

In ESSENCE

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FOREIGN POLICY & DEFENSE

The Curse of Generosity

THE SOURCE: "The Challenge of Global Health" by Laurie Garrett, in *Foreign Affairs*, Jan.–Feb. 2007.

WHEN THE GATES FOUNDATION, Harvard University, and two giant pharmaceutical companies selected tiny Botswana for a collaborative AIDS treatment program, they were accused of picking an easy target. Nearly seven years later, no one is starry eyed any longer.

Botswana, wealthy by African standards, has diamonds, modern highways, a growing middle class, a concentrated population of 1.5 million, the lowest unemployment rate in the region, a supportive government, and, at 37 percent, the highest HIV infection rate in the world. It also has no medical school, a worsening nurse shortage, and few labs or clinics. It took five years to roll out AIDS treatment. After a year, 55,000 people were being treated out of an HIV-positive population of 280,000.

At the moment, the Botswana AIDS program is a success—but with HIV infection rates rising and medical personnel fleeing, a precarious one. Even so, "can-do" Botswana provides a simplified case study of the challenges of spending unprecedented billions of dollars to conquer the diseases of the poor.

At first glance, the outpouring of tens of billions from governments and private donors to improve global health seems like the most generous, hopeful, and visionary event of the 21st century. But the largess could easily be dribbled away.

The global health aid bonanza

The outpouring of tens of billions to improve global health seems like the most hopeful event of the 21st century. But the largess could easily be dribbled away.

is now paying for "largely uncoordinated" efforts to treat high-profile diseases rather than public health in general, writes Laurie Garrett, senior fellow at the Council on Foreign Relations and author of *Betrayal of Trust: The Collapse of Global Public Health* (2000). "There is a grave danger that the current age of generosity could not only fall short of expectations but actually make things worse."

How so? Much of the money is donated for specific diseases, such as AIDS, and is not available for anything else. Pregnant women whose HIV is controlled by medicine sometimes become victims of leprosy and hepatitis when latent infections surge and AIDS clinics are unable to treat them. Doctors say HIV-positive children can die of vaccine-preventable diseases, such as polio and typhoid fever, while AIDS clinics are treating only their HIV symptoms.

The world is short more than four million health care workers, and popular disease-specific programs such as malaria eradication suck away doctors and nurses from yesterday's crises, such as tuberculosis and river blindness. Moreover, a vast number of

doctors and nurses emigrate to the West every year. In Ghana, 604 of 871 medical officers trained in the country in the past decade now practice overseas. In Zimbabwe, only 360 of the 1,200 doctors trained during the 1990s remain in the country. In Zambia, only 50 of the 600 doctors trained over the last 40 years remain.

Foreign salaries also tend to destabilize such governmental health systems as exist, as well as local economies. Trained workers are lured from public clinics to work on donor-sponsored AIDS or avian flu programs, crippling the government's ability to deal with other diseases.

Instead of a "hodgepodge of targets," Garrett writes, the world health community should focus on two things: reducing the maternal death rate and increasing life expectancy. Maternal mortality decreases when safe, clean facilities are staffed with well-trained personnel and supplied with antibiotics. Life expectancy increases in direct relation to the availability of safe water, sufficient food, immunizations, and the control of mosquito populations to prevent malaria and other insect-borne diseases. Treating AIDS or wiping out polio is not enough. Unless a coordinated system with long-term support can be set up, many may be saved from death due to AIDS only to be killed by something else.

FOREIGN POLICY & DEFENSE

In the Government's Name, Amen

THE SOURCE: "Chaplains, Censorship, and the First Amendment" by Lt. Steven R. Obert, and "Crossing Swords: 'Let Us Pray'" by Lt. Gordon J. Klingenschmitt and Steven L. Smith, in *Proceedings*, Dec. 2006 and Jan. 2007.

NEARLY THREE YEARS AGO, Navy chaplain Gordon Klingenschmitt, an Evangelical Episcopal priest, concluded a fiery Christian funeral service on the cruiser USS *Anzio* with a prayer "in Jesus' name." Fully a quarter of the mourners "hated the sermon," he says, which was optional but widely attended. Such a memorial ceremony would pass without comment in civilian life, but it was a poor career move in the Navy. Klingenschmitt was reassigned, given a negative performance review, and investigated. A year later, after he

conducted an 18-day hunger strike in front of the White House, he was court-martialed for disobeying an order not to wear his uniform during a political protest. Now he is waging a legal battle to overturn his dismissal from the service.

Klingenschmitt is point man in a long-simmering dispute over the role of a military religious corps in a secular government. He contends that the Navy is unconstitutionally requiring its chaplains to pray to a "government god." There are three choices, he writes: The Navy can impose "totalitarian atheism" by banning public prayer in its ranks; it can require chaplains to adhere to "totalitarian pluralism" and "water down their prayers" to avoid naming the deity; or it can follow his preferred course of "democratic diversity" by allowing chaplains to take turns expressing differing faiths.

Chaplains must obey civilian bishops or other religious superiors in sacramental matters, Klingenschmitt writes, rather than

their military superiors. His supporters point out that evangelical religious faith essentially commands the acknowledgment of Jesus. They portray the lieutenant as caught between his religion and his job, facing forfeiture of a \$1.8 million pension and eviction from military housing. "I was literally convicted of 'worshipping in public' in uniform," Klingenschmitt writes.

But to some fellow chaplains, the affair seems less a matter of religious

EXCERPT

Winston on Iraq

When British tenure in Iraq began, the empire's colonial secretary was none other than Winston Churchill. It was he who installed the first Hashemite king. "I am deeply concerned about Iraq," he wrote in 1922. . . . "At present we are paying eight million a year for the privilege of living on an ungrateful volcano."

—JOSEPH TARTAKOVSKY, assistant editor, reviewing *The Foreigner's Gift: The Americans, the Arabs, and the Iraqis in Iraq*, by Fouad Ajami, in *Claremont Review of Books* (Winter 2006–07)