

All editorial matter in *CMAJ* represents the opinions of the authors and not necessarily those of the Canadian Medical Association (CMA). The CMA assumes no responsibility or liability for damages arising from any error or omission or from the use of any information or advice contained in *CMAJ* including editorials, studies, reports, letters and advertisements.

Tous les articles à caractère éditorial dans le *JAMC* représentent les opinions de leurs auteurs et n'engagent pas l'Association médicale canadienne (AMC). L'AMC décline toute responsabilité civile ou autre quant à toute erreur ou omission ou à l'usage de tout conseil ou information figurant dans le *JAMC* et les éditoriaux, études, rapports, lettres et publicités y paraissant.

AIDS and aid

Imagine this. The sun is beating down on your thin, black shoulders as you pick your way around sharp garbage. Your goal is a muddy stream 2 km away. Sweat drips down and stings your eyes; you pause to wipe it. You are 7 years old and have AIDS. You know nothing different; you were never part of a world that did not have AIDS. It took your mother, aunts and uncles, a few of your friends. A cloud darts in front of the harsh sun; you pick up your dry pail and walk on.

Twelve months ago we were witness to a different horror. The concentrated destruction wreaked by the terrorist attacks in Washington and New York is etched into memory, a turning point in the North American consciousness. The victims were our neighbours; empathy was easy. Equally natural was our outrage and a sense of vulnerability that has caused us to re-examine the premises of our peaceable citizenship in the world. Our sense of seclusion from international troubles has been shaken.

What will shake our sense of seclusion from the assault of HIV/AIDS on sub-Saharan Africa, where 28.5 million people are infected and 13 million children orphaned? International conferences and staggering statistics¹ don't seem to be enough. At the XIV International AIDS Conference in Barcelona in July, our government reannounced funds rather than allocating more, glossed over our dismal record in foreign aid and ignored our promises to the UN (see page 483).² History will measure us by our response. No human health catastrophe has tested so deeply our limits in science, medicine, economics and altruism. Never have we had a better opportunity to understand how people live and die on the other side of the world; never has our capacity to react been greater.

Responding to poverty and disease in the world's least-developed countries

requires a willingness to grasp how we are implicated, by our actions and our neglect, in human misery. But distance reduces the human capacity for empathy. Can we comprehend the hopelessness of an orphaned Botswanan child without holding her in our arms? Can we put faces on the 40 million with HIV infection unless among them we see our family, our friends, ourselves? Can we somehow connect our experience with theirs?³ (See page 485.)

As physicians, our obligations transcend both personal and geographic boundaries. For thousands of years our job has been this: to take care of the sick. Medicines, surgery, research, education: these are our tools, and with each goes accountability for its equitable use. This can mean ensuring access to essential medicines for the world's poor,⁴ (see page 481) bringing surgical skills to those without surgeons, or researching the infectious diseases that affect most of the world's population.

In the Alma-Ata Declaration of 1978 the World Health Organization called for "health for all" by 2000.⁵ The fête came and went, and it might seem that we have never been farther from the goal. That would be untrue. We have never been closer. What has become clear is the magnitude of the challenge.

— *CMAJ*

References

1. Report on the global HIV/AIDS epidemic — July 2002. Geneva: UNAIDS [Joint United Nations Programme on HIV/AIDS]; 2002. Available: www.unaids.org/epidemic_update/report_july02/english/contents_html.html (accessed 2002 Aug 7).
2. Berger PB. The XIV International AIDS Conference: a call for action ... now [editorial]. *CMAJ* 2002;167(5):483-4.
3. Pauls Wohlgenut J. AIDS, Africa and indifference: a confession [editorial]. *CMAJ* 2002;167(5):485-7.
4. Orbinski J. The G8 fails global health. *CMAJ* 2002;167(5):481-2.
5. World Health Organization. Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 Sept 1978. Available: www.who.int/hpr/archive/docs/almaat.html (accessed 2002 Aug 7).