A Look in the Mirror - Daring to Face the Truth about Malaria

Elaina Matook

WHERE DOES A LITRE OF WATER COST MORE THAN IN CENTRAL LONDON?
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Daring to Face the Truth about Malaria

By Elaina Matook

Advised by Dr. Susan A. Michalczyk,
Boston College Honors Program

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TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prologue</td>
<td>p1</td>
</tr>
<tr>
<td>Chapter 1 – A wake up call come too late?</td>
<td>p2</td>
</tr>
<tr>
<td>Chapter 2 – The Apogee of Me</td>
<td>p3</td>
</tr>
<tr>
<td>Chapter 3 – The Children of Pride</td>
<td>p8</td>
</tr>
<tr>
<td>Chapter 4 – As Nature Intended?</td>
<td>p15</td>
</tr>
<tr>
<td>Chapter 5 – “I am nobody.”</td>
<td>p17</td>
</tr>
<tr>
<td>Chapter 6 – Slow and Steady</td>
<td>p29</td>
</tr>
<tr>
<td>Epilogue</td>
<td>p35</td>
</tr>
<tr>
<td>Bibliography</td>
<td>p36</td>
</tr>
</tbody>
</table>

“But he will continue being the chronicler of the troubled…”

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“You'd think you could touch it with your hands – as if it came from the rich smoky earth, there, everywhere, all around the mountains that close it in, from Agnone to the snowcapped Etna – stagnating on the plain like the heavy suffocating heat of July.”

PROLOGUE

“Alright everyone, listen up! I'm sure you've all gotten wind by now of the outbreak in Palm Beach County, FL, and the deadly nature of this situation. You know what this means: we've got a new report to tackle, although the phrase, “this just in!” doesn't apply here. We'll be reporting on malaria, the case of “bad air” that's been afflicting millions for millennia. (Hey, that's a pretty catchy subhead!) Anyways, this outbreak is the perfect opportunity for our office to be the first to release a comprehensive report about the disease, as well as full coverage of the current crisis on our own soil.

“Hey, Cassandra.”

“Yes, Chief?” I managed to answer confidently with a (thankfully) inaudible gulp.

“I'm putting you in charge of this one. Good luck.”

“Thank you, ma'am,” I quickly mumbled as each of us headed back to our desks. Quite perturbed at the Chief's apathy to the lives of our fellow human beings, and at the same time apprehensive of the enormity of this project, I opened my notebook and prepared for the daunting journey from the malaria ofprehistoric times to the disease of the present which in front of me lay.

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A WAKE UP CALL COME TOO LATE?

The next bird flu...

Statistics say there's only a 31% chance of survival once the parasite arrives on the East Coast

Malaria - the disease of this century

When will humanity recognize its communal responsibilities? Will it take an epidemic of proportions larger than all of history's plagues combined to shake people from their apathy and complacency regarding global health? Let's hope not, since such a crisis, an epidemic of colossal proportions, is about to smash through the doors. We will be forced to come face to face with a made-to-order devastation. Most disappointing is the unfortunate fact that the countries which possess the means for a cure are those which, until now, were untouched by malaria's deadly parasite. Only when we ourselves are suffering do we take action.

“You have heard that it was said, 'You shall love your neighbor and hate your enemy.' But I say to you, Love your enemies and pray for those who persecute you... For if you love those who love you, what reward to you have? Do not even the tax collectors do the same?”

The time has come to recognize the value inherent in every human being, whether born in Sub-Saharan Africa or on Beacon Hill in Boston, MA. Ironically, it has only taken an outbreak of malaria in the Western Hemisphere to bring the importance of this realization to the forefront of people's minds. How many more have to die at the hands of these relentless parasites before our currently complacent saviors take action?

Matthew 5:43-46 (NRSV).
Malaria can by no means be described as a modern malady. Its parasites have been stewing within the bloodstream of humanity even before the Chinese canon of medicine, the Nei Ching, chronicled the symptoms around 2700BC. What anomaly has allowed this parasite to thrive in spite of the sanitary and medical advancements accomplished within the intervening millennia? Medical knowledge and resources have been expanding for years, erasing most suspicion of blame from stumped scientists. In fact, technology has catapulted this generation far beyond the resources available to the Rockefeller Foundation in 1955 as its officers boldly began their pursuit of global malaria eradication. Today, long lasting insecticide treated malaria nets which are currently available demonstrate dramatic potential reduction of infection rates. Artemisinin–based Combination Therapies are currently the most effective drug treatments available. Many vaccines which are undergoing trials are showing promise for protecting against infection. And yet, even with all these modern advances, the current generation cannot boast of the same propinquity to complete eradication as did the Rockefeller Foundation and the World Health Organization. After seventeen years and an estimated four billion dollars, this pair succeeded in eliminating malaria completely from the US and Europe. Unfortunately, drug and insecticide resistance foiled their plan for worldwide eradication. Besides limiting the ongoing progress of controlling malaria, the cessation of pesticide treatments by the West actually caused a worsening of conditions. Six years after Sri Lanka stopped using DDT, the number of malaria cases rose from seventeen to over half a million. The massive resurgence of malaria due to a backlash where eradication remained incomplete became the crisis which plagues the world today.

While technical setbacks such as these may appear to be at fault for malaria's continued victory

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6 Marcia Inhorn and Peter Brown, ed., The Anthropology of Infectious Disease, p7.
over efforts at eradication, drug complications and elusive vaccines only coat the surface of this failure. Ironically, what is really needed at this time besides simply another scientific improvement is a conversion of the human soul and psyche. The true shackles restraining all attempts at controlling malaria are forged by inflated egos.

Just as the physical malaria parasites have been afflicting humanity for centuries, so have the moral parasites that flow through the vein of society.

CLOSER THAN WE THINK

“Ah! for those people there just isn’t malaria!”

For the characters of Giovanni Verga's short story “Malaria,” this infectious disease is portrayed as the presiding enemy of the people. In fact, a man from whom malaria claimed four subsequent wives asserts that his only two enemies in the world are malaria and the railroad, which depleted his bar clientèle. In Nineteenth Century Italy, the setting for Verga's tragic story, the parasite itself and the suffering it imposed upon the inflicted and their families was the proper locale for blame. At the time, there were no global health initiatives able to make a difference, nor vaccines or other prophylaxes to distribute. Malaria ruled their lives. Yet now that availability of resources and technology is no longer a limiting factor, what is to blame for the continued agony of millions? Surprisingly enough, multitudes can be learned about human nature from malaria, that “bad air” which surrounds and penetrates, if people just take a moment to examine its nature.

Once contracted, the disease instantly begins to take over your body. As the parasites multiply exponentially, they eat you from within, sapping your energy and dragging your body into fevers at will. Some can be infected for years and never display symptoms. The physical disease which flows through the blood of humanity is perpetuated by the debilitating infection of the ethical stance of society. We are malaria.

“Malaria doesn't strike everybody down. Sometimes you can live with it for a hundred years, like Cirino, the Idiot...”

Only now are we beginning to recognize the symptoms of our hypocrisy. We are all victims to malaria, as well as its cause. As Camus' Tarrou would say, “each of us has the plague within him.” Until we diagnose our responsibility for the threat to human existence posed by malaria, it will be impossible to successfully combat this plague which is ourselves. How can a problem be solved when it is yet unseen? While combating the physical disease with vaccinations, mosquito nets, and other prophylaxes, we must concurrently deal with the human identity as the disease. Malaria is closer than we think.

“Malaria gets into your bones with the bread you eat, and when you open your mouth to speak, as you walk on the roads that suffocate you with dust and sun, and you feel your knees give way, or you sink down on the saddle as your mule ambles along with its head low.”

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9 Ibid, pp126-127.
10 Ibid, p123.
12 Verga, “Malaria,” p118.
The uncomfortable and disturbing reality is that human beings are in fact worse than the parasites that spread the disease. Malaria parasites do not distort reason or manipulate through cunning, and they do not exercise a preference for one race over another. They do not discriminate or judge their victims, nor do they delude themselves through rationalizations or hypocritical policies. If only the human species could act with such intense impartiality towards fellow human beings . . .

As co-inhabitants of this fallen world, all possess the capacity for selfishness, and it is the exercise of this narcissism that results in pain and suffering throughout the world. Attempts at denying this reality are futile. As living inhabitants of the globe, humans live under the same rules of nature which are more completely, though not fully, understood thanks to Charles Darwin's careful research. Darwin describes in his *Origin of Species* how the variations seen in nature are a direct result of natural selection, which functions by maintaining favorable survival traits through surviving offspring. This theory, coined “survival of the fittest” by Herbert Spencer, rests upon the fact that life is a struggle for limited resources that forces organisms to compete with each other, both within their own species and between species.13

Centuries later, general consensus still supports Darwin's theory, and the idea of the selfish competition within and between species is commonly understood by the general public; “survival of the fittest” has practically become a household phrase.

Although prominent members of the natural world, humans are assumed to be just as subject to its forces of selection as is any plant or animal, making life a constant competition for limited resources. Despite this seemingly exaggerated assertion of selfishness, Darwin writes that “similar laws of inheritance prevail” for humanity because “man tends to increase at a greater rate than his means of subsistence; consequently he is occasionally subjected to a severe struggle for existence, and natural selection will have effected whatever lies within its scope.”14 For all organisms, including humans, what lies mostly within this scope are those most similar to them. In fact, the fiercest competition occurs within species since the same resources are needed by similar organisms. Thomas Hobbes explains that “if any two men desire the same thing, which nevertheless they cannot both enjoy, they become enemies; and...endeavor to destroy, or subdue one an other.”15 Thus, the self-centered focus exhibited by plants, animals, and humans alike appears to have originated from a competition for limited resources, especially within species.

History has proven that the closest neighbors are frequently the worst enemies: civil wars are usually the bloodiest. Darwin explains in *Descent of Man* that any sympathy towards other humans only leads to survival when confined within a limited social group.16 This theory of morality which Darwin discusses originates from sympathy for members of the group, which was conserved by nature on account of its contribution towards the creation and vitality of the most progeny. Conversely, if such sympathy were felt towards external groups, biological fitness would be at risk due to competition between groups for limited resources. Sussman agrees that group cohesion evolved so that there can be competition between groups, and he cites Ruse, who explains:

Where kin selection fails, reciprocal altruism provides a back-up. But as one grows more distant in one's social relationship, one would expect the feeling to decline...it is silly to pretend that our dealings cross countries are going to be intimate or driven by much beyond self-interest...Jesus did not suggest that the Samaritan was in the general business of charity to strangers.17

17 Robert W. Sussman, “Myth of man the hunter, man the killer, and the evolution of human morality,” *Zygon* 34.3 (September 1999): 460.
Protecting self-interest is at the heart of evolution and its conveyor, natural selection. Surprisingly, the closest neighbors are the worst enemies, since the more similar an organism, the more equal its needs, thus creating the most intense of resource rivalries. Even though families and small groups are the closest of organisms, competition does not usually occur among close relations since the point of such social networks is to protect its members to insure that the genes of the group will be passed down to a new generation. Amidst the forces of the laws of nature, one would hope that the human intellect could also play an integral role, lest human actions be reduced to blind animal instinct.

Even though most agree that humans are the only organism with self-consciousness and reason, the selfishness which defines the group-oriented society, a system exhibited almost exclusively by apes, humans and wolves, can take precedence over reason or conscience. The mentality of modern capitalistic society perpetuates the dominance of the ego by emphasizing competition and individualism. Although free will is certainly an important characteristic of humanity which separates people from the rest of the Animal Kingdom, Western cultural norms exaggerate personal autonomy to the point of placing the interests of all others far below our own needs and wants. Society has taught people to do whatever it takes to get their way, and their way, according to Freud, is what makes them happy. A constant self-centered focus upon personal desires, especially in that of a sexual relationship, however, would be detrimental to living in a civilization, which by definition requires a number of relationships to be maintained at the expense of the individual. Despite any alleged altruism witnessed among humans, Freud believes that, ultimately, *homo homini lupus*, even within smaller communities, forcing each person to focus upon their own interests. According to Freud, Hobbes, and others, competing desires leads to an inevitable and unwavering fixation upon the self.

**DIGGING TO THE ROOTS OF THE EGO**

If life is thought of as more than mere physical survival, where does this *idee fixe* about the centrality of the self above all else originate? Even if selfishness has been retained during human evolution because of the fitness benefit of focus upon personal needs, what is the deeper reason for the prominence of the ego? One would think that a belief in spirituality, or a focus upon higher ideals and morals, or even the prominence of human reason would subdue any inherent narcissism within humanity. Now that the “how” of both biology and sociology has been explored, it is time to turn to the “why” of human selfishness. According to biology and psychology, no one is culpable for the capacity or propensity for selfishness. In a moral sense, however, all are guilty. Every person in the world is responsible for the starving children in Africa, the malaria-stricken families in Southeast Asia, and the man silently suffering from HIV next door. This universal guilt trip may seem paradoxical or excessively accusatory, but understanding this reality will help answer the “why” of narcissism.

Living in this world of suffering and death, it is easy to believe Hobbes’ summation of life as “solitary, poore, nasty, brutish, and short.” Quite a stretch of the imagination, or more accurately, a leap of faith, is required to take hold of the prophet Isaiah’s perception of a perfect world gone awry. Both humanity and the entire universe is ultimately good, according to Isaiah 11, so good that peace and order were the standards of existence. Isaiah presents a return from the current chaos of life back to the original utopia in which a baby can play near a cobra’s den (NRSV, Isa 11:8). The explanation for such regression into chaos and away from the perfect peace of Isaiah can be found much earlier in the Hebrew Scriptures within the Book of Genesis. The first Creation story of Genesis 1 describes the order and goodness of everything God created, even humanity, and He deems the entirety “very good” (Gen 1:31). Ironically,

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*Lt: “Man is a wolf to man.”


20 Ibid, p69.

though the formation of man and woman stands in the highest place of honor in God’s creation, the ensuing disobedience in Genesis 3 bears strong testimony to humanity’s culpability with respect to the corruption and evil seen throughout history. The first sin, then, stands as an assertion of an interest in the self over compliance to the divine will. The pride of Adam and Eve which leads them to choose empowerment over obedience gives birth to the violence and pain of this world as explained in the conflict between their sons, Cain and Abel (Gen 4). All of creation’s miseries can be traced back to human selfishness. Choosing to follow personal wants and needs instead of God's will, made known through other people, mistakenly places humans in the role of God, which ultimately harms both others and the self. Since groups such as communities or governments follow patterns similar to those of individuals, selfishness reigns sovereign over people’s lives and creates even greater suffering than does a single person. With greater understanding of human frailties and vulnerabilities, it becomes possible to move forward and implement positive changes. Letting go of blame and accepting responsibility could do wonders for the suffering throughout the world.

Selfishness has blinded people to the fact that we have, in some bizarre way, become malaria. Thanks to the human parasite of apathy, people have assumed the traits of that very parasite which has held humanity at its mercy for millennia. Even before the invention of writing in 4th millennia BC Mesopotamia, humanity discovered “the wall that plague had built around us” described by Albert Camus, and that “in its lethal shadow we must work out our salvation.” Despite the new technology and scientific progress being made on the global health front, this generation is still living in a time of unprecedented disparity between the wealthy countries and the poor. In recognition of the importance of positive action accompanying knowledge, Albert Einstein points out, “the invention of nuclear weapons has changed everything – except the way we think . . . We shall require a substantially new manner of thinking if mankind is to survive.” Beyond the medical developments necessary to create that ever-elusive malaria vaccine, a change of heart is by far the most promising solution for eradication of this global crisis. The search for external remedies may eventually design a vaccine which would be effective, biologically speaking, but science and technology alone are not enough. The key to control and eradication lies within, hidden by complacency, concealed by the very license which Camus' Dr. Bernard Rieux insists we eliminate. To work out our common salvation, we must realize that we are the very wall which blocks access to the resolution sought. The largest obstacle stopping us from saving the millions who are and who will be suffering from malaria is ourselves.

“Humans are born hard-wired with certain drives,” he says — for instance, to fight or flee, to seek pleasure rather than pain, and to seek connection. “Think of the drives as a team of horses. If you learn how to hold the reins and manage the horses, they take you to wonderful places. If the horses get out of control — if one dominates — you end up in a ditch.”

Today’s college kids are in the ditch called narcissism in part because the popular culture glamorizes the drive for pleasure above all others. “‘More! Fast! Easy! Fun!’” Walsh says. “That translates to parents as an allergic reaction to our children’s unhappiness and an inability to say no for fear it will destroy their self-esteem.”

22 Camus, The Plague, p224.
THE CHILDREN OF PRIDE

As it stands: 24

1 million  The number of people malaria (a preventable, curable disease) kills each year.
90%  The number of these deaths which occur in Africa, mostly in young children.
US$12 billion  Yearly estimated cost of Africa's lost GDP because of malaria, though it could be controlled for a fraction of this sum.
300 million  The minimum number of acute cases of malaria each year globally.

More often than we would like to admit, solutions to our problems live right under our noses, quite literally, for example, when considering a city like New York. Whether written about in fiction or witnessed in the flesh, human beings all wrestle with certain basic needs and desires, yet they must face the real contender and ultimately wrestle with themselves. In a place as large as NYC, the most populous city in the US, the throngs breed isolation, and though people are everywhere, loneliness can permeate the most-crowded street corner. Why do we run from each other, as if fearing that we will catch a disease or lose ourselves? It is human nature to want to be connected, for we are social animals, desperate to be accepted, terrified of rejection. This theme is often the leitmotif in many a work of literature, as in Mary Shelley’s tale of horror and alienation, Frankenstein. Even when Frankenstein’s Creature is surrounded by people, he is still panged with misery because of their indifference to his personhood and their loathing of his motley appearance. While the Creature is certainly very different from most people to say the least, he is somehow endowed with the desire to love and be loved, the defining trait of humans, evident in his pining for a female creature. Because the Creature appears un-human, people treat him as such, essentially leaving him all alone in the world. Perceiving someone as “other” than the self or one’s group reduces that person to a level of diminished worth. Seeing merit only within the self blinds people to the needs of others, perpetuating countless other problems aside from loneliness. Inflated individualism is, in fact, the reason why it has taken an outbreak on the shores of this country to capture the attention of its citizens and elicit a response to the problem of malaria. The excessive pride fostered in people, especially those of Western civilization, has begot a culture in which the focus is self-protection and self-interest. This narcissism has unfortunately created a world filled with lonely people living just a few feet away from people who embody the elixir for their relief.

THE NATURE OF PROGRESS

While increased colonization and world travel heightened the attention given to Tropical Medicine at the turn of the twentieth century, today's knowledge of the disease and resources for research far exceed that of previous generations. Through extensive laboratory and field research, scientists have made vast strides since then. Or have they?

“I know now that man is capable of great deeds.
But if he isn't capable of a great emotion, well, he leaves me cold.” 25

“C'mon, it can't be that bad.” From the perspective of a cozy armchair after dinner, watching the latest

25 Camus, The Plague, p162.
update on the malaria crisis on the evening news certainly won't arouse an excess of empathy. And yet, why is this the case? Where is the public outcry resulting from a feeling of horror that should be associated with such scenes of poverty and suffering of fellow human beings? This numbness into which modern comfy couch dwellers have been lulled may be perpetuated by the constant overload of the senses by the sickness, death, corruption, and poverty entering happy homes via television, newspapers, and even online news. But the deeper source of this complacency is the same mentality that causes Frankenstein's Creature such suffering and isolation: the “us and them” attitude. The Creature explains to Frankenstein that

“all men hate the wretched,”

and since “the wretched” are usually those who are seen as far removed, there is no overwhelming reason to care about them. It is only when people are themselves in danger of becoming the wretched ones that they become advocates for a cause. Only when malaria proves a threat to our own shores do we decide that now is the time to act.

Hope remains for the optimistic that this self-centered callousness only affects people’s mentality a part of the time. Perhaps the plight of children still pangs the hearts of even the most desensitized.

“WHY IS THE WEE ONE POOR? … WHY ARE THEY BLACKENED WITH SUCH BLACK MISERY, WHY DON’T THEY FEED THE WEE ONE?”

The innocent youth of the world continue to suffer despite the unprecedented amount of resources available on the globe today. In December of 2006, a Rhode Island family was on the verge of homelessness. A letter which was written by the five year old son was read from the pulpit of a Roman Catholic Church in Cranston, RI, in which the sole request was for some Christmas gifts. Humbly limited to a blanket, underwear, socks, and maybe a puzzle, the boy’s plea for help on behalf of his family was met with overwhelming generosity of this 3,000 family parish, which collected over $20,000 in just one day. The voice of that suffering young child was amplified, heard, and granted a speedy response.

Yet what of the children in the world who do not have such a powerful microphone at their disposal? Malaria, a disease both preventable and curable, is still killing a child every 30 seconds. One in five of all childhood deaths in Africa are caused by malaria. So why doesn't the African child suffering from the cyclic fevers of malaria strike as deep a cord in our hearts as does the five year old from RI?

“I will not speak of grown-ups because, apart from the fact that they are disgusting and do not deserve love, they also have retribution: they ate the apple, and they knew good and evil, and became ‘as gods.’ And they still go on eating it. But little children have not eaten anything and are not yet guilty of anything…If they, too, suffer terribly on earth, it is, of course, for their fathers; they are punished for their fathers who ate the apple - but that is reasoning from another world; for the human heart here on earth it is incomprehensible. It is impossible that a blameless one should suffer for another, and such a blameless one!”

Even when children are witnessed as innocent and unfortunate victims of oppression and disparity, we hold firm to our American dream and to the knowledge that, as a first world country, we are safe from the

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28 Ibid, pp237-238.
misfortunes that plague much of the world. Lulled into a false sense of complacency, people continue their lives in their own special world, able to avoid the painful reality that they keep safely at a distance. The boy from Cranston and his family is one of “us,” while the anonymous girl lying in bed weakened from malaria’s vicious fevers is not one of “us,” and therefore is not. Though of course there exist countless local needs within the US which certainly must be attended, the resources and technology already exists for those suffering from malaria. Much of the impact of this disease on the world's children could be prevented with interventions which are currently available. Rather than merely furthering improvements in technologies and resources, what also needs to change is the myopic focus of a self-absorbed nation. Instead of keeping others as priorities in life, self-preservation and personal satisfaction seem to take priority over any true concern for the less fortunate.

SELECTIVE HEALING

Dostoevsky would strongly disapprove of such exclusivism in healing. Coming from the Eastern Orthodox Christian tradition, The Brothers Karamazov emphasizes sobordnost, collective salvation. All must work for the realization of the Kingdom of God in order for any to be saved. Like Ivan, we could refuse the ticket for this world, but such opting out fails to recognize the wellspring for the pain and suffering experienced in life. The world God made is utterly good, and it is the sin of humankind, which rends the human-divine relationship asunder, that has resulted in the tragedies and miseries of mortal life as it is known.

“But what does that mean – 'plague'? Just life, no more that that.”

The sense of solidarity and unity in human salvation stems from an acknowledgment of mortality and of the limitations of the human condition. We are all the blades of grass that whither, as we endure the expansive tremor pervading every inch of terrestrial space. Buddha recognizes the first truth of life as pain and suffering, or dukha, which leads him to create the rest of his Four Noble Truths which conclude that to end desire, tanha, is to end pain. Not many people can argue against the fact that mortal life involves pain, but that these tribulations are the children of desire may seem a bit of a stretch to some. The Christian interpretation of Buddhism's truths is that the suffering experienced on Earth comes from the lack of desire; that is, the desire to be near God. This longing for unity, whether interpreted as Nirvana or Heaven, exists within all people, consciously or otherwise, and the fact that this innate desire exists proves the existence of some form of the longing's fulfillment. People were made to be with God just as they were made to eat food, and unless this life follows Nietzsche's interpretation of a cruel, meaningless world, the desire for food can be fulfilled, as can the desire for Heaven. Just because food and Heaven exist, however, doesn't necessarily mean that all hunger will be cured and everyone will go to Heaven. But, logically, it must be possible.

Most religions strive to provide the means to fulfill this desire for oneness with Glory, and some also attempt to satisfy earthly desires, such as for food and healthcare. Two agreements in practically all religions are that God, the Supreme Being, Brahman, etc., is the highest good, and that the human highest good is oneness with God. For instance, the central notion in Hinduism is tat tvam asi, which roughly translates into “that thou art,” meaning that all individuals are one with Brahman, the Hindu highest god. Realizing this unity is central to this ancient Eastern religion. Even the oldest “primal” religions practiced by humanity, which are still observed today in a few areas of the world, believe in one Supreme Being and in the connectedness of humans, nature, and the sacred. In addition to this universal sense of the divine, of something beyond, many religions also believe in following morals or some code of ethics, which are generally consistent from one religion to the next. Most religions teach some form of treating others as one would want to be treated, although the reasons for following a code of conduct are divergent. For instance, the three religions of Abraham, Judaism, Christianity, and Islam, teach that

people should be good because God is good, while the instruction of most Eastern esoteric religions is that goodness is a preliminary to Enlightenment, which is realizing the oneness of all. Even religions such as Buddhism that do not value this earthly existence understand the need to fulfill basic human needs as necessary for reaching the higher end of enlightenment. Buddhism understands creation to be an illusion since all is OnlyMind. Thus everything, human and animal, living and nonliving, are equated with the same value. In the Buddhist mindset, if you are your neighbor, then naturally you should treat your neighbor well. Most religions believe in the equality of all people, sometimes recognizing that people are meant to fulfill different roles, such as within the Hindu caste system. While some religions have a system of rewards and punishments for how well others were treated, such as some interpretations of Christianity as based upon Matthew 25 when the sheep are separated from the goats, others rely on good will towards others spontaneously flowing from its teachings and praxes. Despite differences in theologies, such as whether or not good deeds must be performed for righteousness, care for the needs of others naturally emanates from the beliefs of most religions.

For this reason, religiously affiliated schools, shelters, and hospitals have been in existence for centuries, and sometimes offer better services than their secular counterparts. Recently, in Lubango, Angola, Rev. Franklin Graham built a five-million dollar Evangelical Medical Center using both private and US government funds. Even though this missionary initiative, as well as many others supported by President Bush, claims not to require profession of the Christian faith before basic human needs are met, it may seem that way to the patients since Christian prayer services are often held before and after dispensing government aid. In the implementation of policies regarding government-funded religious aid groups, the Bush Administration rejected all attempts made to require groups to inform beneficiaries that they do not have to attend religious services to get the help they need. All of the nurses at the Evangelical hospital are Christian and are trained not only to talk to patients about their ailments but also about their religion. Other Christian aid groups across the globe may provide humanitarian relief, but like the Samaritan’s Purse efforts in El Salvador, they often prioritize holding church services before offering instructions on how to build shelters.

Meanwhile, the vast majority of people in Lubango will still be treated in the woefully ill-equipped public health system. Aid specialists say many Africans realize that they have little choice but to accept whatever aid comes their way, no matter how many strings are attached. “In sub-Saharan Africa, the needs are so enormous that it doesn’t really matter to people if you want something in return,” said Gita Honwana Welch, director of the UN Development program in Angola. “People say, ‘We’ll take the book,’ Jehovah’s Witness or whatever, providing you bring something of social value that they want. The state comes with its ideology, the faith-based guys come with their ideology,” she added. “In extreme poverty, choices do not exist anymore.”

In every account of Jesus’ life, amid both miracles and suffering, Jesus remains a humble servant of all without attaching meaning or judgment, readily giving of himself to everyone, from the devout Jew to the Samaritan woman. The religious exclusivism of these relief efforts therefore seems incongruous with either the basic tenets of the Gospels or the teachings of the Christian faith. Christianity, along with most religions, is exclusive in its theology because it boasts the fullness of Truth. Jesus explicitly teaches his followers not that He is one way, but that He is “the Way, and the Truth, and the Life” (John 14:6, emphasis added). Despite this belief, which may seem arrogant and elitist, Christianity embraces an inclusive Salvation. All people have the ability to enter Heaven, not just Christians. Christ conquered Death for all humankind, not just those who attend church services on Sunday mornings. Yet John writes

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of his Gospel that “Jesus did many other signs in the presence of his disciples, which are not written in this book. But these are written so that you may come to believe that Jesus is the Messiah, the Son of God, and that through believing you may have life in his name.” (John 21:30-31). What do Christians make of this supposed dilemma?

*The Chronicles of Narnia* offer C. S. Lewis' perspective on how the exclusive theology and inclusive salvation of Christianity can coalesce. In the final book of this series, *The Last Battle*, a boy named Emeth who is a worshiper of Tash, an evil god, meets Aslan, who is Narnia's Christ in the form of a lion. Even though Emeth is not a follower of Aslan, he is still welcomed into the Land of Aslan. Aslan explains that although Emeth worships a master other than the True Master, Christ, anything good done by Emeth is a payment of service to Aslan, who is good. All of Emeth's evil deeds are therefore rendered to Tash, who is evil. Since Emeth had been true in his worship and devotion, these deeds were considered by Aslan to be good acts which are necessarily paid to the Ultimate Good.31 Therefore, even though Emeth had been following the wrong theology, because of his good actions, he is welcomed into Heaven. By Christ's salvific death and resurrection, he gives all people the opportunity to enter the Kingdom. Even though Christians believe salvation is only obtained through Christ, knowledge of the Galilean carpenter named Jesus is not necessary for redemption. Perhaps the leaders of the Christian clinics in Angola and elsewhere should take some time to enter Lewis' land of Narnia.

While Christianity is exclusive in theology and inclusive with regards to salvation, the Eastern esoteric religions, such as Hinduism and Buddhism, tend to be inclusive in both respects. Hindus think of all people as Hindus, each following their own yoga, or path, towards enlightenment. Some Hindus even practice other systems of belief, including Christianity, as another way up the same “mountain” towards unity. Yet even though Christians believe their way is the only true way to reach God, people of other faiths are certainly not excluded from attaining Salvation. The priorities of Christian international aid efforts to impose their religion upon the needy are judging who is worthy of being saved. They have almost reached the level of bribery and extortion, actions most definitely inconsistent with Christ’s teachings. Even solely in secular terms, healthcare is a basic human need which should be provided to each person on the basis of common human rights. It appears incongruent that a hospital would see fit to mix religion and health care to such a degree that belief in Jesus Christ becomes inextricably linked to medical assistance. Though it is true that Christians believe that Jesus lived among us for the salvation of all people, there exists no rule informing Christians that they must force their faith upon others using any means available. Essentially, these Christian aid efforts have accomplished the bribery of nonbelievers into converting by using the reward of basic health care. No matter how much the Bible is scoured, it is doubtful that a command from God endorsing extortion is included. Neither medical nor Christian doctrines can justify such approaches to healing. Medicine is universal, and faith should be noncompulsory. Even religion has become tainted by selfishness. The point of religion, especially Christianity, is not just to guide its believers towards faith, but to bring them to love, and the antithesis of the agape, or “other love” at the heart of Christianity is egotism, the “self love” that has distorted the Gospel message for so many.

**SHOW ME THE MONEY**

Access to medicine and basic health care is often limited because of discrimination that goes beyond creed. For instance, because of the means by which HIV is transmitted, through blood, seminal fluids and vaginal fluids, there is a social stigma upon those with HIV and AIDS. Unfortunately, this prejudgment of those who are plagued by this virus and its subsequent disease has wounded both the morale and the access to care of the afflicted. The shame which much of society has cultivated within those suffering from HIV and AIDS has stopped many from seeking the necessary assistance, medical or otherwise. In addition, because many faith-based organizations are in the forefront of healthcare,

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especially Christian groups, the care for those carrying the stigma and prevention against future infection are limited or denied on the basis of religious convictions. For instance, because of the promotion of Christian values by the Bush administration, PEPFAR (the President’s Emergency Plan for AIDS Relief) funding is primarily directed towards education about the perils and sinfulness of sex with an emphasis upon abstinence within a Christian morality. With the decreasing emphasis upon more effective, though perhaps morally controversial, approaches such as prophylaxes and contraceptives, such religious and even governmental policies have begun to restrict essential medical care for some countries. A fear of compromising the sexual ethics of Christianity prompts many religious aid groups, or even governmental ones, to limit the care provided for those with HIV and AIDS or even exclude those with these illnesses from receiving medical treatment. The delicate line between religion and state has been increasingly blurred by the policies of the US government, especially with regards to humanitarian aid. According to a government data survey conducted by *The Boston Globe,* President Bush has doubled the percentage of US foreign-aid dollars being directed towards faith-based aid groups. The US message brought by its aid workers has changed from religious neutrality to endorsement of the healing powers of Christianity. This mixture of government programs and religious proselytizing is a dangerous step towards the creation of a state religion which is forbidden by the Constitution in order to prevent something like aid recipients being refused care or declining assistance themselves because they do not share the religion of the donor.32

“And if the sufferings of children goes to make up the sum of suffering needed to buy truth, then I assert beforehand that the whole of truth is not worth such a price...We can't afford to pay so much for admission...It's not that I don't accept God, Alyosha, I just most respectfully return him the ticket.” - Ivan33

Although malaria does not carry with it a moral disfavor, its eradication may be hindered by an unfortunate economic stigma. As the world's most prevalent parasitic disease, malaria takes the lives of as many as three million people each year, almost all of whom are desperately poor African children under the age of five.34 The countries which are most affected by the malaria parasite are the least equipped in technology and funding to combat the disease. The countries which are best suited to control the spread of malaria and even initiate its eradication are the nations which are unaffected by the disease and are not concerned with its target population. Areas of the developing world like South Africa and Southeast Asia which are the most afflicted boast nothing of economic value to the medically advanced and financially prosperous nations like the United States. Sadly, it seems as if policy in the US and other countries is driven by money, so much so that decision-making is primarily based upon personal economic gain. Such prioritization leaves poor countries with malaria towards the bottom of the barrel of concerns. Are people only worth what they can produce? If Southern Africans produce nothing that would benefit the US, why should such a powerful nation focus its attention on a useless commodity? If there is nothing to gain from such areas as South Africa and Darfur, why should we waste time, energies, and resources? Children suffering from malaria in third world countries are no where near as pressing in the eyes of the West as are countries in the Middle East which have a plethora of oil. It seems we are willing to permit the death of millions of children, not for the sake of all humanity as is suggested in *Brothers Karamazov,* but for money. What would Ivan think of that?

“What has prevented the rich world from attempting this? I just keep asking myself, Do we really not care because it doesn't affect us? Is that what it is?” - Bill Gates35

33 Dostoevsky, *Brothers,* p245.
While it is unfortunate enough that this obsession with wealth has reduced the inhabitants of the developing world to a very low dollar value, the greater tragedy resides in the consciousness of these economically deprived people. Camus writes in his “Myth of Sisyphus” that suffering is “tragic only at the rare moments when it becomes conscious.” Otherwise, torture can seem absurd, especially to those suffering from malaria, who have done nothing to warrant their fate. Sisyphus is conscious when he realizes the hopelessness of his situation: an eternity of pushing a rock up a hill and watching it roll back to the base. Tragedy resides in the apparently hopeless cycles of suffering endured by people throughout history, across the globe. Ultimately, conscious people are suffering as a direct result of the lack of consciousness of those who can help. The jaded inhabitants of the West have been lulled into complacency. Overwhelmed by the countless “causes” and “fights” against diseases, social ills, and political goals, malaria seems like just another reason to write a check or attend a benefit gala. Between the unnaturally short attention span and the need for instant gratification especially of Americans, people may feel like they have done their small part by attending that gala, and afterwards forget about whatever it was that the money went towards. This tendency to prefer feeling good about some far removed problem rather than recognizing some sort of connection with those suffering has proliferated the current “band-aid” approach to problems. For instance, instead of eradicating the causes of poverty and homelessness in the US, we have chosen to build shelters in order to keep the destitute out of sight and out of mind. Because of this same mindset, instead of attempting to discover the cause of our complacency with regards to such extraneous diseases as malaria, we wait until it reaches our shores before action is taken. The crises witnessed today on account of terrifying problems like malaria that threaten our health and happiness are direct results of the selfishness which has been engrained into people’s very existence. The children of our pride are the miseries and woes not only that we experience, but that others suffer as well. The elevation of self worth above the well-being others is destroying any hope of a happy, peaceful future for the future generations. While selfish tendencies within small groups seems to work as a survival strategy for other living organisms, perhaps humanity was not meant to be enslaved by Darwin’s laws of natural selection. As long as pride continues to be cultivated, selfish tendencies will be passed down to future generations, who will be continually haunted by the progeny of today’s egotism.

AS NATURE INTENDED?

At this point, some people would say, “fine, we're selfish. Why should we be worried about our pride? Why should we bother making any changes to the way we live if that’s how nature intended things to be?” True, Darwin and later on Sussman and Wrangham theorize that nature has consistently selected humans who look out for the well-being of themselves and their own family groups as the fittest members of the species, and capitalistic societies perpetuate selfish tendencies, but the capacity and propinquity to act in the name of self-interest cannot become excuses for remaining at the status quo. Furthermore, however tempting it may be to wriggle free from blame, we are partly responsible, in fact, for the inflation of our ego. Fr. Thomas Hopko, a contemporary priest in the Orthodox Church of America, teaches that all of a person’s flaws are inherited from her family. Even though one can legitimately say, “it's my parent's fault,” the ability to recognize and do something about these imperfections is a personal responsibility. Similarly, selfish behaviors are both inherited and learned from a person’s family and more expansive community. Just as blame cannot lie on our parents for our mistakes, the condition of society does not house sole responsibility for the selfishness of the next generation. In the interest of making a change for the better, everyone must come to terms with the fact that there exists a choice in the reaction to the unique hand each is dealt.

The existence of choice in the reaction to a person’s coincidental context is a result of free will. Even though liberty is prized as one of the highest American virtues, along with this ability to choose good or evil comes sin and its consequences. Sin, meaning “to miss the mark,” is not merely breaking some rule learned in Sunday School, but is a fracture in the relationship with God, which is echoed in relationships with others. The essence of sin, choosing to stray from a relationship with God and others, explains why it is so important to confront the ego. Pride is one of the most common, dangerous sins, and it is because of this inward gaze that suffering abounds in this fallen world. In an ideal world, which essentially means sneaking back into Paradise, where everyone is concerned with others over and above personal desires, there would be no need. Although a world ruled by agape should not be expected in the near future, a personal choice can be made to wrench our eyes from the mirror. The essential first step to reaching outside the self is recognizing the interconnectedness of all people.

Martin Luther King, Jr., understands this universal bond, which he calls an “inescapable network of mutuality” in the letter he wrote from the Birmingham Jail. King was raised with a very strong sense of community and the equality of all people, which were widespread values in much of African culture. This mindset, fostered from early childhood, reappears throughout King’s efforts to fight against segregation and racism in the United States. King does not limit the scope of his concern to the citizens of the US but rather gives due attention to international issues because of his recognition of “the interrelatedness of all communities and states.” With the entire world as his family, King proves that it is possible for all people to focus their energies outwards to radiate good will throughout a unified global community.

“The shedding of blood means shedding of our own blood, sacrificing our own little selves for the common good of all. In short, it means a realization of the unity of life...that must be the goal of us all... Real suffering bravely born melts even a heart of stone.”

Although King questions his own optimism regarding the ability of organized religion to save the world,\(^{39}\) at least the inner spiritual Church of Christianity, especially the Eastern Orthodox Christian Church, emphasizes the relationship that exists between all people, regardless of creed. Christ redeemed all people, and in order for humanity to attain the Salvation which God has generously granted, everyone must work together. This concept of “salvation together” is beautifully illustrated in the account within the Gospel of Mark of the paralytic man whose friends lower him through the roof below which Jesus is preaching (Mark 2:1-12). The friends of this disabled man selflessly carry him to the place where Jesus is speaking and manage to gently lower him to Jesus’ feet, which could not have been an easy task. It does not seem as if these friends are looking to gain anything for themselves by this act except for the joy of having their comrade back to normal. Like the paralytic man, all people need relationships with others to come closer to Christ. The notion of human togetherness finds further metaphor in the image of the Body of Christ described in Paul’s first letter to the Corinthians (1Cor 12). Though all people have various talents and skills, such as the different parts of a person’s body, all people unite to do work for the glory of God. In a secular sense, people with different abilities are needed for there to exist a thriving civilization. Communities must be based on cooperation and self sacrifice, and people tend to live together in groups because relationships constitute an integral part of human nature. The consensus among sociology, psychology, and many other fields of study is that humans are relational by nature. Perhaps it is not so surprising that a discussion on how to solve a problem like malaria has spiraled inward towards the center of what it means to be human. Choosing whether or not to act upon our viscera separates humans from animals, so clearly the intellect has some role in defining who or what we are. But what about infants who have yet to develop the cognitive skills necessary to choose when to suppress their cries or other instinctual actions; are they not human? First and foremost, all humans are social beings. The need to form relationships with others is the most important aspect of being human and, arguably, the reason for our existence.

“…in terms of love of God and neighbor…St. John wrote, ‘If any man says I love God and hates his brother, he is a liar. For he who loves not his brother, whom he sees, how can he love God whom he does not see?’ (1 John 4:20-21). This means that our love of neighbor is in some very real sense our love of God. The good our love wants to do Him and to which He enables us, can be done only for the neighbor, as Karl Rahner has so forcefully argued. It is in others that God demands to be recognized and loved. If this is true, it means that, in Judeo-Christian perspective, the meaning, substance, and consummation of life is found in human relationships.”\(^{40}\)

Moreover, love is the essential component to relationships that cannot be removed due to risks of such dangerous distortions as violence, substance abuse, and, more commonly, a self-centered way of thinking. The prison inmate's claim in Gilligan's *Violence*, “I have a right to be human,”\(^{41}\) really means, “because I am human, I have a right to love and to be loved.” Every person needs to love someone beyond themselves, and needs to be loved by someone, or else feelings of rejection, shame, and lack of worth build up until there is an absence of love for the self. When there is no self worth, there will be no recognition of the worth of others. Gilligan describes the ultimate effect of the absence of love as the death of the soul,\(^{42}\) which eliminates the ability to love the self or others. The absence of love causes people to strive for it in unhealthy ways to the extent of self-mutilation. In their minds, even a distorted attention to the self is better than no attention at all. Those who have not been cared for by others, and therefore not by themselves, are left with an outlook that cries, “I am nobody.”\(^{43}\)

\(^{39}\) King, “Birmingham.”


\(^{42}\) Ibid, p32.

\(^{43}\) Ibid, p35.
“I AM NOBODY.”

This bleak, but honest, insight written by a prisoner can actually serve as a clue to finding the solution to this problem of selfishness. If the evils in our world are propagated by unhealthy conceit, then the answer to breaking the cycle is humility. Ideally, the thought on everyone's minds should be, “I am nobody.” Humility deepens as one comes to know oneself, and if it is believed that humans are made from nothing, barat in Hebrew, being nobody is a suitable place to start. The piece missing from the prisoner's mentality which would raise his insight to the healthy ideal is the recognition of God's unconditional love for all people. An excessive fear of death, feelings of rejection, and other distortions of reality result from the belief that we are something which we are not. Such excessive concern in one's own life and an absence of hope in God ultimately denies the prominence of the heavenly Kingdom over the earthly one and falsely places all hope in limited human power. Surprisingly, it is more difficult to be loved than to love. Understanding the beloved place humanity holds in the eyes of God would allow everyone to maintain the healthy self-esteem which would empower people to see others as God sees them. Once people realize the blessing of the love of God, then they can direct this love towards others.

AN INSTRUCTION OF REDUCTION

When those who are able to free others from hardship fail to recognize the humanity and innocence of the afflicted, progress will be slow in coming. Camus writes: “There is no sun without shadow, and it is essential to know the night.” Although life is characterized by both sorrow and joy, reducing the amount of suffering whenever and wherever possible is still a worthy goal. Jesus demonstrates through his active healing ministry that promoting the well-being of others is an appropriate and even hallowed ministry which is perpetuated by his disciples and is continued by successive saints. Now that night has been experienced, those who have the power to unleash the sun must do so. Once the value of each human life in its own right is acknowledged and a connection between all people is recognized, as in St. Paul's image of the Body of Christ (1Cor 12), a moral obligation exists to promote and sustain human existence, such as by providing basic health care to those who cannot provide for themselves. By failing to share the resources and knowledge currently available with those who need it most, the more fortunate are, in a sense, stealing from the needy. As many religions of the world teach, a wise way to live in community with others is to treat them as you would want to be treated. Taking that teaching further, the only way to live among each other is to forget about the self.

Enter Freud. The command to love your neighbor as yourself is incredulous to Freud, and the instruction to love your enemies is in his mind impossible. In keeping with Darwin's survival of the fittest and the intergroup aggression of chimps analyzed by Wrangham and Nell, Freud believes that people who are not included within the small group of loved ones are only worthy of apathy or even hatred due to the naturally competitive, aggressive nature of humans. From his point of view, violence and aggression against those not in the immediate group are inevitabilities of existence. Actually, Freud is right: it is not within the power of people to love strangers or enemies. But fear not! We do not live in a tragically hopeless world: we have the gift of God's grace. Sin is inevitable, but because of God's overwhelming love, people do in fact have the capacity to love our neighbors and enemies, who were considered more or less one and the same in biblical times. Similar to the group cohesion which Wrangham suspects humans retained throughout evolution, members of groups other than one’s own are considered threats to the

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44 Camus, The Plague, p123.
45 Freud, Civilization, pp66-68.
existence and progeny of one’s own group. Therefore, Jesus' command to love our enemies is in keeping with the long-standing, practically universal rule to love others as ourselves.

WHERE IS THE LOVE?

Once it is agreed that the night should be broken with rays of light whenever it can, the next question is one of origin: where does this light come from? Who wields the knowledge and power to help others, to meet basic health needs, to eradicate malaria? The answer is that everyone and anyone can, and should. The children suffering from the painful fevers of malaria are not asking for heroism, but common decency. All people have the capacity to love, and nearly every religion around the world teaches loving others as the best way to relate to them. One expression of such agape, or “other love,” is caring for the well-being of other people without expectation of personal gain. If love of others is such a ubiquitous belief, why is a disease like malaria, which is fully capable of being eradicated, still a reality today? Have we lost the capacity for love? I certainly hope not, for that would dictate a hopeless, bleak future full of selfish human beings. Fortunately, nearly all people have had the blessing to fully love someone besides themselves, or at least have witnessed selflessness at some point in their lives. The well-being of any future for humanity is dependent upon the continuation of such love. Perhaps such concern for others has merely been masked in modern times due to the nature of secular society.

The Constant Gardener (2005)

Based on the best-selling John le Carré novel and from the Academy Award-nominated director of “City of God.” In a remote area of Northern Kenya, activist Tessa Quayle (Rachel Weisz) is found brutally murdered. Tessa’s companion, a doctor, appears to have fled the scene, and the evidence points to a crime of passion. Members of the British High Commission in Nairobi assume that Tessa’s widower, their mild-mannered and unambitious colleague Justin Quayle (Ralph Fiennes), will leave the matter to them. They could not be more wrong. Haunted by remorse and jarred by rumors of his late wife’s infidelities, Quayle surprises everyone by embarking on a personal odyssey that will take him across three continents. Using his privileged access to diplomatic secrets, he will risk his own life, stopping at nothing to uncover and expose the truth - a conspiracy more far-reaching and deadly than Quayle could ever have imagined. (Written by focusfeatures)

variations of love, is the heart of Christianity. Yet this notion of humility, putting the self aside, is quite central to the Eastern religions as well. As in Christianity, Taoism, for instance, emphasizes getting the ego out of the way so that the Tao, basically equivalent to the Logos in Christianity, can flow through people towards others. Translated into Christian terms, for God or love (which are one and the same, according to 1 John 4:8) to pass through people towards others, they must be humble enough to receive it. If people are not open to receiving love, which is easier said than done, the only thing they can offer to others is whatever is within their own power, which is quite limited according to Freud. Though this country’s energies are currently focused upon wars on crime, terrorism, drugs, and aging, what it needs first is a war on the ego.

The narcissism which permeates this culture negates the empathy and connectedness which would solve so many of its problems. Although this self-focus is in antithesis to agape, Christianity does not argue for complete rejection of the individual, which is the goal of other religions. For instance, Hinduism teaches that because all individual souls are really a part of the collective soul, Brahman, then you truly are your neighbor. A subtle yet essential distinction resides between this notion of eliminating the individual and the Christian belief, which incorporates the importance of each person. The Eastern notion of extinguishing the ego altogether would grate against the autonomy which comprises the very core of Western values, placing Christianity’s theology of maintaining individuality personal autonomy while loving others selflessly in a more realistic light for the West. Putting such differences aside, the fact that practically every religion has some notion of sacrifice underscores the vital nature of selflessness in all cultures. At the heart of Islam dwells renunciation of the personal will in order to be a slave, or Muslim, to the will of Allah. Buddhists strive to attain nirvana, meaning “extinction,” by eliminating individual desires, tanha, to experience freedom from the pain and suffering of life, dukha. While Sussman and Wrangham may argue that selfishness is a human quality which has allowed the species to live, selflessness is the virtue which has allowed people to live together.

“It's a matter of common decency. That's an idea which may make some people smile, but the only means of fighting a plague is – common decency.”

While those professing creeds other than Christianity do not necessarily emphasize agape as an essential component for life, such as Buddhism, an appeal can at least be made to common decency as a reason for helping fellow humans. The more people think of themselves as a part of one large human family, the more willing they would be to go out of their way to help others without looking for personal gain. Once this true human identity is recognized, humility will be cultivated, allowing God’s love, however it may be known in other religions, to be channeled to others. The least we can do for the neighbor is to recognize him as brother. From this mindset, right actions will flow and the ego will abate.

“The hearts of men, when unprejudiced by any obvious self-interest, are full of brotherly love and charity.”

-the blind man, DeLacey, speaking to Frankenstein's Creature.

The challenge to love neighbors and enemies does not just rest in the hands of the comfortable. The victims of oppression, poverty, disease, and other miseries suffered at the hands of the selfish are given this same responsibility. As callous as this may seem, the fact that those suffering a “hell on earth” have some accountability for their condition is founded in the notion of free will. Hell is more than just a place without God; more accurately, it is a condition created by human choice to live separately from Him. Adam and Eve teach humanity that the choice to create a personal path which diverges from God's will is what denies participation in Paradise. The original meaning of “sin” (hamartia), coming from the

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47 Camus, The Plague, p163.
48 Shelley, Frankenstein, pp128 or p113-114.
Greek “to miss the mark,” takes on an even more ironic tone as global health efforts, both public and private, attempt to tackle an ever-shifting target. More specifically for the believer, sinning involves the choice to stray from God's will. Considering that free will has gotten humanity to its current fallen status, however, free will, along with God's grace, can get people back to where they want to be. All people are granted God’s grace, whether they are Buddhists, Taoists, or atheists. Although humanity will never rid itself of fallibility, people have the capacity from God's grace to choose for the better. Freud interprets the current state of existence as a tragic reality because he does not recognize God's love and therefore true human nature as it was meant to be. As Isaiah teaches, life was not meant to be the status quo reality.

Biological or psychological capacity and cultural proclivity for self-serving actions often serve as excuses for shifting the true responsibility for the world’s problems off of human own shoulders. While societal reform is not the only solution to violent civilization, it is still an important piece of the puzzle which should not be ignored. Neither should the biological or psychological aspects of the human species which may predispose people to such tendencies. Understanding the roots and perpetuation of egotism will ultimately aid the search for a solution. Though something like natural selection for selfishness within groups seems inevitable in this world, there is hope for a change in the next: "If I find in myself a desire which no experience in this world can satisfy, the most probable explanation is that I was made for another world" since "creatures are not born with desires unless satisfaction for those desires exists."49

GETTING THE BALL ROLLING

Less than a decade ago, the biggest problem facing global health was lack of resources to treat the sick.50 Now, as more and more public and private organizations have committed unprecedented funds towards the world's health challenges, there is incredible potential for change. As of August 2006, after six years of philanthropy, the Gates Foundation had given away $6.6 billion for global health programs. In fact, total donations from all US charitable foundations tripled between 1995 and 2005. Of the 80 percent of this money given to international projects, global health received over one third of the largess. A fund-dispersion framework called the Global Fund to Fight AIDS, Tuberculosis, and Malaria was created in 2002 independent of both the UN and any government, which receives its finances from governments, philanthropies, and corporations, and has already approved $6.6 billion in proposals and has distributed $2.9 billion towards these goals. This fund provides around 20 percent of all funding towards HIV/AIDS programs and around 66 percent of the money for the world's TB and malaria initiatives.51 It seems that the haves are willing to give to the have-nots. Why is this extreme generosity to impoverished nations coming at this point in time? It turns out that this recent momentum was fueled by the HIV/AIDS pandemic. When antiretroviral drugs (ARVs) were introduced in 1996 as the most promising treatment to date to combat the virus within infected people, the incredible disparities between the health care systems in the developing world versus the wealthy nations attracted everyone's attention for the first time. Because these ARVs were so expensive (around $14,000 / year per capita, plus $5,000 / year for tests and medical visits), only the United States and Europe were able to effectively utilize these new treatments. Meanwhile, the poorer areas of the world which were most afflicted with HIV, such as sub-Saharan Africa, were unable to access the new medicine. Finally, the world began mounting pressure upon the pharmaceutical companies and the administrations of the advanced industrialized nations to take action on behalf of all HIV-positive people so they could reap the benefits of the ARVs, no matter how poor their country. By 1999, in just three years, total funding for health-related programs, including HIV/AIDS treatment, in sub-Saharan Africa increased more than tenfold to $865 million. Rather than accepting the widening gap in health care between industrialized and developing nations as a fact of life, Western activists and health workers finally expressed their malcontent with the status quo and took action on

49 C. S. Lewis, Mere Christianity (New York: Macmillan, 1960), p120.
behalf of the suffering/powerless. Why should the rich be kept alive while the poor are ignored?

The recent awareness about global health disparities brought to light by the HIV/AIDS epidemic afforded the Western world a brief glimpse into the reality of its self-interested culture. The fact that positive action was taken by these newly illumined capitalists attests to the existence of the good will towards others which DeLacey in Shelley’s *Frankenstein* recognizes in humanity. Hope is kept alive by the persistence of *agape* in this world, as proven by the action inspired by the exposure of just the tip of the iceberg of human ignorance. The question now becomes how people can best continue promoting awareness and taking steps towards eradication of the illnesses that plague a large percentage of the global community.

**A GATE(s) WAY?**

So far, governments, world organizations, and even religious initiatives do not seem to hold the best solution to problems such as malaria. Bureaucracy, economics, and “correctness” delay the simple, essential actions which could keep this parasite under control.

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**Street Cleaning—Who Is at Fault?**

There is a sanitary propriety in street sweeping. Clear your streets of filth, and you do the work of a college of Physicians, in the diminution of disease. Cholera, and the greater epidemics, at whose approach City officers for a while do their duty, are not the only ministers of death, whose nourishment is street offal. Malaria is the parent of all manner of physical deformities, infirmities, and calamities. There is death in stagnant gutters, and redolent alleys, and unwashed, unventilated courts and *culs-de-sac*.

On May 19, 1852, *The New York Times* chronicled the inefficiency of public works concerning the filthiness of the streets of New York City. Though London boasted only around one-sixth of the population of New York at the time and housed less than that fraction of street area, their streets were cleaned every day for an annual cost of $30,000 in 1851. In New York, streets were cleaned only once a month for $179,991. The sanitary benefit of street cleaning was recognized even in the nineteenth century as a simple solution for reducing malarial infections, yet this densely populated city was failing to do all it could to protect the well-being of its citizens.

**LONDON.**

Cost of daily cleansing every public way of every description, in the year 1851 ..............$30,000

**NEW-YORK.**

Cost of having public ways of all descriptions disgracefully filthy, during 1851 .............. $179,991

Thus the work to be done is only one-sixth of that done in London; while the expenditure upon it is six times greater; and yet every avenue and passage way refuses to testify that any money or labor is spent upon them. There is clearly something rotten about this matter besides the garbage of the gutters. New-York pays more to keep clean than any other city in the world, and is nevertheless the dirtiest. Who will rise up and tell us the why and the wherefore? There is flagrant criminality and merciless gouging some where. The culprits are not so shielded as to elude detection. The public shall learn presently who the offenders are, and heaven befriend them on their day of reckoning.

A year later in Croydon, the General Board of Health received complaints of malaria and “offensive smells,” yet delayed in their initiation of sewer digging. Early on, simple solutions such as draining

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52 Ibid, p17.
standing water or staying indoors after nightfall in humid climates were recognized as effective ways to control malaria, yet were sometimes disregarded or put last on the list by the authorities. Today, a similar problem of knowledge lacking action is a reoccurring motif of the Western world's attitude towards the developing nations. The governments of the industrial world are especially at fault for this absence of follow through. Unfortunately, the corruption of leaders, the attitude of self-interest of countries, and the sluggish pace at which most government initiatives progress indicates that effective aid must be sought elsewhere, at least until our public leaders can place the basic needs of others higher on their list of priorities despite the lack of tangible benefit for the industrialized nations. People must encounter a conversion of the heart before witnessing the successful implementation of long term plans for vaccine development and distribution, or a certain number on drug treatments by a certain year.

Even a temporary solution as simple as long-lasting insecticide mosquito bed nets would save between 30-50% of the children in high-risk areas. Simple steps such as draining standing water so mosquitoes cannot breed have been recognized for centuries as effective methods for controlling the spread of malaria. Fortunately, in December of 1994, former CEO of the Microsoft Corporation Bill Gates recognized this overwhelming need for immediate action on a global scale and took action. Now joined by Warren Buffett and other philanthropists in this crusade, Gates is deeply affected by the fact that the illnesses which afflict the world’s poorest inhabitants are all too often ignored by both the leaders and inhabitants of the wealthier nations. The interest which Gates and others have shown in diseases such as AIDS, malaria, and tuberculosis has rekindled the flame of tropical medicine and other research programs which have lay dormant for years. Gates claims that his ambitious goal to rid the world of disease is not one of compassion or emotions, but of results: he can provide the resources necessary to make a difference, so he has vowed to help the cause of improved global health by specifically focusing on the three most prevalent infectious diseases that plague the poorer areas of the world. The Bill & Melinda Gates Foundation, founded in 2000, began their battle by giving their full attention and efforts to those suffering from and risk of contracting malaria in those parts of the world frequently ignored by the governments and organizations currently harboring these important duties. Gates is appalled at the lack of awareness and action on the part of the rich world towards people suffering from malaria in other parts of the world and admits, “it does bother me. Very much.” At a time when less than ten percent of all investment in health research focuses on diseases that affect ninety percent of the world, people like Mr. Gates are a breath of fresh air for recognizing this disparity and doing something about it.

Something still does not seem right about the fact that such strong pangs of conscience have come so late in the fight against these diseases. The majority of Americans continue to think of malaria as some exotic, distant disease which could never present a problem for them personally. Most of them do not worry about the fact that millions of African children are suffering and dying from this preventable disease year after year despite the economic conditions of the industrial world being better than they have been at any other point in history. In the sense of personal conviction, Gates is on the right track. Even before the disease reached our shores and presented a perceptible threat to personal own well-being, he chose to take a stand and take action. What remains questionable is the method employed by The Gates Foundation for waging war against the parasites.

“THE HEALTH OF THE WORLD DEPENDS MORE ON BILL GATES THAN ON THE WORLD HEALTH ORGANIZATION”

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56 Ibid, p58.
57 Ibid, p59.
58 Ibid.
Gates and other private philanthropists are proceeding more efficiently than government committees and other established organizations for dealing with global health. Private endeavors experience fewer delays than large committees or assemblies, they have more control over their actions because of freedom from foreign relation considerations and other policies, and they can create their own stipulations concerning the implementation of their resources rather than having to remain within set program boundaries. Already, the Gates Foundation has spent at least $6.6 billion on their projects, which is almost three times as much as the Global Fund to Fight AIDS, Tuberculosis, and Malaria can boast. But are efforts specifically focused on certain diseases the best long term means for complete eradication and the improvement of global health? With these astronomical funds being doled out, it would seem like the global health crisis should be approaching its demise. Among the wonderful freedoms of private initiatives there persists abundant room for improvement. Laurie Garrett, a Senior Fellow for Global Health at the Council on Foreign Relations, suggests that this narrow generosity that has categorized efforts to aid global health for the past decade might actually evoke more setbacks than solutions.60 Despite the extraordinary rise in both public and private funding of global health initiatives (estimated in the billions of dollars), the plans for change currently being implemented are mostly uncoordinated and directed towards specific high-profile diseases, such as HIV, TB, and malaria, instead of overall world health. The thousands of nongovernmental organizations (NGOs) and humanitarian groups which are in charge of spending much of this money must put careful thought, according to Garrett, into planning the best application of these funds.61 Whether governments and other groups dedicated to tackling global health problems are doing so for moral duty, public diplomacy, or self-protection against mobile microbes, these motivations will most likely remain unfulfilled if spending is wasted.

Even though efforts such as The Gates Foundation have placed an issue on the table which does not directly affect their own communities, shards of selfishness remain embedded in even these philanthropic actions. Often, groups interested in publicity for their cause push for quick results to keep face in the critical public eye. In our inescapably business-centric culture, the drive for progress clouds the true purpose of these global health efforts. Objective targets that have been set by foreign government initiatives and NGOs regarding numbers or percentages of affected receiving treatment seem to be doing more harm than good. Private philanthropic efforts are even worse because of their narrowness of focus and push for results in order to gain accountability. This pressure for prompt, notable outcomes just within the mainstream diseases, especially HIV/AIDS, forces neglect of general health care needs, which have been steadily deteriorating in the developing world. Rather than immediately shipping ARVs or other disease-specific drugs to pandemic areas, considerable time should be spent preparing the health system for such specific treatment. What good are mosquito nets which will protect children for the first five years of their life from malaria-infected mosquitoes when more and more children are dying from lack of rudimentary infant immunizations? The needless suffering of the impoverished is too often forgotten amidst the obsession with the bottom line.

U.N. Says Global AIDS Effort for Children Falls Far Short 62

FOREST THROUGH THE TREES

Global health care aid is almost always concentrated towards the most publicized ailments, namely the “Big Three” of HIV/AIDS, TB, and malaria. Yet the problems that have cropped up when pumping

61 Ibid, p15.
money into poor countries to deal exclusively with specific diseases seem to outweigh the potential benefits. Experience has demonstrated that while progress is made with regard to the spotlight illnesses, general health suffers, as evidenced with the success of ARV treatments in Haiti between 2002 and 2006.

“If you first develop the health infrastructure throughout the whole country, particularly in Africa, to deal with AIDS, you will increase the infrastructure of dealing with maternal and child health, malaria, and TB. Then I think you have to look at nutrition, water, and sanitation. All these things, when you build it up, you'll be helping to promote economic development and alleviate poverty.”
-Former US President Bill Clinton

Garrett criticizes Clinton's mentality as a backwards approach to the issue at hand. In a failure to see the forest through the trees, most efforts to aid global health reflect the concerns of the donors rather than the recipients. While the wealthy nations are fixated upon HIV/AIDS, TB, and malaria, the top three killers in most poor countries are maternal death from childbirth, and childhood death from pulmonary failure or uncontrolled diarrhea stemming from pediatric respiratory and intestinal infections. Rather than focusing on safe pregnancy and childbirth, dysentery, and coughing babies, which are basic health needs the Western world takes for granted, wealthy individuals and governments have attempted to begin with the most complicated of global health problems. Even though some countries are making progress in the fight against infectious diseases, a recent New York Times article suggests that “the overall global response is tragically insufficient.” Infected children have been found to respond very well to HIV treatments, yet more and more infants are being born with this virus since their mothers are unable to acquire the necessary treatments and basic care needed to prevent transmission of HIV to their children at birth. In addition, if the mother is not provided with the care during pregnancy and birth that the medical field in industrial countries consider essential, the infected babies are left either in the care of chronically ill parents or, worse, orphaned. Garrett advocates getting back to the basics as the best method to eradicate the Big Three horrific tormentors of the developing world. Creating personal own agendas and tackling what the donors perceive as the most important problems may satisfy individual conscience with a feeling of having done the required duty to the less fortunate, but once again people have only succeeded in putting their own needs and ambitions ahead of those whom they claim to be helping.

If moral reasoning does not pull the trigger, the inefficiency of allocating funds to specific diseases, according to first world agendas, should serve as the impetus for a more effective approach at this most critical time. Factors such as the corruption of local governments and the absence of an adequate number of labs and clinics in these poor nations turn disease-specific funding into a waste of resources which could be beneficial if employed in other ways. In Ghana, for instance, where corruption is rampant, 80 percent of donated funds are diverted from their intended purposes into payments for ghost employees, drug leaks into the black market, and price padding for shipment and warehousing. In addition, the deficiency in coordination of NGOs and other donors has led to competition, indicating that the moneys needed from many groups should have some sort of guidance by an organization which will promote cooperative thinking, such as the WHO. Unfortunately, governments receiving assistance for the implementation of disease-specific initiatives do not even have the capabilities to support basic maternal and infant health programs. To make matters worse, the stand-alone programs which combat HIV/AIDS, TB, or malaria operate independent of the local health care system and even siphon off resources and talent from the general public health sector.

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64 “U.N. Says,” NYT.
66 Ibid, pp22-23.
IS THERE A DOCTOR IN THE HOUSE?

Aside from requiring drugs and clinics, these disease-specific initiatives need health care workers to achieve their goals. To fill this gap, large percentages of the doctors, nurses, and administrators for these independent health programs, especially those for HIV/AIDS, are taken away from the local ministry of health. The foreign NGOs that are largely funded by the US, Britain, and donors such as the Gates Foundation offer attractive salaries to indigenous health care workers, often one hundred times more than they would earn at their local government-run clinics, pulling them away from general health care. There are no replacements or compensation offered for those workers who once cared for patients with maternal health, vaccinations, and malaria since these perpetual health concerns do not attract as much public attention in the West as does HIV. This shortage in health care professionals is exacerbated by the immigration of English-speaking doctors and nurses from poorer countries to the US and Europe in order to acquire menial jobs so they can escape the frustration of having the knowledge and skills required to save lives while lacking the tools. For the sake of complying with specific stipulations of donated funds, talent is being drained from the local ministries of health, which started out with shortages of health care professionals. If general health care deteriorates for the sake of specific diseases, the progress made for those spotlight illnesses will be impossible to sustain, making the efforts of foreign donors for naught.

A TERRIFYING TRAP

"The evil that is in the world always comes of ignorance, and good intentions may do as much harm as malevolence, if they lack understanding."70

The good intentions of the Western donors may in fact be pulling already struggling nations into deeper economic troubles. Even before addressing the health-care workers crisis or providing subsidies for the local governments to offset foreign NGO salaries, donors have increased the influx of external money into poor countries to the point that, by the end of 2007, HIV/AIDS spending could comprise up to ten percent of their GDPs. The problems that come from such excessive foreign aid include the "Dutch disease," which is when external funds so exceed domestic private-sector and manufacturing investment that a country's economy is destabilized. In addition, the higher salaries for health care workers employed by the foreign health programs would pressure local industries to raise their salaries, creating an inflation problem. Rising costs of food and other necessities would increase the malnutrition and homelessness of these already impoverished nations. If no local industries can profit in the health care sector because of

these foreign initiatives, it seems nearly impossible for these countries to ever rid themselves of
dependence on foreign aid. Another problem with the overwhelming amount of funding from Western
nations is the skewing of national control. Those providing the money have the final say in the structure
of the programs implemented in these countries, even at the expense of local industries. In addition, the
policies of the program dictated by the donor country may not be the best way to handle the particular
health problems for that nation.\textsuperscript{70} These economic dangers serve to warn that a little good can go the
wrong way. Once again, efforts by foreign powers to aid lesser nations fail to consider how much their
actions actually help those in need.

\textbf{EXIT, STAGE LEFT}

Some American medical professionals choose to volunteer some of their time overseas to offer
their much needed services to poor countries. In fact, there have been a variety of proposals in Congress
suggesting that the government help support US physicians working abroad in developing countries.\textsuperscript{71}
While such service and dedication to the needy across the globe is certainly admirable, it fails to directly
address the problem of the health care worker crisis in the poor nations. Volunteer physicians from
wealthy nations are recipients of more benefits, namely by feeling they have made a difference, than are
the inhabitants of the developing world who do not have sufficient resources to sustain health care once
the Western volunteers have had their fill of good will towards others. Excessive foreign aid in the form
of money and medical expertise is building up a dependence which currently has no viable solution.
Unless exit strategies are considered amidst the planning of global health initiatives, there may be no
escape for the recipient nations from the generosity of their donors. Here is a situation where taking from
the rich to give to the poor may actually be doing more harm than good when viewed in the long term.
Will self-sufficiency ever be possible for nations that have failing economies and decreasing numbers of
indigenous health care workers?

As it becomes clear that the responsibility for weaning poorer nations off of the charity of the
wealthy lies in the hands of the donor states, it is critical to offer greater support to the infrastructures of
the developing nations so that the assistance provided can evolve into independent control of the
country’s health care. In solving the crisis of funding and workers for the health care systems of
developing nations, a significant step would be for donor nations to decrease their own dependence on
foreign health care workers. While the UK is actively amending their policy on recruitment of foreign
health workers to limit their dependency, the US is moving in the opposite direction by allowing
immigration control exemptions for health care personnel, while offering no compensation for the
countries from whence these doctors and nurses come, including China, India, Kenya, Nigeria, the
Philippines, and the English-speaking Caribbean nations. Yet America has the ability to support a fully
indigenous health work force. American nursing schools reject over 150,000 applicants every year due
not so much to the poor qualifications of the applicants, but to the lack of openings. Because full-time
nursing salaries are much higher than that of nursing professors, schools lack the faculty necessary to
accommodate all of the qualified applicants. If the US accepted the bills it currently rejects each year
which aim at directing more federal spending upon public nursing schools, professors' salaries could be
increased, and the country could easily become entirely self-sufficient in nursing. More complicated
federal support could be used to increase the domestic training of doctors and other health care personnel,
as well.\textsuperscript{72}

\textsuperscript{70} Garrett, “Global Health,” pp29-30.
\textsuperscript{71} Ibid, p31-32.
\textsuperscript{72} Ibid, p31.
DISEASE DISCRIMINATION

"Less than ten percent of all investment in health research is devoted to the diseases that affect ninety percent of the world."73

Aside from economics, the social components of the global health crisis should not be ignored. The first step would be recognizing that the task of eliminating AIDS, TB, and malaria should be considered an integral part of the larger goal of improving global health. This shift in thinking would allow for progress across the board in factors of general health care for multiple areas of the world. Right now, attention is being focused exclusively upon certain geographic sections of the globe which happen to be plagued with the West's three favorite life-threatening diseases. If the impact of global aid is consciously broadened, then nations that are struggling with problems like maternal health and life expectancy but are not amidst an AIDS crisis would finally receive some much needed and deserved attention. Seven Islamic nations, namely Afghanistan, Egypt, Iraq, Pakistan, Somalia, Sudan, and Yemen, which would not see any of the funds being channeled towards HIV/AIDS programs, lose a combined 1.4 million children under the age of five annually to preventable diseases.74 These are countries which have some of the highest maternal mortality rates in the world, but we have yet to hear of activists fighting for the women and children of Yemen.

Could there be such an unthinkable bias as disease discrimination? Considering there are clinics in the developing world which will only treat people infected with HIV while children on the outside looking in are dying from dehydration due to diarrhea, yes, I'm afraid so. Once again, I ask, who is worthy of health care? Are not those suffering from malaria or dysentery in Kenya just as valuable as the man with AIDS who is receiving ARV treatments in Botswana? Increased attention on general global health is certainly justified by the problems with the current disease-specific initiatives discussed above. But an even simpler reason for broadening of funds would be the inherently equal value of human life. If those suffering from HIV can be successfully treated with complicated ARV treatments, then proper pregnancy care should be a reality for all people. Governments and charitable organizations should certainly maintain their generosity towards eradication of HIV/AIDS, TB, and malaria, but comparable attention should be given simultaneously to the crumbling condition of more general global health and wellness. The majority of people in the world suffer from simple health issues unrelated to the spotlight diseases the West has chosen to battle, yet they receive multitudes less attention than the relative minority afflicted with one or more of the “Big Three.” We are in the thralls of a world where disease discrimination is rampant, yet there are very few voices crying out for change.

In order to reach substantial global health goals, which include eight million more people on ARVs, increasing life expectancies in poor countries to at least that of middle-income nations, and lowering maternal mortality by 15-20 percent, the price tag quoted by David de Ferranti of the Brookings Institution would be about $70 billion per year. This annual cost would be over triple the current spending, which is mainly provided by external donor nations and organizations.75 If the ultimate goal is the self-sufficiency of each nation, where will this money come from? The importance of eventually weaning these poor nations off of this currently massive foreign aid cannot be overemphasized. Without exit strategies, these already impoverished countries will witness a deep economic crisis in which inflation would increase the malnutrition and homelessness for these people, not to mention the worsening condition of the local health care systems. Perhaps to the surprise of many citizens of the world, global health involves much more than biology and pharmacy, and therefore necessitates the cooperation of expert guidance from more disciplines than medicine alone. The grim shadow cast by malaria for

75 Ibid, p38.
centuries upon the globe looms ever darker as inequalities in health care intensify. More and more, the fight against global health disparities appears to rely upon the underlying motives of those who possess the resources to make a difference. Significant changes to the disproportional global health standards can only occur through a sincere conversion of individuals, governments and organizations, committed to reform and eradication of disease.
SLOW AND STEADY

Perhaps the best example of what proper planning, motivation, and cooperation can achieve resides in the success of the HIV/AIDS treatment program in Botswana. This tiny African nation is an anomaly among its neighbors because of advantages such as relative political stability, a superior highway system, a relatively low unemployment rate of 24 percent, and a growing middle class. In addition, the abundant money from donors is supplemented by the country's diamond wealth. Despite these preexistent advantages, the collaboration of the Gates Foundation, the pharmaceutical companies Merck and Bristol-Myers Squibb, and the Harvard AIDS Initiative spent from 2000 to 2005 laying the groundwork for the commencement of HIV treatment. The collaboration realized the importance of building up the medical infrastructure, training health care professionals, and establishing labs and clinics before they could even begin the implementation of their HIV/AIDS program. After the five years of preparation, it took only one year for the initiative to reach its goal of treating 55,000 infected people with ARVs. The program in Botswana is currently the largest chronic-care operation for HIV/AIDS infected patients per capita in the world. As long as the soil continues to yield diamonds and the HIV infection rate drops, the government of a country which once boasted the highest HIV infection rate in the world can sustain care for its own patients. Slow and steady certainly appears to have won the race against disease in Botswana.

The positive result in Botswana serves as an example of how things could be more effectively handled. Instead of merely pumping money into creating HIV treatment clinics, establishing medical workers specific to these clinics, and shipping ARVs to the country, the group involved in the initiative recognized that making a difference with regards to HIV and AIDS needs careful planning and infrastructure before the first shipment of ARVs arrived. They understood that combating specific diseases first requires basic health care needs to be fulfilled. More importantly, behind these concerns for making the HIV treatment program a success was a legitimate concern for the well-being of the indigenous people. Rather than pushing their own agenda upon the country, The Gates Foundation, Merck, and the Harvard group took the time to understand the needs specific to that particular community. The most successful healthcare initiatives are those which explore and fulfill the needs of others. Reaching out to the neighbor takes more than mailing a check to the developing nations; people need a personal conversion to truly love their fellow human beings.

FIREFIGHTING

“Maternal death is the biggest challenge in strengthening health systems. If we can get maternal health services to perform, then we are very nearly perfecting the entire health system.”

- Dr. Francis Omaswa, leader of the Global Health Workforce Alliance, a WHO-affiliated coalition

Even if such a massive sum of money as estimated by Ferranti could be amassed, consensus among initiatives from the various industrial nations is that the creation of guidelines for both the application of funds and transfer of projects to local control is essential for achieving better global health. Otherwise, developing nations could face abrupt abandonment by their donors or exhaustion of foreign aid. Improvements in specific diseases mean little if maternal survival and life expectancy, the two major gauges of overall health, remain at the dangerous status quo. Decreasing maternal mortality alone would require betterment of cleanliness of hospitals, an increase in the number and training of health care

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77 Ibid, pp32-33.
78 Ibid, p33.
personnel, and availability of equipment and medicine. The optimal solution would be to concurrently improve the maternal and infant health systems and continue development of treatments and vaccines for the three major illnesses which plague the poorer nations. This dual approach would care for those suffering from HIV/AIDS, TB, and malaria while providing a firm health care foundation to decrease infection rates and to maintain healthy conditions so the disease treatments can be as effective as possible.

The focus of global health programs cannot be so narrow as to only address pinpointed issues. The interconnectedness of the spotlight diseases with each other and with overall health care denies the success of disease-specific eradication. Rather than thinking about the present challenge as a mission to root out land mines, the task of donors is to extinguish a burning fire. Instead of attempting to conquer the fire one small flame at a time, efforts must be focused at the base of the blaze. Attention on the broader issues of global health, such as maternal health and infant mortality, will better ensure the success of initiatives to eradicate such killers as AIDS, TB, and malaria. Otherwise, where one tongue has been licked, another will take its place.

“On the whole, men are more good than bad; that, however, isn't the real point. But they are more or less ignorant, and it is this that we call vice or virtue; the most incorrigible vice being that of an ignorance that fancies it knows everything and therefore claims for itself the right to kill. The soul of the murderer is blind; and there can be no true goodness nor true love without the utmost clear sightedness.”79

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Considering the intimate relationship between diseases, a more general approach to global health is logical. Especially for pregnant women, HIV and malaria work hand in hand: an infection with one exacerbates cases of the other. This deadly duo is not the only way diseases gang up against humanity. Because HIV/AIDS debilitates the immune system, those with HIV are more susceptible to infections and diseases, even those which were once dormant, such as clinical leprosy and hepatitis C. To further complicate the crisis, limited funds for general health care reduces the availability of clean needles and other critical medical tools. For simple vaccinations, health care workers are forced to reuse needles for the community, allowing for widespread infection by HIV. The failure to improve general health care can lead to even more terrifying problems, such as the recent outbreak of XDR-TB. This strain of TB which was discovered in KwaZulu-Natal, a South African province, in August 2006, is so mutated that it is

resistant to all known antibiotics to date. The weakened immune systems of those infected with HIV are allowing this form of TB to spread rapidly among the community. This lethal, unstoppable form of TB poses dangers not only for HIV-infected communities in Africa, but for the entire world. Since its discovery in KwaZulu-Natal, XDR-TB has already been discovered in at least nine other South African provinces, and is continuing to spread across the southern part of the continent. What caused the creation of this super disease? None other than the failure of the general health care system to complete TB therapy for all of its patients. Unfortunately for the human race, failed therapy often encourages the emergence of drug-resistant strains.81

What can be done about this nerve racking potential for unstoppable diseases like XDR-TB? The cause of such illnesses, perpetuated by inadequate health systems, must be rooted out by an improved coalition of global health firefighters. By working together as a team, governments, NGOs, and other groups laboring on behalf of the people of the developing world for improvement of their well-being can tackle the deficiencies of the health care systems all at once. The only way for such a widespread, hot blaze to be fully extinguished is through collaboration, careful planning, and a common goal of improved health for all, not just those with HIV. The community based model found in the successful HIV treatments in Botswana offers one option for a concrete method of facilitating change. The current funneling of money towards very specific diseases must yield to the more generalized effort to increase the ability of the entire world to eventually prevent, diagnose, and treat infectious diseases like HIV and malaria. Doctors and UN agencies should at the very least integrate their infectious disease programs into general public health systems. The present method of certain nations doling out billions of dollars annually towards a few diseases seems a backwards attempt to frost a nonexistent cake. To make the most of their money, time, and energies, and to serve the best interests of the communities in need, donors must build a health infrastructure and establish local industries and franchises which can lead to self-sufficiency in medical care. Otherwise, a gloomy future looms ahead in which generosity that could have saved the world backfires and creates the spark which fuels the consuming fire.

GET OUT OF THE WAY

True firefighting can begin once a new method based on selfless concern for the suffering is finally adopted. To arrive at such an ideal requires not just a mere tweaking of our usual habits, but a complete overhaul of the way we think. Both Gandhi and Martin Luther King, Jr., advocate extensive preparation before taking action to solve a problem. Gandhi teaches that the most important step for laying the groundwork for entering nonviolent conflict is self-purification. This may seem a bit too religious for the secularized world, but King endorses and further explains this task by speaking of personal analysis. Once people understand their true motives and beliefs, then it is time for the conversion which Gandhi named “self-purification.”

“Three-fourths of the miseries and misunderstandings in the world disappear if we step into the shoes of our adversaries and understand their standpoint.”82

The success in Botswana is a shining example of the preparation that must pave the way for action regarding global health care. Instead of opting for the “band-aid” approach to problems like malaria, the true injury causing the symptoms witnessed on the surface must be healed. Like any good doctor, once the symptoms are observed, a diagnosis must be made regarding the cause of the suffering. Once the underlying cause of the problem is determined, the prognosis of what will happen if the problem is not addressed should dictate the to appropriate action. When considering the malaria epidemic or any other

82 Mahatma Gandhi, Young India, 19 March 1925.
preventable disease, the diagnosis begins with inadequate global healthcare and digs deeper to the inflated egotism of the industrialized world at large. Therefore, in addition to addressing the disparity in basic health treatment, we must face the parasites residing within which have distorted the lens through which we see our brothers and sisters throughout the world. We have to prove ourselves more resilient than this moral disease coursing through our veins. The ego is no match for the love of God passing through our fallen selves to the global community.

When God's love and the genuine identity of humanity are acknowledged, the responsibility of taking action is in our hands. Once we know, we cannot unknow. The responsibility is now upon our shoulders to take action.

“I had plague already... I'm like everyone else. Only there are some people who don't know it or feel at ease in that condition; others know and want to get out of it.”

A change in mindset is more important than ever in this time of increasingly dangerous infections. Thinking of ourselves not as multiple groups within boundaries, but rather as a global community inhabiting one and the same planet, would alleviate the indifference towards distant neighbors. There would be no “others” to judge in such a society, but just a larger set of people to love. Building connections to disintegrate boundaries is an important solution to the apathy which has permeated contemporary culture. A model of solidarity, the sobordnost of Dostoevsky, must be how everyone lives their lives from day to day for there to be any impact on a global scale. As the old saying goes, charity starts at home. Whether a person dreams of volunteering at a local soup kitchen once a week or sets their mind on eliminating all the diseases of the world, she must first be able to love those immediately around her without thought for herself. Since groups embody the characteristics of its individual members, this consideration of others in place of the self can only be realized on an organizational level once it has permeated the hearts and minds of all citizens of the world.

We are more than our selfish genes, despite what evidence society currently offers. Even though evolution has selected for groups focused primarily on satisfying their own interests, and despite the fact that we inhabit a “feel good” culture defined by competition and immediate gratification, each person retains free will. Some may characterize God as an unfeeling tyrant who subjects humanity to pain and suffering as some sort of cruel test, but humanity’s fallen nature, a result of free choice, is what has truly landed the world in the midst of chaos. If free will were abolished, perhaps the globe would be rid of its miseries, but humanity would also be denied the freedom to love God. Because of God's limitless love for humanity, he endowed all people with the choice of whether or not to return that love to him, via means of each other, rather than living life as puppets controlled by fate. The choice to love is true love, so the price to pay for being able to choose the good and exercise agape is being equally able to choose evil and experience the pain which also characterizes the world we call home. The choice to live in an altruistic manner towards others is even more difficult when living in this condition of selfishness bestowed via natural selection within a world wracked with corruption. Yet people must remember that the more difficult it is to choose God and selflessness, the more meaningful love of God and neighbor will be. God has a mysterious way of transforming the apparently bad into something good, which infuses meaning into suffering. Tertullian reminds the believers that “the blood of the martyrs is the seed of the Church,” and a theocentric perspective will keep humanity aligned with God's will. We must get the ego out of the way and replace it with God at the center of our lives so that goodness can flow through us towards others. Creating a balance between the individual’s needs and the needs of the community requires greater comprehension of each individual’s role within society. What the world really needs to solve its global health problems, among many others in the world, is a conversion inspired by an honest look in the mirror.

83 Camus, The Plague, p245.
A LOOK IN THE MIRROR

“We will have to repent in this generation not merely for the hateful words and actions of the bad people but for the appalling silence of the good people."

Just one candid glance in the looking glass would reveal that, to one degree or another, we are all promulgators of malaria. If we just look closer at what we do and why we really do it, I believe we will realize the unfortunate truth that many of our actions and thoughts revolve around what we want more so than what others may need. Once the advanced industrialized nations realized that the expensive ARVs which were created to combat HIV could never be within the economic means of the developing world, the place that needs them most, the inhabitants of the West put their own thoughts and cares aside for a moment to do something for the powerless. The AIDS collaborative effort in Botswana also reveals the beautiful progress that can be made when the ego is trounced to make room for others. Besides those which allow us to subsist, our selfish tendencies seem to always be maintained at the expense of other people. Archbishop Desmond Tutu believes that “we are bound up in a delicate network of interdependence,” confirming our connectedness and the need to interact with one another.85 How wrong it is to think that the actions, or lack thereof, of US citizens do not really have much impact on a child suffering from malaria in Sub-Saharan Africa. Everyone has some connections with others, since humans cannot exist without relationships. Whether healthy or unhealthy, among people, or between believers and their God, all are inextricably connected to someone or something other than ourselves. The realization that we do not live alone, along with the knowledge of suffering in the world, will naturally be converted into something beyond mere knowledge.

“Ubuntu is very difficult to render into a Western language. It speaks of the very essence of being human. When we want to give high praise to someone we say, “Yu, u nobuntu”; “Hey, so-and-so has ubuntu.” Then you are generous, you are hospitable, you are friendly and caring and compassionate. You share what you have. It is to say, “My humanity is caught up, is inextricably bound up, in yours.” We belong in a bundle of life. We say, “A person is a person through other persons.” It is not, “I think therefore I am.” It says rather: “I am human because I belong. I participate, I share.” A person with ubuntu is open and available to others, affirming of others, does not feel threatened that others are able and good, for he or she has a proper self-assurance that comes from knowing that he or she belongs in a greater whole and is diminished when others are humiliated or diminished, when others are tortured or oppressed, or treated as if they were less than who they are.”86

Amidst the oppression and suffering of apartheid in South Africa, Archbishop Tutu understood the beauty and the complexity of freedom as both a gift and a curse. God takes our free will seriously and loves us so deeply that He would rather see us go freely to Hell rather than compel us to go to Heaven.87

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84 King, “Birmingham.”
“Each of us has the plague within him; no one, no one on earth is free from it. And I know, too, that we must keep endless watch on ourselves lest in a careless moment we breathe in somebody's face and fasten the infection on him...of a vigilance that must never falter.”

This vigilance must involve watching both within and outside of ourselves. Once we have undergone the necessary attitude reversal, we can only wait for others to come around to the point of realization and reformation. The inflated bubble of the ego cannot be popped by someone else. Selfless thinking and action cannot be coerced, nor can one’s beliefs be forced upon others. Similar to faith, the elevation of others in our minds must be done out of free will. If God chooses not to force our love for Him or for each other, neither should we. Good will towards others must be a choice, so the most that we can do is to be honest with ourselves, change what must be amended in our own outlook on life, and patiently watch and hope for others to do the same. Gandhi teaches us to be the change we wish to see in the world, so we must start with ourselves and hope for goodness and solidarity to radiate outward. There is no hopeless situation once we embrace our gift of freedom and remember the unavoidable complicity of all for all. If we run away from one problem, what remorse we will suffer when we look over our shoulders to see the world from which we are sprinting come tumbling down upon us! Our interconnectedness means more than a trite “small world” feeling. The reality is that “no one will be free until we are all free.”

“I only know that one must do what one can to cease being plague-stricken, and that's the only way in which we can hope for some peace, or, failing that, a decent death. This, and only this, can bring relief to men and, if not save them, at least do them the least harm possible and even, sometimes, a little good.”

89 Ibid.
90 Ibid.
EPILOGUE

“Recognition, as the name indicates, is a change from ignorance to knowledge, producing love or hate between the persons destined by the poet for good or bad fortune.”91

On that first day in the office when I was assigned the task of exploring the continuing enigma of malaria, my initial thought was, “why me?” I already had enough on my plate with the daily news without the added burden of some extra investigation into some tropical disease. But the next question which fluttered through my head was more of curiosity and excitement than woe. “Why me?” Was I considered more worthy than my fellow reporters to be assigned this formidable task? Did the Chief know I would do a better job than anyone else on her staff?

It did not take very much research to recognize a pattern in people’s reactions over the centuries to the problem of malaria. As in most sectors of life, the wealthy cared more about the bottom line than about the mother of five dying from a mosquito bite or the child who would never see the age of ten due to a lack of clean water. But what delivered the highest level of shock to my previously comfortable mind was what I saw when I truly looked in the mirror. I, too, have the plague. And what’s worse is that I’ve had it all along and am only now realizing the far reaching consequences of my ego over my choices, words, and even my thoughts. Remembering how I was so consumed with my own self-importance once assigned this task, how I believed myself to be the busiest person in the world and the most talented writer in my office, my conscious was touched to the point of desiring a dark hole in which I could crawl!

Yet, thankfully, amidst the articles about governments placing sanitation on the back burner, and stories of philanthropists claiming compassion while keeping one eye on the camera and the other on the bottom line, beams of hope pierced through the depths of my darkness. Instances when selfishness was shed for the benefit of others, complete strangers who could offer no safety, political advantage, or even oil to their benefactors, convinced me that it is possible to kick ourselves out of the center of our lives. Once the ego has been ousted from its prolonged occupation, the only filling for the core of our being should be our neighbor and, through others, something higher than ourselves to remind us that, in the greater scheme of things, we are small. But this relationship with anything other than myself is only possible when I wrench my gaze away from the mirror. Though our world will always be one of sin, misery, and suffering, when we come together as one global community, we can at least fill this life with a little more light and can hope for an eternity of something better. Having completed my research and writing, I am not only okay with being forced to put my other work aside for this project, but am immensely grateful for this opportunity to peer into the depths of the human spirit. Along with learning about the current status of the world, I have been convinced about the true nature of humanity and the way the universe is meant to be ordered by unconditional love. Though I was tempted, I’ve learned that, instead of being overwhelmed by the pain and suffering which seems to saturate existence, the answer begins within.

“Bear witness in favor of those plague-stricken people...that there are more things to admire in men than to despise”92

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91 Aristotle Poetics.
92 Camus, The Plague, p308.
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