

Opinion

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"J'accuse": A Matter of Genocide Plea for Access to Cure Hepatitis C

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To start this reflection I recall what François Emile Zola stated in his "J'accuse". With this undiplomatic way of getting into the topic, Emile Zola shows his outrage in a letter to the President of France at that time, Felix Faure. With a title which calls the attention, he says what the rest of the people do not dare say and he does not care about being accused of "criminal defamation". He wants to say what he thinks and he does so in an accusatory and challenging tone.

In a different time and with different people, I am not a famous writer, not even a writer, but only a medical specialist in infectious diseases, who reported that there is a treatment which heals people with Hepatitis C or Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV). New treatments recently approved or soon to be authorized will offer a range of advantages compared with their predecessors: multigenotypic activity, fewer side effects, and higher cure rates, including for those in advanced stages of infection.

However, for those who do not know about it, these medications that cure hepatitis C are not for everyone. Although millions of people have been dreaming of the new treatments, with their better cure rates and lesser side effects, the therapy based on Pegylated interferon (PEG-IFN) and Resource-Based View (RBV) is still saving lives and is the only option available in many countries. Although these new molecules will improve the quality of life of people with HCV and increase the number of people cured, their price will be out of reach of most of the people who need it.

We are witnessing a revolution in the treatment of HCV with powerful molecules capable of curing the infection. There is no question that these treatments that can save millions of lives must be made universally available at an affordable price.

What is the minimum cost per person to cure HCV? Whom do they benefit? Will they really benefit anyone? Access to medicines is dependent on their rational selection and use, the availability of financial resources, the strength of the health infrastructure and their affordability. As the high cost of medicines is a major factor limiting access to new drugs in developing countries. Pharmaceutical companies purposely maintain a confusion between the cost and price of medicines, suggesting there is an underlying cost rationale to justify the very high prices.

In developing countries, the power and influence of the pharmaceutical lobby, and the power of the pharmaceutical industry in the domestic economy, prevents any kind of transparent process on price negotiations or any kind of public debate. In addition, a limitation of the accelerating access initiative has been the tendency to work mainly with ministries of health in developing countries.

It is worth recalling that the "infantile paralysis" or polio was one of the most dangerous and contagious diseases in the first half of the twentieth century. Jonas Salk, an American MD and Virologist Researcher, was a pioneer in the development of a preventive strategy against polio. For this reason, his work, which enabled effective immunization against the

virus, was a fundamental base to eradicate this disease.

Despite being a milestone in medicine, Salk rejected registering a patent of the polio vaccine. Albert Sabin, another American virologist, whose work was also very important for childhood immunization by oral dose, also rejected to do it. Why wasn't there a patent? If Salk had registered the polio vaccine, he would have had millions of dollars in profits, about seven billion. Both vaccines were used since the fifties, achieving the eradication of the disease in most of the world. Salk was asked about why he refused to register the patent of the polio vaccine: "There is no patent. Can we register de sun?"

Jonas Salk thought of a way to make science different, aimed at a universal benefit. It is important to emphasize the principles of the scientific contribution of Sabin and Salk's work, and to pay attention to the fact that they refused to be the owners of the invention and they wanted to make it accessible to everyone, even though they could have had multimillionaire profits. I do not want to be part of a conspiracy of silence. I am particularly interested in showing the truth of the entities involved in the plot against public health: nations, private corporations, health systems, etc. As a human being and as a physician, I know that it is not right to remain silent while sacrificing people with hepatitis C, and I definitely take the side of patients.

It is estimated that each year more than 350,000 people die because of hepatitis C. Most of these lethal infections could be prevented with antiviral drugs of 3rd generation, which are accepted, approved and clinically effective for this purpose. The cost of these drugs is not an obstacle. If you share my moral outrage as regards your colleagues on this senseless slaughter of those who will not have access to treatment, I urge you to do the right thing.

For those who might have witnessed the consequences that silence have had on the murder of tens of thousands of other citizens, who were perpetrated by governments which did not assign any value to their fragile lives, doing the right thing may involve more direct action.

Learning what is right often involves the cumulative experience of realizing how many times we have done the wrong thing (usually because it was the safe thing to do) or we have not done anything. Sometimes we forget that we are responsible of the consequences of our actions as well as of our lack of action when we have a responsibility to act. All the countries have the responsibility to protect the health of patients infected by the deadly virus of hepatitis C, which is located in their body, facilitating the use of antiviral drugs.

The consequence of this lack of action and of indifference is that there are hundreds of thousands of patients who have their lives marked by unnecessary pain and suffering. The word that defines the consequences of this lack of medicine supply is "genocide".

We all avoid facing painful truths about ourselves and others, in part because our knowledge of the truth entails the responsibility for action. We can never exorcise our personal or social evils unless we face them and call them by their names. We can never overcome our personal addictions unless we first recognize that we are an addict. We have to face the others and admit that we are alcoholics as a first step in our recovery. That is why the words have great power, and they can change the course of our lives and even the fate of nations.

Exorcists say they cannot force an evil spirit to leave the body of the possessed person until the name of that spirit is revealed. We will never put an end to the policy of blocking the use of antiviral drugs against hepatitis C until we call this policy by its name: genocide. For some of us, the right thing will be to use the word "genocide" whenever we refer to the policy of denying medicines to patients infected with hepatitis C.

The word genocide has an archetypal power. It implies a more primitive sense of justice. The ancient gods ruled with greater moral certainty than our modern deities. Often modern justice is based on infinite degrees of guilt. But the gods of antiquity genocide, whatever the medium, demanded quick justice and severe punishment. A murder has always been a murder. There was no difference between being killed by a deadly gas, a bayonet or if someone intentionally avoid providing available drugs to save lives.

It is ironic that many leaders of third world countries have ratified the Rome Statute to support the International Criminal Court (ICC). In doing so, these governments signed a consent which states that individuals who have committed or instigated flagrant violations of international law, whether war crimes, genocide and "crimes against humanity", which include kidnapping and torture, will not be allowed to avoid processing. The element that defines the term "crimes against humanity" is the deliberate devaluation of human life. The devaluation of the lives of people with hepatitis C by the authorities of most governments would fit this definition.

On 15th May, 2016, the metaphor of war against hepatitis C may have been repeated again and again, sometimes by those who never fought or survived a war. But this is a war we have lost, not due to lack of effective weapons or brilliant strategists, but because many of us were conscientious objectors. We do not listen to our conscience, which tells us our obligations as regards the patient in danger of hepatitis C. Thousands of patients will continue to be murdered because of our silence, the silence that has promoted these crimes against humanity.