

## A Voice for Africa: Stephen Lewis and the Race Against Time

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*Race Against Time: Searching For Hope in AIDS-Ravaged Africa.* By Stephen Lewis. Toronto: House of Anansi Press, 2006. 214 pp. \$18.95 (paperback). ISBN 13-978-0-88784-753-0.

Those who, like me, have long wondered when, if ever, Canada will produce another international statesman and diplomat in the mould of Lester Pearson need wonder no more. In Stephen Lewis, the Canadian tradition of groundbreaking international statesmanship is assured. As the United Nations Special Envoy for AIDS in Africa, Stephen Lewis has brought more than just his skills as a broadcaster, politician, and diplomat to his job. He has also brought his ideological convictions as a “democratic socialist,” his lifelong passion for Africa, and his tireless commitment to mobilizing global action against a pandemic that threatens the future of a continent. Named among *Time* magazine’s 100 Most Influential People in 2005, Lewis is one of North America’s most widely known commentators on human rights and international development.

*Race Against Time* is a compilation of Stephen Lewis’s 2005 Massey lectures. It opens with a line that jolts, alerting the reader to the seriousness of the subject: “I have spent the last four years watching people die” (2006, 1). What follows is a riveting excursion into the tragedy that is the AIDS pandemic and one man’s almost obsessive drive to do something about it. For those familiar with the discussion on AIDS, the central message of this book is a familiar one—the AIDS crisis in Africa has reached pandemic proportions and the global community needs to do more to redress its devastating impact on the continent. What makes this book unique, however, is the eloquence and passion with which Stephen Lewis delivers this message. It commands attention.

Lewis writes with the same energy and lucidity that we have come to expect of his public speeches. The anecdotes and biographical excursions that spice the book make it a compelling read. The narrative of Lewis’s long-standing “love affair” with Africa is particularly intriguing. It takes us on a journey across Africa, from his experiences as an idealistic youth teaching in the newly independent state of Ghana in the 1960s to his fraternization with South African anti-apartheid activists, which led to his ban from that country by its white minority regime.

The Africa that Lewis encountered in the 1960s was one of promise and vitality, much different from the one he sees today. It is heartbreaking, he writes, “to see the Africa I once knew reduced to such desperation” (60). Although we may have become used to images of a desperate Africa, Lewis contends that this is different: “The AIDS crisis in Africa is a different, but analogous holocaust” (107), a holocaust fuelled by poverty, ignorance, and apathy.

The statistics are familiar yet remain depressingly mind-boggling. In Zambia, 23% of all children are AIDS orphans; in Swaziland, 15% of the children will be orphans by 2010; and in Botswana, 35% of the entire adult population is HIV-positive. Even more troubling is the fact that, across the continent, hundreds die daily because they have no access to antiretroviral drugs needed to keep them alive. These alarming figures, Lewis argues, point to the collective failure of humanity. He is critical of the apathy of rich Western nations but also the “wilful inertia and outright irresponsibility” at work in the United Nations system that have hindered international action on tackling the pandemic (xi). It is inexcusable that lifesaving anti-HIV drugs that can stem the tide of deaths and prevent mother-to-child transmission of the virus are still not available to those who need them most in Africa. We now have the drugs to control if not cure the disease. AIDS need no longer be a death sentence for mothers or their unborn children, yet in sub-Saharan Africa only 5-8% of pregnant women have access to these drugs.

*Race Against Time* is not just a book about AIDS. It is also a treatise on the gaping inequalities and inequities of our world. Unlike some other commentators on the subject, Lewis has spent enough time at the front lines of the pandemic to know that the quest for a solution cannot simply focus on the provision of antiretroviral drugs to HIV-infected persons in Africa or elsewhere in the developing world. The AIDS crisis has much to do with the larger economic crisis in the continent. Lewis argues quite persuasively that the AIDS pandemic in Africa and the continent’s inability to respond adequately to it is partly the result of a succession of disastrous economic policies promoted by international financial institutions such as the World Bank and International Monetary Fund (IMF). These policies, known as Structural Adjustment Programs, were introduced in the 1980s and heralded as the long-sought panacea for the continent’s ailing economies. The programs laid down strict conditions for granting World Bank and IMF loans to African countries in order to reform their economies, curtail waste, and “improve governance” (9). As of 1993, 36 African countries had implemented these economic restructuring programs, which included the devaluation of national currencies, curtailment of government expenditure, cuts in public wages and social sector programs, privatization and commercialization

of certain social services, and the elimination of government subsidies.<sup>1</sup> The requirement that credit-seeking countries significantly reduce government spending on social services such as health and public education resulted in the total collapse of these vital social sectors across the continent. By the end of the 1990s, the consensus among experts was that these economic programs had been an unmitigated disaster. Even advocates of the programs such as the World Bank and the IMF conceded belatedly that African countries had implemented them at “great social costs” (Zuckerman 252).<sup>2</sup>

Structural Adjustment programs are, however, only one aspect of the many conditions that combine to keep Africa a marginal player in an increasing prosperous global economy. Lewis illustrates the wealth gap with an evocative juxtaposition. Every cow in the European Union is subsidized by two dollars a day, while between 400 and 500 million Africans live on less than a dollar a day. Tackling the AIDS pandemic must be part of a broader agenda that addresses this obscene prosperity gap. This means linking the fight against AIDS with the economic, social, and political conditions that fuel the spread of the disease. Lewis takes this comprehensive approach. He goes beyond the focus on providing antiretroviral drugs and forcefully advocates strengthening African economies through debt cancellation and favourable international trade to improve their own health care capacities. He calls for universal primary education to enlighten and educate the masses of Africa about the disease and empowering women across the continent to make them better able to protect themselves.

Is this really the best approach to tackling the AIDS pandemic? By dragging “extraneous” issues like debt cancellation, international trade, and women’s rights into the fight against AIDS, do we not risk compromising international consensus and collaboration on finding solutions? Are we not better served treating the AIDS pandemic simply as a public health emergency? Those who raise these questions have a legitimate point. AIDS is too important to be entangled in divisive ideological battles and wrangles over international trade and finance. As Stephen Lewis reminds us, however, a comprehensive approach to confronting the AIDS crisis is not only necessary; it is imperative. Take the case of Malawi, where one of the greatest challenges to dealing with AIDS is the brain drain of the country’s health care professionals to Western countries. Malawi has only one third of the doctors and nurses it needs because it cannot afford to pay competitive wages to keep them. The result is that there are “more Malawian doctors in Manchester (England) than in Malawi” (48). The response to this challenge cannot simply be to focus on providing antiretroviral drugs. Rather, it must also address how to build the country’s economic capacity to

attract and retain health care professionals. The same can be said for food. If a patient has nothing to eat, the body cannot handle powerful antiretroviral drugs. As Lewis so aptly puts it, "AIDS leads to hunger; hunger exacerbates AIDS. It's a merciless interaction" (134). The quest for solutions to the AIDS pandemic must therefore also involve issues of food security, access to basic health care, and poverty alleviation.

Although much of his discussion focusses on the failure of the international community to respond adequately to the AIDS crisis in Africa, Stephen Lewis also explores the conditions within the continent that have hindered the quest for solutions. He lays part of the blame on African leaders and governments that have done little to tackle the pandemic, on local traditions that subjugate women, and on societies that stigmatize people with AIDS. In the fight against AIDS, stigma is indeed the bane of progress: "It savages and ravages, ostracises and isolates those who are living with AIDS" (69). In denouncing the culture of denial and stigmatization that has hindered efforts to reverse the spread of the disease in some parts of Africa, Lewis pulls no punches. He is forthright and unapologetic. "What does one do about Swaziland?" he asks, almost in exasperation (183). The king defiantly practices polygamy, marries underage girls into his harem of wives, and lives ostentatiously in an impoverished country devastated by AIDS. Evidently, the king provides no moral leadership in his country's battle against AIDS.

Such tough talk has made Stephen Lewis a controversial figure in some quarters. At the International AIDS conference in Toronto in 2006, he strongly criticized the response of the South African government to the AIDS crisis in that country, describing its policies as "theories more worthy of a lunatic fringe than of a concerned and compassionate state" (quoted in Russell 2006). He has frequently been at the receiving end of angry rebuttals from governments and even the World Bank and the IMF, whose economic policies he holds partly responsible for the collapse of the social service sector in many African countries. Lewis may not be the quintessential diplomat; but, for the teeming population of HIV-infected persons and AIDS sufferers in Africa and across the developing world, he is a godsend. His commitment and occasional diplomatic faux pas have brought unprecedented global awareness to the tragedy of AIDS in Africa.

The Africa that Lewis presents is not only one of despair and misery, however. As the title of the book suggests, it is also one of hope and vitality. Lewis's source of hope is the resilience of people living with AIDS themselves. It is the kind of hope he has found among ordinary people at the front lines of the epidemic across the continent, from truck drivers in Ethiopia to sex workers in Kenya who

are all beginning to take their destinies in their own hands by changing long-standing social attitudes in order to prevent the spread of the disease.

One limitation that some will find with *Race Against Time* is its silence on the link between AIDS and the problem of corruption and governance in Africa. While Lewis spends much time admonishing Western countries and the international community for their inadequate response to the pandemic, he pays little attention to the impact of corruption and mismanagement by African leaders on the AIDS crisis. Lewis offers a robust defence, however. Corruption and governance, he concedes, are legitimate issues of concern; but the preoccupation with them forever seems to tarnish the continent's right to health and recovery. For those who study and teach about Africa, this is always a concern—the notion that there is simply no hope for Africa. There is even a term for it, “Afro-pessimism.”<sup>3</sup> The presupposition that attempts at economic, social, and political developments are doomed to fail often becomes an excuse for inaction. As Lewis reminds us, it is easy to say that Africa is a basket case of anti-democratic chaos; but there are 53 countries in sub-Saharan Africa, an increasing number of them embracing democracy, and it is the height of arrogance to consign all of them to “some self-inflicted purgatory” (4). If anything, the evidence suggests that concerted international action can yield encouraging results, as is the case in Tanzania, where the cancellation of the national debt by Western creditors has made it possible for that country to provide free universal primary education to all its children.

*Race Against Time* is not a book for those looking for an objective and detached discourse on AIDS in Africa. Stephen Lewis makes no claim to dispassionate objectivity. He admits that he has been “emotionally torn asunder” by the onslaught of AIDS and that this has profoundly changed his world view (xii); but even as he excoriates governments and the international community for not doing enough to fight the disease, Lewis avoids the tone of self-righteousness that we have to come to expect from some of the world's “do-gooders.” He readily concedes that, like many others, he must bear some of the blame for the world's inaction. As the director of UNICEF he could have done more to ring the alarm bells about AIDS much earlier. “I am culpable,” he writes, “and I am not going to try to hide it” (83).

As if to atone, Lewis ends the book with a long list of recommendations that he thinks are crucial to winning the fight against AIDS in Africa. They include the cancellation of all remaining African debt (still over \$200 billion), significant increases in aid to Africa by rich Western nations, and, perhaps most controversial of all, the institution of a corporate tax on certain multinational corporations to fund the global fight against diseases such as AIDS, malaria,

and tuberculosis that ravage much of the developing world. These are bold recommendations—some might even say unrealistic—but Stephen Lewis thrives on challenging norms and conventional wisdoms. He voices, with unequalled fervour and compelling eloquence, a great moral dilemma that confronts our world today. He reminds us that the scourge of AIDS is not just a problem of Africa and the developing world. It is a tragedy that shames and diminishes us all. But is anyone seriously listening?

## Notes

1. For a discussion on Structural Adjustment Programs and their impacts on Africa, see B.K. Campbell and J. Loxley. *Structural Adjustment in Africa* (1989) and Sayre Schatz, "Structural Adjustment in Africa: A Failing Grade So Far" (1994).
2. See Demery, M. Ferroni, and C. Grootaert, eds., *Understanding the Social Effects of Policy Reform* (1993), and World Bank, *Adjustment in Africa* (1994) for World Bank and IMF commentary on Structural Adjustment Programs.
3. There is a growing body of literature on the phenomenon of Afro-pessimism. See for example, J.S. Saul, "Afro-pessimism/optimism: The Antinomies of Colin Leys" (2002), and Ruth Mayer, *Artificial Africas* (2002).

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