

Editor's choice

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Whispers of immortality

In the 25 years that HIV has been with us (p 444), the disease has brought out the best and the worst of people. Early outbursts of xenophobia and bigotry were strong, and in many areas attitudes towards infected patients are still hostile, particularly in places with a high burden of the disease. Such attitudes haven't died down, even among the medical community (p 470, 478). The lack of political will and a conspiracy of silence in the early days required relentless campaigning from AIDS activists to bring the problem to light—because the disease is intimately connected with human sexuality, which, thanks no doubt to religious belief, remains taboo in most parts of the world.

Now that the disease is killing millions of people in Africa and South Asia alone (p 445), humanity's faults in failing to tackle many a social issue has been brought into sharper focus—from poverty, women's rights, and homophobia to the very nature of an individual in society (p 446, 447). That these issues require a global pandemic to be given due consideration, if anything, defines the fragmented nature of human society.

Yet HIV/AIDS also gave an incentive for several positive things to emerge. It reaffirmed the power of science over religion and of reason over blind faith. Sustained research paved the way for researchers to discover how the virus worked inside the human body (p 450) and eventually to attack it using antiretroviral drugs. People with HIV/AIDS and their supporters fought back, often verbally, and sometimes through art (p 481).

In science we trust

Some reports suggest that the incidence of HIV may have peaked. But the costs are still too heavy, particularly on the developing world. Fortunately, there is no donor fatigue.

The stars of philanthropy (or Billanthropy) have never shined brighter, and research into every aspect of the field is increasing (p 443, 458). Thanks to several non-governmental and governmental collaborations, drugs are being delivered to even the most difficult parts of Africa (p 480).

Why, with the increasing availability of antiretrovirals, should HIV be thought of as anything more than another chronic disease? The cause for optimism notwithstanding, HIV is still a special case in question for two reasons. For one, scientific understanding and medical view haven't been enough for many people to draw a distinct line between myth and reality. Some Africans, for example, believe that raping a virgin can cure you of HIV/AIDS. And HIV largely remains a social disease, when in fact it need not and should not be. And for two, access to drugs is not uniform, and many people fail to receive adequate treatment for no fault of their own (p 472).

To achieve the dream of there not being a 50th anniversary of HIV/AIDS, we need to act fast. Firstly, AIDS is a medical condition. It must be stripped of its social, moral, and religious intimacy if we are to prevent and treat it properly. Secondly, equal attention must be paid to both prevention and treatment, not just to curb further spread, but also to emphasise that having HIV is not a death sentence. Finally, scientific inquiry into all aspects of the disease should never be ignored in the light of an imbalanced emphasis on its humanitarian aspects (p 450). For it is science that discovered the virus behind the pandemic, science that attempts to prevent and treat it, and only science that will, one day, put an end to it.

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Design: Gordon Southgate

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