also been decried as falling significantly short: a plan of mismanaged funds inefficiently spent.

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The HIV/AIDS pandemic is nothing short of horrific. For almost all people in Africa, Bush said, "the AIDS diagnosis is considered a death sentence." And then he provided a solution: an American commitment of \$15 billion over the next five years. As Sara Sievers, the executive director of Columbia's Earth Institute said, "It's the U.S.'s ambition to treat roughly half of [the Africans with] AIDS. If other countries step in, we can basically solve this pandemic."

Bush's initiative aims to prevent seven million new HIV infections and provide anti-retroviral therapy—with the cocktail drugs that rebuild patients' immune system—for two million, half of those who need it most. Sievers made it quite clear to me that she believed this commitment was ground-breaking: "Total foreign aid from the U.S. is around \$12 billion per year. So the idea that one disease in 15 different countries is going to get \$15 billion is enormous. It's an enormous stepping-up of funding." Only two months ago, Sievers and most of her colleagues were, rightly, denouncing the administration's apparent apathy.

Many, however, still see two major flaws in the administration's proposal: that it is focused almost entirely on bilateral, rather than multilateral mechanisms, and that its commitment to providing low-cost drugs is questionable.

Of the \$15 billion, only \$1 billion will go to the Global Fund for HIV/AIDS, Tuberculosis, and Malaria, the U.N.'s fledgling organization dedicated to "the fight against the diseases of poverty." Rachel Cohen, a U.S. liaison from Doctors Without Borders, described the Global Fund as "the best [mechanism] for supplying antiretroviral drugs." According to the administration, the program will create new bureaucracies managed by a "Special Coordinator," who will hold ambassador status. Cohen said that "at the moment, it looks like the plan completely bypasses global mechanisms. The U.S. is taking a go-it-alone approach."

This methodology is disturbing for a number of reasons. First, U.S.-based programs will likely be less efficient than the Global Fund—which already is set up to properly distribute the funds to individual communities based on their local needs. Josh Ruxin, an assistant clinical professor of Public Health based at Columbia's Center for Global Health and Economic Development, said, "Bush's argument is 'we don't want to misspend taxpayers' money.' Well, I don't either. ... The taxpayer is going to save money and get more bang for the buck by going through the Global Fund than by going through the creation of a brand new entity."

Additionally, the establishment of U.S. organizations will take time—which millions of sick persons don't have. As Cohen said about the unilateral approach, "That's

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crazy to us, when we're talking about three million people dying every year. They're not going to make the money available until 2004. ... [That] doesn't sound very urgent. ... They aren't treating it like an emergency."

How newly proposed funds will be managed, by whom, and to what specific purpose, is, as Ruxin said, "all extremely ambiguous." In fact, he said, "When I talk to people in the administration now, they still don't know the details of it."

When Bush passionately proclaimed that "the cost of [anti-retroviral drugs] has dropped from \$12,000 a year to under \$300 a year," he was making reference to the enormous difference in cost between brand-name drugs and their generic equivalents, produced by non-patent holding companies outside the United States. The prohibitively high cost of the brand-name drugs makes access entirely unfathomable for the vast majority of Africa.

Kenneth Leonard, an associate professor of economics at Columbia, is skeptical. "This money," he said, "will never be used to buy generic drugs." Instead, he believes, the program will benefit American pharmaceuticals. "[The money] will be used to buy some brand drugs at

[The money] will be used to buy name-brand drugs at costs that are below market costs, but well above the level at which these firms will recoup [costs]." That is, less than \$12,000, but certainly more than \$300. The government, he argues, will pay higher prices, buy fewer units, and treat fewer patients.

Is this whole program an illusion of compassion? "It is in fact compassion," he said, "because there are many ways to give drug companies money, and it's better to give drug companies money while you're also helping poor people. It's sort of realpolitik, with a little bit of compassion on the side."

We are given two very conflicting impressions. From one perspective, we see a President motivated by principled convictions, dedicated to ameliorating the plight of millions. As he said, in a flicker of eloquence, "Ladies and gentlemen, seldom has history offered a greater opportunity to do so much for so many." But from a different angle, we see a President driven by what has become one of this administration's dominant philosophies: a resolutely unilateral approach to foreign policy.

From its opposition to the Kyoto Protocol to its abandonment of the ABM Treaty, the administration has recently shown an unwillingness to work internationally. As Bush most clearly declared in his State of the Union, "The course of this nation does not depend on the decisions of others."

And yet, it seems, the course of tens of other nations will depend greatly on the decisions of this one.

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