

governments have accepted that the time has not been ripe for a comprehensive test-ban treaty, given the US argument that there is a need to develop warheads for the Midgetman, but that position will now almost certainly be eroded.

Where all this will end is anybody's guess. The United States seems to have calculated that, what with one thing and another, its impatience will not dissuade Mr Gorbachev from going to Washington later in the year for a replay of last year's Geneva summit. The calculations may be correct, but the consequences will be that Mr Gorbachev will travel intransigently. But he may decide not to go at all, which will be a greater embarrassment for the United States in its dealings with its friends. □

Who pays for AIDS?

The alarming financial implications of the US epidemic of AIDS creates another social dilemma

ACQUIRED immune deficiency syndrome (AIDS), a haunting source of trouble for the past five years, has become a problem for the US insurance industry. In several states, it is now a matter for vigorous controversy whether insurance companies should be allowed to deny health or life insurance to people who test positively for antibodies against the virus for AIDS, human immunodeficiency virus (HIV). California and Wisconsin have already enacted legislation that forbids the use of HIV antibody tests in this way, and similar proposals are being considered in New York. In the District of Columbia, the council is likely soon to approve a bill that would forbid insurance companies using any type of test for AIDS for the purpose of determining insurability. The insurance industry, aware that similar proposals are likely to be enacted elsewhere, has started an energetic (and expensive) lobbying campaign to oppose legislation of this kind.

The kernel of the problem is that a positive result in a test for HIV antibodies by no means proves that a person will develop AIDS, which in its fully developed form is at present always fatal. Estimates of the proportion of those who test positively who will eventually succumb to the disease vary, and because of the long incubation period of the virus it will be years before this is known with any accuracy. The federal Centers for Disease Control estimate that the proportion is between 5 and 19 per cent, although it could be much higher. As a consequence, and because the hospital costs of an AIDS patient average \$147,000, those who test positively are in practice uninsurable.

Recent estimates of the number of people in the United States infected with the virus range from 500,000 to 2 million. The number of AIDS cases may reach 100,000 by 1989 if current trends continue, corresponding to claims under "life" (more accurately, death) insurance policies worth perhaps \$5,000 million by the early 1990s. But if the insurance companies are able to deny insurance to those testing positively to the antibodies, many seeking new insurance in most of the United States are liable to find themselves being denied coverage.

AIDS is not unique; similar problems have been raised by other high-risk conditions such as diabetes and cystic fibrosis. A solution that has been adopted in nine states so far is the "high-risk pool", a special state-administered insurance scheme for individuals known to be bad medical risks. The pool is maintained by contributions from insurance companies in approximate proportion to the amount of business they do. Individual premiums are capped, typically at 150 per cent of the standard premium, ensuring that high-risk individuals can buy coverage.

Organizations representing victims of chronic diseases applaud such schemes, which allow their members to get insured. The insurance industry approves because it avoids divisive strains on individual companies. Ultimately, of course, other insurers still pay for the misfortunes of the high-risk groups. Congress should consider legislation that would effectively oblige other states to set up high-risk pools, bringing them into line with those that already have successful schemes. □

Who will pity Africa?

The plight of Africa commands attention, but throwing money in that direction is no solution.

THIS has been a bad week for Africa, but that is not unusual. The number of black Africans killed in the Republic of South Africa (mostly in intra-racial fighting) exceeds the number of those killed by radiation at Chernobyl. The death-toll among students in Nigeria, where most of the universities have been closed, is almost as great. The willingness of perhaps 20 million people elsewhere to run to raise funds for Africa is a moving proof that Africa can still stir the world's compassion; it is only natural that the organizer, Mr Bob Geldof, should be furious that the special session of the United Nations last week failed to echo his runners' enthusiasm. But Geldof's tirade last week against the "politicians", whom he alleges have neglected a golden opportunity to put Africa to rights, is thoroughly misplaced, at least so long as it stems from the assumption that Africa will become a Garden of Eden if only enough money is thrown at it.

The plain truth is that many of Africa's most serious problems have been created in Africa by Africans, and that only palliation of them is possible while these policies persist. The recent history of Africa is a sufficient proof of the validity of that charge. Ghana, relatively prosperous among African countries a quarter of a century ago on the basis of a successful cocoa-growing industry, is now among the poorest. Nigeria, rich more recently at the height of the oil boom, has squandered its brief wealth, becoming one of the world's major debtors. Uganda, already a kind of paradise in the early 1960s, has now settled for inter-tribal violence and the chaos that follows. Ethiopia, sadly ravaged by two years of serious drought, would have found that ecological catastrophe less damaging if the previous food distribution system had not been undermined by the government's ideological conviction that middle-men (admittedly a grasping lot) should be replaced by a public bureaucracy whose efficiency is notoriously below par, and which offers farmers prices that provide no worthwhile incentive to increase production. This same error is the rule elsewhere in Africa, East and West, where governments' attempts to keep their urban populations happy by fixing food prices at unrealistically low levels has contributed powerfully to the decline of agriculture, the hunger of those same urban populations and the dependence of potentially fertile Africa on food imports. Mr George Shultz, the US Secretary of State, was right to say, at last week's meeting of the United Nations, that poor Africa's governments should prudently mend their ways. Geldof and the many who contributed to international fund-raising should understand that as well.

This does not mean that there is nothing to be done. Africa's request of the United Nations last week was for an increase of aid by donor nations amounting to more than \$80,000 million over the next four years, together with a moratorium on foreign debts that would cost about half as much. Given the need, the figures are not unreasonable. But there was never a chance that the rich countries would or could respond on such a scale.

Indeed, the years immediately ahead are likely to make the rich countries seem to Africans more skinflint than they have ever been, as the United States struggles to control its budget deficit and cuts its direct contributions to foreign aid in the process. Yet there are now enough illustrations of how development projects can succeed, even in Africa, to suggest that many of Africa's problems could be tackled successfully with much more modest sums of money. What is needed now is not a meeting of the United Nations at which politicians rehearse their government's well-known positions, but a practical clearing-house for the good ideas that have already contributed to the improvement of African conditions on a small scale, and which could, with the imagination and enthusiasm of the Geldofs of this world, be spread more widely. □