

Fire in the Blood

[Transcript]

James Love: It was just kind of a crisis of humanity. People just weren't really stepping up to the magnitude of the problem. They weren't really human for a moment.

Noerine Kaleeba: The many people that I have lost in my family, the many people that I nursed and who have died of AIDS ...could have been spared.

Bill Haddad: People are dying and the medicines are in my briefcase!

Bill Clinton: It's fine for people in rich countries to say, "This is what it ought to be." They don't have to live in these little villages and watch people die like flies.

Dr. Peter Mugenyi: Let me put it this way: there is no developed country which would have tolerated the loss of millions of their citizens while life-saving drugs were available.

Narrator: If it is true that one death is a tragedy and a million deaths a statistic, this is a story about statistics. The millions of people in poor countries who died needlessly of AIDS while giant pharmaceutical companies blocked access to the low-cost medicine which could have saved their lives.

Dr. Peter Mugenyi: This was the most catastrophic emergency Africa and the world has ever seen. There were non-stop funerals taking place on a daily basis. The orphans' population had exploded. The backyards of most homesteads were full of graves, all of them recent. I saw so many people who would have lived. I saw them die painfully, excruciatingly. And yet their death was not inevitable.

Dr. Noor Jehan Majid: I had a small ward with ten beds. And one hundred percent of the patients in the ward were HIV positive. And every day I saw people dying... eight, nine patients a day. When you are with the patients and you see patients dying in your hand, you know, it is difficult to say a patient that you have this disease and we doesn't have nothing to help you. "Look, you are HIV positive and that's all, bye..." You know?

Edwin Cameron: I was diagnosed with HIV at the end of 1986. But I fell very ill with AIDS about 11 years after my diagnosis in 1997. I was unable to walk a simple flight of stairs. I was severely ill; I faced death from AIDS because I had four or five of the defining symptoms of AIDS.

Narrator: In 1996, everything changed for people like Justice Cameron when a combination of three antiretroviral drugs, or ARVs, proved successful in fighting HIV. Suddenly the most feared and destructive disease of the age was no longer a death sentence.

Edwin Cameron: I started on the drugs having been enormously ill and within two weeks, I could feel that my life had been given back to me. It's what some AIDS doctors call the 'Lazarus Effect'. My appetite returned, my strength returned, my energy returned, my joy for life returned and it was the most astonishing experience of my life.

Narrator: The drugs he was taking were sold internationally at prices over \$15,000 -- per patient, per year far beyond the reach of tens of millions of people living with HIV/AIDS.

Edwin Cameron: The drugs were enormously expensive -- they took up a third of my judicial salary. Most people in Western Europe and North America accepted that drug manufacturers are entitled to a specified price in the open market, which is a market defined by North American and Western European conditions. And if that price is unreachably high to people in the developing world... Africa and Asia, South America, that's just too bad —those people must die.

Zackie Achmat: At the moment we had our political freedom, HIV came along and robbed people of life. It's in many ways worse than what happened under apartheid.

Narrator: Zackie Achmat had grown up fighting against white minority rule in South Africa. In 1998, now HIV-positive, he founded the Treatment Action Campaign to address the problem of access to AIDS medication.

Zackie Achmat: And the only reason we are dying is because we are poor... The only reason we are dying is because we are poor.

Narrator: The problem Zackie and other South Africans faced was both simple and brutal. The drugs they needed were made under patent by multinational pharmaceutical companies and the patent made it illegal for others to make, sell or import unpatented generic drugs, which typically cost far less.

Zackie Achmat: In 2000, one of my cousins, Farida Abrahams, died of AIDS-related illnesses, and she couldn't afford antiretrovirals. And in fact we'd smuggled generic Fluconazole into the country for her, which gave her an extra six months of life in which she could die a dignified death instead of a really horrible, cruel death. But she died because she couldn't afford antiretrovirals and that was a close family member.

Narrator: The only way Zackie could help his cousin was by breaking the law. American pharma company Pfizer sold patented Fluconazole, which could alleviate extreme pain in those suffering from AIDS-related infections under the brand-name 'Diflucan'. Its patent gave the company a monopoly in South Africa, enabling it to charge astronomical prices. A generic version was available at a tiny fraction of the cost, but that was in Thailand.

Text On Screen: A generic drug is an identical copy of a patented or branded drug.

Zackie Achmat: Fluconazole in Thailand cost less than 5 U.S. cents per capsule and in South Africa they were paying, what, \$30 a capsule... and there's no difference in quality.

Narrator: The generic from Thailand, made in a government factory, was indistinguishable from the branded drug being sold in South Africa. Pfizer's patent, however, made importing it a criminal offence.

Zackie Achmat: We don't have the intention of breaking the law. What we will be doing is breaking Pfizer's patent. We will be showing how Pfizer and other companies are abusing their patent. We have no criminal intention. Our only intention is to defend people's lives.

Text On Screen: In 2000, Pfizer's sales of Fluconazole were \$1 billion per year, with prices of up to \$40 per tablet. The average weekly range in South Africa, the continent's richest country, was \$68.

Elvis Basudde Kyeyune: I'm a journalist by profession. I work for a paper called 'The New Vision.' I am the first journalist in East Africa who declared my HIV status publicly. I was almost pronounced dead; I was in a coma for many days. I was reduced into a skeleton. The ART was bloody expensive. A dose would go for over a million shillings, you couldn't afford. If I had died, I would have been the eighth member of the same family to be claimed by AIDS. I don't mean relatives -- I'm talking about brothers and sisters. My mother couldn't bear seeing 1, 2, 3, 4, 5, 6, 7... all her children perishing. She was imagining she was going to lose her eighth child. She had lost hope.

Narrator: Hope was at a premium on the other side of the Atlantic as well. Desperate to build awareness among Americans about the fact that millions of people were dying of HIV/AIDS even though there were drugs which could save them. Intellectual property activist James Love found few people in Washington willing to so much as discuss the issue and was surprised by the response of some he thought would join him.

James Love: A lot of American AIDS activists were opposed to this. They didn't really care. They felt like they had drugs. If they had cheap drugs in Africa, they thought it might discourage R&D for them. They had insurance, you know, they didn't see the pricing problem.

Narrator: Many in the West feared that treating people in the third world could cause the AIDS virus to mutate and become resistant to the drugs.

James Love: The rap was, you couldn't give drugs to people in Africa because they would misuse them. They wouldn't be compliant in terms of treatment; they'd develop resistance. Resistance would come back and kill Americans or kill Europeans.

Jan Raijmakers: They are mostly illiterates. Can't read the information on the leaflets in the drug packets and have to cope without a healthcare system that can tell them about the disease they have.

Andrew Natsios: The biggest problem for antiretrovirals — this sounds small and some people if you've travelled to rural Africa, you know this. This is not a criticism, just a

different world — People do not know what watches and clocks are. They do not use Western means for telling the time, they use the sun.

Narrator: In July 2000, four years after the combination therapy breakthrough had changed the outlook for people with HIV in the rich West, the biennial International AIDS Conference was held for the first time in Africa -- the continent with more than two-thirds of the world's HIV cases.

Dr. Peter Mugenyi: Over two million people were reported to have died in that year alone. So, people were fed up with being called to a conference, told how AIDS can be treated and at the end be sent home to watch their people dying without treatment. Where are the drugs? That's where they are. The drugs are where the disease is not. And where is the disease? The disease is where the drugs are not.

News reporter: Protestors directed their anger at pharmaceutical companies. New drugs promise to prolong life but they are too expensive for the 23 million Africans dying of AIDS.

Zackie Achmat: The power of the drug companies is strong, they have money...

Peter Mugenyi: I've never seen that kind of anger, which was directed at pharmaceutical companies.

Zackie Achmat: We are never going to stop until everyone in Africa, everyone in Asia, everyone in Latin America has access to drugs. But we will not also forget the poor people in Europe and the poor people in North America. . .

Narrator: In the heightened and expectant atmosphere, High Court Justice Edwin Cameron took the stage.

Announcer: Please take your seat. The court is in session.

Edwin Cameron: I'm here because I'm on antiretroviral therapy. I can afford my medication. Now why should I have the privilege of purchasing my life and health when 34 million people in the resource-poor world are falling ill, feeling sick to death, and are dying? We need to change the facts that are going to lead to the deaths of 25 million people in Africa. We will change that fact. We will challenge the future and we will intervene in it. Thank you very much. You may not do this -- You may not leave 10 or 20 or 30 million Africans to die unnecessarily from a disease that can be medically treated. That was the turning point that Durban represented.

Homvuselelo (Musi) Kalolo: Lots of people, they were dying because they needed the ARVs. Those who didn't die, they must thank God... By that time there were no people who were saying that, "I'm HIV positive." No one was saying "HIV" or "AIDS" —they would say "don't say... don't say the word," you know?

Kousalya Periasamy: I got married in 1995. I don't like him, but everybody forced me to get married. And after 45 days, I came to know my status. I got the result and I read it only that it's AIDS. So, like I know, AIDS means death. And I know AIDS means immoral people will get: I am not immoral, how I got the virus to my body? During that time I came to know my husband knows the status before my marriage. Seven months later he died.

Dr. Suniti Solomon: In this country people think they are all saints, and those who get HIV are sinners. There was no doctor who wanted to touch people with HIV. We used to admit them in little thatched roof on the side of the road because no hospital wanted to admit them.

Dr. Eric Goemaere: We were fighting desperately to try to convince patent-holders the main pharmaceutical companies, GlaxoSmithKline, Pfizer, Boehringer-Ingelheim... And we said, "Listen, none of the clients here are using your drugs and will probably ever be able to use your drugs. And they answered to us very quickly. And the answer, of course, was no.

Narrator: While the death toll in Africa continued to rise, AIDS was now largely seen as old news in the West where mass demonstrations for access to drugs in poor countries went all but unnoticed.

Desmond Tutu: The HIV and AIDS is happening in the developing world the so-called 'third world' which has always, as it were, been at the bottom of the pile.

Narrator: Although low-cost generic ARVs were now being made in a few more developed countries like Thailand and Brazil, quietly acting to curb their own epidemics, governments in the poorest and hardest-hit countries backed away from challenging Western patents on AIDS drugs, having been repeatedly warned by the United States and others that doing so would lead to severe consequences.

Dr. Peter Rost: The U.S. government and the industry work hand in hand. Aid from the U.S. is rarely given without strings. It's given to further American interests. Those interests are in line with the companies because, quite frankly, at the end the companies are running the U.S. government. I mean they are pulling the strings.

Zackie Achmat: It had taken nearly forty years for the United States government to put apartheid South Africa on a sanctions watch list. But it took less than three years to put democratic South Africa, trying to make medicines affordable to its people, onto a sanctions watch list -- at the behest of drug companies.

Narrator: Donald McNeil covers global health for The New York Times.

Donald McNeil: The actual price of the pill has nothing to do with what it costs to manufacture the pill. They could pretty much set the price of the pills at anything they wanted. They were still making a profit at five cents. But they were charging the same twenty-five dollars a pill in South Africa that they were in the United States. So I began to see more how completely screwed up and unfair the system was.

Dr. Peter Rost: The drug industry, like any other private corporation, is there to make money. It's there to make money for its shareholders. The concept is to set the price at the level where you will maximize revenues. That means you are going to lose some patients because it's so high but you're making up for it because the others are forced to pay that very high price.

Bill Clinton: With life-saving products, it is a terrible mistake to put shareholder value above the lives and livelihoods of millions of people who will die as a result.

Narrator: Branded pharmaceuticals had, for decades, been the most profitable business on earth even though the industry made almost all its money in rich Western countries with half of all revenue coming from the United States alone. The continent of Africa as a whole accounted for just one percent of sales. While Africa was only of marginal interest as a market, the drug industry feared that relaxing its patent monopolies in the poorest countries could set a bad precedent -- one which might threaten future profit margins in major emerging markets like China and India.

James Love: My God, I mean, the sales were practically zero. The sales were essentially a rounding error for the whole continent of Africa. It was ideological. Africa wasn't going to make any difference to them anyhow.

Homvuselelo (Musi) Kalalo: When the doctor told me Lisa was HIV positive...I cried, and I cried, and I cried for an hour. Firstly she was diagnosed with meningitis, and then pneumonia. Everyone was very scared to touch her. That's when I started to get angry and I just told myself, "Okay, why am I keeping quiet of this?"

Narrator: As the symptoms of his own HIV infection worsened and his health deteriorated, Zackie Achmat took a momentous decision. As an internationally-known activist, he would surely be able to access ARVs but for all those around him, the story was entirely different.

Zackie Achmat: If my sisters or brothers or cousins had HIV, or had AIDS and needed medicines, they wouldn't have been able to get it. And I grew up in a house where your mum said if all the kids can't have chocolate, one is not going to have it.

Narrator: Having made up his mind, Zackie Achmat announced that he would boycott antiretrovirals until the South African government made them available to everyone.

Donald McNeil: I think that probably made a big difference. Even Mandela at one point was saying, "Please take the drugs."

Zackie Achmat: When he had phoned up and said, "I am coming to your house and you're going to take your medicines," I said to him, "No, sorry. That's not how I do business."

Nelson Mandel: He is a role model and his action is based on fundamental principle. It would have been futile for me to come to him to say, "I want you now to change, to take

drugs” because his position is that as long as drugs are not available to everybody, especially the poor, he will not take them.

James Love: I talked to people that worked for the National Security Council. I talked to the World Bank, I talked to UNAIDS. I talked to the World Health Organization, -- the office of AIDS for the United States government and I kept asking them the same question. I said, “If you didn't have to worry about patents, what would it cost to create a treatment for AIDS for people in developing countries?” And I used to tell people, look, if there were 3040 million white people that didn't have access to treatment, somebody would know the answer to that question. Somebody would ask that question. Some member of Congress would want to know. It wouldn't just be kind of... you know, the unasked question. It would be the most important question you could possibly imagine. And I was just shocked at the lack of information.

Narrator: The man who got Love his answer was former journalist, advisor to President Kennedy and pioneering advocate for generic drugs, Bill Haddad.

Bill Haddad: They wanted to know where you could get the raw materials to make the AIDS medicines. Then I called up Agnes Varis, who was a friend and a big importer of raw materials And she said, “Call Dr. Hamied. He's an iconoclast, he's not afraid of multinationals — he's the one you need to talk to.”

Narrator: Yusuf Hamied was a Cambridge-educated Indian chemist who ran a company called Cipla, based in Mumbai, which his father had founded in 1935. Cipla had begun making generic antiretrovirals in the early 1990's at the request of the Indian government.

Bill Haddad: And within twenty minutes, I knew he was the person I had to see.

Narrator: In August 2000, Haddad and Love met Dr. Hamied in London along with a handpicked group including Denis Broun, a leading French expert on AIDS in Africa.

Dr. Denis Broun: And it was supposed to be a very secret meeting. I was in WHO at the time. I remember taking leave and going in hiding to London...

James Love: I asked Dr. Hamied --I said, “Look, what we're trying to figure out is you know, rock bottom prices. What would it cost to get an AIDS drug?”

Yusuf Hamied: The key to pricing in medicines is the price of the active pharmaceutical ingredient. If you can get that cheaply, your end product is cheap.

Narrator: Hamied explained in detail how an antiretroviral cocktail could be produced for a small fraction of the prices prevailing at the time.

Yusuf Hamied: I felt the whole of Africa was being taken for a ride.

Dr. Denis Broun: For a lot of us, it was a kind of a cultural revolution. Treatment for AIDS was something for the rich. It was something which was unthinkable for Africans. He was just transforming the whole landscape and we decided to help as much as we could.

Narrator: Hamied's father was a devotee of Mahatma Gandhi who had studied pharmacy in Berlin at Gandhi's urging and later established Cipla in line with his mentor's firm belief that India needed to produce its own medicine in order to become self-reliant.

Yusuf Hamied: We learnt a very important lesson from Mahatma Gandhi and that was, that every country has to decide for themselves their own destiny.

Narrator: Yusuf Hamied had been the driving force in persuading Prime Minister Indira Gandhi to rewrite India's patent laws in the late 1960's so as to reduce the country's dependence on costly-patented medicine from the West.

Indira Ghandi: My idea of a better-ordered world is one in which medical discoveries would be free of patents and there would be no profiteering from life or death.

Donald McNeil: Until 1970, India had some of the highest drug prices in the world and India's average life expectancy, for a man, was in his forties. They changed the law and the drug prices fell dramatically drugs were available, life expectancy shot up and a lot of other things improved in the society.

Peter Rost: The reason we set up the system we have today, from the drug industry's perspective, is to maximize lives for humankind. That's why we have patents. That's why we have a free market. These are not natural forces born out of Mother Earth. It's something we made up: Patents are made up, the free market is made up.

Narrator: Patent laws typically give the inventor of a product, such as a drug, a legal monopoly over its production and sale for a fixed number of years.

Yusuf Hamied: The state gives the inventor of a new drug a prize, a grant of a favor -- exclusive rights to this invention for a period of twenty years. The patent laws are not international. They're national laws, and need-based for the country. Each country's needs are reflected in the patent laws that they make.

Joseph Stiglitz: The patent system has been perverted a great deal, especially in the last quarter-century. We make them because we believe, when they are appropriately designed, they will promote innovation and societal well being. But when they're not appropriately designed, they will result in people dying and they will result in a suppression of innovation. And it's happened over and over again...

Yusuf Hamied: I always give the example of the first drug for AIDS, AZT. It was first invented in 1963... '63. The first usage of AZT in AIDS was 1985 -- patented. So that patent lasted 'till 2005. Now, just before 2005 Glaxo says AZT should not be used on its own. "It's useless, should not be used. It should be used in combination with Lamivudine." That

patent runs out in 2017. That means, directly and indirectly AZT the first antiretroviral drug invented in '63, has been covered under monopoly for 54 years. Is that what patenting is all about?

Narrator: In September 2000, Hamied was invited to the European Commission in Brussels for high-level talks involving health ministers and heads of government from numerous countries, along with chief executives of major pharma companies. The subject of the closed-door meeting was access to medicine in the developing world, above all, for HIV/AIDS.

Bill Haddad: Cipla was sitting between Merck and Glaxo. First time they would put a generic company there. And everybody made their traditional speech and all of a sudden Dr. Hamied got up and said . . .

Yusuf Hamied: Friends, I represent the third world. I represent the needs and aspirations of the third world. I represent the capabilities of the third world and, above all, I represent an opportunity. We all have a responsibility to alleviate the suffering of millions of our fellow men who are afflicted with HIV and AIDS. We strongly believe that, in the third world, there should be no monopolies for vital life-saving and essential drugs. We are the only manufacturer today of one of the triple drug combinations proven to be effective. We are ready to offer this combination internationally at U.S. dollars 800, per patient, per year.

Dr. Denis Brouni: He said, "Will you decide to have patents and high price or will you decide to have the lives of people?"

Yusuf Hamied: We made three proposals at that meeting. One was to supply anti-AIDS cocktail at eight hundred dollars. Two, we would give the know-how to produce anti-AIDS drugs to any third world government who wanted the technology to develop their own and we would give the technology free. And third, we said that one of the drugs which stops the transmission of HIV mother to child, we would give free throughout the world. We call upon the participants of this conference to do what their conscience dictates. Thank you.

Bill Haddad: It was devastating to the group, I mean everybody was just, you know, taking their breath in.

Narrator: Though Hamied's offer sent shockwaves through the political and pharmaceutical establishments, no one took him up on it.

Yusuf Hamied: Nobody took it seriously. And I was absolutely disillusioned.

Pradip Kumar Singh: When I was young, heroin was a new thing in Manipur. The Golden Triangle is next door, and drugs were flooding in. There was no AIDS awareness at the time so we used to share needles. When the doctor told me I had tested positive, I never left my house for the next three years. Even my close friends stopped visiting. I felt completely abandoned. I wanted to do something to prove that my life was worth living.

Narrator: No industry has made more profit over the past several decades than brand-name pharmaceuticals. At the time of Hamied's offer in Brussels, the ten biggest pharma companies on the Fortune 500 list were more profitable than the other 490 companies combined. These companies spend far more money on advertising and marketing than they do on R&D. On average, less than one and a half cents from every dollar in sales goes to research for discovering new drugs.

Donald McNeil: The pharmaceutical industry pretends that it's spending all this money on research and development, but in fact vast amounts of that money is spent on its sales force, vast amounts of that money is spent on dividends to shareholders, vast amounts of money are spent entertaining doctors and on huge salaries to the heads of the companies. And it's all coming off the backs of the people who buy these drugs.

James Love: They sell the drugs, they don't do the R&D. They're not that good at R&D, big pharma. Big pharma is really big through acquisition of other people's technology.

Narrator: 84% of worldwide research for drug discovery is funded by government and public sources. Pharmaceutical companies fund just 12% of such research.

Peter Rost: I think you could say that taxpayers are actually paying several times for the same drugs, yes.

Yusuf Hamied: If you look at the HIV drugs that are being sold, seven out of ten of them were actually not invented by the people or the companies that are selling them. Public-funded research should be free for the public.

Narrator: But while the drug companies and politicians paid little attention to Hamied, Donald McNeil did.

Donald McNeil: I think the story that was probably the most important story I've ever written in my career was that I went to India and profiled Yusuf Hamied, And the reason it's important, I think, is because up until then whenever you talked to the pharmaceutical companies, the implication was, "Oh, you know if you let the patent barriers come down, if you get rid of intellectual property, pretty soon those drugs from India are going to start coming in." And the implication was, nobody would say it but they always gave you the impression, that these are pirate drugs, these are going to be counterfeits, they're going to be dirty, they're going to be substandard and I think most people sort of bought into that idea. But when I got to India, I find spotless factories and I hadn't realized at the time that an enormous amount of the generic drugs sold in the United States were actually sourced in India, in those same factories and many of the active ingredients for the brand name drugs were sourced in India. A lot of his orders came from the United States.

Alan Holmer: The American pharmaceutical industry takes enormous pride in the quality of our products and there is a very significant issue in India with respect to the quality of the products that are being produced.

Donald McNeil: They began to take out ads in the South African papers which showed crying babies and legends saying, "If you allow this drug law to pass, it will allow counterfeit drugs into the country that'll kill our children."

Text On Screen: In 2001, five years after the triple therapy breakthrough, just 1 in 2,000 Africans with HIV was being threatened with ARVs.

Narrator: As the year 2001 began, the architects of the offer made in Brussels were confounded as to why it had found no takers or even vocal support within the global AIDS community. Sensing they would only have one more chance, James Love called up Yusuf Hamied.

James Love: I said, "Look, I need a very dramatic price for us to really take this debate further. We have to show people that things will really change if they deal with the patent issue."

Narrator: After considering Love's appeal, Hamied and his colleagues took the decision to write off all production and overhead costs and offer the triple cocktail for the price of its ingredients alone.

Yusuf Hamied: It was a losing proposition at the time. But we thought, "Why should one make money on things that we know people can't afford? Let's go ahead and do this on a humanitarian basis."

James Love: And he said, "I'll sell you Hevarapine at 65 cents a day and 3TC at 35 cents a day, and I'll throw in D4T for free because they're so cheap to make. So that'll be a dollar, a dollar a day."

Text On Screen: On February 6, 2001, Cipla offered the triple ARV cocktail for \$350 per patient, per year- Just below the symbolic threshold of \$1 a day. (Source: WHO, UNAIDS)

Donald McNeil: That was a watershed event. Suddenly the price went from \$15,000 a year down to \$350 a year. And that was just the dam breaking...

James Love: Donald McNeil put it on the front page in the New York Times and the Herald Tribune, and it was all over the planet. It was clearly the magic number. It completely changed things.

Bill Haddad: What was different is that it wasn't a pledge or something for the future. You had the medicine in a little box, and it could be delivered tomorrow. The synapse was there, so it wasn't 'pie in the sky.'

Narrator: The breakthrough meant that, for the first time, governments and donors could contemplate actually treating people in poor countries for AIDS instead of simply trying to limit new infections.

Zackie Achmat: I think if Cipla didn't take that step, and that is what we must acknowledge, of announcing a \$350 a year regimen we would not have had medicine in the way that we do.

James Love: You know, if it was the lives of white people at stake, how could the international community not know what it cost to save lives? Why did I have to be the person to go out and figure out what it costs to make an AIDS drug? I didn't work for the government, I didn't work for the World Health Organization, or UHAIDS or the CIA, or anyone else. I just worked for this little HGO. What was really going on is the WHO didn't want to know what it cost to make an AIDS cocktail. UNAIDS didn't want to know what it cost to make an AIDS cocktail. The United States government didn't want to know what it cost to make an AIDS cocktail. And why didn't they want to know? Because if the public understood that you can make an AIDS cocktail for \$200 to \$300, it wouldn't look very good. It would be an absolute, intolerable set of facts to have out there. So the way they were trying to manage the situation was to deliberately stay as ignorant and as stupid as possible about what the facts were. It was just a really deep form of racism, I thought. It was just a completely morally repugnant situation.

Narrator: Initial excitement about the dollar a day offer soon gave way to a harsh reality. Although the price of ARVs was now a tiny fraction of what it had been, it remained largely out of reach to poor African families and their governments, and in most countries, patents continued to block production and importation of generics.

Dr. Linda-Gail Bekker: We managed to get people onto treatment by hook or by crook, but it was really, again, a case of rationing. Only those lucky few were able to get on to antiretrovirals, yet so many people had to succumb. You made decisions based on who had children to bring up; who had opportunities. I guess, almost, sort of playing God in a way.

Hoerine Kaleeba: That was hard, really hard. To choose who goes first even within a family, being forced to choose Is it a wife? Is it a child?"

MSF Doctor: Now there's a group of people here at the hospital that decides which patients are best suited to receive these medicines. And your case was discussed already and it was decided that you're one of the people that we would like to give these medicines to. After hearing all that, I mean, is it okay with him?

(Man translates to patient)

Patient: I accept with all my heart.

Narrator: Appalled by the relentless carnage, Peter Mugenyi, director of the continent's largest AIDS research and treatment center decided to take matters into his own hands.

Dr. Peter Mugenyi: I wrote to Cipla in India and said, "Would you please supply us with antiretroviral drugs?" I knew where drugs were and, as a doctor, it was my job to try and save my patients' lives.

Narrator: He ordered the medicines in defiance of patent laws, which still kept generic ARVs out of the country. At Entebbe Airport, Ugandan customs officials immediately impounded the medicines and placed Mugenyi under arrest.

Dr. Peter Mugenyi: They were restrained by the same laws that were stopping drugs reaching many other countries. Is there a law under which we could let these drugs in to save lives?

Narrator: Something had happened in the United States a few months earlier, which gave Dr. Mugenyi reason for hope.

News reporter: It contained a brown granular substance that has today tested positive for Anthrax.

Narrator: In response to a series of fatal anthrax attacks just after 9/11, the U.S. government had cited a public health emergency as valid legal cause for suspending the patent on an essential drug called "Cipro."

James Love: For a moment, people in the United States were afraid about access to medicine and the patent was perceived to be a problem in the United States.

Donald McNeil: The United States government basically went to Bayer and said, if you don't push the price of Ciprofloxacin, Cipro, down immediately we're just going to cancel your patent and buy generic drugs from India." You know, we have the right to do that.

Narrator: But a very different set of rules seemed to apply to African countries, which were warned in no uncertain terms that any attempt to suspend patents on life-saving ARVs using the same public health emergency defense, would be met with a ferocious response.

Joseph Stiglitz: The United States comes down like a ton of bricks. It threatens all kinds of sanctions and says, "You're violating the WTO."

Narrator: Back at Entebbe, with Peter Mugenyi stubbornly refusing to stand down, the Ugandan authorities finally agreed to allow the generic ARVs from India into the country, gambling that Western governments would ultimately not punish them for taking steps to save their people from dying in unprecedented numbers. The gamble paid off, as generic ARVs started flowing into Uganda and the blockade of low-cost AIDS drugs for Africa was effectively broken.

Dr. Peter Mugenyi: That was a turning point. The numbers that could afford treatment went up tenfold, which is unprecedented.

Text On Screen: Following Dr. Mugenyi's actions in Uganda, numerous other African countries made use of "Public Health Emergency" exemptions to allow importation of generic ARVs.

Narrator: The arrival of generic drugs to fight AIDS in Africa was cause for serious concern to the global pharma companies, which perceived any easing of patent restrictions in poor countries, even on humanitarian grounds, as a potential threat to their future profits in key Western markets.

Joseph Stiglitz: I think what they were really worried about was the political consequences. If Americans saw that they had to pay \$10,000 for a year's treatment and somebody in another country was paying \$150, they would say, "Why do we have to pay so much?"

Peter Rost: There's a very big fear that they would ruin their own business model -- and I think that is understandable. Drug companies are not there to protect the third world. They're there to make money. Pure and simple, that's it.

Narrator: Calls for mass treatment of AIDS in poor countries were growing louder, however, since people now knew low-cost generic ARVs were available. At a special meeting in Africa, United Nations Secretary General Kofi Annan announced the international community's long-awaited response.

Kofi Annan: I propose the creation of a global fund dedicated to the battle against HIV/AIDS and other infectious diseases.

Narrator: The Global Fund was formed in 2002, but it soon became clear that saving lives was not the only priority.

Bill Haddad: The U.S. government, the U.S. representative, said that if they bought generic drugs with that money, the U.S. would pull out its commitment.

Joseph Stiglitz: We were working with the drug companies to make reduced access to medicine.

Narrator: But suddenly, things took an unexpected turn. With the United States poised to invade Iraq, President George W. Bush's 2003 State of the Union address was to be one of the most closely watched in history.

George W. Bush: Today, on the continent of Africa, nearly 30 million people have the AIDS virus. Yet across that continent, only 50,000 AIDS victims, only 50,000, are receiving the medicine they need. Many hospitals tell people, "You've got AIDS, go home and die." In an age of miraculous medicines, no person should have to hear those words. I ask the Congress to commit \$15 billion over the next five years to turn the tide against AIDS in the most afflicted nations of Africa and the Caribbean.

Narrator: Peter Mugenyi had been consulted on the plan.

Dr. Peter Mugenyi: I was right there, seated next to the first lady, and that was the most exhilarating moment of my career working in the area of HIV/AIDS.

Narrator: The program, "The President's Emergency Plan for AIDS Relief" would come to be known by its acronym, "PEPFAR."

George W. Bush: Antiretroviral drugs can extend life for many years, and the cost of those drugs has dropped from \$12,000 a year to under \$300 a year. Seldom has history offered a greater opportunity to do so much for so many.

James Love: They mentioned the generic price. I mean, everyone paid attention to it because they thought that was really a signal.

Narrator: Bush appeared to be endorsing the same generic ARVs, which the U.S. government was battling hard in other places to keep out of Africa.

James Love: I talked to Mitch Daniels, the head of OMB, the people that do the purse strings for the federal government. When the price of AIDS drugs fell to a dollar a day, he felt that they had an obligation to support treatment. He also said the entire decision to do treatment through PEPFAR was based on the idea that they could buy from Indian suppliers.

Narrator: Uncharacteristically, the White House had not consulted the powerful U.S. pharma lobby in any significant way prior to announcing the plan. The industry was caught almost completely off-guard, but quickly fought back. Within days, the administration distanced itself from the \$300 generic ARV figure and appointed a stalwart big pharma insider with no background in public health to the newly-created position of AIDS czar.

Randall Tobias: Unfortunately, when people today say, "We ought to buy generic AIDS drugs," they're not describing, in many cases, what we imagine when we think about generic drugs here in the United States. It would be a disaster if we invested...

Narrator: Rather than low-cost generic ARVs, the PEPFAR money would be used to buy high-priced branded drugs, meaning far fewer lives would be saved by the program.

Bill Clinton: If you ran the numbers, there was no way, given the available price structure that all the money they put in the Global Fund and all the money President Bush and Congress would give to the American effort, was going to be enough to save the number of people that had to be saved in a hurry.

Narrator: In 2003, the Clinton Foundation began consolidating drug orders from numerous governments and aid organizations to help bring ARV prices for hard-hit developing countries down to never-before-seen levels.

Bill Clinton: It was clear to me that, no matter how much money they put in, it would never be enough unless they could buy generics.

Text On Screen: Bill Clinton visits Cipla ARV factory.

Bill Clinton: ...And we have been partners for three years. And as a result of that partnership, an enormous number of people are alive today in the world, who would not be alive.

Narrator: Though many felt Clinton had done a poor job on AIDS as president, his foundation's high-volume ordering of generics was critical to bringing prices for ARV treatment in Africa down to below \$100 per year.

Reporter: So what's your message to developed countries who refuse to give low-cost drugs to fight AIDS?

Bill Clinton: We could be treating three or four times as many people without any increase in funds — maybe even more. So I hope that my visit here will. . .

Narrator: Gradually, the ever growing price difference between generic and branded ARVs and the sheer scale of human tragedy in Africa made it impossible for donor programs to continue spending vast sums on the far more expensive drugs. The Global Fund and PEPFAR finally committed themselves to buying generic ARVs and the numbers of people on treatment exploded.

Dr. HoorJehan Majid: It was, I can say, a miracle. We had dying people. Maybe this patient will die tomorrow, this patient will die today, but once they started the antiretrovirals, I am not lying to you, they survived. You are expecting them to die but they disappoint you...

Homvuselelo (Musi) Kalolo: When she was a year Lisa started the ARVs. She started changing bit-by-bit, step-by-step. Now she can talk very, very loud. She's walking, she's a child like a normal child, like the other children.

Zackie Achmat: I must admit I was very nervous — very, very nervous. But the only side effect I experienced was the fact I started scrubbing floors. Nothing else --I could concentrate, I could read, I could work and it changed... everything changed.

Narrator: Zackie Achmat had decided to end his boycott of ARVs once his government committed itself to extending treatment to all South Africans in need. Generic ARVs had begun to reach patients on a mass scale and the impact on people dying of AIDS was swift and dramatic.

Pradip Kumar Singh: After I started on ARVs, I began to feel normal again. Later I began training to be a bodybuilder. When I won the Manipur state title in 2007 I disclosed my HIV status publicly the very next day. For someone who was bedridden and waiting to die, winning the state title felt like touching the sky.

Kousalya Periasamy: The medicine is giving a new life to me. The doctor told me I can live only for two years or something like that, and after that I will die. Until now I am living, so I am not dying.

Dr. Linda-Gail Bekker: People continue five years out to take, you know, almost a hundred percent of their doses and remain virally suppressed on the same regimen -- It's extraordinary.

Narrator: The so oft-repeated argument that people in poor countries would not be able to faithfully follow the drug regimens was to be proven completely wrong

Dr. Eric Goemaere: A lot of journalists asked us, "Are you sure about your data? Are you not...?" They were suggesting that we were 'cooking' the data because they were actually better than in the Western world, which was unbelievable.

Dr. Linda-Gail Bekker: It was this sort of incredible fierce determination to show that, in fact, not only was it feasible but we could do it better than many parts of the world.

Nomvuselelo Musi Kalolo: I always remind them, what was happening before when we didn't have the ARVs.

Pradip Kumar Singh: I wanted to show that people like us are just as good as any other human being.

"Mr. India" Announcer: Thank you Mr. K.N. Pradip Kumar Singh of Manipur, tag number eight.

Text On Screen: Pradip Kumar won the silver medal at Mr. India and finished 8th at the 2012 world championships in Russia.

Pradip Kumar Singh: I dedicate this to my mother.

Narrator: With low cost generic ARVs now saving millions of lives in the developing world, many believed that better access to all types of medicine for the world's poor would soon follow. The drug companies, however, had no intention of giving up so easily. Seeing a threat to its monopoly system on the horizon, the global pharma industry had already mobilized Western governments, led by the United States, to use the World Trade Organization, or WTO, as a vehicle to force developing countries into adopting strict, Western-style patents on medicine. The protocol they used to do this is known as the "TRIPS" agreement.

Joseph Stiglitz: The international trade agreement that was called TRIPS, "Trade-Related Intellectual Property," It was an agreement that was for the interests of the advanced industrial countries, for the pharmaceutical industry, but did not reflect the interests of those in developing countries.

Narrator: TRIPS effectively took control of drug patents out of the hands of national governments in the developing world and put it into those of the Western controlled World Trade Organization, which has draconian powers to punish countries it views as stepping out of line. This was widely seen as a direct attack on Third World generics by the powerful global drug industry.

Zackie Achmat: The drug companies wanted to prevent South Africa from making medicines affordable because it had the 'domino effect' in mind. South Africa goes, India goes, Brazil goes, Thailand goes, Argentina goes, and so on. And then, of course, what about the United States? Which is their biggest market of them all. Because United States consumers have exactly the same sort of brains that we have in the end.

Joseph Stiglitz: When the trade negotiators signed the agreement to make access to medicine more difficult, they were signing the death warrants for thousands of people in the developing countries. That's not where they were focusing, they were celebrating. But in fact that was what they were doing.

Bill Haddad: And they knocked out what was the dream of the world, which was the Indian system.

Narrator: The drug companies might have lost a battle over AIDS drugs, but with TRIPS, they won the war. Facing the full force of the WTO, India and other key developing countries lost the legal ability to make low-cost generic versions of newer drugs, and the consequences for billions of people living in the global south are potentially catastrophic.

Bill Haddad: So for the next generation of drugs, needed drugs which people desperately need to stay alive, they're not going to be there, except at the high prices.

Yusuf Hamied: What is likely to happen? People are going to die. To me, that is genocide.

Denis Broun: India has gone into the system of patenting in health, which I don't think is a good system. But they had no alternative to accepting.

Donald McNeil: In the area of pharmaceuticals, and particularly in the area of life-saving drugs, if you can't get the right to that drug, your citizens die. And forcing a country to sign a law that says, "Okay, we'll let our citizens die so you can keep your patent monopolies and your prices up," seems to be immoral.

Denis Broun: When we had under a dollar a day, it was symbolic. We are now a one third of it. The question is, will these future drugs remain cheap?

Narrator: Since the early 1970s, India has supplied low-cost medicine to the developing world, but this lifeline to billions of the world's poorest people is being severed as the TRIPS patent provisions take hold, with no alternative source of affordable medicine anywhere in sight.

Dr. Peter Mugenyi: They have us as their hostages. If we face an emergency here in Africa we shall die, because the laws don't protect us.

Narrator: Lack of access to medicine increasingly affects people in Western countries as well. Almost half of all Americans now say that they are unable to afford their prescription drugs, a number which grows with each passing year.

Peter Rost: In the U.S., to stay healthy and well and not die is not a basic human right. And that's why we have the system we do have here.

Donald McNeil: The companies can't continue to take the position, "Ah, they're just Africans, let them die," and it's going to be even harder for them to take the position, "Ah, they're just old Americans, let them die."

Zackie Achmat: There isn't a single state who could continue providing healthcare at the levels and cost that exist because of drug company and health technology company profiteering. So the problems not going to go away. Whether it's General Motors running bankrupt because they can't afford their healthcare bill, or whether it's people who need the medicine, who will form a most unusual alliance to either force change or to end the system as we know it.

Narrator: It is often argued that the global drug companies fought low-cost AIDS medication in poor countries because they feared it might force down prices for their own products in the West. But this fear proved totally unjustified. Even as ARV prices in Africa and the global south were continuously falling, prices in the United States remained virtually unchanged.

Text On Screen: 2000: Over \$15,000. 2012: Over \$15,000.

Peter Rost: The drug industry has acted based on the financial incentives that they have, that we have set up in the Western world. I mean, we're all responsible for this in away. We need to do some things here to make sure we're not just killing off millions of people because of a lack of access to drugs.

Narrator: At the beginning of the millennium, perhaps 8,000 people with HIV in Africa had access to life-saving drugs. Just over a decade later, the number on treatment in developing countries would pass 8 million, virtually all of them taking generic ARVs from India. In the years after anti-retroviral therapy was proven effective, however, it is estimated that ten million or more people in the global south died of AIDS because Western drug companies and governments denied them access to affordable and available medication.

Bill Haddad: It's devastated countries, it's become a major foreign policy problem, it's become a military problem, and the medicines are there and they are affordable. It's under a hundred dollars a year now. So there we are and I, to tell you the truth, I have dreams about it... Cut it for a minute.

Zackie Achmat: All those people who had the power to stop it, including drug company executives, are responsible for all those deaths, of lives that could have been saved between 1996 and 2003. And the rich world didn't care until poor people mobilized.

Donald McNeil: "You fight our patent monopolies, we will make sure you die!" I mean, that was their attitude.

Dr. Peter Mugenyi: We have discovered so many things in the world and we cannot fail to discover a formula where business can continue and prosper, and poor people don't have to pay the price with their lives.

Narrator: As long as there are monopolies on medicine, millions of people will continue to die needlessly every year, with life-saving drugs priced out of their reach. Most of those saved by generic ARVs will eventually need newer 2nd and 3rd line drugs to survive, but with TRIPS and ever-harsher patent measures ensuring that few of these can be made in generic form, millions now living healthy and productive lives will again face death for lack of available medicine.

Bill Clinton: When it became a life or death question, it's obvious that the whole TRIPS system is going to have to be amended. So that we don't have these fights that cause people to die, we can never let this happen again.

James Love: People have to figure out that they don't have to accept a pessimistic crappy future. They can change things. You can change things, I can change things -- we can change things.

Zackie Achmat: We have made the mightiest industry in the world shake in its boots!

Peter Rost: Clearly, once you have a system that appears to work at first but then all of a sudden excludes millions of people in the U.S., maybe billions of people around the whole globe, you should sit back and ask yourself, "Well, does this really make sense, or do we have to change something and tweak something here?" And then you get into trouble is, why would anybody who is benefiting from this system want to change or tweak it? None of the people who make money off of it, none of the people who derive power out of it, want to change it. But again, if you have enough pressure, if things get bad enough, people do change. And I guess this films part of that.

[END]