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Well, why are we here in Kenya? There are three reasons that we're here. The first is that when our military, or any Western military, travels in the tropics they are exposed to diseases which they are not exposed to at home. These are exotic diseases like malaria, typhus, leishmaniasis, dengue, which we do not have good ways of preventing or treating.

The second reason that we're here is that germs don't recognize international borders, and it's a small world. It wasn't very many years ago that HIV was a recognized disease of monkeys in Central Africa. Only last year we had an epidemic in, of all places, New York City with West Nile virus, a disease that is endemic in this part of the world and transmitted by mosquitoes.

The third reason that we're here is because disease makes countries poor, and poor countries tend to be unstable, and unstable countries tend to be trouble for their neighbors and for everyone else. Disease and economics and security are entwined, and when you can make a contribution to the health of a country, you tend to increase its stability and better its economy. The US military has had a hundred years of extraordinary accomplishment in disease research, and everything we do is transparent; it's not just for the military. It's published in the medical literature, and it goes out as products to everybody around the world. An example would be the hepatitis A vaccine, which was developed at the Walter Reed Army Institute of Research in Washington in the 1970s. Tested around the world with the help of places like this, the vaccine is now available and protecting people against this terrible disease all around the world, including here in Kenya.

I think people have a romantic view of Africa. If they think about Kenya at all, they think about the savannah and these huge herds of elephant, and antelope and lions. But in fact, modern Africa is really much more like this, with large cities like Nairobi that act as magnets to bring people in from the countryside where they're having trouble making a living. When they come into a city like Nairobi, they bring with them the diseases from their homes, but they also change the environment. Sometimes they change the environment physically so that, for instance, mosquitoes that transmit malaria are able to breed more readily. They also overpower the sanitation systems, the clean water systems, the health system, and they provide a nucleus for epidemics.

Can malaria be controlled? There are many ways we can control malaria. Perhaps one that is available now which has been developed just in the last 10 years is insecticide treated bed nets. Now, these have been tested extensively in Africa, they've been tested here in Kenya; and they cut down on child mortality very often by as much as 30 or 40 percent. The problem is in making sure that people are able to afford the four or five dollars that are required to buy a bed net. So, this is a problem of economics and public health. We're working on things like developing better drugs, and hopefully, a vaccine, which could be used for preventing malaria in the future. But to be realistic, these solutions are a long time

in the future, and we need to be looking at things like the treated bed nets for the intermediate term.

In the long term, improving health is going to require a lot of work in developing countries, and we have to have a certain humility in the West. We're trying to develop drugs, and we're trying to develop vaccines that will help people, but we really are going to have to commit ourselves--the world is going to have to commit itself--to long-term solutions. Simply having a vaccine does not necessarily mean that a child will be protected against getting malaria if he cannot afford that vaccine.