The Puzzle of AIDS

The Director-General of the World Health Organization (WHO) has recently announced the 3 by 5 Initiative – a promise that 3 million people with acquired immunodeficiency syndrome (AIDS) will have received the best available treatment by the year 2005. There is no doubt that this is a noble effort, worthy of our support. We should wish the Director-General and WHO every success in this endeavor.

The news about the initiative brought back memories of the time when AIDS was first described. I recall how puzzled I was by the attention that the disease received and the puzzlement is still with me. The extraordinary attention that AIDS continues to receive could not be only the consequence of the fact that AIDS caused people to be sick and die; people have been sick and were dying from many other causes ranging from war to traffic accidents and from pollution to influenza. Nor could it be because the victims are so numerous – there are other causes of death and disease affecting more people than AIDS. Malaria alone counts its victims in hundreds of millions and suicide kills nearly a million people in the world each year. Nor could it be because of the bad way in which people are ailing and losing hope – there are so many other manners in which people or nature have been making humans suffer and lose dignity or die. Numerous other reasons for the world’s reaction clearly must have been at play.

Ethical issues are one of them. The proposal to create “Sidatoria”, so that all those in whom the virus resided could be isolated from the rest of the population and thus rendered harmless, was a solution considered by some governments when the disease broke out. Eventually, the notion that human rights of those imprisoned would be abused led to the conclusion that there should be no isolation – a decision supported by the fact that soon it would be impossible to confine the growing number of the infected. Some airlines decided to prohibit flying for pilots who were positive to human immunodeficiency virus (HIV): it was difficult for them to accept that the infection by itself did not significantly harm the pilots’ cognitive or motor facilities. (It is not easy to ascertain whether some airlines still implement the prohibition on flying for HIV-positive pilots.) Physicians were requested to report HIV-positive cases not only to health authorities but also to other institutions (e.g., insurance companies), regardless of whether the infected person consented to this. Many physicians refused to do so and this type of request somehow subsided. Ethicists, physicians, and lawyers discussed whether partners of HIV-positive persons should be informed about the infection and whether being HIV-positive might constitute grounds for divorce. No clear conclusions were reached and physicians gradually accepted to treat cases of AIDS as they treated infections with syphilis. Some hospitals in Africa refused to admit HIV-positive patients regardless of what other disease brought them to hospital. In some countries, nurses refused to look after HIV-positive patients. Boxing ringside staff began wearing rubber gloves, although they had been at risk of blood transmittable diseases even before AIDS. Some of these new ways of behavior ceased after a few years, but some other became a part of the routine. Ethical questions concerning AIDS have thus probably contributed to the visibility of the problem.

Part of the attention given to the HIV infection and AIDS may also have been linked to the fact that in its early days, HIV infection was transmitted mainly among homosexuals. Since many of them, infected or feeling at high risk of infection, were employed in the media, some said that they have reported about AIDS more frequently than about other diseases and with more empathy for those affected: there is no proof for this contention. And then, there were also those who, in an almost medieval style, interpreted the disease as God’s punishment for “unnatural” sexual behavior – a curious choice of a reason for punishment, said others, pointing to many bad and harmful forms of behavior that escape divine retribution by disease.

Among all these and other possible reasons was one that I believe was particularly important: AIDS was a disease that has shattered our confidence and interrupted the series of our victories over nature, insects, disease, and even death.

In the seventh decade of the 20th century, everything seemed within reach, given a little more good will, a little more time, and a little more money. Traffic accidents were cruel life-takers but we had found methods to prevent their occurrence by building better roads, driving better cars, and drinking a little less while driving. Authorities dealt safely and quickly with many infectious diseases. New surgery dealt
painlessly with a variety of previously lethal afflictions. Pollution was clearly controllable by legislation whenever governments and individuals became serious about it. Even neuropsychiatric disorders proved to be amenable to primary prevention and effective treatment in a large proportion of cases.

AIDS came as a blow to this confident and optimistic, technologically perfect new world: a communicable disease was at large, impervious to all known treatments, spreading inexorably and killing in ugly and undignified ways. The behavioral changes, which seemed to be necessary to prevent its spread, were different from those involved in reducing skiing accidents. Nothing seemed to work as it should and a series of predictable reactions followed. New treatments were promoted without credible evidence about their effectiveness. Individuals, nations, and certain professions were declared culprits and treated as scapegoats in violent ways. Lies and alarming news emerged with ease and could not be fought effectively. Soon after the world admitted that the disease existed, it became therefore unusually easy to find resources for research clearly expressing a hope that the magic of science would work again and wipe out the disease, which might be a harbinger of many other threats to society’s progress.

The developing countries reacted differently in the beginning. The third world suffers from innumerable ills and diseases: one more, no matter how lethal or invasive, can be more easily overlooked in the host of those sapping the strength of the nation and making the life of individuals and communities a high risk proposition throughout its duration. Gradually, however, the attitude changed: HIV infection became recognized as a new problem, governments reacted, and money and other resources from inside and outside found their users. Some countries still denied that the disease existed within their borders, but their numbers were diminishing. Thus, by the mid-1980s the world was mobilized. While myths still abounded and ignorance and other obstacles of a moral, traditional, and economic nature barred the way, attitudes and responses were beginning to change.

However, progress in treating those affected is still slow. The treatments made available are not perfect and, in addition, they are expensive. The population in some countries has become better informed about the disease and has begun to participate in preventive efforts. But, this is far from being a generalized trend. Taboos and prejudices are still barring progress. Meanwhile, all continents are struck by the disease. The disease is by now striking heterosexuals as well as homosexuals, children as well as adults, sex workers and people who were infected while being treated in a hospital for a banal affliction. The numbers of those affected are counted in tens of millions rather than thousands. Millions have advanced from having been infected by the virus to having AIDS or died, leaving behind an army of orphans, devastated villages, and discouraged health workers. Extremely few of those now ailing are receiving treatment. We hope that the WHO Director General will be successful with his program and that the 3 by 5 Initiative will be followed by others, aiming at other affected millions and at other devastating diseases. Such a new strategy of dealing with major plagues one by one differs from the previous strategies relying on comprehensive health care. In our increasingly focused, goal-oriented world, such a strategy may well be a successful revolution in the public health efforts, global and national.

The example of AIDS will maybe teach us how to deal with new threats to health that will undoubtedly continue to emerge. If we learn how to do this well, the experience with AIDS will have been a cruel and expensive but most useful lesson.