28: STORIES OF AIDS IN AFRICA


Each of the 28 stories tells both a personal story and points up a broader trend or challenge. Nolen shares the mesmerizing and poignant tales of a brother and sister orphaned by AIDS, a grandmother raising an entire generation of grandchildren, the personal story of a world-renowned AIDS activist who contracted HIV through commercial sex work at a young age, an HIV-positive African trucker whose wife is miraculously still HIV-negative, and a Kenyan commercial sex worker who left home to find work in a gold mine in another part of the country, contracted HIV while away, and later infected his wife back at home.

She also introduces us to health care providers: a nurse with Dignitas, a Canadian non-profit organization with clinics in Malawi; an HIV-positive Ugandan physician who, once near death, was saved by novel AIDS drugs and has bounced back to treat thousands of patients; and a Congolese doctor employed by Doctors Without Borders, who was left behind after the organization was forced to abandon its Congolese mission for security reasons.

The book is full of tragedy and touching passages that pull at your heartstrings. In spite of all the calamity, 28 also offers hopeful moments, reminding the reader of one of the major victories in combating the AIDS epidemic: well over a million Africans now receive drugs for AIDS treatment. The book includes the story of Zachie Achmat who staged public protests and refused to take drugs for AIDS treatment until the South African government agreed to provide universal access to drugs for all people living with HIV/AIDS. Achmat played an important role in persuading the South African Health Ministry to commit to providing AIDS treatment for the entire country. Finally, Nolen also movingly recounts former South African President Nelson Mandela’s 2005 announcement that his son died of AIDS, and his personal regrets about not having done more about the AIDS epidemic during his presidency.

This page-turning book is deeply engaging and is a great primer for anyone who knows little about AIDS in Africa. The heart-wrenching stories even offer fresh perspectives on the human side of the AIDS epidemic for the most knowledgeable public health or AIDS expert. Though filled with human catastrophe, the book provides remarkable insights into the complexity, tragedy, and success stories of the African AIDS epidemic. In the end, it comes down to action. Nolen offers guidance for how readers can help fight the HIV/AIDS epidemic in Africa.—Amy Nunn

THE MANY SHADES OF CAPITALISM

It will come as no surprise to the readers of this magazine—one that focuses on the business role in fighting global epidemics—that capitalism is complex. The same market forces that have so often been associated with greed and callous disregard for “the little guy” have equal potential to reduce poverty and fight diseases.

The premise that capitalism is not a monolithic entity, but rather a dynamic system that can take many forms, is exactly that advanced by William J. Baumol, Robert E. Litan, and Carl J. Schramm in their book, Good Capitalism, Bad Capitalism, and the Economics of Growth and Prosperity. The authors explore what they’ve identified as the four types of capitalism, attempting to explain why some capitalist economies experience large-scale growth—and subsequent poverty and disease reduction—and others do not.

The crux of their theory relies on what they call the two “good” types of capitalism: entrepreneurial...
and big-firm; which is juxtaposed against the two “bad” types of capitalism: state-guided and oligarchic.

All capitalism, it appears, is not created equal. Entrepreneurial and big-firm capitalism are the two kinds that are seen in the United States and Europe—the former characterized by its incentives for innovation and business development and the latter by less innovative, but more stable, dominance by older, larger firms.

Concerning the two “bad” forms of capitalism, the authors’ case is less clear: many of Asia’s economies have thrived on state-guided systems that effectively mix in other characteristics of entrepreneurial and big-firm capitalism, though many countries have found financial ruin with this form. Oligarchic capitalism, in which the wealth of an economy rests mainly in the hands of an elite few who do not have the interest of the general population in mind, can most certainly be characterized as the worst form of capitalism.

Despite the complex litany of economic theory, of which there is much in this book, the authors’ theme can be summed up in one word: entrepreneurship. Baumol, Litan, and Schramm are completely taken by the power that entrepreneurial capitalism has to encourage growth and reduce poverty.

This basic foundation has far-reaching implications for policy makers in the world’s poorer countries, who have until now, relied on the assumption that all forms of capitalism should create growth. By steering the economies of the developing world toward a healthy mix of entrepreneurial and big-firm capitalism, while avoiding the traps of state-guided and oligarchic capitalism, the authors propose sustainable economic growth and poverty reduction is possible.

At the same time, a heavily entrepreneurial economy, with low barriers for starting business and strong bankruptcy protection, is one that is risky to both the entrepreneur and the broader society, and can often result in job loss. Ultimately, the authors’ compromise, in the form of a mix of big-firm and entrepreneurial capitalism, provides a solid framework for economic growth and poverty reduction in the developing world.

The authors’ fundamental point contains one superbly accurate observation: the forces of “good” capitalism, when functioning at their best, have enormous potential to reduce poverty and thus reduce the threat of some of the world’s most perilous epidemics.

The next step for policy makers will be to separate the good from the bad, which is never as easy in practice as it is on paper.—Jed Levine

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**TAKING AWAY THE DISTANCE**

The shortest distance between two points is a straight line, and that’s exactly what Miles Roston, a writer and director of the documentaries Make It Real (to me) and 14 Million Dreams, delivers in the book Taking Away the Distance. The line between author and subject is marbled with the HIV/AIDS epidemic—parts touching, parts harrowing, always real—in this account of the journey of a young African boy, Kevin Sumba, orphaned by AIDS. In telling the story, Roston attempts to “cut through the extraordinary swath of conflicting feelings and taboos surrounding the epidemic.”

Roston is part jocular, part hectoring mentor in this book. Instead of just telling Kevin about condoms and testing, Roston encourages Kevin to find out about the disease in his own way and to think about what can be done by him and others to bring about change. It’s a gentle narrative, giving an inside-out picture of what it takes to be a young male survivor in Kenya, and eventually what comes through is both understanding between two people and something of a road map—albeit in anecdotal hues—that gives a straight line into feeling and understanding the fears in the age of HIV/AIDS in Kenya.

Kevin’s journey led him to discussions with the mayor of his town, an archbishop of the church, people infected with the virus, and others orphaned, just like him, by the disease. He speaks with young women at his school and inquires about sexual pressure from boys and men and asks if the men would wear condoms. One woman replies: “A man will tell you that if you do it...if you do it with a condom, he will not get that pleasure. He will tell you that sex with a condom is like tea without sugar. We have to take this tea with sugar.”

This is not a book of policy, nor does this book offer much in the way of solutions. Instead, Roston has produced a testimonial to the lives—and in Kevin, one particularly compelling life—crippled by the epidemic. It reminds us that, behind the statistics of disease and condom use and healthcare access, lie real people with names. Like Kevin.

—Jerry James

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THE RELATIONSHIP BETWEEN AIDS AND RELATIONSHIPS

The elusive key to the African AIDS crisis is all about relationships. Only by understanding how the unique characteristics of HIV interact with the characteristics of societies can we curb the spread of the global epidemic. At least that is what Helen Epstein argues in her latest book, *The Invisible Cure*.

Epstein sees a clear explanation for why the HIV/AIDS epidemic has thrived in some countries and communities while almost entirely skipping others: concurrency. This practice of maintaining simultaneous sexual relationships with two or more partners is a norm in much of Africa, says Epstein.

By contrast, serial monogamy is the practice of having sexual relations with only one partner at a time but potentially having many sexual partners over a lifetime, as is common in the West. During concurrent relationships, says Epstein, a person can become infected by one partner and easily spread it to the other, a process facilitated by the fact that at such an early stage, the virus is most virulent and tests wouldn’t expose its presence. The issue is thus not about how many, but when. Epstein likens the complex sexual network that arises where concurrency is common to the creation of a superhighway on which HIV may spread, as opposed to the numerous dead-end roads of serial monogamy.

The solution Epstein espouses in her book is firmly based in the realm of relationships; the relationships that form a community. She argues that the invisible cure to HIV/AIDS in Africa is social unity against the virus. Only by creating a social movement that acknowledges and addresses the actual realities that permit HIV/AIDS to flourish, can communities put an end to the epidemic.—Michele White

Q&A with author Helen Epstein

**MW:** You argue that concurrency—a cultural norm whereby men and women have multiple simultaneous relationships—is the root cause of the generalized AIDS epidemic in Africa. Does this have implications for business working to defeat HIV/AIDS?

**HE:** My recommendations to the business community are the same as my recommendations to everybody—think the word about concurrency needs to get out. The most important thing people need to know is where the risks are coming from, and then they can make their own pragmatic decisions.

For a long time, I think there was a kind of misconception that if you stayed away from prostitutes and truck drivers and other so-called immoral people or irresponsible people that you weren’t at risk. I think a lot of people have learned the hard way that is not the case. It could make a very big difference if people had this information and understood the mechanics of the way the virus spreads, if people could just understand the concurrency hypothesis and realize where this thing is coming from. And then the next step, I would think, would be for them to discuss it among not just their sexual contacts, but their families and their friends and take some sort of collective action to do something about it.

**MW:** How can companies, with access to such large segments of society through their workforces, supply chains and customers, effectively support what you refer to as “collective efficacy” or “social cohesion”?

**HE:** When companies work well, the people within them tend to work together and companies certainly want to do this, at least for their own employees. I know GBC members tend to be quite huge and have networks throughout large swaths of Africa, so I would definitely think that disseminating this message through those companies, or at least within them would help. I know a lot of companies have AIDS education programs, so it would be very easy to slot this kind of information into those.

A lot of these companies also have, within their corporate social responsibility programs, corporate philanthropy. They do volunteer work, they support volunteer groups, and so on. And because these companies have money, they can influence quite a large number of people, beyond their own employees, so certainly I think that this is possible.

**MW:** If you could send the business community one message about HIV/AIDS, what would you say?

**HE:** I think the best thing to do is to see how people respond to the message of concurrency, to see what kinds of conversations become generated, if any. We need to see how people respond and then go on from there.

Sometimes out of the best intentions, people trying to do good in Africa often try to program too much and assume too much rather than have a dialogue with the people they are trying to help and support. More of an exchange would be helpful and whatever programs are adopted and taken forward should be informed as much as possible by the people you are trying to reach.

**MW:** Essentially, you’re saying it should be acted on in a sort of business methodology with programs adjusted to how consumers respond.

**HE:** Precisely. —Michele White