

# GEM 'Critical Issues' International Seminar Series

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## **"Nyumbani: A Model for Combating the African HIV/AIDS Crisis"**

**Father Angelo D'Agostino**

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7:00 p.m.

University of Wisconsin-Stevens Point  
University Center, Melvin R. Laird Room

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Dear Dr. Phillips, Faculty Members, Students, Guests and Compassionate Citizens of Stevens Point:

God's ways are indeed strange to us humans and wonderful to behold. This is not my first visit to Stevens Point thanks to my very good friend and collaborator, John Noel, who as we all know is a philanthropist here in Stevens Point, and I am more than happy to return and be honored by this opportunity to address you as the inaugural speaker for the Global Environmental Management series. I say that God's ways are wondrous because He has brought us together—Nyumbani and GEM. They have the same vision of abating the suffering of those in need, and believe me, there is no greater calling than to do that.

I'm sure some of you here on this faculty have often experienced, as I have, the feeling of being a voice crying in the wilderness, but we all should take heart by a singularly significant event that happened just a few days ago: an Assistant Minister of the Environment in Kenya, Wangari Maathi, an old friend, was named recipient of the Nobel Peace Prize, a real honor for Kenya, the first African woman to receive such a prize. Now, some people have actually complained, saying that her getting it was really irrelevant because they really didn't understand what peace is all about. Some of the basic needs for peace in the world are health, ecological integrity, and social justice. And so you all here should be rejoicing with her because she stands for just those principles which you do.

But now I would like to share with you some of my experiences in Kenya over the past quarter century and especially from the health point of view. Most of that time, the government of Kenya has been rightly labeled as corrupt, dictatorial, tribalistic and self-serving and the people's needs were totally neglected. We saw the looting of the Treasury of the country,

the flourishing of crime, the squandering of land, the explosive growth of slum areas: of three million people in Nairobi, some two million live in subhuman environments that completely degrade the humanity of its inhabitants.

And added to all that which is man-made, there is a tragedy that is even more overwhelming and that is the pandemic of AIDS.

For the past five weeks, I have been in the U.S.—in New England and places like Colorado, Sacramento, CA, Pasadena and mainly Washington, D.C. which is my base when I'm in the States—Georgetown University. And I am really appalled at the horrendous lack of awareness here in the U.S. for a cataclysmic event that is going on in Sub-Saharan Africa today. I won't burden you with a lot of figures, but you must be confronted with the fact that *today* 8,000 people have died because of AIDS in Sub-Saharan Africa and this will go on—in Kenya alone, 500 people a day succumb to that virus. A second statistic is that at least 25 million people have been infected with HIV and will succumb. The third and last number that I will burden you with is that by the year 2010 there will be over 40 million orphans in Sub-Saharan Africa—already there are 10 million.

As Americans, we are greatly distressed by the over 1,000 people who have so far died in the course of our own preemptive strike on Iraq—but the 8,000 who die every day in Sub-Saharan Africa never make the headlines.

Now, these figures are only giving a rough overview of the magnitude of the problem. As a physician, I have devoted my time and energy to one small part of that great problem—that sector is the children who are born with HIV, and so let me tell you something about our experience with them. When we opened our doors in 1992, we were technically a hospice where children came to die because there was no cure. 'Nyumbani', by the way, is the Swahili word for 'home', and that was their home. There was no facility in the country, no government or private facility for them. Their mothers would abandon them in hospitals and the hospitals had no way of taking care of them, so they would die of malnutrition or infection in the hospitals; however, in the year 2000, we received a shipment of some of the antiretroviral drugs which allow for the prolongation of life. It doesn't cure the disease, but it renders it a chronic disease. And so, in 2001 and 2002, we only had one death. And I'm happy to say in 2003, with a total of 94 HIV-positive children, we had not a single death. In all humility, we are happy to say that those children are now getting to be teenagers and are

doing well in school. And have even produced a musical CD—in fact, two of them—and four musical videos, which have been acclaimed and they've been on the hit parade of the local radio stations. So in the midst of all this disease, death and despair, Nyumbani presents an oasis of hope, as some of you here who have seen it can attest that the children really are a happy and joyful group.

I would be remiss, however, if I didn't address another urgent problem. I would be betraying the 22 million people who are HIV-positive in Africa today and who are doomed to die. I don't want to leave you with the idea that all is well. Indeed, it is not well at all. You see, in the U.S. and Europe, hardly anyone dies of HIV/AIDS anymore. It is only a chronic disease, something like diabetes where you take insulin or arthritis where daily medication helps. But in Africa, it is still a fatal disease. Why? My dear friends, it is simply because of the greed of the big drug companies who refuse to make the price accessible to the people of Africa. It's that greed which saw that they had over \$517 billion dollars worth of business in the year 2002. They spend four times as much on advertising as on research. All the publicity you see in the paper belies the fact that they are perpetrating the greatest moral evil in the world today. I'm sorry if I am offending anybody by revealing these facts, but believe me, it's not easy to do a child's funeral—a child that could have lived if they'd had the medicine.

The basic ARV drugs were discovered by you American taxpayers. Four of the six were discovered at the National Institutes of Health; one at Yale University; and one at the University of Minnesota. These government facilities cannot market the drugs, so they sell through drug companies who then exploit them and become billion dollar businesses. The only government to expose this grossly immoral behavior is the British Chancellor of the Exchequer, Sir Gordon Brown, who spelled it out in an eight-page exposé in The Guardian some two years ago. Otherwise, the power of the drug companies is such that they have one representative, a lobbyist, for each two members of Congress—Senate and House of Representatives. In January this year, I was invited to speak at a press conference in the Vatican when they announced a special stamp that was issued in May devoted to the fact that African children are dying of AIDS. At that time, I had the temerity to compare the action of the drug cartel to the genocide in Rwanda where only 800,000 people died needlessly. What do you call it when 25 million people are going to die needlessly? It is a crime that we will answer for in the future, just as we are now beating our breasts over the fact that we did not much when the Holocaust of World War II happened. So let us pray that those who can relieve the problem will soften their hearts and listen to the cries of those suffering—that

those stockholders' cries will not be as important as the cries of the people who are dying. I have talked to the officials at some of these drug companies to no avail whatsoever. There is, I should say, one—all the companies, by the way, I should say are American, with one English one, but one of the companies is a German company—Boehringer Ingelheim. They actually give the drug free in Africa. It is the drug that is used to prevent the transmission of the HIV virus from the mother to her child. So if that one German company can do it, so can the American and English companies.

As you heard, we have had no deaths at our orphanage with a population of 94 children. And that's because we've received some of the drugs from Brazil free of charge. But we have another program which caters to 1,500 children who are similarly HIV-positive and orphans, who are cared for by extended family members who we support with food, clothes and sometimes medicines for the opportunistic infections. The medicine we get from Brazil is limited and we do still have to buy some—you see, we need three medicines for the cocktails to treat HIV. Brazil only gives us one; we have to buy the other two, which is expensive, but we only have 94 children—for 1,500 children, we just don't have enough funds for that, so in that group unfortunately we have 7 or 8 deaths a month. Believe me, it is not difficult for me to expose the drug companies when I have to do those funerals.

What we do at the orphanage and the community program is so little compared to the awful magnitude of the problem that exists. One of the fall-outs from this whole pandemic is the explosion of the number of street children. You see, during the Middle Ages, the Black Plague killed everybody: old people, young people, in-between. But this plague allows the young people to live after their parents have died. Only one child born to an HIV-positive mother out of four will be infected. The other three will be free of the disease, but they will be without parents, without any affection or guidance or support and they end up on the street. Their relatives often reject them.

So what happens to those children since they have lost their parents? Many times, having been rejected by their relatives, they gang up and try to survive in any way—in fact, just last week in The Washington Post, I saw an article where 30 children in the Congo were stoned and burned to death because they robbed some mining equipment. And this is only going to get worse as time goes on. Because in the next 8 or 10 years, the numbers will increase so that the predictions are that 40 million orphans will be roaming free without any kind of protection or support. And no Sub-Saharan country is now equipped to take care of the

present orphan population—what will it be 10 years from now? So, in anticipation of that inevitable eventuality, we have proposed a village of 1,000 people comprising about 750 street children but also another forgotten and neglected group—that's the elderly. You see, in Africa there is no such thing as Social Security, so when a person retires they live with and are supported by their wage-earning children. And when those children die of AIDS, they're left destitute, or even worse, they inherit some five, ten or fifteen grandchildren. And these are the people that we see over and over again in the slum areas where we have the community program.

Our plan then is to, in cooperation with Mr. Noel who has been a major supporter, expand into a project which imitates what he started in South Africa, and bring to a level where all the countries in Africa can imitate because this is the only way to solve the problem that is looming on the horizon. The United Nations doesn't have any viable plan, no country has anything in place, and this is something that has never happened in human history—40 million orphans will be loose, trying to survive. We are in the final stages of negotiating 1,000 acres of land for such a village in Kenya and that is where our vision coincides with GEM.

Of course, GEM has already made progress in achieving similar ends on their own. Having achieved national and even world recognition for its wide-ranging contributions to environmental integrity, we are more than honored for this opportunity to be associated with them and we look forward to even closer and extended collaboration in the future. You see, GEM has already made some inroads and has assessed the problem in Kenya where, although we hope that in the future antiretroviral drugs will be available—although I must say as an aside that the \$15 billion that were promised by the government have not reached Africa yet, we haven't seen a penny of it, but it may arrive, and in the event that it does arrive—it won't be doing much good if the persons are dying of malnutrition. And so what GEM is planning to do is to provide small-scale home gardens for people to actually grow enough nutritional food, so that given the medicine it will work.

Finally, I would like to point out that theologically speaking, GEM is at the forefront of what some theologians categorize as participatory theological bioethics, which simply means they're putting into action the fundamental law of love for all by wise stewardship of our God-given planet. May God bless them, bless you, bless us all.

Thank you.