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# JOURNAL OF NORTHWEST ANTHROPOLOGY

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Roderick Sprague  
**JONA**  
625 N Garfield  
Moscow, ID 83843-3624

telephone (208) 882-0413  
FAX (208) 882-3393  
e-mail [rsprague@moscow.com](mailto:rsprague@moscow.com)  
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# **JOURNAL OF NORTHWEST ANTHROPOLOGY**

RODERICK SPRAGUE AND DEWARD E. WALKER, JR. EDITORS

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## ***Malaria in Africa: Is America Part of the Solution or Part of the Problem***

First Prize Undergraduate Student Paper  
58th Annual Meeting of the Northwest Anthropological Conference  
Spokane, Washington, 16–19 March 2004

**Keirsten E. Snover**

### **ABSTRACT**

Each year most of the 300-500 million cases of malaria around the world occur in Africa, and about one million people die. Supporters of biomedicine commonly attribute the ongoing problem to biological factors such as drug resistance, or place the blame on cultural barriers that limit adherence to biomedical doctrine. Critical Medical Anthropology offers an alternative view of the malaria crisis, through a focus on the political and economic factors behind the problem. From this perspective, U.S. efforts to help are passed through a filter of capitalism, resulting in assistance that furthers an American agenda rather than improving the health of Africans. With its focus on profits, this capitalist filter brings into question American morality and suggests elements of Social Darwinism.

### **Introduction**

Over one hundred countries in the world are struggling against endemic malaria, making it a major global health concern. Even though members of the international community have joined forces to combat the disease, it remains an especially significant threat to countries in Africa. Each year most of the 300–500 million cases of malaria around the world occur in Africa, and close to 1 million African people die (RBM n.d.). Some have questioned why suffering and death on this enormous scale are still occurring when millions of dollars are being poured into malaria treatment and prevention programs. A *Time Magazine* article reflected this concern in its title, “Death by Mosquito: Malaria, like AIDS, is killing millions. But unlike AIDS, it can be cured. Why isn’t that happening?” (Gorman 2004). Supporters of biomedicine commonly attribute the ongoing problem to biological factors, focusing on how malaria control efforts are hindered by widespread drug resistance and the difficulties of controlling mosquito populations. Cultural factors that limit adherence to biomedical doctrine are often blamed as well. Fingers are pointed at cultures whose theories of disease causation do not link mosquitoes with malaria, or at people who are reluctant to use insecticide-treated bed nets. This noncompliance with biomedical interventions is then held up as an obstacle to relieving Africa of its malaria burden. While biological and cultural factors do play a role, other factors are rarely considered. Approaching the problem through Critical Medical Anthropology provides an opportunity to highlight the political and economic factors that are involved. From this perspective, one contributing factor is that U.S. efforts to help African countries with malaria are passed through a filter of capitalism. This results in assistance that furthers an American agenda rather than really improving the health of Africans. The United States has been involved in efforts to help combat malaria in Africa for many years, through the actions of the federal

government, companies, organizations, and private individuals. Much of this assistance is in the form of financial contributions. Two of the largest U.S.-based donors are USAID, the U.S. Agency for International Development, and the ExxonMobil Corporation. The anti-malarial efforts of these two donors can be used as examples to illustrate the capitalist filter in action. Although these donors do provide much-needed funds for several important programs, ultimately this help results in millions of dollars that contribute more to the donors' own capitalist interests than to the health of Africans.

## The Problem

USAID has been involved in the fight against malaria in Africa for a number of years. In 2003 alone, the Agency spent \$30 million (USAID 2004:8) on anti-malaria efforts in twenty African countries. However, this assistance has been applied in a manner that supports capitalist goals. A statement on the USAID Website notes this idea, stating, "U. S. foreign assistance has always had the twofold purpose of furthering America's foreign policy interests in expanding democracy and free markets while improving the lives of the citizens of the developing world" (USAID 2005). The outcome has been foreign aid to Africa's malarial areas that is more focused on capitalist aspects such as free markets instead of free malaria treatments. An example can be shown with USAID's NetMark project. USAID has actively supported the promotion and use of insecticide-treated bed nets (ITNs) for the prevention of malaria since it began the NetMark project in 1999 (USAID 2004:5). This project involved teaming up with 27 major companies with the goal of creating a demand for and a supply of ITNs (USAID 2004:4). While the program has provided a small number of free ITNs for people in selected African countries, the agenda has been more focused on conducting business rather than improving health.

The first step of this NetMark program was "overcoming obstacles to ITN sales, such as lack of demand for ITNs and taxes and tariffs on ITNs and related products" (USAID 2004:5). USAID contributed \$1.2 million dollars just in 2003 to programs aimed at removing these taxes and tariffs on ITNs in several African countries (USAID 2004:45). This level of funding was actually higher than most of the amounts given to entire countries with USAID malaria programs that year (USAID 2004:9). The second focus of the NetMark program was to make the nets widely available across countries in Africa (USAID 2004:6). The resulting number of ITNs that were sold in different countries through this program was featured in a USAID document (USAID 2004) that highlighted the "Key Achievements" of its malaria efforts. For example, in Benin, almost 300 new sales sites were established for selling these ITNs, resulting in sales of 53,000 nets in 2002 (USAID 2004:14). In the same year in Ghana, about 140,000 nets were sold (USAID 2004:21), while about 450,000 were sold in Kenya (USAID 2004:23). Similar achievements are listed for Mali, Nigeria, Senegal, Uganda, and Zambia (USAID 2004:30, 33, 36, 41, 43). While these ITNs are effective in preventing many malaria infections, these nets have been sold, by a partnership between a U.S. Government Agency and several corporations, to people in African countries who generally subsist on one or two U.S. dollars per day and at the same time this practice qualifies as U.S. foreign aid.

In summary, USAID *has* provided significant funding for malaria programs in many countries in Africa. Unfortunately, much of this funding was focused on the creation of a demand for a product, marketing of the product, and then sale of the product. This seems to serve the capitalist interests of the United States rather than really serving the malaria-related needs of developing African countries.

The ExxonMobil Corporation has been helping Africa fight malaria as well, by making contributions to various anti-malaria programs since 2000 (ExxonMobil n.d.). However, a critical review of corporate giving reveals a pattern of donations that pass through the capitalist filter, and while good for the corporate image, are less than effective in the fight against malaria.

ExxonMobil claims that fighting malaria is its “corporate responsibility,” since the disease is “an overriding local community concern” in many of the places that it operates in (ExxonMobil 2004b). However, ExxonMobil is present in more than 30 African countries (ExxonMobil 2004c), yet has provided funding for anti-malaria programs for barely a third of these. In one example, ExxonMobil supported the World Health Organization’s Roll Back Malaria campaign, but only in the five countries where its major oil exploration and production operations were located—Angola, Cameroon, Chad, Equatorial Guinea, and Nigeria (ExxonMobil 2001). In another example, the corporation provided funds in 2003 for several anti-malaria programs through the ExxonMobil Africa Health Initiative 2004 Grant Awards, but only the countries of Angola, Cameroon, Chad, Ghana, Nigeria, and Tanzania were affected (ExxonMobil n.d.). Even though ExxonMobil has noted the concern the disease poses, it has not provided program funding for each malarious country it operates in. In spite of this contradiction, a positive, philanthropic image of the corporation is displayed in its malaria-related literature, through statements such as “ExxonMobil: Combating Malaria in Africa” (ExxonMobil n.d.) and “Making a Difference where we operate” (ExxonMobil 2004b).

Through the ExxonMobil Africa Health Initiative 2004 Grant Awards mentioned previously, the corporation donated about \$2,265,000 to nine anti-malaria organizations (ExxonMobil n.d.). However, this amount was insignificant compared to other contributions made that year. This contrasts with a corporate statement on malaria, which asserts that “ExxonMobil is committed to improving African health care to protect not only our employees and their families from this disease, but also our retailers and customers, and to expand that commitment to local communities” (ExxonMobil 2004a ). In 2003, funding for malaria efforts (ExxonMobil 2003a:3) was only about 30% of the \$7.4 million donated for health, and only about 2% of the total amount of contributions made that year. The vast majority of the \$103 million in contributions went to support education, civic and community organizations, and the arts, primarily in the United States (ExxonMobil 2003a:3). While it is commendable that ExxonMobil gives generous contributions to various causes, an examination of its giving habits (ExxonMobil 2003b) shows most of these funds go to support entertainment and activities that generally serve wealthier members of American society. Little of this money goes to help people who live in the countries where much of their corporate profit is derived.

In addition, none of this \$2,265,000 in grant awards bought drugs to treat people suffering from malaria (ExxonMobil n.d.). Instead, about half of the funds were earmarked for the promotion and distribution of insecticide-treated bed nets, while the remainder was allocated for research and training. This focus on prevention through bed nets is notable because it produces important business benefits. Protecting local employees and their families from malaria has been shown to “preserve worker productivity” (Spielman 2002:3) by reducing absenteeism, while protecting people in the surrounding community keeps potential consumers healthy. While giving funds for prevention, research, and training is certainly important, ExxonMobil could have cured over 940 thousand cases of malaria with the same amount of money, saving thousands of lives. As Nick White, Professor of Tropical Medicines at Mahidol and Oxford Universities stated, “African mothers don’t realize that their children are dying needlessly, that donors could choose to fund effective treatment that would save their lives.”(MSF 2003). The

wholesale price of one course of an Artemisinin Combination Therapy (ACT) called Coartem is only \$2.40 (Arrow 2004:63). If in a given year, there were 400 million cases of malaria across the continent of Africa, providing this treatment for each of these cases would cost \$960 million. While this is several times the entire amount ExxonMobil gave out in charitable contributions in 2003, it would only be about 4% of the \$23.1 billion the corporation has in unused cash as of January 2005 (AP 2005). Of course, ExxonMobil has no obligation to use their cash in that way, but this example illustrates how much could be done with a small percentage of the resources of one corporation.

## The Summary and Conclusions

ExxonMobil provides much-needed financial support to many deserving anti-malaria organizations. It is impressive that “ExxonMobil is addressing malaria as a global health and economic concern” and that “as a leader in the energy industry and partner with local African communities and organizations, ExxonMobil brings its resources to bear to prevent and help control malaria in Africa” (ExxonMobil 2004a). Nevertheless, a closer look at the actions of the corporation reveals a pattern of offering assistance adjusted to capitalist expectations. The result is assistance that contributes more to the corporation’s own image than to the health of African people. For example, through donating millions of dollars to anti-malaria programs, a benevolent image is created for potential consumers and investors. Only selected countries are receiving help however, and a larger percentage of funds are being distributed to other programs. Most importantly, no money is spent on lifesaving malaria treatments.

In conclusion, the United States, in part through governmental organizations and corporations, provides significant funds for several anti-malaria programs in African countries. However, this assistance focuses on donor benefits rather than recipient health. The result is assistance that offers only limited help to a continent overwhelmed by malaria. Even more concerning is that this practice is not isolated to USAID and ExxonMobil, but is part of a larger trend of global paternalism in which help for developing countries is provided if, and only if, the action imparts an advantage for the contributor.

Substantial help for malaria is possible, but it will not happen under the current global economic system because it cannot pass through the filter of capitalism. Curing hundreds of millions of malaria cases and saving millions of lives would be a form of help that is not good for business. A dangerous precedent would have been set, perhaps creating a public expectation that this generosity would continue in following years, and likely followed by a global outcry for the development of similar programs in other endemic regions. This could lead to requests for treatment of other diseases plaguing the Third World, such as cholera, tuberculosis, and HIV/AIDS. Perhaps next would be a plea for clean drinking water, food for malnourished populations, and more. This would not be good for a shareholder-driven capitalist economy, as ultimately, helping to make the world a better place quickly chips away at profits. If only a fraction of the resources of one corporation, First World government, or even a wealthy private individual could provide cures for a disease for an entire continent (with money left over for preventatives, research, and other needs) it is easy to imagine what could be accomplished if multiple donors became involved.

One reaction to this suggestion is that it is not the job of USAID, ExxonMobil, or any other agency or corporation to cure African people of malaria. This raises several important questions. Whose job is it? Do wealthy entities have a global responsibility to use their resources on humanitarian causes? Under the current system of “giving,” the answer would be no, since capitalism values profit over people. This creates an environment where those with money live, while those without are left to die of treatable diseases like malaria. In this atmosphere of survival of the fittest, the parallels to Social Darwinism are very concerning and raise issues pertaining to the inherent morality of the current systems of governmental and corporate aid programs.

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Keirsten E. Snover

Department of Anthropology  
Eastern Washington University  
Cheney, WA 99004-2431

[keirsten@hotmail.com](mailto:keirsten@hotmail.com)