tivists campaigned for precisely these price reductions and for global funding. While the sceptics fretted about 'sustainability', activists made the changes happen. The truth is that the 'cost-effectiveness' argument suffered from its proponents' own lack of moral imagination.

A further truth is that the scepticism espoused sometimes seems to be compounded by the unexpressed reluctance some of its proponents feel in endorsing treatment options for those who have AIDS. The unspoken assumption is that their plight is their own fault, and that therefore they do not 'deserve' treatment.

In one of the United Kingdom's leading medical journals, a Cape Town philosopher, David Benatar, considered the contention that treatment is a basic and uniform human right. He argues that there is no moral obligation for government to treat those who contract HIV through 'negligence, indifference, arrogance or weakness'. Only because there are many people who contract HIV through no fault of their own, and because it is difficult or impossible for the public health system to differentiate between the 'responsible' and the 'irresponsible', should treatment be made universally available.

Among the 'innocent' Benatar includes children who receive the virus from their mothers, haemophiliacs, rape survivors, those who contracted the virus before the ways in which it is transmitted were known, as well as those who contract the disease even though they have taken reasonable precautions.

Included among the 'undeserving' are mothers of children with HIV, those who do not take precautions with multiple sex partners and 'those who force themselves on virgins in the erroneous and culpable belief that this will cure them of HIV'. Whether the mothers might themselves not have been 'innocently' infected is not explored. The writer agrees that there are good reasons for the state to provide social services for those who require them 'through no fault of their own'. By contrast, 'there is something ignominious about those who are responsible for their condition, and that of others, self-righteously joining the chorus of criticism [about government's failure to treat] if not leading the choir'.

The author's conception of 'innocence' and 'irresponsibility' betrays many problems. Even if we concede that the way in which many

people acquire HIV may indeed be 'irresponsible', it is hard to see why this should justify denying them treatment that can save them from a terrible death. Does their 'irresponsibility' justly condemn them to the lingering suffering of death from AIDS?

Social services are a staple of the modern state. The admitted implication of the argument is that cigarette smokers, over-eaters, and self-injuring negligent drivers should be disbarred from healthcare. But we must take its implications further. What about those who become destitute because of their poor financial acumen or inability to do useful work? Should they, too, be denied social services? What about sportsmen, or even casual runners, who choose to exercise, and so develop injuries? And what about those who become sick because they do not exercise? Or those who over-exercise?

The modern welfare state extends protection to these people, even in the face of their own imprudence. The question is whether the fact that HIV is transmitted through 'irresponsible' acts that are sexual makes it easier for us to deny life-saving treatment to the poor. I think this is the case that is subtly being propounded. I think that sexual shame and rebuke still infests many of the arguments about 'irresponsibility' and 'sustainability'. This is external stigma re-surfacing again.

The real question is: how much humanity are we willing to muster in how we respond to stigma?

The argument is complicated by the fact that in the eyes of some the poor are ever undeserving. The argument about 'cost' is often an expedient that seeks to justify withholding available resources from poor people who are cast as 'undeserving' or 'irresponsible', or the authors of their own misfortune.

Paul Farmer explains how we use 'cost-effectiveness' as a rationale to cut back health benefits to the poor. Yet the poor are more likely to be sick than the non-poor. In this way, he says: 'We miss our chance to heal. In this setting, we're told, of 'scarce resources,' we imperil the health safety net. In the name of expedience, we miss our chance to be humane and compassionate.'

The one argument that seems least permissible and most insulting – and is easiest to refute – is that poor Africans are too unsophisticated to take the drugs they need to save their own lives.