

Why Governments and Drug Companies Don't Promote HIV/AIDS Prevention Programs, and What We Can Do About It

By **Seth Abrahams**

Governments, NGOs (Non-Governmental Organizations), Charitable Foundations, and the Media have not grasped the fundamental nature of HIV/AIDS. This is reflected in the United Nations guidelines on sexuality, as succinctly described by [Janice Shaw Crouse](#) in an article published August 30, 2009 in *American Thinker*. However, while she describes the pathetic attempts of government agencies to combat the spread of HIV/AIDS, she does not attempt to explain the motivation for their behavior.

I would like to suggest two main motivations:

1. The threat to humanity posed by overpopulation—one of five variables postulated by the Club of Rome in their 1972 publication, [Limits to Growth](#).
2. The simple fact that [Drug companies](#) benefit financially from every new infection. As a result, they do not have any incentive to develop effective preventative programs.

[Jonathan D Strang](#) quotes Innocent Ntaganira of the World Health Organization (WHO) AIDS program as saying, “HIV prevention efforts are not having a decided impact,” and concludes, “Let’s hope more will figure [this] out soon.”

The AIDS/STD Continuum

Medical research has shown that the presence of other STDs (Sexually Transmitted Diseases) enhances the transmission of HIV as much as nine fold, and more than ten years ago it was established that by treating STDs one would drastically reduce the spread of HIV. Yet there is still widespread ignorance of these simple facts. The acronym SHARC (STD-HIV/AIDS Related Complex) has been created to alert and inform the public of the interconnection and interrelationship of these diseases.

It is clear that STDs, HIV and AIDS are all part of one continuum: Those who engage in casual sex are likely to pick up one or more sexually transmitted diseases from a STD-infected partner; in turn, they transmit it to their other partners; and the cycle continues. Of course, such a lifestyle increases the odds of someone engaging in casual sex with an HIV-infected person.

Making the situation worse, HIV is infective from the moment of transmission, yet it may not show up on a test for three to six months. Furthermore, an HIV-positive person can live for seven to ten years without any symptoms whatsoever, except perhaps a few days of flu-like symptoms experienced shortly after he or she becomes infected.

There is no known cure for AIDS (the present treatment only suppresses the virus for a time and thereby prolongs life and a period of relative health). The period of illnesses caused by the Acquired Immuno-Deficiency Syndrome that gives the disease its name starts after an average of about eight years. These illnesses manifest with increased frequency, duration and severity, ultimately leading to [death](#).

PROMOTING PREVENTION

So, how can we go about promoting HIV/AIDS Prevention Policies?

Although there are about 60 STDs in all, the eight most [common](#) are: Syphilis, Chlamydia, Gonorrhea, Chancroid, Pubic Lice (Crabs) & Scabies, Genital Warts, Trichomoniasis, and Herpes.

There are no shortcuts to prevention. The public must have detailed knowledge about all the most common STDs, just as an octopus needs to use all eight of its limbs to overpower a shark. In short, making people aware of—and treating—the eight most common STDs will go a long way to reverse the spread of HIV/AIDS .

Even better than treating STDs is preventing them, an approach sadly neglected by the WHO, Governments, Charitable Foundations, NGOs and the Media. They do not even begin to grasp the issues, and have no idea where and how to start.

[Sharon Camp](#) of The Alan Guttmacher Institute has stated, “Most young people are sexually active, and many are ill equipped to prevent STDs or seek testing and treatment.” Four years ago, it was estimated that 15-24 year-olds, who represent one-quarter of sexually experienced Americans, accounted for half of newly diagnosed STDs.

So, three tracks are needed: One for young people; a second for their parents; and a third for the general public.

The first track is based on [studies](#) suggesting that children viewing adult-targeted TV become sexually active earlier in life. It would involve motivating children and adolescents to limit their viewing of adult-targeted material by highlighting the serious risks posed by such exposure. The second track would motivate parents to cultivate a more traditional and less sexually-charged ambience in their homes and communities.

The third track involves educating society to recognize the underlying psychodynamics:

“The highest HIV infection rates are found in many sub-Saharan African populations because up to 40 percent of adolescent and adult males and females in these populations routinely have multiple and concurrent sex partners, and they also have the highest prevalence of factors that can greatly facilitate sexual HIV transmission.”

So writes [Dr. James Chin](#), author of “The AIDS Pandemic: the collision of epidemiology with political correctness” (Radcliffe, Oxford, 2007).

Concerned families, neighborhoods, communities, and interest groups are much more capable of educating the public than any Government or UN Agency—and the cost is minimal, in sharp contrast to the billions wasted to date.

Once a person has HIV, it is only a matter of time before it will lead to AIDS. It is therefore necessary to educate the public about SHARC (the STD-HIV/AIDS Related Complex), the eight most prevalent forms of STDs, and the sequence and

interrelationship of these diseases. We should also work for the removal of sexual content in media and music targeted at young people. The active support and cooperation of the Media is a prerequisite for this to happen. Concerned members of families, neighborhood, communities, and interest groups must take it upon themselves to understand the mechanics of these issues, and launch local initiatives to counter the problem.

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