Veteran US Congressman, AIDS activist and seasoned fund-raiser, Dr Jim McDermott, believes that South Africa will receive about R3.65 billion of the R105 billion promised by the US government to fight the global HIV/AIDS pandemic.

‘That’s the kind of figure our embassy is talking about,’ he told the SAMJ during a visit to Cape Town in late August.

In South Africa to attend the Foundation for Professional Development’s (FDP’s) popular 3-day HIV/AIDS management course, McDermott, a Democrat with a long history of African involvement, said the ‘moment of truth’ for the US government had finally arrived.

‘The USA’s fiscal year start(ed) on October 1, so (President) Bush has to act soon or else he won’t be able to have his AIDS funding signing ceremony,’ he said.

Partly because the R105 billion global total ($14 billion) had not been budgeted for by the US in one chunk, South Africa would probably receive around R735 million ($100 million) annually for 5 years.

McDermott firmly believes the first instalment will be available ‘early next year’ — a timely financial boost if the much-trumpeted South African government roll-out of antiretroviral (ARV) drugs has begun by then.

We’d like at least to get the ARV component started where feasible and then figure out such things as education for physicians and equipment for hospitals,’ he said.

A pioneer of HIV/AIDS awareness in the US government, McDermott, who is a psychiatrist, founded the International HIV/AIDS caucus, organises AIDS seminars in the US Congress and has raised millions to help Third World countries fight the pandemic.

The architect of the African Growth and Opportunities Act which has opened up huge markets for African countries, McDermott is a former US government Foreign Service mental health officer.

He spent 9 months based in Lusaka, servicing 26 US embassies in sub-Saharan Africa.

‘I couldn’t help seeing the AIDS problem burgeoning around 1988. I especially remember the stigma, I just found myself drawn in,’ he explained.

McDermott recalls the fear generated by the death of the cook for the American ambassador in Lusaka — and how some US staffers believed AIDS could be spread by mosquitoes.

However, his involvement in the AIDS field began much earlier (1984) when, as a physician and State legislator in his home town of Seattle, Washington, friends and associates of his began dying from the virus.

Washington and California were home to the biggest gay communities in what was then a homophobic environment; difficult in which to successfully budget funds to fight an incipient, largely homosexual epidemic.

‘Wherever you turned somebody blocked it; but eventually in 1985 I got $300 000 passed for pure AIDS education,’ McDermott said.

He was elected to Congress in 1988 and began developing a national health insurance plan for the USA (today 16% of US citizens have no health insurance, a fact McDermott deplores).

While his AIDS interest did little for him politically, he persevered.

A conversation in 1989 with the then Speaker of the US Congress, Tom Foley, in which McDermott emphasised how AIDS was a burgeoning heterosexual problem in Third World countries, proved pivotal and led to the US International AIDS caucus.

‘I couldn’t interest our politicians in travelling to see for themselves, so I decided that if you can’t bring Mohamed to the mountain, you can at least bring the mountain to Mohamed.’

Harrison, quoting an ancient Chinese proverb, added if ‘we don’t change direction, we’ll end up where we’re headed’.

Chris Bateman
His first foray via Kinshasa, Lusaka, Johannesburg, Cape Town and Harare, helped him realise just what a massive impact HIV/AIDS was having.

‘On the mines they told me it cost $25 000 to train a driller and then they promptly lose him to AIDS. Kenneth Kaunda told me in 1990 he didn’t know what he was going to do when he had 500 000 orphans in Lusaka,’ he said.

McDermott’s first attempts to bypass sanctions against South Africa to get US AIDS education funding failed dismally.

‘Basically US policy then was that if a country could do it for themselves, we should let them — but of course your apartheid government wasn’t.’

Asked what started his AIDS activism, McDermott said he was raised in a religious, conservative Protestant background where missionary work was highly valued.

He attended the same Christian university as had evangelist Billy Graham, but the most life-changing event was when he went to Ghana as a medical student in 1961 in what was called ‘Operation Crossroads’, where he helped to build schools and clinics.

‘It was around the end of colonialism in Africa and you can’t see things at a bush level and not have it impact you for the rest of your life,’ the ex-Vietnam war veteran said.

‘A lot’ of Americans suddenly became aware of South Africa again with the change of government in 1994 — and equally quickly realised that the country was ‘in danger of imploding’ from the HIV/AIDS epidemic.

‘The emphasis in Congress shifted from sanctions to AIDS,’ he said.

By then a large variety of ARV drugs were becoming available — but they needed to be applied with sensitivity to Third World situations.

‘Our researchers were coming up against Africans sick and tired of being used as HIV/AIDS drug research guinea pigs — they wanted real help,’ he said.

McDermott said the main shift in US HIV/AIDS foreign policy came during the Clinton era and gained impetus after Bill and Hilary Clinton visited South Africa in 1998.

Because McDermott knew ‘more about AIDS than anyone else in Congress’, he was encouraged to continue his global travels, visiting India 18 times and South Africa more often.

When the Seattle-based Bill Gates Foundation came into being in 1997, McDermott was approached by Seth Berkley of the International AIDS Vaccine Initiative (IAVI) and was able to facilitate $1 million for the IAVI.

Veteran US Congressman, Dr Jim McDermott.

McDermott says part of Botswana’s high AIDS awareness and success in fighting the pandemic was because the Gates Foundation, together with the US government and Merck Pharmaceuticals, clubbed together to help a willing President Musaveni in 1999.

McDermott attended the FPD’s HIV/AIDS management workshop because he is passionate about building capacity among doctors.

He described it as ‘one of the most creative courses I’ve seen. They approach it from the point of view that really addresses the stigma. A doctor deals with the disease as a chronic condition instead of sending them off to an AIDS clinic.’

McDermott that he would like to see the course replicated across Africa and has facilitated a R22 million Gates funding application for the FPD.

Bill Gates visited South Africa in September to see some of the projects that his foundation funds.

McDermott said every country needed to work out a culturally appropriate response to the pandemic and was critical of his own country’s overseas funding.

‘It tends to be linked to US-manufactured drugs and machinery which are not always appropriate to Third World situations.’

His experience had taught him that anything that could be adapted, replaced or ‘machined locally when things break down’, was far more helpful.

McDermott, who scored 96% in his FPD course, plans to circulate an article on his latest experience and begin probing ‘appropriate delivery vehicles’ for US funding.

‘I now have a certificate I can put up on my wall, which says I know what I’m talking about. Perhaps they’ll listen to me more,’ he joked.

His dedication to his calling was best summed up when he mused: ‘I must find out what that 4% loss on my FPD score was about’.

Chris Bateman