

B415. "Fight HIV With Straight Talk" The Christian Science Monitor (March 4, 2003) p. 9.

The new White House and congressional initiatives to stem the HIV epidemic, which have yet to be reconciled, lack the straight talk that is vital if millions of lives are to be spared.

Neither the initiative announced by President Bush during the State of the Union nor the competing bill sponsored by Bill Frist (R) of Tennessee and John Kerry (D) of Massachusetts go far enough. The solution to the HIV epidemic is not medical alone. Without profound and massive changes in culture and behavior, all these other measures will be of limited benefit.

Unless millions of men worldwide stop frequenting prostitutes and having numerous other liaisons, they will continue to be infected and pass on HIV to their wives and girlfriends, and through them, to their children. This is not some kind of a moralistic or socially conservative, pro-abstinence and monogamy message. This is Sociology 101. Most important, the main burden of making the required tough changes, must be carried by local leaders and the people involved.

No one can oppose handing out drugs to infected pregnant women in the hope of preventing the transmission of HIV to their infants (a significant element of the new initiatives), although these children are likely to be orphaned, because their mothers were not helped earlier. Nor can one reject dispensing antiretroviral medications, which alleviate the symptoms of HIV, and extend the lives of those who take them regularly.

How much of the costs involved the American taxpayers should absorb or how much should be passed on to those who purchase these - or other - drugs from the pharmaceutical companies is another question. However, handing out these drugs and calling them treatment is misleading. Treatment brings to mind a cure. Yet, there is currently no cure for HIV. Moreover, individuals using these drugs can continue to pass the disease on to others. Taking pills will not stop the fast-spreading pandemic.

Others find hope in the millions of dollars allocated for the development of a vaccine. After all, it is being said, if one can engage in promiscuous and unsafe sex after immunization, why bother with making people change their habits?

Leaving aside the moral issues, raining money on a medical development has rarely sprouted the desired result. At best, the development testing, mass production, and injection of a vaccine in millions, will take at least - experts agree - a decade. Meanwhile, millions of lives must be saved in some other way.

The White House and congressional initiatives do talk about US-funded prevention. It entails, according to the White House fact sheet, setting up a network of medical centers that will provide tests and medications, as well as counseling. The needed changes are to be brought about by medical personnel handing out pamphlets and drug packages.

However, medicalizing prevention ignores the fact that young teenagers, as they develop their sexual habits, do not visit medical centers for counseling. Nor do medical personnel serve well as agents for changes in behavior - as anybody who was advised to diet, consume less alcohol, or stop smoking knows.

Behavioral modification requires a profound change in what people - in this case, often one's male friends or those in the community one looks up to - hold dear. Peer pressure, of the

kind that we know so well from studies of high schools, can do a good part of the job. But it can be activated mainly by accepted local leaders, religious figures, and educators.

These sociological forces are what worked in Uganda, everyone's favorite success story. Their absence in countries where, at least until recently, it was considered unacceptable to discuss HIV (such as China and Malawi), or whose leadership claims that AIDS is not caused by HIV (South Africa), or where people believe it is spread by the CIA and not their behavior - correlate with rapidly spreading HIV.

Being compassionate on this issue calls for tough straight talk, which must openly declare that only if millions change their behavior and start engaging in healthier sexual practices, will the pandemic slow down significantly. We should, out of sheer humanitarian concerns, help limit the suffering of those infected and try to save their infants.

Prevention funds, though, should be largely granted to educators, community leaders, and faith-based institutions, rather than to medical centers. And the US should risk unpopularity and reiterate that unless people stop unsafe practices, no one can help them. Straight talk saves lives.

* Amitai Etzioni is author of *The Spirit of Community* and has practiced sociology since 1958.

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