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## Refusing to Save Africans

By BOB HERBERT

Giving the back of his hand to the suffering of millions, a key Bush administration official is opposing any extensive use of the life-extending anti-AIDS drugs in Africa, insisting that the health care infrastructure is too primitive and that Africans, in most cases, are incapable of following the regimen.

As head of the U.S. Agency for International Development, Andrew Natsios is the administration's point man on foreign aid. In an interview with The Boston Globe, he said the money raised by a new global fund to fight AIDS should be used almost entirely for prevention services, not for the antiretroviral drugs that have been so successful in extending the lives of people infected with H.I.V.

Painting with a very broad brush, Mr. Natsios said attempting to get the drugs to Africans any time soon would not be worth the effort because of the difficulties posed by a lack of roads, shortages of doctors and hospitals, wars and other problems.

According to Mr. Natsios, the problems extend to the Africans themselves. Many Africans, he told The Globe, "don't know what Western time is. You have to take these (AIDS) drugs a certain number of hours each day, or they don't work. Many people in Africa have never seen a clock or a watch their entire lives. And if you say, one o'clock in the afternoon, they do not know what you are talking about. They know morning, they know noon, they know evening, they know the darkness at night."

This view of Africans as so ignorant they can't master the concept of taking their medicine on time has become a touchstone of the Bush administration. Back in April, The Times's Joseph Kahn reported on concerns voiced by an unnamed senior Treasury Department official: "He said Africans lacked a requisite 'concept of time,' implying that they would not benefit from drugs that must be administered on tight time schedules."

Africans may be dying by the millions from AIDS, but the brutal stereotyping of the Dark Continent lives on, encouraged by U.S. government officials who should know better.

Mr. Natsios's primary response to the epidemic that is roaring like a fireball across southern Africa is to just say no. "Just keep talking about prevention," he told The Globe. "That is the strategy we're using — even though I'll be beaten up and get bruises all over me from the fights on the subject."

Mr. Natsios may not realize it, but just talking about prevention has failed. In sub-Saharan Africa, more than 25 million people are infected with H.I.V., and more than 17 million have already died. In South Africa, which is being brought to its knees by this epidemic, the rate of infection for all people 15 to 45 years old has nearly reached 20 percent.

The United States, a rich and healthy nation, cannot close its eyes to suffering on such a colossal scale. There is medication available to ease the suffering and its cost is coming down. Now the steps must be taken to get the medicine to the people in need.

I spoke with Mr. Natsios last Thursday. He conceded that in South Africa and the country with the worst outbreak of AIDS in the world, Botswana, the health care infrastructure is, in fact, pretty good.

As for the difficulty Africans or anyone else might have following the daily antiretroviral regimen, now might be a good time to burst a widely held misconception. Antiretroviral therapy does not always require patients to take dozens of pills a day.

"Our patients take two pills in the morning and two pills in the evening. That's it," said Toby Kasper, an official with Doctors Without Borders, which recently established an antiretroviral therapy program for patients in a village in South Africa.

The trend in drug therapies — in the U.S. and elsewhere — is toward newer, more consolidated regimens that are easier to follow.

Mr. Natsios reluctantly acknowledged that some limited use of antiretroviral treatment in Africa may be O.K., and he said he didn't mean to offend anyone with his comments about African concepts of time.

The truth is that both prevention and drug therapy are desperately needed in Africa.

No one believes antiretrovirals can be effectively administered in countries that are at war, or in areas devoid of doctors and hospitals or clinics. But there is a role for antiretroviral therapy to play in the catastrophe in sub-Saharan Africa. And it would be to the everlasting shame of the United States if its officials proved to be a barrier to that kind of life- saving treatment.