



### **No Water. No Way. No Will ?**

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... 75 percent of the individuals in developing countries do not have access to clean drinking water. Illnesses in the developing world, even if treatable, are not cured due to a lack of access...

A common claim of the international organisations. One thing you can buy anywhere you want – including rural and refugee areas, is Coke. Clearly, access is not the real issue at hand, for it already exists. Coke can be found world-wide the a simple reason of profit, but why then are treatments, such as those for malaria, tuberculosis, Mother-To-Child Transmission of HIV, and diarrhoea not reaching those who need it? As someone who is working in such areas I can envision two obvious answers: first that there is no profit to be made so business do not become involved and second that the consensus of the ‘Western’ world is not to provide the amount of support needed – there is no public will.



I first met Eric as he lived on the dirt sidewalk outside the house of a friend in Burundi. Being a 10-year old boy; Eric should have been in the free primary school. He is not because both of his parents have died and he has to work so that he can eat. “I wish to go to school” Eric says, “I used to, but I was always hungry to I stopped.” His father died of “lung sickness” I guess to

be tuberculosis (TB) and his mother due to Malaria – both treatable. If Eric himself were to become sick he would have no money for treatment, considering he can only currently afford two of three meals a day. Treatments for such common killers are not expensive, oral rehydration therapy (ORT) costs only \$0.10 USD. The drug treatment to help prevent mother-to-child transmission of HIV costs \$4, treatments for TB \$10, malaria \$2.40, and a mosquito net for only \$3.

It has been said that in order to understand others we must first understand ourselves. Canadians currently spend 0.33 percent of their GDP on international projects, far short of Pearson's goals of 0.7 percent set decades ago. Every year Canadians spend \$1.7 Billion on cosmetics, \$2.2 Billion on coffee, \$7.5 Billion on alcohol, \$18 Billion on cigarettes, 6.8 Billion gambling, and \$500 Million on pornography.



Statistically, 68 percent of the population of Burundi lives below the poverty line. As an illustration, let us assume Canadians wanted to offer 1-2 free medical treatments, free school uniforms for primary schools, and to cover the secondary fees for that vast impoverished majority.

Granted that this is a vast generalisation based on arbitrary assessments, it does give an idea of what kind of impact Canadians could have in the world's poorest nation. A nation-wide health and education program would cost about \$49 Million. This seems like a large sum but amounts to less than \$2 per Canadian – not to mention only 10 percent of Canadians annual expenses on pornography or 0.3 percent of our yearly spending on smoking. It is also noteworthy to add that within the above illustration we assumed all couldn't attend school, when in reality most do. Such a health and education project could be aimed at those only in need, dramatically reducing the original costs.

The way does exist. Networks of trade and commerce link the entire world, the best example being Coke. The will does not. This article does not mean to imply that "developing" nations can or do rely on foreign aid, but is meant for Canadians to be reflexive about themselves and the world they want to live in. If Canadians want to continue their reputation of a caring, globally conscious nation we have to personify that image. Children like Eric, not matter where they are born, should be able to attend school. People ought to all benefit for the advances in medicine, not just those who were lucky enough to be born in a wealthy nation. Today reality tells a different story, but it is one we can change.