

AIDS IN AFRICA: DESPAIR AND DENIAL

Introduction

Focus

This *CBC News in Review* story examines the human catastrophe that is currently engulfing sub-Saharan Africa, where millions are dying of AIDS. It offers an overview of the scope of the crisis and focuses on one country's struggle to deal with the epidemic. It also profiles the efforts of countries and individuals to provide assistance to the millions of victims of this deadly disease.

Further Research

For more detailed information about HIV/AIDS visit the World Health Organization's HIV site at www.who.int/topics/hivinfections/en/ and AIDS ORG at www.aids.org.

 Sections marked with this symbol indicate content suitable for younger viewers.

A human tragedy of immense proportions is engulfing the countries of sub-Saharan Africa. This area of the world has become the epicentre of the global HIV/AIDS epidemic. Millions have already died; countless millions more are infected with the deadly virus and face a short lifespan, immense suffering, and despair. Throughout 2005, international attention was captured by natural disasters such as the Asian tsunami, Hurricane Katrina, the earthquake in Kashmir, and the huge toll of human suffering these events caused. Western countries and individual donors alike contributed generously to assist the many victims of these disasters, whose plight was regularly portrayed in the mass media. But the HIV/AIDS crisis in Africa, while afflicting many times the number of those who suffered from these other disasters, has strangely attracted far less concern. Yet it is potentially the greatest epidemic of a deadly disease to strike the planet in human history. Not since the Black Death that swept away at least a third of Europe's population in the middle of the 14th century or the Spanish Flu that killed between 20 and 50 million worldwide at the end of the First World War has the world faced such a peril. The potential impact of the HIV/AIDS epidemic on Africa and the rest of the world could extend far beyond the death toll of millions, affecting economic, social, and political trends on a global scale for the 21st century and beyond.

In its 2005 year-end report on the HIV/AIDS epidemic, the United Nations reported that wealthy Western countries were devoting far greater

financial resources to the worldwide struggle against the disease than ever before. More people in poor countries were able to access the antiretroviral drugs necessary to combat the debilitating effects of the disease. Nonetheless, millions around the world were still dying of AIDS every year, and millions of new cases were still being reported. This was occurring despite a massive educational campaign designed to reach those in poor countries who were unfamiliar with the causes of HIV/AIDS and how they could protect themselves against it. The situation was especially bleak in sub-Saharan Africa, where 60 per cent of the estimated 40.3 million people affected by HIV around the world were living. In 2005 alone, almost 2.5 million adults and children in Africa had died, and another three million were infected. Along with its huge human toll in death and suffering, the disease was also creating a major economic, social, and political crisis in the countries it was affecting. Life spans were plummeting, already-scarce financial and human resources were straining to the breaking point, health-care facilities were barely coping. A whole generation of young Africans—potentially the future of its continent—was being carried off before it could even reach maturity. Countries such as Botswana, previously one of Africa's greatest successes in terms of its economic and social development, were facing a very depressing future, as at least one-quarter of the country's population was expected to die of AIDS before 2010.

Largely as a response to the growing HIV/AIDS crisis in Africa, the leaders

Did you know . . .

About 25 million people have died of AIDS since it was first discovered in 1981.

of the G8 countries met in Scotland in July 2005 to reach an agreement on how best to help the continent deal with its immense problems. Under the leadership of British Prime Minister Tony Blair, and with the enthusiastic backing of Canada's Paul Martin, the leaders pledged themselves to contributing billions of dollars to a UN-administered Millennium Development Fund for Africa. They also expressed a willingness to negotiate terms under which the poorest African countries could be relieved of at least part of the steep payments of their foreign debts, which are crippling their economies.

But at the same time, they rejected demands from non-governmental humanitarian groups involved in the struggle against HIV/AIDS that they boost their countries' foreign aid contributions to a minimum of 0.7 of their gross domestic product (GDP) by 2015. To activists such as Canada's Stephen Lewis, the UN special AIDS representative to Africa, pop stars Bob Geldof, the promoter of the Live 8 concerts, and U-2's Bono, long an advocate of greater assistance to poor countries, this was an appalling failure. Despite all the publicity the conference and the Live 8 con-

certs generated, it remained to be seen just how serious the commitment of the wealthy Western countries to Africa's plight really was.

Meanwhile, as they waited for the much-anticipated promises of Western help to become a reality, the people of sub-Saharan Africa continued to deal with the daily effects of the catastrophe. It is surely no accident that the global centre of the HIV/AIDS epidemic is also by far the poorest area of the world. By every measure, this part of Africa lags far behind the rest of the world in its economic and social development. Even without the added burden of this deadly disease, Africa's problems would already be huge. But as long as millions are dying of this disease, while those who are not struggle to cope with its devastating effects, the future for most of Africa appears very bleak indeed. How long can the rest of the world remain in a state of comfortable denial about the sheer magnitude of this tragedy despite calls for immediate action by activists like Stephen Lewis? This is a question on many minds as HIV/AIDS continues to exact its terrible toll of human suffering and despair.

To Consider

1. Why is the HIV/AIDS crisis in Africa such a serious matter for international concern? Why has it received less attention than other recent natural disasters in Asia and elsewhere?
2. How have the leaders of the G8 countries responded to the HIV/AIDS crisis in Africa? What criticisms have been made of the extent of their response?
3. Why does the HIV/AIDS epidemic cast such a dark shadow over the future prospects of the countries and peoples of sub-Saharan Africa?
4. What role do you think Canada should play in this global health issue?

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Video Review

Answer the questions in the spaces provided.

Did you know . . .

Of the approximately 40 million people suffering from AIDS, 90 per cent of them live in poor, developing countries.

Part A: Gathering Information

1. Describe the "good news" and the "bad news" in the United Nations' 2005 year-end report on the global HIV/AIDS epidemic.

2. What region of the world has the HIV/AIDS epidemic affected most seriously? What statistics support this conclusion?

3. How many people does AIDS kill in Zambia every day? _____

What is the average life expectancy for a Zambian as a result of the epidemic? _____

4. What is the population of the Zambian town of Mongu? _____

How many beds does the local hospital have? _____

5. What items essential for the proper functioning of a health-care facility does the Mongu hospital lack?

6. What type of drugs can suppress the AIDS virus? _____ How do they work? Why can most AIDS victims in Zambia not obtain them?

7. What additional financial pressure does having a relative suffering from AIDS place on already poor Zambian families?

8. What is the attitude of the local religious figures to the spreading epidemic of HIV/AIDS in Zambia? What is the response of the filmmaker to this opinion?

9. Why are many young Zambians who are infected with HIV/AIDS reluctant to take precautions to protect their potential sexual partners?

Part B: Discussing and Responding

Form groups to discuss and formulate a response to the following statements made by the filmmaker or local Zambians about the HIV/AIDS epidemic currently sweeping that African country. (These are taken from the video itself.)

1. "There is no reason for using a condom once I am HIV—I'm dying."
2. "HIV is one of the incurable diseases. The Lord wants us to talk about it in Church today. Me, I don't support the issue of condoms, because that has been made by man. Man shall not protect this. And so it is only God. So the only protection measure, according to the Bible, is to stick to Jesus."
3. "I cannot believe that in this continent, in this day and age, in the middle of this epidemic, anyone would advise merely abstinence as a credible solution."
4. "Myself, when I finish drinking, I just go for any girl and have sex with her. Direct. I don't use a condom, because I enjoy. Because I used when I was young. Direct, not even putting on a condom. I don't worry."
5. "At a recent AIDS conference in Africa, delegates warned of a social catastrophe if more is not done to bring the continent's AIDS crisis under control, and more lifesaving drugs are not provided to the millions of Africans living with HIV who desperately need them, but can't afford them."

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A Profile of Zambia

Further Research

To learn about Zambia, consult the Embassy of the Republic of Zambia in Washington, D.C., at www.zambiaembassy.org or visit www.thezambian.com.

Zambia, a country located in east central Africa, is one of the nations most seriously affected by the HIV/AIDS epidemic. Over 700 000 adults and children have already died of the disease. If the current rate of infection continues, it is expected that 1.6 million more will die in less than 10 years. Almost 20 per cent of the total population of 11 million is believed to be infected, and approximately 650 000 Zambian children have been orphaned by the loss of their parents to the disease. The average life expectancy has dropped from 54 to 40 in the past two decades, a decline almost totally attributable to the onset of the HIV/AIDS epidemic. But the country's severe economic decline has also contributed to its current social and medical problems.

Potentially, Zambia is a rich country, well endowed with important natural resources such as copper and other valuable minerals. When it gained independence from Britain in 1964, many predicted a prosperous future. At the time of independence, Zambia was the world's third-largest copper producer, after the Soviet Union and the U.S. But when world copper prices collapsed in the 1970s, the economy entered a severe decline, from which it has yet to fully recover. Zambia continues to put its economic hopes on copper, which is still its main export. Increasing demand from electronics manufacturers has raised hopes that the world price for this mineral will rise again.

Zambia's capital city is Lusaka; its total land area is 752 614 square kilometres. English is the official language, but a number of local African languages are also widely spoken, including Bemba, Lozi, Nyanja, and

Tonga. There are over 70 different ethnic groups in the country, most of whose languages share common Bantu characteristics. Christianity is the dominant religion, but Hinduism, Islam, and indigenous African faiths are also practised. The HIV/AIDS epidemic has devastated the country's economic and social structure, killing many young Zambian professionals whose skills are desperately needed for its progress. According to World Bank estimates, over 75 per cent of Zambia's people live below the global poverty line of one dollar per day.

The current president of Zambia is Levy Mwanawasa, who narrowly won the December 2001 elections, which opposition parties accused of being fixed. Mwanawasa was initially regarded as the chosen successor of the country's previous leader, Frederick Chiluba, who had left office under a cloud of corruption charges. But Mwanawasa has acted swiftly to remove Chiluba's former assistants from their governmental posts and has approved a high-level investigation of illegal activities that took place during the former ruler's administration.

Prior to winning independence, Zambia was a British colony known as Northern Rhodesia, in honour of Sir Cecil Rhodes, a British businessman who had developed huge mining operations in southern and eastern Africa. In the post-independence era, Lusaka grew rapidly as thousands of rural Zambians left their desperate life in the countryside in the hope of finding prosperity in the city. Zambia's sole ruler from 1964 to 1991 was the legendary Kenneth Kaunda, who had led the struggle for freedom from Britain. Under his rule,

the country initially pursued a socialist economic development model, with the government taking control of most of the main industries and the land. In 1972, Kaunda made Zambia a one-party state, with his United National Independence Party (UNIP) the only legal political entity. Zambia offered its territory as a base of support for guerrilla groups fighting against the white-minority government in neighbouring Rhodesia.

Food riots in 1990 and growing demands for more political freedom led to the adoption of a new constitution legalizing opposition political parties. In 1991, Frederick Chiluba, the leader of the Movement for Multi-party Democracy (MMP), was elected president, defeating Kaunda, who was later banned from seeking a further term as president. Chiluba launched a wide-ranging program of privatization, selling off formerly state-run enterprises to foreign companies. This policy was recommended to him by the World Bank and the International Monetary Fund, who believed it to be a recipe for economic success for poor countries such as Zambia that had once experimented with socialism. But while foreign investment grew, and some Zambians became richer, unemployment and poverty also increased. The benefits of the free-market economy were very hard to see for most people. On the urgings of these international financial bodies, Chiluba's government slashed spending on education, health care, and other vital social programs so that it could pay down its enormous

foreign debt and reassure investors of its fiscal responsibility. The results of this program, which was also followed in other developing countries desperate for financial assistance, were uniformly disastrous. In recent years both the World Bank and the IMF have reconsidered their blueprints for economic development, but not before the previous recipes had created untold devastation around the world, blighting the lives of millions of people.

A military coup in 1997 was put down, leading to the execution of 59 army plotters for treason. By 2000, Zambia was coping with the burden of thousands of refugees fleeing the violent civil war that had engulfed the neighbouring Democratic Republic of the Congo. In 2001, Chiluba's government ran into serious problems. Some of its senior members split to form a rival group opposed to the president's plans to run for a third term. Following the victory of Levy Mwanawasa in the December 2001 presidential elections, Chiluba was arrested on corruption charges. Meanwhile, the country's economy, already reeling from the effects of the HIV/AIDS epidemic, faced another serious challenge as prolonged droughts caused massive crop failures. The resulting starvation caused Mwanawasa to declare a national state of emergency and to appeal to the international community for emergency food aid. In 2005, the World Bank approved a \$3.8-billion debt relief package for Zambia that will permit it to write off more than half its foreign debt.

Analysis

1. What factors could have led to Zambia's becoming a prosperous and stable nation after it achieved independence from Britain? Why this did not happen?
2. What are the most difficult challenges Zambia faces today? How are both local leaders and the international community seeking to help the country overcome its problems?

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AIDS in Africa: An Overview of the Problem

Did you know . . .

The nation with the highest rate of HIV infection in the world is Swaziland in Africa. A staggering 38 per cent of adults are HIV-positive.

In 1997/98, just as the developing HIV/AIDS epidemic was beginning to attract the world's attention, the World Bank issued a report with the following projections on how the crisis was likely to unfold. The report concluded that the peak of the epidemic was far from being reached at the time it was written. However, AIDS had already become the continent's main cause of death among young adults between the ages of 15 and 49. Death rates for other diseases, such as malaria and tuberculosis, had also risen dramatically as a result of the spread of HIV. Although the poor were the main sufferers, AIDS spared no one. The disease even struck down the relatives of African heads of state, such as Zambia's Kenneth Kaunda and South Africa's Nelson Mandela.

Rates of HIV infection topped 30 per cent among young adults in urban and semi-urban areas. It was predicted that countries such as Botswana and Zimbabwe would lose between a quarter and a half of their 1996 urban work force by 2005. In Zimbabwe, life expectancy would be 21 years lower by 2004 than it would have been without the virus. Children with only one parent or no parents would most likely not attend school, thus rendering them largely unemployable and destined to lives of utter destitution. AIDS would strike the skilled labour force severely, causing a loss of urban-based workers of up to 30 per cent by 2005.

What limited financial resources most sub-Saharan African countries possessed were not being effectively utilized in the battle against AIDS. There were too few skilled medical

practitioners available, and society's leaders, including top political and business figures, were not providing positive role models in terms of their sexual behaviour. Despite efforts by the UN and other agencies to promote a greater use of condoms to prevent infection, most young African males were extremely reluctant to alter their sexual practices. Almost without exception, the countries of sub-Saharan Africa were dependent on AIDS control programs funded and administered by foreign sources and not by their own governments.

In June 2005, the UN's AIDS committee issued another report, which largely confirmed the predictions of the 1997/98 World Bank study. By this time, the number of people living with HIV/AIDS in sub-Saharan Africa had risen to 34.3 million, a figure larger than the total population of Canada. Among them were 1.3 million children under the age of 15. Despite widespread efforts to control the spread of the disease through education and preventative measures, African adults and children were becoming infected at an increasingly higher rate. This was the only part of the world where this trend continued. The infection rates for some countries were truly staggering, for example Botswana: 35.8 per cent of the total population, Zimbabwe: 25.8 per cent, and South Africa: 19 per cent.

With the health-care centres totally overwhelmed by the sheer number of HIV/AIDS cases, most of those suffering from the disease were receiving what limited attention they could hope for at home. Many AIDS victims were also suffering the additional social

stigma of being viewed as pariahs or outcasts, ostracized because their “immorality” was responsible for their fate.

In the conclusion to her influential article “The Lessons of HIV/AIDS,” published in the July-August 2005 issue of the prestigious journal *Foreign Affairs*, Laurie Garrett offered the following observations regarding what the HIV/AIDS epidemic may mean for the world in the century to come:

“In the aftermath of September 11, 2001, the United States tends to define all national security concerns through the prism of terrorism. That framework is overly limited even for the United States, and an absurdly narrow template to apply to the security of most other countries. The HIV/AIDS pandemic is aggravating a laundry list of underlying tensions in developing, declining, and failed states. As the burden of death due to HIV/AIDS skyrockets around the world over the next five to 10 years, the disease may well play a more profound role on the security stage of many nations and present the wealthy world with a challenge the likes of which it has never experienced. How countries, rich and poor, frame HIV/AIDS within their national security debates today may well determine how well they respond to the massive grief, demographic destruction, and security threats that the pandemic will present tomorrow.”

Statistics and conclusions such as these serve to illustrate the sheer dimensions of the problem, but do not provide a human face for it. In order to obtain such an insight into the tragedy of HIV/AIDS and how it is affecting young people in Africa, here is a selection from Avril Benoit’s documentary, “How Are You Siama?” which was broadcast on CBC’s *The Current* in

June 2002 and focuses on the spread of AIDS in Zimbabwe:

“In the Harare suburb, at the Mashamzou Centre, a small group of orphans play together. They are among the legion of nine million children who have lost one parent or both to the African AIDS epidemic. Here, these children get clothes and food—enough to survive. For other youngsters, this centre is a place to die. Matilda and Leona have full-blown AIDS. They were born with the virus that will eventually kill them before they reach their teen years. Leona is frail. She’s 12, but she looks no older than six or seven. She seems sad and tired, yet she smiled when I asked her if she liked school. ‘Yes,’ she said, ‘particularly mathematics and science.’ But the odds are that she will never finish high school.

“Sixteen-year-old Priscilla wishes she could go back to school. But she is too weak. Three months ago, on death’s doorstep, her aunt brought her to the centre. The Catholic sisters took her in and nursed her back to life. But her fate is sealed too. She is in the advanced stages of AIDS. When she was nine years old, her uncle repeatedly raped her. He was infected. Priscilla whispers, ‘My uncle raped me and then the sickness started.’ Once she became sick, her mother rejected her. ‘My mother is a teacher, she does not want to see me. She said, “you are HIV positive. You give others your sickness.”’ Her aunt and her niece are now her only family.

“The harsh reality of these ruined lives is painful to witness. Fathers and mothers burying their children. Grandmothers and grandfathers raising their children’s children. ‘This disease will destroy everybody. Clear up everybody,’ says 68-year-old Mathius Kaseke. He buried his son-in-law a few

months ago. Last week he attended his granddaughter's funeral. He will eventually do the same for his own daughter. All of them are victims of AIDS. 'Who is going to make the next generation?'

asks Mathius. 'Nobody,' he says, 'unless scientists find a cure.'"

Source: CBC News Indepth: AIDS in Africa

Inquiry

1. How do the findings of the 2005 UN report on AIDS in Africa confirm the predictions made in the World Bank study of 1997/98?

2. In what ways are both statistics and stories of individual victims of HIV/AIDS in Africa necessary and useful in providing people in other countries with a fuller understanding of the dimensions of the problem and its impact on the people of Africa?

3. Do you think a cure will be found for HIV/AIDS? Explain.

4. What kind of future will the countries of sub-Saharan Africa face if the HIV/AIDS epidemic is not checked soon? How might this affect the rest of the world?

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Canada's Role in the War on AIDS in Africa

Archives

Canada has its own serious AIDS problem. To learn more about the roots of this situation, visit the CBC Digital Archives at www.cbc.ca/archives and view the file "The Early Years of the AIDS Crisis."

Canada has committed itself to providing cheap generic antiretroviral drugs (ARVs) that can suppress the HIV virus by boosting the patient's immune system. These drugs are commonly available to HIV sufferers in rich countries like Canada, but are far beyond the reach of most poor Africans affected by the disease. The program was initiated under former prime minister Jean Chrétien and has continued under Paul Martin's administration. As the 2004 throne speech stated, Canada would act to provide these drugs as soon as possible.

Stephen Lewis, the Canadian who serves as the UN's special envoy for AIDS in Africa, regards this move as a "stunning breakthrough," and one that other Western countries should emulate. Lewis has been harsh in his condemnation of the lack of action of most Western countries on this emerging crisis, accusing their governments of being guilty of "mass murder by complacency." With the introduction of the legislation in October 2003, Canada

became the first Western country to act on an agreement by the World Trade Organization (WTO) that called on member nations to provide cheap drugs to developing countries in order to fight the HIV/AIDS epidemic.

The new Canadian legislation will permit Canadian drug companies to sign contracts with poor countries to supply cheap, generic versions of the ARVs. Companies supplying these generic versions of brand-name patented pharmaceuticals will pay the patent-holders a royalty of two per cent. This will result in tremendous savings for African recipients of the ARV drugs, which usually cost between \$8 000 and \$15 000 per person. The generic versions cost only \$250. Elated by the Canadian government's decision, Lewis stated: "as the Internet carries news of the Canadian initiative, I realized there was no turning back, that this had now become a *cause célèbre*, something which Canadians and so many others wish to do."

Analysis

1. Why does Stephen Lewis regard Canada's decision to provide Africa with generic drugs to fight AIDS as such a major international breakthrough?

2. Do you think Canada should use its influence with other countries, such as the United States, to adopt a similar policy regarding the provision of generic drugs to combat AIDS in Africa and other poor areas of the world where they are needed? Explain.

AIDS IN AFRICA: DESPAIR AND DENIAL

Stephen Lewis's Battle against AIDS in Africa

Further Research

To learn more about the UN's initiatives in fighting the spread of HIV/AIDS visit the UNAIDS site at www.unaids.org.

Stephen Lewis is a very prominent Canadian who has dedicated much of his life and energy to the fight against AIDS in Africa. Formerly the Ontario leader of the NDP and Canada's ambassador to the United Nations, Lewis has found the cause of promoting awareness of the magnitude of the disaster facing Africa to be all-consuming. After UN Secretary General Kofi Annan appointed him as the international body's chief AIDS envoy to Africa, Lewis has worked tirelessly to remind world leaders and individual citizens of rich, Western countries of their global responsibility to come to Africa's assistance. He rarely minces words in his stinging attacks on those who prefer to ignore the problem or find excuses to justify their lack of concerted action to address it.

In his recent Massey Lectures, delivered across Canada and published in book form as *Race Against Time*, Lewis heaps scorn on the slow-moving bureaucracy of the very organization that employs him. He calls it "paralyzed," "uncritical," "preposterously deferential," afflicted by a "congenital timidity," and trapped in a "boy's club mindset" that prevents it from understanding how African women are especially impacted by the crisis. Lewis has always been known to speak his mind and has never shirked from controversy in his long career in public life. But his denunciations of those who prefer to deny the extent of the problem Africa is facing with HIV/AIDS are stronger than even his most stinging previous pronouncements. In *Race Against Time* he states that "there is a tendency to think that dissent should be contained, or that self censorship should be applauded. I regard both sentiments

as the last refuge of the intellectual wimp."

Lewis is particularly scathing in his criticisms of world leaders, including Canada's Paul Martin, for their failure to meet the goals of the Millennium Development program set at a G8 conference in 2000 to check the spread of poverty and disease in Africa. At that meeting, a 15-year timeframe was agreed upon to reach a number of important benchmarks, including reducing hunger and child and maternal mortality, the establishment of universal primary education, and curbing the spread of AIDS. But a third of the way along, none of these goals has even come close to being achieved. Instead they seem to be disappearing as Africa's problems become even more acute.

Such poor results drive Lewis into something approaching an intellectual frenzy. He holds the G8 countries, and their leaders, personally responsible for the failure to meet the Millennium Development goals, and also indicts powerful international financial bodies like the World Bank and the IMF. According to Lewis, these agencies have imposed totally unrealistic loan and aid conditions on poor countries, forcing them to adopt neo-liberal economic policies that have slashed spending on health care, education, and social programs. These policies have made it very difficult to fight the HIV/AIDS epidemic. In Lewis's words, "the IMF and the World Bank simply fail to understand that you don't deny the hiring of health professionals, in the face of an apocalypse."

However, it is the UN itself that comes in for his sharpest attacks. For example, he cannot fathom the inability of UNICEF, the UN's children's fund,

which he once headed, to abolish fees for primary education in poor countries. He also castigates the UN's leadership for its male chauvinist attitudes, which prevent it from fully comprehending how women in poor countries are affected by poverty and the spread of infectious diseases. He holds the UN particularly responsible for leading the battle against AIDS and poverty because of its international importance and connections with powerful world leaders. Among them were the prominent figures who met in July 2005 at Gleneagles, Scotland, at the G8 summit hosted by British Prime Minister Tony Blair. At that summit, the leaders agreed to the doubling of foreign aid to Africa by 2010. But Lewis is extremely skeptical that this goal will be reached, given the same countries' failure to meet the Millennium Development Goals set half a decade ago.

Figures from the world of entertainment, such as rock stars Bono and Bob Geldof, the organizer of the worldwide Live 8 concerts, also come in for their share of Lewis's criticisms. He portrays Geldof, for example, as having "an incestuous proximity to government." As he notes, "It's not an unusual process, this exercise in self-hypnosis. You get caught up in the sense of power and excitement and influence, and lose perspective." Lewis believes that Bono too may have fallen victim to this, especially in his relationship with Paul Martin, which, however, appears to

have soured after Martin failed to keep his promise to raise the level of Canada's foreign aid.

In addition to his role as UN AIDS envoy, Lewis has also single-handedly created the Stephen Lewis Foundation (www.stephenlewisfoundation.org), a non-governmental organization he heads. Among its purposes are to increase global awareness and education about HIV/AIDS, provide assistance to those suffering from the disease, especially in Africa, and inspire individual Canadians to become more involved in the fight against it. Lewis uses events such as the Massey Lectures to raise the level of public consciousness regarding the crisis and has raised tens of thousands of dollars for the foundation to conduct its programs. In his view, the world truly is involved in a "race against time" in the battle against AIDS. As he notes, "we have a historic pandemic that is sweeping across this world. It has no precedent in human history. It has already exceeded the Black Death of the 14th century; it will vastly exceed the number of deaths in both world wars in the 20th century. This is of a proportion that the world has never encountered or struggled with before." As far as Stephen Lewis is concerned, it is a fight that the world cannot afford to lose.

Sources for Lewis quotes: "Lewis Unleashed," *Maclean's*, October 24, 2005, and for the last quote, *Presbyterian Record*, May 2004

Understanding

1. Why does Stephen Lewis feel so passionately about the HIV/AIDS crisis in Africa? Do you share his concern?
2. Who does Lewis mainly blame for the world's failure so far to successfully address the ongoing HIV/AIDS crisis in Africa? Do you agree? Explain.
3. Why is Lewis so highly regarded around the world as a spokesperson on the AIDS issue? What personal characteristics does he possess that qualify him for such a public role?

