

Population Review

Volume 46, Number 1, 2007

Type: Viewpoint pp. 56-58

The HIV/AIDS Tsunami: Perception Determines Global Response

Author: Joseph Roberts

Affiliation: Editor of *Population Review* and Visiting Scholar, Mahasarakham University, Thailand

Corresponding author/address: Email: editor@populationreview.com

On 26 December 2004, a magnitude 9.0 earthquake struck off the coast of Indonesia, generating a widespread tsunami. The resulting waves, some up to 15 meters high, reached the heavily populated shores of Indonesia, Thailand, Sri Lanka, India and the east coast of Africa, leaving a path of death and destruction in their wake. Because many bodies (including entire families) were swept out to sea, the final death toll may never be known. But it is likely that at least 200,000 people lost their lives on that fateful day. Along with lives lost, the tsunami destroyed countless livelihoods and made millions of people homeless. Soon after the event, in an interview with CNN, UN emergency relief co-coordinator Jan Egeland summarized the situation: "This may be the worst natural disaster in recent history because it is affecting so many heavily populated coastal areas... so many vulnerable communities."



Tsunami impacted areas in orange

The magnitude of the devastation prompted a rapid and massive global response. In order to assess the situation on the ground, politicians toured devastated areas by helicopter. States of

*A condensed version of this viewpoint was originally published in the *Asia-Pacific Population Journal*, Vol. 21, No. 2, pp.3-5, 2006. The author wishes to thank APPJ for allowing the long version to be published here.

emergency were declared in many of the impacted countries. United Nations emergency response teams and humanitarian relief agencies went into crisis mode. International organizations and Governments made pledges to donate millions of dollars of humanitarian aid to help the victims. The Red Cross launched an appeal for money. The International Monetary Fund promised to do whatever was necessary to assist the victims. Australia, Japan, the United States and the United Kingdom pledged millions of dollars in aid. Russia promised to send several tons of humanitarian aid to the region. France promised to send medical teams to Sri Lanka and Thailand. Soon thousands of volunteers from all over the world, along with medical and military personnel, were on the ground helping to retrieve bodies and assist with relief efforts.

The global mainstream mass media shifted into high gear, readying itself for total coverage of “the story.” Representatives of the mainstream media rushed to disaster sites, covering virtually every possible angle of the tragedy. Soon videos of tsunami waves crashing into popular beach resorts in Thailand were being shown on television. Haunting pictures of the dead wrapped in white cloth or plastic and stacked like cordwood in makeshift morgues hit the front pages of major newspapers and magazines worldwide. Interviews with distraught survivors, overworked coroners, concerned politicians, and people desperately trying to locate lost relatives and friends became a daily media affair. Obligatory maps showing death tolls by country were constructed, constantly updated and given emphasis on the evening news. Some news companies set up websites where people could download images of tsunami waves, find out more about the science of tsunamis, link up with NGOs, make donations, and volunteer to help with relief efforts. Finally, a few months after the event, politicians from the impacted countries met to assess the problem and agreed to construct a tsunami alert system for the Asia-Pacific region. Actions by political leaders coupled with the 24/7 coverage by the media resulted in people from all over the world becoming aware of the tsunami tragedy and the plight of the victims. The tragedy became a “global concern.” And with that concern, came a sense of “urgency” to do something about the problem.

During the same year that the Indian Ocean earthquake and tsunami made global headlines, another type of “tsunami” was killing, not 200,000 people per year, but millions of people per year. The epicenter of this “biological tsunami” was in Africa. The initial “earthquake” took place in the early 1980s. Its destructive “waves” spread out slowly in all directions, taking nearly two decades before reaching the “shores” of virtually every country. Because it moved so slowly—largely hidden from view—there were no exciting pictures of it to show on the daily news. Even though it was destroying millions of lives each year, the global mainstream mass media never rushed in to cover “the story.” And politicians were largely silent about the problem. What am I talking about here? I am talking about the HIV/AIDS tsunami.

Since its beginning, 65 million plus people have been infected with HIV. Given that there is no cure, this number translates into the equivalent of 325 Indonesian-like tsunami events (assuming 200,000 tsunami deaths). In 2004, the same year as the Indian Ocean tsunami, an estimated 5 million people were newly infected with HIV, the equivalent of 25 tsunami events. If this had actually happened, HIV/AIDS striking with the fury and suddenness of a tsunami, wreaking havoc and unspeakable suffering 25 times in a row, killing about 5 million people (the number of people infected with HIV in 2004), chances are that our perception of the gravity of the problem would have been greatly altered.

How would the international community have reacted to such a series of disasters? Would the world, mainstream mass media and politicians have reacted? Would the global perception of the HIV/AIDS problem have changed? Of course it would have. The HIV/AIDS problem would have become the world’s number one problem requiring a massive response. But that is what

“would have been.” The actual response to the HIV/AIDS pandemic has never come close to the response to the 2004 tsunami disaster.

Make no mistake, the global response to the localized Indian Ocean tsunami tragedy was appropriate. My point is that the global response to the generalized HIV/AIDS tragedy needs to be equally appropriate. This is particularly true given that, in contrast to the Indian Ocean tsunami, the HIV/AIDS tragedy is totally preventable. In other words, we have “room to maneuver” and can actually do something to prevent it. Unfortunately, the HIV/AIDS pandemic is still not being treated as a major global disaster in need of an immediate, massive, crisis-oriented response. Why? One obvious reason is that the pandemic is influenced by cultural taboos related to SEX that make it difficult to address. A less obvious reason is that slow-moving inconspicuous problems like global warming, acid rain, species loss, poverty, ecosystem destruction and HIV/AIDS tend to capture less public attention than fast-moving obtrusive events like volcanic eruptions, famines, wars, acts of terrorism and tsunamis.

In a speech given at the London School of Economics on 8 February 2005, UNAIDS Executive Director, Dr. Peter Piot, described the HIV/AIDS pandemic as exceptional: “This pandemic is exceptional because there is no plateau in sight, exceptional because of the severity and longevity of its impact, and exceptional because of the special challenges it poses to effective public action.” Without question, the Asian tsunami was a tragic disaster requiring a massive response. But the HIV/AIDS disaster has been and continues to be far more destructive in terms of its impact on human lives. In terms of human casualties (65 million plus and still counting), we have seen nothing like it in the history of the human species. To quote Doctor Piot again:

This is an unprecedented crisis, in scale and nature, and we have no choice but to act in exceptional ways. This is also a crisis that will continue for some generations. So our basic choice is...whether we act exceptionally right now or later, when many more millions have died.

The HIV/AIDS pandemic is clearly an exceptional global disaster. Because of this, it demands no less than an exceptional tsunami-like response. And that response should begin now.