7. A.J.Fortin, AIDS and the Third World : The Politics of International Discourse, Alternatives Vol. XIV, 195-214. 1989

The global threat of AIDS

AIDS epidemic has become not only a terrifying and growing global sickness,but it has also in the past two years emerged as an important subject of international political discourse. AIDS has pricked the anticolonialist sensibilities of many of those living in Third World countries who perceive the disease as an unwelcome import from the West. African press accounts and editorials, for example, have variously characterized AIDS as the result of Western "sexual perversions," or as part of a highly organized racist smear campaign designed to "further disrupt African economies." AIDS has also been invoked in the imposition of travel and immigration restrictions, and in accusations of human rights violations against HIV-infected persons.

Framing AIDS in the Third World

How has AIDS been viewed as a problem for the Third World? How are we, particularly in the West, coming to know AIDS as a Third World phenomenon? What popular or intellectual framework are we using to make ourselves familiar with this new and devastating visitation now in our midst? In what ways are we socially and politically constructing the epidemic and from what directions are we pursuing the meaning of AIDS as it affects Third World countries?

These questions presume that the AIDS epidemic, as a political phenomenon, is, among other things, the product of a number of contending representational practices-languages of AIDS---that include medical, religious, sexual, and other culturally and historically specific ways of speaking. They are "contending" practices because for the most part they reflect the struggle between their various constituencies (covert or overt) to establish the "reality" of the epidemic most conducive to their interest. In this sense, the AIDS epidemic truly forms what Michel Foucault has called a site of discursive production : a location where power and knowledge are transformed into discourse. By drawing on these ways of speaking when we want to "paint the picture" or "tell the story" of AIDS, we come to fix our political commitments which are imbedded in the particular voices and strategies legitimated through the discourses used. These voices and strategies, as they exist in discourse, speak for a material world through "approved" vocabularies and specific metaphors and imagery. They sustain or resist, in short, what can be termed as nothing less than the growing international AIDS "industry" as well as those constituencies that depend on the advancement of that industry.

Whether international representations of AIDS work to support and extend the forces of Western penetration, exploitation, and domination in that part of the world. To this end we will explore with regard to AIDS one of the grand international representational strategies which, according to Arturo Escobar, have traditionally played a crucial role in maintaining Western domination over the Third World, namely, the political discourse on underdevelopment.

Political struggle and the discourse on underdevelopment

Since the end of the second world war, debates over the political nature of development and underdevelopment in the Third World have divided thinking into a number of contentious camps. Two are worth briefly describing here. Generally speaking there are those who view development as a process of building foreign investment, international trade, and increasing capital accumulation. As the surplus of capital grows, so does general wealth. The distribution of this increasing wealth would eventually be available to more and more citizens and poverty would decline as the economic well-being of the people grew. The problem the Third World has, from this point of view, is its lack of the necessary capital to stage a "takeoff" and begin this universal, and capitalist, process of growth.

In contrast to those advocating some form of the modernization ideology are those who see the underdevelopment of the Third World as brought about by the history of capitalist agricultural and industrial exploitation, i.e. the consequences of colonialism and imperialism, and by the continued economic and political dependence of Third World countries on the West. Underdevelopment is the ongoing consequence of both the historic relations with the West, and the exploitive class alliances between the West and Third World elites that have emrged since independence. Development, conversely, means the breaking of these ties that bind through strategies of revolution, democratization, and regionalism, and the building of a more self- sufficient, indigenous, and culturally relevant social and political order. Unlike the modernization paradigm described above, this model of underdevelopment---Dependencia and neomarxist---has emerged from the Third World itself and reflects the more direct and local experience of Western policies, and the vast impoverishment of Third World people that continues to this day.

AIDS and underdevelopment

To puruse the question of how AIDS is represented within these frameworks is to be confronted with the present lack of critical thought on the subject. Yet even saying that, the positioning of AIDS within the international discourse on underdevelopment has been adequately signaled on various fronts and it is with these fragments that we must work. In addition, much of what has been said relates to the epidemic in Africa and thus while our emphasis will reflect this limitation, our arguments are in general applicable to other parts of the Third World as well.

The general picture of AIDS in Africa that emerges from this literature is that of a continent under siege by an unrelenting, devastating, somewhat unfathomable enemy. Much of the projected impact of the epidemic comes not from how many, but from who is dying.

In both the West and the Third World over 90 percent of those dying from AIDS are between the ages of 20 and 49; in Africa the highest proportion of infected persons are between the ages of 16 and 29.

In those countries where HIV has infected the educated elite, many of those who are dying make up the available skilled labor of that country. The loss of such workers is expected to have a severe impact on economic growth. In Zaire, according to projections of the Harvard Institute of International Development who are modeling the economic costs of the epidemic, premature deaths from AIDS will account for an annual loss of up to eight percent [US$350 million] of that country's gross national product by 1995.

Employers, who often are the sole providers of health care for Africans, are said to be looking at the epidemic "with alarm" since it portends to undermine important economic activity such as mining where "sick pay could bankrupt the company."

Another major concern is what should happen if the epidemic spreads in any significant way from urban to rural Africa. Loss of life here on the scale that AIDS is projected to inflict could have an important impact on Africa's food production.

African countries heavily dependent on the often volatile and highly competitive tourist industry are increasingly vulnerable to economic destablization because of AIDS.

The increased direct health cost of controlling, preventing, and treating AIDS is enormous when compared to the low annual per capita amount (average US$5) spent on health by these countries.

In addition, many health officials point to the absence of sufficient health care facilities, trained personnel, laboratories, testing kits, and basic medical suplies as an overwhelming problem that must be overcome if AIDS is to receive the attention it deserves. The medical infrastructure of these countries is uneven, fragmented and lacking the ability to provide even basic health care. Other major health problems having nothing to do with AIDS, and where there is some form of medical cure, regularly go untreated for any one or a number of these reasons.

What is to be done : the World Health Organization

National committees on AIDS have been established in over 150 countries, and since February 1987, 111 countries --- including 43 in Africa --- have been working on an official basis with the WHO to build up their national programs.

Depoliticization of AIDS and the discourse on underdevelopment

It is clear that the international discourse on AIDS and underdevelopment in the Third World presents a tragic and complicated picture of the relation between disease and the conditions of human life in these countries. Poverty, illiteracy, poor health conditions, postcolonialist sensitivities, shortages of supplies, facilities, trained personnel are all recognized as contributing to the continued spread of the epidemic as well as the inadequate care and treatment of those already infected.

Given the serious nature of the epidemic with its broad social and economic impact, there are areas of critical political inquiry that need to be pursued, and that, in general, the international discourse on AIDS in the Third World suffers from a disabling absence of such inquiry.

By this we mean that while there is appreciation of the social problems which shape the course and destructive effects of the epidemic---such as poverty, and poor health conditions---the current way of framing AIDS in the Third World simply does not go far enough. It does not construct an understanding and critique of those relations of power which not only constrain efforts to halt the disease, but more important, that have created, and continue to be heavily invested in, those adverse conditions which are of so much international concern. These power relations thus remain mystified; problems such as malnutrition, unsanitary living conditions, untreated sexually transmitted diseases, as they all relate to AIDS, come out of nowhere, are perpetrated by no one, and everyone is interested in solving them.

In the absence of a historically and culturally relevant, intellectually dynamic and politically wide-ranging critique of AIDS and underdevelopment, not only are those relations of power "normalized" and legitimated, but the representation of the social experience and context of the epidemic is seriously "depoliticized" in ways that undermine AIDS control and prevention strategies. We already see some of this in the psychological explanations given for government and institutional inaction (or inappropriate reaction) as well as those based on the perceived lack of sufficient information by local decisionmakers. While these explanations contribute to our understanding of the more immediate obstacles that face health planners---they ultimately fail to recognize the way power relations structure the circumstances within which these kinds of seemingly intractable probelms continue to occur.

AIDS and dependency

The sensitivities and hostilities of Third World countries to the perceived colonialist and racist mentality of the West when it comes to AIDS has received much attention. The hostility around this and other issues related to AIDS must be seen within a much broader historical picture, and within the current context of the economic and political dependency of African nations on the West. That anger is the mark of an ongoing and deep political struggle against that dependency and its effects. The understanding of how power relations give rise to that anger is critical if we are to see the forces which are making the epidemic the kind of major health disaster many fear.

Taking his lead from Lesley Doyal, Hung argues that the pattern of colonialist industrial development created a migrant labor system that had then, and continues to have now, serious health consequences. These centers of colonialist production - plantations, mines, railroads etc.---were established within primarily rural and agricultural areas absorbing massive quantities of labor. The effects of these "enclaves of development" were disastrous for the local population in terms of the conditions of labor that were imposed on them and the crowded and unsanitary towns and cities that were spawned by them. Further, the sequestering of a primarily male migrant workforce far from home and cultural life had a destructive effect on the viability of the family. As more land continued to be either expropriated or abandoned due to the lack of sufficient labour to make it produce, many emigrated to the cities which offered little hope of employment. All of this resulted in an "explosion of both prostitution and sexually trasmitted diseases in these populations well before the AIDS virus made an appearance."

It is both the historical and current production of populations of persons highly vulnerable to disease, and especially sexually transmitted diseases, that the present concern with the AIDS epidemic in the Third World must be directed. In particular the role of the West in that process must be accorded sufficient attention. For example, while both prostitution and tourism are seen as routes of transmission of the virus in Third World countries, the role of tourism in the actual generation of prostitutes, or its promotion as recreation in Manila, Nairobi, Bangkok and other cities to attract Western tourism is not addressed or seen as part of the "AIDS problem."

In the Philippines, as well as elsewhere, infected prostitutes are also associated with the operations of US military installations. Yet a true picture of the role of the US military, and those armed forces of other countries, in the spread of the epidemic, has yet to emerge. One feels, in fact, that much of the AIDS literature in this regard is an unwitting attempt to provide for healthier prostitutes than to search for a way to change the political conditions which not only impose on poor and disadvantaged women such oppressive servitude - and thus subjects them to innumerable health hazards - but incorporates that service within a political economy of dependency on the West.

AIDS and the transfer of Western Medicine

To what extent, and in what ways, does the massive influx of Western medical industry into places such as central Africa affect the conduct, struggle, or constellation of class relations within those countries, and with what effect on the health of populations living there? Posing the question of AIDS in this way recognizes that all Western efforts to assist persons with AIDS will be funneled through the class dimensions of both the particular country involved and those of the West itself. One issue emerging in this regarad is the difficulty the West is having in finding volunteers for vaccine trials. "This means", according to Roy Widdus, a WHO coordinator, "that researchers, researach institutions, and pharmaceutical firms are beginning to look to developing countries for suitable trial populations." When put through the class lens of the history of medical experimentation on the poor and non-white, the question of exactly what this move may mean becomes especially contentious.

The second set of questions raises a long-standing issue of the need for appropriate medical technology, and just as important, the avoidance of technology and systems of care that invest valuable resources into relatively ineffective strategies for improving the overall level of health of the population. Most examples of problems in this area include appropriated models of Western medical care that emphasize hi-tech, urban-based, and hospital-centered curative treatment. This kind of care system frequently serves only the few who can afford it, and is often financially and physically inaccesible to those most in need. In addition, this capital-intensive form of care diverts needed funds from the provision of basic health care services, and is ultimately unresponsive to the kinds of illnesses that afflict the Third World. Physicians educated within this model of care are seen as suffering from a "trained incapacity" to treat the kinds of health problems often predominant in these countries.

Again, this historical experience of the Third World with Western medicine forces a number of issues to be raised. Through what kinds of care systems are we seeing the Western response to the epidemic being implemented? What kinds of care systems and technology requirements are being demanded by those medical personnel treating AIDS patients? What medical impact on the epidemic can be exercised through these systems? And most important, what effects will the systems and technology being used and created by this AIDS medical effort have on the overall development of health services in those countries and the ability of those services to address the more broad- based medical needs of their people?

The political signs on this score are mixed and need further investigation. In Africa, for example, one finds most of the researach, diagnostic and treatment activity happening in the urban centers of Nairobi, Kinshasa, Kampala, Kigali, Lusaka, and other major African cities. In contrast, one of the most infected rural areas, that of the Rakai district in Uganda - an area, one must add, that has been the subject of numerous international press stories--still has no local hospital facilities and the single clinic there seldom has appropriate medication.

Western medicine is only dimly aware of the potential negative effect of AIDS prevention efforts on communal eating, drinking, and scarification practices. Programs that are insensitive to these practices run the risk of contributing to the deterioration of these important symbols of African community.

The third area concerns the relation of AIDS to the expansion of Western medical markets in the Third World, and the effect of those markets on the underdevelopment of health. By all counts AIDS is an "expensive" disease. In the West, its progressive and variable symptoms often require numerous hospitalizations and complex monitoring of drug usage. AZT, the drug which has shown some benefit in slowing down the fatal course of the virus, is enormously costly. So when one puts together the predominant Western model of treatment for HIV infection with all of its complex and costly implications with the great need for health care in Africa, one emerges with the specter of a host of Western business interests seeking to replicate both that system and its demands for expensive and profit-producing medical commodities.

Again Doyal argues that historically the expansion of Western medical markets in the Third World---hospital development and management services, medical suplies, drugs---have often consumed, inappropriately so, significant resources and typically have pushed health-care development in directions more in tune with the desire for capital accumulation by the West than with the health care needs of the local population. Third World countries are seen to offer lucrative opportunites for medical suppliers and other exporters of medical services and technology even when those items are of little proven value in addressing health conditions in those countries. In addition, foreign assistance from the West has become an important "mechanism for the expansion of international markets in the health sector" by providing the economic assistance and forein exchange required to make such purchases. Thus the extent of dependency on the West deepens while health care continues to suffer.

Conclusion : AIDS and the development "establishment"

The current discursive framing of AIDS in the Third World is a highly depoliticised one. It seeks to construct the problem of AIDS as a problem of modernization. While stating the immediate social tragedy of AIDS very well, this way of "seeing" AIDS continues to set those problems within a political vacuum that fails to appreciate the operations of power. We do not believe that this absence of critical thought is conspiratorial, yet it is not the result of accident or ignorance. And while there certainly is merit to the contention that framing AIDS this way is tactical, that is, a practical necessity in order to get the job done within the political conditions that currently exist, this line of thinking is ultimately misleading. We must consider the depoliticization of AIDS to be strategic both in terms of the use-value the epidemic possesses for an expansionary development "establishment," as well as for the international power relations between the West and the Third World that this sector has traditionally mediated through its development programs.

Yet there is also a larger political picture here as well. The success of this AIDS discourse towards increasing institutionalization rests on the structure of the relations between the West and the Third World that are juggled by development institutions. The reliance of these programs on the largess and designs of "donor countries" towards the Third World fundamentally dictates what particular "reality" of AIDS sells well. What sells well of course are those ways of speaking AIDS that support social, political and economic structures in the Third World that invite capitalist expansion. For Africa in particular, AIDS is emerging as part of a broader and more modern competitive scramble by West and East for the hearts and minds of its political leadership. The epidemic is becoming another "race for Fashoda," the finish of which, unfortunately, may not mean a rescue from AIDS or better health for Third World people.