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# **AIDS: The Struggle Continues - “budget pressure will get worse”**

Friday 20 January 2017, by [FRIEDMAN Sam](#) (Date first published: 1 November 2016).

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THE MEDIA RARELY discuss AIDS anymore, and when a news report does appear it usually is about a new drug that helps people stay alive longer or even about “the end of AIDS.” Many doctors and biomedical researchers think that findings in the last five years have opened the way to use antiretroviral drugs to prevent HIV transmission and, in addition, see these drugs as prolonging the lives of the HIV-infected indefinitely.

## **The State of the Epidemic**

Indeed, some evidence does suggest that life expectancy of the infected is beginning to resemble that of the uninfected. For some, this is true. For now.

But for millions of others, the nightmare of AIDS as an excruciating disease continues, and mass death continues at a rate of over a million people a year. Almost two million new people become infected every year. Most of them are in Africa, but the epidemic is also spreading rapidly in the countries of the former Soviet Union. And about 50,000 new infections take place every year in the United States, chiefly among African Americans and gay men.

All 37 million people with HIV infection need medical treatment to stay alive — but most (22 million) lack access to this treatment in spite of all the efforts that AIDS activists and well-meaning government officials and NGO members have put into trying to make the drugs available over the last 16 years.

And these will soon probably be viewed as “the good old days.” As of the International AIDS Conference in Durban in July 2016, it was becoming clear to all that the donations on which middle- and lower-income countries depend to fund the antiretroviral treatment that keeps people alive — and that is the basis of the Treatment as Prevention strategy that has been the mainstay of global HIV prevention policy in recent years — is at best stabilizing, and in all probability going down.

Unless the cost of treatment plummets, this will mean that too few of those needing to get treated will be able to do so, and they will die from the disease. Furthermore, many of those currently on treatment might lose access.

## Activism and Demands

AIDS activists, like the Treatment Action Campaign (TAC) that successfully forced the South African government to abandon its refusal to fund HIV/AIDS treatment through years of mass action earlier this century, understand that this is a crisis. They held a number of demonstrations at the AIDS Conference.

I attended the biggest one, held on the first day of the conference (Monday, July 18). TAC organized several buses to take people from the conference several miles to the park where the demonstration was to begin.

The buses came about 40 minutes late, which gave me a chance to see who came from the conference. Few of them were researchers (other than myself and a few of my friends from various countries). Conference delegates from activist organizations made up most of those on the buses.

But when we arrived at the park, it was full of people from South African communities, and the crowd was overwhelmingly black and heavily female. After another 40 minutes, we began a very spirited march perhaps 5,000 people strong.

The march's demands were 1) for all people living with HIV to get high quality treatment; 2) for health care workers and health care systems to get the money they need; 3) to end patents on medicines as antithetical to health; 4) to end discrimination and criminalization of people with HIV and of "key populations" like gay men, other men who have sex with men, sex workers, transgender women, people who inject drugs, migrants and prisoners; and 5) to increase funding for the global AIDS response.

Demonstrations continued throughout the duration of the conference, though most were focused on one or another key population and thus were smaller. I encountered (and joined), for example, a demonstration of several hundred sex workers and their supporters who marched through the large conference venue chanting "Sex work is work" and demanding an end to stigma against them.

## It May Get Worse

Aaron Motsoaledi, the South African Minister of Health noted, "We must say no to complacency at this moment. There is no space for it. AIDS 2016 will help us as individuals and politicians to fast-track the ending of the AIDS epidemic as a public health threat by 2030."

But the crisis of capitalism is not over. Pressures to continue cutting AIDS budgets will continue, and as other epidemics continue to crop up due to the global depredations of capitalism, budget pressure will get worse. Furthermore, climate change (the euphemism some use for global warming) is only going to get worse and bring more and more catastrophes in its wake.

These crises and the struggles workers and others mount to deal with them will draw money from AIDS treatment and prevention, and will mean that young people will spend their dedication and time around global warming, Zika and other epidemics, and the ravages of unemployment, evictions and racism — to the detriment of the volunteer efforts that so far have sustained some of the global response to AIDS.

More millions will get infected. Many of them will become refugees from climate change and from imperial wars and trade treaties — and will fall outside of the circles governments might be willing to help get medical care.

In the late 1990s, the slogan Silence = Death became the watchword of millions around the world as we watched the epidemic rage with little being done. Our activism and the gains of science have pushed the horrors back a little. But capitalism, if it is not eliminated, will continue to create crises that will re-create the mass death of the 1980s and 1990s.

In this, as in so much of our lives, more activism is needed. And merely making noise will no longer be enough. Even from a public health or even a narrowly medical perspective on AIDS and other coming epidemics, capitalism must be destroyed. This, of course, does not tell us how to do so; nor does it tell us with what to replace it. But the need is clear.

**Sam Friedman**

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**P.S.**

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