



URGENT CARE

Africa's Suffering Is Bush's Shame

Millions are dying because of American policy.

By Jeffrey D. Sachs

Jeffrey D. Sachs is a Columbia University economist and special advisor to U.N. Secretary-General Kofi Annan.

June 12, 2005

President Bush last week brazenly brushed aside British Prime Minister Tony Blair's call for a doubling of aid to Africa. Blair and other European leaders have taken on the task of fighting extreme poverty — and Bush watches from the sidelines. To justify its dereliction, the Bush administration perpetuates a mythology that contributes to the premature deaths of millions of people each year.

The U.S. is a generous provider of aid to Africa, the mythology says, but Africa is corrupt and mismanaged and thus cannot absorb more aid. In addition, there is no room in the budget to do any more than what we are currently doing. This multipart fantasy is widely shared in the U.S. and recalls Napoleon's dictum that "history is a fable often told."

The facts are otherwise. Total annual U.S. aid for all of Africa is about \$3 billion, equivalent to about two days of Pentagon spending. About \$1 billion pays for emergency food aid, of which half is for transport. About \$1.5 billion is for "technical cooperation," essentially salaries of U.S. consultants. Only about \$500 million a year — less than \$1 per African — finances clinics, schools, food production, roads, power, Internet connectivity, safe drinking water, sanitation, family planning and lifesaving health interventions to fight malaria, AIDS and other diseases.

The myth that more aid would be squandered is pernicious. Once in a while, the industrialized countries try to accomplish something real in Africa. Notable examples are smallpox eradication begun in the 1960s, control of river blindness in the 1970s, increased child immunization in the 1980s, Jimmy Carter's initiatives to fight Guinea worm, trachoma and leprosy in the 1990s and Rotary International's bold efforts to eliminate polio this decade.

These interventions throughout Africa were remarkably successful. That they could be easily monitored was a key to their success. More victories could have been achieved — in food production, malaria control and AIDS treatment — if the efforts had been undertaken. Instead, U.S. aid was minuscule and misdirected into consultants' salaries and emergency food shipments.

If the administration were more than modestly interested in helping Africa, it could learn about the huge gains made possible by Blair's plan to provide about \$50 billion a year to Africa by 2010 — with the U.S. kicking in \$15 billion to \$20 billion. With that money, Africa could control killer diseases, triple food production and cut hunger, and improve transportation and communications.

These steps, incidentally, would accelerate the continent's transition to lower fertility rates and slower population growth because they would contribute to a lower child mortality rate and economic gains, which would help persuade couples to have fewer children.

The new aid would not involve guesswork or be a blank check. Consider one example. Malaria will kill up to 3 million children this year, overwhelming Africa's meager hospitals. Yet five measures could end this: long-lasting insecticide-treated bed nets (cost: \$7 per net); effective medications freely available to the poor; community health workers trained in malaria control; medical diagnostic capacity at the local level; and indoor insecticide spraying where appropriate. The cost: \$3 billion a year for the industrialized countries, \$1 billion for the U.S. — about 10 times what's currently spent on malaria control.

The administration's claim that budget restraints prevent more spending on Africa is the most cynical of its contentions. The president has cut taxes by more than \$200 billion a year, with the wealthiest Americans the chief beneficiaries, and has raised military spending by \$200 billion a year. But when \$20 billion is needed to keep the poorest of the poor in Africa alive and put the continent's economies on a path toward long-term growth, there's no money available.

The millions of Africans who die young and the hundreds of millions going hungry are not victims of fate. They are the consequences of U.S. policy.

Americans want to do better.

*

(BEGIN TEXT OF INFOBOX)

Measure of a Continent's Misery

*

Leading causes of death in Africa

(in 2002)

HIV/AIDS: 2.1 million

Malaria: 1.1 million

Cardiovascular disease: 1 million

Diarrhea-related diseases: 707,000

Poor nutrition: 143,000

Syphilis 89,000

War: 85,000

*

Number of people living with HIV in Sub-Saharan Africa

25.4 million (2004)

*

Number of United Nations peacekeepers in Africa

51,094 (2005)

*

Worst life expectancy in Africa

34 years, Sierra Leone (2002)

*

Worse rate of HIV infection in adults, ages 15 to 49

38.8%, Swaziland (2004)

*

Source: United Nations and World Health Organization

If you want other stories on this topic, search the Archives at latimes.com/archives.

TMSReprints

Article licensing and reprint options

Copyright 2005 Los Angeles Times | [Privacy Policy](#) | [Terms of Service](#)
[Home Delivery](#) | [Advertise](#) | [Archives](#) | [Contact](#) | [Site Map](#) | [Help](#)

PARTNERS:  