The Tropical Bookshelf

AIDS Quartet

Not long ago, I e-mailed Donald McNeil, Jr. I wanted to know how many HIV/AIDS articles the New York Times reporter had written over the years. “Fiddling with the Times’ website and internal library . . . produces 201 to 495,” McNeil replied. “I think it’s safe to say I’ve written about 400 stories about AIDS.”

At the end of this piece I’ll share McNeil’s favorite, but for now I’ll state the obvious. No infectious disease has yielded more inches of newsprint or popular book pages. So what makes for a fresh, inspiring read—and might even inform policy—in this HIV/AIDS info-laden era?

I set out to answer that question by reading several recent books about HIV/AIDS.

Pointing fingers?

“Tinderbox—How the West Sparked the AIDS Epidemic and the World Can Finally Overcome It” was first on my list. I also assigned it to this year’s crop of undergrads enrolled in my global health seminar. Although I didn’t love its sensational sub-title, the joint effort of a former Johannesburg bureau chief (the Washington Post’s Craig Timberg) and HIV/AIDS epidemiologist Daniel Halperin promised rich background plus frank analysis of the good, the bad, and the deadly—so to speak—of HIV/AIDS global policy.

Did the book live up to my hopes? Yes and no. On the one hand, it’s rich in history and human vignettes. In particular, “Tinderbox” focuses on these milestones: 1) the initial movement, circa 1900, of chimpanzee simian immunodeficiency virus (SIV) into a “cut” human hunter in Cameroon; 2) HIV’s further enabling by 20th century Europeans’ frenzy to exploit Africa’s vast resources; and 3) with respect to control, the modern era’s late-dawning recognition that sexual concurrency and a (partly) Western-influenced decline in male circumcision were dangerous allies in the tragic infection of millions upon millions of African heterosexuals.

Let’s return, for now, to item 2. Linking human and microbial opportunism is nothing new. In his 1997 book, “Epidemics and History—Disease, Power, and Imperialism,” historian Sheldon Watts even asserts that plague, leprosy, smallpox, syphilis, chola, and the dual mosquito-borne menaces (malaria and yellow fever) imported to the New World by African slaves were serendipitous if not purposeful instruments of European domination until the early 20th century.

For the record, Timberg and Halperin are never this dark. Where “Tinderbox” excels is in parsing HIV/AIDS prevention strategies many governments and global public health leaders were slow to embrace. Here, Halperin shines, having co-authored with anthropologist Robert Bailey a prophetic 1999 essay, which cited already-decade-old data linking male circumcision with regional rates of HIV in Africa. The Lancet Viewpoint also bluntly states: “the association between lack of male circumcision and HIV transmission has [thus far] met with fierce resistance, cautious skepticism, or more, typically utter silence.”

(By coincidence, I once treated Bob Bailey for a mild case of onchocerciasis. In a recent conversation, he reminded me of something interesting, namely, that several key decision makers who remained staunch circumcision cynics until late in the game hailed from countries that largely eschew the practice.)

Failed efforts to curb sexual concurrency also draw angry sparks in “Tinderbox,” echoing a screed published four years earlier by former UNAIDS epidemiologist Elizabeth Pisani, quoted here:

“Africa is a giant, in-your-face failure for the HIV prevention industry. It might be even worse without prevention efforts though it is hard to see how it could be. On the prevention balance sheet, we’re in the red to the tune of 4.5 millions infections . . . [Why?] Because most African politicians found it easier to watch hundreds of thousands of young adults die rather than to say what everyone was secretly thinking: HIV is spread by sex. Most HIV is in Africa. Ergo, Africans must have a lot of sex. There, I’ve said it.”

For HIV rookies, “Tinderbox” unpacks the original “A (abstinence)-B (be faithful)-C (condom)” strategy designed to reduce sexual transmission. It worked in Uganda—for a while. Timberg’s and Halperin’s cavil?

“The debate quickly became polarized, with conservatives rallying for A and liberals for C as each disparaged sporadically by humans before. The most disruptive of these intruders were the thousands of African porters forced to cut paths through the exact areas that researchers have now identified as the birthplace of the AIDS epidemic. It was here, in a single moment of transmission from chimp to human, that a strain of virus called HIV-1 group M first appeared. In the century since it has been responsible for 99% of the world’s deaths from AIDS—not just in Africa but in Moscow, Bangkok, Rio de Janeiro, San Francisco, and New York. All that began when the West forced its will on an unfamiliar land, causing the essential ingredients of the AIDS epidemic to combine. It was here, by accident but with motives by no means pure, that we built a tinderbox and tossed in a spark.”

One element largely missing from Timberg’s and Halperin’s landscape is the contribution of unsafe, albeit well-intentioned, healthcare to HIV’s early spread. (More about that later.)

For HIV rookies, “Tinderbox” unpacks the original “A (abstinence)-B (be faithful)-C (condom)” strategy designed to reduce sexual transmission. It worked in Uganda—for a while. Timberg’s and Halperin’s cavil?

Claire Panosian Dunavan is a past-president of the American Society of Tropical Medicine and Hygiene.
the other side’s preferred strategies. The intensity of the
debate sucked the oxygen away from almost everything
else, including the part of the slogan that Halperin and
a small but growing number of colleagues believed
offered the best chance to curb HIV—the “B” for be
faithful, a shorthand for the broad concept of partner
reduction. They started calling it the neglected middle
child of ABC.”

South Africa’s “loveLife” program that ended up glamoriz-
ing sex and confusing its target audience also draws fire, as
does the suspension of Swaziland’s “secret lover” campaign.
Timberg and Halperin believe such edgy messages as “I’m
dying to have you!” and “Why destroy your family? Your
secret lover can kill you” might well have deterred many
now-infected Swazis from HIV-imperiling sexual nets.

In sum, there’s a fair amount of moralizing in “Tinder-
box.” Does it deflect from the book’s power? Not for me. Tinder-
box is a trove of lessons-learned that can and should continue
to impact HIV prevention well into the future.

Unintended medical consequences

The next work has already earned near-classic status. How
often does a relatively short, esoteric medical text rate 2,200 words
in a major newspaper? That’s what the New York Times alloted to its review of Jacques Pepin’s seminal “The Origin
of AIDS” published last year by Cambridge University Press.

At first I thought of titling this section “Of trypanosomes,
treponemes, hep C, and HIV-2” in recognition of Pepin’s
connecting-of-dots between HIV and other tropical patho-
gens. However, the infectious shorthand doesn’t do justice
to the mass of original evidence leading to Pepin’s core con-
clusion, namely, that inadequately sterilized medical equip-
ment used to treat other diseases significantly amplified HIV’s
human reservoir in Africa well before transactional sex, gay
tourism, and unregulated blood trade transformed it into a
global pandemic.

Pepin’s thesis draws on his experience as a young MD in a
bush hospital in the former Belgian Congo (where, he admits,
he paid little attention to the boiling and autoclaving of
needles and syringes, especially during prolonged power out-
ages) and, more recently, as a researcher. Forty years after
his debut stint in Africa, Pepin found that elderly Guinea
Bissauans treated long ago for sleeping sickness or TB were
more likely than non-injected counterparts to carry HIV-2.
The finding suggests remote iatrogenic exposure to the indo-
 lent HIV-1 relative.

How ironic, in retrospect, that early disease control cam-
 paigns employing not just parenteral tryparsamide and pent-
 amidine for sleeping sickness and streptomycin for tuberculosis
but arsenic, bismuth, mercury, and penicillin for syphilis and
yaws; chaulmoogra extracts for leprosy; tartar emetic for schistosomiasis; and quinimax for malaria may have simulta-
neously spread HIV.

Pepin is hardly naive about campaign motives, of course.
After first establishing that sleeping sickness mushroomed
after colonization forced major human displacements, he says

“… indeed, the aim of many of the disease control
initiatives implemented during the early colonial era was
to protect the Europeans by decreasing the reservoir of
the pathogen in the African population around them.”

Pepin also explores the conflation of urban migration, gen-
der imbalance, changing female sex roles (in some cases, from
rural polygamous wives to financially independent “femmes
libres” and “menagers” to high-volume prostitutes) and
accelerated transmission of sexually transmitted infections
once checked by colonial “sanitary programs.” Sadly, political
independence—which brought with it even more urban refu-
gees and rocketing unemployment—had a profound impact on
sex trade in many new African states. “Poverty among young
women [grew] so much,” he states, “that some had no option
but to accept those few pennies, which, multiplied by the number
of clients … allowed them to satisfy their basic needs.”

As we now know, high-volume prostitution set the stage for
HIV’s rapid spread in the 1980s and 1990s among sex workers
and clients in whom ulcerative STIs provided ideal portals
of infection and genital HIV shed during primary viremia led
to unnervingly efficient transmission.

Pepin is the only hands-on clinician among the authors
featured in this essay. Perhaps that explains why his text has
subtle emotional undertones along with data and reasoned
arguments—as if the early tropical healer is still coming to
terms with the silent plague he may have inadvertently helped
to spread in 1960s Zaire. The same reflective tone laces his
discussion of the loosening political oppression that ironically
accompanied the birth of HIV/AIDS and final musings about
its modern-day lessons for humanity.

“The Origin of AIDS” is not for medical neophytes, but it is
a beautifully researched and thought-provoking examination
of African culture, European colonization, 20th century social
change, and infectious disease.

Sex, drugs, and TED talks

Elizabeth Pisani rocks— even if you disagree with her. The
woman is smart, funny, and fearless. In the words of one book
reviewer, she also excels at “skewering everyone who allows
ideology to overrule science.” No doubt, these qualities inspired
the 2009 Technology, Entertainment and Design (TED) orga-
nizers to invite her to speak. As most people know, TED is all
about (intellectual) rock stars.

On the TED stage, Pisani focused on aligning politics with
rational public health policy (read universal clean needle
exchange and condoms, condoms, condoms) for drug injec-
tors, gay men, and sex workers. She also reminded her audi-
ence that the first “bleeding heart liberal” to institute needle
exchange was Maggie Thatcher.

Pisani’s personal journey is chronicled in “The Wisdom of
Whores: Bureaucrats, Brothels and the Business of AIDS.”
We first meet the former journalist slash greenhorn epidemi-
ologist at the London School of Hygiene and Tropical Medi-
cine. From there she moves to Geneva at the same time
UNAIDS leaders decide that “heating up” the virus’s threat
to global security (i.e., fanning fear over its imminent infiltr-
ation of India, Russia, China, and other parts of Asia) is a great
way to attract major donors. Pisani helps craft reports that
make the case.

Soon, Pisani lands in Indonesia and tries to synch implausibly-
low national HIV estimates with reality on the ground, dis-
covering genuine pockets of risk. Here are some fragments
from her reporter’s notebook:

“… despite the colorful parade of high heels and
short skirts, bright lipstick, and dark looks, none of
them was actually a girl. They were ‘waria,’ and no one had bothered to measure HIV infection in waria since 1997. No data equals no problem.”

“A waria is a smush-up of ‘woman’ (WAñita) and ‘man’ (pRAJA). We tend to translate this as ‘transgender sex worker’ but the term seems flaccid in the face of this thrlobbing subculture of biological males who live as women and sell sex to men ... in fact, a waria is between ten and twenty times more likely to be infected with HIV than a female sex worker in Jakarta, and the discrepancy is even greater in other cities.”

“As we saw during gay liberation of the 1970s in the US and Britain, an active gay scene concentrates risk ... [and] drugs make you temporarily stupid. Many also make you horny or lazy or careless or all of the above. There is no shortage of recreational drugs in Asia ... two blocks from the US ambassador’s house in Jakarta, they came for fried rice, the best in Jakarta, but they came also for the panoply of drugs on offer, cannabis or shabu shabu, ecstasy or smack. Increasingly smack.”

Pisani’s willingness to blurt uncomfortable truths is disarming—and powerful. Her honesty extends to herself. She doesn’t pretend she has never tried drugs (although she never injected). For a while, her war correspondent spouse was an addict. She meets junkies, wins trust, and “gets” them. She brings similar insight to prostitution, stating:

“The fact is most women sell sex for the same reason that people flip burgers in McDonalds, clean other people’s toilets, hack coal out of a mine, or do any number of other poorly paid, unpleasant and sometimes dangerous jobs. ... Lots of women (and men and trans-genders too) sell sex because it is the best gig they can get.”

As for the “business of AIDS”? Pisani’s disillusionment is as keen as her compassion for some of the epidemic’s most reviled sufferers. Here’s her verdict on the yearly “kumbaya” of the International AIDS Society: “Once upon a time, these conferences were about science. Nowadays, they are about institutional posturing, theatrical activism, and money. Lots of money.”

According to her website, Pisani is currently taking a year off from working as an international HIV/AIDS consultant to spend more time in Indonesia. But I trust we’ll hear from her again. Her voice is needed.

Faith-based boots on the ground

In June 2012, global health journalist John Donnelly was the opening speaker at a USAID/Kaiser Family Foundation-sponsored briefing on HIV/AIDS orphaned and vulnerable children. Days later, Beacon Press published “A Twist of Faith: An American Christian’s Quest to Help Orphans in Africa.” In it, Donnelly profiles David Nixon, a North Carolina carpenter who battles personal demons and emerges with a passion to help children on a far-off continent. Mark Dybul, the former U.S. Global AIDS coordinator who saw the need to look at the practices of some tens of thousands of small projects linked to faith-based missions, school projects and NGOs for orphans in Africa was among those who encouraged Donnelly to write his book.

“A Twist of Faith” is an engrossing account of one man’s spiritual and cross-cultural journey. At one point, NOAH (the name Nixon chose for his organization stands for ‘Nlira-Wanga’—translated from Chihewa: “I am crying for my own’—Orphan Aid Homes) is teaching and feeding 350 Malawian youngsters. Dramatic plot-points include the firing of a corrupt senior manager and the death of a 10 year-old, 29-pound boy who has already lost both of his parents to AIDS. Nixon helps nurse Sautso through his final battle with cryptococcal meningitis, then tenderly places coloring book and pencils, a toy car, and new clothes in the boy’s coffin (all are quickly repossessed by the boy’s grandmother). Then comes Nixon’s unexpected call to solo-parent his own grandson followed by the 2008 economic downturn and major setbacks in funding. After much soul-searching, Nixon surrenders his big vision. He continues, however, to underwrite schooling and health care for five HIV-positive Malawian orphans.

Donnelly interweaves Nixon’s saga with portrayals of other privately-funded African schools, from Oprah Winfrey’s no-expense spared Leadership Academy for Girls to Uganda’s Watoto, an upscale boarding school for HIV/AIDS orphans established by North American Pentecostals. At Watoto, the annual per-student cost is $4,000. Donnelly contrasts Watoto with the crowded, public “Golden Age Community School” down the road that amounted, in his words, “to a small grouping of tiny, open-air buildings with dirt floors and worn wooden benches” plus screeching chickens, lazing dogs, and leaking roofs. Golden Age operates on a budget of $27 per student per year.

Heeding the wisdom of local leaders and, whenever possible, allowing orphans to remain in their communities are big themes running through “A Twist of Faith.” Another message? The danger of outsiders—however well-intentioned—giving too much money, too quickly, with unrealistic expectations. Madonna’s “Raising Malawi” charity, for example, channeled $1.8 million over two years to ten organizations, several of which had previous annual budgets under $25,000. According to Donnelly’s sources, some of the checks produced more jealousy and infighting than services for those in need.

Modern-day David Nixons and celebrity philanthropists—like old-style missionaries—often have mixed agendas. One of Madonna’s programs offers “kabbalah” (Jewish mysticism) as a means of empowering kids. “Was it any different than what Christian missionaries had done for generations?” Donnelly asks himself, “basically imposing their beliefs on a vulnerable population?” In a later chapter, Donnelly repeats similar questions posed by a long-time Catholic expat in Malawi: “What was the purpose of coming to Africa? Was it ultimately to convert Africans to Christianity? Or was it to follow the example of Jesus Christ and help relieve others’ suffering? Or was it something else entirely? Was it more about the person who went, rather than about the people in Africa?”

Motives aside, the final message of “A Twist of Faith” is the enormous, albeit poorly measured and monitored work of faith-based groups. According to Donnelly, U.S. churches currently give more to Africa than USAID. The question is: how can American believers’ big hearts, deep pockets, and desire to help be most effectively focused and integrated with other efforts on the ground.
Next book, anyone?

“I think the most important stories I’ve written were part of a series about why drugs were unavailable or impossibly expensive in Africa,” mused Donald McNeil in response to my second question. Things have certainly improved since 2000, when McNeil’s reporting helped prick then-prevailing myths about treating the world’s poorest HIV/AIDS sufferers. On the other hand, despite recent cheery political forecasts of an “AIDS-free generation,” the continued scale-up of effective, affordable HIV/AIDS healthcare in developing countries remains a daunting challenge. Will someone someday write a book on how this was accomplished? One can only hope.

CLAIRE PANOSIAN DUNAVAN
E-mails: cpanosian@mednet.ucla.edu or drclairep@aol.com

WORKS CITED
Donnelly J, 2012. A Twist of Faith: An American Christian’s Quest to Help Orphans in Africa. Boston, MA: Beacon Press.
Halperin DT, Bailey RC, 1999. Male circumcision and HIV infection: 10 years and counting. Lancet 354:1813–1815.
McNeil DJ Jr, 2011. Chimp to Man to History Books: The Path of AIDS. The New York Times, October 17, 2011.
Pepin J, Plamondon M, Alves AC, Beaudet M, Labbe AC, 2006. Parenteral transmission during excision and treatment of tuberculosis and trypanosomiasis may be responsible for the HIV-2 epidemic in Guinea-Bissau. AIDS 20: 2003–2011.
Pepin J. 2011. The Origins of AIDS. New York: Cambridge University Press.
Pisani E. 2008. The Wisdom of Whores: Bureaucrats, Brothels and the Business of AIDS. New York: W.W. Norton.
Timberg C, Halperin D, 2012. Tinderbox: How the West Sparked the AIDS Epidemic and the World Can Finally Overcome It. New York: The Penguin Press.
Watts S, 1995. Epidemics and History: Disease, Power, and Imperialism. New Haven: Yale University Press.