

HEALTH AND DISEASE — V, D

1988

JANUARY — MARCH

INDUSTRIAL AID CENTRE*

Address: Room 312, Trevor Building, Voortrekker Street, Vereeniging 1930

Phone: (016) 22 1700

Vice-Chairman: B.M. Sechaba

General Secretary: Esau Ralitsela

Membership and Constituency: Has a membership of people who cannot join trade unions.

Aims and Objectives:

Helps industrial and domestic workers with their problems.
Helps people who have influx control problems draft their affidavits.
Helps to initiate community projects.
Educates workers about their rights by running seminars.

Facilities and Resources:

Library: Yes, small library with diverse material relating to trade unionism and labour legislation.
Training Materials: Prepares educational materials on matters of interest to workers and carries out research on agreed matters of interest to workers.

Current Programme: Educating workers about their rights by running seminars.

Aids — a weird new twist

THERE has been much debate in the Press throughout the world on the origins of the killer disease called Acquired Immune Deficiency Syndrome.

Indeed, the debate has been so emotional and politicised that a sensational element injected into it has travelled quickly across national boundaries, lost the link to its original source, and continued to mislead new audiences even though its arguments have been effectively rebutted elsewhere.

As recently as October 1987, a Zambian correspondent, quoting claims made independently by three international experts, wrote in an article that the Aids virus was believed to have been artificially created.

The correspondent quoted an article in which Dr John Seale, the distinguished London-based specialist, widely known for his predictions about the spread of the disease, said he was totally convinced that Aids was man-made.

Dr Robert Strecker, a specialist at Glendale, California, was also quoted as having said the Aids virus must have been genetically engineered.

As recently as October 1987, a Zambian correspondent, quoting claims made independently by three international experts, wrote in an article that the Aids virus was believed to have been artificially created.

Professor Jacob Segal, of East Berlin, pinpointed a secret American laboratory at Fort Detrick, Maryland, as the most likely place where this engineering took place. Fort Detrick was the United States army's biological warfare research and development centre from 1943 to 1969.

Segal has compiled a 52-page report entitled "Aids — its nature and origin", whose co-authors are identified as Dr Lilli Segal, a retired Humboldt University researcher and professor of epidemiology who is also Jacob Segal's wife, and Dr Ronald Dehmlow, a member of Humboldt University's chemistry department.

The report is believed to have surfaced initially in September 1986, at the eighth summit of the Non-Aligned Movement in Harare, Zimbabwe.

Segal alleged that the HIV-1 (Aids) virus was "engineered" at Fort Detrick in 1977 through the artificial synthesis of two naturally occurring viruses, Visna and HTLV-1. However, the American

Professor Jacob Segal, of East Berlin, pinpointed a secret American laboratory at Fort Detrick, (a former US army biological warfare research centre) as the most likely place where this engineering took place.

State Department in Washington has described Segal's theory as untrue and "an effort to undermine US defence arrangements with allied countries, create pressure for the removal of US military facilities overseas, and further exploit anti-US sentiment". It refuted this theory in a publication, *Foreign Affairs Note*, in July, 1987.

The note states that no offensive biological warfare research has been conducted at Fort Detrick since 1969 and that since then facilities formerly used for biological warfare research had been turned over to research on cancer and research for vaccines against, and antidotes for, diseases such as chikungunya, anthrax and rift valley fever.

Secondly, the State Department publication says there is no scientific foundation to Segal's hypothesis because the two viruses which he claimed were manipulated to create HIV-1 share several structural properties.

"This enables scientists to group those viruses together as a family taxonomically. However, it is crucial to note that these viruses are biologically distinct, infecting different types of cells in different species of mammals."

It also pointed out that the viruses cited by Segal were not cloned and sequenced (their DNA extracted and genetic structures determined and analysed) until the early 1980s. This was nearly two

The US State Department has described the theory as "an effort to undermine US defence arrangements".

decades after serum samples, later tested and found to contain an anti-body to HIV-1, were taken and well after first reported detection of HIV-1 in humans.

The Segal theory, however, has not only offended the US State Department, but has aroused indigna-

CITY PRESS 1/6/88

(92)



Controversy over theory that US laboratory 'made' the Aids virus in secret

tion among numerous internationally renowned Aids experts across world political boundaries.

The strongest criticism of Segal's theory came from Dr Niels Soenichsen, Humboldt University professor and director of the dermatology clinic and polyclinic at the Charite hospital in East Berlin. He told the Hamburg magazine *cf3Der Spiegel* (March 9, 1987) that Segal's comment was nothing but a hypothesis, and not a very original one at that.

Dr Luc Montagnier, director of the Paris-based Pasteur Institute's Aids research program, responding to a question about the Segal hypothesis, told the French language magazine *Jeune Afrique* (March 18, 1987), that it was "not serious to even raise the hypothesis".

Dr Valentin Pokrovskiy, former director of the USSR Ministry of Health's Institute of epidemiology and recently elected president of the USSR Academy of Medical Sciences, told a Hungarian weekly magazine in May 1987: "I don't think it

came through military experiments. I think it was caused naturally."

A Soviet academician and his country's top Aids expert, Victor Zhadnov, has declared not only that the origin of the Aids virus was uncertain but also that no evidence existed that it was "artificially synthesised". Asked by a reporter whether it was the United States which had developed the Aids virus, Zhadnov replied: "That is a ridiculous question."

It was also affirmed at a May 1987 session of the World Health Organisa-

tion in Geneva that the virus was of natural origin.

In a recent article in the *Moscow News* of April 26, 1987, even Segal acknowledged the lack of "direct evidence" for his hypothesis, even though he continued to hold to it.

The debate on the source of Aids will, no doubt, continue for some time to come. However, what matters now is not who manufactured Aids or where it originated from. What matters is that all nations should join hands to find a way of curing and preventing this dreadful disease.

Dr Valentin Pokrovskiy, former director of the USSR Ministry of Health's Institute of Epidemiology and now president of the USSR Academy of Medical Sciences, said: "I don't think it came through military experiments. I think it was caused naturally."

Aids prisoners freed

'We can't force them to have treatment'

THREE AIDS carriers are at large after being released from South African prisons.

The SA Prisons Department (SAPD) declined to give further details, but the three, freed in the past six months, are believed to be a black man and women.

And because AIDS is not a notifiable disease in South Africa, health authorities have no way of keeping track of their movements now that they are back in society.

Dr Ruben Sher, of the Department of Health's AIDS Advisory Group, confirmed that the SAPD notified the

BY MARLENE BURGER

had been imprisoned for sex. Legislation would merely prostitution, there was no way the authorities could monitor her sexual contacts once she was back on the streets.

Figures supplied by the SAPD to the Sunday Times this week showed that there were now only five carriers. On July 31 Mr Coetsee said the known carriers included three black men, three black women and a coloured man. At least one of the two AIDS

sufferers now serving a prison sentence is a white man. The first case of AIDS in prison was identified on March 5 last year. On March 20 the SAPD announced that a white man had died as a result of AIDS while being treated in a provincial hospital.

The man is believed to have been serving a long-term sentence at Sondervater maximum security prison, near Pretoria. AIDS tests are carried out on admission on all prisoners who fall into a "high-risk" category. These include

The two women were picked up by a police patrol after being caught soliciting. They were tested by the district surgeon, who found that they were AIDS carriers.

known sex offenders, drug addicts and illegal immigrants. Tests are also carried out at the request of individual prisoners.

All confirmed sufferers and carriers are isolated from fellow-prisoners and are counselled and treated by trained SAPD staff.

A spokesman for the SAPD said the "cooperation" of prisoners was sought to identify possible contacts, both inside and outside prison.

"Information about outside contacts is passed on to the relevant authority and is handled with the utmost confidentiality," he said, adding that no AIDS carrier would be employed in a prison kitchen.

Homosexuality is officially banned in prison, but the authorities acknowledge that it does take place.

"Criminal or disciplinary steps are taken against anybody found engaging in homosexual activity. Members of the SAPD have been trained to identify active or latent homosexuals, and the necessary precautions are taken against the spread of these activities," the spokesman said.

Unlikely

Prisoners in Spanish jails are issued with condoms as a precaution against AIDS and their American counterparts are advocating a similar move.

But it is extremely unlikely that SA will follow suit.

"Any provision of condoms to prisoners would in fact be a condonation of homosexual acts, which are prohibited," the spokesman said.

● In November, two prostitutes known to be AIDS carriers were back in business on Durban's streets shortly after being arrested and tested for the disease.

Aids soap!

New SA CON: Anti-

American public gets warning over shady pyramid scheme

PATRICIA CHENEY: Washington

A SILVER-TONGUED South African salesman appears about to take thousands of Americans for a ride with a shady pyramid scheme involving the sale of a soap and lotion that supposedly prevent AIDS and a "patch" which promises rapid weight loss.

Mr Gert van Zijl, a pal of Kubus conmen Frans and Gert Theron who are in jail in the US, is travelling around the country recruiting sales staff to sell his products under the umbrella of his San Diego-based firm, Meditrend International.

Each salesman pays \$40 for a sales kit. Then, by recruiting five new salesmen or registering high sales, he moves up in the pyramid until he becomes a "general manager".

"A general manager will receive a bonus of \$1 000 each and every time he successfully assists a manager to become a general manager," the Meditrend literature trumpets.

Meditrend salesmen were selling the soap as an AIDS preventative but, after complaints by AIDS-support groups and scientists who said the soap contained no unusual ingredients, the company said it had instructed them to claim it killed "viruses, bacteria and fungi".

Encouraging

Mr van Zijl is still, according to some accounts, encouraging salespeople to imply the soap might prevent AIDS.

Salespeople who continued to capitalise on the AIDS angle would be "terminated", the San Diego Union quoted Meditrend "spokesman" Mac McKnight as saying.

Meditrend claims the weight loss patch — placed on a person's wrist or shoulder — works by releasing a solution that is "absorbed subcutaneously . . . directly into the capillary system of the bloodstream."

"The ingredients go directly to the blood-brain barrier and activate the appetite-control centre of the hypothalamus in the mid-brain."

By all accounts, Mr van Zijl is a master salesman who, according to former business colleague Mr Leland Murphy, "will sell you the Brooklyn Bridge if he could figure how to get it dismantled".

Mr Murphy is the president of BioMedican, a California company which was, until recently, associated with Meditrend. Bio-Medican is being investigated for fraud by federal agents.

While they were together, Mr Murphy told the San Diego Union, Mr van Zijl had stolen BioMedican stationery and told people he was the firm's president.

South African consul-general in Los Angeles Mr Vic Zazeraj said Mr van Zijl also put it about that he was his friend "to lend credibility to himself, so that people would assume somehow that the South African government was friendly."

"That is entirely false. My fear is that he might be misleading people and getting them to invest."

Meditrend and BioMedican were working together on a home test for AIDS before they split. While they were working on it, however, their sales literature claimed it was researched by a prominent scientist, Dr James Carlson, and that it was manufactured by the California-based Virotechnology Laboratories.

Dr Carlson said he divorced himself from the two companies quickly. He told the San Diego Union: "When they came up here, I got the feeling something was not quite right. It seemed pie-in-the-sky."

As for Virotechnology, according to vice-president Don Douglas, BioMedican sent a \$50 00 "rubber cheque" for work done.

Continued

Virotechnology broke with BioMedican and Meditrend last June but they continued to use its name and pictures in their sales literature until November.

The two companies have also been publicly questioned by respected California chemist Dr Norman Kharasch who used to be a board member of BioMedican.

Mr Zazeraj first knew Mr van Zijl was in the area a month ago when a research professor at the University of California medical school in Los Angeles called him to say the South African had been to his office asking him to endorse Meditrend products.

Mr van Zijl had told the professor he was a "good friend" of Mr Zazeraj's when the consul had only briefly known him in Cape Town in the early '80s.

Mr Zazeraj said he was not sure if Mr van Zijl was wanted by the South African police but he had requested information on him from them.

He said: "Mr van Zijl is a real snake-oil salesman. He's the Che Guevara of the business world, turning up here and there, disappearing when things get hot."

"One Mr van Zijl does tremendous damage to people's confidence in South African businessmen. People must be warned."

Aids claims first SA woman victim

Capr Times
5/1/88 Own Correspondent

92

DURBAN. — Aids has claimed its first woman victim in South Africa — a 34-year-old from Natal, who died in a Durban hospital after several weeks of suffering.

The unnamed victim, also the first black in the country to have died as a result of Aids, was admitted to King Edward VIII Hospital with a severe case of pneumonia.

It was not immediately evident she was suffering from Aids, but tests showed later the disease was in an advanced stage.

The woman, who was married but had no children, was treated at the hospital but died on Christmas Day.

Dr Reuben Sher, head of the Aids unit at the South African Institute of Medical Research, in Johannesburg, confirmed the victim was the first black and the first woman known to have died in the country as a result of Aids.

Dr Sher said the death was concrete proof that the heterosexually-spread "African Aids" was a reality.

"It should be a reminder to black people that Aids is not a white disease — it can affect people of any race," he said.

Aids claims first black victim in South Africa

92

5/1/88

Daily Dispatch
Correspondent

DURBAN — Aids has claimed its first black victim in South Africa — a 34-year-old Natal woman who died in a hospital here.

The unnamed victim was also the first woman in the country to have died of Aids. She was admitted to hospital with a severe case of pneumonia.

It was not immediately evident that she was suffering from Aids but tests later showed that the disease was in an advanced stage.

The woman, who was married but had no children, was treated at the hospital but died on

Christmas Day.

The head of the Aids unit at the South African Institute of Medical Research in Johannesburg, Dr Reuben Sher, confirmed that the victim was the first black and the first woman known to have died of Aids in the country.

Dr Sher said the death was concrete proof that the heterosexually-spread "African Aids" was a reality.

Natal's representative of the Aids Advisory Group, Professor Denis Pudifin of Durban, said it was not certain how the woman had contracted the disease.

However, he said it was imperative that her

husband presented himself for tests.

Prof Pudifin said there had been no risk of anyone else at the hospital contracting Aids from the woman.

The woman's death brings to four the number of people known to have died in Durban as a result of Aids. The three other victims were white men.

About 140 patients who recently attended a hospital clinic were tested for Aids and four — all men — were found to be positive Aids carriers.

Three more Natal people, one white man and two black women, have also been identified as carriers.

CAP Times 7/1/88 (92)

First woman is found to have disease

32 new Aids cases in SA last year

JOHANNESBURG. — Thirty-two new cases of Aids were diagnosed among South Africans in 1987, bringing the total in the past six years to 76, according to the advisory group on Aids.

In a statement the group said that of the 76 patients, 53 had died.

For the first time in South Africa, a woman was found to have Aids which she had probably contracted from a blood transfusion she had received before blood donations were regularly tested.

"As predicted, cases of Aids were identified in the local black population for the first time last year. The patients are two black men and one black woman. One of them is from Johannesburg and the other two are from Durban. They are all probably heterosexual."

The statement said four prostitutes from Durban, two black, one white and one coloured, had been identified as Aids carriers.

Johannesburg has had 46 Aids cases since 1982, Cape Town 13, Durban seven, Pretoria five and Ladysmith, Bloemfontein, Welkom, Krugersdorp and Middelburg one each.

Sixty-five of the patients have been homosexual or bisexual, and in five the disease was contracted by heterosexual contact. Three cases have been blood transfusion-related and three patients were haemophiliacs.

The statement said the future prevalence of Aids was expected to increase more rapidly among black South Africans than among whites and it was believed that the pattern of the disease in this country would come to resemble more closely that of the rest of Africa rather than retaining its present Western character.

● The World Health Organization reported yesterday that 73 747 cases of Aids from 161 countries were reported in 1987.

The number of reported Aids cases was up slightly from the mid-December figure of 72 504, according to statistics released by the organization.

The head of the WHO's special programme on Aids, Mr Jonathan Mann, predicted last month that 150 000 people will develop Aids in 1988, doubling the total number of victims since the epidemic began a decade ago.

The organization estimates that the actual number of victims currently is about 150 000, but that many cases have not been reported because some countries lack the organization to keep track of all cases.

WHO estimates that 5 million to 10 million people have been infected with the Aids virus. — Sapa-AP

Anti-Aids campaign for Ciskei

DSP 9/1/88 Daily Dispatch Reporter 92

EAST LONDON — The Ciskei Department of Health has launched a major education programme on Aids.

Ciskei's deputy director-general of foreign affairs and information, Mr Headman Somtunzi, said yesterday the campaign aimed to make citizens aware of the dangers of Aids and to take precautionary measures against the killer disease.

It had been revealed by Aids studies in South Africa that a new form of Aids, typical of the African continent type, had developed among South African blacks.

Experts say the disease is common among homosexuals, especially in America and Europe, but that in Africa most cases were heterosexual, with the latter trend not occurring locally until fairly recently.

Mr Somtunzi said pamphlets which would be distributed by medical staff to the community were being printed, and nurses at rural clinics and hospitals would help educate the people about the dangers of Aids.



MR SOMETUNZI

The Department of Health had adopted a strategy whereby information about Aids would be spread to members of clubs and societies, who in turn would pass the word on to others in the community, he said.

Films on Aids would also be shown so as to reach all sectors of the community.

Mr Somtunzi said the Department of Health was working together with its South African counterpart on the campaign.

No cases of Aids had been diagnosed in Ciskei, he said.

PUT THE WORDS IN

By VASANTHA ANCAMUTHU
 A MASSIVE hunt is on for the boyfriend of the 34-year-old woman who died of Aids on Christmas day - the first South African woman known to have died of the disease.

Velaphi Mndayi's death pointed to the frightening danger the dreaded virus has presented to the heterosexual population. According to doctors her death has illustrated the need for precautions to prevent the virus rapidly spreading among the population.

Recognised preventative action includes the use of condoms and keeping to one sexual partner.

A spokesman for Durban's King Edward Hospital said it was initially believed that Mndayi was married. However, it was found she had the same surname as her mother. A search for her boyfriend was then launched.

"The man is proving very difficult to trace because his name is not known and he is from a rural area. The situation is more delicate because she could have had more than one boyfriend."

Medical experts have warned that Aids could spread to such an extent in Africa that half the population could be wiped out.

Its spread from almost exclusively affecting males, to include women among its victims, is another pointer that the danger is real.

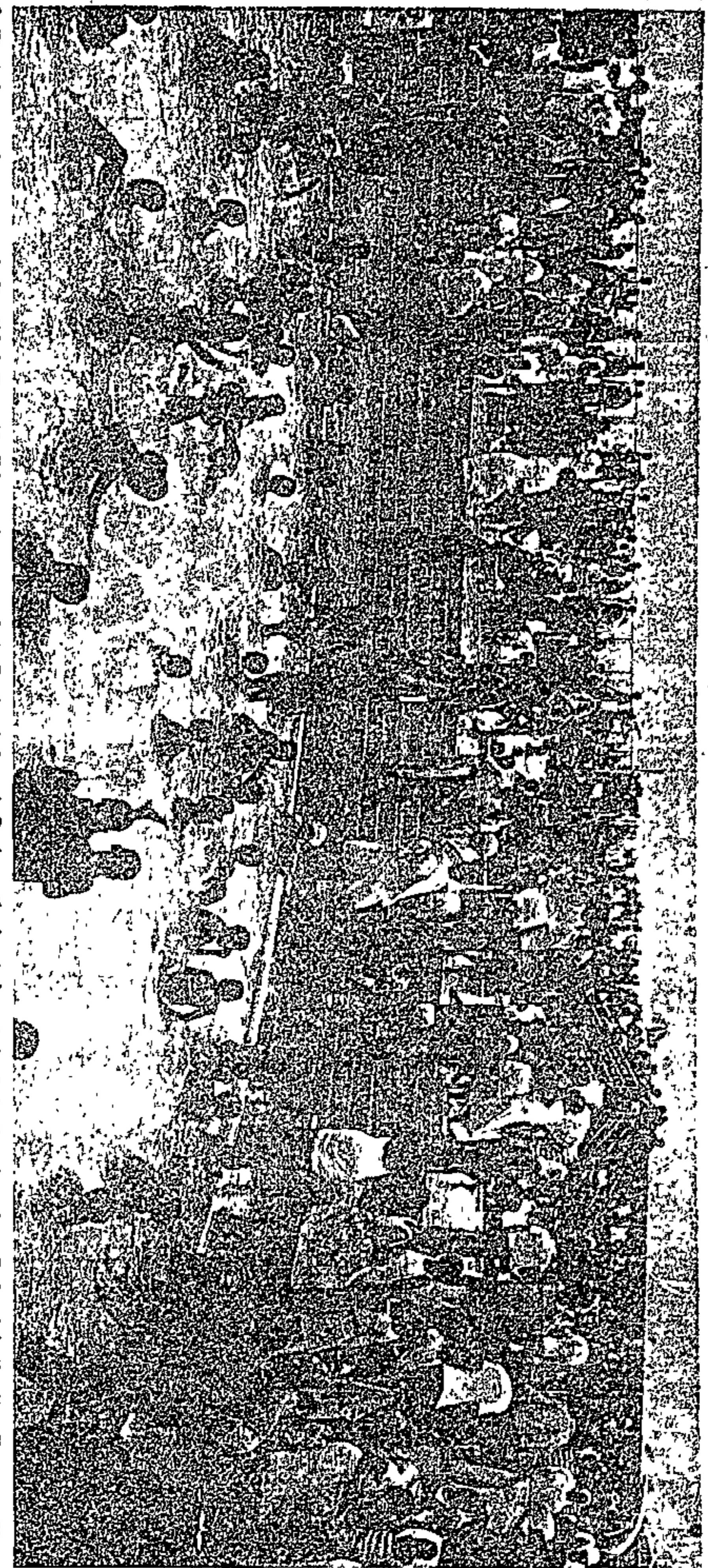
The latest victim died after spending weeks in hospital where she was admitted suffering from severe pneumonia. Aids breaks down its victims' immunity systems, leaving their bodies unable to protect themselves from sexually-transmissible diseases.

There was no immediate evidence that Mndayi was suffering from the disease. But tests consequently showed that it was in an advanced stage.

Professor Denis Pridfin, Natal's representative on the Aids Advisory Group, said that it was not certain how she contracted the virus.

He urged that her boyfriend present himself for tests.

He said it was worrying that Aids was being spread among the black heterosexual population in Natal. Two other black women



Solitude is an unknown word after this influx of holidaymakers people to Durban's beach. Perhaps the best place to be is in the air or happily back in the 'ou Transvaal'.

Beaches aim't the same anymore

WITH thousands of visitors to Durban filling the beaches to capacity during the Christmas holiday period, and the influx of "illegal" blacks to the once "white only" beaches, there were few incidents of violence.

However, Durban's Mother Grandys appear to have declared a truce on the noble young lasses with their bare bottoms being paraded along the beaches.

Meanwhile, in the Cape, police are studying all aspects of nudism on beaches in the wake of reports of increasing numbers of women tanning topless and men strolling along the shore bottomless.

A police spokesman declined to comment on whether action would be taken soon.

In another development, it appears that men have decided that "what's good for the goose, is good for the gander" and are dropping their drawers.

Women have been reported tanning topless at Baroven, Clifton, St James and Bloubaergstrand and men have been strutting bottomless at Point Bay and other beaches.

The police spokesman was cautious when commenting on the increasing nudism on Cape beaches, but confirmed that the matter was being studied in depth.

War looms between taxis and council

By STU BREADI
 A COLD war is developing between the Umhlangi Town Council and the local taxi owners over the lack of a bus service for the 500 000 township residents.

The UTC has threatened to seek an urgent Supreme Court interdict to stop the taxis from operating in the area after the Umhlangi Taxi Owners Association and its bus company, Umhlangi-Nokorweni-Kamnyanda Bus Service, successfully interdicted the Durban Transporting Matricsmen. Banned from operating in the service at Umhlangi.

The UTC was threatened to seek an urgent Supreme Court interdict to stop the taxis from operating in the area after the Umhlangi Taxi Owners Association and its bus company, Umhlangi-Nokorweni-Kamnyanda Bus Service, successfully interdicted the Durban Transporting Matricsmen. Banned from operating in the service at Umhlangi.

Mathibela twins 'fine'

By HAPPY ZONDI
 BARAGWANATH'S St- tests which would determine when the next operation would be performed.

Mpho and Mathibela are said Vorster.

from the last operation have "healed completely", said the hospital PRO, Hester Vorster.

The twins were, however, awaiting further tests which would determine when the next operation would be performed.

Mpho and Mphonyana are still joined at the head and share a major blood vessel which transports blood to the brain.



topless at Baroven, Clifton, St James and Bloubaergstrand and men have been strutting bottomless at Point Bay and other beaches.

The police spokesman was cautious when commenting on the increasing nudism on Cape beaches, but confirmed that the matter was being studied in depth.

10/11/88

HU

By VASANTHA ANGAMUTHU

A MASSIVE hunt is on for the boyfriend of the 34-year-old woman who died of Aids on Christmas day - the first South African woman known to have died of the disease.

Velaphi Mndayi's death pointed to the frightening danger the dreaded virus has presented to the heterosexual population.

According to doctors her death has illustrated the need for precautions to prevent the virus rapidly spreading among the population.

Recognised preventative action includes the use of condoms and keeping to one sexual partner.

A spokesman for Durban's King Edward Hospital said it was initially believed that Mndayi was married. However, it was found she had the same surname as her mother. A search for her boyfriend was then launched.

"The man is proving very difficult to trace because his name is not known and he is from a rural area. The situation is more delicate because she could have had more than one boyfriend."

Medical experts have warned that Aids could spread to such an extent in Africa that half the population could be wiped out.

Its spread from almost exclusively affecting males, to include women among its victims, is another pointer that the danger is real.

The latest victim died after spending weeks in hospital where she was admitted

suffering from severe pneumonia. Aids breaks down its victims' immunity systems, leaving their bodies unable to protect themselves from usually curable diseases.

There was no immediate evidence that Mndayi was suffering from the disease. But tests consequently showed that it was in an advanced stage.

Professor Denis Pudifin, Natal's representative on the Aids Advisory Group, said that it was not certain how she contracted the virus.

He urged that her boyfriend present himself for tests.

He said it was worrying that Aids was being spread among the black heterosexual population in Natal.

Two other black women have been identified as Aids carriers in the province so far.

Mndayi's death brought to four the number of people known to have died of Aids in South Africa. The three other victims were white men. Four more men were recently identified as carriers at a clinic at King Edward Hospital.

Dr Rueben Sher, head of the Aids unit at the South African Institute of Medical Research in Johannesburg, said Mnyadi's death was concrete proof that Aids had spread from being an almost exclusively male disease to include women among its victims.

"It should be a reminder to black people that Aids is not a white disease - it can affect people of any race."

"People must take precautions," he said.

Wa tax

By S'B

A COLD war is the Umlazi Town local taxi owners' bus service for residents.

The UTC has an urgent Supreme stop the taxis for area after the U Association and Umlazi-Ntokozo Bus Service, such the Durban Transport Board from service at Umlazi.

The service will December 13.

Umlazi coming on trains and ber 5, 1986, a

Qobo

THE editor of transferred from unit to the Lesec

City Press publisher's condition editor's condition show some impr

Doctors had s "constant observ from his semi-co

Qoboza's wife ath doctors who

"My family an their help I do n

She has aske respected "at th

'Aids risk' Reason for Whites-only beaches

JOHANNESBURG. — The resort of Mtwalume on Natal's South Coast is defying the gradual abolition of racial segregation on the country's beaches with an official citing the risk of Aids as one reason for barring a visiting Canadian professor from the seafront on New Year's Day.

"Why shouldn't we decide who we want on our beaches?" said Mr John Ellis, elected beach warden by Mtwalume's 500 white residents, in newspaper interviews run yesterday. He defended the expulsion on January 1 of black Canadian Professor Brian Blankenberg from the beach.

Prof Blankenberg, professor of physical medicine at the University of Manitoba, visited the beach with his New Zealand-born wife and family to show them his birthplace and the town where he grew up.

He said he had heard much about reform in South Africa since he left the country 32 years ago and settled in Canada, "but this incident proved to me that apartheid is very much alive". Mr Ellis said he did not regret the incident.

"We are not barbaric in our attempts to keep our beach white," he told Rapport. "We discourage black

people very diplomatically."

Mr Ellis conceded that officially the beach was open to all races, but he said blacks would need to use bathroom facilities at the beach.

"We are not prepared to share our toilets with blacks," he told the Sunday Times. "What if they have Aids?"

The staged removal of race curbs on beaches has triggered a strong response from conservative Afrikaners.

Rapport warned in an editorial that whites from landlocked Transvaal would boycott beaches in neighbourhoods of Natal if officials continued to ignore their preference for whites-only facilities. In a warning addressed to Mayor Mr Henry Klotz of Durban, Rapport said: "If he continues to abolish beach apartheid with such fanfare... he cannot expect Transvalers to appreciate him."

Durban City Council opened most of its seafront to blacks in December and Mr Klotz vowed yesterday that "open beaches will stay" despite violent incidents and complaints by whites.

Rapport said yesterday that "streets, lanes and the golden beaches were used openly as public toilets" when thousands of blacks flocked to the seafront over Christmas. — UPI

ANC BACKS

gay rights

LONDON — The African National Congress has pledged support for gay rights after gay rights activists sought clarification of its position on sexual discrimination.

A statement from the organisation said that its commitment to removing all forms of discrimination and oppression extends to the protection of gay rights.

Pressure on the ANC to clarify its position has come not only from within South Africa, but also from activists in Britain, including former prospective Labour Party candidate, Mr Peter Tatchell.

In a written statement to him this week, the ANC said that as a movement they were of the view that the sexual preferences of an individual are a private matter.

The organisation said it did not wish to compromise anybody's right to privacy both now and in future and it would therefore not wish to legislate or decree how people should conduct their private lives.

176 Trans. 12/11/80

Govt's Aids ads a secret

By CHRIS BATEMAN

A GOVERNMENT Aids-awareness campaign is on the brink of being launched, amid trepidation among homosexuals and some scepticism in the private sector.

The precise nature of the campaign has been kept a secret by the Department of Health.

Employees of the contracted Johannesburg advertising agency, McCann and De Villiers, said yesterday they were "under strict orders from the department not to comment".

Advertising industry sources believed the campaign contract to be worth R1 million.

Private sector spokesmen were yesterday sceptical about the campaign, citing government conservatism and a lack of credibility in black townships.

Mr Peter Garthwaite, public relations officer for the Life Officers Association, said he was "astonished" that the government had apparently spent so much.

"Our information was that they didn't have sufficient funds and were looking to the private sector."

Gay Association of South Africa spokesmen feared the campaign would adopt "scare tactics", which had led to further alienation of homosexuals in Britain.

Do you ^{C/Pres} know ^{170/1/88} this man? ⁹²

DOCTORS at Durban's King Edward VIII hospital are watching closely the condition of Aids sufferer Sakhayedwa Xulu - the live-in-lover of the first woman and the first black person in South Africa to die of the dreaded disease.

City Press traced Xulu to the secluded rural village of Enkumbeni, at Kwama-Phumulo, on the Natal North Coast, last weekend.

Xulu, believed to be 66 years old, arrived at the hospital on Monday.

Hospital PRO Kaz Wolf said that although Xulu was reluctant to give details, he admitted having had sexual contact with the deceased, Velaphi Mnyayi - not Mndayi as reported by newspapers.

"On arrival at the hospital, bearing a note from *City Press*, Xulu said he was 66 years old, but we decided to put a question mark next to this because he looked younger," said Wolf.

Doctors were still not sure whether Xulu was suffering from Aids or was simply a carrier.

"He is at the moment not very sick but we are not sure how long this will last.

"A problem is presented in the fact that Professor Dennis Pudifin, of the Natal University's medical school and Natal's representative on the Aids Advisory Group, is on leave at the moment."

On behalf of the KEH, Wolf officially thanked *City Press* for tracking down the man.

He added, however, that the hospital had no legal right to keep Xulu because Aids could not be cured. "If he decides to walk out, he can do so."

Although *City Press* could not interview Xulu at the hospital, he was walking about with his self-made walking stick. He had not been placed in isolation.

The hospital is investigating if Xulu and Mnyayi spread Aids among other villagers.

Xulu told *City Press* last week that two of his five children, aged 10 and 16, died mysteriously a few years ago.

Earlier this week the *City Press* bureau in Durban received several calls from people claiming to be from the same village as the couple and wanting to

know the man's name as it had been withheld in our Sunday report. But we refused to disclose it until it was officially released by the hospital authorities.

Xulu, who confessed to being a local casanova, said that when the disease first struck his girlfriend in 1984 they thought she had been bewitched. As a result they took her to a "Zionist faith healer".

"The faith healer told us she had been bewitched by



Sakhayedwa Xulu ... Aids victim now in hospital.

Report and picture: S'BU MNGADI

a relative who happened to be my neighbour and gave her muti to 'cleanse' her chest," said Xulu.

But all was in vain.

Meanwhile, Sapa reports that a mother and her five-month-old baby have been diagnosed at Onanjukwe clinic in northern Namibia as having Aids.

The head of the Aids Surveillance Committee in the territory, Dr David Toerien, said in Windhoek the Department of Health

and Welfare had been informed, "although at this stage I do not know how far the patients have advanced".

Toerien said he was waiting for statistics from the blood transfusion services before handing in a full report on the Aids situation in Namibia.

The report to the Aids Advisory Committee in SA would be incorporated in a report to the World Health Organisation.

Campaign on AIDS to have broad target

Sunday Times Reporter

A R3-million AIDS awareness campaign is to be launched by the Department of Health on Tuesday.

Minister of Health Dr Willie van Niekerk will announce a hard-hitting "safe-sex" message to be beamed at 13-million South Africans of all races throughout the country.

It will appear in every South African tongue — Eng-

lish, Afrikaans, Zulu, Xhosa, Sotho and all other black languages, sources in Pretoria said.

Safety through a single sexual partner will be the main feature of the campaign — rather than the concentration on condoms that has been the angle of AIDS campaigns in Britain and the United States.

All available media will be included — from anti-AIDS ads on all SABC TV services to spots on every radio station.

All print media, newspapers and magazines, will carry the Department of Health's advertisements.

Posters will also be distributed and will appear in remote rural areas.

The media campaign will be backed up by a series of AIDS education centres, including a conference aimed at informing the department's officials.

17/1/88 (92) STT

Dread of an AIDS epidemic puts the brake on bed-hopping

SOUTH AFRICANS, black and white, now fear an AIDS epidemic. The message is getting through. And their solution is fidelity — or even celibacy.

While more condoms are being sold, many appear to take the cautious view that a condom between them and the risk of infection with the Human Immune Deficiency Virus (HIV) is not enough protection.

These patterns of South African habits have emerged from new market research data a few days before the Minister of Health, Dr Willie van Niekerk, launches a national AIDS awareness campaign in Pretoria on Tuesday.

The first in a series of special-interest conferences takes place on Wednesday at the AIDS Training and Information Centre, SA Institute of Medical Research, Johannesburg.

From Soweto to Sandton, South Africans understand that mum, dad and teenager — and no longer just the brother who does not go out with girls — all have the potential of infection with the virus that may lead to AIDS and death.

Epidemic

The Markinor Research Group conducted a Gallup Poll last October as part of the world's first international AIDS survey being carried out in more than 20 countries and to be analysed in the United States this year.

By CAS ST LEGER

The survey, covering 1 000 whites and 1 300 blacks over the age of 16 in the Pretoria-Witwatersrand-Vereeniging area, Cape Town, East London, Port Elizabeth and Durban, used a questionnaire not designed specifically for this country but drawn up from collated questions submitted by US and British authorities.

Of the whites surveyed, 99,5 percent said they had heard or read about AIDS — and 100 percent of the 16-to-34-year-olds, usually considered the most sexually active.

A percentage of 72,5 of the

blacks was also aware of AIDS — again higher among the younger age group.

There is widespread fear that AIDS will become an epidemic.

Asked whether they thought AIDS would become an epidemic in the population at large, 45 percent of whites and 47 percent of blacks believed it likely.

Eighteen percent of the white sample were "very concerned" that they would contract AIDS, with 47,7 percent "not at all concerned". This compares with 46 percent of blacks who replied they were very concerned and 20 percent not concerned about their chances of being infected.

Occasional extra-marital affairs were regarded as a high-risk activity by 63 percent of whites surveyed and 71 percent of blacks.

Sticking to one partner is seen as the safest of all. Only four percent of whites and 11 percent of blacks maintain there is an AIDS risk for couples who are entirely faithful.

Risk

People who have several sexual partners are believed likely AIDS candidates by 90 percent of whites and 92 percent of blacks.

Drug-users were placed at risk by 85 percent of whites and 68 percent of blacks; haemophiliacs by 56 percent white and 44 percent black; and others who need blood transfusions 55 percent and 53 percent respectively.

Though most whites believe they do not need to change their behaviour because of the risk of AIDS, a third of blacks have changed or are thinking of changing their sexual habits.

Aids drive: Emphasis ^{CARE TIMES} on prevention _{20/1/88}

Staff Reporter 92

CONDOMS did not feature too prominently on the Minister of Health's list of priorities when he officially opened the government's campaign to combat Aids in Pretoria yesterday.

The message from the Department of National Health and Population Development was clear: "Prevention is better than cure."

"The central theme of the campaign is 'Prevent Aids,'" the Minister of National Health and Population Development, Dr Willie van Niekerk, told a packed press conference.

Also at the conference were leading luminaries in the medical world, including Professor Jack Metz of the South African Institute of Medical Research, chairman of the national Aids Advisory Group.

"As it is a disease which spreads through intimate sexual contact, the campaign cautions people to practise their sex lives responsibly. A monogamous relationship is emphasized and promiscuity is discouraged," said Dr Van Niekerk.

The R1-million campaign, to be officially launched on January 25, includes research, production and the placement of advertisements in newspapers, magazines, radio and TV.

Asked what role condoms would play in the campaign, the minister replied that they had always been part of the government's strategy in fighting sexual disease and he illustrated this point by disclosing that condoms were available, free of charge, from 65 000 family-planning outlets in South Africa.

Condoms were a necessity for those who "favour and subscribe to a promiscuous lifestyle", he added.

Dr Van Niekerk said the campaign was discussed with religious groups and it would not offend anyone's sensitivities. It was aimed at the sexually active population — which included schoolchildren.

The latest information on the killer disease issued by the World Health Organization reveals that:

- As many as 10 million people have already been affected in 128 countries and as many as 10 000 South Africans could be carriers.

- Between 500 000 and three million people could possibly become carriers during the next five years.

- In parts of Africa, Aids has already reached epidemic proportions. It is estimated there are five million carriers of the virus in Africa.

- Since Aids was first diagnosed in South Africa in 1982 there have been 51 deaths (up to the end

of 1987.) In that same period 76 people were identified in SA as being Aids cases. Of these, 74 were men and two were women.

Thirty-two cases were confirmed in 1987 and there were 22 deaths.

SA launches big Aids campaign

ARGUS 20/1/88

From ROBYN GREEN, The Argus Correspondent in Pretoria

92

IT used to be so simple, way back in the '70s. You loved and you lived — after all, love seldom killed anyone.

Now, a decade on, thousands upon thousands of people have died from a disease transmitted mainly through sexual activity.

Aids. The word terrifies. The acronym for acquired immune deficiency syndrome almost mocks what it does to you — it aids you on a very painful, traumatic path to certain death. It is not choosy about whom it attacks — and it attacks so easily.

A credible example is:

Anne, uninvolved with anyone in particular, met John. They were attracted to each other and soon made love. Anne did not know her new lover was bisexual, nor did she know he was an Aids carrier.

She left him later and they went their separate ways to

separate partners . . . and so on and so on. Anne died not long afterwards, bed-ridden, wasted, her body consumed by infection. There were several who followed her.

The 20th-century "plague" has brought the condom out of the cupboard and on to the billboards and television screens.

Government-sponsored campaigns worldwide have urged safer sex in an attempt to dissuade sexually active people from promiscuous behaviour. In South Africa alone, information is available free of charge at 65 000 outlets.

But, say South Africa's medical people involved in the battle against the disease, it is not the condom alone which can fight the battle. It is you.

"The condom is not the be-all and end-all of fighting Aids. You must have a holistic approach to the disease," says Dr Ruben Sher, who is

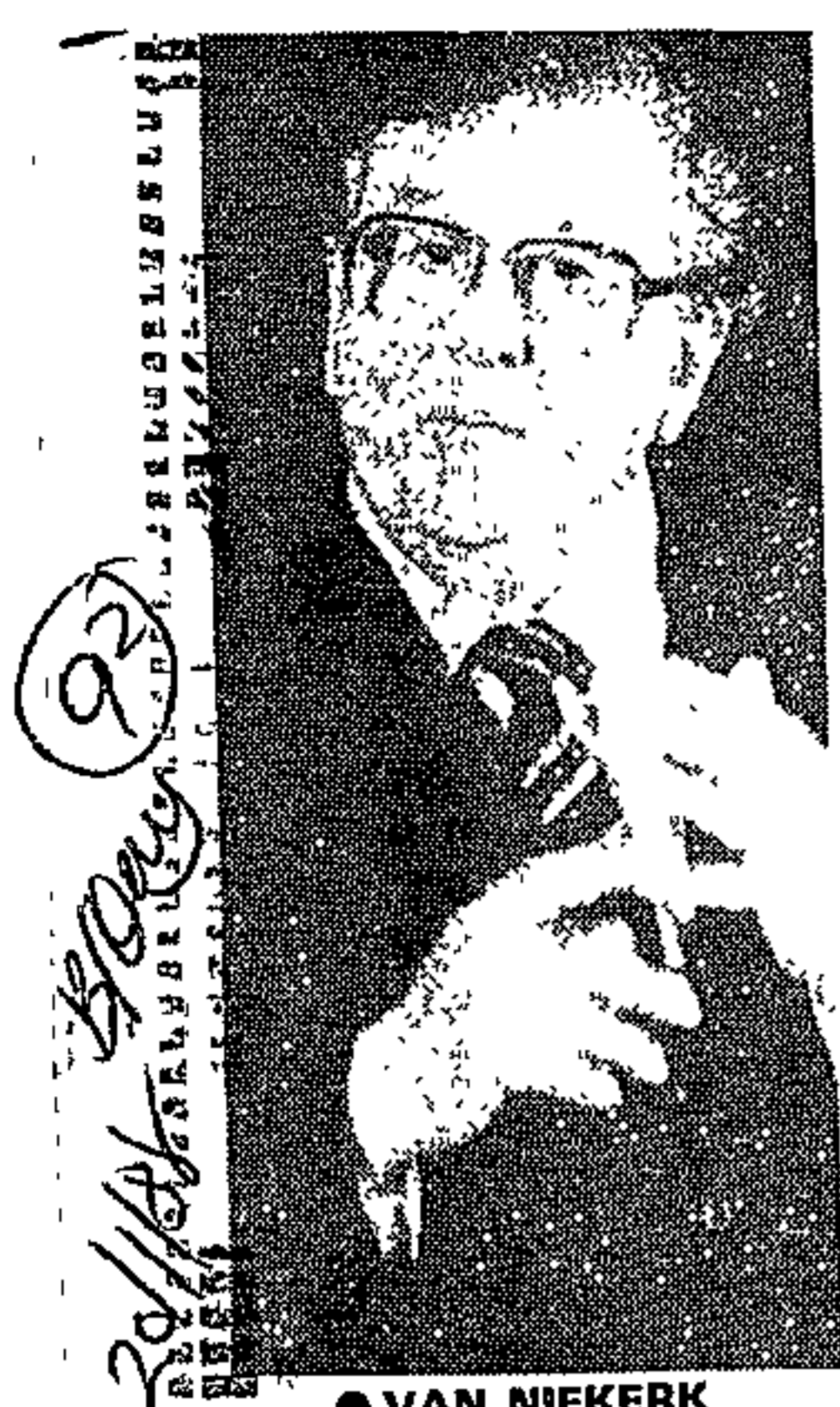
involved in major research into Aids in South Africa. "It is you who should be monogamous in your sexual activities, YOU who must know your partner's sexual history."

One aspect of the disease which can be actively fought is ignorance. In Britain people are warned: *Aids. Don't die of ignorance.* In the United States: *I'll do a lot for love. But I'm not ready to die for it.*

"Ignorance," said the Minister of National Health and Population Development, Dr Willie van Niekerk, at the launching yesterday of a national anti-Aids information campaign, "is the biggest problem. An infected person may appear healthy for many years, yet still transmit the disease."

The intensive R1-million South Africa-wide information programme will start on Monday.

Govt launches Aids Awareness Campaign



● VAN NIEKERK

GOVERNMENT'S Aids Awareness Campaign will encourage monogamous relationships and discourage promiscuity, Minister of Health Willie Van Niekerk said in Pretoria yesterday.

Van Niekerk avoided directly answering questions on whether the campaign, which has a R1m budget for this fiscal year, would mention condoms.

Pre-launch criticism focused on speculation that government was to soft-pedal on the condoms issue for fear of offending some people.

Van Niekerk said the campaign was discussed with religious groups and it would not offend anyone's sensitivities. He said it was aimed at sexually active people including schoolchildren.

DIANNA GAMES

He said condoms were a necessity for those who "favour and subscribe to a promiscuous lifestyle", and free condoms were available at 65 000 family planning outlets countrywide.

Discussions were under way between the Prisons Service's department regarding the screening and issuing of condoms to prisoners, Van Niekerk said.

Tim Bester, vice-chairman of McCann, the advertising agency creating the campaign, said adverts would be directed at behaviour and not specific groups.

The campaign is to begin on Monday.

Massive campaign to educate people about Aids is to be launched in SA

By Tomi Youngusband, Medical Reporter

An extensive Aids awareness campaign, costing an estimated R1 million, is to be launched in South Africa next week, the Minister of National Health and Population Development, Dr Willie van Niekerk announced in Pretoria yesterday.

The campaign is aimed at all sectors of the population, including sexually active schoolchildren.

Fifty-three people have died of Aids in South Africa and researchers estimate there are at least 10 000 carriers of this deadly virus in the country.

Dr van Niekerk said the aim of the campaign would be to educate.

"The biggest problem we have is that Aids can be spread through ignorance. Ignorance about the prevention of Aids is prevalent and it is this problem which we are now addressing."

He said he hoped the campaign would inform all people of what Aids was, how it was contracted and how it could be prevented. The campaign would also counter any misconceptions regarding

Aids.

The campaign would make use of posters and radio, television and newspaper advertisements, Dr van Niekerk said.

All church groups in the country had held discussions with the Department of Health about the campaign and had given their approval, he said. He did not think the campaign would shock anyone.

Dr van Niekerk would not elaborate on the promotion of condoms in the campaign but stressed that condoms were a necessity for those who "subscribed to a promiscuous lifestyle".

"As it is a disease which is spread through intimate sexual contact, the campaign cautions people to practise their sex lives responsibly. A monogamous relationship is emphasised and promiscuity is discouraged," said Dr van Niekerk.

Asked whether prisoners would be tested for Aids before entering a prison and upon being released, and whether they would be provided with condoms, Dr van Niekerk said his department was looking into these matters.

22

BATTLE AGAINST AIDS

THREE black South Africans have been diagnosed as having Aids while many more were found to be infected with the Aids causing virus though not showing symptoms of the disease.

This was said at an Aids education conference held at the South African Institute of Medical research (Saimr) in Johannesburg yesterday.

Delegates were told that in South Africa there were 10 000 Aids virus carriers, a third or more of whom would probably develop full blown Aids.

These potential sufferers were described by a newspaper editor speaking at the confer-

10 000 people in SA carriers of virus once as the "10 000 time bomb."

Experts

The one day conference was addressed by a number of experts in Aids research and all stressed the need for a change in attitude towards the disease.

Dr R Sher, head of the Department of Serology at the Saimr, said

courage must replace fear and ostracism of sufferers must be replaced by humanitarianism.

Dr Lorraine Sher, a British clinical psychologist, said in a multicultural society where different groups had different beliefs about health, counselling of sufferers should be discreet. "If people don't see themselves to be at risk you probably won't reach them with your message," she said.

The role of the media in Aids prevention was also discussed. Professor J Metz, director of the Saimr, called on journalists to be accurate in their coverage and to acquaint themselves with the facts of the disease.

Professor Christa van Wyk of the law faculty at the University of South Africa believes that the general philosophical approach which should guide the legal fraternity is that legal measures that interfere with individual rights should be justifiable in terms of protecting public health and interest.

"To be able to ascertain whether this is the case, lawyers will have to rely on medical and scientific information," Professor van Wyk told a press gathering in Johannesburg this week.

The first right of the individual which had to be weighed against the interests of society was that of confidentiality.

"As far as Aids is concerned a doctor's breach of his patient's confidentiality may have far-reaching consequences, such as broken relationships, difficulties in obtaining medical treatment and in being accepted for life insurance. Yet there are instances which may provide justification for such a breach. These were:

- The patient might give his consent.

- A duty to notify public health authorities might be imposed by law.

- Grave threats to a third party might exist such as when an Aids sufferer refused to change his behaviour to avoid further spread of the disease.

It is then submitted that the doctor has the right to inform the known sexual partner/s of the patient," Professor van Wyk said.

A second area where the individual's rights were concerned was the workplace. In terms of common law, said Professor van Wyk, an employer would be fully entitled to give notice to an employee and to dismiss him once it became known

When breach of confidence may be justified

92
STW 2/1/88

The deadly Aids virus is posing new and daunting challenges to the law and to society. How can legislation protect both the Aids sufferer and the public? Toni Younghusband, The Star's Medical Reporter, records the views of a legal expert.

that he suffered from Aids. This however would probably constitute unfair labour practice in terms of the Labour Relations Act. And this Act did not apply to domestic workers, farm workers or civil servants.

Legislation published in October provided for the compulsory testing, at the orders of a medical officer of health, of a person suspected of having Aids or carrying the virus. However, said Professor van Wyk, a medical officer of health must exercise his powers without causing any unnecessary inconvenience to anybody.

"American schools have served as battleground over the issues of excluding children with Aids. In South Africa, a principal who is aware or suspects that a pupil suffers from Aids or was in contact with an Aids patient, must inform the medical officer of health immediately and may not allow the pupil back in school except on the strength of a medical certificate. A parent is also

duty-bound to inform a principal in the above instances."

The medical officer might place a pupil under quarantine.

Professor van Wyk said that in South Africa, a private practitioner had no legal duty to treat an Aids patient. However, a doctor working in a hospital was generally required to treat any patient admitted.

"Fortunately, reports of refusal of medical care for Aids patients in South Africa are rare."

Professor van Wyk said statistics had shown that a person suffering from Aids would probably die within two years and that a person infected with the Aids virus was, over a seven-year period, 26 times more likely to die than a person with standard health.

Discussing the criminal liability of Aids-infected people, Dr van Wyk said a person who knows or should know that he has Aids and who fails or refuses to take precautions and who indulges in sexual intercourse with someone who is unaware of his condition, could in theory be guilty of assault, attempted murder, culpable homicide and even murder.

If a recipient of blood, semen or tissues were to contract Aids, he or she should be able to hold liable as joint wrongdoers the donor, the blood transfusion service, hospital authority, medical practitioner and medical worker involved in the testing, labelling or infusion of blood if he could prove negligence.

"Aids may produce an array of litigation ranging from a child's suit against its mother for transmission of Aids before birth to an adult's libel suit against a newspaper for falsely publishing that he or she has Aids," said Professor van Wyk.

100 Years Ago

From The Eastern Star, Johannesburg

Yesterday morning the town was startled with the intelligence that during the previous night three men had been foully murdered, the body of one (a white man) having been found near the Roman Catholic Chapel and Convent, of another (Hottentot) not far from the Rand Club, and of a third (kaffir) near the site of the new theatre in Marshall Square, opposite Height's Hotel.

Rumour, being as it is on such occasions, increased the number by alleging that the body of a fourth man had been found on the Racecourse, and later in the day two more were added to the list, who had been found near Knight's Battery. Rumour was, however, wrong in these two respects, but the ghastly fact that three men had been murdered in the town, and close to much frequented thoroughfares, remains.

The bodies were taken to the police station opposite Height's Hotel where a large crowd congregated early in the morning either to view the ghastly remains or to glean whatever information was obtainable.

Women slam 'sexist' AIDS adverts

By HAMISH McINDOE

FLAK is flying over the "alternative" AIDS advertisements that appeared in the run-up to the Government's campaign to curb the spread of the killer disease.

Since the campaign started late last year, advertising agency Freedman Rossi BBDO has been inundated with calls from women slating the ads for implying that the disease is mainly spread by the gentle sex.

Not so, says the agency's media director John Montgomery.

"Our research showed the public still thinks AIDS is a homosexual disease. We wanted to promote safe sex — especially through casual encounters.

"A few women in South Africa have the disease and it's about time the public realised that AIDS is not gender-conscious."

One of the advertisements shows a man asleep in bed with an empty champagne bottle on the floor suggesting the "night after" and the chilling message: "Welcome to the AIDS club" written in lipstick on his bathroom mirror.

GOVERNMENT PUMPS R1-MILLION INTO BIG ANTI-AIDS EDUCATION CAMPAIGN

2/1/88
92

BY REVELATION The personal involvement of the Minister in the anti-Aids campaign is to national information. HE government is to fight a program to be inter-upted R1-million to fight the spread of the killer disease. The spread of the killer disease is one of the biggest medical problems in the country's biggest medical campaigns to date.

The campaign was announced by Minister of Health Willie van Niekerk at a Press conference in Pretoria this week. It is generally believed that the virus has also reached serious proportions in a number of other African countries. These include Zaire, Zambia, Rwanda, Kenya, Tanzania, Zimbabwe and Malawi.

Of the 76, 53 have died. About 10 000 people have been found to be carriers. Local cases, many of which have been spread between men and women, undefined fears that South Africa would follow the pattern set in other African countries. The Western reliance of the disease is mostly common among homosexuals.

In an earlier statement the Department of Health said the prevalence of Aids was expected to increase more rapidly among blacks than whites. Meanwhile, the World Health Organisation reported late last year that there were some 73 747 known Aids cases in 161 countries. The organisation's special program chief, Jonathan Mann, predicted last month that 150 000 people would contract Aids this year - doubling the number of victims since a decade ago.

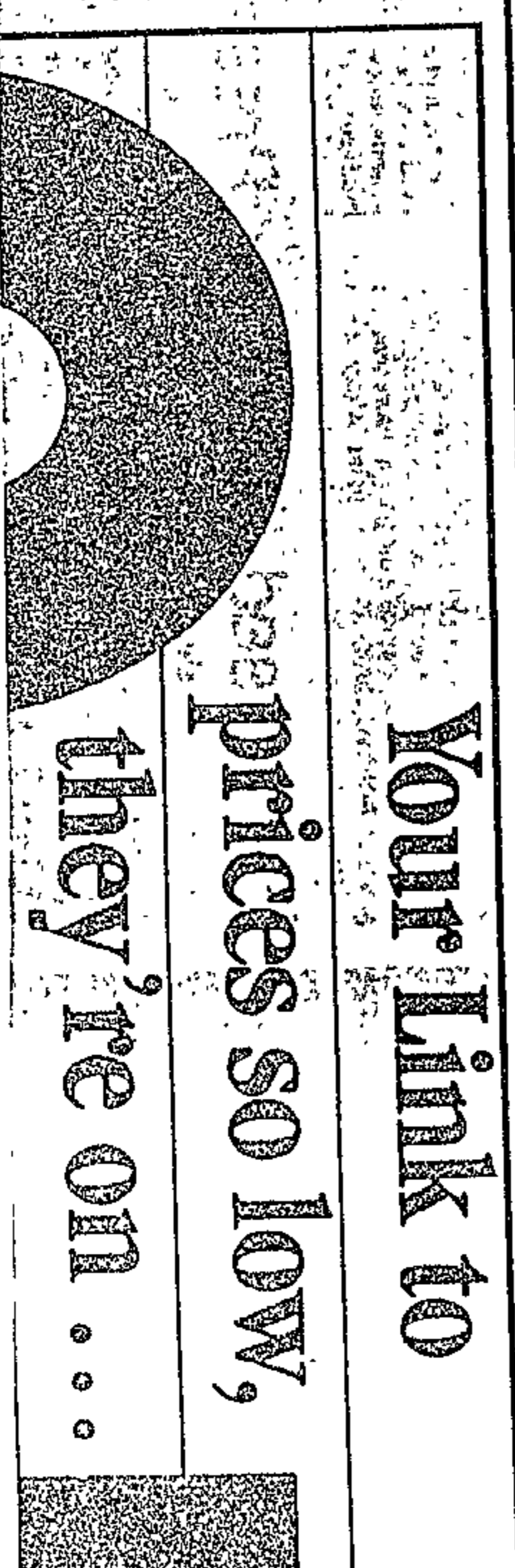
Vaccines fail over and over again...

NUMBER of attempts to create a vaccine against Aids have run into difficulties. Failed and the killer disease will remain a global threat for many years, French specialist Luc Montagnier said this week. Montagnier, one of two scientists credited with identifying the virus that causes the disease, told a World Health Organisation meeting that test vaccinations on chimpanzees had failed to protect the animals against infection. The problem of a vaccine is a very sticky one indeed. It has not been solved. He told the organisation that he could not say whether a solution was possible. Montagnier, chief virologist at the Pasteur Institute in Paris, added: "The problem of Aids will remain for many years." Dr Jonathan Mann, head of the organ-

sation's program to combat Aids, said difficulties encountered in vaccines on animals had raised the question of whether it was appropriate to start trials on human patients with a vaccine that had been shown to have failed to protect animals against infection. The disease which kills by attacking the body's immune system, is spread mainly during sexual intercourse and through blood, for instance when a drug addict shares a hypodermic syringe with an Aids sufferer.

Mann told the meeting that more than 75 000 cases of the disease had been reported in 130 countries. But he added that the organisation estimated the true total of cases to be double that figure and expected the toll to reach 300 000 in 1988. - Sapa.

Your link to prices so low, they're on...



ANC is angry over Aids claim

92
100

C/Pres 24/1/88

CP Correspondent

THE ANC is angry at reports that gave the impression its members were of loose morals and had a problem with the killer disease Aids.

A spokesman for the

ANC spoke openly about the efforts the exiled organisation was making to combat the spread of Aids within the organisation.

He gave the assurance that the ANC was doing its very best to inform its members worldwide about the disease and that tests were being carried out on a regular basis among its members by doctors appointed by the organisation.

He disclosed that three ANC members had died of Aids, but said this did not mean the ANC was not in control of the situation.

The spokesman was commenting on a report in a South African English-language newspaper claiming that the ANC and Swapo had a problem with Aids.

The report said it was understood that a special inter-departmental committee established in Pretoria was currently evaluating proof relating to Aids and its implications for what it called "the two terrorist organisations" - referring to the ANC and Swapo.

Describing the report as being "blown out of pro-

portion to further smear the ANC" the ANC spokesman said that Aids was presently an incurable disease about which the ANC leaders, like all other responsible leaders, was "naturally concerned".

"When the president of the ANC, Oliver Tambo, expressed his concern to members of the ANC in Lusaka last year, he did so in the knowledge that Aids was dangerous and in the hope that they would take care like anyone else," said the spokesman.

"This, however, is no indication that Aids was rife in the ANC, although nearly 1,000 people in and around Lusaka have contracted Aids."

The spokesman said: "We are of the view that in South Africa itself, the incidence of Aids is not well handled. Most people - both black and white - are completely ignorant of the prevalence of the disease on account of the absence of an official program, up to now at least, by the Pretoria authorities, although the debate about Aids has been continuing for three years." - Ano.

Government pumps R1-million into big anti-Aids education campaign

92
24/1/88
9 Press

BY REVELATION NTOULA

THE government is to spend R1-million to fight the spread of the killer virus Aids in one of the country's biggest medical campaigns to date.

The campaign was announced by Minister of National Health Willie van Niekerk at a Press conference in Pretoria this week.

The personal involvement of the Minister in the nationwide information program could be interpreted as a sign of the seriousness of the disease which has reached epidemic proportions in some central African countries which export labour to South Africa.

It is generally believed that the virus has also reached serious proportions in a number of other African countries. These include Zaire, Zambia, Rwanda, Kenya, Tanzania, Zimbabwe and Malawi.

Vaccines fail over and over again...

NUMBER of attempts to create a vaccine against Aids have run into difficulties and the killer disease will remain a global threat for many years, French specialist Luc Montagnier said this week.

Montagnier, one of two scientists credited with identifying the virus that causes the disease, told a World Health Organisation meeting that test vaccinations on chimpanzees had failed to protect the animals against infection.

"The problem of a vaccine is a very tricky one indeed. It has not been solved. He told the organisation that he could not say whether a solution was possible.

Montagnier, chief virologist at the Pasteur Institute in Paris, added: "The problem of Aids will remain for many years." Dr Jonathan Mann, head of the organi-

Of the 76, 53 have died. About 10 000 people have been found to be carriers.

Local cases, many of which have been spread between men and women, undermined fears that South Africa would follow the pattern set in other African countries. The Western variety of the disease is most common among homosexuals.

In an earlier statement the Department of Health said the prevalence of Aids was expected to increase more rapidly among blacks than whites.

Meanwhile, the World Health Organisation reported late last year that there were some 73 747 known Aids cases in 161 countries.

The organisation's

TEN cases of Aids (Acquired Immune Deficiency Syndrome) have been reported in Swaziland, the Health Ministry said this week.

Permanent Secretary Tim Zwane said eight people were carrying the virus and two others were terminally ill. He did not give their nationalities. - Sapa.

In an earlier statement the Department of Health said the prevalence of Aids was expected to increase more rapidly among blacks than whites.

Meanwhile, the World Health Organisation reported late last year that there were some 73 747 known Aids cases in 161 countries.

ing undertaken as part of a pro-active information policy of "Prevention is better than cure".

"As it is a disease which is spread through intimate sexual contact, the campaign cautions people to practice their sex lives responsibly."

He said the campaign would consist of an intensive information program addressing itself to the sensitive issue in a "sympathetic and factually correct way".

He stressed that the law would be enforced with compassion.

In a subsequent meeting between the media and experts on the disease, world-renowned local expert Dr Reuben Sher outlined the importance of education.

Three men die of Aids, but no big problem, says ANC



The Star's Africa
News Service

25/1/88

LUSAKA — There have been three fatal cases of Aids among African National Congress members, an ANC spokesman has said.

In a report from the Zambian capital, the Africa News Organisation (ANO) said the spokesman said that recent reports about the ANC facing a huge health problem because of the disease had been blown out of all proportion to smear the organisation.

The ANC had a special health education programme for all its members and ANC members were being tested for Aids on a regular basis.

Like any other responsible leader-

ship, the ANC leaders were naturally concerned about the disease, the spokesman said.

At a clinic in an ANC camp in Tanzania which catered for 2 000 people, everyone had been tested for Aids, the spokesman said.

"When the president of the ANC, Mr Oliver Tambo, expressed his concern over Aids to members of the ANC in Lusaka last year, he did so in the knowledge that Aids was dangerous and in the hope that they would take care of themselves like anyone else," the spokesman said.

Zambia, where the ANC has its headquarters, is regarded as one of the countries where Aids is predominant.

One of the three ANC victims of Aids died in Lusaka.

The ANC did its best to inform its members about the causes of Aids and gave advice to its people on how to prevent the disease.

"The whole of the civilised world engages in disseminating this type of information and the ANC is not outside the human community."

AIDS scandal

THE Department of Education and Training does not allow health workers to enter Government schools to inform pupils on the dangers of Aids (Acquired Immune Deficiency Syndrome), Dr Robin Sher, head of the Department of Serology at the SA Institute of Medical Research said.

Dr Sher said he did not know the reason why education authorities took this position, but thought it may be because the subject deals

BY THABISO
LESHOAI

with the issue of sex.

"You can use the Boy Scout's hall right next to the school to address school children after school", he said, "but you just can't get into the school." Dr Sher said in the past year he had managed to address children in one school.

"Maybe its just a question of each individual headmaster taking a decision and being prepared to take

responsibility for reactions from parents and authorities," he said.

The public relations firm that will be handling the Government's Aids awareness campaign has been negotiating to bring the subject into schools for about six weeks. Asked why they had taken so long, the spokesman for the firm said: "It is to establish ground rules".

The spokesman said they hoped to be able to talk to children of 13 years and upwards over the next few months.

(92) Sometun 25/1/88

promised to supply free

the medical ...
he made inquiries with

Report: Aids cure may not be found

Own Correspondent

LONDON. — A cure for Aids may never be found, the British government says in a major study of the killer virus. But it has ruled out mass screening and making Aids a notifiable disease for the foreseeable future.

Compulsory testing of the whole population "would have such profound ethical and legal consequences as to rule it out as an acceptable way of gaining information about the spread of the infection", Mr John Moore, Social Services Secretary, has concluded.

"It is possible that, because of the way HIV enters the genetic material of body cells, a real cure, which eliminates the virus from those who have been infected, may never be found," he said in response to a recent report of the Commons select committee on social services.

Mr Moore derided criticism from

the select committee that he was not doing enough to fight Aids.

He was allocating \$58,6 million (R120 million) for care and treatment next year, and had authorized a £14,5 million (R30 million) research project by the Medical Research Council, he said.

The government has rejected the committee's recommendation that all ante-natal mothers should, with their consent, be tested for HIV infection.

The report concedes that pleas for celibacy and fidelity may "not be acceptable" to high-risk groups like homosexuals and drug users and it appeals to them to avoid "high-risk practices".

Prostitutes, the report suggests, can play a part in the campaign by "educating" clients.

Mr Moore ruled out giving employers powers to insist on Aids tests for current or potential employees. "HIV tests in relation to employment can be justified only if it can be proved that HIV infection will directly affect job performance," the social services report says.

ARGUS 27/1/88

ARGUS 27/1/88

Isolation of victims 'not the way to curb spread'

LONDON. — Countries which isolate or restrict victims of Aids are impeding efforts to curb its spread, according to health experts at the first global conference on the deadly disease.

Leading speakers on the first day of the conference said that governments must avoid discriminating against Aids victims if education policies were to succeed.

Health Ministers from nearly 150 countries as well as Aids experts and educators are attending the conference, the largest of its kind.

"A national programme will have difficulty in educating and informing and achieving a behaviour change if people who are HIV infected are isolated or excluded or discriminated against," said Dr Jonathan Mann, the top Aids specialist of the World Health Organisation (WHO).

The organisation is co-ordinating the three-day London conference that began yesterday.

"If you imagine putting people who are infected aside in some kind of a separate place ... doesn't that reflect a lack of confidence in the people who are infected, saying that even with counselling and support you are still not confident that they will not indiscriminately infect others?" Dr Mann asked.

TENSION

Dr Mann said the world organisation was encouraged that although almost every country in the world in the past year had considered imposing restrictions against travellers infected with Aids, only a handful had done so.

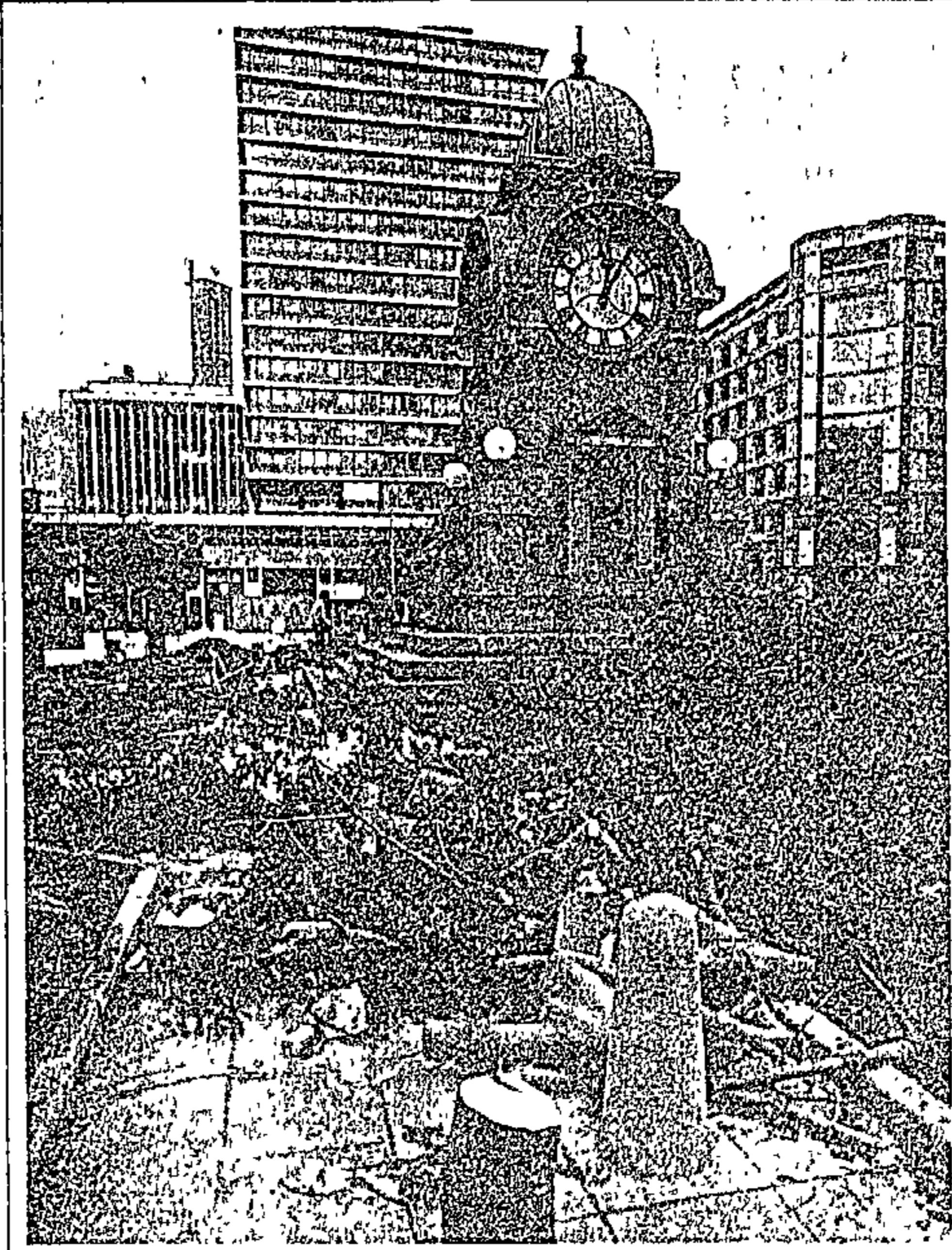
"We are concerned about that issue because we think that border patrols will enhance the sense of tension between countries. It will enhance the pressures, the stigmatising, marginalising and the discriminating kinds of pressures," Dr Mann said.

He said that stigmatisation of victims with Aids — Acquired Immune Deficiency Syndrome — seemed to be declining but the right sort of leadership was essential to ensure that it continued to do so.

● The Argus Foreign Service reports from London that Britain's beleaguered health service will have to find another R280-million to care for victims of Aids — enough to treat 120 000 other patients, according to a report published here.

According to Mr Nicholas Wells, author of the report, "the implications are serious for a health service which is already under severe financial pressures".

South Africans fear Aids epidemic — poll



Picture: DOUG PITHEY, The Argus.

Thibault Square's white stinkwood trees get the chop in preparation for a R16,5-million parking garage.

45 stinkwood trees get the chop

Municipal Reporter
THIBAUT Square's white stinkwood trees are the first casualties of the 585-bay parking garage to be developed jointly by Cape Town City Council and Anglo American Properties.

Work began this week on removing fittings and materials such as pay-and-display equipment, parking meters, light standards and paving slabs. These will be re-used elsewhere.

But the council's parks and forests branch has decided against saving the

45 white stinkwood trees (*Celtis africana* and *Celtis sinensis*) on the square. Transplanting these deciduous trees would be "virtually impossible" at this time of year, a council spokesman said.

The best time of year for tree transplants is in winter.

The severe pruning which would have been necessary would have cost between R10 000 and R15 000.

About 80 trees will be planted at the beginning of next year.

The Argus Correspondent

JOHANNESBURG. — There is widespread fear among many South Africans that Aids will become an epidemic among homosexuals and sexually promiscuous people.

Findings of a recent nationwide survey conducted among 1 000 whites and 1 300 blacks in metropolitan areas were that most of the participants had heard of the killer disease.

The study is the most comprehensive study of people's attitudes to Aids conducted in this country or worldwide — and the first to include blacks.

One third of whites were "very concerned" about contracting Aids and 60 percent of blacks shared the same fear.

Youth most concerned

In the case of both blacks and whites the fear of contracting Aids is greater among the youth, with about 40 percent of people between 16 and 24 concerned about becoming a victim of the disease.

Studies conducted in Britain indicate that this age group is most at risk — a good reason for young people in South Africa to be concerned.

Mr Nick Green, the managing director of Markiner (which conducted the study), said it was encouraging that the awareness of Aids was high, considering the soon-to-be-launched government Aids campaign.

Publicity concerning the link between Aids and homosexuality also appears to have been effective as 96 percent of participants thought it likely that Aids would eventually reach epidemic proportions among homosexuals.

Next at risk were people who had several sexual partners — 90 percent of whites believed that an Aids epidemic would emerge in this group.

Changing behaviour

In spite of the risk and fear of Aids, only four percent of whites had changed or were considering changing their behaviour, compared with 33 percent among blacks.

Black and white participants believed that the most effective way of reducing their chances of contracting Aids was to limit the number of sexual partners, with the use of condoms regarded by whites as the second most effective method.

Blacks, however, least favoured condoms as a caution against Aids and opted instead for blood tests for Aids.

Aids education ⁹² 'could help save millions of lives'

LONDON. — Public education laced with humour, songs and slogans such as "love and let live" could help save millions of people dying from Aids, health experts said yesterday.

"Anything that will stop this epidemic should be tried. If you can do anything to stop the spread of Aids, it's legitimate," the US Surgeon-General Mr Everett Koop, told journalists on the second day of the world's first global conference on the disease.

Health ministers and Aids experts from nearly 150 countries are attending the three-day meeting to look for ways to educate the world's population about the dangers of Aids.

Dr Jonathan Mann, the World Health Organisation's specialist on Aids, said a million people would have the deadly disease by 1991 but public education could stop its spread.

Mr Koop said education campaigns directed at homosexual and bisexual men, the largest group among America's 50 000 victims, had been extremely successful.

He said school sex education, including Aids information, was now mandatory in 17 states and special programmes were being aimed at blacks, Hispanics, teenagers and young adults.

He said: "It takes innovative and creative ideas to reach certain pockets of our population ... the most difficult people to reach other than the drug abusers are the adolescents because they have this marvellous feeling of immortality. They always feel that the health message is directed at somebody else."

Mr Koop said the presence of the Aids virus among heterosexuals in the United States makes it "quite evident" that the incidence of the disease

would rise. About four percent of American Aids cases are attributed to heterosexual activity.

Danish national Aids co-ordinator Dr Lone de Neergaard told the meeting that in her country the sides of buses were plastered with six-metre posters of giant condoms with messages such as "love and let live" in six languages.

"We use humour as a way to get information across ... to make education life-orientated, not death-directed."

Schoolchildren are given cartoon booklets with pictures showing how to use condoms to reduce the risk of catching Aids.

Kenyan delegate Mrs Elizabeth Ngugi described how several hundred Nairobi prostitutes had organised a group to share Aids information and had composed songs to teach each others how to protect themselves and their clients. — Sapa-Reuter-AP.

6

B
li
su
pr
rere
en
tu
Refu
bu
tio
the

Aids survey: Mixed reaction on condoms

Capl. Times 27/1/88. (92)

Own Correspondent

JOHANNESBURG. — Using condoms to prevent Aids infection is the most favoured method of prevention among South African whites polled recently, while it was the least favoured among blacks.

Despite widespread publicity about the risk of Aids, only 4% of whites and 33% of blacks have changed or are thinking of changing their behaviour.

Both groups favour taking more care in their choice of sexual partner, with 3% of whites and 28% of blacks claiming to have done this or are planning to do so.

Blacks rated taking a blood test for Aids as a second step to reduce their chances of getting it, while both groups rated avoidance of homosexuals as a third step.

These are the results of a poll conducted by Markinor amongst 1 000 whites and 1 300 blacks in metropolitan areas around SA, as part of Gallup

International's survey project on Aids in over 20 countries.

It found almost all whites and three-quarters of blacks polled had heard of the disease, while one third of the whites were very, or a little concerned, about getting Aids — 40% in the 16 to 24 age group — compared with 60% of blacks.

Some 98% of whites believed it was likely Aids would reach epidemic proportions amongst homosexuals, while 90% believed it could do so amongst those with several sexual partners.

Third at risk, they believe, are drug users (85%) and married people who have an occasional affair (63%).

Around 62% of whites believe an Aids epidemic will hit men, while only 35% feel women are at risk.

Among blacks, the epidemic threat is believed to be greatest for those with several sexual partners (92%), homosexuals (75%), drug users (66%), men (65%) and women (62%).

Aids: Bid for global move

Own Correspondent

LONDON. — Urgent action by governments all over the world to fight the global threat of Aids was urged in a communiqué agreed on by all 148 countries attending the World Aids Summit here yesterday.

It said the disease, estimated to be infecting five to 10 million people worldwide, posed a serious threat to humanity. The signatories undertook to devise programmes in their own countries to prevent and contain the spread of the disease.

In the absence of a vaccine or cure, education and information were the most

important components of the campaign against Aids, because transmission of the virus could be prevented through informed and responsible behaviour.

The communiqué declared 1988 The Year of Communication about Aids. Each delegate agreed to ensure his government undertook urgent action.

"We are convinced that by promoting responsible behaviour and international co-operation, we can begin to slow the spread of HIV infection."

The final communiqué did not refer to compulsory testing, a practice the World Health Organization opposes, but which

some countries, including Russia and some Eastern Bloc countries, support.

● Mr Evgeny Chazov, the Soviet Health Minister, said: "We have tested several million Soviet citizens and we have uncovered only 33 carriers of the Aids virus," reports Sapa-AP.

He said most of the sufferers "had sexual contacts with foreigners. Some of them were infected by a single Soviet Aids victim, a translator who was employed in Africa for some time".

In an interview, he laughingly dismissed a London newspaper that had quoted him as saying Soviets were resistant to Aids because of "genetic superiority".

Aids advice hotline

Medical Reporter

The first telephone lines of a nationwide Aids inquiry service have been installed in Johannesburg, the Department of National Health and Population Development confirmed today.

People who wish to know anything at all about Aids can telephone these numbers anonymously and obtain expert information, a department spokesman said.

Telephone inquiry lines will eventually be installed in seven regional offices throughout the country.

The numbers are: (011) 836-2232 (ask for the Aids advisory service); or a direct number (011) 725-3009.

Move to bring Aids education to schools

Cape Times 29/1/88 92

Staff Reporter

THE Cape Education Department is considering introducing Aids education into schools and the central government is to approach all education departments to try to bring home the seriousness of the disease.

The director of the Cape Education Department, Dr S W Walters, said the department was "conducting research into all relevant aspects of Aids pertaining to the educational situation".

The Department of National Health and Population Development views Aids seriously and a spokesman said the government's R1-million Aids-prevention campaign would include contact with all education departments "to seek their co-operation at their discretion".

Dr Walters said the department was conducting an experimental family guidance programme in a representative sample of 99 schools across the province.

The programme, and the question of "local option", was being evaluated with a view to introducing it — with possible revisions — in all schools by next year.

City headmasters interviewed this week showed a willingness for Aids education to be given in high schools. However, there was a wariness of departmental initiatives and a preference for exercising their own discretion.

Westerford High School is one of the schools involved in the Cape department's pilot programme. The principal, Dr John Gibbon, said that last year all the pupils in his school attended a lecture on Aids.

"Parents were asked before the lecture was held and were invited to attend. Pupils who wished to do so could withdraw — and not a single pupil did. It was tastefully handled by an expert and we felt it was very successful."

He said he believed in the principal's discretion to meet the needs of his or her school.

The president of the Union of Teachers' Associations of SA, Mr Franklin Sonn, said he would welcome an Aids education programme provided it had the backing of parents and was conducted by sympathetic, knowledgeable people.

The head of Cape Town High

School, Mr Nugent Field, said that as far as he knew no sex or Aids education programme had been carried out at his school.

"My feeling is that there is so much uncertainty and misconception that it is important that both pupils and the public should be put in the picture."

He said he would not be averse to a departmental initiative. "Perhaps there would be schools too apathetic to start such a programme on their own."

A spokesman for the Department of Education and Training said anyone wishing to lecture pupils about Aids would be welcome provided they approached the department through the correct channels.

A spokesman for the Department of Education and Culture (House of Representatives) said family planning had been started as a compulsory subject in certain Cape schools last year and was being extended to other schools this year.

Aids and other aspects of sex education would be included in this course at the discretion of individual principals, he said.

(92) Sowetan 29/1/88

I was sitting at a side table in one of the best restaurants in Amsterdam, with my back to the rest of the room, when my companion's gaze suddenly fixed on something over my left shoulder.

Somebody shouted. I wanted to look, but a trapped nerve in my neck made it too painful. My companion smiled, leaned towards me with an embarrassed smile and said: "Somebody is ill at the back of the restaurant. The woman at the next table is shouting at me to stop staring — I have told her I stare because you are a doctor."

I turned very slowly. Everybody was looking away from a small table at the far end of the room.

I hate public medicine. Road accidents, heart attacks, fits, diabetic comas are as terrifying as bad opera, and the lead is often a fraud or a drunk or both. As I got up and walked towards the table, the round Dutch faces looked like so many disconcerted Edam cheeses.

At the end table a small man in a threadbare black overcoat was having a fit, head down in a bowl of soup. He was around 30 and Javanese.

A small pool of blood from the corner of his mouth had gathered on a napkin.

An anxious thin man in black stood over him. He said in Chinese English: "He has had two attacks of meningitis in the past three years — now he has fits."

As I leaned forward to clear the victim's air passage he gave a jerk, raised his head blearily and looked around. Yellow eyeballs matched his skin. I knew immediately what his companion was about to say.

Bitten

Attacks of meningitis in Amsterdam and the yellow eyeballs fitted a likely diagnosis — Aids

A waiter standing next to me went slightly grey, the conversation in the restaurant got slightly louder. An ambulance siren sounded in the distance, coming closer.

Had it not been for my neck, I would have got to him more quickly and might well have put a finger in his mouth to clear any obstruction. Being bitten in such circumstances is common and, I have to admit, it goes with the job, Aids or no Aids.

AIDS:

A modern doctor's dilemma

But I would have been left, notwithstanding reassuring statistics given to me earlier in the day, with three months of paralysing worry.

And what if he had suffered a cardiac arrest instead of an epileptic fit. Would I have unhesitatingly bent down and given him mouth-to-mouth resuscitation or would I have paused for a fatal 20 seconds, weighing the pros and cons of saving a man who is doomed?

Uneasy

I know what I should do, but would I? Somehow the figures don't convince when it is yourself.

The incident left me feeling uneasy — with myself and with the bizarre coincidence.

That day I had interviewed one of Europe's foremost authorities on Aids, Dr Sven Danner, at his special unit in the Amsterdam Medical Clinic.

Suddenly the assurance of the morning seemed less comforting.

Statistics and reality make uneasy bedfellows. Was this a foretaste of the future, Edgar Allan Poe's *The Masque Of The Red Death* set in twentieth-century Amsterdam?

Until we know more about the extent of the disease — something that our society, out of fear, is bent on denying us — my doubts will remain.

And so will the doubts of doctors, nurses, ambulance crews and police, all of whom are obliged by law to treat everybody, however intimately, without knowing whether they have Aids.

Even in hospital before surgery, testing for Aids without the patient's permission is a felony.

Early

Dr Danner's research suggests that there is a prospect of some control of the illness, but at a price — far more people should be tested to pick out those who need early treatment.

Since we are without, in his view, any realistic prospect of a vaccine, we are left with identification and treatment of the illness.

We have to remember that it is one thing to have a positive blood test, quite another to develop Aids. Not everybody with a positive HIV test develops Aids syndrome.

In Holland, Dr Danner said, they have a new test that has made it possible to predict with some confidence those with HIV-positive blood who might develop full Aids.

Saliva

The HIV test is a measure of the body's reaction to the virus.

American and Dutch scientists have discovered a way of measuring the reverse — the virus's reaction to the body.

The Antigen Test, as it is known, tells us — long before any symptoms appear — when the virus, which might have lain dormant for years, is about to enter an active phase. This is of practical importance because the only drug we have to treat Aids, Azathioprine, appears to be more effective the earlier it is used.

If the disease can be treated before any symptoms appear there might be better prospects of controlling it.

Mass screening by use of saliva tests would, however, be necessary.

Dr Danner was careful not to talk about a cure, but his ideas are eminently practical.

Whatever drugs are

Dr Myles Harris, who came face to face with AIDS in Amsterdam, draws attention to a modern doctor's dilemma.

developed in the future, he said, early diagnosis and control, combined with education for teenagers about the risks of promiscuity, are far more important than chasing the mirage of a vaccine.

The recent decision by the British Government to maintain restrictions on mass testing for Aids will not contribute to the control of the disease.

It has just been announced that testing for Aids will remain illegal without a patient's consent.

While testing for all diseases has to be done with the consent of the patient, Aids is unique in that agreement has to be actively sought.

With other diseases, such as hepatitis, syphilis and cholera, tacit consent is assumed because the patient has sought treatment.

Dragging

This means that the essential data for controlling Aids will not be obtained, a concern which was expressed in a recent leading article in the *British Medical Journal*.

Mass anonymous testing would show the spread of the disease, its relation to age, sex, sexual behaviour, race, occupation and residential district.

When planning how to control Aids and educate people about it, such information is needed.

Though the DHSS is dragging its feet over testing, the Princess Royal's speech on Tuesday, delivered to health ministers from 130 countries at the International Conference on Aids now taking place in London, may indicate that a more determined approach can be expected in the months to come.

— *The Independent*.



Second Aids virus is found in the US ⁹²

CP Correspondent

A SECOND Aids virus that was discovered in West Africa and later spread to Europe has been found in a patient in the United States.

Researchers at the University of Medicine and Dentistry of New Jersey said it marked the first time the virus had been seen in US.

The virus is called HIV-2 - for Human Immunodeficiency Virus Type 2. That distinguishes it from the original Aids virus, HIV-1.

Luc Montagnier of the Pasteur Institute in Paris, who discovered HIV-2 and was one of the discoverers of the original Aids virus, has said that HIV-2 causes Aids. However, Max Essex of Harvard University has maintained that the virus does not cause illness.

Officials at the University of Medicine and Dentistry of New Jersey said the patient in whom HIV-2 was found had developed Aids as a result of the infection.

Gail Lloyd of the US government's Centres for Disease Control in Atlanta, Georgia, confirmed that the case was the first of HIV-2 diagnosed in the US.

HIV-2, like HIV-1, is believed to be transmitted most often through sexual contact, blood transfusions and contaminated hypodermic needles.

Montagnier said in June that HIV-2 had been detected in 100 people in France, West Germany and Britain. He said some of them had Aids.

In some countries in West Africa, researchers have found 17 percent of the population infected with HIV-2. - Sapa

clper 3/1/88

CP/PRO 3/1/88 (92)

Aid appeal

A CONSERVATIVE group of Mozambican exiles has appealed for supplies to help those in the country.

Chairperson of the Mozambique Youth Rights Group, Pola Malossa called on "every community" to donate supplies to "alleviate the unbearable suffering experienced by the six-million refugees in and around Mozambique." - Sapa

Political comment and newsbills by ZB Molese. Headlines and sub-editing by F Alberts, all of 204 Eloff Street Ext. Johannesburg.

one has projects in the pipeline. There is the mooted listing of Brigadiers' L & O Leis-ureco, and the tie-up to US distribution through EFS. Two critical areas remain: the problem of staff being poached from long-established local companies, and the lack of

"local product."

Well, if experts go out, they can also be brought in. The quality of the product is what will count in the end. Though we can assume that Hollywood has thought of just about everything, there is surely material

waiting in southern Africa which is as fresh and as original as anything Hollywood has managed to come up with. Getting it onto the silver screen is the challenge — and one which many want in on. ■

□ See *Economy*

AIDS AND INSURANCE

A plague on the houses

92) P/M 29/1/88

Actuaries like their figures to be exact. One reason the life industry has been so successful over the past 100 years or so is precisely because its actuaries made the right assumptions about our life expectancy — as compiled in so-called mortality tables.

Occasionally their figure-work has been put out — notably by the influenza epidemic of 1919. But now comes along another virus, many times more deadly, with little chance of a cure before the century is out.

That, of course, is the Human Immunodeficiency Virus (HIV), which causes acquired-immune deficiency syndrome, commonly known as Aids. Life assurers have probably never faced such a serious threat to their funds than from this virus, a mere 1/10 000th of a millimetre in diameter.

To November 11 1987 a total of 87 Aids patients were reported in SA. So far 61 have died, of whom two were believed to have had life assurance. These 87 were people assessed to have "full-blown" Aids — so-called to describe the stage of the disease during which fatal complications develop. This can follow an incubation period of up to 10 years during which a person could be tested and found HIV positive, but need not show any physical symptoms of the disease.

The World Health Organisation (WHO) estimates that for every one person at the full-blown stage there are between 50-100 who are infected. For SA that means at least 4 300 are already carriers, assuming all the deaths from Aids have been recorded (and that's unlikely).

In the US, to August 1987, there were 40 845 with full-blown Aids, many of whom have since died. Currently it is estimated that 1,25m Americans are now HIV positive, and that by 1991 the numbers of deaths will have reached 270 000, according to various medical experts.

Here in SA, as in the US, the numbers reported with full-blown Aids are doubling each year. The first reported case in SA was in 1982 (although diagnosed in

The tragedy of Aids is spreading — not least in SA. No longer only a homosexual disease, its occurrence threatens the very structure of the life assurance industry. While it's early days yet, the sector is carefully planning ahead.

retrospect); in 1983 four cases were reported; in 1985 eight. In 1987, 21 new Aids patients were diagnosed. In the first 10 months alone 19 had died, according to Dr Reuben Sher of the South African Institute for Medical Research in Johannesburg.

Life assurers specifically fear two problems: a massive rise in mortality as a result of increasing numbers of assureds dying from Aids; and the possibility that medical science will gradually prolong survival of Aids victims. Initially, mortality increases will be minor. On current trends assurers probably have a few years' grace before facing any significant and costly increase in death claims.

But the second aspect is far more serious in the short term. It's anyone's guess, but prolonged survival could mean disability payments doubling within the decade and would cause severe cash-flow problems for assurers, forcing them to slash bonus rates and reduce policyholders' maturity values.

Simply put, life assurers must protect existing policyholders' funds against a potentially massive increase in payouts. And ideally, they need a collective strategy to avoid "anti-selection." Any company whose criteria for accepting risks is less stringent than competitors will tend to attract both Aids carriers and those with a high-risk profile.

One question they are agonising over is whether or not they should discriminate against applicants with certain lifestyles. Most accept the need for testing for Aids during medicals — but who should be selected for those tests, and for what sort of life assurance value do you make them?

Though SA has few victims at present, no assurer is treating the matter lightly. The Institute of Actuaries in the UK, for example, has estimated that almost 500 000 people will become HIV positive within seven years in the UK. By then

over 160 000 would have died. This is the institute's worst scenario.

In SA the topic was discussed at great length last November at the annual conference of the Actuarial Society of SA. Registrar Theo van Wyk gave the keynote address at dinner, and the Financial Institutions Office is known to be very concerned about the potential threat to the life industry posed by rapidly rising claims.

The Life Offices' Association (LOA) has added its voice to the debate by issuing a second report on the matter. Here it was agreed that certain questions be extended specifically to refer to Aids. A sub-committee was asked to draw up an inter-office agreement on routine Aids tests at an agreed level of sums assured. The suggested figure being talked about is R200 000, or R2 000 per month permanent health insurance benefit.

Meanwhile, anxious to protect their funds, some companies have already taken action.

Explains Brian Benfield, MD of AA Life (AAL): "We were the first life office to start carrying out an automatic Elisa test for applications for life cover over R300 000. That was in July 1987." About 15% of the company's applications are for sums assured over this figure. Subsequently other offices have followed this practice.

The test is relatively cheap (about R30, maybe less), "reasonably accurate," and taken at the life assurer's expense. Those proving HIV positive the first time are tested a second and then a third time if necessary. If they are still positive, the applicant is advised to have a final confirmation at his own expense — a more costly test called the "Western blot."

Mindful of the sensitivity of the subject, AAL has phrased its application form questions carefully: "Have you during the past five years had any X-rays, ECGs, other examinations, including tests for Aids, operations or been hospitalised, taken any course of sedatives, tranquillisers, or drugs for medical or other reasons, or consulted any doctors or specialists, including any regular check-ups?"

A catch-all question at the end of the application refers to: "Disease or disorder of the kidneys, bladders or reproductive organs, for example, protein in the urine, kidney stones, prostatitis, cystitis or venereal diseases, including Aids..."

Henry Worthington, senior GM finance and chief actuary of Lifegro, comments:

Insurers firm... One Night... AIDS... Aids victims... should carry... care... US... poll... to consider AIDS testing... ERNMENT SPELLS OUT THE FACTS... will rec... to... insurance dec... antit... Aids War... global... be repatri... victims undertak... hopes fade... Aids-vaccine... ster... trial of AIDS drug... toxic effects end...

"We take the problem of Aids very seriously and are in the process of adapting our application forms and underwriting rules. We already require testing for HIV positive on large sums assured over R500 000 and on other doubtful cases at the underwriter's discretion."

David Goelst, assistant GM (admin) of Federated Life, says: "Aids is now acknowledged to be a pandemic. There's no doubt we need to react quickly to protect both existing policyholders and future potential clients. There could be a very large potential threat to our industry out there. We have added a wording to our application forms which for now gives us enough protection."

Goelst adds that Federated has already asked for further details from "a number of suspicious applicants, usually following a medical report, and none of them came back to us."

Meanwhile, Federated is sensibly considering establishing a special reserve fund to cater for possible increases in death claims and disability payments.

Dick Geary-Cooke, executive director of the LOA, keen to pre-empt accusations that a cartel is in the offing, points out that "any agreement to call for tests at a certain level of sum assured only ensures that members obtain information on possible impairments. It does not state what underwriting decisions should be taken on the application. Besides,



Researching Aids ... auditing a potential calamity

this should be viewed as protecting existing policyholders from those people who know they have Aids but are trying to obtain cover."

Sher has been consulted by a number of

assurers, and has said to them: "I don't think it's fair that life insurers should discriminate against people who, for example, are gays; nor on the other hand is it fair for those who know they are infected to take out R1m of life cover."

If they operated this way, chances are they would end up underwriting the married bisexual, but refusing cover to the non-promiscuous homosexual.

Indeed, from various reports it is becoming apparent from US statistics that it is no longer a problem of the homosexual community. One life insurer reports that of those applicants for high life covers tested for the virus, 14 were found to be HIV positive. Of those only two were homosexual, one was a woman, and the remaining 11 were married men with children.

So, says Sher, "one should not judge a person on sexual preference. Instead, insurers should test everybody who wants life assurance over a certain value. Their actuaries must work out the risk factor and set a limit."

He adds that Aids is not a serious problem in SA at the moment. "Tuberculosis is still a greater disease. The potential, however, is very serious. Aids is a global problem. Already 142 countries have reported cases of Aids. And in SA, so far some 2 500 people tested have proved HIV positive."

It's fast becoming everybody's business. ■

STOCKBROKERS' RATINGS

Thinking through the scramble

Amid all the excitement of last year's bull market, and the first big listings boom in some 18 years, stockbrokers *did* continue their research activities. But the hectic market conditions created pressures for research departments and did not make it easy for the firms to allocate valuable resources.

Whether this meant that standards suffered is problematical. Of the institutions which responded to the *FM's* annual survey of stockbrokers, surprisingly few — less than 20% — felt that the overall standard of research had dropped during the year; the remainder were split about equally between those who felt there had been no change, and those who thought performances had improved.

But that strains were being noticed in places is clear from the view of one of SA's largest institutions. Its investment manager remarked that the quality and the quantity of research deteriorated during the year because of new appointments in the place of people leaving the country, and because of time spent on new listings with the result that good quality shares were neglected.

These problems did not deter the established leaders from maintaining their positions. Martin & Co easily retained its first place in the overall rankings, a position it has held since the first such *FM* survey in 1977;

The hectic conditions of the bull market and the spate of new listings before the crash affected, but did not obscure, the brokers' research efforts. The new market conditions, however, should see a big shift in emphasis, and the *FM's* annual ratings are likely to be altered this year.

and Ivor Jones was again ranked second.

The survey largely followed the format of the previous three years. It is based entirely on the opinions of financial institutions which use the stockbrokers' services, and therefore takes no account of the often quite different research and other services that many firms offer their individual clients.

Questionnaires were sent late last year to more than 40 investing institutions, including such organisations as insurance companies, merchant banks and major pension funds. Instead of adopting a one-man

one-vote system, certain of the replies from participating institutions are weighted. Before the questionnaires were sent out, we selected a top 10 and a second group of 10 — an "A" team and a "B" team, with a "C" team comprising the remainder.

Although the questionnaires are confidential, and the respondents are not necessarily identified, we were able to identify which of the replies fell into each category. Replies from the "A" and "B" teams were weighted, those from the "A" team more heavily. The selection of groups to be weighted was influenced by an earlier exercise, when we asked eight stockbroking firms who they thought should be in each group.

The result is that a relatively small number of institutions, especially the larger ones, exert a substantial influence on the ratings. This is not only because their replies are weighted, but also because their return rate was high. Completed questionnaires were returned by 70% of the "A" team and by 90% of the "B" team; the

OVERALL LEADERS

Research

1. Martin
2. Ivor Jones
3. Frankel Kruger
4. Fergusson Bros
5. Mathison and Hollidge
6. Simpson McKie
7. Max Pollak
8. J D Anderson
9. Davis Borkum
10. E D Hern

Star 1/2/88

92

No Aids explosion, says top US doctor

LONDON — An explosion of Aids into the heterosexual population of the United States and Europe is not going to happen.

That is the view expressed by Dr Everett Koop, Surgeon-General of the United States and the man responsible for advising the President and government on health policy, who was speaking at a press conference on the second day of the London meeting of health Ministers to discuss Aids.

Dr Koop said: "But it would be a disservice to say that because it is not an explosion there is no need to worry."

"It is very important to make it clear that the United States Centre for Disease Control and the Surgeon-General never said an explosion of the disease would occur in the heterosexual population."

"But the proportion of Aids cases

among heterosexuals has increased in the last year to 4 percent and it has to go up."

He emphasised that just one heterosexual contact could pass on the disease.

It was important to get the message over to adolescents, who were difficult to reach because they had a marvelous sense of immortality.

He believed that people were willing to modify their behaviour when they understood the risks, and pointed to homosexual and bisexual men who had abandoned promiscuous sexual behaviour in bathhouses after 1981.

As a result, there had been a fall in gonorrhoea among homosexual men, followed now by a fall in new cases of Aids.

Anything which would stop the epidemic should be legal, Dr Koop said, including provision of drugs on a long-term basis, together with needles and syringes.

However, he admitted to a problem in talking frankly about Aids in the US, which lagged behind Europe in its ability to have open discussion. Objections had been made to the use of the word "condom" on television, and to references he had made to sodomy. Nevertheless, the United States will spend millions this year fighting Aids.

The US approach contrasted with that of the USSR, which does not yet accept that Aids is a real threat. Dr EI Chazov, health minister of the Soviet Union, said his countrymen would resist the disease because of their genetic superiority and their stronger moral fibre.

About 97 000 foreigners living in the Soviet Union had been tested for the Aids virus, and 221 who were found to be positive had been deported. In addition, 18 Soviet women had been found to be positive but they had all had sex with foreigners.

The Soviet authorities had also tested 7 000 homosexuals and found only one to be positive. Homosexuality is illegal in the Soviet Union but lists of homosexuals are kept by the state. — The Independent News Service.

Nothing bashful in Danish tactics to combat Aids

LONDON — A six-metre-long condom carrying the words "protect the one you love" is being used to alert Danes to the hazards of unguarded sex.

The condom, emblazoned on the sides of buses, is one of the imaginative schemes used in Denmark to draw attention to the problems of Aids and make the contraceptive less mysterious.

The Danes were notable at the international Aids conference in London last week for presenting the most daring and explicit information about Aids.

While health Ministers discussed a draft declaration to assist international co-operation in fighting the disease, a small band of delegates was always to be found watching the videos on the Danish exhibition stand.

The most explicit showed a naked couple making love. The details included a close-up of the woman placing a condom on the man's erect penis.

After they had made love, the video showed the correct procedure for withdrawal: the man held the condom at the base of the penis so that there could be no escape of semen.

Another Danish video told a new version of the story about the emperor who wore no clothes. The emperor also wore no

condom until a Danish girl exposed this deficiency. It ended with him marrying and living happily ever after.

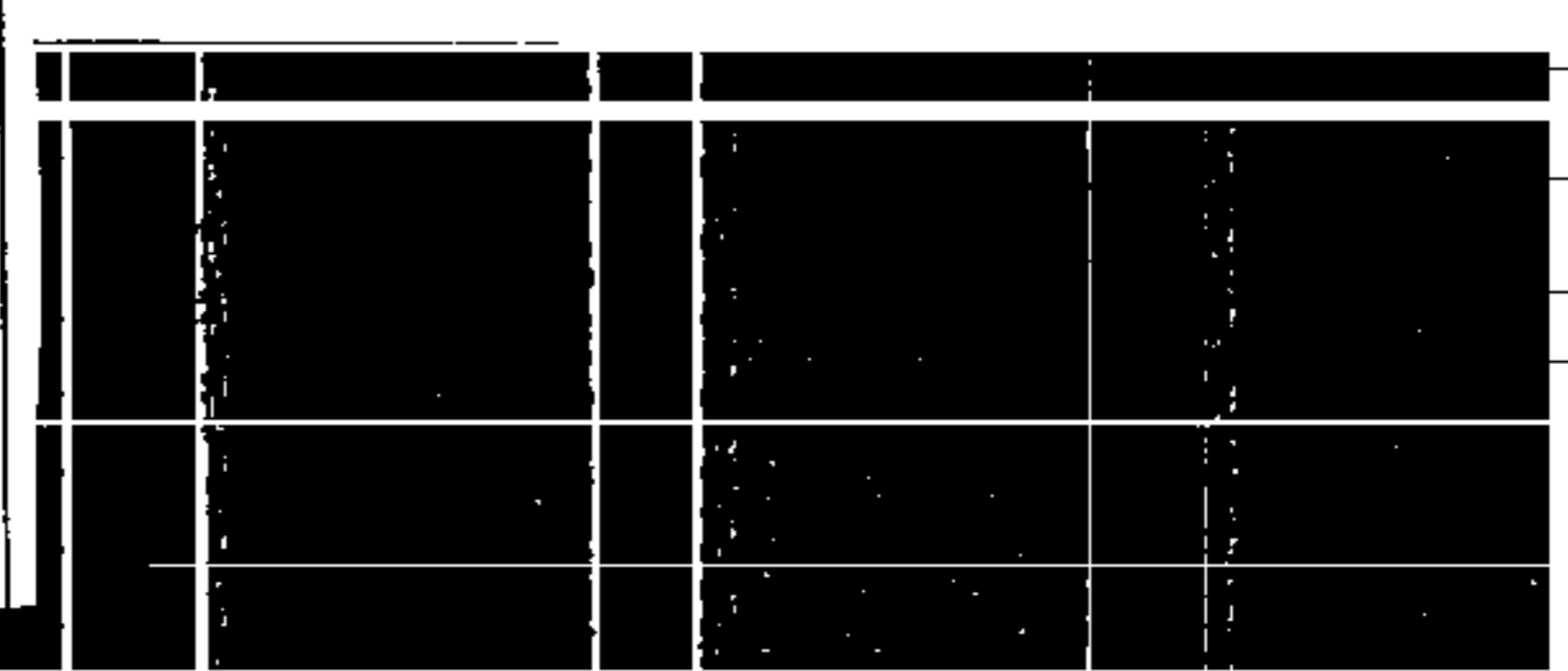
David Miller, a psychologist working with Aids patients at Middlesex Hospital, London, said: "There is an acceptance in Europe that sexuality is an important part of human experience, whereas in Britain we are more troubled with ideas of retribution."

"The Swiss, the Scandinavians and the French are able to talk about it with remarkable frankness and without embarrassment. They assume that it is an important and unassailable part of human experience."

While the merits of needle exchange schemes and supplying drugs to addicts during rehabilitation are debated in Britain, the Dutch are supplying addicts with free drugs, syringes and condoms delivered to their homes by bus.

Mr Hans Moerkerk, an Aids worker from Amsterdam, told the conference: "Although the use of hard drugs in our country is illegal, we have learnt to accept the use of drugs as a reality in society."

This approach was later accepted by the Dutch government as part of its national strategy. — The Independent News Service.



CONTROL.

New mutant Aids virus discovered at New Jersey hospital

(92)

Star 2/2/88

NEWARK (New Jersey)

— The first American case of a patient developing Aids from a mutant of the virus has been diagnosed at a New Jersey hospital.

The Centre for Disease Control in Atlanta confirmed that a patient at the University of Medicine and Dentistry of New Jersey is the first case of HIV-2 virus to be diagnosed in the US.

Hospital officials say the patient developed Aids from HIV-2, which, like the prevalent strain HIV-1, is thought to be transmitted by sexual contact, blood transfusions and contaminated hypodermic needles.

Officials say there is no evidence that the virus has spread in the United States, but the announcement raises questions about the spread of the disease.

US blood tests designed to prevent contamination of blood transfusion supplies with the Aids virus only detect the HIV-1 or human immuno-deficiency virus.

Dr Mathilde Krim of

the American Foundation for Aids Research has urged the development of methods for testing for the HIV-2 strain, which is already being screened in Africa and Europe.

She says the new strain will affect the same populations as the related HIV-1 virus.

"All precautionary methods that can protect individuals from infection with HIV-1 also protect against infection with HIV-2. There is only one Aids epidemic," she says.

Aids researchers predicted last June that the HIV-2 virus, estimated to have infected up to 17 percent of the population in some west African countries, would soon migrate to the United States, but that it would not mean a second epidemic.

Pasteur Institute scientist Dr Luc Montagnier, one of the researchers who discovered HIV-2, said then that 100 cases of HIV-2 had been detected in France, West Germany and Britain in 1986.

— Reuter.

Two women die from Aids ^{8/2/88} (92)

GARANKUWA — Two women, diagnosed by Garankuwa Hospital as having Aids, have died at their homes.

The women — one from Malawi and the other from Namibia — were treated at the hospital and then sent home at the request of their families.

A hospital spokesman said yesterday that four women had been diagnosed at the hospital as having Aids during the past eight months. No men had been diagnosed as Aids sufferers. — Sapa.

Aids tests in Tvl ¹⁸⁶⁴⁵ three new victims ^{3/2/88}

The Argus Correspondent

PRETORIA. — Three new cases of Aids have been diagnosed following 64 tests conducted at the Medical University of South Africa's training hospital in Garankuwa outside Pretoria since October last year.

This was confirmed yesterday by the hospital's medical superintendent, Dr Rudi van Niekerk, who said two of the three had already died. A woman victim was being treated.

The hospital diagnosed the first South African woman Aids victim in mid-December.

Dr van Niekerk said that earlier last year the hospital had positively identified a Malawian woman Aids sufferer. She had been sent home in October to be with her family.

The Garankuwa Hospital is a referral centre for a large number of other hospitals and sees patients from black Southern African states.

Dr van Niekerk said the hospital had started its own anti-Aids campaign six months ago by distributing free condoms to patients.

3 1/2 :
ECO I 1/2
COS I 1/2
RS II
MAT I 1/2

1 1/2

News 3/2/88

92

Aids TV ad expected to raise reaction

Tonight Reporter

SABC-TV's Aids awareness campaign was launched last night.

An advertisement was screened after 9pm on TV1 after a week of teaser advertisements.

"It is early days for reaction but we must be realistic and we do expect some," said an SABC spokesman.

The advertisement will be shown on all TV channels, but at different times. It will appear on TV1 and TV4 after 9pm and on TV2 and TV3 between 7 and 9pm.

The advertisement, in 30 and 60-second versions, is part of a campaign involving TV, radio and the Press, according to the SABC spokesman.

It advises the use of condoms, but they are not shown on the screen. They are also mentioned in the radio version.

The SABC spokesman said the advertisement was "not a condom commercial but an Aids awareness campaign including a possible method of control."

The teaser advertisements featuring the words "Kevin loves Jane" — and other girls — was about promiscuity.

The spokesman said the TV and radio campaign was not a public services announcement but paid for and contracted.

EXPECTANT MOTHERS HAVE AIDS

3/2/88
Sowetan

TWENTY-four pregnant black women in the PWV area have been found to be Aids carriers.

It is now feared by authorities that the women may pass on the Aids virus to their unborn babies. Already two black babies, one born prematurely in Maritzburg and the other in Johannesburg, are believed to have died of Aids-related diseases, although evidence of this is not yet conclusive.

Until recently both women and South Africa's black community were believed to have escaped Aids.

Blood

In December 1986 the Advisory Group on Aids announced that blood sampling of black South African labourers showed "a negligible incidence of exposure" to the virus and there had been no cases of Aids in South African women.

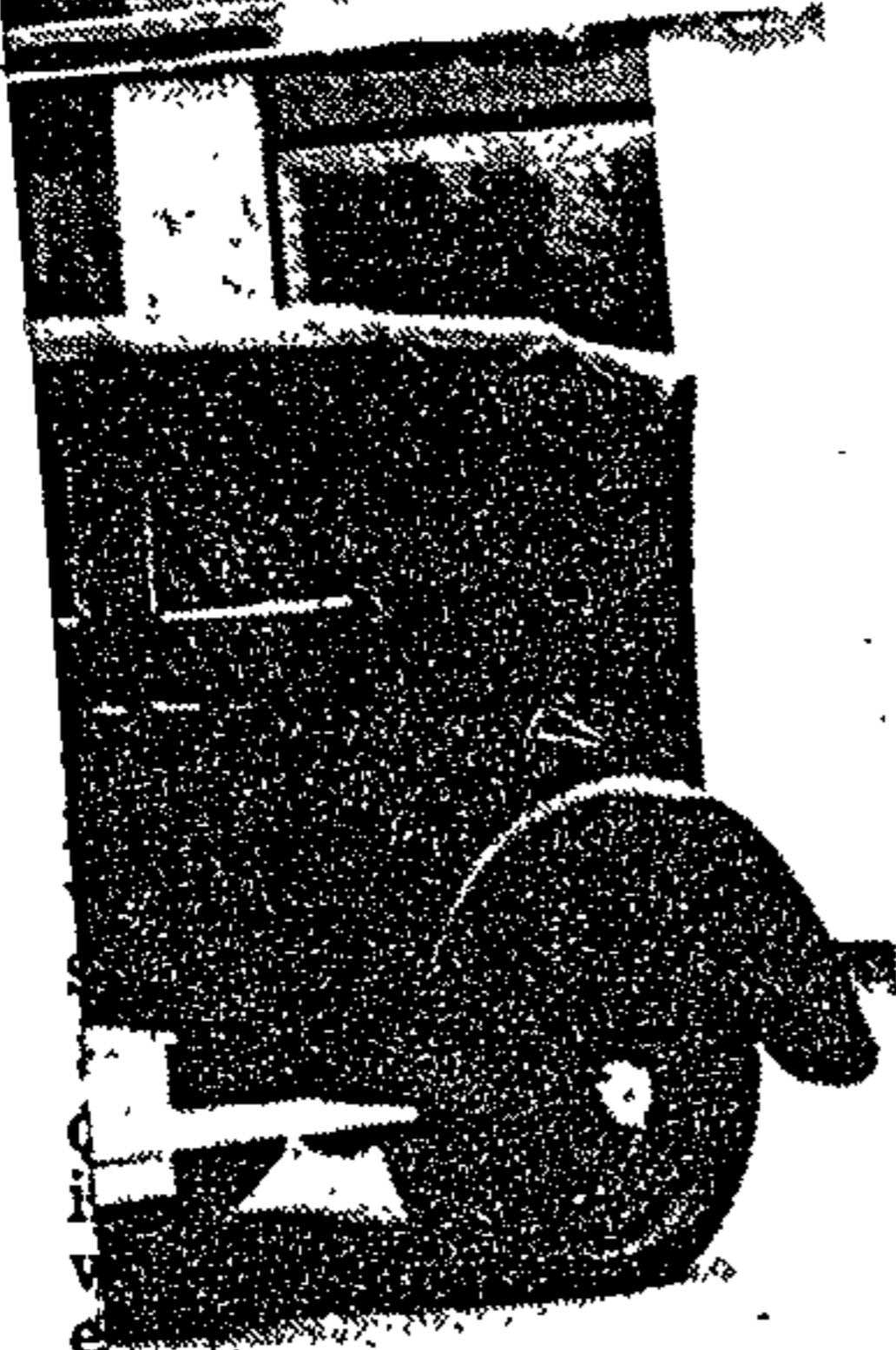
By mid-1987 however, 0,03 percent of blacks were found to have been exposed to the virus and later last year two black men and a woman were diagnosed as having Aids.

A doctor said: "The message in these facts (of the 24 Aids infected women) is that people must be aware of the presence of Aids in our communities and should take the trouble to find out more about it and how it is spread."

**SOWETAN
REPORTER**

They stress that while it is important to find more about the disease, it is not enough. People must also do something about lessening their chances of being exposed to the virus by either cutting down on the number of sexual partners or wearing condoms in cases where they have more than one partner.

olls



British in Crewe's Rolls Royce revolution. The fate of the late Shah.

Drug may prevent development of Aids

Star 5/2/88

92

AMSTERDAM — The only drug known to slow the progress of Aids may also prevent people infected with the virus developing the disease, a Dutch researcher said this week.

Mr Joep Lange said this had emerged from a pioneer study by Amsterdam University and city medical bodies, but that the survey was too small to be conclusive.

The drug significantly cut the number of Aids antibodies in 13 of 18 Dutch males who were seropositive — those carrying anti-bodies indicating the presence of the Aids virus without having developed the disease.

Many seropositive people later develop Aids. The drug, Retrovir,

known also as AZT, was the only one known to slow the progress of the disease and lengthen the life expectancy of Aids victims.

The Dutch study was the first to test the effectiveness of Retrovir in the earliest stages of Aids infection, Mr Lange said.

The British pharmaceutical firm, Wellcome, which produces Retrovir, said the study could suggest that the drug was effective in attacking the virus in seropositive people.

"The drop in the antibody count means you may suggest, but it is no more than a suggestion, that, for the time being, these people will not get Aids," a spokesman said. — Sapa-Reuter.

CPA Trips 4/2/88 (92)

Now women's condoms an aid to sex

Staff Reporter

A BREAKTHROUGH in Aids prevention has been made, with the invention by a Danish gynaecologist of a "female condom" which may serve to protect women, as the male condom does for men, from sexually transmitted diseases such as Aids.

Dr Eric Griegersohn, the gynaecologist who developed the "female condom" along with his nurse-wife, said the reason behind such a development was that, while women have many devices to prevent unwanted pregnancies, they have nothing to protect them from sexually transmitted diseases.

The principle behind the female condom — the latest weapon in the war against Aids — is that the female can use it herself, he said.

"It looks like a big condom with an outer ring which prevents it slipping."

Own Correspondent

LONDON. — A female condom has been acclaimed by the first couples to try it.

It may go on sale this year following tests by the Margaret Pyke family planning clinic in London.

Women did not notice a difference compared to the male condom, said director Mr John Guillebaud.

"Universally the men have said they prefer it."

The device has been tested by 25 couples and the clinic is recruiting 200 more.

The survey also reveals that condom users made love less frequently than those on the pill, which tends to be used by younger women.

Dr Griegersohn said from his clinic in Copenhagen.

The new condom is a soft, transparent plastic pouch used in conjunction with a lubricant and works in much the same way as a diaphragm.

"Women can put it in before they go out or they can use it overnight if they want to. Compared to the traditional condom, this will give far better protection," he said.

Asked if this plastic had toxic properties which may make it dangerous, the doctor replied that it did not and is largely accepted by doctors.

Mass production has not yet started and the condoms are only being used experimentally at present, Dr Griegersohn said.

The device would be marketed once tests were completed, perhaps in 1989.

Dr Frank Spracklen, of the SA National Aids Advisory Group, said the female condom could have "as many flaws as the male condom".

"I think it is an interesting development but we must wait for more evidence that proves it is better than the male condom," he said.

AIDS - NURSES CANNOT SAY NO

02 South African
5/2/88

SOUTH African nurses may not refuse to treat Aids patients, and would face disciplinary steps if they did, the executive director of the SA Nursing Association, Mrs Susan du Preez, said in Pretoria yesterday.

She said guidelines regarding the treatment of Aids patients were recently sent to 136 000 Sana members.

Work

Mrs du Preez said in the unlikely event of a nurse contracting Aids, and being unable to continue her work, her pension and medical

funds should compensate her. Nurses were responsible for medical aid premiums.

Mrs du Preez said she was unaware of any medical insurers or pension fund administrators objecting to nurses treating Aids patients.

There was no known case of a nurse refusing to treat an Aids patient, but if one did she may be charged with dereliction of her duties, at a Sana disciplinary committee hearing.

Mrs Du Preez added that it was unlikely that nurses would be infected by the Aids virus while carrying out their duties. — Sapa.

Medical schemes fear AIDS costs

MEDICAL schemes are campaigning for the Government to foot most of the AIDS treatment bill for members who contract the killer disease.

An urgent meeting has already been held between the Representative Association of Medical Schemes (RAMS) and National Health and Population Development Minister, Dr Wille van Nierkerk, to persuade Government to "substantially meet" the sky-high cost of treating and caring for medical scheme members who contract AIDS.

By HAMISH McINDOE

92
7/2/88
Figures released by US health authorities have put the cost of caring for AIDS sufferers at a staggering R120 000 a year.

RAMS believes the cost of treating AIDS would be similar in South Africa.

And, as AIDS gains a firmer foothold in South Africa, medical schemes fear they will have to pay out millions to

treat members suffering from the disease.

Said RAMS executive director Mr Rob Speedie: "We want to impress on Dr Van Nierkerk the horrendous financial impact that the future cost of treating AIDS patients will have on the medical aid schemes."

Last year, 76 South Africans and 22 foreigners were diagnosed as having symptoms of the killer disease, while an estimated 10 000 are carriers of the Human Immune Deficiency (HIV) virus.

Two more Aids deaths

By SOL MORATHI
CP Correspondent

TWO people have died of Aids in Pretoria - bringing the death toll from the dreaded virus in the area to three in the last three months.

The latest deaths occurred following tests done on 64 people by the Medical University of South

Africa in GaRankuwa.

The two deaths at the GaRankuwa hospital were confirmed by the superintendent, Dr Rudi van Niekerk, who said three other people tested there had been found to be carriers of the virus.

A woman sufferer was being treated at the hospital, Van Niekerk said.

More than 1 500 people have also been tested for Aids by the Department of Virology at the University of Pretoria since October last year.

Already 19 people have been found to be carrying the disease. This was confirmed by Professor Mike Lecatses of the university's virology faculty.

Thirteen of the carriers were white and six black, he said.

Lecatses expressed concern at the acceleration of Aids and said the disease was expected to spread more rapidly among blacks than whites as the latter were more careful.

The majority of people tested for Aids had come from the prison, while other requests for tests had been received from medical staff and concerned individuals.

Lecatses pointed out that Aids carriers had the disease in a latent form and that it had not yet started causing serious problems with their immune systems.

He said most carriers were still healthy.

"It's a question of time, as the incubation period for Aids is about eight years and there is every chance that these people will ultimately get the disease," he said.

Mystery surrounds Mahobe's capture

By DERRICK LUTHAYI

A VEIL of secrecy hangs over the arrest of South Africa's most wanted man, Zola Daniel Mahobe, former Mamelodi Sundowns boss and businessman alleged to be involved in the massive R10-million Standard Bank fraud.

The case relates to alleged theft from the bank through computer manipulation.

Mahobe's alleged partner in the fraud and girlfriend, Snowy Moshoeshoe, has already completed six months in jail of her 10-year prison sentence.

Friends, relatives, colleagues and policemen are not willing to discuss Mahobe's arrest, nor can they disclose where he has been.

A spokesman for the police public relations division said the SAP was not prepared to furnish any further information because the matter was sub-judice.

Mahobe was arrested by Botswana police last Friday night while hiding in a wardrobe at a house in the posh Tsholofelo suburb in Gaborone. The police raced to

the house after receiving a tip-off.

According to reliable sources, Mahobe was handed over to a Lt Barlow of the Zeerust police, who alerted the crack John Vorster Square Commercial Branch, who collected him on Sunday.

Mahobe went into hiding after police uncovered what is believed to be South Africa's largest computer fraud, which resulted in the loss of millions of rands for the bank. A R50 000 reward for his arrest was issued.

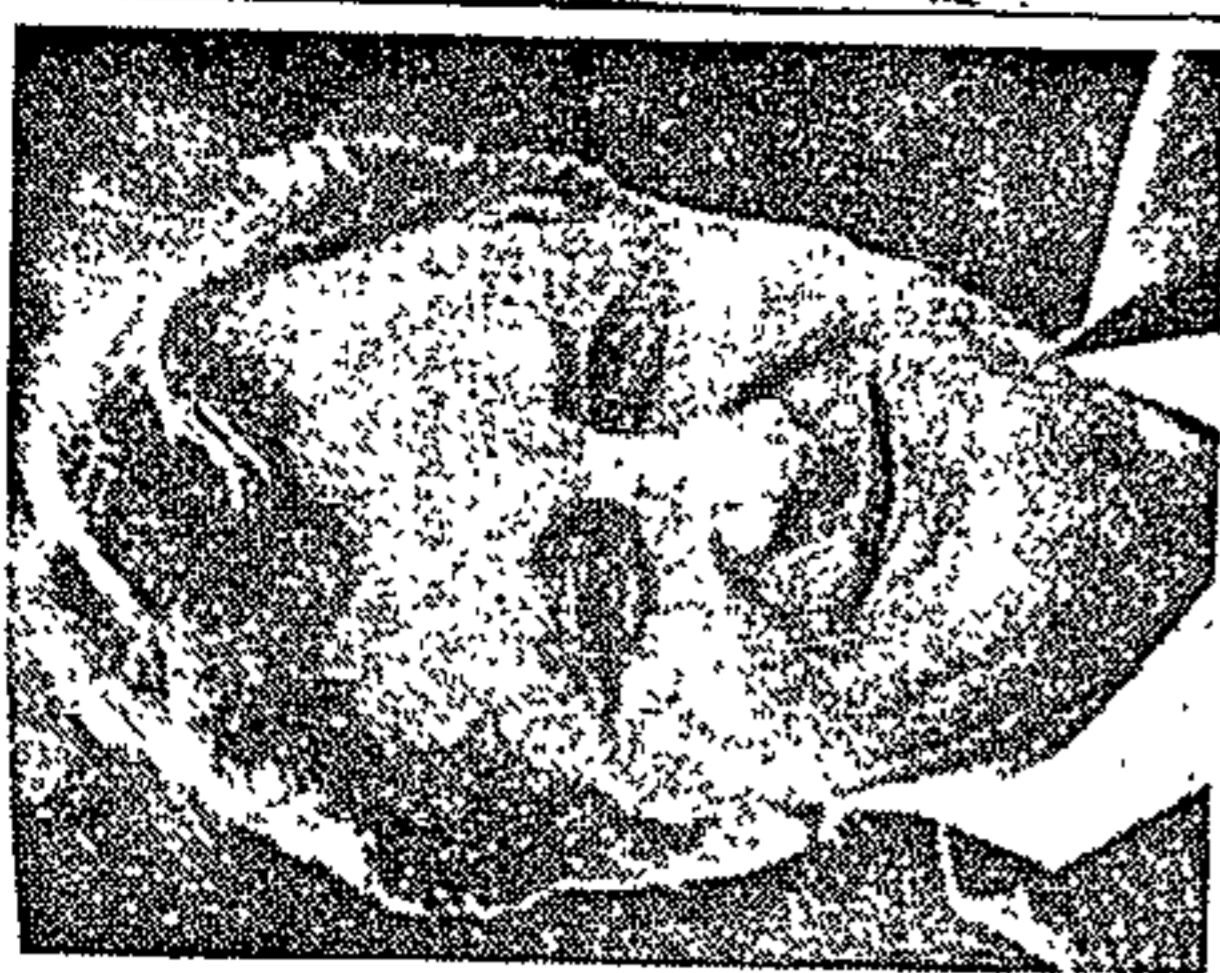
Now that Mahobe has been arrested more questions are being asked. Who tipped off the Botswana police? Was Mahobe betrayed by a friend who wanted the reward? Did Mahobe ask someone to tell the police of his whereabouts? It is rumoured in the townships that Mahobe was sick and tired of the "hell run" and wanted to get the case over with and be back among his own folks.

All this speculation will be ended when Mahobe appears in the Johannesburg Magistrates' Court on February 16.

Migrant workers to be tested — Minister

ALGAS 8/2/88 92

SCREEN FOR Aids



Dr van Niekerk

By KAREN STANDER
Medical Reporter

MIGRANT workers from "high risk" countries will have to have Aids tests when they apply for work in South Africa, Dr Willie van Niekerk, Minister of National Health and Population Development, said today.

At a Press briefing on health matters, Dr van Niekerk said Aids had been added to the list of diseases which made immigrants "non-acceptable" under the Immigration Act.

This did not mean all people entering South Africa would be tested, but applied to all work applicants from countries such as Malawi, Zimbabwe, Zambia, Zaire and Burundi which were listed by the World Health Organisation as high-risk countries.

He said the Government was "in the process" of repatriating about 1 000 Aids-carrying mineworkers, mainly from Malawi.

"The problem is that any country has an obligation to its own citizens," he said.

He said the Government could test anyone if it was "in the public interest" but Aids was not being made a certifiable disease as this would "drive it underground".

Discussions

Repatriation would be applied "with compassion".

He had visited Malawi to discuss the problem and had offered help with their Aids campaign.

Discussions had been held with the Chamber of Mines.

Dr van Niekerk said mineworkers whose contracts expired within a few months did not present a problem, but the Government had to make a decision about those with longer contracts.

Up to the middle of last month, 98 Aids cases had been treated in South Africa and 66 people had died of the disease.

Of the victims, 76 were South Africans and 22 were from outside the country.

The South Africans included 65 homosexual or bisexuals, three haemophiliacs and five heterosexuals, three of whom had contracted the disease after blood transfusions.

Of the foreign victims 11 were from Malawi, eight from Zambia, one from Zaire and one from Haiti, all heterosexuals, and one was an intravenous drug abuser from Canada.

Olympic athletes face Aids tests

Foreign News Staff

SEOUL — The Seoul and Korean Olympic committees are under renewed pressure from the country's health ministry to test Olympic athletes for Aids.

The move comes after the International Olympic Committee announced that there would

be no tests before the forthcoming Olympic Games.

But South Korean officials fear an Aids epidemic could follow the large influx of visitors expected for the Games.

"No definite policy has emerged as yet," an official said. "But talks are taking place."

The Korean government has taken a tough stand on Aids from the beginning. It is one of the few countries to legislate to control the disease, and preventive measures are well advanced.

To date, only 15 cases have been reported in the country. One person has died so far.



92	1887	2 67	1 78	4	DISSOLV NO PUP	Natal
93	1885	0 87	0 87	159	DAIRY AREA C	South Africa
94	1885	0 87	0 87	159	DAIRY AREA B	South Africa
95	1885	0 87	0 87	159	DAIRY AREA A	South Africa
96	1887	1 29	1 29	38	COTTON TEXTILE COI	Western Cape
97	1887	1 89	1 89	39	COTTON TEXTILE COI	Western Cape
98	1887	1 78	1 78	74	COTTON TEXTILE COI	Western Cape
99	1887	1 04	1 04	19	COMMERCIAL KIM	Cape Central & Northern
100	1887	1 80	1 80	19	CLOTHING TAI	Transvaal
101	1887	1 25	1 25	51	CLOTHING PNB	Natal
102	1887	1 77	1 77	30	CLOTHING PARYS	Orange Free State
103	1887	1 77	1 77	30	CLOTHING KIM	Cape Central & Northern
104	1887	1 00	1 00	58	CLOTHING DURBAN	Natal
105	1887	1 60	1 60	60	CLOTHING CAPE KNT	Western Cape
106	1887	1 40	1 40	44	CLOTHING CAPE BO	Western Cape
107	1887	1 25	1 25	36	CLOTHING ALPHEM	Orange Free State
108	1886	0 52	0 52	1	CINEMA B	South Africa
109	1886	0 64	0 64	4	CINEMA A	South Africa
110	1885	1 80	1 80	76	CHEMICALS WITS	Transvaal
111	1887	2 18	2 18	88	CHEMICALS CAPE	Western Cape
112	1887	1 77	1 77	69	CANVAS ROPE CAPE	Western Cape
113	1886	1 29	1 29	37	CANVAS GOODS WITS	Transvaal
114	1887	1 16	1 16	36	BUILDING WORC-B	Western Cape
115	1887	0 83	0 83	36	BUILDING WORC-A	Western Cape
116	1887	1 74	1 74	41	BUILDING TAI	Transvaal
117	1887	1 11	1 11	67	BUILDING PNB	Natal
118	1887	1 28	1 28	67	BUILDING WTH NATAL	Natal
119	1887	1 02	1 02	59	BUILDING NATAL	Natal
120	1886	0 92	0 92	14	BUILDING KRONSTAD	Orange Free State
121	1887	1 12	1 12	59	BUILDING KIM MAIN	Cape Central & Northern
122	1887	1 07	1 07	59	BUILDING KIM ELEC	Cape Central & Northern
123	1887	1 22	1 22	50	BUILDING P	Border
124	1887	1 11	1 11	50	BUILDING E WAP E	Border
125	1887	1 09	1 09	50	BUILDING E WAP E	Eastern Cape
126	1887	0 82	0 82	3	BUILDING E WAP E	Eastern Cape
127	1887	0 77	0 77	11	BUILDING E WAP E	Eastern Cape
128	1887	0 88	0 88	18	BUILDING E WAP E	Eastern Cape
129	1887	1 70	1 70	68	BUILDING E WAP A	Eastern Cape
130	1887	1 76	1 76	71	BUILDING E WAP	Western Cape
131	1887	1 22	1 22	71	BUILDING E WAP	Western Cape
132	1887	0 59	0 59	13	BUILD ROOM ELEC	Orange Free State
133	1887	1 37	1 37	84	BISCUIT E	Orange Free State
134	1887	1 19	1 19	84	BISCUIT E	Orange Free State
135	1887	2 04	2 04	84	BISCUIT E	Orange Free State
136	1887	1 44	1 44	83	BEGGING TV	Transvaal
137	1887	1 34	1 34	83	BEGGING TV	Transvaal
138	1887	1 04	1 04	83	BEGGING TV	Transvaal
139	1887	1 78	1 78	83	BEGGING TV	Transvaal
140	1887	1 78	1 78	83	BEGGING TV	Transvaal
141	1887	1 78	1 78	83	BEGGING TV	Transvaal
142	1887	1 78	1 78	83	BEGGING TV	Transvaal
143	1887	1 78	1 78	83	BEGGING TV	Transvaal
144	1887	1 78	1 78	83	BEGGING TV	Transvaal
145	1887	1 78	1 78	83	BEGGING TV	Transvaal
146	1887	1 78	1 78	83	BEGGING TV	Transvaal
147	1887	1 78	1 78	83	BEGGING TV	Transvaal
148	1887	1 78	1 78	83	BEGGING TV	Transvaal
149	1887	1 78	1 78	83	BEGGING TV	Transvaal
150	1887	1 78	1 78	83	BEGGING TV	Transvaal

Nurses can't refuse care to Aids patients — Sana

Pretoria Correspondent

No South African nurse may refuse to take care of an Aids patient, but nurses should be compensated if infected by the virus, according to the South African Nursing Association (Sana).

This policy is one of Sana's nursing strategies regarding Aids which was recently published and made available to its 136 000 members.

COMPENSATION REQUIREMENTS

Mrs Susan du Preez, executive director of Sana, has said that compensation should include sick leave, receiving early retirement and pension — if a nurse was unable to continue working — and cover of medical expenses by medical aid societies.

South African nurses cannot refuse, unlike their overseas counterparts who may do so on moral grounds, to treat such patients. Their only choice is to resign.

One nurse educator who has been in the profession for more than 30 years said the chances of a nurse getting Aids from a patient were "very small"

and that a nurse could far more easily be infected after caring for a tuberculosis patient because TB was more contagious.

Another Sana policy was that nurse managers had to ensure that nurses caring for Aids patients were informed as early as possible regarding the diagnosis of their patients.

The reason for this, according to an informed member of the nursing profession, was that nurses were not always informed by senior hospital staff or members of the medical profession that they were treating Aids patients.

Mrs du Preez criticised this practice "if it is true, because nurses have the right to this knowledge".

She said it was not Sana's job to test nurses who had come into contact with Aids patients as this responsibility lay with employers.

The association has not received any complaints or heard of resignations from nurses working with Aids patients.

Other policy guidelines concerning Aids laid down by Sana were:

- All nurses should inform the public about preventative measures.

- Nurses should be scientifically informed about Aids and should ensure that individual patients understood their responsibility regarding the virus.

- Individual patients retained the right to the strictest confidence.

Members of the nursing profession should practise a high standard of routine infection control and nursing care to prevent transmission by accidental injury from sharp instruments and contamination with infected blood and other body fluids.

Aids miners will be sent back home

Star 9/2/88

92

Own Correspondent

CAPE TOWN — The Government was repatriating about 1 000 Aids-carrying mineworkers, mainly from Malawi, Dr Willie van Niekerk, Minister of National Health and Population Development, said yesterday.

"The problem is that any country has an obligation to its own citizens," he said.

Repatriation could be applied "with compassion", Dr van Niekerk said at a press briefing on health matters.

He had visited Malawi to discuss the problem and had offered help with their Aids campaign.

Migrant workers from "high risk" countries would have to undergo Aids tests when they applied for work in South Africa, he said.

Dr van Niekerk said Aids had been added to the list of diseases which

made immigrants "non-acceptable" under the Immigration Act.

This did not mean all people entering South Africa would be tested, but it applied to all work applicants from countries such as Malawi, Zimbabwe, Zambia, Zaire and Burundi, which were listed by the World Health Organisation as high-risk countries.

He said the Government could test anyone if it was "in the public interest", but Aids was not being made a certifiable disease as this would drive it underground.

Up to the middle of last month, 98 Aids cases had been treated in South Africa and 66 people had died.

Of the victims, 76 were South Africans and 22 were from outside the country.

The South Africans included 65 homosexuals or bisexuals, three haemophiliacs and five heterosexuals.

Of the foreign victims, 11 were from Malawi, eight from Zambia, one from Zaire and one from Haiti, all heterosexuals, and one was an intravenous drug user from Canada.

● The Star's Africa News Service reports from Gaborone that three more people have died of Aids in Botswana, according to the Ministry of Health. No further details were given.

The total number of people who have died of Aids in Botswana is now eight and the authorities say there are 120 confirmed cases of Aids carriers.

Star 9/2/88
92

Most white South Africans see the traditional healer (inyanga) as a "hocus pocus" character whose medicinal methods harm rather than cure. But does the traditional healer play an important role in society and medical treatment? The Star's Medical Reporter, TONI YOUNGHUSBAND, looks at the issue.

Strong 'muti' after attack on 'mumbo-jumbo'

Dr Nthato Motlana, the president of the Soweto Civic Association, has severely criticised the traditional healer and those who promote belief in what, for centuries, has been a tribal custom.

At a recent medical graduation ceremony at the University of the Witwatersrand, Dr Motlana said a scientific base for traditional medicine had not been established.

"Most of it is based on superstition, meaningless pseudo-psychological mumbo-jumbo which is often positively harmful," he said.

And for the average white South African, the baffling and often unsettling contents of a muti shop, the horror stories of muti murders and the sight of a chanting witchdoctor only serve to instil a deeper fear and suspicion of the tribal healer.

Yet hundreds of thousands — some claim even millions — of South Africans cling to their faith in the traditional healer.

"The traditional healer has survived for hundreds of years. You may be able to fool one or two people but you cannot fool the general public and millions of people still believe in the traditional healer," Mr Pip Erasmus, permanent adviser and consultant to the South African Traditional Healers' Council, told The Star.

Mr Erasmus believed that if the many misconceptions about traditional healers were eradicated and people were taught the difference between a "witch", an inyanga and a sangoma, more would see both the physiological and psychological value the traditional healer has in society.

"Traditional healing is far more than the supply of herbal medicine.

"The traditional healer is the person responsible for the balance of moral order, he is the confidante of the patient, the priest and the adviser.

"There is basically no difference between the 'shrink' thousands of people visit to discuss their problems and the traditional healer who gives both psychological and physiological assistance," Mr Erasmus said.

According to Mr Erasmus, the traditional healer is a highly regarded member of black society.

"Yes, there are many black people living in today's westernised society who refuse to admit that they, at some time in their lives, have sought advice or medical help from a traditional healer.

"Many church leaders and respected businessmen have faith in the traditional healer. It is part of their upbringing, their tradition. Many will deny this, they will say it's all nonsense, but it is true," Mr Erasmus said.



An inyanga throws the bones ... you can't fool the public, says a defender of traditional healers, Mr Pip Erasmus.



Dr Nthato Motlana ... no scientific base for such medicine.

An inyanga, said Mr Erasmus, was the person who usually dispensed medicine and acted as an adviser. The sangoma (usually a woman) will investigate a problem and provide a solution but will not administer medicine.

Being apolitical, inyangas were able to cross tribal lines and could operate within any tribe regardless of their own heritage.

One of the biggest problems facing traditional healers was the number of "quacks" and "witches" making a fortune selling fake medicine to gullible patients.

In recent weeks, so-called "healers" have approached The Star with "miracle cures" for various ailments. One of these was a mixture of drain cleaner, motor oil and eucalyptus oil. Another included turpentine. The "healers" claimed their concoctions could cure everything from Aids to gout.

Muti murders were yet another horrifying aspect of this witchcraft.

Press reports frequently highlighted the hideous dismembering of children for the purpose of concocting one or other muti. In recent months a Pretoria man was attacked by three knife-wielding men who hacked off his genitals and left him for dead. The attack was believed to have been an attempted ritual murder.

"Witches are a big problem. They cast a bad light on traditional healing and keep the local population in terror," Mr Erasmus said.

Mr Erasmus believed that the best way to reconcile modern medicine and traditional healing was to incorporate the two in some way.

"What we hope to do is set up herbal medicine shops controlled by the council.

"If someone comes in to buy medicine, the traditional healer will introduce him to an alternative medicine, a chemical drug used in modern society. The patient has faith in his traditional healer and will believe him.

DEFINITE PLACE IN MEDICINE

"We already have traditional healers advising patients to go into hospital. You can imagine how terrifying it is for someone to come in from a rural area and to be shoved into a modern hospital with machines and pipes and strange noises. It is much easier for him if his healer reassures him," said Mr Erasmus.

"Many doctors believe there is a definite place in medicine for traditional healers and it is a lot cheaper to go to a traditional healer for advice than to your general practitioner," Mr Erasmus said.

Mr Erasmus said what was needed was a standardisation of traditional herbal medicine and practices, and a combination of traditional and alternative modern medicine.

"This is a big problem which must be dealt with," said Mr Erasmus.

"If you are going to take away something that has been around for hundreds of years, then you must have something to replace it," said Mr Erasmus. And he did not believe inbred tradition could be so easily replaced.

OFFICIAL COURSE IN PERSONNEL MANAGEMENT

A course that's officially recognised by the African Institute of Management you could earn R40 000 to R60 000 p.a. as a Personnel Manager

If your immediate objective is to land a job as a Personnel Manager and if you are interested in earning somewhere in the region of R40 000 p.a. come to Damelin Management School. It's your next step on the road to success. The DMS Course in Personnel Management has been designed to meet the increasing demand for training and expertise in this field, as more and more people in management become aware of the importance of the personnel function.

It has been granted official status by the South African Institute of Management

OBJECTIVES

At the end of the course students will be able to:

- Identify the relationship between manpower planning and productivity
- Apply effective techniques in recruitment, selection and induction
- Develop successful training and development procedures
- Understand the dynamics of organisational behaviour and development
- Manage harmonious labour relations through an understanding of the latest developments in law and industrial relations

OUTLINE

Systems, Practices and Procedures.

- Planning Productivity, Recruitment and Selection.
- Organisational Development and Organisational Behaviour.
- Organisational Structure, Management Style and Skills, Delegation, Leadership Development.
- Defining Objectives, Analysing Training Needs, Types of Training, Industrial Relations.
- Industrial Legislation in South Africa, The Committee System, Trade Unions.

STAFF. All Damelin Management School lecturers have been selected for their qualifications, practical experience and lecturing ability.

COUNCIL. The council consists of top academics, businessmen and senior professionals who ensure that the highest standards are maintained.

Copyright © 1988 by the South African Institute of Management

Star 10/24/88 (92)

Phantom' Aids disease emerges as campaign stirs fears

By Joe Openshaw

Psychiatrists and doctors in Johannesburg are being presented with a growing number of "phantom Aids" cases, a new and terrifying disorder in which sufferers are convinced they have Aids and develop classic symptoms of the disease.

This Aids phobia is a result of the "fear arousal" campaigns conducted both here and in other parts of the world aimed at combating the disease and inducing sexual behavioural changes in people whose life-style makes them vulnerable to Aids.

"There has been an increase in the number of 'phantom Aids' cases and these patients display symptoms of the disease such as loss of weight, night sweats and diarrhoea and can only be cured by intensive therapy," Dr Dennis Sifris, a member of the Aids Advisory Committee told The Star.

He said "phantom Aids" patients insist on repeated HTVL tests to

find out if they are Aids-positive because their phobia is so persistent they doubt the validity of tests.

"The belief they have the disease is so strong it undermines their faith in medical professionals and they go from doctor to doctor for reassurance," said Dr Sifris.

RELATIONS WITH PROSTITUTES

Those most prone to "phantom Aids" are people who have in the past had sexual contact with partners in high-risk categories and the disorder is also prevalent among happily married individuals — mainly husbands — who at one time or another have had extra-marital relations with prostitutes, he said.

A leading Johannesburg psychiatrist told The Star fear arousal campaigns helped the majority to reconsider their life-style but were bad for those who had "sexual skeletons" in their cup-

boards and were prone to phobia.

"Guilt and shame play a major role in the phobia and their condition is exacerbated by the stigma attached to the disease.

"Fear of cancer can also produce phobia and phantom symptoms, but a man in this situation would have no hesitation in telling his wife what is worrying him and thus be assured of support.

"A man who fears he has Aids shies away from telling his wife or anyone else — often including his psychiatrist — because he is ashamed and starts experiencing night sweats, difficulty in breathing and diarrhoea which are evidence of his distressed psychological state and strengthen the conviction he has the disease."

Indulging a patient in whom HTVL tests have proved negative by sending him for further testing was not a solution and served only to feed his phobia. The use of anti-phobia drugs in conjunction with therapy was the answer, the psychiatrist said.

APR 11/2/88
NATIONAL/INTERNATIONAL

'Phantom Aids' a new disorder

The Argus Correspondent

JOHANNESBURG. — Psychiatrists and doctors in Johannesburg are being presented with a growing number of "phantom Aids" cases, a new and terrifying disorder in which sufferers are convinced they have Aids and develop classic symptoms of the disease.

This Aids phobia is as a result of the "fear arousal" campaigns conducted both here and in other parts of the world aimed at combating the disease and inducing sexual behavioural changes in people whose life-style makes them vulnerable to Aids.

"There have been an increase in the number of 'phantom Aids' cases and these patients display symptoms of the disease such as loss of weight, night sweats and diarrhoea and can only be cured by intensive therapy," said Dr Dennis Sifris, a member of the Aids Advisory Committee.

Doubt tests

He said "phantom Aids" patients insist on repeated (HTVL) tests to find out if they are Aids-positive because their phobia is so persistent they doubt the validity of tests.

"The belief they have the disease is so strong it undermines their faith in medical professionals and they go from doctor to doctor for reassurance," said Dr Sifris.

Those most prone to "phantom Aids" are people who have in the past had sexual contact with partners in high-risk categories and the disorder is also prevalent among happily married individuals — mainly husbands — who at one time or another have had extra-marital relations with prostitutes, he said.

'Sexual skeletons'

A leading Johannesburg psychiatrist said fear arousal campaigns help the majority to reconsider their life-style but were bad for those who had "sexual skeletons" in their cupboards and are prone to phobia.

"Guilt and shame play a major role in the phobia and their condition is exacerbated by the stigma attached to the disease.

"Fear of cancer can also produce phobia and phantom symptoms, but a man in this situation would have no hesitation in telling his wife what is worrying him and thus be assured of support.

A man who fears he has Aids shies away from telling his wife, or anyone else — often including his psychiatrist — because he is ashamed and starts experiencing night sweats, difficulty in breathing and diarrhoea which are evidence of his distressed psychological state and strengthen the conviction he has the disease.

"He believes he cannot rely on family or community support and there is a real threat he will be rejected," the psychiatrist said.

1 000 miners with Aids to be expelled

Staff Reporter

ABOUT 1 000 foreign miners who have been found to be Aids-positive would be repatriated once their contracts expired, the Minister of National Health and Population Development, Dr Willie van Niekerk, said at a press conference in the city yesterday.

And in future workers from high-risk countries such as Malawi, Zambia, Zaire and Burundi would have to pass an Aids test before being allowed to enter the Republic, he said.

Some of the 1 000 foreign carriers would have already returned home since the estimate of their numbers came from figures supplied by the mines.

South Africa now had the legal right to deport those remaining, but talks were being held between the Department of Health and the mining houses on a humane solution to the problem.

Those whose contracts expired shortly would be allowed to stay till the end of their term, and the future of the remainder would be decided by the talks, he said.

Dr Van Niekerk said that since the first cases of Aids were reported in

South Africa in 1982, a total of 76 sufferers and an estimated 10 000 HIV-positive carriers had been discovered.

Among them were 22 non-South Africans, 11 of them from Malawi, eight from Zambia, one from Zaire, one from Canada and one from Haiti. They were all heterosexual.

● Old Mutual announced yesterday that it had launched a countrywide information and education drive aimed at helping employees and employers in its client companies to manage jointly issues surrounding Aids in the workplace.

Announcing the campaign in Cape Town, Mr Gerhard van Niekerk, general manager of Old Mutual employee benefits, said that because of the nature of the disease it was essential to shield South Africa's work environment from the consequences of unfounded fears, common misconceptions, prejudice and possible unfair treatment.

Mr Peter Spangenberg, manager of Old Mutual medical aid services, who developed the education programme with Dr Ivan Lockyer, Old Mutual's chief medical officer, said that in the absence of a cure, enlightened education was the most effective way of fighting Aids.

Aids 'on increase among women'

LONDON — Women are becoming increasingly vulnerable to Aids and the spread of the disease among heterosexuals is certain to grow without preventive action.

The Aids virus appeared to be transmitted more easily from men to women, Miss Kaye Wellings, senior research official at the Health Education Authority, said.

"Although women account for only 3.5 percent of the total cases recorded here, they made up 12 percent of the new Aids cases last October and 18 percent of newly reported HIV infections during that month."

12/24/88 92

Aids tests coming for life assurance

Own Correspondent

DURBAN — All applicants for life assurance over a certain amount would have to undergo Aids tests in future, Mr Dorian Wharton-Hood, immediate past president of the Life Offices' Association (LOA), predicted in Durban yesterday.

Addressing a Life Underwriters' Association of SA congress, Mr Wharton-Hood said the future scenario of Aids in Africa was "horrific".

Assurance companies had a duty to protect the benefit expectations of their existing clients. It was clear that joint industry action would have to be taken over Aids.

He said a special LOA sub-committee now studying the Aids question would come up with recommendations to be adopted by all life assurers.

He also rebutted criticism that certain population groups were discriminated against in rates — he said assurance companies were interested in protecting the benefits of policyholders and were not prejudiced against any group.

Mr Wharton-Hood, who is joint managing director of Liberty Life, also hit at the "destructive" campaign conducted by building societies against life assurance companies.

He said the societies had misunderstood and misrepresented the tax position of assurers.

They complained that total tax, as a percentage of total income, was low. But this overlooked the fact that about 70 percent of total income was tax-free because it was retirement and pension business, he said.

12/24/88

Formal petition

A formal petition for clemency has been submitted to the State President on behalf of the six Sharpeville people whose appeal against the death sentence was turned down in November.

Their attorney, Mr Prakash

A
n
i
a
s
a
f
t
a
W
a

L
O
S

At
Ba
fac
the
up
tie
T
tor
last
abl
me
tal
a m
T
took
who
pos
hea
T
follo
mor

Dia
ed r
law
orig
hear
T
deat

into a German relief
in Ch...

ernor Mr Bruce Babbitt, Iowa.

Aids 'bad enough to destroy entire races'

TOKYO — The Aids epidemic is fast reaching the stage where the existence of entire races is threatened, says the man nominated to be the next chief of the World Health Organisation, Dr Hiroshi Nakajima.

Dr Nakajima, who is to take over as WHO director-general in July, said this week that tackling the Aids problem would be one of his top priorities.

He stressed that the seriousness of its spread varied widely from one region to another.

"Aids has become a serious problem. There are countries where the ex-

istence of whole races is threatened, but there are also countries where Aids is generally confined in certain risk-groups," he said.

"Appropriate measures according to specialities of the regions have to be taken," he added.

"In African countries, Aids has intruded into the mainstream of human life and about 10 percent of children now born there carry the Aids virus."

Dr Nakajima (59) will be the first Japanese ever to head a United Nations-related agency.

He said he also wanted to tackle infant mortality and preventive hygiene.

SHOP U9
EASTGATE
TEL 615-8870

Italy's 'most

CASH LOANS
NEWCASTLE
Arranged Old Mutual Building,
Room 517 Tel (03431) 21553

MAKE MONEY
Earn R2,700 per month. For more
information...

30 Hawkers &

Cherise impact perfume 10.99/6
Nail polish 6.99/6
3.99/6

ROMEU and JULIET 8

AIDS IS NOW IN

Read this, and help stop th-

What is AIDS?

Acquired Immuno Deficiency Syndrome (AIDS) is a new disease that can be sexually transmitted.

It is a condition where the body's immune system – the part that fights infection – becomes damaged.

AIDS is now in South Africa and has already killed some of our people. Unless we're all a lot more responsible, it could kill many thousands more.

What causes AIDS?

AIDS is caused by a virus called HIV.

This virus attacks the blood cells that defend the body against infections.

People with AIDS can then get infections and a specific type of cancer that wouldn't normally affect a healthy person.

How do we get AIDS?

By having sex without using a condom with someone who already has the virus.

A person can be healthy for several years after being infected and during this period spread AIDS.

From an infected woman to her child during pregnancy and childbirth.
So children, the future of our nation, can also get AIDS.

How can we not get AIDS?

Normal day-to-day social contact cannot transmit AIDS.

We cannot get AIDS from the normal use of public toilets, public transport, swimming pools, restaurants, telephone booths, showers or changing rooms.

We cannot get AIDS from sharing cups, cutlery or any other eating utensil.

We cannot get AIDS from hugging, shaking hands, dry kissing, living in the same house or working in the same office with someone who has AIDS.

AIDS cannot be transmitted by sneezing or coughing.

What about blood and blood products?

All blood in South Africa is tested, which makes receiving blood safe. We cannot get AIDS from donating blood.

We CAN get AIDS from sharing or re-using contaminated needles or syringes.



SOUTH AFRICA.

new killer disease now.

What are the symptoms of AIDS?

Chronic swollen glands in the neck or armpit.

Continued fever.

Night sweats.

Sudden loss of more than 10% of normal weight.

Growths on the skin and inside the mouth.

A change in mental behaviour such as forgetfulness, confusion and other signs of mental illness.

How can we stop AIDS from spreading?

The most important thing to remember is that a sexual relationship with one partner is safe.

The fewer sexual partners you have, the less risk you have of sleeping with someone who has been infected with the virus.

By not having sex with people who have many sexual partners.

By not having sex with prostitutes.

If you are a woman, insist your partner wears a condom if you're not sure about his sexual history.

If you are a man, by wearing a condom if you're not sure about your partner's sexual history.

By not sharing razors, toothbrushes or other personal implements that could be contaminated with blood.

By not using the same instrument during rituals that involve bleeding.
If you're worried about having the AIDS virus, consult a doctor or clinic for advice.

Prevent AIDS. Be responsible. Do not sleep around.

Remember one partner relationships are safe.

If you don't know your partner very well use a condom.

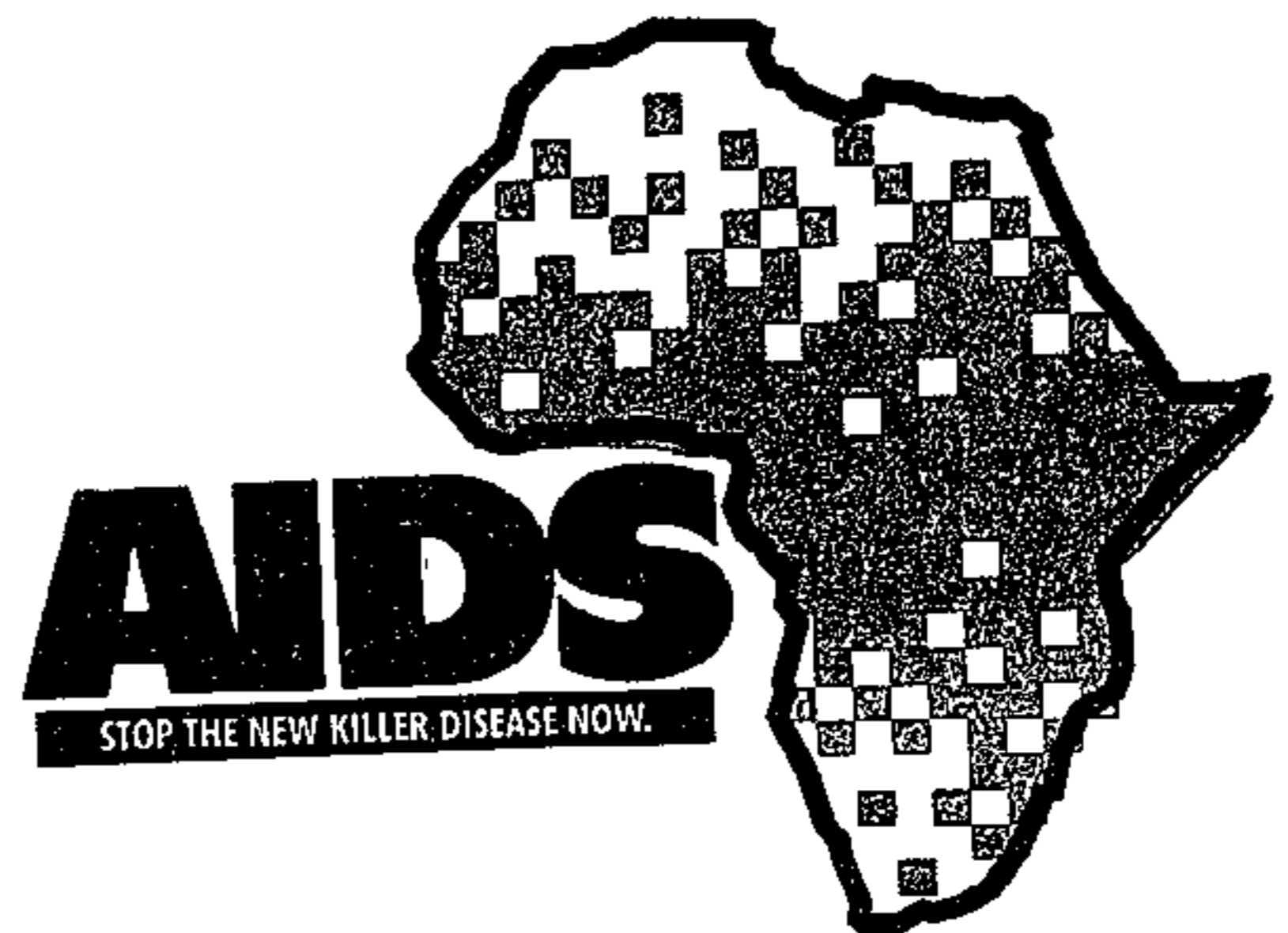
And help stop the new killer disease now.

For more information, call the following numbers during office hours.

(012) 325-5100 - Head Office, Pretoria
(011) 836-2232 - Regional Office, Johannesburg
(021) 97-8151 - Regional Office, Bellville
(031) 305-6071 - Regional Office, Durban (Natal)

(041) 2-2541 - Regional Office, Port Elizabeth
(051) 47-2194 - Regional Office, Bloemfontein
(0531) 2-9524 - Regional Office, Kimberley

(01521) 6541 - Regional Office, Pietersburg
(011) 725-0511 x 2098, 2099 or 2102 - Aids Training & Information Centre, Johannesburg (Southern Transvaal)
Or write to Private Bag X63, Pretoria 0001



ARGUS 17/2/88 (92)

Aids task force to lecture in schools

By KAREN STANDER
and TYRONE SEALE
Staff Reporters

HIGH school pupils are to be given lectures on Aids, including audio-visual material, as part of the city council's Aids information drive.

High school pupils have been identified as an important target group for Aids education and a task force of municipal health educators has been specially

WP hang-glide teams named

Staff Reporter

TWO teams have been chosen to defend Western Province's national title in the South African Hang-gliding Championships at the Hartebeespoort Dam over the Easter weekend.

The A team is Dale Lippstrew, Philip Gilmour, Allan Rumney, Ricky de Agrela and Hilton Davies.

In the the B team are Chris Readman, Chris Mattinson, Ian Good, Aubrey Cable and Herman Steyn.

WP has won the competition for the past two years.

trained by the Western Cape Aids advisory group to lecture them.

Cape Town's medical officer of Health, Dr Reg Coogan, said many teenagers in Standards 9 and 10 were sexually active and it was important they be informed about the killer disease.

He said lectures had been given at some private schools and had been successful.

Permission had been sought from education authorities for the lectures to be given in State schools.

Dr Coogan said forms would be sent to parents asking permission for their children to hear the lectures. He appealed to parents to complete and return the forms quickly.

He said; "We want to contact all senior school pupils, particularly those between the ages of 17 and 18, during the course of this year.

"The task force will give lectures and audio-visual demonstrations to pupils on all aspects of Aids.

"We previously had a lecture programme on glue-sniffing and we reached every school in the Cape Town area in less than a year. It brought the glue-sniffing epidemic to an end."

He said there had been 16 cases of Aids in Cape Town — all but three had died. Blood testing had identified 200 people in the Peninsula with the Aids virus.

"This is just the outset of the arrival of Aids in Cape Town and we are anxious to apply the lessons learnt in America and Europe during the past 10 years without paying the same price," Dr Coogan said.

For this reason four target groups, including teenagers, had been identified.

The homosexual population, he said, was well counselled by the Gay Association of South Africa.

Leaflets

About a million householders had been reached through the information pamphlet included in municipal water and electricity accounts.

The fourth group was the black population. Many did not have electricity but they were served by leaflets distributed door to door in Langa and Guguletu.

Dr Coogan said the information campaign would reach as wide an audience as possible, without blaming the spread of the disease on any particular sector of the community.

Multi-language Aids pamphlets

CAPE TOWN — Pamphlets warning seamen visiting South African ports of the danger of Aids are being translated into different languages. (92)

A spokesman for National Health and Population Development in the western Cape said the pamphlets, available in Afrikaans and English, were being translated with the help of different embassies. 8/2/88

They will be distributed at international and national harbours in South Africa. — Sapa.

SA prisons tell of Aids awareness measures

92
 S. Press
 14/2/88

TWO people suffering from Aids and five carriers of the much feared virus are presently being detained in South African prisons.

In an interview with a spokesman of the SA Prison Service, we received the following replies to our questions:

What is being done by the Prison Service to contain the spreading of Aids? The Prison Service, in conjunction with the Department of National and Population Development, drew up guidelines to identify prisoners falling within the high risk groups.

The blood of those prisoners is then tested for the virus. The blood of other prisoners, who are interested in being tested, of their own free will, is also tested.

All confirmed Aids carriers and sufferers are then separated from other prisoners to prevent further possible contamination.

Their co-operation is being sought to identify people inside and outside the prison with whom they have had sexual contact. Information about these people is then conveyed to the authority concerned.

The Prison Service also launched an Aids educational program. This has already produced positive results.

Guidelines for staff members who necessarily have to come into contact with contaminated prisoners or carriers of the virus have been issued to all commanding officers and heads of prisons.

Would the Prison Service consider the issuing of condoms to prisoners and would condoms be issued on request?

If condoms were issued to prisoners in an effort to counter the spreading of Aids, it would mean that the Prison Service approves of homosexuality. Condoms will therefore not be issued.

Is such an attitude not tan-

AIDS has become a substantial problem in prisons worldwide. In the United States this situation was highlighted when pop singer Madonna's actor husband, Sean Penn, asked to be kept in a separate cell when he was imprisoned, due to his fear of Aids. In a recent article in the magazine *Medical News-Tribune*, a well-known South African medical practitioner pleads that prisons all over the world should join in the struggle against Aids. Our Special Correspondent reports.

amount to ostrich politics? Surely, an imprisoned individual would have sexual desires and a group of men living in close proximity may possibly become involved in homosexual activities. Perhaps it would be safer to accept this as a fact and to counter the spreading of Aids by issuing condoms.

Prisoners are under constant supervision of trained staff. Homosexual activities are not tolerated in our prisons and the necessary criminal or disciplinary steps are taken against offenders.

Presently, there are two Aids sufferers and five carriers in South African prisons. One prisoner died of

Aids in about March last year. On July 31, last year, the Minister of Justice said that there were eight carriers and two Aids sufferers in prisons.

What happened to the other carriers? Were they released? Did they contract Aids in prison, or were they already ill when they were imprisoned?

The Prison Service does not divulge information concerning individual cases.

Is the Prison Service of the opinion that Aids is a substantial danger in South African prisons?

Aids is a substantial danger inside and outside prisons, especially for people with promiscuous habits.

Boost for Operation Hunger

By HAPPY ZONDI

ONE of South Africa's youngest food companies, Fedfood, recently donated about 70 tons of food worth more than R50 000 to Operation Hunger.

This is the third successive year the company has donated such a large amount of its products to Operation Hunger.

The feeding organisation fears the Natal floods could add 150 000 people to its feeding list.

The co-ordinator of the group's Business' Action Committee, Ted Oxlee, said Fedfood had contributed immeasurably to Operation Hunger's feeding scheme.

Managing Director of Fedfood, JC du Toit, said the company would, through its expertise, endeavour to assist in fighting starvation in Southern Africa.



The broad smiles of Precious Sipiwe (left) and Innocentia Gamede reflect their delight as Fedfood's Willie Mayeza hands over a sample of his company's large donation of food to Operation Hunger.

14/2/88 S. Press

Aids epidemic likely in SA this year'

JOHANNESBURG. — South Africa would probably experience a national Aids epidemic this year, a doctor attached to the HIV-Clinic at the Johannesburg hospital said yesterday.

Delivering a paper at a congress in Johannesburg organized by the Centre for Hospice Training and the Southern African Association for the Treatment of Pain, he criticized the discrimination in the treatment of Aids victims.

The real extent of the disease had not really revealed itself in South Africa, he said.

There were between eight and 12 Aids patients in Johannesburg hospital and he estimated that by the end of the year there would be about 50.

The treatment of Acquired Immune Deficiency

Syndrome patients "cost a small fortune" and was not covered by medical aid schemes.

The doctor said he and the post office had clashed because they fired employees with Aids. He felt it was immoral and the Industrial Court would most probably not accept the situation.

He spoke of a homosexual patient he called "Joe", who was after admitting he had Aids was fired by the post office.

It was established that "Joe" had died last night.

The doctor said there were 20 pregnant women at Baragwanath Hospital who were Aids carriers — whose children would most probably be positive Aids sufferers and would die before they were six months old. — Sapa

SAF Times 20/2/88

92

c
t
a
p
k

Dentists warned to be cautious of catching Aids

By Joe Openshaw

Many Aids positive patients were reluctant to disclose their condition to dentists and increased the chance of other patients getting these diseases, Dr Louis Touyz, co-ordinator of Continuing Education at Wits Dental School, told The Star yesterday.

Dr Touyz was discussing Wits Dental Day at the university at which Professor Barry Schoub, director of the National Institute of Virology at Wits, will deliver an update on Aids to dentists.

The rise of viral hepatitis and Aids has alerted dentists and their assistants to the possibility of transmitting these infectious diseases in the dental surgery.

Dentists will not refuse to treat people with Aids, he said, but it was essential for Aids positive patients to confide in their dentists, but equally imperative that precautions be taken in the surgery against infection from Aids sufferers who choose not to reveal their condition.

The frequency of den-

tists catching serious infections from their patients was low and the frequency of patients acquiring infections from dental surgery also very low. Statistical improbability was, however, little comfort to the patient.

"In a busy day a dentist may fall prey to unhygienic practices such as inserting ungloved fingers into the mouth, not using a mask when using aerosol-producing instruments, or fingering the nose, lips, hair, ears or clothing before working on the patient.

"Dentists often are guilty of potentially dangerous habits in the way they use and handle 3-in-one syringes, chair controls, light handles, ultrasonic instruments, cautery or even hand pieces.

"Cold solutions for sterilising are often no longer effective."

There will be other specialists speaking on a variety of subjects which include endotics (dealing with the nerves), orthodontics (straightening the teeth), periodontics (dealing with gums and bones) and oral medicine.

D I C

DISINFORMATION

92

A US State Department report on Soviet influence claims that an Aids campaign launched by Moscow is essentially disinformation — and has had its major focus and impact in Africa.

The campaign took off in mid-1986 with letters from a small leftwing group, the "Patriotic Youth Movement of Nigeria," which appeared in Kampala's government-run newspaper *New Vision*, Dakar's *Afrique Nouvelle* and the Nairobi *Nation*.

Among the charges was the allegation that: "According to an authorised scientific source, the Aids virus was developed

in the research centre of Fort Detrick (USA) where it was grown at the same time as other viruses to be used in biological weapons."

The *Ghanaian Times* then reported on January 14 1987 that the US planned to test the Aids virus on Africans. On April 6 that year Moscow Radio broadcast to southern Africa and reported US testing of the Aids virus in southern Zaire.

At the same time, the State Department report notes, Moscow has repeatedly alleged that the US is involved in helping SA produce a biological "ethnic" weapon that would kill only blacks.

SAF file 20/2/80 92
SADF conscripts face Aids tests

PRETORIA. — The Defence Force was planning to include Aids tests in the routine health examinations carried out on new conscripts, the outgoing Surgeon-General, Lieutenant-General Nicol Nieuwoudt, said yesterday.

General Nieuwoudt said the SADF was planning the carrying out of tests, which would be run in conjunction with a national health campaign, to limit the spread of the disease.

No date had been fixed for the start of the testing procedure on new troops.

The programme was expected to be expensive, he said. — Sapa

'Negative' blood donors still transmitting Aids

Aids patients must confide in dentists

The Argus Correspondent
JOHANNESBURG. — Many Aids positive patients are reluctant to disclose their condition to dentists and increase the chance of other patients getting these diseases, says Dr Louis Touyz, co-ordinator of Continuing Education at the Wits Dental School.

Dr Touyz was discussing Wits Dental Day at the university at which Professor Barry Schoub, director of the National Institute of Virology at Wits will deliver an update on Aids to dentists.

The rise of viral hepatitis and Aids has alerted dentists and their assistants to the possibility of transmitting these infectious diseases in the dental surgery.

Dentists will not refuse to treat people with Aids, he said, but it was essential for Aids positive patients to confide in their dentists.

NEW YORK. — Blood donors are still transmitting the Aids virus even though they test negative for the killer disease at the time they give blood, according to a new study.

But the report in the New England Journal of Medicine, by a team of doctors from the Centre for Infectious Disease and the US Centre for Disease Control, said the risk of contracting the disease through transfusion was small.

The researchers said the worst case scenario was that the risk of contracting acquired immune deficiency syndrome through a transfusion was one in 40 000.

Since 1983 Americans belonging to the high-risk categories for Aids — homosexuals, intravenous-drug users and bisexuals — have been asked not to donate blood. Since 1985 all

blood donations in the United States have been screened for the virus.

The doctors studied 13 patients who contracted the Aids virus after receiving blood from seven people who tested negative for the virus at the time they donated.

All seven donors were found later to have the Aids virus. The virus's long gestation period apparently hid the disease originally.

Interviews with the seven determined that six belonged to high-risk groups: they engaged in homosexual activity, they had sex with someone who did, or they had sex with someone who took drugs intravenously.

The report said: "There is a remote but real risk of HIV infection in persons who receive blood screened as negative for

HIV antibody.
"The number of persons identified to date is small and should not deter people who need blood from receiving a transfusion."
The report said blood banks and public health officials must find out why some people at risk for the disease continue to donate blood, and find more effective ways to discourage them.

An editorial accompanying the article said the risk of acquiring Aids through a transfusion was low compared with the odds of death from influenza (one in 5 000) or death from legal abortion after the 14th week of pregnancy (one in 5 900).

It said the transfusion risk was also lower than that of such common events as being killed in a car accident (one in 5 000). — Sapa-Reuter.

92
MKS 26/2/88

[Faint, mostly illegible text from the reverse side of the page, appearing as bleed-through or ghosting.]

has visited Uganda for 20 years.

CONF TRIPS 24/2/88
Out of condoms *92* *(2006)*

PORT ELIZABETH. — Family-planning clinics here have run out of supplies of condoms for the second time in four months. The city's Medical Officer of Health, Dr Etienne du Plessis, said a new batch was expected soon. "It is a problem in government clinics throughout South Africa because of the anti-Aids campaign and the resulting increased demand for condoms," he said.

Anti-Aids drive ⁹² aimed at Jo'burg

CMT 7/14/88 25/2/88

Own Correspondent
JOHANNESBURG. — A large-scale campaign to combat the spread of Aids in Johannesburg — home to 62% of South Africa's Aids cases — was given the go-ahead at a City Council meeting this week.

The council unanimously accepted a motion proposed by PFP councillor Mrs Molly Kopel for a campaign of sex education, condom machines in public places, the testing of

prostitutes and escorts and to have Aids declared a notifiable disease.

Substantiating the motion, Mrs Kopel said 62% of all Aids cases in SA were in Johannesburg and it was the council's responsibility to use its legal and financial capabilities to inhibit the alarming increase of the disease.

Mrs Kopel called for a government commission to investigate and report on the incidence of Aids among escort agency employees and prostitutes. She proposed con-

trolled testing to locate the virus and called for local authorities to introduce licensing specifications to exercise control over escort agencies.

Mrs Kopel yesterday said it was also necessary to "legalize abortion for HIV mothers" — Aids victims who carry an infected foetus.

Mrs Kopel, who has been liaising with the World Health Organization (WHO), said it was necessary for condoms to be tested electronically by the SABS to ensure safety. She said it

had been proved that most condoms were not "Aids-proof".

"It is absolutely essential for Aids to be made a notifiable disease with guaranteed confidentiality. World figures have shown that there are 10 carriers for every one diagnosed Aids victim," Mrs Kopel said.

WHO figures showed that America, Europe and Britain experienced a 40% increase in Aids last year and that should be sufficient warning to South Africa, she added.

92

Not all Kevin's fault

Latest figures (January 1988) show that 76 people in SA — most of whom face certain death — are infected with the Aids virus and approximately 10 000 are carriers. And, on the surface, government appears to have conceded that the recently launched R1m anti-Aids ad campaign is inadequate to curb its spread. Says National Health spokesman George Watermeyer: "It is a drop in the ocean."

Watermeyer, who spoke on TV's *Netwerk*, admits that warnings against Aids should be strengthened and repeated. He invites business and other organisations to participate in (and, probably, donate towards) the cam-

paign.

The campaign is more than a little miserly by comparison with the millions which Pretoria was prepared to spend on the now notorious Info song. Nor can it compare with expenditure by other nations. In Britain, for instance, PM Margaret Thatcher allocated more than R100m in 1985 for a national campaign that included 1 500 giant billboards across the country; a 23m leaflet mailing to households, schools and pharmacies; a 24-hour Aids "health line"; and explicit videos aimed directly at students. British television networks chipped in with more than R6m worth of anti-Aids programmes.

Australia hit the headlines in 1986 with its multimillion dollar government-sponsored ad showing the Grim Reaper bowling over a rack of human ten-pins. It generated 13 000 calls to an Aids hotline in its first week and was so shocking that parliament debated banning it because it was terrifying children.

America hesitated before plunging into the anti-Aids war, because of disagreement over the approach. Conservatives wanted to stress sexual abstinence, while liberals wanted intensive sex education. Since 1985, however, the US government has spent tens of millions on a multi-layered approach to people of all nationalities and educational levels within its complicated melting pot society.

SA, always a late starter, is only now getting into gear. Watermeyer defends government's delay in addressing the issue. "It is to our advantage that we were able to learn from the international campaign," he told TV viewers. In the rest of the world the early start to the campaign could have been a question of "too early, too heavy," says Watermeyer. He also thinks that the explicit nature of the international campaign could have resulted in resistance.

Yet, after waiting for years to get into gear, the South African campaign is expected to bring an overnight response.

Says media director Albert Botha, of McCann de Villiers, which landed the account: "Tenders were put out in November last year and about 30-odd agencies presented. That was trimmed down to four fina-

lists and we were advised on December 4 that we would do the campaign. There was no Christmas or New Year for any of us, because we just had to get it ready for January."

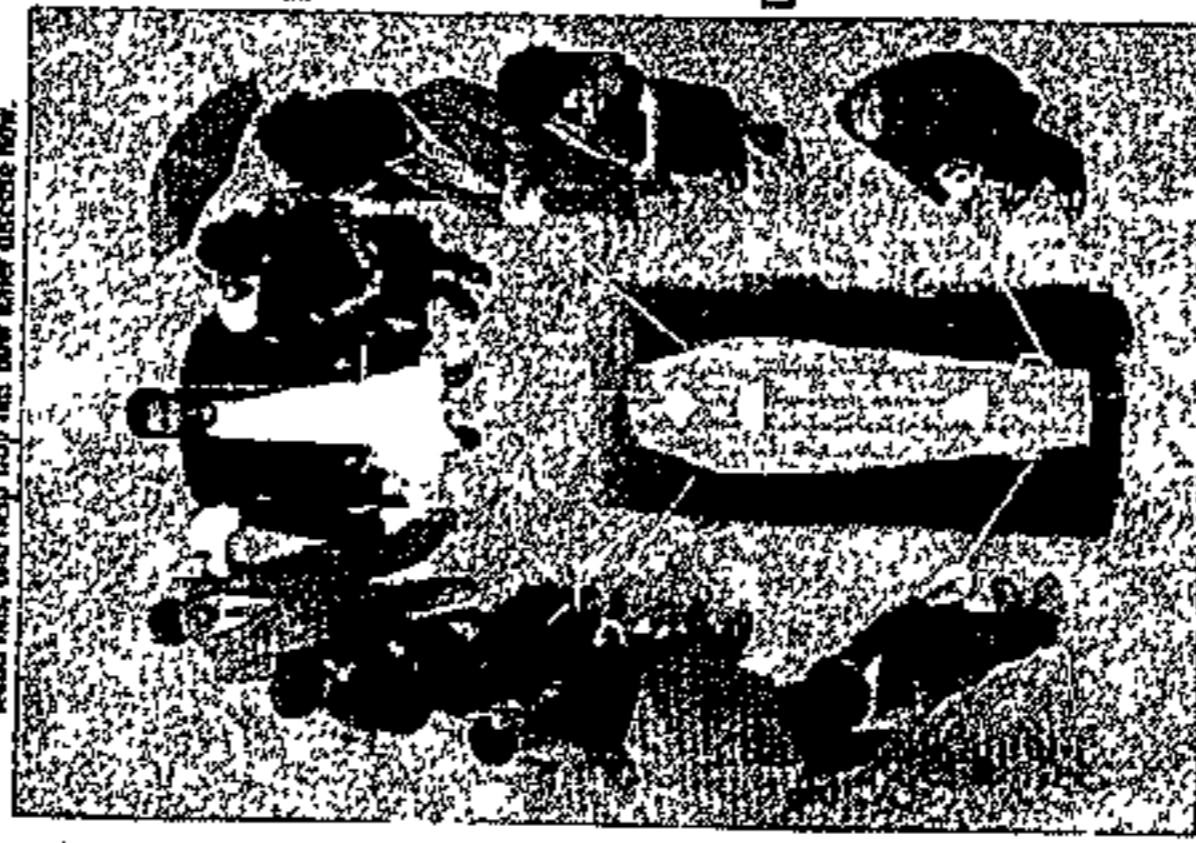
He says the media have helped by giving space and time either free or at discounts. "Everybody wants to see this campaign given the widest possible coverage, so they're all trying to give it a push."

The ads are aimed at educating rather than frightening and pay due regard — perhaps too much — to the sensitivities of conservatives. The campaign has already been criticised from various quarters in that it does not sufficiently address those groups more prone to infection, male homosexuals in particular.

Prof Johan Heyns, moderator of the NG Kerk, told the *FM* that he was shown the documentation relating to the proposed campaign by a National Health official prior to the launch. He had no ethical or moral objections. As for propagating the use of

AIDS IS NOW IN SOUTH AFRICA.

Read this, and help stop it. New killer disease now.



WHAT IS AIDS?
AIDS is a new, fatal disease that attacks the immune system. It is caused by a virus called HIV. The virus enters the body through blood, semen, or vaginal fluids. It weakens the body's ability to fight off infections and diseases.

HOW IS AIDS SPREAD?
AIDS is spread through contact with the blood, semen, or vaginal fluids of an infected person. This can happen through unprotected sex, sharing needles, or from mother to child during pregnancy or childbirth.

WHAT ARE THE SYMPTOMS?
The first symptoms of AIDS are usually flu-like, such as fever, weight loss, and swollen lymph nodes. As the disease progresses, it can lead to a variety of complications, including pneumonia, tuberculosis, and cancer.

HOW CAN I PREVENT AIDS?
The best way to prevent AIDS is to avoid contact with the blood, semen, or vaginal fluids of an infected person. This means using condoms, not sharing needles, and avoiding unprotected sex.

WHAT SHOULD I DO IF I THINK I AM INFECTED?
If you think you may be infected with AIDS, you should see a doctor as soon as possible. There is no cure for AIDS, but early treatment can help to slow down the progression of the disease.

FOR MORE INFORMATION, CONTACT:
National Health Department, Pretoria, South Africa.

92 (92) 26/7/88

around." Yet a recent study of more than 1 000 women at West London Hospital showed that the risks of contracting Aids from normal heterosexual sex are minimal. A study published in the *British Medical Journal* said that Aids in Western countries was so far confined largely to homosexual men.

Perhaps the campaign should in future be addressed to those specific groups — regardless of puritanical objections. And perhaps the use of condoms among homosexual inmates should be sanctioned by the Department of Prisons.

Government actually has no option if it wants its anti-Aids campaign to have any real effect. And the money has to be kept coming, too, and the target market has to be expanded to include Aids-related education in schools.

Like it or not, government is going to have to deal with Aids for the foreseeable future. It has not got off to a good start.

condoms in ads — until recently a taboo subject — Heyns says philosophically: "It looks like the lesser of two evils to me."

In government circles there had been, and continues to be, a strict ban on the focusing on homosexual activities. The ads, therefore, only broadly warn against "sleeping

Nurses who say 'no' to Aids must not be fired

Stw
1/3/88

By Toni Younghusband,
Medical Reporter

92

Nursing staff who refuse to treat Aids patients should not be fired unless they do so after being provided with the correct protective measures, said Dr Ralph Yodaiken, a director of Occupational Medicine for the Federal Government in the United States.

Dr Yodaiken, who is holidaying in South Africa,

said the Transvaal Provincial Administration's recent announcement that it would fire nurses who refused to treat Aids patients was inadmissible.

Unless those nurses are provided with protective measures — such as gloves, gowns, perhaps even liniment and whatever else is available — you cannot dismiss them, said Dr Yodaiken.

A new contraceptive — a female condom — will be tested in Britain soon in the first trials worldwide.

Designed by an international team of gynaecologists, the female condom is designed to protect both partners from transmitting the HIV virus which causes Aids.

The female condom, or vaginal sheath, differs from its male counterpart in a number of ways.

First, it is made from the kind of material used for making colostomy bags and for other medical uses rather than rubber.

FLEXIBLE RING

The user drops a flexible plastic ring, like that of the rim of a diaphragm, into the closed end of the shield, then inserts the device (much the shape of the male condom, but slightly shorter and wider) inside the vagina, which it then effectively lines.

Its open end has a wide outer rim, which holds it gently in place over the woman's outer genitalia, and so protects her from infections such as herpes. Like the male condom, it is thrown away after use.

Men whose partners have tried out the device

Female condom may help prevent spread of Aids ^{Star 2/3/88} (92)

A Danish condom for women, designed to prevent Aids, is to be tested in Britain. MAGGIE JONES reports.

in a limited study of the condom's acceptability in Denmark report that sensation was much less reduced than with a conventional condom.

The Margaret Pyke Centre in London (the Middlesex Hospital's family planning and research clinic) has already completed a limited trial to see if couples are willing to use the female condom. It is now starting a new trial to test its effectiveness as a contraceptive method.

Its effectiveness in the laboratory in preventing the transmission of HIV is being tested in the US by the same group, under Dr Marcus Conant at the

University of California in San Francisco, which made a study of the male condom.

Although the results of the British trials will not be available for at least a couple of years, the female condom, called the "Femshield", will probably come on the market in Britain within the next few months for about the same price as the male condom.

No trials need to take place at all before such a device is marketed, neither are there any British Standards Institute tests for it to pass.

Although the vaginal shield looks unattractive in illustrations, and many

people find it hard to imagine how it fits inside the vagina, Mr Walli Bounds, research co-ordinator at the Margaret Pyke Centre, says people have to see it and try it out before making up their minds.

The centre reports a renewed interest in other barrier methods due to dissatisfaction with the Pill and concern at the risk of catching sexually transmitted diseases.

This has prompted them to look into the effectiveness of the diaphragm, used both with and without spermicides.

At present, users of the diaphragm are told to squeeze spermicidal

cream or jelly on to their caps, and to use spermicidal pessaries also if they put in their diaphragms more than three hours before use.

Many women find the messiness of spermicides the most off-putting aspect of the diaphragm, yet despite the long history of this device, no-one has ever carried out tests to establish whether spermicides substantially reduce the risk of getting pregnant.

A study carried out in the US in the early '70s found that giving women a standard size of diaphragm to use without a spermicide resulted in only 10 pregnancies in just under 1 000 users.

LOW FAILURE

That's a failure rate of only 1 percent — lower than that usually quoted for the cap.

Studies show failure rates varying from as low as 2 percent to as high as 15 percent where "user failure", such as the woman forgetting to put her cap in, is included.

A similar study attempted in London soon afterwards had to be abandoned because of the high failure rate.

**PREVENT AIDS.
DO NOT SLEEP AROUND.
ONE-PARTNER
RELATIONSHIPS ARE SAFE.
IF IN DOUBT,
USE A CONDOM.**



OR THE WRITING COULD BE ON THE WALL.



The Government has spent R1 million on an Aids awareness drive. This poster will be used as part of the campaign. *Star 4/13/88*

Poster campaign will be used to help combat Aids

Medical Reporter **(92)**

The latest phase of the Government's R1 million Aids awareness campaign reached media offices in South Africa yesterday with the delivery of posters warning against the disease.

The posters, already up on billboards in major centres, urge monogamous relationships and encourage the use of condoms.

The campaign was officially launched in January by the Minister of National Health and Population Development, Dr Willie van Niekerk, who said the aim would be to educate.

"The biggest problem we have is that Aids can be spread through ignorance. Ignorance about the prevention of Aids is prevalent, and it is this problem which we are now addressing," he

said.

He added that he hoped the campaign would inform all people of what Aids was, how it was contracted, and how it could be prevented.

There are an estimated 10 000 carriers of the Aids virus in South Africa, and more than 50 people have died since 1982.

The State campaign includes television advertisements, posters, information leaflets and lectures.

A spokesman for the public relations firm handling the campaign said yesterday that posters had been delivered to media offices throughout the country.

Posters and information leaflets will also be delivered to universities and colleges.

'AIDS threatens mining fraternity'

PRETORIA — The spread of AIDS in Africa was a potential threat to SA's mining community, particularly because the industry recruited workers from areas where AIDS was now endemic, or where its spread was predicted.

This was said yesterday at the International Quantities Surveyors conference at the CSIR by Anglo American Corporation Consulting Architect, Murray Walker.

About 40% of migrant workers were from neighbouring states. Lesotho, Malawi and Mozambique relied heavily on the annual injection of

foreign capital from compulsory deferred pay.

In 1986 R240,1m was paid to Lesotho, R36,9m to Malawi and R83,5m to Mozambique.

Walker said the mining industry remained a fundamental and, at times, controversial factor in the economic and the political fortunes of the African sub-continent.

A remarkable feature over the last 15 years had been the increase in incomes of partially skilled black mine workers.

Walker said the need to create a stable workforce and a sound black middle class would result in the providing of more married accommodation.

Inevitably most miners would remain in hostels, either because they chose to or because they were foreign workers.

The mining industry was committed to providing family housing for 60 000 whites, 70 000 blacks and other race groups, and single accommodation for more than 600 000 black workers, said Walker.

W/E ARGUS 5/3/88 (92)

Aids man may have had 14 000 partners

Weekend Argus Foreign Service
SAN FRANCISCO. — California officials may be faced with the monumental task of tracking down 14 000 partners of a leading pornographic film star, John Holmes, who is rumoured to be dying of Aids.

Holmes, also known by his screen name Johnny Wadd, is gravely ill at an undisclosed Los Angeles hospital, but he has denied having Aids.

Yet reports became persistent enough this week to prompt the state to start an inquiry. California law forbids officials from publicising Holmes's diagnosis. But if

Holmes does have Aids he may be asked to help officials to contact his partners.

Holmes, 43, starred in hundreds of sexually-explicit films and peep-show tapes in the 1970s and early 1980s.

In interviews over the years he has repeatedly boasted of having had sex with as many as 14 000 women on and off the screen.

"The manpower required in tracking them down would be monumental," said Kassy Edgington of the State Health Services Department. "We'd have to figure out what could rea-

sonably be done for the public health concerns of everybody."

Superfit face own 'Aids' hell

SATURDAY STAR

FOREIGN NEWS SERVICE

LONDON — World-class athletes are facing a dangerous penalty for their super-fitness — an Aids-like weakened immune system which destroys the body's ability to fight disease.

Many of the world's most talented sports people fall prey to illnesses caused by over-training and the emotional stress of top-class competition.

These are the findings of Dr Lynn Fitzgerald, immunologist at London's St George's Hospital Medical School.

She says: "Moderate exercise appears to boost the immune system, but the extreme stress of excessive training appears to work the other way."

Dr Fitzgerald, who has been called in by the British Olympic Medical Centre to extend her research using volunteers from Britain's Olympic team, blames high levels of adrenalin and corticosteroids — produced by athletes under intense strain — for the suppression of T-cells, the immune system's front-line defence against disease.

Dr Fitzgerald calls her findings "worrying".

But she says that unlike Aids the condition in athletes is reversible — by abandoning excessive exercise.

Polio vaccine may stop Aids

Star 5/3/88

92

LONDON — British scientists are investigating the possibility of adapting the polio vaccine to combat the Aids virus.

The British Medical Research Council said it would give about R520 000 to the University of Reading, in southern England, and the National Institute for Biological Standards, to finance the work.

Professor Jeffrey Almond of Reading, whose findings appear in the latest issue of the science magazine *Nature*, said researchers had established that the Polio Savin Type One vaccine could be engineered to stimulate the formation of antibodies in a way which could eventually affect Aids.

Antibodies are the body's natural defence against illness.

Professor Almond said the vaccine used against polio would be remodelled.

Antibody response

The work was being done "with the hope that we can stimulate an antibody response" which would help against Aids.

Professor Almond said the fact that the polio vaccine produced immunity which would get through to the rectum was particularly promising.

Aids breaks down the body's natural defences and inhibits the formation of antibodies.

"The hypothesis is that secret-

Stimulation of antibodies investigated

ed antibodies lining the surface of the vagina and rectum could prevent Aids," Professor Almond said.

He said it would take six months to find out if the method worked against Aids and another two years to develop a vaccine.

The new approach could also lead to vaccines against the common cold and infectious hepatitis, he added.

By the end of January, 1 283 Aids cases had been reported in Britain, and of these 720 had died.

The World Health Organisation estimates that a million people will have the disease by 1991.
— Sapa-Reuters.

CAT 7/13/88 (92)

A million Aids cases expected by 1990

GENEVA. — Aids cases reported to the World Health Organization passed the 80 000 mark by the end of last month, almost twice the total registered a year ago.

WHO said it was notified of 81 433 cases in 133 countries, representing an increase of 4 167 since the end of January. By March 1987, 91 countries reported a total of 42 404 cases.

The latest survey said 42 countries had not updated their national figures for six months or more. These included Rwanda and the Central African Republic, which submitted their last reports in late 1986, citing a combined 959 cases then. Twenty-nine other countries, most of them in Asia, informed WHO they registered no cases at all.

Dr Jonathan Mann, head of WHO's special Aids programme, says the actual number of Aids cases is believed to be twice the reported total. He says WHO expects at least one million cases worldwide by 1990.

The US listed 53 069 cases last month, compared with 31 036 in February 1987. France follows with 3 073 cases reported last December, more than 2½ times the 1 221 at the end of 1986.

Uganda reported 2 369 cases by October. — Sapa-AP



Mr Johann Swart

Cape ⁹² dancer dies ^{CAPE TOWN} 5/3/88 of Aids

By CHRIS STEYN

AIDS has claimed the life of a 34-year-old former Capab ballet dancer, Mr Johann Swart, who returned to Cape Town last year from a long working visit to America.

He died in Somerset Hospital of brain damage caused by the virus.

His death has brought to 11 the number of those who have died of the incurable disease in the Peninsula.

Dr Frank Spracklen of the Aids Advisory Group yesterday confirmed that another Aids victim had died, whom he would not identify.

He said another carrier now had developed full-blown Aids bringing the total of Aids sufferers in the Peninsula to 14.

Born in Bredasdorp, Mr Swart attended Groote Schuur High School in Newlands and studied at the University of Cape Town (UCT) Ballet School from 1973 to 1975.

● Mr Swart was the second former Capab ballet dancer to die in the past fortnight. Mr Brian Pleban, aged 27, was killed in a motorcycle accident in Johannesburg on Saturday.

Sowetan 8/3/88

91 Aids carriers in SA

A TOTAL of 91 South Africans, mostly homosexual or bisexual men, have been diagnosed as Aids cases, the Department of National Health announced yesterday.

Of these, 11 were reported in the first two months of the year, the department said in a statement.

Of the 91 cases since 1982, when the first two cases were reported, 59 people have died — a mortality rate of 65 percent.

92 Six people have died as a result of Aids during the first two months of this year, the statement said.

Details of the 91 cases are:

- Members of all population groups are involved, but the majority are white males (83);
- There were only three women; and
- Seventy two are homosexual or bisexual. — Sapa.

CAPE TOWN 8/3/88
91 Aids Cases

PRETORIA ⁹² Ninety-one South Africans, mostly homosexual or bisexual men, have been diagnosed as Aids cases, the Department of National Health announced yesterday.

Since 1982, 59 of these have died of Aids.

● Members of all population groups are involved, but the majority are white males (83).

● Three were women.

● Seventy-two are homosexual or bisexual. — Sapa

92

9/23/88

The Star Tue

91 cases of Aids, 59 SA deaths recorded

PRETORIA — A total of 91 South Africans, mostly homosexual or bisexual men, have been diagnosed as Aids cases, the Department of National Health announced yesterday.

Of these, 11 were reported in the first two months of this year.

Of the 91 cases since 1982, when the first two cases were reported, 59 people have died — a mortality rate of 65 per cent.

Six people died of Aids during the first two months of this year, the statement said.

Details of the 91 cases are:

- Members of all population groups are involved, but the majority — 83 — were white males.
- There were only three women diagnosed as full blown Aids cases.
- Of the total, 72 were homosexual or bisexual.

— Sapa.

WELL THE REAL KEVIN OWN UP?

KEVIN loves Margie and Gail, Sarah, Janet and Sheila ... and the real love of the real Kevin doesn't mind a bit.

Since ad-man Kevin Kleynhans, of Johannesburg, created the well-known "The writing could be on the wall" Department of Health anti-AIDS ad, his life hasn't been quite the same.

Meet the real Kevin. He's 33, works for ad agency McCann De Villiers and has been a copywriter for seven years.

"I used my own name because it was very difficult to know what to call him," said Kevin.

And he's highly amused at the Casanova lifestyle attributed to the Kevin of the TV spots and posters of the campaign that grimly warns:

"Prevent AIDS. Do not sleep around. One-partner relationships are safe. If in doubt, use a condom ... or the writing could be on the wall."

Gistle

The women's names, too, belong to real people. Some belong to ex-girlfriends — but Kevin's not telling who or how many — others are friends of the art director and the balance is made up from women at the ad agency.

You won't find the name of his girlfriend, Leslie, on the wall — though Kevin says she finds the amorous graffiti a bit of a giggle.

He won't identify her further, he's encountered enough embarrassing backlash through the use of his own first name. "We had a letter from



THE POSTER BY KEVIN KLEYNHANS

Life will never be the same for AIDS ad man

By GUS ST LEEGER

An irate grandmother in Olifantsfontein saying that her grandson, Kevin, was being teased and tormented at school. She suggested we call the man in the ads "Boy".

Also, he's had phone calls and letters from friends, tongue-in-cheek, asking him how long he has to live.

And there was the potential bohemian to another famous Kevin — popular DJ Kevin Savage — and the subsequent change of names used in Capitol Radio's version of the anti-AIDS spots.

Coffin

On a more serious note, the campaign's brainchild would have liked the English and Afrikaans anti-AIDS messages to have been harder and to have more frequently.

The black campaign, with its message: "AIDS, The new killer disease is here", and photos or footage of a coffin being lowered into the ground, has had tremendous impact according to feedback and sightings of newspaper advertisements taped to the walls of country homes and stores.

Dr Reuben Sher, of the AIDS Advisory Group, is impressed with the black campaign and says it is reaching its targets.

The first stage of the official anti-AIDS campaign should have included R1.5-million-worth of SATV time. The screenings were curtailed due to budget restrictions.

Extensive screen time would have had to be paid for. One source said the SABC believed that other social service ads (greened free), such as those for tuberculosis, were more important.

Brochures

The next phase, costing R1.5-million, involves the house-to-house distribution of six million AIDS information pamphlets in the biggest countrywide exercise since the same number of population census forms was delivered on March 5 1985.

The Department of Health is awaiting budget go-ahead for the project, but the brochures are ready for the printer.



'LOVES' OF KEVIN ... from left, Paola Dicosmo, Megan Glen, Ros Nellmapius and Michelle Cretkos — among others

Intimate questions will reveal picture of 'plague'

Sunday Times Reporter

A SURVEY which will give the most accurate picture yet of AIDS in South Africa's homosexual community was launched this week by the Human Sciences Research Council (HSRC).

The 32-page questionnaire took the

HSRC a year to prepare, in conjunction with Exil, and 10 000 men and women of all race groups throughout the country are being asked to give anonymous answers about their lifestyles, diets, reading habits and health.

Three sections deal specifically with sexual activities. But the answers to 39 questions on AIDS will provide the HSRC with the most comprehensive information yet of public awareness of the virus that was first regarded as a "gay plague". Respondents are asked where they ob-

tained their knowledge of AIDS — and that knowledge is tested. They are asked if they can speak freely to their doctors on AIDS and safe sex. Those whose blood has been tested positively for the Human Immune Deficiency (HIV) test are asked if they have told their friends and families.

POPPI IN 3 KISS!

By GUS ST LEEGER

A CONTROVERSIAL new book by American sex experts William Masters and Virginia Johnson warns that there has been a worldwide cover-up on AIDS as slammed by British and South African specialists in the disease this week.

The book claims that the number of people estimated to be infected with AIDS is 50 percent too low, that the disease is being spread at a frightening rate by heterosexuals, and that AIDS can be caught from kissing, toilet seats, insect bites, in restaurants or while playing football.

But AIDS experts in South Africa have dismissed the wild claims of Masters and Johnson as dangerous nonsense.

"It's sensationalism of the worst kind," said Professor Barry Schoub of the National Institute of Virology.

And Dr Jonathan Mann, director of the World Health Organisation AIDS Group, said in London: "They [Masters and Johnson] know a lot about sex, but I don't know how much they know about AIDS."

Folklore

There is no quarrel with the statement in the Masters and Johnson AIDS report that sticking to one sexual partner is a major protection against the virus.

The relative safety of single-partner relationships forms the main thrust of the SA Department of Health and Population Development's current anti-AIDS campaign.

But the authors' remarks on catching AIDS by kissing or from toilet seats are regarded as a resurgency of highly inaccurate folklore.

There is no case on record anywhere in the world of AIDS being transmitted by a toilet seat or the saliva encountered in a kiss or from a shared glass. Dr Mann said: "I object to the fact that they imply without data — that disease has already broken out alarmingly among heterosexuals and has hit the low-risk group of middle-class men and women.

But AIDS experts are agreed that a major dose of the virus is needed to pass it on — so it is highly unlikely it could be transmitted in the work place, a restaurant or on the sports field.

SA AIDS EXPERTS SLAM MASTERS AND JOHNSON 'NONSENSE'

AIDS is spread in other ways than the ones of which we are sure.

He warned against irrational fear of AIDS, and emphasised that it could not be caught in the ways suggested by Masters and Johnson.

The authors say their conclusions are based on years of investigation, during which they questioned thousands of people.

They predict that in three years there will be an AIDS "explosion" with a million deaths.

Unlikely

And they warn that the disease has already broken out alarmingly among heterosexuals and has hit the low-risk group of middle-class men and women.

But AIDS experts are agreed that a major dose of the virus is needed to pass it on — so it is highly unlikely it could be transmitted in the work place, a restaurant or on the sports field.

Second AIDS death within a week in the Cape

By RUTH GOLEMBO
and CAS St LEGER

A CAPE teacher died of AIDS this week after six months of suffering.

Mr Chris van Jaarsveld, 34, head of the Afrikaans department at Camps Bay High School, was the second victim in Cape Town in a week.

Mr Johann Swart, a former Capab dancer, died of the virus last week.

Mr van Jaarsveld, who taught at the school for seven years, was a dedicated and popular teacher.

Headmaster John Ince said Mr van Jaarsveld had been on sick leave for six months.

Before his illness he had been on a three-month overseas holiday.

None of the staff or pupils

were ever at risk due to his illness."

He said Mr van Jaarsveld was a caring and dedicated teacher and the entire school was saddened by his death.

He completed a BA degree in drama at Stellenbosch and took his higher diploma in education at the University of Cape Town. He is survived by his mother.

Mr van Jaarsveld had been under treatment at a Cape Town hospital until this week.

A memorial service will be held on Tuesday at St George's Cathedral in Cape Town.

Dr Frank Spracklen of the

National Aids Advisory Group said there were 14 AIDS sufferers in the Western Cape.

Mr van Jaarsveld's death was the 12th in the Cape and the second this year.

Dr Spracklen said a new case of AIDS had been reported in the Cape recently.

The latest sufferer was also a young man.

Meanwhile, a horrific new strain of AIDS has hit South Africa and has claimed its first victim.

AIDS Mark Two has arrived.

And, adding to the shock scenario of a frightening collision of Western and West

African — or ape-type — AIDS was the discovery of a South African man infected with both strains of the virus.

An SA resident has died after being infected with the second strain.

Treatment

The dead man was a heterosexual male from a neighbouring State sent to Johannesburg for treatment.

The other patient, a 24-year-old heterosexual South African black man from the north-east of the country, carries both the Human Immune Deficiency Virus Type One (HIV-1) and the uncommon second strain (HIV-2).

Until the Medical Research Council's AIDS virus research unit tested the carrier's blood a month ago, it was believed there was no local occurrence of HIV-2.

● 'Will the real Kevin own up' — See Page 17.

92

SA's policies on Aids come under fire at conference

The Star Bureau

LONDON — The lone South African speaker at an international Aids symposium in London came under fire this week after he described the Chamber of Mines policy on Aids as "extremely responsible".

While there had been no resistance to the participation of Mr Alan Whiteside, of the University of Natal Durban's Economic Research Unit, resentment about South Africa's apartheid policies ran deep among the more than 500 people who heard his address.

Mr Whiteside's topic, "Migrant labour and Aids in southern Africa" was a potentially explosive one, as he acknowledged to his top-level audience before starting out.

He outlined the Chamber's five point policy plan which, although it bars recruitment of those who are HIV positive, provides job security and counselling for those already employed who test positive. Repatriation only occurs when sufferers are clinically unfit to continue work. Other aspects are the testing of miners from designated "high-risk" areas like Malawi and Mozambique and Aids education programmes on the mines.

But the South African Government, Mr Whiteside said, was taking a different line and was pressing the Chamber to repatriate all infected migrant workers.

He predicted that apart from existing restrictions on the movements of infected people, the Government may soon make it mandatory for all new and returning migrants from high risk areas to be tested.

The Government was saying Aids was a disease of the black population and that migrants were more promiscuous than other people — neither of which was true.

Summing up, Dr P Piot of the Institute of Tropical Medicine in Antwerp, Belgium, referred to South Africa's "draconian measures against HIV infected people, measures that are not based on medical evidence".

● There are six South Africans attending the seminar, which ends today.

W/B AGG 92
19/3/88

NEWS

Aids may cut growth in African populations

NEW YORK. — Aids may strike some developing countries hard enough to eventually turn population growth into decline, computer projections suggest.

With low to moderate infection rates like those of Kenya, Uganda or Zaire, population declines would not begin until 20 to 70 years after the Aids virus invades a developing country, even one with low growth rates, researchers say.

The researchers, reporting in the British journal *Nature*, said their projections were crude as too little was known about Aids to make more realistic ones.

"It is clear that Aids will have an impact on swelling population growth rates, but by how much, we don't know," said co-author Robert May of Princeton University.

"A long-term projection about whether Aids will or will not bring about zero or even negative rates of growth in Africa cannot be made."

"Disaster"

Another researcher says his projections suggest that at worst, Aids could cut the typical growth rate of African countries in half.

"It's a disaster from any point of view," said researcher Mr John Boongaarts of the Population Council.

The projections do not pertain to developed countries.

Acquired immune deficiency syndrome in Africa is thought to spread mainly through heterosexual contact, while most cases in the United States stem from homosexual contact or needle sharing by intravenous drug abusers.

"Very implausible estimates" of the prevalence of Aids infection would be needed to project zero population growth or population decline," Mr Boongaarts said.

The projections, in the worst case, find Aids cutting the three percent growth rate typical of central African nations in half, he said. — Sapa-AP.

Unidentified AIDS threat

CAPE TOWN — There are an estimated 1 500 unidentified AIDS carriers in the western Cape posing a threat to public health.

The estimate was given yesterday by a Cape Town doctor, who is a member of the national AIDS advisory group.

He said the figure of 1 500 was based on an estimated national total of 10 000 AIDS carriers, most of them in the Transvaal.

"They are our big public health worry, not the people who have been identified," he said. — Sapa.

Blang 17/3/88

Star

~~92~~
92

22/3/88

The Star Tuesday

The Star's Africa
News Service

LUSAKA — A total of 80 people have died of Aids in Zambia, Zambian Health Minister Mr Rodger Sakuhuka has said.

He said there had been a total of 754 cases of Aids in the country.

He was speaking during a meeting with representatives of the World Health Organisation (WHO) in which a five-year plan to combat the disease was discussed.

Zambia has been reported to be one of the African countries most affected by Aids and reports have suggested that official figures concerning the number of cases

Aids has claimed 80 lives in Zambia

do not reflect the situation.

It was announced here that Britain is to give Zambia about R4 million to combat the disease.

Last week the Norwegian Development Agency, Norad, granted about R160 000 for an anti-Aids education project to be implemented in the northern Copperbelt region.

showed a 14,6% rise in claims over spent R1,30. We brought the ratio industry.

11000, 1

Aids raises a scare in company boardrooms

20/3/88

By Udo Rypstra

AIDS has become a boardroom topic and could lead to drastic personnel management, medical aid and life assurance decisions.

Several large companies, including two retail groups, are formulating policy on Aids. A company spokesman says among the measures being considered are compulsory screening of applicants for middle to senior management positions.

Remote

Insurance companies operating pension fund and group life and disability schemes have introduced measures to screen potential policyholders more carefully. They will investigate claims where there is only a remote possibility that the claimant knew he had Aids.

They report several cases of Aids victims committing suicide but trying to pass off their deaths as accidental.

One Aids sufferer jumped in front of a bus, another killed himself in a motor-cycle crash and a third fell

from a building. Old Mutual says it has repudiated claims on behalf two Aids sufferers who staged their deaths as accidental within the two-year suicide limit clause.

"Suicide is usually difficult to prove, but we have intensified our screening of claims," says an Old Mutual actuary.

Several Aids deaths have been reported in the past few weeks. So far this year, the disease has claimed 14 lives. About 60 000 people in SA are believed to be Aids carriers.

The medical view is that most people infected with the virus will succumb to Aids within 10 years.

About 900 Aids carriers from African countries have been sent home from SA mines.

Insurance companies are considering making an Aids test compulsory for life policies of more than R200 000. Although they have no statistics of the financial impact of Aids on the life assurance industry, they point to fi-

hures in the United States. One estimate is that there will be 180 000 Aids-related deaths in the US in 1991 alone. Another is that the worldwide life assurance industry will face claims of R100-billion in the next few years. This estimate is based on:

- R28-billion claims on behalf of policyholders who are already infected.
- R36-billion for policyholders who will become infected soon.
- R40-billion from group life policies already in force.

Renewable

American and British insurers have drawn up projections indicating that as a result of Aids, mortality rates will return to where they were 30 years ago. They believe Aids exclusion clauses will be only partially effective.

In addition to such clauses, they are looking at the formation of Aids reserves and steeper premiums for high-risk policy applicants. They are also considering making life, ill-health and disability policies renewable every five years.

THE ... ing indiv fully cov- sert to " Pay Less published in conjun Haskins & The ... complete come tax not been changes.

It will for indi tax affairs and in ages, says Deloitte P

"Most ... affecting married been suffi by the Mi anable the them in

The book deals with

D/D 28/3/88

Aids is not notifiable in SA — doctor

92

GRAHAMSTOWN — Aids is not a notifiable disease in South Africa.

Experience in other countries revealed that there was a serious threat that victims would go underground if it were made notifiable, the Director of the Eastern Province Blood Transfusion Services, Dr A. P. Albert, said.

Nor were other forms of venereal disease compulsorily notifiable.

Some 100 years ago authorities had tried to make venereal disease notifiable.

"This criminalised the victims. The state is loathe to do this."

Tuberculosis was a notifiable disease but there was no stigma attached to TB as was the case with Aids.

"Aids is an unfamiliar disease and people are frightened of it."

However, although Aids was not notifiable, in practice, every case was being notified.

"I am sure that the figures being put out are accurate. While there is nothing compulsory, victims are advised to consult their doctors." Tests were done in private

to maintain confidentiality.

No risks resulted in mass exercises such as the Big Bleed which traditionally is part of Rhodes University Rag efforts to serve the community.

"All blood donated to the blood transfusion services is automatically tested. All samples go to the laboratories."

Groupings were checked and tests were made including the test for the HIV (Aids) virus.

The blood was then labelled. Should the HIV virus be found in a sample it was removed and incinerated.

If blood was found to be contaminated the doctor was notified.

No blood was issued out of certain groupings except in an emergency. In this case it was up to the doctor to use his own responsibility.

"Every donation is tested," Dr Albert stressed.

For instance, about six per cent of blood from black donors was rejected because it contained the Australian antigen, a type of infective jaundice. — DDR

3 have Aids

THREE more people in the Durban area have developed full-blown Aids, Prof Dennis Pudifin, a member of the National Aids Advisory Group, said yesterday.

One is a black man, and the other two are white and they are all from the Durban area.

"They are not sick, and they have not been admitted to hospitals."

He said two other people had shown positive in the test for the anti-body against the Aids virus. — Sapa.

92

3/3/88

D/D 20/2/88

First suspected EL Aids case (92)

Daily Dispatch Reporter
EAST LONDON — The first patient here with a suspected case of Aids has been admitted to Frere Hospital.

The hospital's senior medical superintendent, Dr P. J. Mitchell, said in a statement yesterday that the possible symptoms of Aids had been revealed in a male patient during a clinical examination last week.

"Blood has been taken and sent for laboratory investigation, but so far confirmation of the diagnosis has not been received," he said.

Dr Mitchell could not expand on the symptoms that resulted in the diagnosis for fear of inadvertently identifying the patient.

"His medical condition at present is consid-

ered to be satisfactory. The hospital is observing all the standard precautionary measures and there is no danger to other patients, staff members or visitors to the hospital.

"Because the hospital has an ethical obligation to protect the confidentiality of a patient, no information concerning his identity can be released," he said.

US gays take up the fight against the quiet genocide

AN extensive gay voter registration drive and disruptions at the Republican national convention are among the plans forged by a "summit" last month of 200 gay leaders to heighten the the US commitment to fight Aids. "We've got thousands of totally desperate people who are very willing to break the law," says Paul Boneberg, a San Francisco gay leader who attended the conference in Washington, DC. He said protesters will travel to the convention in New Orleans as gay "freedom riders" on special buses.

The Democratic convention in Atlanta won't be targeted as heavily because gay leaders say Democrats have shown more concern than Republicans about Aids — although the absence of Aids as a major issue among candidates of both parties angers gay leaders.

Gay activists say the attitude of government leaders to the coming hundreds of thousands of Aids deaths amounts to "quiet genocide" of gays and drug abusers.

Organised gays in America have planned a strategy to force the government to allot more money for Aids research. BILL KENKELEN reports from San Francisco

US authorities estimate that by 1989, the number of Aids deaths will exceed the number of American casualties during the Korean (54 000) and Vietnam (57 000) wars. By 1990, the number of Aids deaths will exceed the number of US dead in World War I (116 000). By 1991, the third year of the next president's term, an estimated 179 000 people will be dead of Aids. Indeed, nearly 20 percent of the delegates to the conference have Aids.

Gay leaders are increasingly using war analogies. The February meeting was called a "war conference". And the response gay leaders want is a "war on Aids" vastly exceeding the Reagan administration's proposed \$1.3-billion (about \$2.6 billion)

budget for the next fiscal year. Gay leaders say much more money needs to be spent, particularly on treatment research. Money spent on education and vaccine research is important, they say, but more effort needs to be made to save the 1.5-million already infected. Prominent scientists on the president's Aids Commission and the National Academy of Sciences agree.

"The response is not nearly what it should be," says Ralph Payne, a leader of Mobilisation Against Aids. "It's our responsibility to change that. That means, among other things, getting a lot more serious about civil disobedience."

Gay civil disobedience around Aids began last summer when 64 people were arrested at a White House sit-in and has continued, primarily in New York and San Francisco.

At the "war conference", gay leaders also discussed ways better to utilise the \$50-million to \$70-million they estimate gay organisations will spend in 1988. — Pacific News

3113 - 7/4/87

92

W/Neil

DID 17/3/88

Quacks making fortune from Aids cure racket ⁽⁹²⁾

KANSAS CITY — Quacks seeking to profit from Americans' fear of Aids have created a billion-dollar industry selling fraudulent cures and books on the origin of the deadly virus, experts said this week.

One such exploiter makes money giving lectures that claim the Aids virus was brought to earth on a spaceship, and by selling books on the subject for \$20 apiece.

The ploys were disclosed at a health fraud conference sponsored by the US Food and Drug Administration, and a Kansas City church.

Law enforcement and health officials here heard experts on health fraud discuss how quacks profit from generating fear of the disease and preying on its victims.

Some exploit Aids fears more cruelly, with worthless and sometimes dangerous pills, diets and other treatments whose sales have swollen to an estimated \$1-billion in 1987.

About 300 fake treatments for Aids have been uncovered so far, the director of the National Health Information Centre, Mr John Renner, said.

"I have a feeling we're just dealing with the tip of the iceberg in Aids quackery," he said, adding that many fraud victims do not have Aids and are not in high risk groups.

"There are elderly people who think they can get Aids from the air, mosquitoes or gay waiters," he said.

Some quacks are promoting treatments using "aroma therapy" or diluted arsenic and strychnine. One recommends exposing genitalia to sunlight at a 45 degree angle at four o'clock in the afternoon as a treatment.

Dr Wallace Sampson, of the Stanford University School of Medicine, said some Californians are promoting group sessions in which participants are told to shed their underwear because warm genitalia promote Aids.
— Sapa-RNS

Doctor addresses forum on Aids

Daily Dispatch Reporter **92**

GRAHAMSTOWN — Aids touched on sex, disease, disability and death, all topics with which people were ill at ease, the head of the Eastern Province Blood Transfusions Service, Dr A.P. Alberts, said here this week.

Dr Alberts was a speaker at a lifeskills programme for pupils of seven local high schools, which was held at the 1820 Settlers' National Monument.

He said an Aids victim had a 50 per cent chance of dying in two to three years.

Aids could be treated but there was no known cure, he said. It was a virus that multiplied in a living cell.

"It must use a living cell, such as blood or semen, as a factory to replicate."

Dr Alberts said Aids was a new disease which had developed in Central Africa where it had been carried in the blood of the green monkey. Somehow it had been transmitted to humans and had mutated in the 1960's.

DID 16/3/88
"It was in 1980 that doctors became aware of outbreaks of rare forms of pneumonia and cancer. These were affecting young men. The mortality rate was about 50 per cent."

In 1985 blood tests enabled diagnoses after which rapid progress was made.

Victims were identified as homosexuals, heterosexuals, drug users, haemophiliacs, people requiring blood transfusions and some with congenital Aids.

"Aids can cross the placenta affecting the unborn child. This child will either be still born or be a weak child," Dr Alberts said.

"Remember, just one homosexual contact can put you at risk," he warned.

Aids was not transmitted by food, water, air or environmental surfaces, such as lavatory seats, he said.

"It is a very delicate virus and can be destroyed by soap, water, bleach or alcohol."

Dr Alberts said it was sexually

active people who got Aids. Using condoms was a protective measure but was not 100 per cent safe.

"It's a killing disease. It will cross the blood brain barrier causing insanity, blindness and other neurological diseases of the brain."

He said there were between one and ten million people who were carrying the virus but did not yet have the disease.

There was no cure and treatment involved quarantine, education, safer sex, drugs and vaccine.

"At present the drugs are more dangerous than the disease but at least we have a toe-hold.

"If we can change the behaviour of people by education we may control Aids but we already have a pan-epidemic. The number of people dying from Aids is doubling every year."

The forum was arranged by the careers counsellor for St Andrew's College and Diocesan School for Girls, Mr Ken Lemon-Warde.

Spread of Aids linked to cervical infection

DIP 15/3/88
92

The AIDS virus infects the lining of the cervix, which may help explain how the deadly disease spreads during sex and childbirth, according to a study released.

The research suggests, though it does not prove, that the woman's cervix might be infected directly during intercourse through contact with virus-laden sperm. Experts knew that infected women may have the AIDS virus in their genitals, but it was unclear where this virus came from.

It appears that the cervix could be an initial site of infection during intercourse and a source of virus that later infects sexual partners and infants during birth.

"This shows pretty clearly that the source of the virus within the genital secretions is actually cells within the cervix," said Dr. Martin S. Hirsch, senior author

of the study at Massachusetts General Hospital.

The report, published in this month's *Annals of Internal Medicine*, was based on tissue samples taken from four AIDS-infected women. The researchers found the virus in endothelial cells that line blood vessels in the inner layer of the cervix, as well as in germ-eating macrophages and other blood cells within the cervical tissue.

"It's interesting and raises possibilities that perhaps the cervix could be infected directly by the virus, rather than get there through the blood," said Dr. J. A. Levy of the University of California, San Francisco.

The new research adds one more site to the growing list of targets of the AIDS virus, known as HIV.

The virus kills by destroying helper T-cells,

the blood cells that orchestrate the body's immune defenses against all kinds of microscopic invaders, among them the AIDS virus itself. However, experts have learned that the virus also infects other types of blood cells as well as other parts of the body, including the eyes and the brain.

Last month, Levy and others published a report showing that the AIDS virus also infects the rectum and colon. This could explain one way that the disease is

spread during anal intercourse.

Many experts have assumed that for an AIDS infection to occur, the virus must enter the bloodstream, through a tear in the body's tissues or a venereal lesion.

The discovery of infected rectal and cervical tissue, however, suggests this might not always be necessary. Instead, infection might occur by direct viral contact with the rectum and the female sex organs.—Sapa-RNS

PHONE 403406

on your opening

Spread of Aids linked to cervical infection

DIP 15/3/88
92

The AIDS virus infects the lining of the cervix, which may help explain how the deadly disease spreads during sex and childbirth, according to a study released.

The research suggests, though it does not prove, that the woman's cervix might be infected directly during intercourse through contact with virus-laden sperm. Experts knew that infected women may have the AIDS virus in their genitals, but it was unclear where this virus came from.

It appears that the cervix could be an initial site of infection during intercourse and a source of virus that later infects sexual partners and infants during birth.

"This shows pretty clearly that the source of the virus within the genital secretions is actually cells within the cervix," said Dr Martin S. Hirsch, senior author

of the study at Massachusetts General Hospital.

The report, published in this month's Annals of Internal Medicine, was based on tissue samples taken from four AIDS-infected women. The researchers found the virus in endothelial cells that line blood vessels in the inner layer of the cervix, as well as in germ-eating macrophages and other blood cells within the cervical tissue.

"It's interesting and raises possibilities that perhaps the cervix could be infected directly by the virus, rather than get there through the blood," said Dr J. A. Levy of the University of California, San Francisco.

The new research adds one more site to the growing list of targets of the AIDS virus, known as HIV.

The virus kills by destroying helper T-cells,

the blood cells that orchestrate the body's immune defenses against all kinds of microscopic invaders, among them the AIDS virus itself. However, experts have learned that the virus also infects other types of blood cells as well as other parts of the body, including the eyes and the brain.

Last month, Levy and others published a report showing that the AIDS virus also infects the rectum and colon. This could explain one way that the disease is

spread during anal intercourse.

Many experts have assumed that for an AIDS infection to occur, the virus must enter the bloodstream, through a tear in the body's tissues or a venereal lesion.

The discovery of infected rectal and cervical tissue, however, suggests this might not always be necessary. Instead, infection might occur by direct viral contact with the rectum and the female sex organs.—Sapa-RNS

Handicraft bazaar open to all

Local handicrafts and handiwork will be for sale at a bazaar at the Duncan Village Methodist Church this morning.

The bazaar, which will open at 10.30 am, is being organised by the Duncan Village clinic and the proceeds will go towards food parcels for their geriatric patients.

D/D 15/3/88

Offers aplenty to Aids baby

92

MONTREAL — More than 200 people have offered to adopt a month-old baby born with symptoms of Aids.

The baby, born at the Royal Victoria Hospital here, has blood antibodies associated with the HIV virus which has been linked to Aids.

His mother, who is unable to care for him, has Aids and her first child died at three months of pneumonia brought on by Aids. Doctors say it could be up to two years before they know if the baby has Aids for which there is no recognised cure.

The local authority asked for a "special couple" willing to tackle the difficult task of caring for the baby. It said there was little danger of adoptive or foster parents catching the disease as long as they wore rubber gloves when handling any bleeding from the baby.

A spokesman said the response has been "absolutely heart-warming". —
DDC

sex researchers Dr William Masters and Virginia Johnson have defended their controversial new study on Aids and heterosexuals, which critics labelled an overstatement.

Under sharp, sometimes angry questioning at a news conference, the two declined to identify scientists who had reviewed their data or methodology, or to name the laboratory that did the Aids virus blood tests for their study.

The highlights of their

Row over men-women Aids

findings include their contention that three million Americans now carry the Aids virus, twice as high as the U.S. Centres for Disease Control (CDC) estimate.

Excerpts from their new book, *Crisis: Heterosexual Behaviour in the Age of Aids*, were published by Newsweek magazine. The book itself was made

available to reporters two hours before the news conference.

"AIDS is breaking out. The Aids virus is now running rampant in the heterosexual community," Masters and Johnson wrote with their collaborator, Dr Robert Kolodny.

"Unless something is done to contain this global epidemic, we

face a mounting death toll in the years ahead that will be the most formidable the world has ever seen."

Several top Aids researchers and health officials, while agreeing that heterosexuals should recognise the threat of acquired immune deficiency syndrome, called the study an overstatement.

Dr James Curran, director of Aids programmes at the CDC, said: "We all agree that people should know what the risks are and try to avoid them. The problem here is overstatement."

In a conference call with Curran, Peter Fischinger, Aids programme co-ordinator for the U.S. Public Health Service, concurred.

"We have a sense that who's at risk is somewhat overstated based on a small study. We do not have a sense of an explosion occurring in the heterosexual community," he said.

Masters and Johnson accused the medical establishment of understating the threat to heterosexuals through what Johnson repeatedly called "benevolent simplification".

They also said public health authorities had

21/12/88
How serious is the real threat?

exaggerated the degree of protection against Aids provided by condoms, and raised questions about whether Aids can be transmitted through deep kissing or contact between skin and Aids-contaminated blood.

"We talk bluntly about the fact that it is virtually impossible to prove that a certain case was not transmitted by kissing," Kolodny said.

The Aids virus has been found in saliva but most experts believe it is too weak in that form to be transmitted by kissing.

Masters and Johnson also say it is "theoretically possible" to get Aids from a toilet seat, although they do not depict this as a widespread mode of transmission.

In *Crisis*, Masters, Johnson and Kolodny reviewed earlier research on Aids and reported on a study of their own.

Their study involved 400 male and 400 female heterosexuals who, as far as the researchers could determine, were not in high-risk Aids groups: they had no homosexual experience, had not received blood transfusions since 1977, and had no history of intravenous drug abuse.

Half the men and half the women had been in monogamous relationships for at least five years. The rest had had six or more sex partners every year from 1982 through 1986.

Among the monogamous group, only one person carried the Aids virus. Among the other group, five per cent of

the men and seven per cent of the women carried the virus.

For those who had an average of a dozen or more partners a year, 12 per cent of the men and 14 per cent of the women carried the virus.

At the news conference, the team said they did not obtain their figure of three million Aids carriers merely by extrapolating from their study of 800 people.

They said the figure was based on a range of previous Aids studies.

Though respected as sex researchers, Masters and Johnson are not recognised experts in public health or epidemiology.

Asked several times at the press conference why they had published their information in *Newsweek* rather than in scientific journals, they said they wanted to get their message to the public rapidly.

They declined to discuss financial details of their agreement with Grove Press, publisher of *Crisis*, a 243-page book written for the non-specialist.

D/D 11/3/88

Aids tests in casualty wards

92

SYDNEY — Surgeons at one of Australia's largest hospitals have voted to perform Aids tests on casualty patients in need of urgent surgery before operating.

A spokesman for doctors at Sydney's Royal North Shore Hospital said they hoped the decision, a first in Australia, would help stop the deadly virus spreading to medical staff across the operating table.

"The risk is not high but it is not nil. We are concerned about the risk, no matter how low, to surgeons and surgical nurses," he told reporters.

The doctor said surgeons would not deny treatment to patients who tested positive for the Acquired Immune Deficiency Syndrome virus. However, they would take added precautions such as

putting on extra pairs of gloves and wearing perspex glasses before treating them.

Already, patients undergoing non-urgent surgery in Australian hospitals take blood tests for Aids, doctors said.

The honorary secretary of the Royal Australasian College of Surgeons, Dr Richard West, said the college fully supported the Sydney doctors and any others who voted likewise.

Medical sources said there had been 18 cases of medical staff being infected from patients carrying the Aids virus in the US, but none in Australia.

Aids has killed nearly 400 Australians since the disease was first detected here in 1983. — Sapa-RNS

DIP 5/3/86
**Ballet dancer
dies of Aids**

CAPE TOWN — Aids has claimed the life of a 34-year-old former Capab ballet dancer, Mr Johann Swart, who returned to Cape Town last year after a lengthy working visit to America.

He died in Somerset Hospital of brain damage caused by the virus.

His death has brought to 11 the Aids death toll in the Peninsula.

Mr Swart was admitted to hospital about five months ago, and his death was described — in comparison with some other cases — as "very quick" — DDC

DJD 4/31/88

Aids victim who sold his blood acquitted of poisoning charge⁽⁹²⁾

LOS ANGELES — A male prostitute who has Aids, was acquitted on Wednesday of charges of attempted poisoning by selling his infected blood to a plasma bank.

Mr Joseph Markowski, 29, nodded towards his lawyer when the jury of seven men and five women announced its verdict.

They deliberated for seven hours following a 10-day trial.

"Mr Markowski knew what he was doing, but he was doing it basically

to get money and not to poison a blood bank," a jury member, Mr Bill Ferguson, said "We all hope they will pass a law saying you can't sell Aids-tainted blood."

The case of Mr Markowski, a slight, blond man, was reported in national headlines last June, when he was charged with attempted murder by selling his blood, infected with the acquired immune deficiency syndrome virus.

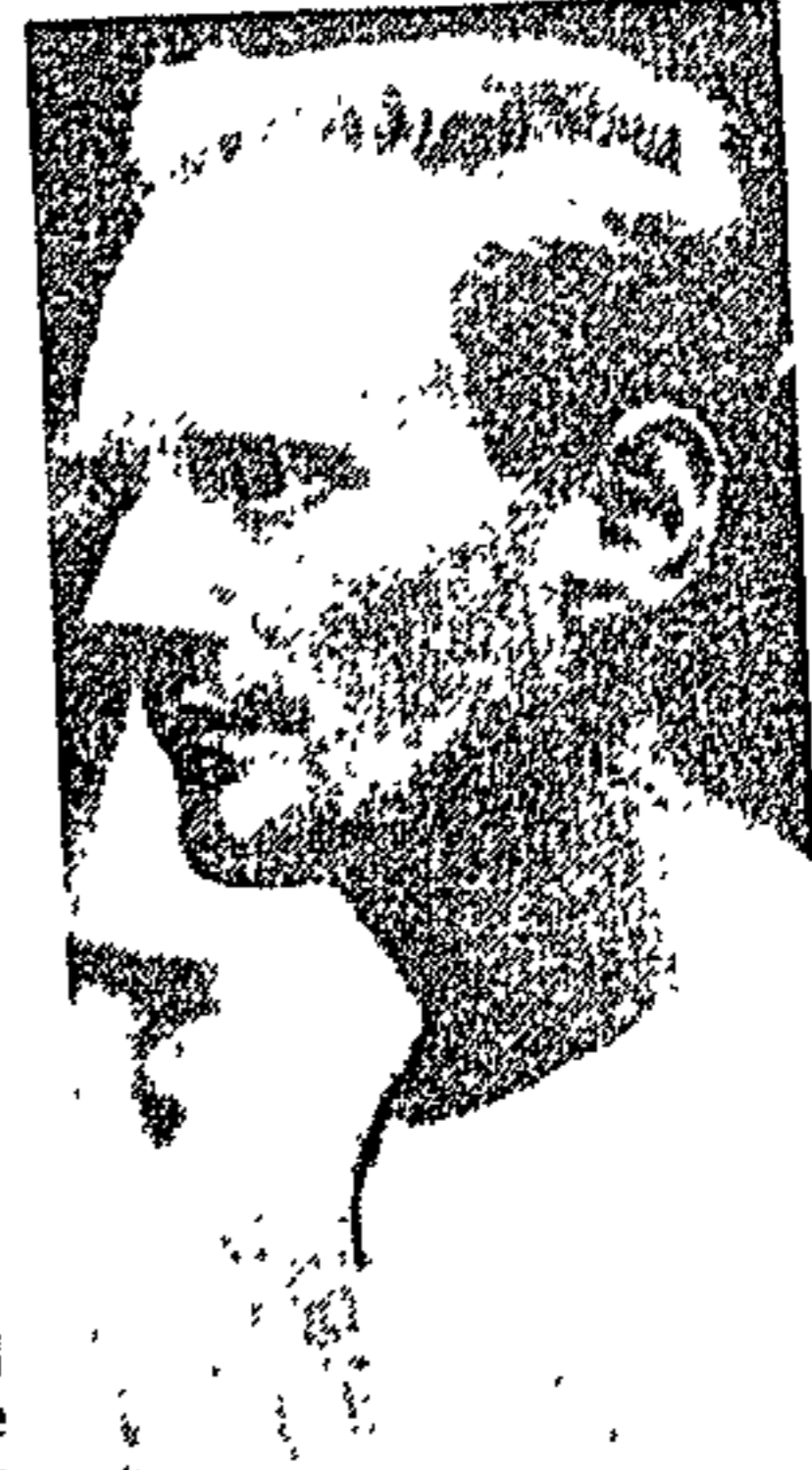
The charges were dismissed by a judge who said the prosecution had

failed to prove Mr Markowski had sold his blood with intent to kill

He was then charged with attempted poisoning.

The defence lawyer, Mr Guy O'Brien, said Mr Markowski had sold his blood only as a final, desperate means of surviving.

Outside the courtroom, the prosecutor, Mr Antonio Barreto, said: "Clearly what he did should be a crime. He could go right out and do it again" — Sapa-RNS



JOSEPH MARKOWSKI

New Aids cases found in Durban

DURBAN — Three more people in the Durban area had developed full-blown Aids, Prof Dennis Pudifin, a member of the National Aids Advisory Group, said yesterday.

One was a black man, and the other two were white.

"The black male is heterosexual, but we don't have details about the other two," he said. "They are not sick, and they have not been admitted to hospitals."

He said two other people had shown positive in the test for the anti-body against the Aids virus.

"They have the virus but they do not have Aids yet," Prof Pudifin said.

"They are showing some of the early symptoms of the infection, but not the signs of full-blown Aids". So far, there have been four cases of full-blown Aids in the Durban area this year. —Sapa

T
GOT



The m
advanc
techno
making
calls
misdia
time.
contro
It's the
avalla
among
abbrev
extr.,
displa
call-ba
sourc



(552)
ULVILI

D/D 24/88
**SADF to test
new recruits
for Aids (92)**

PRETORIA — The SADF was planning to include Aids tests in the routine health examinations carried out on new conscripts, the outgoing Surgeon-General, Lieutenant-General Nicol Nieuwoudt, said yesterday.

General Nieuwoudt said the SADF was planning to carry out tests, which would be run in conjunction with a National Health campaign, to limit the spread of the disease.

No date had been fixed for the start of the testing procedure on new troops.

The programme was expected to be expensive, he said.— Sapa

10 22 1982

Nigerian Aids toll reaches 12

LAGOS — A Gambian suffering from Aids has died, bringing to 12 the number of people who have died from the disease in Nigeria, the Vanguard newspaper reported yesterday.

A 42-year-old tailor, Mr Mahamadu Debas, died before he could be transported to hospital, the paper said. It said he was the last known surviving Aids victim in Nigeria.

The Gambian's case became a controversy in Nigeria when he was forcibly hospitalised by health authorities for five months last August. Several doctors disputed the Aids diagnosis.

The man was released from hospital last month at his own request. —Sapa-AP

DFD 20/2/88 92

Nice people do get Aids

Aids cases worldwide, now estimated at close to 150 000, will double this year, partly from the wide-spread and dangerous belief that "nice people" are at little risk, a U.N. expert said.

Dr Jonathan Mann, in charge of the World Health Organisation's (WHO) anti-Aids project, said the agency was co-operating with 115 countries in their fight against the disease and expected to cover a total of 142

countries later this year.

"You have a disease that is spread by behaviour and I believe that reasonably informed behaviour can prevent that spread," Mann, an American epidemiologist, told reporters.

While advocating proper use of condoms and monogamy in sexual relationships, he said the idea of abstinence was not far-fetched. For adolescents vulnerable to

peer pressure, it might be a welcome relief to be advised to abstain, he added.

Referring to news accounts suggesting that "suburban heterosexuals" were virtually risk-free, Mann said: "This is very dangerous. It may lead to complacency. It is another example of the 'Nice people don't get VD' (venereal disease) syndrome."

Even if the risk was only one in 100 000 in

such groups, there was still reason for behaviour modification, he said.

Mann said that a week ago, 77 984 Aids cases had been reported officially to WHO by 132 countries. But the agency estimated the total number, including unreported cases, was closer to 150 000.

"We estimate that during 1988 alone there will be an additional 150 000 cases," he said.

"These will come from the millions already infected with the virus today. There is a period of years between infection and development of the disease."

Mann said press coverage of Aids had been variable, but reporters realised increasingly they were dealing with a problem that would be around for the rest of their lives. It was important to produce accurate information about it.

Denmark's explicit anti-Aids campaign includes an updated version of the Hans Christian Andersen tale, showing an emperor with no condom.

There is nothing fairy-tale about the campaign being directed at the unshockable Danes. Another film being shown here portrays a love-making couple fitting a condom to prevent Aids infection.

In the adaptation of The Emperor's New Clothes, the emperor is told by healers that they can build an invisible shield round him to protect against all sickness.

Anyone who cannot see the shield is a fool, they say, so all the courtiers pretend they can. The emperor wanders round the town feeling safe, but a girl he meets peeks under his night-shirt, discovers he has no condom and presents him with one.

He is finally shown relaxing among his girlfriends — and one boy-friend in drag.

Dr Lone de Neergaard of Denmark's National Board of Health said the reaction to the TV campaign from delegates to the first global conference on Aids in London last month had been favourable.

"But they also realised they could not do anything similar in other countries. What they focus on are the explicit pictures," said de Neergaard, in charge of the Aids campaign.

"We have discussed a great deal how far we could go — we certainly did not want to offend anyone. On the other hand, we must recognise that if we are to have good, explanatory material we have to show people that some people might not like," she said.

The Aids virus is transmitted through sexual activity and blood products and attacks the body's system of immunity to illness, though it is uncertain how many of the infected later contract the disease.

Denmark has the third highest incidence of Aids disease in Europe after Switzerland and France. By September 1987 there were around 40 cases per million Danes.

Meanwhile, Danish schoolteachers are coming under increasing pressure to show protective devices in the classroom.

Headmaster Flemming Gylling, who chairs the Education Ministry's

Aids no fairytale for Danes and business

Michael Duggan: Copenhagen

health and sex committee, said: "Children must have very detailed information. If they want to see what a condom looks like, and how it is used and functions, they must see it."

The Danish campaign already seems to be persuading people to take more care about sex. The venereal disease gonorrhoea has sunk to its lowest level this century in Denmark.

Peter Millership writes from London that business is discovering that Aids is going to cost it money.

While insurance will be hit hardest, it is also becoming clear that Aids threatens other businesses around the globe with rising medical costs, costly education programmes, lost output and friction in the workplace.

"Aids will affect production, and the cost of our final products," the British media tycoon

Robert Maxwell told 1000 business and government leaders at a World Economic Forum in the Swiss ski resort of Davos.

Maxwell urged executives to treat Aids victims with compassion. Health care costs and death benefits were likely to rise, he said. "These demands, unless paid for, could threaten the financial stability of business in general, and not just of the insurance industry."

Reuter correspondents in the United States, Asia and Europe polled businessmen and welfare workers for an assessment of the economic cost of Aids.

They discovered fears among groups of people at high risk of the disease that the prospect of losses would harden corporate attitudes to Aids.

American businesses alone stand to lose 55 billion dollars of production by 1991 as Aids spreads, Frank Young, Commissioner of the U.S. Food and Drug Administration, said in Davos.

He called on companies not to fire staff who tested positive for Aids.

About 75 000 cases have been reported worldwide, of which half the victims have died. Even if strict prevention measures are observed, the number of cases will reach between 500 000 and three million by 1991, the World Health Organisation estimates.

Across America, 10 per cent of more than 2 000 companies in a nationwide survey said they have had employees with Aids. And 59 per cent of the largest U.S. companies — with

more than 10 000 employees — had one or more workers with Aids.

While businesses agonise over corporate strategies to cope with Aids, the most vulnerable are insurance companies.

Andre Chuffart, vice president at Swiss Re-Insurance said some insurers' large exposure could be driven into bankruptcy by Aids.

The number of Aids-related claims has been relatively small to date, but some analysts say they may rise to pose the biggest single challenge facing the industry.

In the United States, insurers face an estimated 50 billion dollars of Aids-related life insurance claims, according to a study by the Society of Actuaries.

cent of projected life insurance claims for all U.S. companies.

And between 1987 and 1991, U.S. health insurers will pay about 10 billion dollars for Aids treatment, the Health Insurance Association of America said.

The Association of West German life insurance companies decided last May to refuse cover to Aids carriers or sufferers.

In London, Peter Turvey, head of an Aids working party at Britain's Institute of Actuaries, said: "Aids is having a dramatic effect on the life insurance industry. People who are at risk of getting Aids by means of their lifestyle will have to pay more."

Peter Clark, deputy actuary at Prudential Insurance said his company now issues lifestyle questionnaires for more than R210 000 worth of insurance.

New applicants are asked if they belong to high-risk groups, and if they have been tested, treated or counselled for Aids.

Life insurance companies in Hong Kong are considering a scheme to limit liability, including a proposal to impose compulsory Aids tests

for policies in excess of a certain amount.

But Aids has boosted the fortunes of some companies.

In Britain, the drug firm Wellcome developed the anti-viral Aids drug Azidothymidine (AZT) which is now being used by some 19 000 people around world.

Wellcome has had sales running around R200 million a year since the drug was approved last March, analysts estimate.

British pop tycoon Richard Branson markets condoms called Mates. Two months after their launch — under the slogan "You Make Love, They Make Sense" — saw 40 million sold and profits above R3.5 million.

Profits go to Branson's Virgin Healthcare Foundation charity to fund Aids research.

Australia's Pacific Dunlop company has also benefited, according to share analysts. It is building more new factories to meet demand for its Ansell brand condoms and surgical gloves, and is expecting strong profit growth over the next few years. — Sapa-RNS

42 die of Aids in Norway

OSLO — Seventy cases of Aids had been registered in Norway by the end of 1987, of which 42 victims had died, the National Health Care Institute said.

Of the total, 55 cases, or 79 per cent, were homosexual or bisexual men.— Sapa-AP

92

DID 6/2/88
**75 392 suffer
from Aids (92)**

GENEVA — The number of Aids cases rose by 1 874 to a total of 75 392 last month.

According to the World Health Organisation (WHO) who monitors the disease, 132 countries contributed their latest Aids figures to the total.

The United States accounted for the bulk of the increase with a tally of 51 361 cases, compared with 49 743 when it last reported.

In Europe, West Germany reported 81 new cases in a total of 1 669 and British figures rose by 57 to 1 227.

France still maintains the highest Aids tally of the continent.

D/D 4/28/86
**Aids course
for pupils**

BISHO — Medical officers from the Department of Health will educate Ciskei pupils about the dangers of Aids, the Ciskei Department of Education has announced.

Two senior officials from the education department will accompany the medical officers on a tour of schools in the nine directorates of education in Ciskei.

During the first visits the officers will give general informative education on Aids.— DDR

(92)

Aids info at DET schools possible

D/Dispatch 1/02/88

PORT ELIZABETH — Aids lectures may be given soon in schools run by the Department of Education and Training (DET) as part of the countrywide campaign against the disease, the DET's liaison officer, Mr Edgar Posselt, said at the weekend.

He said this depended on the National Health Department's school programme services indicating the need to inform pupils.

He said at this stage the DET had not been approached by the health workers and medical lecturers requesting to lecture on Aids in government schools.

He said with Aids becoming a major issue the department would look into the possibility of incorporating Aids lecturers in school health programmes.

The department's move on Aids follows a National Health and Population Development information campaign on how Aids can be contracted and avoided.

It was announced by the department in a statement issued last week, that specialists on Aids were organising a telephone advice service at the department's seven regional offices.

Inquiries can be made anonymously and questions will be answered confidentially. — DDC

Aids scare ⁹² means safer sex

Women have drastically altered their sexual habits to come to terms with the fear of Aids, a new survey has revealed.

Seven out of 10 are playing it safe, most by sticking to one partner and insisting he uses a condom.

But a sizeable minority are so scared they have given up sex altogether.

The survey, by the US magazine Glamour, shows three women out of four now fear an aids epidemic among heterosexuals, against 56 per cent a year ago.

Of the single women in the survey, seven out of 10 said they have become more cautious about sex.

Two out of three said their main defence was to be more selective about partners, but 21 per cent also insist on partners wearing condoms.

Another 11 per cent admitted they had turned celibate and 22 per cent said they opted to stick to one partner.

The women took a tough line on Aids victims, with 84 per cent backing mandatory testing and 52 per cent saying health workers had the right to refuse treatment.

Views were split on how Aids has affected marriage. Twenty seven per cent feared they would never marry, but 43 per cent felt the crisis encouraged marriage.

Half the married women surveyed said fear of Aids had helped them to stay faithful.

William Rubinstein of the US Civil Liberties Union's lesbian and gay rights project, said he was concerned by the results, which showed 26 per cent think Aids can be caught by casual contact. — DDC

DID 29/1/88

Delegates pledge to back global Aids campaign (92)

LONDON — Delegates from 148 countries pledged yesterday to back a campaign aimed at slowing the spread of Acquired Immune Deficiency Syndrome.

Britain's Minister of Health, Mr Tony Newton, who is also the chairman of the world's first Aids summit, announced the adoption of a draft resolution submitted to delegates.

This followed a discussion in which some changes, apparently minor, were made.

Details of the changes were to be covered later at a news conference.

A draft of the resolution, distributed to reporters earlier, said: "We are convinced that, by promoting responsible behavior and through international co-operation, we can and will begin now to slow the spread of HIV infection."

HIV is the Human Immunodeficiency Virus that causes Aids, which attacks the body's immune system, leaving victims helpless to a variety of cancers and infections. There is no known cure.

The conference of health ministers and senior officials was co-sponsored by the British Government and the World Health Organisation (WHO), a UN agency.

The draft resolution declared 1988 a "Year of Communication" on Aids.

"Urgent action by all governments and people the world over is needed to implement the WHO's global Aids strategy," it said.

The global strategy calls for slowing the spread of Aids in every country using educational and scientific means.

In the resolution, countries also undertook to fight Aids as part of their national health system. This is a vital step, according to WHO officials, as it means countries can no longer withhold Aids funding on the grounds that it is a self-inflicted disease affecting only certain groups, mainly homosexuals and drug-users.

The resolution came out against "discrimination against and stigmatisation of" Aids sufferers.

However, it takes no stand for or against those countries, notably the Soviet Union, China and Belgium, which require foreigners seeking residency to provide certificates proving they are not infected with Aids.

From Cape Town it was reported yesterday that the Minister of National Health, Dr Willie van Niekerk, said he was not concerned that South Africa was not invited to the London Aids congress.

He said South Africa could still obtain scientific knowledge about the disease adding that the decision not to invite the Republic was a political one.

Although South Africa was not a member of the WHO, it still had contact with the WHO.

D/D 29/11.88

Aids education in Cape schools a possibility (92)

CAPE TOWN — The Cape Education Department is researching the possibility of introducing Aids education into schools — while the central government is to approach all education departments to try to bring home the seriousness of the disease.

A survey of headmasters here showed a willingness to conduct Aids education within high schools but a wariness — for various reasons — of departmental initiatives and a preference for exercising their own discretion — or “local option”.

The director of the Cape Education Department (CED), Dr S. W. Walters, said the department “was conducting research into all relevant aspects of Aids pertaining to the educational situation.”

A spokesman for the Department of National Health and Population Development said the government's R1-million Aids-prevention campaign would include contact with all the country's education departments.

“A series of meetings is scheduled with the education departments to tell them how seriously the department views the situation and to seek their co-operation at their discretion,” he said.

Dr Walters said the CED had an experimental family guidance programme in a representative sample of 99 schools across the province. “This programme provides inter alia for aspects of sex education including guidance about sexually related and sexually transmitted diseases,” he said.

The programme was currently being evaluated with a view to introducing it — with possible revisions — in all schools.

He expected the final report by March and he hoped it would be implemented by next year.

The question of “local option” raised by principals and other aspects of programme presentation and implementation would be determined by the result of the evaluation, which included responses from parents, teachers and pupils.

Requests by different groups to conduct Aids education in schools had been granted subject to the permission of the principal and the school committee — but only in those cases where the request involved any of the 99 experimental schools.

All other requests were turned down because they may have involved the 99 control schools involved in the study. — DDC

DID 29/1/88 92
Condom for ladies

LONDON — A breakthrough in Aids prevention has been made, with the invention by a Danish gynaecologist of a "female condom" which may serve to protect women, as the male condom does for men, from sexually transmitted diseases (STDs).

Dr Eric Griegersohn, the gynaecologist who developed the "female condom" along with his nurse-wife, said women had many devices to prevent unwanted pregnancies, but nothing to protect them from STDs.

"It looks like a big condom with an outer ring which prevents it slipping," Dr Griegersohn said.

The new condom is a soft, transparent plastic pouch used in conjunction with a lubricant and works in much the same way as a diaphragm.

"Women can put it in before they go out or they can use it overnight if they want to. Compared to the traditional condom, this will give far better protection," he said. — DDC

Aids 'phone' service to be instituted (92)

EAST LONDON — A countrywide telephone inquiry service on Aids is to be instituted by the Department of National Health and Population Development as part of a campaign against the disease.

Specialists are organising themselves at the department's seven regional offices to advise and counsel people by telephone.

A spokesman for the Department of National Health and Population Development said the phone service was part of the department's information campaign on how Aids was contracted and how it could be avoided.

The spokesman said the service would also avert people's ignorance towards Aids.

The seven regional offices serving South Africa are in Durban (for the Natal region), Pietersburg (Northern Transvaal), Port Elizabeth (Eastern Cape), Bloemfontein (Free State), Kimberley (Northern Cape), Cape Town (Western Cape) and Johannesburg (Southern Transvaal).

He said that people who wished to make inquiries could telephone the offices anonymously, where their questions would be answered.

He said the service would it easier for people to obtain advice and counselling on Aids.

The department will soon announce the telephone numbers which may be called and the times when the service will be available. — DDR



12/11/84
Reagan
asks for
\$1.5bn
for Aids

WASHINGTON — The United States President, Mr Ronald Reagan, will ask Congress to approve a record \$1.5 billion in 1989 to help combat Aids — a tenfold increase since 1985.

Mr Reagan, speaking in his state of the union address, said the government should lead the fight against diseases such as Aids, but added that the primary responsibility for avoiding the fatal disease lay with the individual.

As the Surgeon General, the Secretary of Health and Human Services, and the Secretary of Education have been reminding us all, the best way to prevent Aids is to abstain from sex until marriage and then to maintain a faithful relationship.

"If the American people follow this wise and timeless counsel, if our schools and families and media communicate it effectively, the spread of Aids can be greatly diminished," he said. — Sapa-RNS

LONDON — Health ministers and Aids experts from around the world will converge here today for the world's first inter-governmental meeting to seek ways of combating the disease.

Delegates from about 130 countries are expected at the meeting to discuss prevention and control policies, public information and education programmes and the social and economic implications of the disease.

More than 75 000 people worldwide are known to have contracted Aids, and more than half of those have died.

Five to ten million others may be carriers of the virus, according to the World Health Organisation (Who), which is jointly organising the conference with the British government.

5/1/88
**Ministers
meet to
find Aids
solutions**

Meanwhile, human rights groups are calling on governments to prevent discrimination against Aids victims, relax travel restrictions, enact anti-discrimination laws, reject mass screening proposals and provide free anti-Aids drugs to all those who need them.

Who officials will be calling on ministers from developed countries to help curb Aids in the Third World, where it is spreading equally among heterosexual men and women.— Sapa-RNS

1st global Aids summit opens in UK

LONDON — The first global Aids summit opened here yesterday with a prediction that the number of people suffering from the fatal disease will grow to one million over the next three years.

The Princess Royal, Princess Anne, opened the gathering with an appeal for swift action and Britain announced it was donating £4.5 million towards fighting the disease in developing countries.

The director of the World Health Organisation's Special Programme on Aids, Dr Jonathan Mann, told the 600 delegates that "several hundred million people" may be vulnerable to the disease because of their sexual behaviour.

"Let us remember that we are still in the early phases of a global epidemic whose first decade gives us every rational reason for concern about the future of global Aids," Dr Mann said.

Health ministers from more than 120 countries and senior advisers from nearly 30 others, including the United States, were attending the three-day meeting at the Queen Elizabeth II Conference Centre.

The World Health Organisation (WHO) organised the summit with the British government in order to map a global strategy for combating Aids, which has spread to at least 130 countries since it was first identified in 1981.

The WHO, a United Nations agency, estimates that 150 000 people are afflicted with Aids worldwide, although the reported number of cases is half that figure.

The agency also estimates there are 5 million to 10 million carriers of the Aids virus, an unknown proportion of whom will go on to develop the disease.

Using the most conservative estimate of 5 million, Dr Mann said, "a cumulative total of one million Aids cases would be expected by 1991".

He said the growing epidemic required a coordinated international effort by all governments.

Dropping her prepared text in favour of stronger language, Princess Anne, said: "The global response to Aids has been characterised by a series of delays."

"World summits are not quick or easy to organise and don't always produce results. Please make this one work. Make this summit the forerunner of the most genuine international co-operation ever seen."

In his speech, the WHO director general, Dr Halfdan Mahler, vowed the agency "will not run away from Aids".

Health ministers had the "responsibility for ensuring the political commitments of your governments as a whole in the fight against Aids", he said.

Dr Mahler said by uniting under WHO "couragously and vigourously, we will demonstrate that a global effort can, yes will, stop Aids".

Using a football metaphor, Princess Anne said: "It could be said that the Aids pandemic is a classic own goal scored by the human race on

itself, a self-inflicted wound."

She said she recalled being told as a child that "prevention is better than cure." "When there is no cure, prevention is the only answer," she said of Aids.

The princess said public education was the key because "ignorance in this instance definitely is not bliss".

Millions of people were depending on the gathered health officials, she said.

"Don't underestimate the long-term effects of the virus. You can put people on the moon. You can eradicate smallpox. You could stop polio. You could make a start to prevent and control Aids."

The British Health Secretary, Mr John Moore, announced Britain's latest cash contribution to its Overseas Aid Programme, saying: "Aids is no respecter of national boundaries and we need a global response to contain it."

About a dozen demonstrators gathered outside, holding candles and demanding recognition for the human rights of Aids sufferers.

The summit reflects alarm over the continuing spread of Aids and the need for an international campaign. Last October the UN General Assembly unanimously adopted resolutions calling for urgent action and backing the WHO's global strategy.

The WHO said this was the largest gathering of health ministers ever assembled on a single issue. — Sapa-AP

2/11/82
PP
(ON)

92) DD 7/2/1188

Aids a risk to the promiscuous — minister

PRETORIA — Promiscuous people were at a high risk of contracting Aids, the Minister of National Health and Population Development, Dr Willie van Niekerk, said in Pretoria yesterday.

The campaign would also be aimed at school children.

It had been discussed with religious groups, and would not offend the sensitivity of any viewer, he said.

To date, there have been 76 Aids cases in South Africa — involving only two women — 53 of whom have died.

He was announcing details at a press conference of a R1 million government Aids awareness campaign starting next Monday.

Of the 76 cases, 65 were caused by homosexual and bisexual contact, five by heterosexual contact, three resulted from blood transfusions, and three from haemophilia.

Advertisements will be run in the press, on radio and TV.

Last year 22 people died of Aids in South Africa.

"Promiscuity is the greatest danger, whether one likes it or not. We have to say that.

The first Aids case here was diagnosed in 1982, when one death occurred.

"There is no way one can say, 'I still want to sleep around but I don't

Dr van Niekerk said he had publicly dis-



Dr De Klerk launching the Aids campaign.

today Aids could wipe out whole communities.

There is as yet no effective treatment for the disease. The campaign was be-

ing undertaken as part of the Department's proactive information policy that "prevention is better than cure," he said.

"As it is a disease which is spread through intimate sexual contact, the campaign cautions people to practise their sex lives responsibly.

"A monogamous relationship is emphasised and promiscuity is discouraged.

A big problem was that Aids could spread through ignorance. A carrier could unwittingly transmit the disease to others.

The Department and the Prisons Service were discussing the

possibility of dispensing condoms to prisoners, but no conclusion had yet been reached.

South Africa was cooperating closely with Malawi and Swaziland in the fight against Aids, as well as with Zambia and Zimbabwe.

Some Zambian cases had been referred to South Africa for treatment.

Dr van Niekerk said the Aids virus could not be transmitted by the spraying of spittle when people sneezed or coughed, or by insect bites.

He invited the private sector to participate in the publicity campaign. — Sapa

One in 61 has deadly virus Aids baby shock

D/D 14/1/88

92

NEW YORK — One in every 61 babies born in New York City last month tested positive for antibodies to the Aids virus, indicating their mothers were infected with the virus, according to a state-wide study.

Based on the study, state health officials projected that 1 000 babies infected with the virus will be born in New York State this year, nearly all of them in New York City.

The officials, who provided details of the study yesterday, said blood tests were performed on all 19 157 babies born in the state in a one-month period begun in late November.

Acquired immune deficiency syndrome (Aids) emerged as a leading threat to infant health in New York City, they said.

A state Health Department spokesman, Miss Frances Tarlton, said the study results provided the first comprehensive look at infection across the infant and childbearing female population of an area that includes a high rate of Aids cases.

Of the 9 047 infants born in New York City, 148 were found to be carrying antibodies to the Aids virus, a rate of 1.64 per cent, or one in 61, she said.

Throughout the state, 164 babies tested positive, a rate of 0.86 per cent.

In a letter mailed to 50 000 physicians, the state Health Commissioner, Dr David Axelrod, said: "Results in the first 19 157 newborn blood specimens demonstrate an alarming HIV (human immunodeficiency virus) infection rate among women of childbearing age living in New York City."

The letter, a copy of which was made available to reporters, strongly recommended that the physicians routinely counsel all women of childbearing age about the risk of Aids.

Dr Axelrod also suggested testing for "all women contemplating pregnancy or in the early stage of pregnancy".

Most infected women contract the Aids virus by sharing contaminated needles in drug abuse or

by sexual intercourse with an infected male drug user, according to health specialists.

Although the presence of Aids antibodies does not necessarily mean the babies are infected with the deadly disease, the state officials estimated that 40 per cent of those showing the antibodies are infected with the Aids virus and may come down with the disease.

Dr Lloyd Novick, who co-ordinates Aids programmes for Dr Axelrod, said of the study's implications for infant health: "This is quite significant numerically. You're talking about a sizable number of children being born positive.

"It would certainly be one of the leading congenital health problems we have." — Sapa-RNS

50 000 US Aids cases

ATLANTA — The United States Aids epidemic surpassed the 50 000-case mark as 1988 opened, and federal health officials said an average of nearly 400 new cases per week were reported in 1987.

The Centers for Disease Control (CDC) received reports of 20 620 new Aids cases last year, bringing the total as of January 4 to 50 265, a CDC spokesman said yesterday. Of these, 28 149 people have died.

The number of new Aids cases reported in 1987 was up 58.5 per cent over the 13 008 new cases in 1986, CDC figures showed.

Health officials have predicted the Aids count will reach 271 000 by 1991. — Sapa-AP

92
DD 13/1/88

'Aids victims need care'

MAPUTO — Mozambique does not intend to take repressive measures against people suffering from the killer disease Aids (Acquired Immune Deficiency Syndrome), or who test positive for antibodies to the HIV virus, which is believed to cause the virus.

Speaking at a Press conference in Maputo called to explain the ministry of health's anti-Aids campaign, health minister, Dr Fernando Vaz, and his deputy, Dr Jose Igrejas Campos, expressed strong disagreement with the policy followed in some countries of isolating Aids-sufferers and HIV-carriers from the rest of the population.

They called for "respect for the human dignity" of Aids-sufferers, and said that at the moment Mozambique was not envisaging imposing any kind of blood test on people visiting the country.

"We insist on respect for the sick," added Dr Jose Cabral, national director of health. "The public should respect and care for the people who suffer from the disease."

Asked about South Africa's policy of expelling migrant workers who test positive for the HIV virus, Dr Igrejas Campos said that this had been discussed with South African officials who visited the health ministry.

They had insisted that any migrant worker in South Africa found to carry the virus would not have his or her contract renewed, but would be sent home as soon as their current contract terminated, regardless of how long they had been living in South Africa.

"It's a political position, not a medical one," said Dr Igrejas Campos.

Dr Cabral told the reporters that to date a total of six cases of Aids in Mozambique had been confirmed. Of these one was a foreign citizen. The other five were all Mozambicans, none of whom had ever travelled outside Mozambique, nor, as far as is known, had had any contact with foreigners.

Of the six, three (the foreigner and two Mozambicans) have died.

The percentage of the population carrying the virus is considerably higher than originally believed. Dr Cabral explained that there were now known to be two viruses that could destroy the body's immune system — HIV-1 and the recently discovered HIV-2.

ARGUS 25/3/88

CITY/NATIONAL

Call for Aids-related education in schools

By TYRONE SEALE
False Bay Bureau

CAPE TOWN'S Medical Officer of Health, Dr Reg Coogan, has urged parents to allow Aids-related health education in schools.

The city health department has a specially planned team of health educators concentrating on an Aids information programme.

Speaking at the Gordon's Bay Ratepayers Association annual meeting in the town last night, Dr Coogan appealed to parents of children in standards nine and 10 to allow Aids information programmes at the school the children attended.

"I urge you for permission; it may save lives," Dr Coogan said.

Nervous

"We have great difficulty getting permission for our health education teams to go into schools. A number of private schools have allowed us in but Government schools are very nervous about it.

"They might ask parents for their permission for this programme. I urge you for permission; it may save lives," he said.

In an interview afterwards, Dr Coogan said: "Church influence feels that to educate children too much tends to lead to promiscuity. Today's youngsters are so clued up about the facts of life in general that this attitude is outdated."

● The ratepayers association pledged R50 towards the Cape Flood Relief.

It also voted in favour of an amendment to the constitution which would preclude employees and officials of the Gordon's Bay municipality as well as other municipalities from serving on the executive committee of the Gordon's Bay Ratepayers Association. In terms of the amendment, Mr Des Riley, Cape Town's City Engineer and a Gordon's Bay resident, could not be re-elected.



Picture: DANA LE ROUX, The Argus.

FESTIVE TASTING: Cape Town Festival queen, Nicola Rotter, tastes one of the five new wines of the Stellenbosch Wine Route launched at a city wine-tasting at the Inn-on-the-Square. Wine producers also presented the first bottles to the Mayor of Stellenbosch, Dr E P S Taljaard, in Stellenbosch.

he
Bo-
ng
or-
er
be
ill
he
h-
an
m
25
2
9
16
51
54
1
0
5
5

Own Correspondent

CAPE TOWN — Aids has not yet hit its top growth curve in South Africa — but it is about to “take off”, doctors have been warned.

The country is about three years behind the United States in the spread of the disease, Dr Frank Spracklen, a senior member of the National Aids Advisory Group, told the General Practitioners' congress.

Latest US statistics

Doctors are warned: Aids is about to take off in SA

were that one in 50 people were carriers.

He said: “We must use the time to prevent the spread of the virus. We must aim at schoolchildren and the lower socioeconomic groupings, especially the black population, who are particularly at risk. If we don't check the spread we are in serious trouble.”

It seems that Aids victims in South Africa are scared to come forward because of the stigma attached to the disease. In many cases the victim is only weeks from death by the time he gets to hospital.

Dr Spracklen said the worrying factor was that many people were carrying the disease unknow-

ingly and continuing active sex lives.

Six and a half percent of women are infected in South Africa, compared with 4 percent in America.

First estimates that half the victims would die were optimistic. It now seems that all infected will die.

Start
18/3/92

No confirmation yet on EL's suspect Aids case

Daily Dispatch Reporter ⁹²

EAST LONDON — Tests to determine whether a man admitted to Frere Hospital this week is infected with the Acquired Immune Deficiency Syndrome (Aids), have not yet been completed.

The hospital's senior medical superintendent, Dr P. J. Mitchell, said no response was expected from the laboratory until next week.

He said the patient's condition was "relatively unchanged".

The possible symptoms of Aids were revealed during a clinical examination of the man.

In November last year, the Cape representative of the national advisory group on Aids, Dr Frank Spracklen, said the Border region appeared to have escaped the brunt of the spread of the disease.

He said he was "impressed with the low incidence of Aids in East London and evidence of responsible behav-

our by the public in general".

Dr Spracklen attributed the low incidence of the killer disease in the Border area to a smaller homosexual population than that of the larger cities, local tribal and social customs that frowned on anal intercourse and heightened public awareness of the disease.

Meanwhile, Mdantsane and Duncan Village residents are in the grip of an Aids fear.

Sources at shebeens said social life was being permeated by talk of Aids, and business had been hard hit.

The public relations officer of the East London Taverners' Association, Mr R. Mbambo, confirmed patrons were showing unusual interest in the disease.

According to regular shebeen supporters, there was a remarkable change in attendance and behaviour even before the suspected Aids case became public knowledge, with many revellers ceasing promiscuous habits.

AIDS victim's patients panic

THE DEATH in England this week of South African doctor David Collings — believed to be the first surgeon to have caught AIDS from one of his patients — has stunned Britain.

As the Collings family comes to terms with the shattering implications for David's wife, Dawn, and their 18-month-old child, health authorities are trying to allay fears among his 400 British patients.

Two "hot lines" manned by counsellors were taking hundreds of calls yesterday to reassure patients and organise blood tests if requested.

Last week, the 30-year-old doctor's parents, Richard and Audrey Collings of Simonstown, who flew to London when they heard David was ill, kept constant vigil by his bedside.

Risk

After his son's death, Mr Collings said: "David was a responsible person and would never have carried on as a surgeon had he known or had an inkling that he was suffering from AIDS."

But a spokesman for the British Medical Association said: "The chances that any of his patients has contracted AIDS is practically zero — the same as someone winning a couple of million pounds on the pools."

"Patients shouldn't be at all worried."

The risk to the dead man's wife, however, is serious.

Dawn Collings and her baby son, Lloyd — who have been whisked into hiding — have been tested. But the results are not being released.

Last night, however, medical authorities said that, according to experience in cases where HIV-infected haemophiliacs passed on the virus to their partners, Dawn Collings stood a one-in-three chance of being HIV-positive.

Dr Dennis Pereira Gray, chairman of the Royal College of General Practitioners, said: "She's going to need a great deal of support."

"She has just lost her husband and it is a very difficult time for her."

Devoted

The popular Dr Collings, known by his colleagues as "Dr Kildare" because of his good looks, was cremated on Thursday. Friends and relatives flew into London from as far afield as South Africa, Zimbabwe and New Zealand to attend.

There is no whiff of scandal surrounding Dr Collings's life. Friends and colleagues

say he was a genuinely devoted family man.

Born in South Africa but brought up in Zimbabwe, he has also been described as a dedicated, gifted and "incredibly hard-working" doctor.

He graduated in Britain in 1981 and spent six years working in Zimbabwean hospitals before returning to the UK in February last year.

He is thought to have contracted the killer virus in Zimbabwe.

He operated there daily and, in his research into pneumonia, dealt with thousands of children's blood samples in rural hospitals — where three percent of the population is thought to be HIV infected.

Incredibly, despite an intensive routine health check and tests for every possible tropical disease on his return to Britain, doctors omitted

the HIV test.

Just a few months ago, David complained he was feeling unwell and was losing weight. Colleagues suggested he was working too hard.

Then his disease developed with terrifying speed:

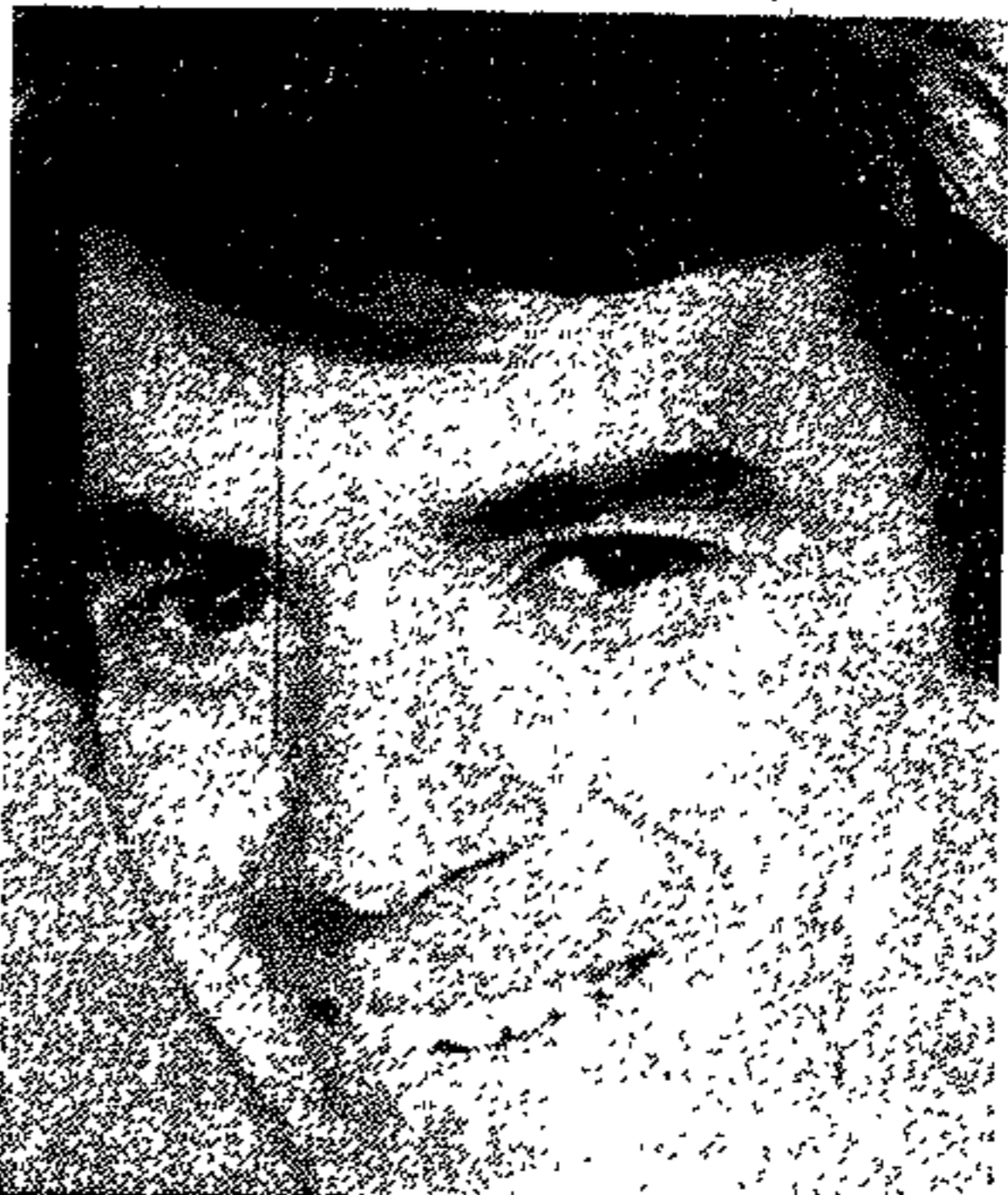
● March 15: Dr Collings complained at work of feeling sick, saying that he thought he had a severe case of 'flu.

● March 16: His illness was diagnosed as pneumonia and he was admitted to a general ward at his own Exeter and General Hospital. In fact, the infection was caused by the fairly rare *Pneumocystis* organism which often affects AIDS victims.

● March 21: After tests for other diseases had all proved negative, Dr Collings asked for an AIDS test. The same day, he learnt that he was HIV positive.

● March 28: Dr Collings died, with his wife at his bedside.

DAVID COLLINGS
A devoted family man



By JEREMY BROOKS in London and
PETA THORNYCROFT in Zimbabwe

Society shocked as Lord's heir gets AIDS

THE son of Princess Margaret's lady-in-waiting shocked London society this week by confirming he has AIDS.

Blue-blood Henry Tennant, 28, whose mother, Lady Anne Glenconner, is a close friend of the princess, spoke for the first time about facing the future as a victim of the killer bug.

"I don't feel ill, and I have no regrets," he said. "I am not afraid of death."

Two years ago, Henry left his wife, Tessa, grand-daughter of Liberal peer Lord Davies, after deciding he was "gay".

Sunday Times Reporter
London

"Within six months I had contracted the AIDS virus — I don't know from whom," he said this week.

Tessa, 29, has a four-year-old son, Euan, by Henry, who is heir to his father Lord Colin Glenconner's R60-million estate in Peebles, Scotland.

Test

This week Tessa said: "It has been a traumatic time for both of us."

"The first I knew was when Henry said to me: 'I've got AIDS — you must have a test.'"

She has since been given a clean bill of health, but doctors are keeping an anxious eye on Tessa and Euan as a precaution.

Tall, blond Henry now shares a house in South London with black Buddhist actor Kelvin O'Mard.

Henry married Tessa soon after they met on a rucksack tour of South Africa in 1983. Princess Margaret was guest of honour at their wedding reception on the holiday island of Mustique.



HENRY TENNANT
'I have no regrets'

Henry's illness is the latest tragedy to hit her lady-in-waiting. Lord and Lady Glenconner's fabulous fortune and royal connections have not been able to protect them from a series of heartbreaks.

Their eldest son, Charles, 31, was disinherited 10 years ago after becoming a hopeless heroin addict.

And earlier this year, their youngest son, Christopher, 19, was seriously hurt in a motorcycle crash in the jungle in Belize, Central America.

He was unconscious for three months and is still partially paralysed.

Brave

Five weeks ago, under Dawn's influence, Dr Collings became a born-again Christian.

And as he lay dying, too weak to speak, he spelled out the letter J for Jesus with his finger.

A consultant surgeon who worked closely with Dr Collings said that when he had first been told of the test results he had "shrugged his shoulders and said it was one of the risks of practising surgery in Africa".

There have been nine recorded cases of health workers contracting AIDS from patients, but none of a patient catching it from a doctor.

D/D 4/4/88

DV, Mdantsane in fear of Aids — paper 92

EAST LONDON — It was not known how long the suspected Aids sufferer at Frere Hospital would remain in hospital, the assistant medical superintendent, Dr D. Williamson, said yesterday.

He said he did not have anything to add to what the senior medical superintendent, Dr Peter Mitchell, had already said.

Possible symptoms of Aids were revealed in a male patient during a clinical examination two weeks ago. The hospital will not reveal the man's identity for ethical reasons.

Dr Mitchell said last week that tests to determine whether the man was infected with the virus had not yet been completed. No response was expected from the laboratory until this week and possibly later because of the long weekend.

Dr Mitchell said then that the patient's satisfactory condition on admission to the hospital was "relatively unchanged".

Meanwhile the community newspaper Indaba reports that Mdantsane and Duncan Village are in the grip of fear of Aids.

Social life has been disrupted and shebeen owners report their businesses have been hard hit.

Surgeon dies from Aids

92

Death sparks tests debate

D/D
4/4/88

EXETER — Fellow parishioners yesterday mourned a Zimbabwean surgeon, Dr David Collings, whose death from Aids has sparked a new debate in Britain on whether doctors from Africa should be forced to undergo tests for the disease.

The death of Dr Collings, 30, who apparently contracted Aids while operating on infected patients in Zimbabwe, has received huge publicity in Britain.

His Zimbabwean wife, Dawn, 29, who has an estimated one-in-three chance of also being infected, and their 18-month-old son, Lloyd, were at a secret address.

"Thank God for David Collings' life as a doctor in Zimbabwe and in this country," the Rev John Skinner said, leading

Easter Sunday prayers by the congregation at St. Leonards Church.

"Let us pray especially for comfort, consolation, support and strength for Dawn and members of the family."

Dr Collings, who came to Britain to work and train further in February 1987, had been a member of the St Leonards Church since he moved to Exeter eight months ago to take a post as a junior surgeon at the Royal Devon and Exeter Hospital.

Surgeon colleagues said Dr Collings had no idea he had Aids until about 10 days before his death last week. The disease was discovered after he had asked for an Aids test.

His death led to renewed demands from politicians and some newspapers for compulsory testing of doctors from Africa and other third world countries where Aids is believed to be particularly prevalent and health records inaccurate.

Meanwhile, health officials are trying to trace 338 patients operated on in Britain by Dr Collings, to offer them counselling and, if necessary, a free blood test. But the officials are telling them: "Don't panic".

Dr Collings thought he had a bad dose of flu when he became ill on March 16, but his condition worsened.

A blood test on March 21 showed that Dr Collings had Aids and he died later at the Royal Devon and Exeter Hospital in Exeter.

His superior, consultant surgeon Bruce Campbell, said: "He just shrugged his shoulders and said, 'That is one of the risks of doing surgery in Africa.'"

Dr Collings worked in Zimbabwe, for five years before returning to Britain last year, the Exeter Health Authority said.—

DDC-Sapa

HARARE — Hospital authorities in Zimbabwe have not yet received formal requests to trace patients of the Zimbabwean surgeon, Dr David Collings, who died from Aids in Britain, a senior health official said yesterday.

The official at Mpilo hospital in Bulawayo, where the surgeon worked before leaving for Britain in February 1987, said the hospital had not received any official notification of Dr Collings' death.

Q2 No search for Aids doctor's patients

"We are not making any attempt to trace his patients at present because we have not been asked," the official said.

Speaking on condition of anonymity, he said further queries on the case would be taken up by the health ministry in Harare after the Easter holiday.

Dr Collings, 30, who apparently contracted acquired immune deficiency syndrome while

operating on infected patients in Zimbabwe, died at Exeter, in the west of England, last week.

His Zimbabwe-born wife, Dawn, 29, mother of their 18-month-old son Lloyd, had an estimated one-in-three chance of also being infected.

The case, which received widespread publicity in Britain, sparked

new debate on whether doctors from Africa should be tested for Aids.

Press reports in Zimbabwe yesterday quoted the superintendent of Bulawayo Central Hospital, Mr Chad Tarumbwa, as saying Dr Collings also worked at the city's second largest hospital.

The Herald newspaper, published in Ha-

Dr Collings obtained his medical degree in Britain in 1981 and returned to Mpilo hospital the following year.

He also worked for two years at Marondera General Hospital, about 90 kilometres east of Harare.

He moved to Britain to further his medical training and intended to return to Zimbabwe, colleagues said. — Sapa-AP

rare by the state-owned Mass Media Trust, said Mr Tarumbwa had received "numerous" calls from Britain where the case had raised many questions.

"I understand they are trying to trace all the hospitals he has worked at and probably the patients he has treated," Mr Tarumbwa said, but did not elaborate. He was not avail-

able for comment at his office yesterday.

Cape Times 5/4/88

96 Aids cases recorded in SA ⁽⁹²⁾

Own Correspondent

JOHANNESBURG. — Ninety-six cases of Aids have been recorded in SA since 1982 including 16 cases diagnosed this year, the Advisory Group on Aids said.

If the trend continued, the total for 1988 could be about 60.

Of the 96 cases, 77 were homosexual or bisexual and 10, including three females, were heterosexual.

Sixty-one of those have died since

the first two were reported in 1982.

Johannesburg has recorded a total of 59 cases, Cape Town 14, Durban 12, Pretoria six and the Transvaal had the highest with 67.

In the past six months, six heterosexual black patients have been identified as having Aids.

The Advisory Group said it could be expected that the African pattern of Aids, showing the heterosexual population as being mainly infected, could predominate in SA.

8/10/88 92

Suspected Aids patient: no change

EAST LONDON.—There has been no change in the condition of the patient who was admitted to Frere Hospital two weeks ago suspected of suffering from Aids.

The senior medical superintendent of Frere Hospital, Dr P. Mitchell, said that no response is expected from the laboratory analysing the man's blood samples until later this week.

DDR

repro
ahead with the "Vista" model. DDO

DID 7/4/88 (92)

Call for new anti-Aids laws

Daily Dispatch Correspondent

LONDON — New laws are needed to tackle the spread of Aids, a Tory MP claims.

Mr Chris Butler, MP for Warrington South, believes it should be made an offence to knowingly or deliberately infect another person with the HIV-virus.

He recently proposed, in an amendment to the Criminal Justice Bill, that special detention centres should be set up to detain people found guilty of such offences.

Mr Butler said it might be said that such moves would be an unacceptable infringement of liberty, but "liberty is useless if one is dying or dead".

He pointed to recent regulations passed by Parliament which enabled a local authority to force an Aids sufferer to go to hospital to be detained if it appeared the person would not take proper precautions.

But this did not cater for cases of Aids-related complex, or just HIV positives, such as a prostitute, who might be just as dangerous to society at large because they were not manifestly ill.

"It is also inadequate because as far as I can ascertain these regulations have never been used," he added.

Mr Butler discounted objections that his new laws would be difficult to draft and enforce. He pointed to examples in other countries, including the United States, where sufferers could be isolated through law.

"If a person administers fatal poison to another by injection, he is guilty of an offence. If he infects another person with Aids deliberately by injection he is also guilty of an offence.

"But if he deliberately infects another person using his body as a vector, rather than a syringe, all that we have is fuzz and uncertainty," he said.

The British Home Office, however, argues that the transmission of the virus through rape or stabbing can be taken into account when a person is sentenced.

510 81488
**Aids case:
test results
today**

(92)
EAST LONDON — Lab-
oratory test results on
East London's first sus-
pected Aids case should
become available here
later today.

The medical superin-
tendant at Frere Hospi-
tal, Dr. Peter Mitchell,
said he was not in a pos-
ition to release symptom
details, but that he
would offer more defi-
nite comments once the
results had been analy-
sed.

He described the pa-
tient's condition as
"medically satisfac-
tory". — DDR

DD 9/4/88
More Aids tests required

EAST LONDON — More tests to determine whether a man admitted to Frere Hospital is infected with Aids have to be made.

The medical superintendent of the hospital, Doctor Peter Mitchell, said last night the hospital's laboratory had asked for more tests to establish whether or not the patient actually had

the deadly virus.

"We will only be able to know for certain what the diagnosis is next week," he said.

The man showed possible Aids symptoms during a clinical examination nearly three weeks ago.

Dr Mitchell said he could not reveal the identity of the man for ethical reasons. — DDR

92

Arabs invoke holy teachings to prevent Aids

CAIRO — In the absence of a cure for the killer disease, Aids, the Arabs are invoking the teachings of Islam's 7th century Holy book, the Koran, as the best prophylactic against the affliction.

Recent Aids conferences in Egypt, Kuwait and the United Arab Emirates have all sounded essentially the same theme — obey the Koran and you'll keep Aids away from your door.

The message, which is both scientific and religious, is deployed against a plague which has not so far presented a major health problem in the Arab world.

Because Aids is spread largely by what Islam views as illicit sex, the recurrent theme of the three recent conferences on the disease was one of abstention.

"The only way to avoid Aids is to be virtuous and chaste as Allah has commanded us to be," a leading Egyptian physician told the Cairo conference.

At the Kuwait conference, the "safe sex" campaigns which have been launched in many Western countries were denounced as "morally decadent".

In the West most Aids victims have been homosexual or bisexual men as well as intravenous

drug users, although in Central Africa — a region hard-hit by the disease — heterosexual contact has appeared to be the main mode of transmission.

Aids education has been difficult in the Arab world because it involves talking about subjects considered taboo, and most Arab health agencies have proceeded with extreme caution.

At Egypt's Aids conference it was revealed that only one Arab country — Tunisia — has embarked on a Western-style publicity campaign for the use of condoms to help curtail the spread of the disease.

More typical of the cautious approach by Arab governments to educating the public about Aids was an ambiguous commercial on Kuwaiti television in which an announcer intoned words from the Koran: "When obscenity flourished among men, a plague appeared that their forefathers never knew."

The sort of obscenity that flourished was left to the viewer's imagination.

The Arab states have reported only 110 cases of Aids among their citizens, a very small proportion of the nearly 80 000 cases of full-blown Aids worldwide.

(92)

SMA 6/4/88

Ph
h
b
v
a
r
c
a
f
r
t
f
b
c
d
c
u
b
m
T

D/D 9/4/88

Statistics of Aids carrying miners released

92

JOHANNESBURG — The number of Malawian mineworkers identified as Aids carriers had more than doubled since 1986, the Chamber of Mines said yesterday.

A major study of the disease's prevalence on the mines was carried out among a general sample of mineworkers in 1986.

A Chamber spokesman said in a statement that 2 000 Malawians were identified as carriers, but "many of these had completed their contracts and left the country."

"Non-Malawians identified as HIV positive total about 90, of which

about 40 are South Africans," the spokesman said.

Reports that there were 4 000 HIV carriers in the mining industry, including 500 non-Malawians, were incorrect, he said.

The spokesman said it was not yet possible to say what the increase in the incidence of the disease was among non-Malawians since the Chamber's 1986 study.

He said it could, however, be assumed that some increase had occurred in non-Malawians.

There are about 20 000 Malawians in the mining industry's workforce of 756 000. — Sapa

D10 11/4/88

Aids victim takes revenge

LONDON — A girl of 18 with Aids had taken revenge by having sex with dozens of men, it was reported yesterday.

The girl told fellow teenagers she slept with at least 37 boys and men in a "revenge orgy" of sex after she was given a positive Aids test at a clinic on the Channel island of Guernsey.

Her friends said she was picking up men in pubs, cutting herself and dripping blood into their drinks, and pricking them with needles she had jabbed into herself.

Frightened boys from the elite Elizabeth College reported the matter and headmasters of secondary schools are now meeting to try to discover exactly how many boys she slept with.

A senior medical specialist, Dr Nick King, has asked all males on the island who may have slept with the girl to report in confidence to him.

(92)
The girl, described as a "wild child" from a wealthy home, was sent to Guernsey by her family to be treated for drug and alcohol addiction.

She has now disappeared from the island and it is suspected that she is mixing with drug addicts in London.

Her father told newspapers that she had walked out of the Guernsey clinic he sent her to and he had now lost trace of her.

He said he knew her addiction had led to a moral breakdown. —
DDC

SALMAN RUSHDIE WRITES



DOES INDIA EXIST (DID IT EVER?)
PAGE 11

THE

WORLDVIEW

THE PAPER FOR A CHANGING SOUTH AFRICA

VOLUME 4, NUMBER 13, FRIDAY APRIL 8 TO THURSDAY APRIL 14 1988

PRICES:

WIMWATERSRAND & PRETORIA
R1,00 (incl. GST)

ELSEWHERE IN SA
R1,12 (incl. GST)

THE WHITE FARMERS WHO FACE REMOVAL

United in bitterness: Far-righters, Nats and Progs, all to be resettled

See PAGE 7

Mines? Aids crisis deepens

By PHILLIP VAN NIEKERK

THE Aids crisis on South Africa's mines is worsening, with indications that the disease is now spreading among South African miners and into the communities surrounding the compounds.

A spokesman for the Chamber of Mines, Peter Bunkell, said yesterday that a total of 2 500 carriers of the HIV-virus had now been identified among black miners, the vast majority of them from Malawi.

However, one source within the industry claimed the figure was almost 4 000 and was

2 500 identified as carriers. But some experts put figure at 4 000

doubling every eight months, which meant that there could be 16 000 cases by the middle of next year.

Bunkell said that the Chamber's medical advisors thought eight months was a normal doubling rate for Africa, but that there had not

been sufficient research yet to arrive at an accurate figure.

According to the *New Scientist*, it is now believed that up to three-quarters of people infected with the HIV-virus will develop either Aids symptoms or other severe infections within

nine years.

Bunkell said about 2 000 Malawian miners had now been diagnosed as carriers of the Aids virus.

This represents an increase from less than four percent when the miners were first tested in the middle of 1986 to a total of about 10 percent of the Malawians today.

An even greater increase is recorded among non-Malawians: from about 40 in mid-1986, according to Chamber figures, to 500 today.

Bunkell pointed out that this represented only

TO PAGE 3

8-144/88

925 2/1/88

P.T.O.

4 000 miners may have Aids

about 0,06 percent of miners, which he said was not high for the population as a whole.

However, there has been no comprehensive testing programme since mid-1986 so the exact figure is not known and the 500 could be a fraction of the total.

In another development the South African Medical Journal has reported the case of a mother and her daughter in the Rustenburg area who have been infected with the virus by a Malawian miner.

The young girl, who is now 13, must have been infected when she was still 11 as the man returned to Malawi two years ago.

The authors note that this and another recorded case "serve notice that

●From PAGE 1

more black South Africans with Aids will be seen at our clinics and hospitals from now on".

Bunkell said that in 1986, when the Chamber tested prostitutes, on a voluntary basis, living close to the mining compounds, they discovered no incidence of the virus and that last year doctors were still claiming no black South Africans had yet shown Aids symptoms.

Bunkell said several hundred thousand rand had now been set aside for further testing of prostitutes living close to the mines.

The spread of the virus among South African miners and into the compounds has placed a serious question mark on the efficacy of the

government's harsh solution that HIV carriers be repatriated to Malawi.

A paper by researchers Jean Leger and Karen Jochelson, to be published by the journal *Critical Health*, argues that the mines are being forced to repatriate terminally ill workers who receive no compensation and that little is done to prevent the spread of the disease to their families and communities.

"Efforts to prevent the spread of Aids that merely concentrate on education and counselling do not recognise the social and political factors that contribute to unsafe sexual practices," says the paper.

The authors say the single sex migrant labour system institutionalises many factors that facilitate the spread of Aids: long absences of men from their partners, those left at home seeking new relationships and single sex hostels creating a market for prostitution.

They say very little is known about the sexual practices of migrant labourers and there is an urgent need for information and educational campaigns about Aids.

A recent paper by Dunbar Moodie on male sexuality on the South African gold mines suggests that homosexual relationships on the mines tend to be monogamous rather than promiscuous.

Christian Council of Zambia demands its withdrawal

ROW ERUPTS

LUSAKA — The Christian Council of Zambia has demanded that a booklet distributed to secondary schools aimed at fighting the spread of the dreadful Acquired Immune Deficiency Syndrome among pupils be immediately withdrawn because some of its contents are in bad taste.

The booklet is being distributed by the Ministry of Health through the Aids Surveillance Committee headed by Dr Sam Nyaywa to promote anti-Aids education campaign in the country.

The programme which is funded by the Norwegian Agency for International Development (Norad) also includes a similar leaflet for pupils in primary schools.

Leading the protest against the booklet is CCZ women's programme co-ordinator Sister Edith Mutale who said the material had prompted the council to seek an audience with chairman of Unip's women's affairs sub-committee of the central committee, Mrs Mary Fulano.

Discussed

Commenting on the matter, author of the booklet Dr Kathrine Baker refused to have the booklet withdrawn, while Mrs Fulano said she had no prior knowledge of it.

Sister Mutale said she had written to the chairman of the Aids Surveillance Committee to state the CCZ position on the matter.

She said: "This matter has also been discussed at the highest level of representation in Christian organisations, including the committee of six of the CCZ."

Sister Mutale was backed by the director of the Pentecostal Fellowship Association of Zambia, Bishop Mambo,

who said the booklet contained a "very sad" state of affairs and should be withdrawn.

The passages at the centre of the sharp reaction are on page 15 of the booklet which say:

"Sleep only with your permanent girl/boy friend and make sure she/he sleeps only with you. Do not take any new sexual partners."

Another one says: "Use a new condom (e.g.

OVER

AIDS

BOOKLET

Durex sheath) and family planning foam (e.g. Emko) for every sexual act. These are available without prescription from most chemists."

Prostitute

"Never sleep with a prostitute who asks for money for sex, or a man who offers money, or with any girl/boy who has had many previous sexual partners," says another passage.

Bishop Mambo said as a church it thinks that the approach to the problem was wrong, and accused the Ministry of Health of telling school children to practise sex before marriage as long as it was considered safe.

The issue further showed that the government was doing a lot of things without consulting churches first to avoid clash of opinion later, he said.

Sowetan

8/4/88

92

(2) whether he will make a statement on the matter?

†THE DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) No.

(a), (b), (c) and (d)

Under certain circumstances motor-car allowances are paid to doctors by the provincial authorities according to the directives of the Commission for Administration and as approved by the Treasury.

(2) No.

†Dr M S BARNARD: Mr Chairman, arising out of the reply of the hon the Deputy Minister, I should like to ask him whether the race of the doctor is of any importance in the granting of the travel allowance?

†THE DEPUTY MINISTER: Mr Chairman, I am not quite sure what the purport of the hon member's question is. I gave him an indication that there are no specific directives with regard to the payment of travel allowances, and that in certain cases the allowances are in fact paid according to the directives of the Commission for Administration.

†Dr M S BARNARD: Mr Chairman, further arising out of the reply of the hon the Deputy Minister, I should like to ask him whether, in the case of doctors occupying the same posts at Baragwanath Hospital, travel allowances are paid to the White doctors, but not to the Blacks.

†THE DEPUTY MINISTER: Mr Chairman, I cannot answer the hon member on that. That was not his question, and if he wishes to ask such a question, he must put it on the Question Paper in that form.

Doctors at Baragwanath Hospital: letter of apology

*3. Dr M S BARNARD asked the Minister of Constitutional Development and Planning:

(1) Whether any doctors at the Baragwanath Hospital have been asked to sign a letter of apology following a letter published in September 1987 in a certain periodical, the name of which has been furnished to the Minister's Department for the purpose of his reply; if so, (a) how many, (b)

HOUSE OF ASSEMBLY

why and (c) what is the name of this periodical;

(2) whether any action is to be taken against these doctors in the event of their refusing to sign such a letter of apology; if so, (a) why, (b) what action and (c) on whose authority?

THE DEPUTY MINISTER OF CONSTITUTIONAL DEVELOPMENT AND PLANNING:

(1) The doctors concerned were given the opportunity to apologise.

(a) 86.

(b) Due to unacceptable language and incorrect statements in the letter.

(c) The South African Medical Journal.

(2) Yes.

(a) Due to unacceptable language and incorrect statements in the letter.

(b) Letters of reprimand to each of the doctors involved.

(c) The Provincial Secretary.

Dr M S BARNARD: Mr Chairman, arising from the hon the Deputy Minister's reply, may I ask him whether he will tell us if these doctors have been given a letter to congratulate them on pointing out the severe overcrowding and the shortage of staff . . .

THE CHAIRMAN OF THE HOUSE: Order! The hon member is making a speech. We turn now to the next question.

Dr M S BARNARD: Mr Chairman, may I then ask . . .

THE CHAIRMAN OF THE HOUSE: Order! No. I am going on to the next question.

Airways personnel: Aids sufferers

*4. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

(1) Whether any precautions are taken to ensure that South African Airways personnel are not Aids carriers or sufferers; if so, what precautions;

(2) whether any Airways personnel members have been identified as Aids sufferers; if so, how many;

HOUSE OF ASSEMBLY

(3) whether any such personnel members have died of this disease; if so, how many;

(4) in respect of what date is this information furnished?

†THE MINISTER OF TRANSPORT AFFAIRS:

(1) Yes. The recommendations of the Advisory Group on Aids as set out by the Department of National Health and Population Development and Health Services are being complied with.

(2) and (3). This information is regarded as confidential.

(4) Falls away.

Mr D J N MALCOMESS: Mr Chairman, arising from the hon the Minister's reply, if in fact there are members of the personnel of the SAA who are suffering from Aids, surely it is in the public interest to know whether or not members of the public are liable to be served by an Aids sufferer, for instance?

THE CHAIRMAN OF THE HOUSE: Order! I cannot prescribe to the hon the Minister how he should answer his questions.

Mr D J N MALCOMESS: I am asking him, Mr Chairman.

THE CHAIRMAN OF THE HOUSE: Order! No, strictly speaking the hon member is really supplying information. He cannot take that point any further.

Mr D J DALLING: Mr Chairman, further arising from the hon the Minister's reply, could he advise us why he considers it to be in the public interest not to provide Parliament with an answer?

THE MINISTER: Mr Chairman, I have already said that information of that kind is treated as highly confidential.

Mr D J DALLING: Why?

THE CHAIRMAN OF THE HOUSE: Order! The hon the Minister is not obliged to answer supplementary questions. Therefore I am proceeding to Question No 5.

Conference/symposium on ozone-depleting chemicals: Montreal

*5. Mr P G SOAL asked the Minister of Foreign Affairs:

(1) Whether any representatives of the South African Government attended a conference or symposium on ozone-depleting chemicals held in Montreal in or about September 1987; if not, why not; if so, who were they;

(2) whether South Africa signed a treaty limiting the production and consumption of such chemicals at the time; if not, why not;

(3) whether he will make a statement on the matter?

THE MINISTER OF FOREIGN AFFAIRS:

(1) No. South Africa was not invited to attend the conference held in Montreal under the auspices of the United Nations Environmental Programme (UNEP) since in terms of a UNEP decision of 1980 all forms of co-operation between South Africa and UNEP were suspended.

(2) No. It is assumed that by "treaty" is meant the Montreal Protocol on Chlorofluorocarbons to the Vienna Convention for the Protection of the Ozone Layer (1985).

In terms of the above-mentioned Convention a state may not become a party to a protocol unless it is or becomes at the same time a party to the Convention. South Africa did not accede to the Vienna Convention and therefore could not sign the Montreal Protocol.

(3) The desirability of accession to the treaties is a matter for the consideration of my colleague the hon the Minister of Environment Affairs.

*6. Mr P G SOAL — Law and Order. [Withdrawn.]

Clarendon Gardens, East London: sale of land approved by SATS

*7. Mr D J N MALCOMESS asked the Minister of Transport Affairs:

(1) Whether he or any member of the South African Transport Services gave approval for the sale of a piece of Transport Services land for the development of the Clarendon Gardens project in East London to a certain company, the name of which has been furnished to the Transport Services for the purpose of the Minister's reply; if so, (a) when, (b) why, (c) (i) what

HOUSE OF ASSEMBLY

CMB Times 11/4/88

92

Malawian miners: Aids-carriers double

JOHANNESBURG. — The number of Malawian mineworkers positively identified as Aids virus carriers has more than doubled since 1986, a Chamber of Mines spokesman said on Friday.

Some 2 000 Malawians have been identified as HIV positive. But many of these workers have already completed their contracts and left the country, he said.

About 50 miners from other countries and about 40 South African miners have also been identified as HIV positive, he said.



Giovanni, 21, fights for his life — only three years after carrying Marcello, 13, to his grave

BROTHERS INTRODUCES TRAGEDY

Marcello's death alerted doctors worldwide



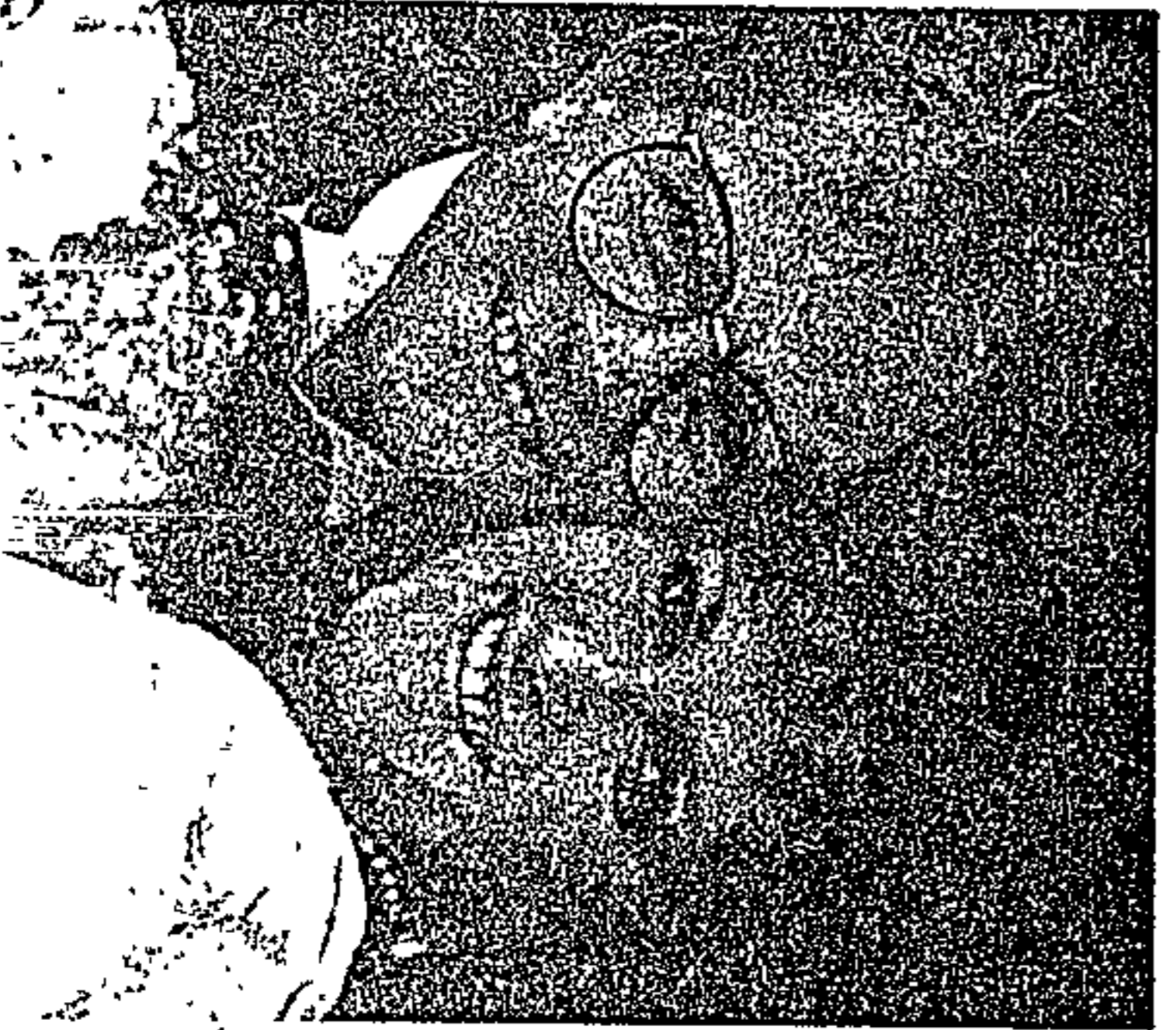
By GAY ST. LEGER
AIDS killed Giovanni Del Frate's brother, and now he's fighting for his life against the dreaded disease.

His devout family, which gathered at the graveside of South Africa's first child victim of AIDS less than three years ago, faces agony once again.

Giovanni, aged 21, has been struck in exactly the same way as his little brother.

The boys — both haemophiliacs — contracted AIDS through transfusions of contaminated blood plasma from America. The child's death alerted doctors the world over to the dangers of using the imported products and hundreds of lives may have been saved.

But, despite the pain this medical misfortune has caused, the family is facing the bleak future bravely.



All-star cast joins the double act as showbiz pair wed

HE'S the bubbliest 48-year-old in showbiz. She's a member of a top South African theatre family. And yesterday they staged their ultimate double act — marriage.

Entertainer Paul Ditchfield and actress Judith Broderick say they've never been happier. The guest list for their open-air wedding at Rand Afrikaans

By MANDY JEAN WOODS

The couple met — in a Durban theatre canteen 5 1/2 years ago. Judy is 53, Paul's age, but they laugh about the age difference.

The bride is a member of a very talented family — sister Jocelyn starred in the movie 'The 10th Victim'. Another



AIDS AGONY ... Giovanni Del Frate mourns at the graveside of his brother Marcello, who died in 1985
Picture: JAMES SOULLIER

Battle hots up for SABC's top spot

By DOUGLAS GORDON, DRIES VAN HEERDEN and LESTER VENTER

THE PROCESS of choosing a man to occupy one of the most powerful offices in SA — the director-generalship of the SABC — has only just begun. The race is still open and the contest could be bruising.

Television and radio are potent media which play a major part in shaping public opinion.

Choice

Government's choice: To appoint a loyal party apparition or a skilled professional communicator who will restore credibility and balance to TV and radio services which are running into criticism — even from NP supporters.

The present director-general and ex-diplomat, Riaan Steen, is likely to be



FRANCOIS JACOBSZ

moved sideways within a month.

He will be shifted after a report by independent consultants that was sharply critical of his management and procedures which led to the SABC consistently losing money.

The full report will not be delivered until October, but the interim findings will dominate the SABC's board meeting on May 4.

The posts of chairman and director-general may be combined.

This would be in line with

government policy which holds that all parastatal bodies, such as Sats, Eskom and the SABC, should be run along strict business lines by a powerful chief executive.

Government, it was said yesterday, was now more anxious about the new man's aptitude in business than with his professional skills as a communicator. Dedication to the political purposes of the NP was obviously also an essential requirement.

So far only one name has been mentioned as a serious runner, that of Dr Francois Jacobsz, chairman of the economics committee of the President's Council.

Dr Jacobsz is a former chairman of Union Steel Corporation and ex-president of the Afrikaanse Handelsinstituut.

Outsider

However, sources said several other candidates were expected to emerge, with President P W Botha having the final say.

The name of Mr Joe Taylor, a former Santam Bank executive, managing director of the State-backed SA Housing Trust and an SABC board member since last year, was also mentioned — but as a rank outsider.

Yesterday, political and broadcasting circles were

□ To Page 2

Giovanni, aged 21, has been struck in exactly the same way as his little brother.

The boys — both haemophiliacs — contracted AIDS through transfusions of contaminated blood plasma from America.

The child's death alerted doctors the world over to the dangers of using the imported products and hundreds of lives may have been saved.

But, despite the pain this medical misfortune has caused, the family is facing the bleak future bravely.

Suffering

Their plight highlights that of others among the 1 100 haemophiliacs in South Africa — 60 of whom have been infected with the deadly virus, and at least four are gravely ill in Johannesburg.

The youngest carrier is a Cape boy aged 11.

A total of 118 AIDS cases has been recorded in South Africa — including 22 "non-South African" cases. More than half have died.

The young man who went through the suffering of helplessly watching his little brother die of AIDS has now found the courage to help other haemophilic AIDS patients.

His brother, 13-year-old Marcello Del Frate, younger son of Vanderbijlpark Apostolic Faith Mission pastor Mike Del Frate and his wife, Norma, died on November 2 1985 of AIDS-related pneumonia.

But fate has kept its most cruel blows for the elder boy.

"Why me? I've learnt to live as a haemophilic. Now I must learn to live with AIDS," said Giovanni during a rare moment of bitterness.

He was not, even then, telling the whole story. For Giovanni, when aged two-and-a-half, was struck down with polio. Doctors gave up. But the Del Frates did not. Today he walks with a limp.

"Group prayer and help can go just so far and then something else takes over," said his father, whose strength comes from his faith.

He is angry at the way AIDS, which he describes as originally a self-inflicted disease, is now claiming the lives of innocent victims.

"The public can blame itself and not medical science for AIDS."

After Marcello's death, importation of the American product called Factor 8 was stopped and blood transfusion services testing began here at the end of 1985 — sadly, too late for the haemophiliacs.

Deplored

Because of their need for constant blood-product transfusions, haemophiliacs are recognised as high AIDS risks. And, worldwide, 70 to 80 percent of haemophiliacs who received Factor 8 have been infected.

Professor Cyril Karabus, head of the Red Cross War Memorial Children's Hospital in Cape Town and the man who runs the National Register of Haemophiliacs, deplored the lack of precise South African statistics and frequency of blood testing.

Prof Karabus said some of the carriers contracted the virus from the imported product and a few from the locally-produced material.

And, despite rigorous local testing, he maintains that safety can never be 100 percent.

"But our situation is cer-

□ To Page 2

PICK

A NETT pool of ensured 36 winners of yesterday at Turffontein of R29 389 each. The numbers were: 3, 9, 19, 10, 5.

FA CUP 1 SHOWN 1

THE FA Cup so will be broadcast South African television May 14 — but it knows on which channel.

M-Net has acquired rights, but is negotiating to sell them to SABC amounting to R100 000.

SATV is said to be the price and negotiations are continuing.

Unless a compromise is reached, the SABC's clause giving it first on major sporting events the match will be shown only to M-Net subscribers.

LIVERPOOL WIMBLED

HIGH-striding Liverpool moved into the FA Cup with a 2-1 win over enemies Nottingham Forest Hillsborough yesterday will meet Wimbledon victors over Luton yesterday — in the final.

wapo kills 2 soldiers

Two South African soldiers died after Swapo terrorists attacked a base in the operational area — presumably with mines and RPG rockets.

Second-Corporal Carlos Thomas Moon, 20, leaves his grandmother, Mrs S Abrams of Postmasburg, and Rifleman Jacob Weyers, 17, his parents, Mr and Mrs H Weyers, of Oudtshoorn. They were wounded on Thursday and died the next day.

INSIDE NAAS TALKS ABOUT THE FUTURE OF SA

**BE
E!**

up to

ce —
door!)

Total Due

R10,50

R31,00

R61,00

R121,00

R240,80

**scribing
ou save**

2,50

8,00

6,50

4,00

9,20

1988

**ve rates
and**

END

h

XTON

13/4/88
**Minister
silent
on Aids
and SAA**

CAPE TOWN — There was a heated exchange in parliament yesterday over the refusal of the Minister of Transport Affairs, Mr Eli Louw, to reveal whether any South African Airways personnel had been identified as Aids sufferers.

Stating in reply to a question from Mr Clive Derby-Lewis that certain precautions were taken to ensure that SAA personnel were not Aids carriers or sufferers, Mr Louw said whether any personnel had been identified as such was confidential.

Asked by the MP for Port Elizabeth Central, Mr John Malcomess, whether he did not consider the public had the right to know whether they were being served by an Aids carrier, the minister repeated that it was not in the public interest to give the information.

Earlier it was disclosed in the annual report of the National Health and Population Development Department that a total of 64 cases of Aids — 62 of which involved white men — had been diagnosed by October 5 last year.

The report was tabled in parliament yesterday.

A total of 44 of the 64 who were diagnosed as having the disease have died.

The report states that of the 64 people diagnosed, 62 were white males, one a white female and one a coloured male.

Fifty-six cases occurred in homo/bisexuals and two in heterosexuals both of whom had been in contact with Central African countries.

In addition, three people acquired the disease from blood transfusions prior to the screening of blood donations and three haemophilic patients contracted the disease from imported blood products. — DDC

912
6/1/88
12/1/88

AIDS a reason to stop migrant labour — NUM

ALAN FINE

THE National Union of Mineworkers (NUM) said yesterday statistics showing an increase of the incidence of AIDS positive cases on the mines justifies the union's demands for an early end to the migrant labour system.

The Chamber of Mines published figures on Friday showing the number of Malawian carriers of the AIDS virus had more than doubled to 2 000 since 1986, while another 90 miners from SA and other countries had also been identified as HIV positive.

The NUM noted the link between contracting AIDS from a carrier

and the presence of other sexually transmitted diseases — which have been on the increase on the mines for the past five years — was strong.

The union said the chamber needed to offer health services in this respect to the inhabitants of com-

munities surrounding mine hospitals. The chamber should offer women in these communities free, quality treatment for sexually transmitted diseases as well as free screening tests for AIDS.

Ultimately, though, only the dismantling of migrant labour — and its replacement with the right of workers to live with their families

— can halt the inevitable spiral of this disease, the union said.

A chamber spokesman responded that some of the union's suggestions, including services to surrounding communities, were already under consideration. However, he said, the NUM's linkage of the spread of sexually transmitted diseases with the migrant labour system was simplistic.

"The epidemiology of AIDS is rather more complex than suggested, and in any event the industry is committed to the progressive dismantling of the migrant labour system," he said.

10/14/88
**No Aids
present
in Frere
patient**

EAST LONDON — A suspected Aids victim at Frere Hospital has been found not to be suffering from the killer disease after blood test results proved negative.

The male patient was admitted to the hospital after a clinical examination revealed the possible symptoms of Aids, and blood was sent for laboratory investigation.

The deputy medical superintendent, Dr. D. Williamson, said although the real source of the patient's symptoms had not yet been isolated, the Aids virus had been ruled out.

He said the patient's general condition was "fine" and he would "probably be going home within the next few days" —

DDR

Institutions for training of nurses: applications received/accepted

412. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) How many (a) applications to train as nurses were (i) received and (ii) accepted from, and (b) vacancies existed at institutions for the training of nurses for, (aa) Whites, (bb) Coloureds, (cc) Indians and (dd) Blacks in 1986;
- (2) how many nurses of each of these race groups completed their training in that year?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Position as at 31 December 1986:

(1) (a) Applications to train as nurses:	(i) Received	(ii) Accepted
(aa) Whites	4 971	2 091
(bb) Coloureds	1 680	102
(cc) Indians	1 544	101
(dd) Blacks	23 060	997

(b) Vacancies at institutions for the training of nurses:

(aa) Whites	1 435
(bb) Coloureds	244
(cc) Indians	32
(dd) Blacks	752

(2) Number of nurses who completed their training during 1986:

(aa) Whites	1 808
(bb) Coloureds	635
(cc) Indians	189
(dd) Blacks	2 842

Aids: cases diagnosed/carriers identified

413. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (a) How many cases of acquired immune deficiency syndrome (Aids) were diagnosed in 1987 and (b) how many carriers of the Aids virus had been identified in respect of each race group in South Africa as at the latest specified date for which information is available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (a) 37 South African cases
(b) Not available

HOUSE OF ASSEMBLY

Cholera: cases/deaths

416. Dr M S BARNARD asked the Minister of National Health and Population Development:

- How many (a) cases of and (b) deaths from cholera were reported in respect of each race group in each province for each month from January 1987 to the latest specified month for which figures are available?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Notified cases of cholera per month in the RSA, 1987 (as on 23 February 1988)

(a) MONTH	NUMBER OF CASES
January	5
February	4
March	11
April	5
May	1
June	3
July	3
August	3
September	0
October	1
November	1
December	0

(b) All cases were Blacks in Natal (including KwaZulu). No deaths were notified.

Malaria/typhoid/cholera: increase in incidence

417. Dr M S BARNARD asked the Minister of National Health and Population Development:

- (1) Whether there was any increase in the incidence of (a) malaria, (b) typhoid and (c) cholera in the Republic during the latest specified period for which figures are available; if so, (i) to what extent, (ii) in which areas and (iii) how many cases of each disease were diagnosed in each area;
- (2) whether any persons died of these diseases during this period; if so, how many in each area in respect of each disease;
- (3) whether any steps are being taken to combat the spread of these diseases; if so, what steps in each specified area?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) (a) Yes
(b) No

HOUSE OF ASSEMBLY

(c) No

(a) (i) Number of malaria cases notified in the RSA (as at 23 February 1988)	(ii) Natal and KwaZulu (mainly Umbombo and Ingwavuma)	(iii) As at 23 February 1988:
1986	—	Natal 1 990
1987	—	KwaZulu 3 126

(2) Yes

Notified deaths from malaria and typhoid in each region in the RSA 1987 (as at 23 February 1988)

Region	Malaria	Typhoid
Eastern Cape	0	3
Western Cape	0	2
Northern Cape	0	0
Natal	2	0
OFS	0	1
S Transvaal	1	2
N Transvaal	1	2
Gazankulu	1	2
KaNgwane	0	4
KwaNdebele	0	0
KwaZulu	1	4
Lebowa	1	1
OwaOwa	1	0

No deaths from cholera were notified in 1987.

(3) Yes

(a) Malaria

- (i) Surveillance
- (ii) Active and passive case-finding
- (iii) Health education
- (iv) Encouragement of prophylactic treatment
- (v) Vector control

Campaign mainly concentrated on Northern and Eastern Transvaal and North-Eastern Natal-KwaZulu.

In Natal-KwaZulu the malarial teams have been strengthened, active case-finding intensified, screening of illegal immigrants is done and treatment regimens

of proven cases have been changed from the traditional Darachlor to Fansidar treatment.

- (b) Typhoid
- (i) Surveillance
- (ii) Case-finding
- (iii) Health education
- (iv) Treatment and surveillance of contacts
- (v) Advice with regard to environmental factors

(c) Cholera

- (i) Surveillance
- (ii) Case-finding
- (iii) Health education
- (iv) Treatment and surveillance of contacts
- (v) Advice with regard to environmental factors

Council for Social and Associated Workers: social workers registered

459. Mr P G SOAL asked the Minister of National Health and Population Development:

- (1) What total number of (a) White, (b) Black, (c) Coloured and (d) Indian social workers is registered with the Council for Social and Associated Workers;
- (2) how many social workers does his Department employ;
- (3) in respect of what date is this information furnished?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) (a) 4 395 White
(b) 1 022 Black
(c) 729 Coloured
(d) 331 Indian
- (2) 51
- (3) As at 22.02.1988

Internal Security Act: detainees

471. Mrs H SUZMAN asked the Minister of Justice:

HOUSE OF ASSEMBLY

DID 15/4/88

Boxer with Aids ⁽⁹²⁾ barred from fight

LONDON — An African boxer found to have the Aids virus had been barred from a scheduled fight in Britain, the authorities said yesterday.

Langston Tinago, a former Commonwealth lightweight champion from Zimbabwe, was found to be carrying the disease during tests required of any foreign fighters set for British bouts.

He also failed a follow-up test, officials said.

It was the first time a fighter had been banned from Britain because of the Aids tests, according to the secretary of the British Boxing Board of Control, Mr John Morris.

Tinago was due to meet Lester Gloster of Britain in Peterborough, England, on Sunday.

The bout was listed as an eliminator for a shot at the Commonwealth lightweight crown held by Mo Hussein, a Briton who won it from Tinago last March.

Officials said Tinago passed the Aids test before that bout, which was held in suburban Basildon.

"We received a phone call from Langston's manager saying he had failed two different tests and would not be coming," the promoter, Mr Terry Shufflebottom, said. —Sapa-AP

Professor, 80, contracts Aids

92

DIP 15/4/88

STOCKHOLM — An 80-year-old professor prominent for championing the cause of Sweden's misfits disclosed yesterday he had contracted Aids from a blood transfusion.

Calling for less prejudice towards victims of the disease, Professor Gustav Jonsson told reporters: "The worst thing is not being infected, the worst thing is to be considered a carrier".

Prof Jonsson ran an experimental reform school outside Stockholm for 25 years which gained him an international reputation in the field of child psychiatry.

In interviews, Prof Jonsson said he was infected with the HIV virus, which can develop into Aids, while undergoing a heart operation in 1983.

When he learned three years later that he had been infected, he decided to write a book to publicise the plight of Aids victims.

Prof Jonsson writes: "Have I turned into one of those outcasts that I have been a champion of all my life — a vicious person equivalent to a whore, a queer, an alcoholic, a drug addict?" — Sapa-RNS

... his bicycle at the time of the
accident.

Natal Aids death

CAVE Trans 92
13/4/88

DURBAN. — An unidentified man has died of Aids in Natal. Professor Dennis Pudifin, a member of the National Aids Advisory Group, said the man died in hospital.

st

u

THE latest figures released by the Chamber of Mines that showed Aids positive cases were increasing validated the National Union of Mine-workers' demand for an early end to the migrant labour system, NUM said in a statement.

The rapid dismantling of the migrant labour system, and its replacement with the right of workers to bring families to the mines could prevent the spread of Aids, a National Union of Mine-workers' statement said.

It also said: "It is no secret that the incidence of all sexually trans-

'AIDS PROVES POINT'

mitted disease on the mines has risen consistently over the past five years." *Sowetan 14/4/88*

There was a strong link between contracting Aids from a carrier and the presence of other sexually transmitted diseases. (92)

"Clearly in a curative sense, the Chamber needs to move outside the confines of hostel compounds, where workers form relationships or liaisons.

"The Chamber should offer women in these communities free, quality treatment for sexually transmitted diseases, as well as free screening tests for Aids," the NUM statement said. — Sapa.

Greater spending on Aids awareness urged

By TONY SPENCER-SMITH

SOUTH AFRICAN Aids experts warned yesterday that the country could be plunged into an unprecedented health disaster if the government did not pour more money into its public awareness campaign.

The Minister of Health, Dr Willie van Niekerk, told Parliament this week the campaign had made a marked impression, particularly on blacks, and the Department of National Health and Population Development has told the Cape Times the campaign created a "high level of awareness".

But one Aids doctor said the situation was so serious that big business was having to step in to pick up the pieces.

"The government is diverting funds to obvious problems, like TB in the Western Cape.

"They are not looking ahead. The number of Aids cases in this country is growing all the time, and we are expecting the disease to spread rapidly.

"What happens if we develop a situation here like that in Zambia, where one in five people have the disease? What if it hits our black population as hard as it has there?"

The government's Aids campaign, intended to promote public awareness of how to prevent the spread of the disease, was launched with much fanfare three months ago.

Now the Department of Health and Population Control says the R1,4 million for the campaign has already been spent, and it will not continue until market research has determined the "need for further advertising as well as its nature and extent".

The money was spent on TV, radio and press adverts, posters, liaison and research.

PFP health spokesman Dr Marius Barnard said his information was that the campaign had not made the hoped-for impact.

"If one looks at the frightening spread of the disease, not enough money is being spent.

"I would be very alarmed if there was any delay in continuing with the campaign."

WE
01
91

Life assurers poised to call for Aids tests on new clients

Finance Staff

South African life assurers will take a big step next month towards dealing with the insurance risk of Aids when they settle on a minimum sum insured at which applicants are tested for the disease.

A minimum of R200 000 is the sum being considered by a sub-committee of the Life Officers' Association, says spokesman Jurie Wessels, which would put it about in line with the practice in the life assurance sectors in Britain and the United States.

Probably due to the considerably smaller exposure life assurers have had to the disease here, no attempt has yet been made to quantify how much it could cost to cover claims arising from deaths due to Aids over any given period.

Peter Atkinson of Southern Life says that with the threats of Aids at the back of their minds, in time company actuaries could well become more

conservative with their declarations of distributions as they make provision for what might well become a major area of claim costs.

In Britain it was reported this week that insurance companies have set aside at least R4 billion to cover claims from Aids victims during the next decade.

However, one of the country's insurers said the figure would be "woefully inadequate" if the disease spread in the heterosexual community.

Death toll

The move by the insurers comes in the wake of a report from the Institute of Actuaries, saying the death toll from Aids could reach 100 000 by 1988.

Peter Clark, deputy actuary at the Prudential, said: "This figure is based solely on our estimate of what is likely to happen as long as Aids remains confined to the homosexual community. If it moves into the heterosexual com-

munity, then all bets are off. Existing reserves would prove to be woefully inadequate. The life assurance business would be in deep trouble."

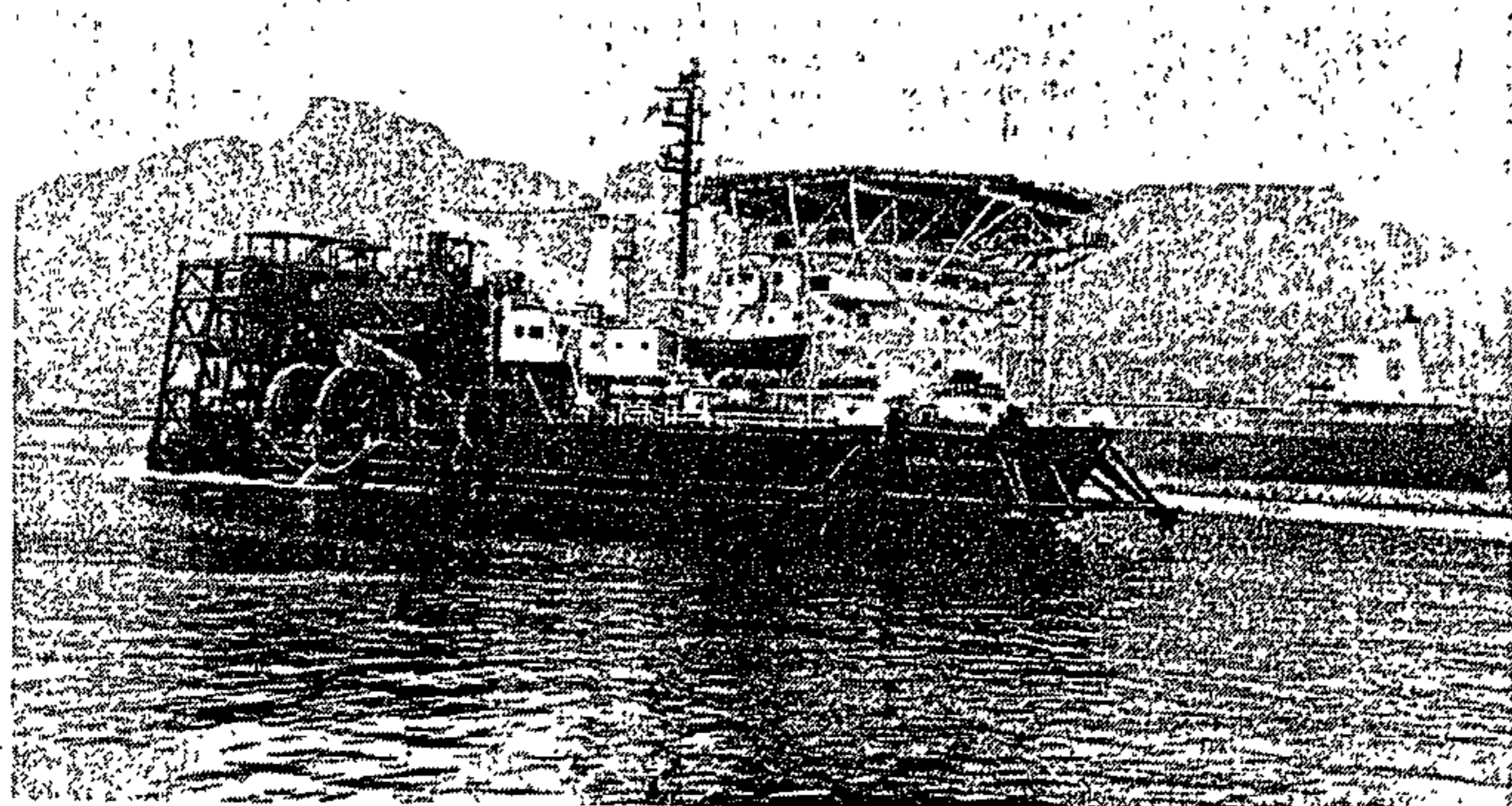
In South Africa, all major companies ask proposers the extent of their contact with Aids, to try to establish the risk of the underwriters.

Federated Life has inserted a specific question in its proposal forms, says executive Dave Goelst.

"And we moved quickly once the proportions of the disease started developing to establish special reserves to deal with claims," he says.

Applicants are asked: "Have you ever been tested for or received medical advice, counselling or been in contact with Aids or any Aids-related condition?"

Applicants answering yes are asked to submit to an Aids test and are refused cover if found to be positive.



An unusual construction job, the conversion of the 2 647-ton multi-purpose workshop, Louis G Murray, into a research vessel for offshore diamond recovery operations has been completed by Simon-Cape for De Beers Marine.

The company was the main contractor for the supply and erection of steelwork. It fabricated and installed 14 m-high supporting structures for the primary treatment and dense media separation plants as well as the plant equipment and pipework.

The hull was strengthened below the main deck and a new power plant, consisting of three diesel alternator sets with outputs each of 1 mW, was installed.

An important section of the conversion was the construction and installation of an additional operational control centre amidships. This comprised two modules, support structure and associated walkways and staircases.

Altogether, Simon-Cape fabricated and installed 375 tons of steelwork and 40 pieces of machinery which included pumps, vibrating screens, air compressors and crushers.

8

Row over call to isolate Aids carriers

1164
21/4/88
92

By KAREN STANDER
Medical Reporter

A ROW has blown up over a call by Progressive Federal Party health spokesman Dr Marius Barnard for Aids carriers to be isolated from the community.

Dr Frank Spracklen, a member of the national Aids advisory committee, said it would mean many people who acquired the disease "innocently" would have to be incarcerated, while a spokesman for the Gay Association of South Africa (Gasa) 6010 counselling service said the suggestion "flies in the face of the PFP's stand on human rights".

Dr Spracklen said: "Although it sounds logical on the surface to remove people who can spread the disease, one would be incarcerating many people who have acquired it innocently, for instance through blood transfusions.

"People would be unwilling to be tested. Then one wouldn't know the extent of the problem, so one would have to bring in more legislation to compel testing. The implications are enormous."

Dr Barnard made the call after a claim by Durban prostitute Mrs Sharmaine van Loggerenberg that she was still plying her trade a year after being found HIV (Aids virus) positive.

Ineffective

Yesterday, Minister of Health Dr Willie van Niekerk said Mrs van Loggerenberg's latest test was negative but she was to have further tests to establish finally whether she was a carrier of Aids.

Dr Barnard accused the Government of launching an ineffective Aids campaign.

He called for the "present inadequate legislation" to be overhauled, for Aids to be made a notifiable disease and for carriers to be isolated from the community.

The Gasa spokesman said making Aids a notifiable disease would drive underground "the very people we want to test".

"Is Dr Barnard aware of the implications? Who should be isolated, all carriers or only those with full-blown Aids?"

"Only a percentage of those who test positive for the virus develop full-blown Aids, so how does he justify putting perfectly healthy people in quarantine simply because they have the potential to pass the virus on?"

"The economic implications of removing thousands of productive people from the workforce are also enormous."

He quoted Aids expert and Nobel Laureate Mr David Baltimore as saying putting Aids patients in quarantine would be futile because most were too sick to transmit the virus. It was being spread largely by those who might or might not know they were carriers.

Strand butcher fined R500 for selling short

Staff Reporter

A STRAND butcher who sold three pieces of meat that were underweight was fined R500 (or nine months) when he appeared in The Strand Magistrate's Court.

Willie Huisamen, 26, of Huisamen Butchery, Main Road, Strand pleaded not guilty.

Evidence was that on September 11 last year inspectors of the Department of Trade and Industry visited Huisamen's Butchery.

One piece of meat marked as being 11kg weighed only 8,9kg. Two other pieces, each marked as being 11,5kg, were 9,28kg and 9,79kg respectively. The shortfall amounted to 5,93kg.

Mr S C Murphy was on the Bench. Mr A de Beer appeared for the State. Huisamen conducted his own defence.



ON THE BALL: Mr L Tichelaar some practice after win "Trip to Wembley" coronation, R1 000 in stipend to the FA Cup Final and Mr Tichelaar's was the first out of thousand

'Prostitute with Aids must go'

DURBAN — Tenants in a beachfront block of flats have demanded that a self-confessed prostitute, at the centre of Durban's Aids scare, be evicted immediately.

But Mrs Sharmaine van Loggerenberg was defiant yesterday.

"They must get a court order to get me out."

Mrs van Loggerenberg was reluctant to talk about the Aids scare. The latest test by a doctor has proved negative.

According to Prof Denis Pudifin, Natal representative of the National Aids Advisory Board, further tests have to be made to make absolutely certain.

Mrs van Loggerenberg said: "I am going to sue the hospital that initially said I had contracted Aids."

Mrs Anne di Lauro, supervisor at the block, said: "The landlord is coming to Durban to ask her to move out." — Sapa.

20/6/85

si-
le
a
ce
y
le
a
rt

No Aids tests on council workers

Municipal Reporter

Johannesburg City Council employees will not have to undergo tests for Aids, as recently suggested in a press release, said the Medical Officer of Health, Professor Hiliard Hurwitz.

He said plans were in the pipeline for annual medical checks for employees in the three lowest grades, as well as those living in hostels, but this was not related to the spread of Aids.

Employees who visit areas where tuberculosis, typhoid, malaria and cholera are endemic are examined regularly.

92
S72
21/4/88

Isolate Aids carriers — PFP call

AR 445
18/4/88

92

in 4000

By BRUCE CAMERON
Political Staff

A CALL for Aids carriers to be isolated from the community were made today following an admission by a Durban prostitute that she was still plying her trade a year after she admitted having the fatal disease.

The call for isolation was made today by Progressive Federal Party health spokesman, Dr Marius Barnard.

Dr Barnard also hammered the Department of Health for not taking adequate steps to prevent the potential spread of the disease.

The Minister of National Health, Dr Willie van Niekerk, was not available for comment today.

When it was disclosed last year that the self-confessed prostitute, Miss Sharmaine van Loggerenberg, had Aids the Mr van Niekerk said attempts would be made to rehabilitate her.

URGENT STEPS

Newspaper reports at the weekend however disclosed that she was still in business.

Dr Barnard said the Government would urgently have to do three things to stop the spread of the disease.

- It must overhaul the present inadequate regulations,
- Aids must be made a notifiable disease, and
- Aids carriers must be isolated in the same way as TB carriers are isolated from the community.



Dr Marius Barnard

"These measures must be taken as a matter of urgency."

Dr Barnard said the case of Miss van Loggerenberg was proof that current measures were not working.

"She is a walking timebomb and nothing is being done."

"New mechanisms are urgently required."

"She cannot be locked away but some means of isolation must be found."

Aids threat alarms

Maputo

The Star's Africa
News Service

2-11-88
MAPUTO — Mozambique will face an alarming number of Aids cases in the next five to 10 years if preventive measures are not taken now, the country's Health Minister, Dr Fernando Vaz, has said.

Speaking at the opening of a conference called to help finance a three-year programme against Aids, Dr Vaz said the first Aids case in Mozambique had been detected in 1985.

GEOMETRIC

By the end of March 1988 the number had risen to nine and this indicated that the number of victims was increasing geometrically.

A substantial number of Mozambicans were carrying the Aids virus, he said.

Tests carried out in Mozambican cities showed that between one and three percent of the population were carrying the virus.

Dr Vaz said the presence of the second Aids-inducing virus, HIV-2, had been confirmed in Mozambique "in a relatively high percentage".

Aids 92

victims to pay big bills

By Toni Younghusband
Medical Reporter

An Aids patient could pay up to R50 000 a year for treatment even if he is hospitalised in a provincial hospital, a consultant to the Johannesburg Aids Training and Information Centre has confirmed.

Dr Dennis Sifris said the cost of medicine alone was astronomical. A specially-imported Aids drug, AZT, costs about R2 000 a month per patient. AZT, of which there is a limited supply, delays the onset of symptoms in people infected with the Aids virus and is the best medication available at present.

Add to that general hospitalisation costs, symptomatic treatment, counselling and the loss in productivity the bill could easily run as high as R50 000 per patient.

And medical aid societies won't pay.

Unconfirmed reports suggest that provincial hospitals are refusing to give homosexuals the AZT drug but will give it to haemophiliacs and those who contracted the disease through blood transfusions.

Provincial hospital authorities were not available for comment yesterday.

UK victims

In Britain, the National Health Service expects to pay R320 million for Aids patients this year alone.

Health officials here predict that 3 000 new Aids cases will be identified during 1988 and these patients will take up drugs and care equivalent to 120 000 non-Aids patients. The social costs of Aids calculated as lost working days and the cost of supporting Aids

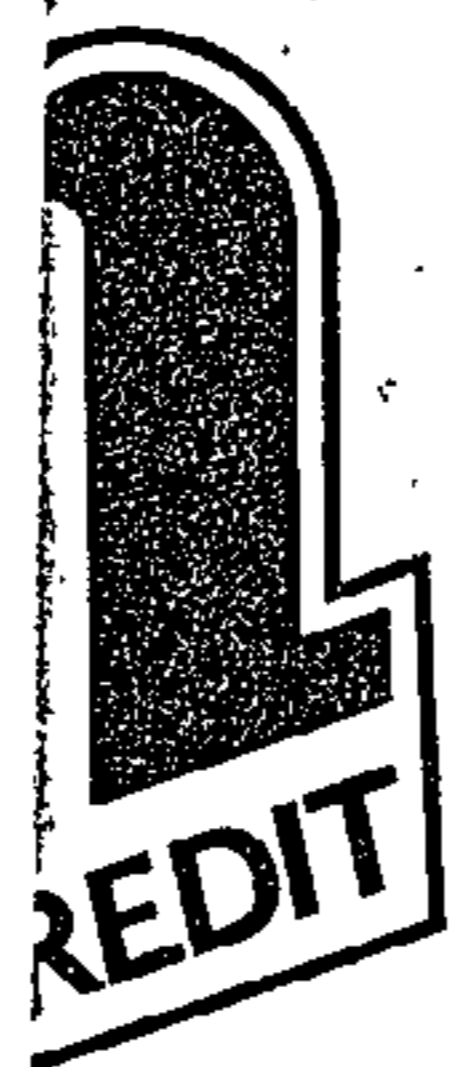


98

ONT
T
ER

88

hin seven
here at a
m cost you



ned during 1988 and these patients will take up drugs and care equivalent to 120 000 non-Aids patients. The social costs of Aids calculated as lost working days and the cost of supporting Aids victims who are unable to work will be large.

The US government paid out an estimated R16,5 billion for the treatment of its first 10 000 patients. According to the World Health Organisation, more than 55 000 Aids cases were reported in the Americas between 1979 and 1987.

The US government is funding AZT and is distributing it free of charge to Aids sufferers.

The Aids Advisory Group said the number of Aids cases in SA for 1988 could be about 60.

To isolate patients would be 'ridiculous'

Medical Reporter

Dr Marius Barnard's call for Aids patients to be isolated from society was too ridiculous to contemplate, a consultant to the Johannesburg Aids Training and Information Centre has said.

Dr Dennis Sifris said that in order to isolate Aids sufferers, every person would have to be tested and this would cost about R900 million for one test each.

"And tests must be carried out every six months or so," he said.

Dr Barnard, the Progressive Federal Party's health spokesman, called on Monday for Aids carriers to be isolated from the community following an admission by a Durban prostitute that she was still plying her trade a year after she admitted having the disease.

The Minister of National Health and Population Development, Dr Willie van Niekerk, rejected the demand, saying: "Where do we keep them — in concentration camps?"



910 21/4/88
Prostitute
to have
further
tests (a2)
for Aids

CAPE TOWN — A self-confessed Durban prostitute was to undergo tests to finally establish whether she was a carrier of Aids, the Minister of National Health, Dr Willie van Niekerk, confirmed yesterday.

After being found HIV positive last year the prostitute, Miss Sharmaine van Loggerenberg, continued plying her trade despite attempts by the Department of Health to rehabilitate her.

However, the latest tests proved negative.

The incident has sparked a major political row with the Progressive Federal Party health spokesman, Dr Marius Barnard, accusing the government of launching an ineffective programme to combat Aids.

In an interview yesterday, Dr Van Niekerk firmly defended his department's campaign, saying the decisions taken were similar to those being taken in other countries.

He rejected Dr Barnard's demand for the isolation of Aids carriers.

"Where do we keep them — in concentration camps?" he asked.

Dr Van Niekerk said there were 30 000 Aids sufferers in New York. "Where could they be isolated?"

He said Dr Barnard was incorrect in comparing tuberculosis sufferers and Aids carriers. Tuberculosis was infectious for a very brief period but Aids was with carriers for life.

"What we are trying to get across to the public is that Aids is spread by promiscuous behaviour and is risky."

Dr Van Niekerk said he would give statistics of the anti-Aids campaign when he replied to the debate on his vote in the House of Assembly. — Sapa



Parliament

Specialists warn of disaster unless Aids spending increased

CAPE TOWN — South African Aids experts said yesterday that the country could be plunged into an unprecedented health disaster if the government did not pour more money into its public awareness campaign. DID 21/4/88

The Minister of Health, Dr Willie van Niekerk, told parliament this week that the campaign had made a marked impression, particularly on blacks, and the Department of National Health and Population Development has said that the campaign had created a high level of awareness.

But one Aids doctor said the situation was so serious that big business was having to step in to pick up the pieces. 92

"The government is diverting funds to obvious problems like tuberculosis in the Western Cape.

"It is not looking ahead. The number of Aids cases in this country is growing all the time, and we are expecting the disease to spread rapidly.

"What happens if we develop a situation here like that in Zambia, where one in five people have the disease? What if it hits our black population as hard as it has there?"

The government's Aids campaign, intended to promote public awareness of how to prevent the spread of the disease, was launched with much fanfare three months ago.

Now the Department of Health and Population Control says the R1,4 million for the campaign has already been spent, and it will not continue until market research has determined the "need for further advertising as well as its nature and extent".

The department said the money was spent on television, radio and Press advertisements, posters, liaison and research.

The progressive Federal Party health spokesman, Dr Marius Barnard, said his information was that the campaign had not made the impact which had been hoped.

"If one looks at the frightening spread of the disease, not enough money is being spent.

"I would be very alarmed if there was any delay in continuing with the campaign, and I will be asking questions about this in parliament."

Another Aids expert said that, while it was reasonable for there to be a pause while the effectiveness of the campaign was evaluated, there was a need for a good deal more money to be spent.

NURSES have a responsibility to support and care for Aids patients, more than five million of whom will die in the next five years.

This was the message in the keynote address by Mr Richard Wells, a member of the British aids advisory team, to the National Oncology Nursing Symposium in Sea Point, Cape Town, yesterday.

Mr Wells, also adviser on oncology nursing at the Royal College of Nursing in London, said many nurses were reluctant to treat Aids patients.

"We have to bring to those people unfortunate enough to suffer this problem a message of hope," said Mr Wells.

He said Aids presented the nursing profession with many questions to which there were few answers.

"At present no one knows where Aids came from, but the application of responsibility should not be a feature of our care for our patients," Mr Wells said.

He said the emergence of Aids had very little

Sowetan 22/4/88
Nurses have duty towards Aids victims

SOWETAN Correspondent

— UK EXPERT (92) ON THE DISEASE

effect on broader society and people believed the impending disaster would not be a problem to them.

"People seemed to say it was not a problem that we did not have a cure as the sufferers — the homosexuals and drug addicts — were on the fringes of society and therefore expendable.

"We saw a marked lack of government concern.

"Many countries only took notice when the virus affected the rest of society.

"Only in 1983 when the HIV virus was

identified did doctors find out how the virus could be transmitted.

"We could then dispose of the myths that it was airborne and could be transmitted on lavatory seats," Mr Wells said.

He said some people with Aids remained asymptomatic for years, while others develop Aids-Related Complex (ARC).

"Only 40 to 50 percent of people who develop Aids die.

"The World Health Organisation has found that there are five to 10 million people today infected with the Aids virus and half of them will die within the next five years.

Punitive

"They admit that the majority of them are heterosexual."

Mr Wells said in New York one in every 86 children was born with Aids.

In Harlem, the figures were even higher and Aids had become the single largest cause of death among young women in New York.

He said the duty of the nursing profession was not to only discuss how to care for patients with Aids but where to care for them.

"Unfortunately, there are still members of our profession in favour of punitive treatment — who feel Aids patients should be removed from the rest of society.

"I am dismayed at the amazing reluctance of oncology people to treat Aids patients.

"We're frightened of them."

He said nine health workers in the world had been infected with Aids in seven years, three after accidents with equipment and four ignored the guidelines set down by the profession.

Best

"Nine out of 150 000 nurses internationally is not bad," said Mr Wells.

The best way to care for Aids patients was to leave the control of the treatment in their own hands, he said.

"We need to give them the hope and knowledge to carry on."

He said nurses should also help patients overcome their shame.

"Besides their physical problems, Aids patients have to carry the burden of shame which society has placed on them," he said.

Oncology nurses had the satisfaction of seeing

many cancers put in their place, he said.

"We now have the problem of treating patients with incurable cancers.

"We can help by taking the hope for the future of Aids patients and reharnessing them into hope for tomorrow.

"When you are dying, tomorrow acquires a greater meaning in your life."

Nurses were supposed to respond to people's needs, Mr Wells said.

"Do we have the right to refuse to treat a patient with Aids?

"Seventy percent of Aids patients in New York are being care for by volunteers.

"They are stealing our history and we are letting them do it.

Ignored

"It seems we are hell-bent on proving we are not needed.

"It seems as though the people who are suffering the most are being ignored."

Mr Wells said nurses should concentrate on supporting those closest to Aids sufferers as well.

"How do you tell someone who has just lost a loved one that they may be carrying the virus and may be travelling the same road?

"We have to help these people build bridges and make memories.

"It is terrible for people to leave only memories of pain and suffering behind."

He said the world needed someone to speak up about Aids.

"Don't hide in a fool's paradise believing this is not a problem for you.

"Let us take out a message of hope to all those who have Aids and all those who care for them," Mr Wells said.

Sowetan 22/4/88 (92)
Skating for Aids research

A CAPE TOWN man whose lover died of Aids two years ago plans to roller-skate nearly 6 000 km to raise money for Aids research.

Mr Andre van Zyl (37), who set a world long-distance roller-skating record of 1 400 km from Cape Town to Johannesburg in 19 days in 1970, hopes to raise R5 million by skating 5 920 km from Cape Town to Windhoek, Johannesburg, Durban, Bloemfontein, Port Elizabeth and back to Cape Town.

Mr van Zyl said that since the death of his friend, Mr Hennie van der Wath, he had wanted to do something positive in memory of him.

He hopes the money he raises will be used to build an Aids clinic in Cape Town.

Mr van Zyl plans to leave Cape Town on June 1. — Sapa.



SA doctor at hospital in Britain dies of Aids

92
ST 22/4/88

EXETER — A South African surgeon working in Britain has died of Aids. But the Royal Devon and Exeter Hospital in Exeter, where he was employed, say there was no risk to patients.

A hospital spokesman said: "Expert medical advice is that there is no real risk of infection."

"No doctor or health care worker anywhere in the world, even where Aids is a much greater problem than in this country, is known to have transmitted the virus to a patient."

But Mr David King, the district general manager of Exeter Health Authority, said the government's Department of Health and Social Security had advised the authority that patients should be "given the opportunity of counselling and, if they wish, a test for HIV infection."

HIV (human immunodeficiency virus) which causes AIDS, is spread through sexual contact or through the exchange of some body fluids.

It is most common among homosexual and bisexual men, and among drug users who have shared injection needles.

The authority named the surgeon as Mr David Collings and said he had worked at the hospital for eight months. He died on Monday and has been cremated.

Mr Collings is thought to have contracted Aids in South Africa.

Authority officials are preparing a list of Mr Collings's 300 to 400 patients and their family doctors.

Mr King said: "There is no need for panic."

He said the hospital did not know Mr Collings had Aids when he was given a 12-month contract last July. His illness surfaced two weeks ago, when he became sick and tests showed he had Aids.

The British domestic news agency, Press Association, said Mr Collings was thought to have been in his 30s and married with a child.

No reason was given for the three-day gap between his death and the public announcement of it by the hospital.

Government guidelines to local health authorities, based on latest research on HIV, say that provided normal precautions are followed, most clinical procedures pose no risk of Aids being transferred from a health care worker to a patient.

But they say there is an "extremely small theoretical risk" of transferring Aids to patients if a surgeon, or others, suffer an injury which results in their blood contaminating the patient's tissue.

Britain has 1227 cases of Aids.

The Centres for Disease Control report a total of 57575 Aids cases in the United States since 1981. Of these, 32190 have died.

— Sapa-AP.

Harvest Time for Despatch

BARRY GLASSPOOL

DURBAN — Money is the name of the rugby game these days and Despatch, the Eastern Province champions who won the Toyota national club title in 1986 and were runners up last year, are blazing the pioneering trail by having changed the name of the club to include their sponsoring company.

They are now officially known as Despatch Harvest Time.

This brings rugby into the realm of other sports — professional soccer clubs go the whole hog and also have their sponsors' names emblazoned on their jerseys and sometimes on their shorts and kit bags.

In the official Toyota programme, Despatch are listed under their new "company" name.

The club effected the change by altering their constitution and have the blessing of the Eastern Province Rugby Union, if not full approval from those people who believe the move to sweeping commercialisation will change the traditional values and standards of a game which has held out longest as a bastion for amateur sport.

bullet
logg.

TO PA

he w
temb
fo
en
OPEN
matic
in tw
and T
ment
n of s
of the
wn th
ery in
court
es of l
ly me
hes d
hout t
the t
stantia
made
ange as
id Mr l
oper
memb
palers
orden
ge, he s
t Mr F
ets an
n elim
reat t
TO PA

CAPL- Tim's

lay, April 22, 1988 5

Aids 92 vaccine brings hope

Own Correspondent

LONDON. — Exciting new results were reported yesterday of the first trial of a candidate Aids vaccine developed by Dr Daniel Zagury, who tried it out on himself.

His research paves the way for the first major trial of an Aids vaccine next year.

A year after reporting the initial effects of administering the vaccine, Dr Zagury of the Université Pierre et Marie Curie in Paris, recorded the effects of various methods used to boost the body's immune response.

He showed that an immune response against Aids viruses can be produced for a period of over a year.

First, however, Dr Zagury must come up with a more practical form of the booster he used, which relied on cells taken from his own body.

His test produced "killer cells", which he said was the most crucial response, as well as protective antibodies.

Dr Zagury gave no details of the proposed trial, except to say it would be a major operation involving hundreds of individuals at risk.

"This crucial step needs to be carried out with the support of the World Health Organization and the help of local authorities."

Scientists to test potential Aids vaccine

92

LONDON — British scientists were to launch the first systematic trial in Europe of a potential vaccine against Aids, the doctor leading the project said at the weekend.

Dr Brian Gazzard, head of the Aids unit at St Stephen's Hospital, West London, said 24 volunteers would be treated in the first phase of the study due to begin in the summer.

"We are hoping that the vaccine will be totally non-toxic and that it may produce neutralising anti-bodies against the (Aids) virus," he said.

Dr Gazzard said the vaccine, which would be administered once a month for three months,

could be given to people infected with the HIV (Human Immuno-deficiency Virus) which causes Aids, as well as those free of the virus but in high-risk groups.

He said a much broader trial would be launched if the vaccine proved non-toxic. But he stressed that no great breakthrough was yet in sight and said it was unlikely that any vaccine could be on the market for at least five years.

The vaccine is based on the man-made protein HGP-30, which is produced by United States scientists and replicates part of the core of the Aids virus which remains constant in all strains.

Dr Gazzard said other

vaccine studies had concentrated on the HIV's surface proteins which mutated constantly, making it difficult for the body's defences to build a coherent and consistent guard against the virus.

Earlier, the scientific journal Nature reported in London that a French scientist, Mr Daniel Zagury, of the Pierre and Marie Curie University in Paris, had made significant progress toward developing a vaccine against Aids.

Mr Zagury wrote in a report to the scientific journal that he had given three injections to volunteers not infected with the Aids HIV virus.

The third injection produced a dramatic

rise in antibodies that fought HIV.

"Although this protocol (procedure) is not practical for a large scale vaccine trial, our results show for the first time that an immune state against HIV can be obtained in man," Mr Zagury wrote.

"We suggest that this approach be considered as a prototype candidate vaccine against Aids. However, whether the above-described immune state against HIV confers protection against Aids has to be established."

He said trials would have to be carried out with a large number of people at risk of becoming infected with the virus.

Homosexuals, intravenous drug abusers and prostitutes are the people most likely to contract the virus, which can kill by breaking down the body's natural resistance to disease.

Recent government figures showed that 1429 people in Britain had contracted Aids by the end of March, of whom slightly more than half had died. Some 40 000 were thought to carry the Aids virus.

Worldwide, up to 10 million people are believed to be carriers and are likely — eventually — to develop Aids, which cripples the body's immune system and is passed through sexual and blood contact and from mother to unborn child. — Sapa-RNS

Promotion prospects improved

Improved measures to enable Citizen Force and commando officers holding temporary rank in key positions, such as command posts, to be eligible for promotion have been announced by the Chief of the South African Defence Force, General Jannie Geldenhuys.

The appointment of Citizen Force and commando officers to temporary rank, even though they are not fully course-qualified for it, is often necessary.

This means that the temporary rank falls away as soon as an officer's service is terminated.

General Geldenhuys has decided that in recognition of the high standard of service given by these officers in such posts, provision will be made to ensure that they do not revert to a lower rank.

The measure will be back-dated to a date to be decided by General Geldenhuys.

Child Aids testing 'may be justified'

Medical Reporter

The compulsory Aids screening of children put up for foster care or adoption may be justified, a group of medical experts has claimed.

However, it might be difficult, if not impossible, to find a home for a child with Aids antibodies, despite the fact that the child may lose the antibodies in the first year of life and not be a carrier.

"Because children offered for adoption may be more likely to have been born to a mother infected with the Aids virus than other children, their mandatory screening may be justified.

"This issue needs careful consideration and discussion," the group said.

In a report on Aids and South Africa published in the *South African Medical Journal*, the group said women in high-risk groups who were contemplating pregnancy, or were in the early stages of pregnancy, may be at a particular risk.

It said there was a high rate of Aids virus infection and disease in infants of mothers who carry Aids antibodies.

Screening these women should be with formal consent and should be linked to appropriate counselling.

The report did not recommend pre-marital testing because those

about to get married were a very low-risk group.

The high-risk group included homosexual men, prostitutes, intravenous drug abusers, promiscuous heterosexuals and patients with other sexually-transmitted diseases.

The report said voluntary testing programmes, rather than compulsory screening, should be developed and targeted at the high-risk groups.

"Universal mandatory screening cannot be justified, since effective treatment is not available. Universal screening would also require long-term follow-up and support".

On the issue of testing prisoners, the report said many prison authorities feared that if testing was done and the results not kept confidential, inmates carrying the Aids antibodies may be subjected to physical harm.

"Evidence for transmission of Aids in the prison setting has yet to be proved, despite a confirmed reservoir of infection."

Screening alone will not reduce the risk of transmission of Aids, even in institutions with a high infection rate.

The spread of Aids in prisons will be reduced by education and the provision of condoms, together with steps to reduce the risk of transmission by prison rape.

DANGEROUS CONDUCT

If you don't want to be left behind.

No easy answer

The issue of Aids and migrant workers — if they should be repatriated — has been simmering for the past few months. Now resolution may be near. The two main protagonists are the Chamber of Mines and the government, currently engaged in talks. The outcome will have widespread implications.

In 1986, there were just over 300 000

54

migrant workers in SA, 81% of them in the mining industry. In the same year, 26 528 blood specimens from a sample of migrant miners were tested to establish the number of carriers of the HIV virus.

Only 130 migrants were carriers and there were no cases of Aids proper. This left the mining industry in a position comparable to low-risk countries internationally. The positive incidence of HIV varied within national groups, Malawians having the highest level with 3,71%.

The position has deteriorated. The Chamber of Mines says it has now identified 2 500 HIV carriers among black miners, about 2 000 of whom are Malawians. The point over which the chamber and the government are understood to be negotiating is on what to do with miners known to be carriers, but whose contracts still have some time to run.

The chamber, as spokesman for the mining industry, has followed a policy described recently by Natal University academic Alan Whiteside as "probably one of the most enlightened and responsible responses to Aids of any body anywhere in the world." They treat Aids patients like those subject to any other disease or injury. The emphasis has been on education to combat the spread of Aids and no miners, still capable of doing the job, have been repatriated.

The chamber also believes that the mine environment and single-sex hostels have not contributed to the disease. This is because, contrary to popular belief, homosexuality is not seen to be a widespread problem in the compounds. The response of the government, however, has been less sympathetic. In October 1987, two sets of regulations were published. One set, where Aids is included in the list of scheduled diseases, requires carriers to comply with all reasonable instructions given by a medical officer. The second set allows people with certain diseases (including Aids) to be declared prohibited — they may not enter or remain in the country.

In February this year, the minister responsible said that "contracts of up to 1 000 Aids positive foreign mineworkers, most of them from Malawi, were not being renewed when they expired."

Although the law on this point is unclear, the current position seems to be that all people from "Aids prevalent" areas should be tested, either here or in their home countries. If the latter, they must produce a certificate not more than 10 days old.

A co-ordinated and thoughtful response is needed. Hasty repatriation could have serious consequences. Firstly, countries will have to bear the costs of treating the victims of the disease; declining recruitment will mean they have less money to do it.

Secondly, there is the potential for industrial conflict over the issue — unions have threatened legal action if steps are taken to get doctors to release the names of those migrants who are HIV carriers. To date, though, no cases have been reported of repatriation or doctors being requested to release information. ■

MM 22/4/88

Aids prostitute: Barnard clashes with Van Niekerk

AK645
26/4/88
92

A SELF-confessed Durban prostitute is to undergo tests to finally establish whether she is a carrier of Aids, Minister of National Health Dr Willie van Niekerk confirmed today.

After being found HIV positive last year the prostitute, Miss Sharmaine van Loggerenberg, continued plying her trade, despite attempts by the Department of Health to rehabilitate her.

However, latest tests proved negative.

The incident has sparked a major political row with Dr Marius Barnard, Progressive Federal Party health spokesman accusing the Government of launching an ineffective programme to combat Aids.

REJECTED

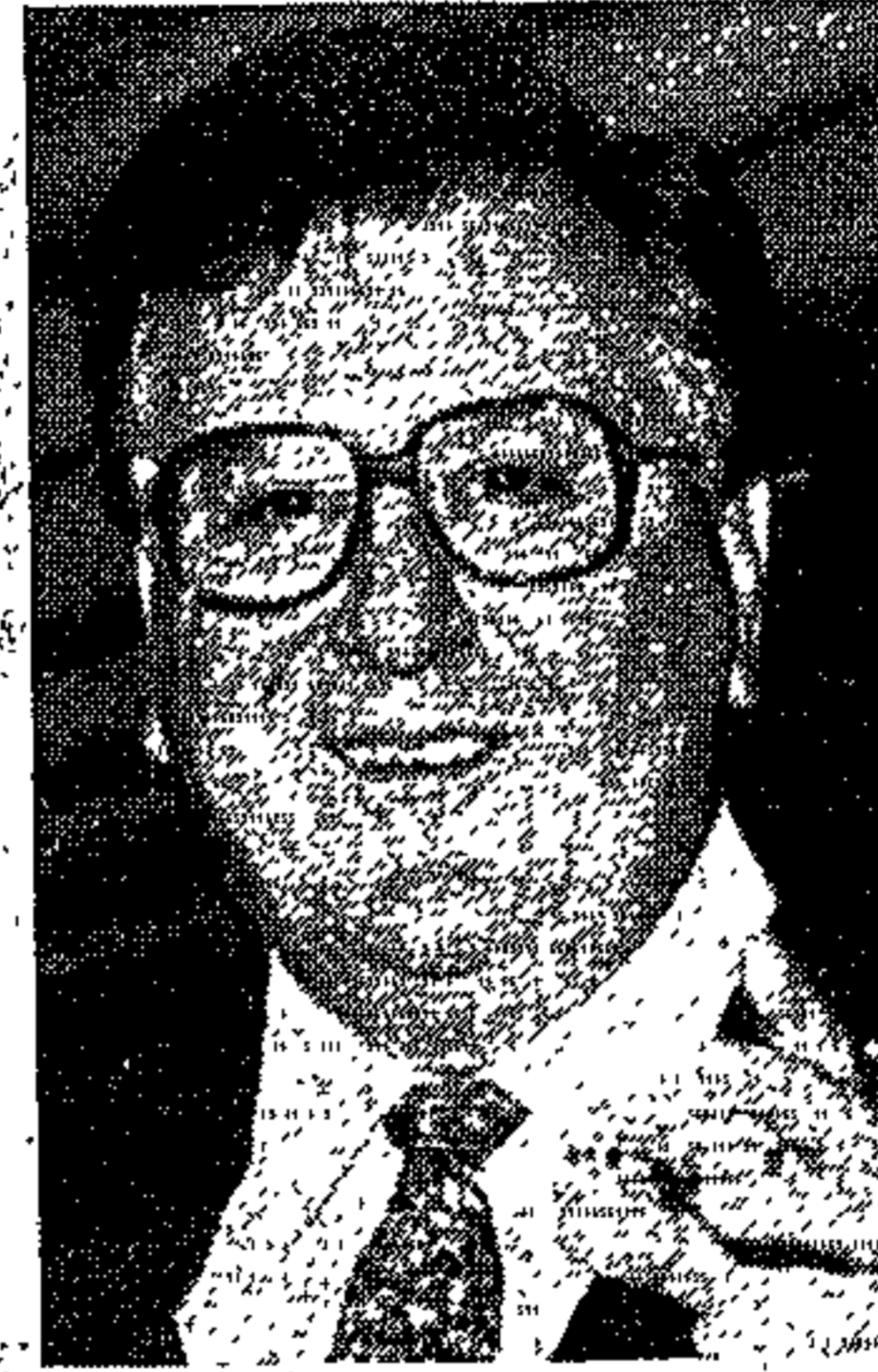
In an interview today Dr van Niekerk firmly defended his department's campaign, saying the decisions taken were similar to those being taken in other countries.

He rejected Dr Barnard's demand for the isolation of Aids carriers:

"Where do we keep them — in concentration camps?"

Dr van Niekerk said there were 30 000 Aids sufferers in New York — "Where could they be isolated?"

He said Dr Barnard was incorrect in comparing TB sufferers and Aids carriers. TB is infectious for a very brief period but Aids is with carriers for life.



Dr van Niekerk

"What we are trying to get across to the public is that Aids is spread by promiscuous behaviour and is risky," Dr van Niekerk said.

Dr van Niekerk said he would give statistics of the anti-Aids campaign when he replied to the debate on his vote in the House of Assembly later today.

Tenants in a Durban beach-front block of flats have demanded that Mrs van Loggerenberg be evicted immediately.

But Mrs van Loggerenberg was defiant today. "Nobody has complained to me. They must get a court order to get me out," she said. — Political Staff and The Argus Correspondent.

OPTIONS

By Sally Sealey

Child abuse, Aids, paternity leave, cervical cancer and abortion were some of the topics discussed at the Congress of South African Trade Union's (Cosatu) women's congress at the weekend.

At least 250 women attended the three-day conference in Johannesburg which focused on "Women at Work", "Women in the Unions", "Women in the Community" and "Women - Health and Safety".

Delegates expressed serious concern over the spread of Aids and proposed that Cosatu urgently implement an education and information campaign amongst its members with the help of progressive health organisations.

The women also passed a resolution on cervical cancer, noting that it was a major killer of women and that Government family planning clinics no longer provided free pap smears.

It also noted that the Government had declared cervical cancer a disease associated with black women.

Cosatu women concerned over spread of Aids

The women recommended that the Government provide free information, counselling and pap smears.

The women's congress was a sequel to Cosatu's education conference in September last year, which noted the lack of progress with issues on women within the union.

The congress also discussed the nature of women's oppression in the broader society.

At the conference it was resolved to form women's forums at a local level, which would facilitate the greater participation of women in Cosatu.

Cosatu's National Education Committee chairman, Mr Chris Seopesengwe said: "The women's issue is not an easy issue to take up in the federation because it involves criticising ourselves and the social attitudes and prejudices of our

members as much as it involves building the liberation of women into our struggle to fundamentally transform this apartheid and exploitative society".

RESOLUTION

He said that in 1985 Cosatu passed a resolution to fight against discrimination, to fight for the equality of women, for child care and maternity rights, for health and safety, for safe transport and against sexual harassment.

However, with the formation of forums, it is hoped that this problem will be resolved.

Cosatu information officer, Mr Frank Meintjies said many of Cosatu's affiliates have held seminars on women and have made important gains in the struggle for maternity rights and equal pay for equal work.

Star 28/4/88

Experts meet at Jo'burg Aids congress

By Toni Younghusband
Medical Reporter

South Africa's first national Aids congress, organised by the Medical Research Council, opens in Johannesburg tomorrow.

Johannesburg has been hailed the "Aids capital" of South Africa, with 59 of the 96 cases recorded in the country having been found in the city.

Speakers at the congress include overseas experts who will provide statistics on the epidemic worldwide and outline prevention programmes in Europe and America.

Top South African medical experts have been invited to speak at the congress, which will be officially opened by the Minister of National Health and Population Development, Dr Willie van Niekerk.

Topics include Aids in the workplace, the impact of Aids on the life assurance industry, counselling, prostitutes and the neurological aspects of Aids.

The congress will be attended mainly by medical personnel, scientific experts, the media and those directly involved with Aids sufferers.

However the Medical Research Council has invited members of the public to attend a special public lecture on Aids tomorrow.

An overseas speaker will give the lecture at the Sandton Sun Hotel's conference centre at 6.30 pm.

● Sixty-one people from the known 96 Aids cases recorded since the disease was first noted in South Africa in 1982 have died.

Most of the sufferers have been homosexual, but included three women.

There are an estimated 10 000 carriers of the killer disease in the country.

AIDS campaign goes broke

13 SUNDAY TIMES, April 24 1988

Vice-sin has a clean stab — 3 tests later

By TERRY VAN DER WALT

A SELF-CONFESSED vice girl has been given a clean bill of health — after five agonising months of fear that she had AIDS. She hit the headlines earlier this month when a Japanese sailor, with whom she'd just made love, threatened to kill her if she gave him AIDS.

Last November a test at Durban's Addington Hospital found that Mrs Sharmaine van Loggenberg, a Durban mother of two, had traces of the HIV virus. This week she cried with joy: "You're looking at an AIDS-free body!"



AIDS-FREE ... Sharmaine with certificate

NOW SHE WANTS TO GO STRAIGHT

Three blood tests conducted by a private doctor have now shown that she has not been exposed to the virus after all.

Addington Hospital's medical superintendent, Dr Patrick Fitzgerald, refused to comment when approached yesterday.

He said earlier that Mrs van Loggenberg was asked to return to the hospital for further blood tests after the first one in November showed "weak positive". She had not done so.

Sleepless

Mrs van Loggenberg said she did not return to the hospital for further tests but consulted a private doctor who carried out three separate tests which showed negative.

The results of the tests were confirmed by the doctor's partner yesterday. At her Durban beachfront

flat yesterday she said: "Someone has to pay for this mistake which has caused me five months of agony and sleepless nights."

For months 28-year-old Mrs van Loggenberg kept the first diagnosis secret. She continued plying her trade until she was rounded up earlier this month by police who had been told she was "driving of AIDS".

She has been shunned by some neighbours and has been too ashamed to go out to do business after her plight was made public.

Mrs van Loggenberg said she became a prostitute

after two failed marriages and had to support herself. Six years ago she started selling her body in another town to support herself and her 11-year-old son because she could not get support from her ex-husband.

"The Welfare said they could not help me and I would have to find my ex-husband and make him pay me," she said.

Mrs van Loggenberg has a second child, aged 20 months, by a Greek sailor. Fiercely protective of her children, she has carried out

Seaman

Describing how her life was thrown into turmoil this month, Mrs van Loggenberg laughs at the ridiculous circumstances.

"I was at the restaurant where I worked, having a drink with friends when the police arrived," she said.

She was taken to the ship where she was confronted by the seaman with whom she had earlier had sex.

THE AIDS campaign is dying — and it will be dead by June unless the private sector can be persuaded to part with R500 000.

Hampered by a minuscule budget, the Department of Health has now run out of money to fund its AIDS Awareness campaign, launched with such optimism at the end of last year on TV, radio and posters.

A mere R1.6-million had been spent since December 1987. By the end of March, the coffers were empty, Pretoria sources said.

The department's AIDS Action Group director, Dr Burt Lombard, has declined to comment — but he is said to have been in the Cape last week trying to persuade big business to help finance the campaign.

His deputy, Dr George Watermeyer, is to address the Public Relations Institute mass communication and AIDS.

There is profound disappointment among those involved in fighting AIDS at ground level at the apparent lack of government interest in keeping the awareness

campaign going — especially in the light of the R150-million SANTA tuberculosis campaign and the just launched anti-drug and anti-alcohol campaign.

Some surprise has been expressed at Minister of Health Willie van Niekerk scarcely touching on AIDS in his budget speech, other than confirming the AIDS-carrying miners were to be repatriated.

And the situation, on the eve of the country's biggest AIDS congress, to be hosted next weekend by the Medical Research Council, is regarded as ironic.

In addition, on Friday impoverished Mozambique voted to spend R9-million on that country's AIDS awareness programme.

And last year, the Transkei's budget for fighting sexually transmitted diseases — AIDS included — was R13 000.

Business to be touched for the cash

By CAS ST LEGER

The bulk of the department's budget was to have been used for advertising posters — and six-million brochures intended for countrywide distribution to all households are now waiting at the printers for the financial button to be pressed.

Cut-price

The first fly in the ointment came from SABC-TV, which refused to give the anti-AIDS spots free air time. AIDS was not a public service issue, TB was. Now a 20 percent discount has been secured and a few TV spots may be seen until the last trickle of money dries up in June.

The brochures, initially costed at R750 000, are now ready to roll at a cut-price R500 000 if sponsors can be found for what the backers regard as a dead horse in the absence of a government budget.

So far, only the insurance industry appears interested in setting up an AIDS foundation.

AIDS: Born in Africa in

AFRICA was yesterday positively identified as the birthplace of the killer virus, AIDS.

And the 800 delegates to Medical Research Council's international AIDS congress in Sandton were told that poverty, lack of knowledge and under-reporting of cases made control all the more difficult.

The message echoed by many of the 50 speakers from as far afield as West Germany and Canada, was that, for the next decade, until a cure and a vaccine became available, education is the world's only weapon against AIDS.

Other pointers to emerge were:

- The exact picture of AIDS in Africa is still unknown

- The incubation period of the Human Immune Deficiency Virus (HIV) is unknown

- Links between herpes and other sexually transmitted diseases and AIDS are evident

- And heterosexual AIDS — far from being confined to Africa — is now a First World threat.

Victims

A key speaker, Dr Guido van der Groen, of the Institute for Tropical Medicine in Antwerp, Belgium, said that the origin of AIDS had definitely been traced to Africa, with the first known occurrence of HIV being found in a blood sample taken in 1959 in Zaire.

Reporting an alarming picture in Zaire and Kenya, Dr Van der Groen said the mean was 1 000 cases of AIDS annually for every million people.

He found up to 88 percent of prostitutes and 18 percent of blood donors in Central Africa tested HIV positive.

By CAS St LEGER

Ninety-one percent of AIDS patients had herpes and 33 percent of TB patients were AIDS positive.

AIDS and the mining community was the subject of Dr Lavinia Clausen, clinical head of the Chamber of Mines' HIV clinic. She said the mines' AIDS victims had requested repatriation voluntarily.

One case of promiscuity, she reported, involved a black miner with AIDS whose 19-year-old pregnant girlfriend had 20 partners — though Dr Oluf Martiny, medical adviser to The Employment Bureau of Africa (TEBA) of the Chamber of Mines said it was extremely difficult to establish the inci-

dence of infection in black prostitutes. Of 1 200 women tested, all were negative.

Dr Martiny advocated the registration of prostitutes and the issue of free condoms to prostitutes. "If we could get prostitutes registered in this country how much easier it would be — but that is still taboo."

Dr Martiny, however, said that the chamber hoped to launch a major campaign to educate and counsel prostitutes.

Today, Dr Clausen will chair a session emphasising that education and counselling are the only tools available to halt the spread of AIDS worldwide.

She will discuss the diffi-

11/5/88
92
culties of educating those with differing cultural backgrounds

1959 and getting stronger each day

culties of educating those with differing cultural backgrounds

The affect of AIDS on pregnancy, with 50 percent of babies born to infected mothers themselves infected, was highlighted by Dr Peter van Ammers of the University of Cape Town. "We face a probably heterosexual epidemic," he said.

On homosexuals, Dr Reuben Sher of the SA Institute for Medical Research said that, of 659 men studied, 44 percent tested HIV positive and 40 had developed AIDS.

On haemophiliacs, Dr Richard Cohn of the University of the Witwatersrand said that, of those who received the imported Factor 8 blood concentrate, 83 percent were AIDS positive. None of their families or their medical staff was positive.

"We still have a lot to learn and this can only be done by international collaboration, regardless of the politics of the country," he said.

Screening

Mass screening, Dr Van der Groen said, was a waste of money, throwing up 100 false negatives per million.

Professor Barry Schoub of the MRC's Institute of Virology in Sandringham called for legislation on prostitution to shrink the threat of promiscuity. He also stressed the need for AIDS education at an early school age.

In Natal, Dr Isabelle Windsor found one in 100 prostitutes tested this year to be HIV positive — and two out of every 100 patients of sexually transmitted disease (STD) clinics.

The congress was opened on Friday by Minister of Health Dr Willie van Niekerk who said more hard data on sexual behaviour among the various ethnic groups was needed.

South Africa's next strategy in its anti-AIDS war would be the (confidential) registration of all AIDS carriers — a world first.

Some 10 000 infected with AIDS

PRETORIA — An estimated 10 000 South Africans had been infected with the AIDS virus, a National Health and Population Development spokesman said.

He said in Pretoria at the weekend the anti-AIDS campaign, intensified in January, had been successful in increasing public awareness of measures to combat the spread of the virus.

Employers had begun to de-

GERALD REILLY

velop their own internal programmes. Although relatively few AIDS cases had been diagnosed in SA compared with other countries, the threat of the disease could not be ignored.

The spokesman said the high awareness level generated by the department's campaign had to be maintained and strengthened. It was accepted legislation

could not control the problem. It called for an effort involving the state, private sector and the wider community.

The spokesman emphasised control of the disease was based entirely on preventing exposure to the virus. This could be achieved by safeguarding blood transfusion services and blood productions, and education towards monogamous relationships and against promiscuity.

92 B/daw 2/5/88

Task forces join battle

2/5/88 By Toni Younghusband,
Medical Reporter

Specialised task groups will be established in South Africa within the next two months to examine all legal, ethical and social aspects of Aids, the chairman of the South African Medical Research Council, Professor Andries Brink, announced last night.

Closing the first national Aids congress in Johannesburg, Professor Brink said this was one of the most important recommendations to come out of the congress, which was attended by more than 700 delegates.

Other recommendations included:

- The introduction of Aids education into all South African schools as part of a compulsory examination subject.
- The Government's R1,4 million Aids awareness campaign would include the nationwide distribution of information

leaflets to householders.

● Aids must no longer be referred to as "Western" Aids or "African" Aids. Aids affected everybody, black and white.

● The life insurance industry would have to monitor Aids development and reconsider its life-cover policies.

● A laboratory implement must be devised to make Aids testing easier and cheaper.

● Urgent research was needed into the epidemiology of Aids which could escalate to epidemic proportions in the next decade.

● Aids legislation would have to be addressed as soon as possible.

● No new drug developments had emerged in the fight against the disease and AZT was still the only medicine able to combat Aids progression.

● See Page 11.

Legalised brothels 'could fight Aids'

2/5/88 Medical Reporter

The establishment of legalised brothels under medical supervision would do much in the fight against Aids, says a Johannesburg medical adviser.

Dr Oluf Martiny, medical adviser at the Chamber of Mines, says the spread of Aids through prostitution poses a real threat to South Africa unless health authorities act quickly. While the spread of Aids through prostitution is low in South Africa, there is a danger it could reach the alarming proportions it has done elsewhere in Africa.

Medically supervised brothels would be an ideal solution, not only in the fight against Aids but also in combatting the spread of other sexually transmitted diseases, says Dr Martiny.

"In this way we could get to these women, educate them and encourage the use of condoms," he adds. But he points out that there seems to be no practical way in which brothels could be legally established.

Aids indaba

28/4/88
Soweto
THE first national congress on Aids in Southern Africa begins in Sandton tomorrow.

Prof. A J Brink, president of the congress convening organisation, SA Medical Research Council, said this week that the aim of the event would be to provide an overall picture of medical knowledge concerning Aids with special emphasis on intervention and prevention strategies.

(92)
Eight experts from England, the United States, Canada, Belgium and Australia will join local authorities at the congress.

Aids conference today

Sowetan

29/4/88

(92)

SOUTH Africa's first national Aids congress, organised by the Medical Research Council, opens in Johannesburg today.

Johannesburg has been hailed the "Aids capital" of South Africa, with 59 of the 96 cases recorded in the country having been found in the city.

Speakers at the Aids conference include overseas experts who will provide statistics on the epidemic worldwide and outline prevention programmes in Europe and America.

Top South African medical experts have been invited to speak at the congress, which will be

officially opened by the Minister of National Health and Population Development, Dr Willie van Niekerk.

Topics include Aids in the workplace, the impact of Aids on the life assurance industry, counselling, prostitutes and the neurologist aspects of Aids.

The congress will be attended mainly by medical personnel, scientific experts, the media and those directly involved with Aids sufferers.

However the Medical Research Council has invited members of the public to attend a special public lecture on Aids today. An overseas speaker will address the lecture, at the Sandton Sun Hotel's conference centre at 6.30pm.

Members of the public who attend will be invited to donate R5 towards Aids research in South Africa.

Sixty-one people from the known 96 Aids cases recorded since the disease was first noted in South Africa in 1982 have died.

Most of the sufferers have been homosexual, but included three women.

There are an estimated 10000 carriers of the killer disease in the country.

Wrong 'to fire worker with AIDS

BRONWYN ADAMS

TO FIRE a worker who has aids would be wrong and an unfair labour practice, says an article in the latest Barlow Rand journal.

Barlow Rand's medical services director Des Whitaker said an employer who asked an AIDS carrier to leave, or shifted workers with AIDS from one job to another, would be ruled against in an industrial court as AIDS was a sexually-transmitted disease which, therefore, could not be spread during the normal course of duty.

He said the only potential adverse effect that an employer might be concerned with was the slight impairment of mental processes during the intermediate stage of development of the virus, but that was still being researched.

92
Blaney
2/5/88

News 2/5/88 (92)

Legal brothels would aid Aids-control, says doctor

The Argus Correspondent
 JOHANNESBURG. — Legalised brothels under medical supervision would do much in the fight against Aids, a Johannesburg medical adviser has said.

Dr Oluf Martiny, medical adviser at the Chamber of Mines, said the spread of Aids through prostitution posed a real threat to South Africa unless health authorities acted quickly.

While the spread of Aids through prostitution was still uncommon in this country, there was the danger of it reaching the alarming proportions of elsewhere in Africa.

Medically-supervised brothels would be an ideal solution, not only in the fight against Aids but also in combating the spread of other sexually transmitted diseases.

"In this way we could get to these women, educate them and encourage the use of condoms," said Dr Martiny. However, he said, there seemed to be no practical way

in which brothels could be legally established.

According to Dr Martiny 88 percent of prostitutes tested at one Kenyan hospital were infected with Aids.

"This is quite frightening. In South Africa we have very few infected prostitutes so far, but the potential is there," he said.

"We must act now. It is no good blinding ourselves. If we ignore this threat we can expect the incidence of Aids among prostitutes to rise until it becomes a major danger."

One of the biggest problems was the prostitute's reluctance to be identified.

Frightened

"Police raids, prison or repatriation to rural areas are all ways a threat, especially as they often also brew beer and sell liquor or dagga to miners.

"It is therefore understandable that they are frightened of identification.

He said health authorities would have to offer incentives to these women.

"We have to say to them that if they come forward we will give them a free medical examination or even two cans of beer if they will submit to tests, and we must offer assistance in other social issues.

"We can stop Aids among prostitutes if we can get to them and educate them. It is no good blinding ourselves and saying there is no prostitution. If we do this these women will stay underground and the incidence of Aids infection will rise alarmingly."

Task force to probe the spread of disease

JOHANNESBURG. — A special task group is to be set up to investigate aspects of Aids.

At the end of a three-day conference on the disease yesterday, the president of the Medical Research Council, Professor Andries Brink, said the group would investigate the epidemiology of Aids, educational issues, legal rights and Aids victims in their workplace.

The medical adviser to an insurance company, Dr Altus van der Merwe, said that apart from its health implications,

Aids would have a profound financial impact.

If it was considered that the average cost of treating an Aids patient was between R18 000 and R35 000, any increase in the incidence of the disease held grave consequences for the country. Estimates showed that by 1991 the cost of treating Aids patients in hospital would total between R55-million and R95-million.

This would place a severe strain on the health budget, now R2,8-billion a year. — Sapa.

Cure for Aids found?

TWO African states have announced a joint breakthrough in the cure for the acquired immune deficiency syndrome. *Southern 16/5/88*

The Zairean and Egyptian medical team has announced the discovery of the MM1 drug, which they say has a great level of effectiveness in curing Aids.

Meanwhile, the African Fund for Development has decided to grant the scientists one million American dollars.

92

D 17 315788

Detailed study of Aids set for SA⁹²

JOHANNESBURG — Specialised task groups are to be established in South Africa within the next two months to examine all legal, ethical and social aspects of Aids.

This was announced by the chairman of the South African Medical Research Council, Professor Andries Brink, last night.

Closing the first national Aids congress in Johannesburg, Prof Brink said this was one of the most important recommendations to come out of the congress.

More than 700 local and international medical and legal specialists were present at the congress.

Other recommendations adopted include:

- The introduction of Aids education into all South African schools as part of a compulsory examination subject;

- Nation-wide distribution of information leaflets to households as part of the government's Aids awareness campaign;

- Aids no longer to be referred to as "western" Aids or "African" Aids, since it affects everybody, black and white, heterosexual and homosexual, man, woman and child;

- The life insurance industry to monitor Aids development and reconsider its life cover policies;

- A laboratory implement to be devised which will make Aids testing easier and cheaper;

- Urgent research to be undertaken into the epidemiology of Aids, to prevent it reaching epidemic proportions; and;

- Aids legislation to be addressed as soon as possible, as there are now more legal questions than answers.

It was also noted that no new drug developments had emerged in the fight against the disease and that AZT remained the only medicine able to combat Aids progression.

The medical officer of a large banking concern, Dr A. van der Merwe, told congress delegates that Aids would have a profound financial impact on South Africa.

If the disease continued to spread at its current rate, the economic implications would be beyond control, he added. Sapa

'Teach it in schools'

Star 45188 (92) (100)
Medical Reporter

Aids education should be introduced to all South African schools as part of a compulsory examination subject, Mr CD Cilliers, of the University of South Africa, said yesterday.

"In the next decade the Aids battleground will be the classroom. In the absence of a cure for the disease, the only way to tackle the problem is through education," he said.

Addressing delegates at a national Aids congress in Johannesburg, Mr Cilliers said Aids education should form part of a social studies subject.

This did not mean sex education would have to form part of the school curriculum.

"It is up to the education departments to decide how they want to approach this problem but so far they have accepted that they too have a responsibility towards the fight against the disease.

"Formal preventative programmes should be instituted in primary and secondary schools. At the moment, children have very limited knowledge and a lot of misconceptions about Aids and its spread," said Mr Cilliers.

Mr Cilliers said funds would have to be provided for the training of teachers, the purchase of audio-visual material and for research.

Dr Sylvain de Miranda, of the South African National Council on Alcohol and Drug Dependence, said once-a-year lectures at schools by Aids experts were more like "travelling circuses".

"Education authorities must introduce Aids prevention into the school curriculum. This is the only way to achieve attitudinal change," he said.

Congress suggests new steps to fight the disease

CANC. TIMES 3/15/88
92

Aids task force to be established

JOHANNESBURG. — Specialized task groups will be established in South Africa within the next two months to examine all legal, ethical and social aspects of Aids, the chairman of the South African Medical Research Council, Professor Andries Brink, announced last night.

Closing the first national Aids congress in Johannesburg, Professor Brink said this was one of the most important recommendations to come out of the congress attended by more than 700 local and international medical and legal experts.

Other recommendations adopted include:

- The introduction of Aids education into all schools as part of a compulsory exam subject;

- Nationwide distribution of information leaflets to house-

holders;

- Aids must no longer be referred to as "Western" Aids or "African" Aids. Aids is Aids and it affects everybody, black and white, heterosexual and homosexual, man, woman and child;

- The life insurance industry will have to carefully monitor Aids development and reconsider its life cover policies;

- A laboratory implement must be devised which will make Aids testing easier and cheaper;

- Aids legislation will have to be addressed as soon as possible as there are now more legal questions than answers; and

- No new drug developments have emerged in the fight against the disease and AZT is still the only medicine which is able to combat Aids progression.

Dr A van der Merwe, medical officer to a large banking concern, told congress delegates

Aids would also have a profound financial impact on South Africa. If the disease continued to spread at its current rate, the economic implications would be beyond control.

The latest Barlow Rand journal carries a report saying it would be wrong to fire a worker who had contracted Aids and this would constitute an unfair labour practice.

Barlow Rand's director of medical services Dr Des Whittaker said an employer who asked an Aids carrier to leave or shifted workers with Aids from one job to another, would be ruled against in an industrial court since Aids is a sexually-transmitted disease which therefore cannot be spread during the normal course of duty.

He said no employee diagnosed as an Aids carrier would be repatriated. — Sapa and Own Correspondent

92

A MAJOR study into the incidence of the Aids virus among patients at Baragwanath Hospital's ante-natal clinic has sparked debate about an individual's right to "informed consent" for the test.

Notices are displayed in the Soweto hospital's clinic explaining that blood will be taken from all patients on admission and specimens will be tested for sexually-transmitted diseases and for the Aids virus. Before doctors or nurses take a blood sample, they inform the patient if they are testing for antibodies to the HIV virus — which causes the Aids syndrome.

But according to the Organisation for Appropriate Social Services in South Africa, every patient should be counselled before a test for the HIV virus is conducted.

In addition, the Baragwanath tests are conducted on women in an advanced stage of pregnancy — a few have already delivered — thus denying them the choice of terminating the pregnancy.

The latest issue of *Critical Health*, a quarterly publication dealing with health and politics in South Africa, recommends that HIV testing on

At Bara, the debate: How it

women involved in promiscuous sexual behaviour should take place in the early stages of pregnancy, and should include counselling and the choice of terminating the pregnancy if the test shows HIV antibodies in the blood.

Dr George Louw, chairman of Baragwanath's five-month-old Aids Committee, is well versed with the debate surrounding the buzz-words "informed consent".

"It is a very contentious issue," he said. "One must always ask the question: how much information must you provide a patient before informed consent is informed consent."

He said counselling had not "got off the ground yet". The committee decided this week the hospital would not be able to offer pre-testing counselling, but planned post-testing counselling.

The hospital's Aids Committee, an inter-departmental working group of 14 medical staff, has set itself the task of identifying the magnitude

A working group at Baragwanath hospital sets itself the task of identifying the magnitude of the Aids problem in Soweto
JO-ANN BEKKER reports

of the Aids problem in Soweto; managing Aids cases in the hospital as humanely as possible, and introducing protective measures which will shield the hospital staff against possible contamination without alarming the patients.

However, pre-test counselling is offered in Johannesburg's three clinics for sexually-transmitted diseases. Similar services are planned for the 10 clinics in Soweto, according to Johannesburg's Medical Officer of Health, Professor Hilliard Hurwitz.

"Everybody has the right to be counselled be-

There is no African Aids, no Western Aids, no gay Aids, no heterosexual Aids.

There is only one Aids.

"AIDS is Aids," said Dr Denis Sifris of the South African Institute of Medical Research. "There is no African Aids, no gay Aids, no heterosexual Aids. It is one disease and it affects people."

Dr Guido van der Groen of Belgium's Institute for tropical medicine agreed. "There is no such thing as African Aids. There are differences in clinical manifestations due to different pathogens."

Speakers at the first major conference on acquired immune deficiency syndrome (Aids) in Johannesburg this weekend, were concerned to avoid labels that might entrench ignorance and prejudice, generally considered major obstacles to combatting the disease.

The portrayal of Aids as a disease from Africa, said Dr MV Gumede of the KwaMashu Polyclinic, is "a calculated racial insult".

"Much harm has already been done," Gumede said, "particularly with actions like the expelling of Malawian mineworkers." (It is rumoured that some invited foreign speakers withdrew in protest against recent government measures which prevent foreign mineworkers who are HIV-positive from renewing contracts.)

There was repeated concern too, to break down perceptions of Aids as a "gay disease" and to view the gay community in a non-judgemental way.

And yet at times there were telling lapses. At the conclusion of his talk "Aids and the Gay Male Subculture", part of the session on "high risk groups", Dr WJ Schurink of the Human Sciences Research Council was challenged by a speaker from the floor who said: "To assume there is a single gay male subculture is a grave mistake."

Schurink is currently directing a major HSRC survey on South Africa's gay male community. Dr Reuben Sher of the South African Institute for Medical Research seated next to him to talk on "Aids and the Homosexual Community" said he had been reluctant to speak on the subject. "I

At South Africa's first major conference on Aids at the weekend, the emphasis was on avoiding the stereotypes which might entrench prejudices and fears surrounding the disease
By JOHN PERLMAN

hope our next meeting won't have this as a topic."

But Dr Olaf Martini of the Chamber of Mines, who had given a racy account, in the same session, of mineworkers, Aids and what he called prostitutes, said the gay community ought to do sample testing of itself for the HIV virus. Most were "well-behaved" he said, but this could identify those who were not.

"People wanted to aspire to being tolerant," said one participant. "They became tense when confronted with their entrenched intolerance."

It wasn't a matter merely of words — a few speakers still managed to use some like "abhorrent" and "deviant".

There was a reluctance to accept that whatever the congress might think, homophobia — antagonism towards gay people — was prejudicing the medical treatment Aids sufferers received.

"Looking at (educating) the public is jumping the gun," Dr FHN Spracklen of Cape Town's Somerset Hospital told the congress. "Our doctors need educating."

There was only one doctor in Cape Town who would perform a bronchoscopy (an investigation of the lungs in difficult diagnoses) on HIV-infected patients, he said. There was only one pathologist willing to examine people who had died of Aids.

"When we counsel people we tell them they may have difficulty obtaining medical and dental treatment," added Sifris.

"There is a major hospital in the Transvaal where the head of the infectious diseases section refuses to have anything to do with HIV patients. "I sent a patient with a letter from me to the HF Verwoerd dental hospital in Pretoria. He was refused treatment" because they had 'no adequate sterilising facilities'."

Sister Lynne van der Merwe of Johannesburg Hospital said some staff members — doctors more than nurses — were still reluctant to treat HIV patients.

Gordon Isaacs of the University of Cape Town School of Social Work said he had worked with 22 people who had died of Aids, 46 ill with the disease and 107 who were HIV-positive.

"Their treatment is grossly impeded by generalised homophobia," he said.

A number of participants said reluctance to treat HIV patients was not due to prejudice, but to ignorance and fear of contracting the virus.

"Common sense should be one of our main tools to fight this danger," said Van der Groen. "HIV makes us look again at rules that were written many years ago for hepatitis B."

Professor Margaret Isaacson of the SAIMR said of more than 1 400 people who had tested HIV-infected blood around the world, only 11 had themselves tested positive. None had developed aids. Anyone who refused to treat a patient, she said, "shouldn't have gone into medicine".

If the congress had some answers to health workers' fears, it was less certain about other aspects of the crisis.

The congress agreed that people who take the series of tests for the presence of antibodies to HIV and therefore of HIV itself, mistakenly described even by some doctors as an Aids test should do so on the basis of "informed consent".

Counselling should not just be the imparting of information, said Brink at the close, but the establishment of a relationship between counsellor and counselled.

The counselling service established by the Gay Association of South Africa in Cape Town, 527

formed is 'informed consent'?

fore testing. A person must have a full understanding of the implications of a positive test," Hurwitz said. Doctors and community health nurses at the clinics had been trained in counselling techniques, he added.

Hurwitz said the clinics did not do routine testing for the Aids virus — partly because the incidence of the test indicating "false positives" was higher in low-risk communities.

"We have found the people who come to our sexually-transmitted diseases clinics are a high risk group because many are promiscuous and we will be more inclined to test them routinely."

Louw said tests were carried out, firstly, on people suspected of being an Aids contact, or having the syndrome. A co-ordinated study on potential high-risk groups was also being undertaken to determine the extent of the Aids threat.

"Surgeons recently did a large study on men who frequent shebeens and belong to gangs, but

did not find one positive HIV carrier," he said. "We start from the supposition that if we find no indications of Aids amongst the more promiscuous groups the chances are Aids is not really a factor yet."

The Johannesburg Health Workers' Association has laid down guidelines for hospital staff caring for an Aids or HIV-infected patient. These include the use of protective clothing for ambulance staff, laundry staff and hospital porters and workers — all of whom might come into contact with the body fluids of an Aids patient or syringes used on such a patient.

Louw said Baragwanath's Aids Committee had prioritised staff protection, particularly for doctors and nurses, who were most at risk. Protective goggles, visors, aprons, long gloves, sleevelets and waterproof boots were being considered.

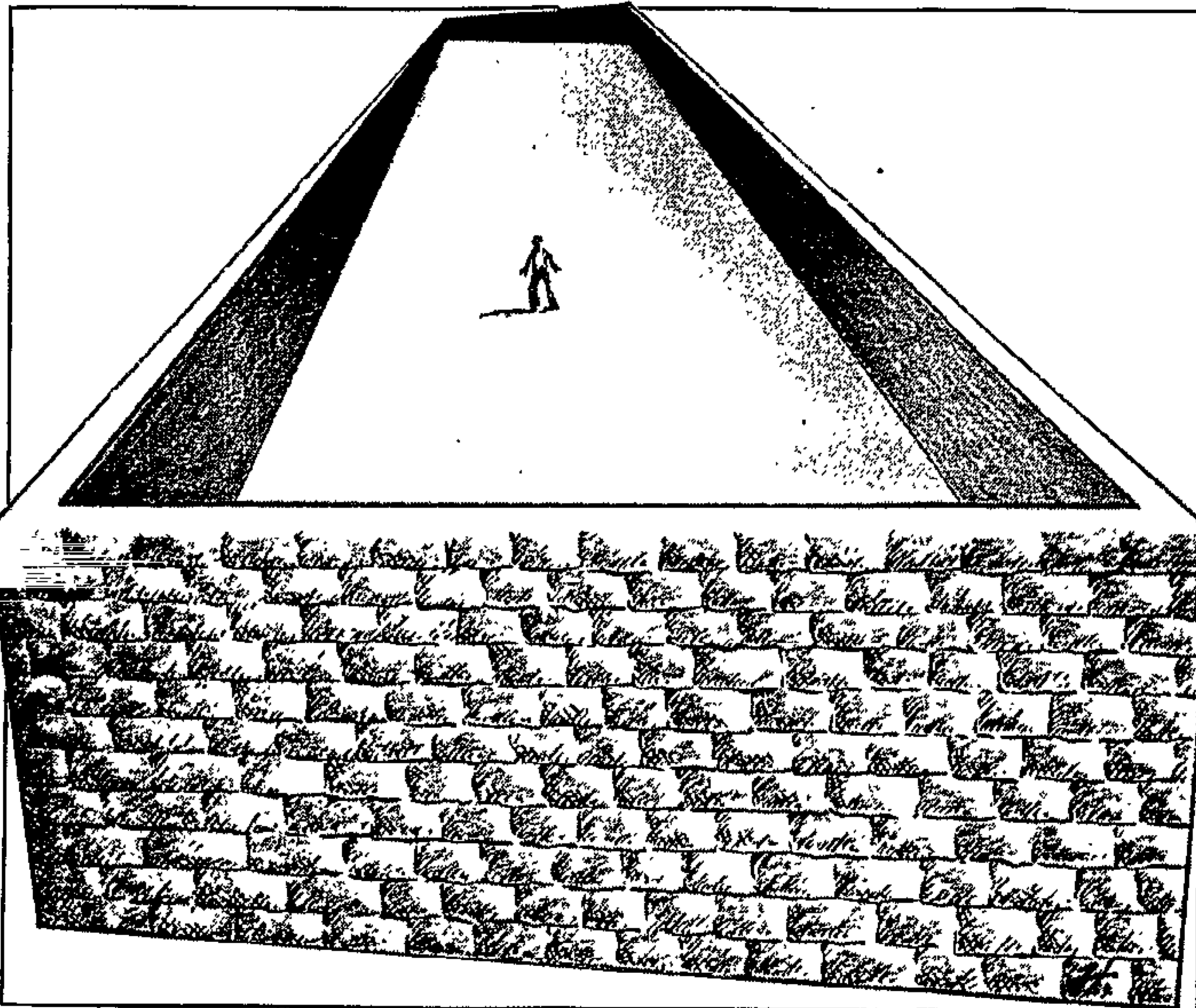
"But with a staff of 5 000 nurses and 640 doctors, it is impossible to police each and every in-

dividual. As long as the items are available, I think we will have done our part," Louw said.

He said if staff members accidentally pricked themselves with needles, they were strongly advised to check themselves for possibly contagious diseases — although international research showed the potential for contracting the disease in this way was low.

Hurwitz said staff at Johannesburg's clinics were not adopting special protective measures for Aids tests. "There are precautions for taking any blood tests. Staff must wear gloves and be careful in handling and disposing of needles."

Louw said fewer than five patients at Baragwanath had been diagnosed as suffering from the Aids syndrome. He said they were treated like other patients suffering from contagious diseases — although hepatitis and meningitis were far more contagious. Aids patients were usually given beds in side wards off the bungalow-type wards, but if this was not possible they were placed in the general wards and staff practised barrier nursing.



Aids sufferers... prisoners of other people's strategies

Gasa's John Pegge, includes support groups for HIV-positives, and a "buddy system", where a volunteer adopts a person with Aids, "from the time they meet until death".

The congress discussed and endorsed the need for counselling at some length but said nothing about who would set it up. People with Aids inevitably hit financial problems — some medical aid schemes have set an upper limit of R100 for HIV-related claims — but Pegge said Gasa last year operated with R4 000 in cash and about R100 000 in human talent and time.

It has at no time received government money and did not apply for a fund-raising number after the Gay Advice Bureau in Johannesburg was twice refused a number, most recently last year.

Most counselling in Johannesburg is through the HIV clinic at the General Hospital, community-based organisations and the SAIMR. There are no HIV clinics in any black township in the country.

Professor SA Strauss of the University of South Africa said the solution to combatting Aids "lay not in legislation but education".

The congress by and large supported this view but did not really examine the considerable powers government already has.

Amendments to the Admission of Persons to the Republic Act passed last October empower the government to bar foreigners who are HIV-positive from entry. Immigration officers can require prospective entrants to take the HIV test.

Aids has also been classified a communicable

disease under the Health Act. This empowers medical officers of health to conduct compulsory medical examinations where they have a "reasonable suspicion" someone has a communicable disease.

The officer can take action, including removal to a hospital or place of isolation. The government has stated it believes making Aids notifiable would "drive the disease underground".

Strauss's comprehensive coverage of Aids and the law did not address the continued criminalisation of homosexuality. Decriminalisation, said Gasa's Pegge, would be essential if people's cooperation is expected.

Could the congress be expected to resolve all the dilemmas it raised?

The next step is for the Medical Research Council to convene various "task forces" in areas like education, law and support services — a move not universally applauded.

"They told us things we have known for three or four years," said one participant. "People have been doing a lot of good work on Aids since 1983. There are clinics and centres and organisations that work. Why do we need task forces? Why not build on these?"

The task forces will convene in the next six months and can be expected to act as channels for whatever funds are dedicated to the various aspects of the Aids campaign. Quite how much of that gets soaked up in the inevitable secretariat and bureaucracy such bodies inevitably spawn remains to be seen.

All agree on the weapon: better training

EDUCATION has been the government's main contribution to fighting Aids, and it looks like being the major area in future.

Yet it was here that the congress seemed least clear.

CD Celliers of Stellenbosch University said "the battleground of Aids is in the classrooms" and that "life skills" education should be made a compulsory examination subject.

There is an effective bar on sex education in government schools that would affect that. Dr Sylvain de Miranda of the South African National Council on Alcohol and Drug Dependence said he and others had developed and evaluated a "preventive lifestyle education" over the past four years but could not get it into the schools.

"Now it seems they are talking about reinventing the wheel," he said.

There was no particular consensus about the moral framework for Aids education, but in his summary the Medical Research Council's Professor AJ Brink endorsed the sentiments of Dr DJ Louw, a Stellenbosch theologian, who called for a return to "covenant theology" where the "sexual relation is an unbroken monogamous bond".

How effective was that likely to be?

"Promiscuity will not be easily stigmatised as a cause of Aids among young black people," said Dawn Mokhobo, a social worker from Mafikeng. Unmarried mothers are not ostracised and their children are taken in, she said.

It was noteworthy that gay organisations were not included in this session, although their community-based education is generally regarded to be incomplete but successful, based on the declining incidence of other venereal diseases, particularly anal gonorrhoea.

On the effectiveness of the government's current advertising campaign against Aids, Tim Bester of McCann Advertising, which conducted it, outlined preliminary survey results.

These, he said, showed that greater awareness of Aids, its causes and its incurability had resulted among blacks and whites.

But 54 percent of black people still thought of Aids as a disease from America and most whites thought it came from Africa. Thirty percent of blacks and 89 percent of whites (nine percent more than before the campaign) believed they had no reason to change their behaviour.

The campaign cost around R1-million. "That's one-fifth of an info song," said one participant quietly. "But at least it was more than was spent on replacing the head of the SABC."

All you ever wanted to know about Aids but afraid to ask

DID 715786
92

Aids could well prove to be the scourge of our century.

That's the word from Barlow Rand's director of medical services, Dr Des Whitaker.

In the following interview he answers questions on the origins of the disease, its transmission, its symptoms, its impact on society

How would you define Aids?

The abbreviation Aids stands for the Acquired Immuno Deficiency Syndrome. It is a pathological state of the body which, when infected by the human immuno deficiency virus, causes a condition which affects the body's immune system and prevents a person from mounting an adequate antibody response against any infection.

It is not a single disease as such but a package of varying stages of a viral infection. This predisposes the person to opportunistic infections such as pneumonia, cancer, meningitis or diarrhoea which, at the final stage, become incurable and fatal.

When was Aids first reported?

It surfaced in Central Africa in the late 1970's. Its origins are shrouded in mystery but the theory that bears most weight is that it was passed on to human beings by the green monkey. Certain cultural and tribal rituals entail the cutting or scarifying of skin and rubbing blood of the green monkey into those wounds. It is possible that these rituals may have caused humans to become infected by the virus found in the green monkey.

So the disease may have been around for a long time — only it was misdiagnosed or simply not reported.

That is correct. Nobody knows how long it's been in Africa — thousands may have had the virus in the lower Sahara, in the forests and jungles of Africa, but it was never really recognised until recently. The incidence of Aids is highest in the sexually active population between the ages of 15 and 24. These are the people who will die from the disease, and the impact on population growth, industry and productivity is already noticeable in parts of Africa.

How is Aids contracted?

Eventually every case is contracted through sexual intercourse by two consenting partners. Unlike measles, mumps or cholera, one cannot get Aids from casual or occupational contact such as using the same cups or cutlery, sharing toilets and ablution facilities, kissing or shaking hands. The exceptions to this are infected blood transfusions, drug abusers sharing infected needles and mother-to-foetus transmission.

Can Aids be equated to any other disease that has decimated populations in the past?

Aids is different in that epidemics like smallpox and cholera took the lives of innocent people. With Aids it "takes two to tango" — it's a deliberate act between consenting people, with the exception of the transfusion of infected blood products and mother-to-child transmission.

Is there a difference between being infected with the Aids virus and actually being caught in the final stages of it?

One can be a carrier of the disease for years and not know about it. The symptoms range from none at all, to mild, to serious. However, just because one doesn't have the symptoms, it doesn't mean that one can't pass the virus onto another partner. The carrier population represents an enormous reservoir of infection — and that is why the disease is being viewed with such alarm. It is estimated that some people remain carriers all their lives, while 30 per cent will progress to the intermediate and final stages.

Aids Related Complex is the intermediate stage of the infection syndrome and is characterised by swollen glands, malaise, fever, psychological changes and a whole host of other symptoms.

For a victim to progress from the initial stage to the final stage a time period of four to 15 years may elapse. Now, as far as people in the final stages are concerned, they really have been served with a death sentence and their life expectancy is limited to between three and six months.

What global statistics are available to us at present?

Universally, there have been 60 000 reported cases of Aids. However, that cannot be taken as a totally legitimate figure because medical circles are of the opinion that many cases are under-reported, particularly in African states. So, at a conservative guess, it is estimated that there are about 150 000 final stage cases of Aids spread throughout the world today, being supported by a pool of between five and 10 million carrier cases. As far as the future is concerned, the American Institute of Medicine has predicted that by the year 1991 there will be 270 000 cases of Aids in the US alone.

And what of statistics for South Africa?

The first reported case in South Africa was in 1982 — and since that time we have had 91 reported cases of Aids of whom 59 are already dead. Seventy two of the cases comprised homosexual or bisexual males.

Is there a difference between "Western" and "African" Aids?

Although two patterns of the disease are described, they are in fact one disease. "Western" Aids appears to affect the homosexual population, while "African" Aids is equally distributed between males and females. The truth is that "African" Aids may have been with us longer, and in the future the Western pattern may follow Africa. "African" is meant in a geographic, and not an ethnic sense. There is no such thing as white or black tuberculosis, and the same applies to Aids.

Can a worker who has contracted Aids be fired by an employer?

No, that would be wrong. It would almost certainly constitute an unfair labour practice. As I have mentioned, Aids can only be transmitted by sexual contact. Therefore the employee cannot spread the disease in the normal course of his duties — whether he works in a factory, a canteen or an office. Should an employer move an employee who is an Aids carrier from one job to another or ask him to leave, he would definitely be ruled against by the Industrial Court — that is an internationally accepted norm.

The only possible adverse effect as far as the employee's performance in the workplace is concerned, is an aspect that as yet hasn't been proven and is currently being researched.

That is when some carriers go into the intermediate stage they may have a slight impairment of their mental processes.

This would obviously bring with it a problem with decision making — and although the possibility of this is very low, I feel that it is worth mentioning.

4	5
0.7	61.5
354	0 308

ROM
EF.

Reproduced with permission from Barlows '88, the magazine produced by the Barlow Rand group.

VERTICAL REFERENCE LINE 10"

1.8 2.5 3.0

1.5 3.0

HORIZONTAL REF

Aids claims a new victim

By SINNAH KUNENE

THE 24-year-old female Aids victim whose boyfriend went into hiding after discovering he was also suffering from the disease, died in Bophuthatswana at the weekend.

Martha Molamu died at the Gelukspan Community Hospital, near her home in the Lichtenberg district.

In a surprise move the boyfriend - who cannot be named - broke the news of her death to Jubilee Hospital doctors in Hammanskraal this week.

"He was grief-stricken and shocked. He could not believe the woman was dead," said the chief superintendent Dr J Malan.

Malan, who would not reveal the man's whereabouts for ethical reasons, said he was not in hospital.

"He does carry the virus, but he is not in a critical state."

Molamu was admitted to the Jubilee Hospital in January this year. Doctors suspected she was suffering from tuberculosis, but when her condition deteriorated she was tested for Aids.

The medical staff tested the man when he brought her fruit.

They met in Marabastad near Pretoria - known as a "market place" for the Aids virus. She is reportedly the third Aids fatality from Marabastad.



Rothmans
rea

Rothmans extra length,
finest filter and the
best tobacco money can buy
give you true King Size flavor

Aids is a social issue — not only a medical one

By GABRIELLA BERES

Few diseases have caused as much panic as Aids, and this panic has led people to blame other people and specific groups rather than find ways to combat the disease and try to prevent it from spreading.

This is the opinion of the editorial collective of *Critical Health* — a quarterly publication on health and politics.

The latest issue aims to provide a perspective on Aids from progressive organisations. It stresses the need to address the threat of Aids in terms of the social and political conditions which engender it.

"Aids and Human Immunodeficiency Virus — the virus that can give a person Aids — are problems to be faced by all South Africans," the editorial says.

"Aids is not just a medical issue. It raises questions about the society in which it spreads."

The disease lends itself to racial prejudice, the editorial adds. Whites tend to think it is an African disease, blacks tend to think it is spread through white homosexual men. Indians think coloureds and blacks are more likely to get it, while coloureds blame it on blacks.

"The fact is that anyone can get Aids if that person is involved in high-risk activities."

Migrant labour is criticised as "fertile soil for the spread of Aids". Disruption of family life and sexual relationships lead to sex with many partners and prostitutes. Prostitution is in turn a result of poor pay and unemployment.

Readers of *Critical Health* are not expected to be versed in the medical language used in much of the publication. A glossary explains in simple terms words relating to Aids.

It explains, for example, that an HIV positive person is one with the virus in their blood, and

that a "carrier" is one who carries the virus and can pass it on to others while not actually having the disease itself. It is, however, now believed

most carriers will eventually contract Aids. The publication explains what Aids is, how the virus is passed on, how to be tested for it,

physical signs that a person has the disease and most importantly, how to stop the disease from spreading. Useful facts and figures concerning the disease in this country are also included.

"Aids and HIV infection are problems among all people of SA. It is not confined to white male homosexuals. The passing on of the disease among heterosexuals has occurred and further transmission can be expected."

Critical Health has also published a National Union of Mineworkers statement condemning new legislation that provides for the repatriation of foreign mineworkers who are HIV carriers.

In terms of the Administration of Persons to the Republic Regulation Act, people with Aids or who carry the HIV virus can be denied access to South Africa or be forced to leave. The law will require every migrant worker applying for a new contract or for renewal of an old contract to have a test for Aids.

Compulsory testing started after the Chamber of Mines carried out a survey in 1986. Of 3 165 Malawians tested, 119 (3,75 percent) were HIV positive. Of 1 885 Swaziland workers tested, one (0,05 percent) was infected. Of 2 152 workers from Mozambique, two (0,9 percent) were infected. Of 2 246 Lesotho workers tested, two (0,9 percent) were infected. Of South African migrants, 0,4 percent were found to be infected.

NUM said the new legislation opened up many avenues of controversy:

- The carriers presented no danger to anyone else as the disease was not infectious like TB and other viruses.
- As Aids carriers, the workers were still fit and suffered no physical impairment yet.
- There was no evidence yet of the spread of Aids on the mines.

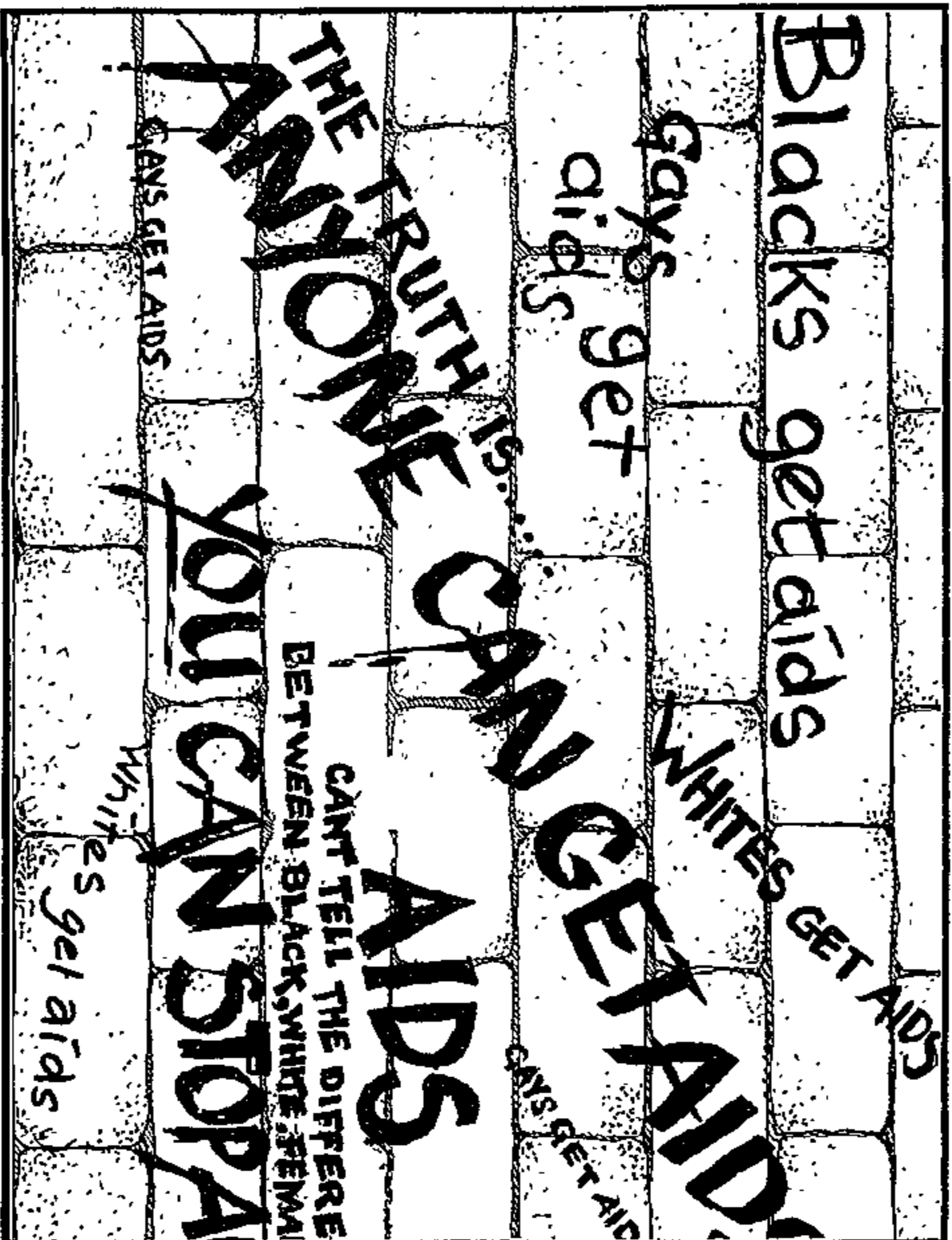
- If the spread of Aids was to occur, NUM would blame the migrant labour system, single sex hostels and the break up of families.
- NUM suspected the government wanted to create the image that it was doing something about Aids by targeting foreign mineworkers.

Critical Health's contributors have also stressed the importance of education to prevent the spread of Aids.

"People have the power to protect themselves. As there is no cure at present, the disease can only be controlled by educating people on preventive measures."

The publication also points out the importance of counselling people with Aids and the need for support groups. Reactions to Aids have ranged from panic to irrational judgment. This has led to the Aids victim becoming severely traumatised. In South Africa, where prejudice is a logical "pillar" of apartheid, Aids could further divide an already divided society.

Readers interested in *Critical Health* should contact Shereen at (011) 339-1297.



The killer virus Aids is not just a medical issue — it raises questions about the society in which it spreads. And in South Africa, with its racially-based political system, prejudice is causing us to point fingers rather than find solutions.

US isn't winning Aids war

8/15/88
SARS
92

THE US government is not doing enough to fight Aids, and potential cures could be held up due to lack of resources, the chairman of a presidential commission has said.

Aids commission chairman James Watkins told a hearing that new drugs were being developed to treat Aids, but drug testing and approval were delayed because the US Food and Drug Administration did not have enough staff or facilities. — Sapa-Reuter

Spotlight on Aids ⁹²

BULAWAYO — Public interest in information about Aids has increased "tremendously", with thousands of trade fair-goers visiting the Ministry of Health's pavilion to watch a video on the killer disease, a ministry official said yesterday. *5/1/88*

"The video has drawn about 2000 viewers every day and has provoked a lot of questions from the public," said the ministry's chief health education officer, Miss Baeti Mthobi. *5/1/88*

Ziana reports the pavilion is dominated by messages against Aids and sexually transmitted diseases.

Report suggests saliva blocks Aids infection

WASHINGTON — Human saliva probably blocks the Aids virus from infecting cells, say researchers at the US National Institute of Dental Research.

"There is a lot of convincing, though indirect, evidence that Aids is not spread by oral fluids," says Mr Philip Fox, who heads an institute research team.

"The discovery of a protective factor in saliva is reassuring because it provides a biological explanation for why the mouth is not a route of transmission," he says.

The finding might explain the low rate of Aids infection among dentists.

Scientists from the Montefiore Medical Centre and Albert Einstein College of Medicine in New York, and the Federal Centre for Disease Control in Atlanta, Georgia, reported in January that a survey of 1 309 United States dentists found only one who had apparently picked up the virus from a patient.

And that dentist said he had jabbed himself with needles several times while working.

In the latest study, Mr Fox and co-workers collected saliva samples from three healthy men not in any risk group for Aids.

The team mixed the saliva samples with the Aids virus, known as HIV-1. Then they added immune system cells, which are major targets for Aids, to the mixture.

They found that the virus was unable to infect the cells in the presence of whole saliva.

"Our experiments showed that the inhibitory activity comes from the salivary glands, not from some other source," says Mr Fox. — Sapa-Reuter.

There can be few experiences so depressing as lying ill in bed trying to divert your mind from your own troubles with an horrific tome on the bubonic plague which ravaged Europe in the 14th Century, and being badgered by long distance telephone calls from Fleet Street foreign editors demanding that you arise and gird yourself to intrude into the private grief of Aids victims and their relatives.

It happened to me. The indecent frenzy into which the British press worked itself over the death of a brilliant young Zimbabwean surgeon, Dr David Collings, 31, was matched, as ever, by the tardy and inadequate reporting of his tragedy in the Zimbabwean news media.

The disaster to the career of our foremost professional boxer, Langton "Schoolboy" Tinango, went entirely unmentioned in Harare (a pre-flight blood test caused the cancellation of Tinango's welterweight title bout against Lennie Gloster in Britain).

My sources tell me the authorities have stopped the filming of a documentary on Aids here, due for screening in Europe. These incidents were further demonstrations of "Hartnack's First Law of Information Dynamics": a Third World country may export debate about its life-and-death problems, but can

not suppress it. (The Second Law is that the further the debate takes place from its subject, the more hysterical, ill-informed and tendentious it becomes).

Dr Collings was described, somewhat cursoriously, by the Zimbabwean Minister of Information, Dr Witness Mangwende, as "an expatriate" but was in fact born in Bulawayo and educated at Falcon College, Somabhula. He died suddenly in Exeter last month having gone to Britain to qualify as a Fellow of the Royal College of Surgeons.

It is almost certain he contracted the Human Immunodeficiency Virus (HIV) from a chance scratch with a surgical instrument while working in the routinely hectic conditions of a Zimbabwean hospital. His former colleagues told me he may never have noticed the tiny smear of blood under his surgical gloves.

In considering the important public health implications of this tragedy one must, at the outset, give the Zimbabwean health system its due. By Third World, and especially by African standards, it works wonders. In conjunction with the massively expanded education system, which is producing a more enlightened class of young mothers, it has for example succeeded in halving the infant mortality rate since

Finding courage to face the Aids horror

DD 9/5/88

92

1980. Zimbabwe last year launched the most advanced Aids awareness campaign on the continent.

The Secretary for Health, Dr Daniel Makuto, understandably told an Aids seminar in Harare on April 11 that the country does not want to be panicked into diverting its scarce health resources to the importation of cheap and nasty "Aids kits" churned out by manufacturers in the developed world with an eye to profit. Any Aids campaign, he protested, must dovetail with the existing "Health for All by the Year 2000" drive.

Dr Makuto became more controversial when he appeared to allude to the incident in January when one of his doctors was reprimanded for saying there were probably more than 250 000 HIV carriers already in Zimbabwe, with the prospect of over a million deaths in the next ten years.

Dr Makuto demanded that doctors reveal no Aids statistics. Many patients were being stigmatised as "HIV positive," he said, on the basis of perfunctory tests indicating no more than suspected infection.

Against Dr Makuto's view must be put that of private doctors who say an "Aids corridor" has been established down the main Zaire-Lusaka Harare road, where long-distance lorry drivers have spread the virus at squalid brothels charging less than one rand a night. According to unconfirmed reports, four to seven suspected Aids cases come to light each day in the towns of Karoi and Chinhoi (formerly Shioia) on this road.

A prominent farmer told me he feared Zimbabwe may have to abandon production of labour-intensive crops, such as tobacco, in the 1990s, because of the decimation of its rural

workforce. He is not a qualified epidemiologist, so his fear is suspect.

A family planning adviser to the farming industry, Dr Peter Fraser-McKenzie, last year compared the imminent Aids onslaught on Zimbabwe to Hitler's 1940 blitzkrieg against Europe: "Munich is over. We are out of any kind of phoney war. The killing is about to begin," he warned. Yet despite such melodramatic comments and the official Aids awareness campaign, a few ordinary Zimbabweans have any sense of urgency about the menace.

President Mugabe's secondary schools may be driving back ignorance and superstition among young people, but their elders, particularly rural people, remain convinced that individuals and families only suffer misfortunes when exposed to supernaturally malignant influences. Like medieval Europeans, in other words, they think



MICHAEL HARTNACK Harare

charms and propitiation ceremonies can protect in the midst of the worst epidemic.

Another far less pardonable form of the "It can't happen to me" syndrome seems to be abroad among wealthy Zimbabweans, similar to the British middle-class idea that outer-suburban heterosexuals will be able to stand back, unscathed, while "homosexuals, prostitutes and intravenous drug users drown in a cesspool of their own making," to use the words of the Manchester Chief Constable, Mr John Anderton.

In a Zimbabwean context, this delusion betrays a dangerous lack of foresight on at least two scores. Firstly, if several million people die of Aids here, sudden financial ruin may force many comfortable people to share the conditions of

people to whose plight they are currently indifferent. The economic consequences of depopulation are unknown: there could be a disastrous deflation, due to a fall off in demand for goods and services. Equally, there could be runaway inflation as survivors try to grab what is in the shops before Zimbabwe's gross national product, and its foreign currency earnings, take a nose-dive.

We just don't know. The phenomenon has not occurred since the Middle Ages when economies were radically different. Secondly, the deaths of hundreds of thousands of sewage workers, rat catchers, night watchmen, and so forth, must leave a gaping hole in society. The rich and the cloistered might escape Aids only to fall victim to cholera (endemic along our Mozambican border), typhoid, diphtheria, meningitis, or bubonic plague itself, which subsist in menacing pockets among the gerbil rodents inhabiting our Kalahari sand series soils. All these diseases are currently held in check fairly easily, but only because we maintain a basic degree of social co-operation.

One of the heresies Africa has exposed in the last 20 years is the conceit that "civilisation" stems from the contributions of a few self-

styled geniuses. On the contrary, it rests on the integrity and goodwill of thousands of humble people, painstakingly performing their everyday tasks. Reading histories of the Black Death one is reminded of a third possibility which should shatter the complacency of any Zimbabwean who feels he or she could remain aloof from a general social tragedy: the recent epidemic after 1348 were accompanied by violent social unrest. These were eventually directed against the rich generally (as supposed profligates who had aroused divine anger) but the first victims were members of ethnic minorities, specifically the Jews.

A few psychotic fundamentalists led mobs of destitute wretches, mad for loot, while popes, princes and mayors vainly appealed for calm. We are not short of fundamentalist cranks in Zimbabwe, of either the Marxist or traditional animist kind.

If the current apathy about Aids turns to hysterical mass fear of death, there may not be enough bullets or tear gas or able-bodied policemen in southern Africa to control an explosion of suicidal violence against "the privileged few." We must, in other words, find the courage to face this horror together.

991-1-117
Monday, May 9, 1988

92

Aids 'may change course of history'

JOHANNESBURG. — Aids will kill millions of Africans and alter the course of the continent's history unless a cure is discovered, Health Minister Mr Willie van Niekerk said in an interview with Rapport yesterday.

Dr Van Niekerk compared the Aids crisis with the rampant diseases that contributed to the collapse of the Roman empire.

"Journalists must travel through Africa now to chronicle what they see and experience so the next generation can know what Africa was like before the Aids pandemic," he said.

Without a cure, Acquired Immune-Deficiency Syndrome is likely to wipe out half of Zaire's 33 million people, and danger signals are obvious in Malawi, Tanzania, Kenya, Uganda, Zimbabwe and Zambia, Dr Van Niekerk said.

"Africa will lie there undeveloped ... there will be a dramatic change in the course of Africa's history," he said.

Diseases spread from the Far East such as smallpox, measles and the plague brought down the Roman Empire, and "not so much the military efforts of the Germanic races or the decadence of the Romans", Dr Van Niekerk said.

Mineworkers tested

In line with the plague that wiped out two-thirds of Europe's population between the 14th and 16th centuries, "Aids can have the same influence on some parts of the world, and Africa can be on the receiving end this time".

Dr Van Niekerk defended government-ordered Aids tests on mineworkers entering South Africa, especially from Malawi. "We have moral grounds to test those workers and we will continue."

In February Dr Van Niekerk said tests showed that some 1 000 Malawian mineworkers were carriers of the virus, and said they would not be permitted to work in South Africa beyond their existing contracts. He estimated there were about 10 000 Aids-virus carriers in South Africa. — Sapa

ONE EAST LONDON 26141

DIP 10/5/88
**Chastity,
fidelity
prevent
Aids (92)
bishops**

PRETORIA — Premarital chastity and marital fidelity were the best protection against Aids, the Southern African Catholic Bishops' Conference (SACBC) said in Pretoria yesterday.

The SACBC said in a statement, that the recent conference of the South African Institute of Medical Research had again focussed attention on Aids and measures to combat the disease.

"The Southern African Catholic Bishops' Conference is studying the situation and hopes to issue a statement shortly in which the pastoral implications will be addressed.

"In the meantime we issue this brief statement reiterating the basic position of the Catholic Church:

"The Bishops' Conference regards equally abhorrent both the scourge of Aids, so destructive of human life, and the response of the South African Government making provision for so-called safe sex, however indiscriminate, by the use of condoms.

"Premarital chastity and marital fidelity are the best protection against Aids," the statement said. — Sapa —

'Penalise for passing on disease'

92
Star 2/5/88

By Shirley Woodgate,
Municipal Reporter

Johannesburg's Medical Officer of Health has called for legislation to penalise Aids carriers who knowingly pass on the disease.

Professor Hilliard Hurwitz said he had also urged in a memorandum to various advisory bodies that HIV should be made a notifiable disease and that a law to ensure confidentiality should be introduced.

Aids mainly affected white homosexual males in South Africa,

but he stressed there was reason to believe it would soon become a disease in the black heterosexual community, which was where the greatest effort for prevention was needed.

He said he did not support suggestions that prostitutes should be registered to control the disease as this would need a change in legislation to legitimise prostitution and would in any case be difficult to achieve.

Professor Hurwitz, who has been invited to serve on the regional committee of the Aids Advisory Committee, said informa-

tion on every aspect of Aids from all over the world was being assembled in his department.

Posters and pamphlets have been produced, and senior medical and nursing staff from Johannesburg and Soweto have attended seminars conducted by the Aids Advisory Group.

Staff from both cities were being trained in counselling techniques for people infected with HIV and a full counselling service before and after testing was already available, he said.

Aids — task groups in SA

Star 2/5/88
92

By Toni Younghusband,
Medical Reporter

The Government's R1,4 million Aids awareness campaign, which was launched in January this year, has produced encouraging results.

Specialised task groups are to be established in the next few months to research and make detailed recommendations on Aids in South Africa, Professor Andries Brink, president of the South African Medical Research Council, announced yesterday.

Closing the first national Aids congress in Johannesburg last night, Professor Brink said one of the "Prevention is probably the only weapon we have in the fight against Aids. It isn't easy to change behaviour, but you can certainly change attitudes and perceptions, and to do this you must have education," he said.

Professor Brink said Aids education must be aimed primarily at schoolchildren — the battleground was the classroom.

According to Mr Tim Bester, whose company was commissioned by the Department of National Health and Population Development to develop Aids awareness through advertising, retrospective research had shown that the campaign had been successful in its quest.

Aids awareness has increased substantially as a

result of the campaign, particularly among blacks," Mr Bester said.

The percentage of black people who believed Aids was transmitted through promiscuous behaviour increased by 22 percent after the first phase of the campaign, he said.

"However, preliminary analysis indicates that further education is needed to shift deeply entrenched beliefs and attitudes. There also appears to be a real need among communities for more information," Mr Bester said.

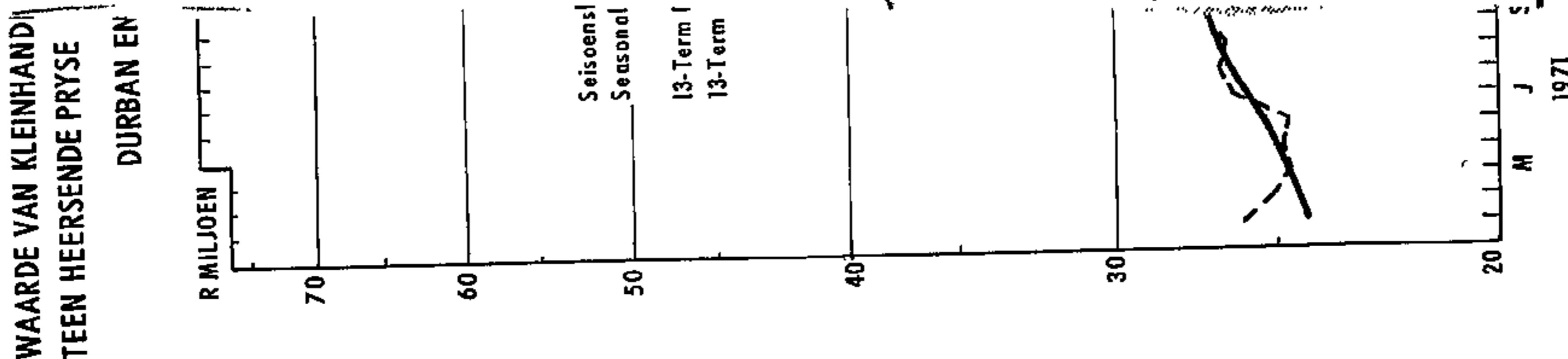
Professor Brink said indications were that South Africa would see a very serious increase in Aids cases as the epidemic proportions of the disease filtered down from central Africa.

Two of the proposed task groups will examine the legal aspects of Aids. One group will monitor legislation in other countries and the other will look at the ethical problems of Aids in the workplace.

Professor S A Strauss of the University of South Africa said at the moment there were more legal questions than answers and legislation would have to be looked at very carefully.

The proposed establishment of task groups was one of the most important recommendations to come out of the three-day congress, said Professor Brink.

The congress, attended by 700 delegates including overseas Aids experts, had been a successful vehicle for the exchange of information.



Disease 'can cripple country financially' ^{Star 21.5.88} (92)

Medical Reporter

Aids could have serious financial and economic implications for South Africa over the next decade, Dr A van der Merwe, medical officer to a large banking and insurance concern, warned yesterday.

According to Dr van der Merwe, the hospital costs alone of Aids patients could amount to R94 million a year within the next three years.

"If the disease cannot be controlled, most of the economic effects will be beyond our control," he said.

Dr van der Merwe said the average cost of treating a single Aids case varied from R18 000 to R34 000 a year.

HIGH COSTS

This put it into the same category as heart bypass surgery.

He said the average Aids patient required 168 days in hospital which would cost in the region of R20 000 a year. Treatment with the AZT drug — which slows the disease's progression — costs about R16 000 a patient, although not all Aids patients are given the drug.

"Total loss of production as a result of Aids can cost

more than some major strikes in industry.

"We can expect a loss of 236 million man hours per annum.

"Disability and death claims on account of Aids will test the reserves of insurance companies to the extent that immediate preventative measures must be employed," said Dr van der Merwe.

He said that on the economic front South Africa could not isolate itself from the rest of Africa.

"Aids in Africa will eventually leave its scar on our R1,4 billion per year export trade with African countries.

"This means that without even crossing our borders Aids will have an economic impact on our trade.

"It is thus of vital importance for everyone's economic wellbeing that all the states in southern Africa join their efforts to combat Aids which poses a common threat to all of us."

Dr van der Merwe said that an increased burden on the current total health expenditure of about R2,8 billion was also therefore inevitable.

WOMAN

Aids is a threat to unborn children

ACQUIRED Immune Deficiency Syndrome, Aids, is a threat to safe motherhood and infant survival.

Children born to women infected with the human immunodeficiency virus (HIV), the virus that causes Aids, have a 20 to 50 percent risk of becoming infected in the womb or during childbirth. Women with HIV infection may be more likely to develop Aids if they become pregnant, but this has not yet been demonstrated.

Although Aids is usually associated with sexually active adults, thousands of infants and children have been infected with HIV. In parts of Africa and the West, where one in 10 women coming to urban prenatal clinics have the Aids virus, many babies will be born with the HIV infection.

More than 300 children have died of Aids-related diseases in the United States. In Rwanda, roughly 20 percent of Aids victims are children. By the end of 1986, 1.4 percent of Aids cases reported to the World Health Organisation were in children.

As Aids spreads from the high-risk group — promiscuous adults, homosexual men, intravenous drug users and

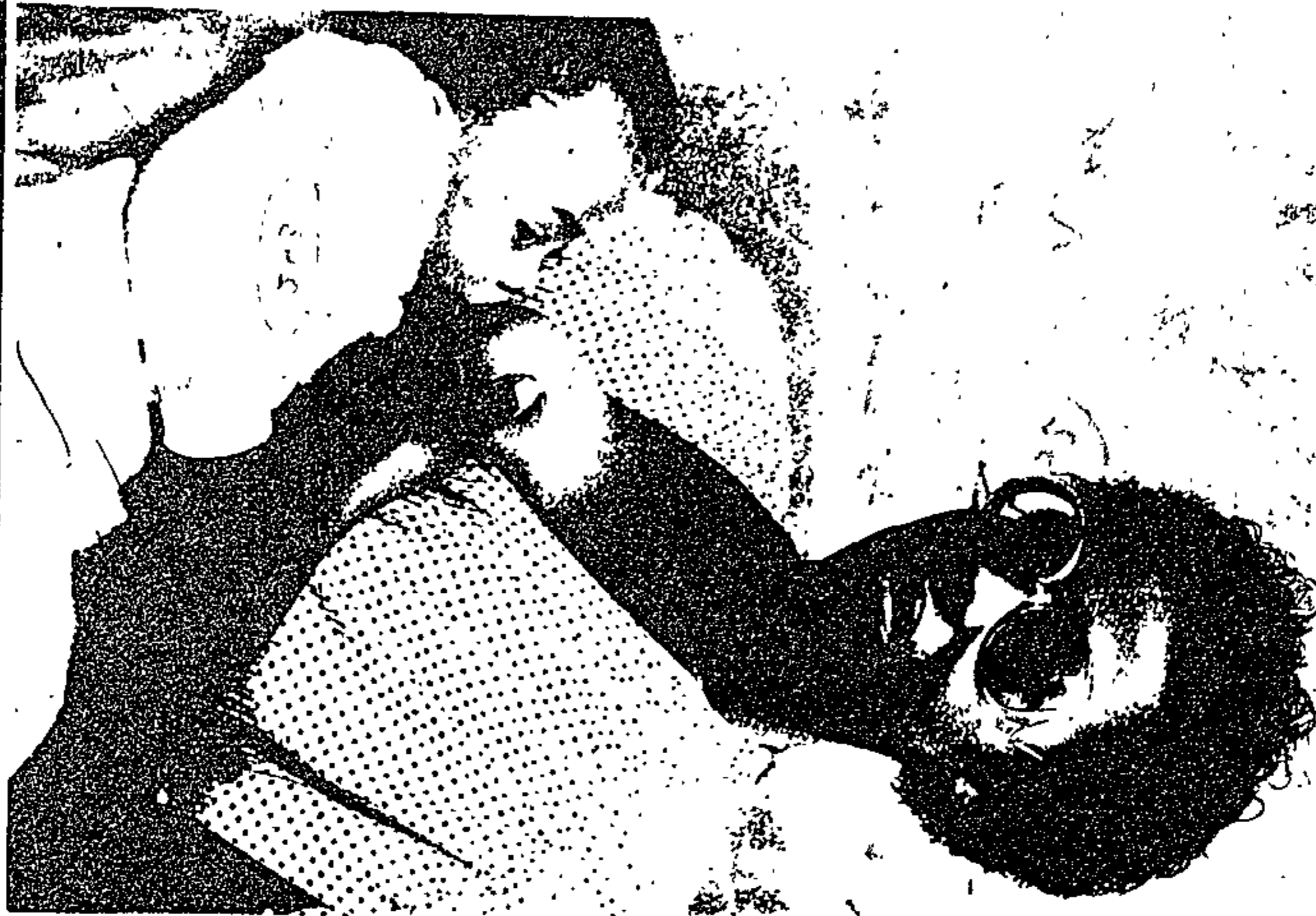
haemophiliacs — to the general population, more infants will probably become infected with HIV.

The infection can be passed across the placenta or the infant may acquire it during childbirth. It is difficult to identify HIV in infants because maternal antibodies can remain in a child's bloodstream for up to six months after birth.

Although blood tests can indicate the presence of HIV antibodies in an infant's blood, for the first six months after delivery focally transmitted "passive" antibodies cannot be distinguished from "active" antibodies produced by the child's immune system if the HIV virus is present and multiplying.

There is good evidence, however, that if an infant does have HIV infection, it progresses to Aids more rapidly than in adults. Adults with HIV may not develop Aids for many years, but nearly all infected infants die within two to three years.

Women who have tested positive for HIV, or have a high risk of infection through sexual contact, intravenous drug use or blood transfusion, need counselling about maternal transmission and pregnancy prevention.



Star Beat

ARIES: March 21 - April 21.
An overseas contact could be a source of inspiration to you, should help you to advance your aims and ambitions concerning travel planned for the future. You may soon be on the threshold of an exciting phase.

TAURUS: April 21 - May 21.
Enhanced social sense will have you speaking out boldly against injustice but your outburst could put you in bad favour with someone who objects to your point of view. Interruption throws your routine out of gear.

GEMINI: May 21 - June 22.
Development in the business sector of your life are going to take an interesting turn. Don't talk at changes; rather get stuck into your new routine with a show of vigour. Your confidence will soon build up to a peak.

CANCER: June 22 - July 23.
Take a breathing spell; slow down the tempo of your life while you sort out your aims and aspirations. You may be wise to put certain ideas on ice for a while, in order to concentrate more thoroughly on others.

LEO: July 23 - August 24.
An invitation to socialise could result in you meeting up once again with a close companion from your past. You'll both have a great time swapping reminiscences and bringing each other up to date on newer matters.

VIRGO: August 24 - September 23.
Do a follow-up, with that interesting new acquaintance. Show yourself up in the best possible light. Your initiative could result in an exciting new relationship or profitable arrangement, depending on other factors.

LIBRA: September 23 - October 23.
New health measures should be introduced, or you'll soon find yourself under strain of some sort. Get started if you've been contemplating a new diet and exercise regime. A new course of treatment works wonders.

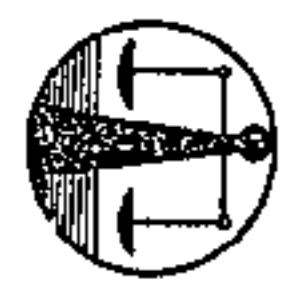
SCORPIO: October 23 - November 23.
It could be a fine time to try and raise money through novel enterprise. A show of initiative will enhance you in the eyes of others.

Clubs' addresses

DEAR DUDU — I am a football fan and I would be glad if you could publish addresses of Arcadia and Mamelodi Sundowns.

D TAU Mabopane number is (012) 26-9341; and for Mamelodi Sundowns it is 34 Elton Street.

DEAR TAU — The addresses are: Arcadia, McCarthy Centre, 4th Floor, and their telephone number is (011) 331-8335.



Govt sticks
to anti-Aids
campaign 92

Political Staff

CAPE TOWN — The Government has reacted sympathetically to Catholic Church objections to its anti-Aids campaign but says no changes can be made.

The Catholic Bishops' Conference yesterday issued a statement objecting to the Government's encouragement of the use of condoms in the anti-Aids campaign.

The conference said that marital fidelity and pre-marital chastity were the answer to Aids.

The Minister of Health, Mr Willie van Niekerk, said yesterday that the Government was not encouraging extra or pre-marital sex.

"From the very beginning we have told people that they should have a monogamous relationship to avoid Aids."

He said the Government had told people who insisted on promiscuity to use condoms to prevent the spread of Aids.

Aids spray is 'pure opportunism'

step
13/15/88 Own Correspondent

92

DURBAN — An Aids expert has scornfully dismissed as "pure commercialism" a spray that can allegedly prevent Aids.

The aerosol, known as Safe Seat, has been advertised as an "amazing spray that kills all micro-organisms causing diseases such as Aids, syphilis, gonorrhoea, herpes, thrush and many others".

The manufacturers claim it can be used on hard surfaces, such as those made of plastic and vinyl, and recommend that it be used on toilet seats.

They say it is also safe for personal use but should not be sprayed on broken skin or near the eyes.

But a member of the National Aids Advisory Group said yesterday: "Now that there is so much awareness about Aids, this is obviously opportunistic marketing taking place."

"I am all for hygiene, but this is not the way to go about dealing with Aids."

Commenting on claims that the spray kills micro-organisms that caused Aids, he said: "So what? There are a host of things that kill the virus, including boiling water, Dettol, hydrogen peroxide, household bleach and chlorine."

"There's nothing special in this."

He stressed that Aids was spread through sexual, not social, contact.

For Better or For Worse®

by Lynn Johnston



'Apartheid aids Aids'

LONDON — South Africa's political situation has provided the Aids virus with "maximum opportunity" to flourish, a major new report has warned.

According to the 176-page assessment, "Blaming Others," commissioned by the Panos Institute, this situation involves "an uprooted, suppressed, materially deprived black population in which infectious disease is already epidemic, and among whom distrust of the white authorities is ingrained from birth."

The institute adds: "For the 20-million black people in South Africa's 'homelands', life is often nasty, brutish and short. For every wage-earner who manages to gain employment in a city outside the homeland, many more depend on the salary he or she sends home.

"Over half of black children under the age of five are stunted through malnutrition. Among adults it is common to find tuberculosis, viral and parasitic infections, sexually transmitted

diseases, and illnesses such as depression, leading to suicide."

The problem is compounded by "illiteracy promoted by restricted education."

To substantiate its claim that the virus is proliferating, the Panos Institute points out that of the 76 cases of Aids in South African nationals reported by January, 1988, over 85 percent had been in white, homosexual men.

However, in the eight months up to September, 1987, the number of Aids cases among black migrant mineworkers had rocketed from 130 to more than 1000.

The virus has also been found to be present among (South African) black women who have had sexual relations with the mineworkers, who live in barracks away from their families for most of the year.

The Panos report also criticises South African health authorities and

some sections of the media for discussing Aids as if there were two separate viruses: white HIV, which was limited to white homosexuals, and black HIV which has

been "brought into" South Africa from neighbouring countries.

South Africa screens potential black migrant workers in their country

of origin, the report says, but fails to test white South Africans returning from abroad — though this is "probably how the virus first made its way into the country."

Babies exposed to Aids in womb have a chance

LONDON — Babies exposed in the womb to the Aids virus appear less likely to catch the disease if their mothers show no obvious signs of illness during pregnancy.

Researchers in Edinburgh believe that this explains the low rate of infection so far detected among 46 children in the area born to mothers with Human Immunodeficiency Virus (HIV).

After two years of tests, only four of the children are known to have contracted the virus. The rest appear so well that a handful of the infected mothers have risked another pregnancy.

The children form the largest group of its kind in the UK and are monitored by Dr Jacqueline Mok, a consultant paediatrician.

When she began her work in 1986, American research suggested that up to 50 percent of children born to victims of Aids or its lesser form, Aids Related Complex, could be infected.

But Dr Mok was doubtful whether that would also hold true for babies born to women with HIV but displaying none of the illnesses associated with it. Her mothers were in this group. The children were all born with inherited HIV antibodies,

but experience has shown that these disappear in six to 18 months.

Infected children continue to respond positively to antibody tests because they produce their own antibodies.

However, Dr Mok pays greater attention to other tests which show abnormal immune system functions.

Only four of the children fall into this category. Two others still have antibodies over the age of 18 months but they show "no evidence of being ill", Dr Mok said.

"The rate of transmission is

much lower than we expected. I think that's because sicker mothers stand a higher chance of infecting their children."

Dr Mok gives them immunoglobulins intravenously to boost their defences.

She said: "It is keeping them well, but it is not stopping the immune function test from deteriorating."

Edinburgh is in the forefront of this research in Britain because of the way HIV spread in the city. It was passed chiefly by drug-users sharing contaminated needles. — The Independent News Service.

Experts
w/lembus 14/5/88
scorn
spray to
"prevent"
92 Aids

Weekend Argus Correspondent
DURBAN. — Aids experts have scornfully dismissed as "pure commercialism" a spray that can allegedly prevent Aids.

The aerosol, Safe Seat, has been advertised as an "amazing spray that kills all micro-organisms causing diseases such as Aids, syphilis, gonorrhoea, herpes, thrush and many others".

The manufacturers claim it can be used on hard surfaces, such plastic and vinyl, and recommend that it be used on toilet seats.

According to them, it is also safe for personal use.

However, a member of the National Aids Advisory Group said: "Now that there is so much awareness about Aids, this is obviously opportunistic marketing taking place.

"I am all for hygiene, but this is not the way to go about dealing with Aids."

Commenting on claims that the spray killed micro-organisms that caused Aids, he said: "So what? There are a host of things that kill the virus, including boiling water, Dettol, hydrogen peroxide, household bleach and chlorine.

"There's nothing special in this."

He emphasised that Aids was not spread through casual contact and that the virus was transmitted through sexual contact.

It could be also spread by infected blood and from a pregnant mother to her unborn baby. There were no other ways the disease could be spread.

According to the manufacturers the spray was originally developed for the control of hospital infections. "It is now being used by leading doctors in pre-surgical sterilisation procedures."

It was safe for personal use, but should not be sprayed on broken skin or near the eyes.

Mr Gordon Mackay, the owner of a shop that stocks the spray, said he bought it from Cape Town. He had recently received his supply and it was too early to say how sales were going.

34 Aids cases in Botswana (92)

GABORONE — There have been 34 cases of Aids in Botswana of which 12 have been fatal, the Ministry of Health has announced. *STAR 17/5/88*

A statement said that in addition 210 people were infected by the Aids virus.

The head of the Aids programme, Dr Banu Khan, said a system to screen blood donors and people suspected of having Aids had been introduced.

DID 1715788 (92)

Aids-carrying Cubans moving south — claim

CAPE TOWN — An estimated 11 000 Cuban troops — some of whom may have Aids and other diseases — are reported to be continuing their push towards SWA/Namibia, along with Swapo and MPLA elements, in spite of warnings by South Africa to halt.

The Minister of Defence, General Magnus Malan, said at least three Cuban columns were headed south via Caiundu, Xangongo and Cahama while others were heading south along different routes.

Gen Malan indicated that in light of the advance on Angola's southern border with SWA/Namibia he had doubts about the bona fides of other parties involved in the Angolan peace talks.

"The reports we are

getting about the advancing forces as far as diseases such as Aids does not augur well."

Speaking during his budget vote in the House of Representatives, Gen Malan denied that Unita's leader, Dr Jonas Savimbi, was not happy with the latest negotiations. Dr Savimbi supported them, Gen Malan added.

In a separate development, it was reported from Luanda yesterday that Angola's President, Mr Jose Eduardo dos Santos, said his government would not share power with Unita, despite South African and US pressure.

"We believe there should be an agreement to end outside interference in Angola's internal affairs... to allow

Angolans to solve their own problems. This excludes sharing power with Unita."

US and Soviet negotiators will meet in Lisbon tomorrow for talks on ending the Angolan war and bringing independence to SWA/Namibia, a US embassy official said.

The US Deputy Assistant Secretary of State, Dr Chester Crocker, and the Soviet Deputy Foreign Minister, Mr Anatoli Adamishi, will meet at an undisclosed venue.

Only Soviet and US officials are expected to take part in the talks.

Mr Adamishi will also meet the Portuguese Deputy Foreign Minister, Mr Jose Barroso. — DDC-Sapa-RNS

See also page 7

92

IN BRIEF

AIDS in 138 countries

GENEVA — By May 1, more than 88 000 AIDS cases had been reported to the World Health Organisation (WHO) by 138 countries, a WHO report said.

6/daw 20/5/88

Q2

25/5/88

2 Cape Times, Wed
**Illegal to sack
Aids carriers**

DURBAN. — It would almost certainly be illegal for a South African company to sack an employee simply because he was an AIDS carrier, a prominent legal expert, Professor S A Strauss, said at a seminar in Durban yesterday.

Prof Strauss, professor of law at the University of South Africa, believed a company could take disciplinary action, or dismiss, an employee who refused to work with an AIDS carrier.

(92) City Press
15/5/88

I've found a cure for Aids, says mutiman

Mutiman 'got' formula from ancestors



Grant Chepangula ... cure for Aids?

By SOPHIE TEMA

A MALAWIAN traditional healer could be the first "mutiman" to have a cure for the deadly Aids disease.

Grant William Chepangula claims to have already healed six Aids sufferers in Malawi and two in South Africa.

He further claims that his patients showed visible signs of improvement after using his medicines - boiled from herbs and roots - for about only two months.

Chepangula - a member of the Traditional Healers' Council Management - is presently in South Africa and is working closely with the South African Institute of Medical Research, which wants to verify his claims.

He came to South Africa at the beginning of this year and has gone back to Malawi to conduct further research on the disease, known in his country as "Kenyela" or "Magawagawa" - meaning to spread.

The two South African patients he claims to have successfully treated - a Namibian migrant worker and his wife - were allegedly diagnosed to be positive HIV carriers by the South African Institute for Medical Research.

Chepangula said the man was now well on his way to recovery, while his wife had completely recovered.

The man was found to be suffering from the disease after his employer took him for a medical examination at Johannesburg's Hillbrow Hospital.

His wife was also asked to be examined and was found to be a positive carrier of the virus.

The man's employer, who is a friend of Chepangula, immediately took the couple to him for treatment and he is satisfied with the progress they have made.

Although Chepangula has a good command English, he preferred speaking through an interpreter at his hotel room, where he told *City Press* he became concerned after the world-wide cry for a cure to control and minimise the spread of the disease.

"I realised that the carriers of the disease were increasing in numbers and the disease itself had become completely hazardous.

"I then decided to speak to my ancestors, including my parents who died several years after they had taught me the art of traditional healing.

"They had also taught me the use of all kinds of herbs and muti to cure different types of disease.

"Through communicating with them I found the right medicine to cure Aids," said the soft-spoken healer.

Chepangula said Aids could spread in various ways, but the most common was by intimate contact.

Book on Aids for docs

CP Reporter

A LOCALLY-compiled book on Aids, specifically aimed at the medical profession, has been released by a well-known pharmaceutical company.

The book, *Aids: The Acquired Immunodeficiency Syndrome*, was launched at the National Aids Congress in Johannesburg on Saturday, April 30.

The book is a compilation of facts on Aids culled from international publications. Its objective is to inform South African medical practitioners on the latest research into the disease.

"We felt the sponsoring this book would help local practitioners in their fight against Aids," said Len-
-s MD Clive Stanton.

12 Batswana so far dead from Aids

CP Correspondent

THE Botswana Ministry of Health this week announced that of the 34 known cases of Aids sufferers in the country, 12 have died.

There are 210 people in Botswana known to have been infected with the virus.

The head of the Aids Program and Sexually Transmitted Diseases Unit, Banu Khan, said the problem was growing at an alarming rate.

She added that a system had been set up to blood donors and of keep track of people suspected of suffering from the disease.

Khan further said that the unit held its first multi-sectoral seminar to create awareness among

members of the public in February this year.

Issues raised at this meeting included a mass screening approach internally, at the borders, and before people were allowed to take out insurance policies.

She said Botswana was already following recommendations of forming a national committee on Aids programming and strengthening the counselling component of the program.

According to Khan, the first campaign on Aids played a vital role in creating public awareness on the dangers of promiscuity. The second approach would encourage people to change their life styles. And

21 5 88 Cap Times

African healers to seek cure for Aids

HARARE — Traditional healers or medicine men have begun experimental treatment of Aids patients in a search for a cure, National Healers Association leader Gordon Chavunduka said this week.

Chavunduka, Dean of Social Studies at the University of Zimbabwe, said several people suffering from Aids were being treated by "selected healers".

"The association is monitoring the treatment but it is too early to say whether a breakthrough has been achieved," Chavunduka told the Ziana news agency.

"The patients have been confirmed by hospitals to be Aids victims," he said. Western doctors said there was little chance of the traditional healers finding a cure for Aids or successfully treating the victims.

Several said they had no idea why the healers and Chavunduka were risking their credibility by embarking on a project that was certain to fail. 92

Firms can't sack Aids victims

92
26/5/88

IT would almost certainly be illegal for a South African company to sack an employee simply because he was an Aids carrier, a prominent legal expert said in Durban this week.

Prof S A Strauss, Professor of Law at the University of South Africa, was speaking at a seminar on Aids which also featured one of the country's top Aids authorities, Dr Ruben Sher.

Prof Strauss also said although the legal aspects of handling Aids cases in the workplace were still largely speculative, he believed a company could take disciplinary action, or even dismiss, an employee who refused to work with an Aids carrier.

Hysteria

Because of the publicity given to the Aids epidemic, there was a great deal of hysteria and severe prejudice towards patients with Aids or people identified as being HIV positive.

Prof Strauss said although it could be said that the disease of Aids started with the HIV infection, not all people infected would die from the infection.

Damage

"According to present knowledge, at least 90 percent of individuals suffer damage to their immune systems in the first three to five years of HIV infection.

"But full blown Aids may not show up for as long as 10 years." — Sapa.

**Don't claim Aids
cure, healers told**

Star The Star's Africa 92
27/10 News Service

MBABANE — The leader of Saziland's traditional healers' association has warned his members to stop claiming they have a cure for Aids.

Addressing 800 healers at the weekend, Mr Nhlangana Maseko, president of the association, said no inyanga or Western medical practitioner had come up with a cure for acquired immune deficiency syndrome (Aids) and any inyanga who made the claim was cheating his patients.

Aids victim drives into train

VIENNA — A 23-year-old male nurse suffering from Aids killed himself by driving deliberately into an oncoming train, police said yesterday.

Max Steiner, from Rederschen in Switzerland, smashed into the passenger train on a level crossing near the southern Austrian village of Mittlern on Saturday night. His car was dragged 300 metres.

Wreckage

Steiner's wife, who had travelled to Austria with her husband for a holiday, told police that he had probably committed suicide because Aids had already taken hold.

Rescuers who pulled Steiner's body from the wreckage, are now worried that they might have contracted the virus by coming into contact with his blood, a police spokesman said. — Sapa-

Reuter. *Sunday 2/5/88*

10 million potential Aids cases — expert

By JIM FREEMAN

THE world is only now entering the age of the Aids epidemic and the incidence of the disease can be expected to increase 10 to 20-fold over the next five years, says Dr Ruben Sher of the SA Institute of Medical Research.

Speaking at a public information seminar in Cape Town yesterday, he said 82 273 cases of Aids had been documented by the World Health Organization by the end of March, adding that the incidence of the disease was "grossly under-reported".

However, "between five and 10 million people have been infected and are potential cases", he said.

Dr Sher said Africa was the second-highest infected continent, with just less than 11 000 cases reported from 40 countries. Because of under-reporting, this figure was probably closer to 150 000.

In South Africa, 98 cases had been diagnosed since the disease first surfaced. Of these, about 70 had died, he said.

It was also estimated that around 2 000 people, excluding migrant workers, were carriers of the Aids virus.

Dr Sher said the age of 'condomania' had

Medical probes: Chimps 'face extinction'

Own Correspondent

LONDON. — Dr Jane Goodall, the world's leading expert on chimpanzees, claims demands by leading American Aids researchers for thousands of chimpanzees from the wild for medical experiments could lead to the extinction of the primates.

Dr Goodall, 54, who has spent most of the past 28 years in the Tanzanian bush studying chimpanzees, spoke at the launching of a British branch of the Jane Goodall Institute at the Royal Overseas Club in London.

Dr Goodall said that according to evidence presented by the US National Institutes for Health, the premier US medical research organization whose chief scientist is Dr Rob-

arrived, with a commercial vaccine for Aids only on the cards for the mid-1990s. The only effective drug — AZT — kept the disease latent, but its cost was prohibitive at about R1 700 a month.

Of the 98 reported cases in South Africa, 93

ert Gallo, the leading Aids researcher, "thousands" of the wild primates would be needed at an increasing rate.

Chimpanzees, which now number 175 000 or less, are found in a band across Africa from the Ivory Coast to Tanzania and Uganda. Their last remaining strongholds are Gabon, Cameroon and the Central African Republic.

Dr Goodall and seven eminent medical scientists, led by Dr Jan Moor-Jankowski of New York University, have written a report noting that there are adequate supplies of chimpanzees bred in captivity for research into hepatitis and Aids.

Catching chimpanzees in the wild is a cruel and wasteful process which generally involves killing the mother, said Dr Goodall.

were male and five female. Seventy-nine of the confirmed cases were homo- or bisexual men, 10 heterosexuals, four blood transfusion patients and five haemophiliacs.

There was also a disturbing increase of Aids among blacks, said Dr Sher. He said

that between 0.3 and 0.5% of unmarried pregnant women surveyed at Baragwanath Hospital in Johannesburg were HIV-positive.

Up to half the number of new-born babies with infected mothers would be Aids sufferers, he maintained, adding that 75% of these babies would die within the first 18 months of their lives.

Dr Sher said the SAIMR had tested 653 homosexual men for Aids since 1983. Of these, 40% were declared HIV-positive.

Addressing the same seminar, Professor S A Strauss of Unisa's Law Department said the legal aspect of employing Aids sufferers were still largely speculative.

However, it was his opinion that the doctor who positively diagnosed the disease was not obliged to inform the employer without the permission of his patient.

Neither was the employer entitled to terminate an Aids carrier's service just because he had been diagnosed HIV-positive, said Professor Strauss.

Dr Sher said patients who had been diagnosed as HIV-positive had to obtain a second opinion because testing was not infallible.

SUPPORT

Ch 6 News 27/5/88 (92)

Only one way to avoid Aids

By Winnie Graham 92

There is only one way to avoid Aids, says Dr Claude Newbury, a Johannesburg representative of the World Federation of Doctors Who Respect Human Life.

If you don't want to contract a sexually transmitted disease, he says, you have to maintain your virginity before marriage, marry a virgin and be exclusively faithful to your spouse until your death.

Dr Newbury is emphatic that condoms will not prevent the transmission of Aids.

He quotes Britain's *Medical Journal* as saying that during the sex act some varieties of condom slip off.

Star 26/5/08

'Miner's VC' for overseer

By Barbara Frost

WELKOM — A miner who was lowered 700 m down a shaft

Illegal for employer to fire Aids carrier

DURBAN — It would almost certainly be illegal for a South African company to sack an employee simply because he was an Aids carrier, a prominent legal expert said in Durban this week.

Prof S Strauss, professor of law at the University of South Africa, was speaking at an Aids-seminar which also featured one of the country's top Aids authorities, Dr Ruben Sher.

Professor Strauss said that although the legal aspects of handling Aids cases in the workplace were still largely speculative, he believed a company could take disciplinary action, or even dismiss, an employee who refused to work with an

Aids carrier. Because of the publicity given to the Aids epidemic, there was a great deal of hysteria and severe prejudice towards patients with Aids or people identified as being HIV positive.

Although it could be said that the disease of Aids started with the HIV infection, not all people infected would die from the infection.

"According to present knowledge, at least 90 percent of individuals suffer damage to their immune systems in the first three to five years of HIV infection, but full-blown Aids may not show up for as long as 10 years," Professor Strauss said. — Sapa.

Star 26/5/88

92

CHIEF Times 27/5/88 92

PFP slates govt Aids policy

By ANTHONY JOHNSON
Political Correspondent

THE PFP yesterday hit out at the government for its "casual, off-hand" approach to the dangers of Aids and its "total failure" to address the need for Aids education in schools.

This followed the disclosure in Parliament during question time yesterday that the need for Aids education had not even been discussed by education ministers and that no liaison had yet taken place with the health authorities to devise a co-ordinated action plan to educate schoolchildren about the dangers of Aids.

The PFP's spokesman on education, Mr Roger Burrows, said afterwards: "It is shocking that this government,

whilst parroting a concern about Aids, appears to be taking little or no action in schools to provide information on this international scourge."

Mr Burrows said that schools had been used across the world as an essential means of educating people about the dangers of the deadly virus.

"But it now emerges that in South Africa there is no co-ordination or concerted action plan among the country's 15 ministers of health and 15 ministers of education to deal with the problem.

"This off-hand, casual approach by National Party ministers appears at the very time when the experts are describing Aids as the greatest challenge to medical science this century."

Doctors have 'duty to tell'

CAPE TOWN — Doctors diagnosing Aids carriers have a legal right, or even a moral duty, to inform the patients' sexual partners, according to medical law expert Professor S A S Strauss.

He said a doctor diagnosing an Aids carrier would not be entitled to inform the patient's employer without the patient's consent, although notifying health workers, who might be required to attend to the patient, could be justified.

Professor Strauss, head of the department of

Own Correspondent

criminal and procedural law at the University of South Africa and a member of the board of governors of the World Association for Medical Law, was addressing a seminar on Aids in Cape Town this week.

He said general consensus among leading jurists and doctors in South Africa and abroad seemed to be that a doctor would be justified in informing the sexual partners of Aids patients as they were directly at

risk. 28/5/88 (92)
An employer would not be entitled to dismiss an employee who was still capable of performing his duties satisfactorily merely because he had tested positive for the Aids virus.

Professor Strauss said if fellow-employees refused to work with a colleague with Aids, the company would need to take reasonable steps to persuade employees that there was hardly any risk that the virus could be passed on in the work situation.

5/28/88

Doctors have 'duty to tell'

92

Own Correspondent

CAPE TOWN — Doctors diagnosing Aids carriers have a legal right, or even a moral duty, to inform the patients' sexual partners, according to medical law expert Professor S A S Strauss.

He said a doctor diagnosing an Aids carrier would not be entitled to inform the patient's employer without the patient's consent, although notifying health workers, who might be required to attend to the patient, could be justified.

Professor Strauss, head of the department of

criminal and procedural law at the University of South Africa and a member of the board of governors of the World Association for Medical Law, was addressing a seminar on Aids in Cape Town this week.

He said general consensus among leading jurists and doctors in South Africa and abroad seemed to be that a doctor would be justified in informing the sexual partners of Aids patients as they were directly at

risk.

An employer would not be entitled to dismiss an employee who was still capable of performing his duties satisfactorily merely because he had tested positive for the Aids virus.

Professor Strauss said if fellow-employees refused to work with a colleague with Aids, the company would need to take reasonable steps to persuade employees that there was hardly any risk that the virus could be passed on in the work situation.

Aids link to stress diseases, says doctor ^{Star 30/07 88} (92)

GRAHAMSTOWN — A link between Aids and stress-related diseases has been identified by the regional director of State Health, Dr Charles Louw.

Opening a mental health symposium at Port Alfred, Dr Louw said Aids was one of the world's biggest health problems.

Once a patient was identified as HIV-positive it could take seven years to get Aids.

The end was inevitable and the mental suffering incalculable.

This extremely stressful situation was inevitably communicated to an Aids patient's family and others.

The eastern Cape had the lowest detected incidence of Aids in SA — 11 known cases.

"Personally, I believe the figure to be higher, probably more than 250

HIV patients," Dr Louw said.

He said the stresses of modern day living placed additional burdens on those not equipped to deal with the exigencies of the times.

"In the United States, about 15 percent of the population requires psychiatric treatment at any one time.

"In South Africa, the figure is thought to be between 6 and 8 percent."

He said SA was entering a stage in the workplace where the loss in man hours through stress-related incidents constituted a challenge.

The introduction of stress management programmes into other health promotion programmes plus advanced public awareness would create a unified approach to health promotion. — Sapa.

Service
Sowetan (92)
for Aids
11/6/88
victims

A CANDLE-light service to honour people who have died of Aids was held in Cape Town on Monday night.

The service, organised by the Gay Association of South Africa (Gasa) counselling service, was one of more than 100 services taking place worldwide as part of the fifth annual International Aids Candlelight Memorial, organised by the San Francisco-based organisation "Mobilisation Against Aids."

Candles were lit for the 25 Aids death victims who were helped by the Gasa-6010 counselling service, and were also lit for victims elsewhere.

Aids cases growing -

Sowetan 8/6/88

92

WHO

UNITED NATIONS — An estimated 150 000 new cases of Acquired Immune Deficiency Syndrome will occur during 1988, equal to the total number that have occurred so far worldwide, according to a report published on Monday.

By 1991, the cumulative total could be one million cases, the report, drafted by the director general of the World Health Organisation (WHO), said.

"From the available data, WHO estimates that during 1988, approximately 150 000 new cases of Aids will occur," it said. "Therefore, the number of new Aids cases during 1988 will equal the total number of cases that have thus far occurred worldwide."

It said that as of April 1 this year, 85 273 cases of Aids had been officially reported by 137 of 173 reporting countries or territories.

But, it added: "Under-recognition of Aids and under-reporting to national health authorities means that the number of reported cases

is an under-estimate of the total to date.

The present world total may be close to 150 000. Even these estimates do not adequately describe the current clinical burden caused by infection with the Human Immunodeficiency Virus (HIV) because Aids cases represent only the end-stage of severe or irreversible damage due to this severe viral infection."

The report said the WHO estimated that several million people had become infected with HIV from the mid-1970s to the present.

"Based on available

SAPA-REUTER

information, between five and 10 million people are estimated to be currently infected with HIV worldwide.

"Adopting the conservative estimate that five million people are currently infected, a cumulative total of one million Aids cases would be expected by 1991. The period 1988-1991 would therefore witness over five times more Aids cases than have thus far occurred."

The report said HIV infection was lifelong and the virus could survive in the human population if, during the lifetime of an infected person, it could spread to

one other person.

"This suggests that unless a curative treatment or a preventive vaccine is developed, HIV infection will perpetuate itself relatively easily. Neither cure nor vaccine are likely in the next several years. Despite considerable research, a vaccine may be further away than was predicted a year ago," the report said.

Of the 85 273 Aids cases officially reported as of April 1, it said, 62 536 were in the Americas, 10 995 in Africa, 10 677 in Europe, 834 in Oceania and 231 in Asia. — Sapa-Reuter.

African leaders cannot afford to ignore Aids

Star 11/6/88 92

Africa's known plagues include war, hunger, debt, disunity. Beside them, to some African eyes, the unmeasured threat of Aids looms small. The official figures minimise the danger, with a world total so far of 70 000 reported cases, of which 50 000 are supposed to be in the United States. The official figures are rubbish. The truth is obscured by governmental complacency, anecdotal panic and a scientific void.

In areas like Africa, nobody knows the size of the danger. Zaire, Uganda, Rwanda, Congo and their neighbours have no effective medical services, no testing laboratories, no statisticians. Relatively rich Nigeria records 10 deaths from Aids — but only 25 000 of its 100 million people have ever been tested for the virus that causes the disease.

Filthy needles

Reputable doctors think Aids may be commoner in Africa than in its world capital of San Francisco. In rich countries it has been spread by buggery and filthy needles, in Africa (it seems) by heterosexual contact like any venereal disease. That would endanger whole populations: men, women and newborn children.

Even the fear, let alone the reality, of such an epidemic will have awful effects. In black Africa's most sophisticated country, Zimbabwe,

The first, absolute need is to identify and define the danger, the mere suspicion of which is frightening off the overseas helpers the continent needs, says The Economist.

Aids recently killed a British doctor who unwittingly contracted it from an undiagnosed patient's blood.

Africa in its complex of crises desperately needs travellers from outside: doctors, technical consultants, World Bank missionaries, private investors, above all the return of its own students after being educated abroad. The continent cannot even start to recover from all its other disasters if such people stay away, frightened for themselves and for their families.

Although donors are weary of offering Africa more of the aid that has so often been wasted, the case for special research into Aids is self-interested as well as humanitarian. Finding out the truth might prevent the establishment of a great world reservoir of the new plague.

But help goes to those who ask, and most African governments are

reluctant even to admit that they have the scourge, let alone seek assistance to tackle it. President Kenneth Kaunda of Zambia, this year's chairman of the Organisation of African Unity, has honourably admitted that his son died of it, and that his country needs help to fight it. Many other leaders, notably those of Kenya (especially endangered because of its many tourists), seem to be trying to fight Aids by banning talk of it.

Some African rulers prefer ignorance to the possibly terrifying truth. None wants to take implicit blame for a disease transmitted mainly by sex. A few argue that other diseases — malaria, measles, bilharzia, hepatitis, sleeping sickness — kill tens of thousands of their people, and could be relatively cheaply cured, while Aids has hardly begun killing people yet and cannot be cured at all. Why devote desperately scarce resources to an insoluble problem, when soluble ones wait to be confronted?

This sounds logical, but isn't. Africa's established, appalling sicknesses would look almost benign if Aids really took root. The first, absolute need is to identify and define the danger, the mere suspicion of which is already frightening off the helpers the continent most needs. Africans have to open their minds, and Africa's friends abroad their purses, if they are to confront this potential menace to all mankind.

SAW 1/6/88 92

Service is held for Aids victims

CAPE TOWN — A candle-light service to honour people who have died of Aids was held in Cape Town on Monday.

Organised by the Gay Association of South Africa's (Gasa) counselling service, it was one of

more than 100 services taking place worldwide as part of the Fifth Annual International Aids Candlelight Memorial, organised by the San Francisco-based organisation "Mobilisation against Aids".

Candles were lit for the 25 Aids death victims who were helped by the Gasa counselling service, and were also lit for victims elsewhere.

The service is the second to be held in Cape Town. — Sapa.

'Gloves-on referee' ^{Step 7/16/88} (92) crusades against Aids

Own Correspondent

DURBAN — Ernie Baronet last night brought a new dimension to boxing by becoming the first professional referee in South Africa to wear anti-Aids protective gloves during a fight at the Red Cross Hall.

The former champion said he wanted to take precautions against the killer disease.

He said: "I've seen referees in America wear them — they are taking precautions against disease. So I asked myself why it was that no-one had ever worn them here.

"It's all to do with Aids

and if by wearing the gloves it helps save a sportsman from such a dreadful disease then I think we referees should make some contribution towards eradicating it."

Baronet confirmed: "I sought the Natal Board's approval before putting them on."

His entry into the ring last night caused a stir, but the Natal Boxing Board's medical officer Dr Tony Venniker supported the move.

Baronet, chairman of the Natal Amateur Boxing Association, said: "I'm going to press for it to be approved in the amateur ranks as well."

cont. from 10/6/88
92

Back to morality the cure for Aids

Staff Reporter

AIDS could be reduced to "a transient phenomenon" by a return to morality, a Free State immunologist has said.

Writing in the latest issue of the SA Medical Journal, Dr Mark Hendricks, in Orange Free State University's Department of Immunology, said Aids was underestimated.

"We appear to be hell-bent on perpetuating our delusions of being able to contain and even defeat this pandemic," he said, citing as an example the "tragedy that befell haemophiliacs".

"Aids is the product of a permissive society and even should we develop a miracle cure, Aids is a venereal disease and has come to stay."

"We do not need to spend billions on research and development ... we need a return to morality."

Dr Frank Spracklen, of the national Aids Advisory Group, said this view was "unrealistic — promiscuity is here to stay, and to teach people to prevent the spread of Aids is important".

Aids threat to insurance industry

Aids, the modern Black Death, poses a threat to millions of lives throughout the world over the next decade. It could also cause severe financial losses to life insurers and upset the assumption of premium rates.

In other parts of the world the insurance industry is rapidly acknowledging the seriousness and magnitude of the problem. In South Africa we share this concern.

The mounting costs involved relate primarily to anti-selection.

Anti-selection involves the company accepting a bad risk, which it would not if all the facts were disclosed.

Str 11/6/xx

Article contributed by **MICHAEL BELLING**, manager (Marketing Communications) at Sage Life.

Two closely-related factors affect the life insurance industry here and abroad in this regard, public relations and the mortality risk.

On the public relations side, how would applicants for life insurance react to being tested for Aids? How would the market react to a special Aids questionnaire asking very direct questions about the lifestyle and sexual relationships of applicants?

92
Until now the life industry had reasonably reliable death statistics going back many years and these mortality tables were among the more constant elements in determining premium rates. Now mortality could become a variable factor.

Future projections relating to Aids are very uncertain, but the general view is that the position in future will be much worse than was first suspected.

Although only some 120 cases of Aids have been reported in South Africa, it is estimated that there are presently over 12 000 carriers of the virus.

South Africa could be particularly vulnerable as it is exposed to both varieties, First World and Third World Aids.

Most Aids deaths in the Western world have occurred among haemophiliacs, homosexuals, bisexuals and intravenous drug abusers.

In the Third World, particularly in the black African countries, Aids is predominantly a heterosexual disease.

The situation is serious but still far from reaching panic proportions. The present close examination of the situation is aimed at ensuring that it never does.

CPress 12/6/88

Shock ⁹² figures on Aids in SA

By CHARLES MOGALE

THERE are now about 200 "full blown" Aids cases in South Africa, and undiagnosed cases are believed to run into several thousands.

This disclosure by the SA Institute for Medical Research comes amid fears that the killer disease could be more widespread than reported.

The incubation period of Aids - a disease that breaks down the body's ability to resist disease - is five years. According to experts, this means that Aids carriers could live normal lives for five years before finding out they have the disease.

A spokesman for the SAIMR this week called on the public to take advantage of the free Aids test clinic run by the institute at the Johannesburg General Hospital.

Those who could not use the clinic could have blood samples taken by their private practitioners.

"The cost is not high. I would expect it to cost the same as any ordinary blood test, which is about R20, excluding the consultation fee of about R15," he said.

People who feared being exposed if they were proved to be Aids carriers, could go to private practitioners for confidentiality.

The law did not require Aids sufferers in particular to be isolated. However, sufferers of contagious diseases could be quarantined until they did not pose any danger to the community.

Hansard

The MINISTER OF EDUCATION AND CULTURE:

(a) Yes,

(i) to establish both the unity of the Department and the separate identity of each provincial education department,

(ii) on each letterhead appears the blazon of the Department of Education and Culture and at the bottom the blazon of the relevant education department; the words *Department of Education and Culture*, the name and address of the particular provincial education department are given in both languages;

(aa) falls away;

(b) no;

(i) and (ii) fall away,

(bb) a standardized compliment slip has not been designed.

Cape Town Gardens: rent increases in respect of rent-controlled dwellings

*2. Mr K M ANDREW asked the Minister of Local Government and Housing:

Whether any applications were received in 1987 for rent increases in respect of rent-controlled dwellings in the electoral division of Cape Town Gardens; if so, (a) how many and (b) what was the average percentage increase granted?

†The MINISTER OF THE BUDGET AND WORKS (for the Minister of Local Government and Housing):

Yes, by Rent Board, Cape Town;

(a) 119 applications;

(b) Each application is considered with regard to section 6 of the Rent Control Act of 1976 in terms of which restoration and other improvements, increases in rates, water and electricity tariffs have an influence. The average increase was 25,58%

Aids: committee re teachers/instruction to pupils Education and Culture:

*3. Mr R M BURROWS asked the Minister of Education and Culture:

HOUSE OF ASSEMBLY

(1) Whether he or his Department has appointed a committee to investigate and report on the question of Aids in relation to (a) teachers and (b) instruction to pupils; if not, why not; if so, (i) when was the committee appointed and (ii) what are the names of its members;

(2) whether the committee has reported; if not, why not; if so, what were the main elements of the report;

(3) whether he will make a statement on the matter?

The MINISTER OF EDUCATION AND CULTURE [Reply laid upon the Table with leave of House]:

(1) (a) Yes,

(i) 8 June 1988,

(ii) DEC

(HO)

Mr J A de Jager

(Chairman)

Mr F J P J van Vuuren

Mr A P Coetzee

Dr F L Knoetze

Mr J H Elgin

Mr K Olivier

OFSED Mr J H Badenhorst

Mr G F Heyns

Dr W J Boshoff

Mr E J Smith

Mr A P J Botha

Prof R C Conacher

Prof A H Kock

Prof A L le Roux

Mr P P Peach

Mr C M Roos

Mr J F Stemmet

Mr J F Steyn

Mr R J J van Vuuren

(b) yes,

(i) 18 February 1988,

(ii) NED

Mr J M Deane

(Chairman)

Dr C de M Cloete

Dr M A F Soffé

Dr C M Meitz

Dr B Olivier

DEC

Mr G H J Krüger

Dr P J Liebelrau

Dr D B Swanepoel

Hansard

OFSED Dr A Fourie

Mr C J Zaaiman

Dr J H de la Rey

Mrs B van der Walt

Adv J G Prinsloo

Mr C M Roos;

(2) yes, a preliminary report in respect of (b) has been submitted to the Committee of Heads of Education; the matter is being further investigated;

(3) yes, should it be deemed necessary.

Provincial education councils: sessional allowances

*4. Mr M J ELLIS asked the Minister of Education and Culture:

Whether members of provincial education councils receive sessional allowances; if not, why not; if so, what allowances?

†The MINISTER OF EDUCATION AND CULTURE:

Yes, a member of an education council who is not a full-time member of the Public Service receives an allowance.

Sessional allowances payable are: Chairman: R218,07 per session day, Member: R172,18 per session day.

For written reply:

General Affairs:

Mouse area: land purchased by State

1015. Mr W J D VAN WYK asked the Minister of Education and Development Aid:†

(a) What area of land was purchased by the State in the Mouse area before the Appeal Court decision on 29 March 1988 on the incorporation of the above-mentioned area into KwaNdebele, (b) how many persons were moved as a result and (c) what was the total cost of (i) the purchase transactions and (ii) moving these persons?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

(a) From the date of commencement of the Development Trust and Land Act, 1936 (Act 18 of 1936), 30 008 hectares of land was purchased by the South African Development Trust in the Mouse area.

(b) 928 families were resettled on their request.

(c) (i) The cost of purchase of the relevant land is not readily available as it is not kept apart in a register.

(ii) R2 212 356.

Self-governing territories: development corporations

1071. Mr J H VAN DER MERWE asked the Minister of Education and Development Aid:†

Whether he will furnish information on the salaries and fringe benefits of senior officials of the development corporations of the self-governing territories; if not, why not; if so, what (a) salary and (b) fringe benefits does the (i) general manager, (ii) assistant general manager and (iii) manager of each such development corporation receive?

†The MINISTER OF EDUCATION AND DEVELOPMENT AID:

Development corporations in the self-governing territories are managed and controlled by a board of directors appointed by the Cabinets of the various self-governing territories. This is done under legislation adopted by all the self-governing territories.

Salaries and fringe benefits of senior corporation personnel are determined by the boards of the corporations concerned and such information is confidential by nature. It is not usual to make such information public.

Ekangala: hospitals

1080. Mr P G SOAL asked the Minister of Education and Development Aid:

Whether there are any hospitals in Ekangala; if not, (a) why not and (b) where is the nearest hospital situated; if so, (i) how many of each specified kind of hospital, (ii) how many (aa) beds, (bb) doctors and (cc) nurses are there in respect of each of these hospitals, (iii) who is responsible for paramedical services in this area and (iv) in respect of what date is this information furnished?

The MINISTER OF EDUCATION AND DEVELOPMENT AID:

No.

(a) The number of inhabitants does not justify

2 SA doctors are invited to Aids congress

Medical Reporter ⁹²

Two of South Africa's top Aids experts, Dr Reuben Sher and Dr Dennis Sifris, are to attend the fourth International Aids Congress in Stockholm next week.

The five-day congress will be addressed by delegates from America, Germany, France, Britain and other countries.

South Africa has been invited to this annual congress since its inception.

Dr Sher, who will represent the South African Institute of Medical Research, will speak on the current Aids situation in South Africa and a new test for Aids antibodies which local researchers are working on.

Dr Sher said that while this new test was still in the preliminary stages of development it was hoped that it would be cheaper than existing Aids tests and therefore be more accessible to the public.

Dr Dennis Sifris is a leading member of the Aids Unit at the South African Institute of Medical Research and is an Aids counsellor. He will discuss aspects of Aids counselling.

e introduced

Watsumba

1102

u-
n-
pe
la
ng
he
n-
ed
ry
by
ys
so
ir
ve
as
s,"
nd
er
eft
ep-
u-
cat
t
an-
tik.
ing
eir
the
an

U11C U1100

'Only morality can beat Aids' (92)

CAPE TOWN — Aids has said. ^{Star 14/6/88}
could be reduced to "a Writing in the latest
transient phenomenon" issue of the *SA Medical*
by a return to morality, a *Journal*, Dr Mark Hen-
Free State immunologist dricks of Orange Free

State University's department of immunology says Aids is underestimated.

"Aids is the product of a permissive society and even should we develop a miracle cure, Aids is a venereal disease and has come to stay.

"We do not need to spend billions on research and development ... we need a return to morality."

Dr Frank Spracklen of the National Aids Advisory Group said this view was unrealistic. It was vital to teach people to prevent the spread of the disease. — Sapa.

...ers today to discuss ways of dealing with them.

Independent News Service.

DOWN

SS

ED RANDBURG

South Africa with the
inform the public that
as a result are FORCED
entire stock with DIS-
-%.

Star 16/6/88

New drug is developed 92 to fight Aids

The Star Bureau
WASHINGTON — A new anti-Aids drug with potentially fewer side effects than AZT — the only such drug to have won widespread backing — has been developed by Triton, a US-based biotechnology company.

Called AZDU, the compound is claimed to suppress the action of the human immuno-deficiency virus (HIV) responsible for acquired immune deficiency syndrome (Aids) by interfering with the virus's ability to reproduce itself.

The company said yesterday that laboratory tests by researchers at the University of Georgia had shown that AZDU had "an impressive ability to suppress HIV".

● The development of an Aids vaccine is still at least several years away, an international Aids conference in Stockholm has been told.

Diamond and Gold Engagement and Eternity Rings. 20 years of being the engagement leaders, 20,000 engagement rings must be seen.

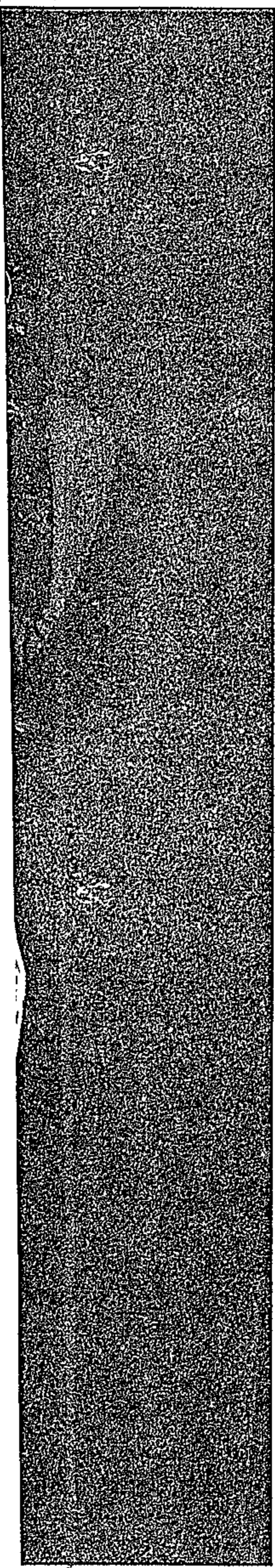
from only R270,00

'M15 chie

MOSCOW — the Labour government of ... comprehend what living?

191688
US 'super
spreader'
of Aids
still on
sex spree

city Press



AN Aids-infected man in California who doctors call the "super spreader" has infected at least four women and is still having sexual encounters, according to a report.

"He has infected four out of five of his partners that we have seen, but we don't know all of his partners," said Dr Nancy Padian of the University of California.

In other research presented this week, Dr William Haseltine of the Dana-Farber Cancer Institute in Boston, described the discovery of another gene in the Aids virus that seems to slow its proliferation inside the body.

The "super spreader" - a hemophiliac infected through contaminated blood products - is in his 20s, lives in California and is still healthy with no signs of Aids, Padian said.

She outlined the outbreak, attributed to this man as part of a study of infection rates among women who engage in risky sex.

"He is now using condoms," she said. "We asked him to tell" women about his Aids infection, "but we can't guarantee he is doing that."

Padian and Haseltine described their findings at the fourth international conference on Aids.

Haseltine said the new gene, called VPU, has been isolated by his and two other research labs.

Dr James Goedert of the National Centre Institute said the about one-million Americans already carrying the virus were growing more infectious, so they were more likely to spread the disease to uninfected people.

In the California study, Padian said the "super spreader" was somehow more infectious than most carriers of the virus, perhaps because he was infected with a more contagious variety of the Aids virus. - Sapa

living in the mink
lovely 19-year-old
e, including her
wimming, music and
me for dating new

Aids baby ⁹²

AN 18-month-old baby boy who has Aids is still in a serious condition in Durban's King Edward VIII Hospital, ^{Sowetan} ^{14/6/88} "He is very sick and the prognosis is poor," Professor Dennis Pudifin, a member of the National Aids Advisory Group said yesterday.

"In general, the outlook for children affected by Aids is very grave," he added.

AIDS RIFE, CLAIM 92

Scanned 23/6/88
LUSAKA — Ninety percent of prostitutes in Zambia are said to be carriers of the Aids virus and to control the spread of the deadly disease, the government is to distribute three million condoms, including to prostitutes.

Disclosing this here, Aids surveillance committee chairman, Dr Sam Nyaywa said people should not be naive and pretend that there were no prostitutes in Zambia.

"There are prostitutes in Zambia and 90 percent of them carry the Aids virus," he said.

The move to distribute condoms to prostitutes has, however, been condemned by the church and the Women's League. Secretary-General of the Catholic Secretariat, Father Peter Lwaminda reacted strongly and said: "We cannot support such a thing."

Aids risk rises

24/6/88

RAPID urbanization may increase the risk of cholera and Aids, Dr M E Popkiss, Cape Town's new Medical Officer of Health, said in a conference paper.

His paper, entitled "Health Requirements: How can we do more with less", was delivered on his behalf by his deputy, Dr N M Durcan, at a conference on "managing Urbanization in the Western Cape."

Dr Popkiss said cholera could be kept at bay by maintaining the pure water supply and by proposed improvements to the sewerage system, but Aids could only be prevented by health education.

Spending more on health education would save spending even more later, he said.

"The financial implications for Aids are staggering, with estimates for the United States of America amounting to some R66 billion in 1991."

The most economically active sector of the population suffered the most, he said.

"The most likely scenario for South Africa will see importation of this disease from countries to the north to the mining areas (which has already happened) and thence to the Transkei/Ciskei and the Western Cape."

"Of course there have already been 14 cases in this area, but all have been white homosexuals and not likely to have contributed to the threatened black heterosexual epidemic."

A Gallup poll has recently shown black South Africans had levels of awareness of Aids which ranked among the lowest in the world, Dr Popkiss said, "and we have been and will continue to strive to correct this situation locally at least."

Every municipal electricity subscriber had been sent an explanatory pamphlet, and additional copies had been delivered door-to-door in Langa and Gugulethu where many families did not have electricity.

Sapa

International
Aids society
established

92 Medical Reporter
An international Aids society has been established to facilitate the exchange of Aids information between countries, Dr. Ruben Sher of the South African Institute for Medical Research said yesterday.

Dr. Sher, who was one of four delegates to an international Aids congress held last week in Stockholm, said the society was divided into the geographic areas of North America, Europe, Asia, South America and Africa.

"We hope this society will bring doctors, nurses and all health care workers together to exchange Aids information," he said.

Next year's international congress will be held in Montreal.

Know all about

So ask for 2316/58

92

Sexual diseases

There is a plea for knowledge and awareness on sexually transmitted diseases.

It takes one person with an infection to transmit any of the types of diseases to 20 other people in a week. There are 15 diseases, besides the commonly known syphilis and gonorrhea, that are sexually transmitted. Many of them are transmitted by viral infection and some by bacterial infections.

A number of them can be cured with proper treatment. But they are not like measles or chickenpox against

Today we start a new health series by Dr Elin Hammar of the Johannesburg Family Planning Clinic in Marlborough House. Dr Hammar, a founder-member of the clinic, will discuss sexually transmitted diseases, congenital deformities, infertility and coping mechanisms.

which one can be immunised. An infected person can easily get another infection even after being cured of an earlier infection.

There are two other diseases — aids and herpes — that are not curable. Once a person is infected with them, he or she will have them for life. Both of them are caused by viruses that are

related to each other. A person with genital herpes will get infrequent attacks of illness — blisters and discharge — which subside with treatment.

The newest and most frightening disease, aids, does not show the usual symptoms like sores, blisters or discharge, there is no effective treatment for the aids

virus which can lead to death in one to ten years of infection.

An infected person might not know he is ill for quite a long time which means he or she can spread the disease to other people.

Treatment of any sexually transmitted disease does not involve the infected person only. The partner and source



DR ELIN HAMMAR

of infection must also receive treatment. It is unfortunate that there is fear and shame among people who get infected. They keep their illness a secret and in the process expose their partners to infection. This puts the whole community in danger.

OS All rights reserved

1987

TUESDAY, 28 JUNE 1988

1988

1989

TUESDAY, 28 JUNE 1988

1990

vice Staff Code and Regulations in which case the Department of Transport accepts responsibility for their travelling and subsistence expenses. The total cost for the Department over the past two years amounts to R690 029,00. Each visit is subject to my approval.

I do not consider it to be in the public interest to disclose more particulars, but I am, however, prepared to furnish the relevant information to the honourable member on a confidential and personal basis.

Staff housing subsidies: amount allocated

1239. Mr R M BURROWS asked the Minister of Transport Affairs:

What total amount was allocated by the South African Transport Services for the (a) 1986-87, (b) 1987-88 and (c) 1988-89 financial years for the payment of staff housing subsidies on a (i) compulsory and (ii) voluntary basis?

THE MINISTER OF TRANSPORT AFFAIRS:

Transport Services does not pay housing subsidies to its personnel but has Housing Schemes which are financed by the Organisation itself.

Kombi taxi services: permits issued

1247. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

(1) How many permits to operate Kombi taxi services were issued by each local road transportation board as at 31 December of each of the latest specified three years for which figures are available;

(2) whether any measures are taken to ensure that pirate (a) Kombi and (b) other taxi operators are apprehended; if so, (i) by whom, and (ii) what measures, in each case?

THE MINISTER OF TRANSPORT AFFAIRS:

(1) The information is not available in the form requested by the honourable member, but the following statistics have been obtained —

For the financial year 1 April 1985 to 31 March 1986

Local Road	4-8	9-15
Transportation Board (LRTB)	seater vehicles	seater vehicles
JOHANNESBURG	376	307

HOUSE OF ASSEMBLY

1987

TUESDAY, 28 JUNE 1988

1988

1989

TUESDAY, 28 JUNE 1988

1990

obtained by the applicants. Many applicants failed to obtain ranking space with the result that permits have not been issued to them. Statistics in respect of the exact number of permits physically issued for taxis are not kept. The Department is in the process of developing an extensive information system relating to Kombi taxis so that comprehensive information will in due course be available.

(2) (a) and (b) No, but section 31(1)(a) of the Road Transportation Act, 1977 (Act No 74 of 1977) determines that any person who undertakes road transportation except under the authority of a permit authorizing such road transportation shall be guilty of an offence. An authorized officer, as defined in section 1 of the Road Transportation Act, 1977 (Act No 74 of 1977), may, in terms of section 40(1)(a) of the Criminal Procedure Act, 1977 (Act No 51 of 1977), arrest any person who commits or attempts to commit any offence in his presence. These authorized officers are continuously taking action against unauthorised operators and authorised operators who

contravene or fail to comply with the conditions of their permits. During the 1987/88 financial year 7 565 pirate taxi operators were prosecuted and fines of nearly R1,2 million were imposed.

SAA staff: Aids sufferers

1260. Mr C J DERBY-LEWIS asked the Minister of Transport Affairs:

(1) Whether, with reference to his reply to Question No 4 on 12 April 1988, he will reconsider his decision not to furnish information on possible Aid sufferers on the staff of the South African Airways; if not, why not; if so,

(2) whether any staff members who have been identified as Aids sufferers are still employed on Airways flights; if so, (a) why and (b) how many as at the latest specified date for which figures are available?

THE MINISTER OF TRANSPORT AFFAIRS:

(1) No. As indicated in the reply to Question No 4 this information is regarded as confidential.

(2) Falls away.

92

For the financial year 1 April 1987 to 31 March 1988

LRTB	4-8	9-15
seater vehicles	seater vehicles	
JOHANNESBURG	6 898	89
PRETORIA	20 135	3 273
PIETERMARITZ-BURG	1 057	177
DURBAN	974	262
BLOEMFONTEIN	1 309	124
KIMBERLEY	186	15
CAPE TOWN	2 125	218
POTCHEFSTROOM	1 383	508
EAST LONDON	380	122
PORT ELIZABETH	341	28

Please note that the above-mentioned statistics are in respect of the number of new applications for taxis, including those for Kombi taxi services, granted during the past three financial years. These applications were granted on condition that proof be furnished that ranking space has been

HOUSE OF ASSEMBLY

WOMAN

American women make . . .

First move

92 Sawetam 27/6/88

NEW YORK — More American women than men now are the first to broach the subject of using a condom before a sexual encounter. And almost 40 percent of

condoms bought in America are bought by women.

A recent survey by Research and Forecasts for Carter-Wallace, the manufacturers of Trojan Condoms, shows that, in

this age of the deadly, sexually transmitted disease Aids, 74 percent of single women say they mention using a condom before men.

And 71 percent of single women claim they don't wait until the heat of passion. They initiate a conversation about Aids before physical contact with a man — before even a kiss.

But about a third of men and women do not even discuss Aids or condoms — considered a precaution against the disease — with a new partner until after sex.

However, due to the growing role women are playing in the decision to use and the supply of condoms, manufacturers are now designing packages to appeal to them.

Trojan for women — packed in a pink and lavender box — was announced this week. And Schmidt Laboratories is aiming its Koromex brand at the female market, using a simple plain box resembling a business card holder.

Baby boy very ill (92) with Aids

26/6/88 CP Reporter *Chero*

AN 18-month-old baby boy with Aids is seriously ill at Durban's King Edward VIII Hospital.

The baby was brought in a month ago after he displayed symptoms of the fatal disease.

Doctors diagnosed that he was suffering from the disease and showing acute signs of pneumonia, weight loss, general weakness and swelling of the lymph nodes.

Tests proved that the baby was Aids-positive.

"He is very sick and his prognosis is poor," Prof Denis Pudifin, member of the National Aids Advisory Group said.

Condoms for prostitutes in Zambian govt anti-Aids drive

CP Correspondent

NINETY percent of prostitutes in Zambia are said to be carriers of Aids and the government plans to distribute three-million condoms to the public, with specific focus on prostitutes, to control the deadly disease.

Disclosing this, Aids Surveillance Committee chairman Dr Sam Nyaywa said people should not be naive and pretend there were no prostitutes in Zambia.

"There are prostitutes in Zambia and 90 percent of them carry the Aids virus," he said.

The move to distribute condoms to prostitutes has, however, been condemned by the Church and the Women's League. Secre-

tary-General of the Catholic Secretariat, Father Peter Lwaminda, reacted strongly and said: "We cannot support such a thing."

He said condoms were bad for both married and unmarried women, "including prostitutes for that matter". He stressed that Catholics were "unquestionably" against the use of condoms as they promoted promiscuity and as a result destroyed sexual morality.

Lwaminda also noted: "As a matter of fact, the result of using condoms will be an increase in the number of Aids cases because it has been proven that some condoms are not safe. Therefore, there is no guarantee that people using condoms shall be Aids-

free."

Women's affairs committee chairman Mary Fuijano said: "I am perplexed that as a government we have to distribute condoms because I am not aware of any place where we have identified prostitutes."

The condoms which the government is expected to start distributing to prostitutes will come from the United States.

Meanwhile, Zairean authorities are reported to be charging foreigners about R80 for Aids treatment using the MMI vaccine.

Sources said that some Zambians were flocking to Zaire after being tested Aids-positive. Despite the treatment, the sources said, these patients were not being cured. Nyaywa confirmed hav-

ing received reports about Zambians going to Zaire for Aids treatment but said he was not aware of the payment.

"Zambians who are going to Zaire for such treatment are doing so at their own risk because MMI vaccine has not yet been presented to the scientific world," he said.

Nyaywa urged Zambians to stop going to Zaire until the MMI vaccine was proved in scientific circles. "Not even the World Health Organisation knows about the MMI vaccine," he warned.

Zambia has reported a total of 754 confirmed Aids cases to the WHO by the end of March this year. Eighty people have so far died of Aids in Zambia. —
Ano

Missing boy's body found

CP Correspondent

THE badly mutilated body of a boy who was reported missing on May 29, was found in an open veld near Ehlanzeni hostel in Tembisa.

The gruesome find took place after people alerted the local municipal police who, in turn, notified the Tembisa police.

The dead boy was Jabu Manda, 11, of 591 Khulung Section, who was reported missing two weeks ago.

Jabu's badly decomposed corpse was found without eyes, nose, ears or private parts.

The family said they could only identify Jabu's body through the overall and T-shirt he was seen wearing the day he disappeared.

A spokesman for the police at Tembisa said: "We have detained a man in connection with the case and are hoping to bring the man before court soon."

92
CP 26/6/88

C. Press 3/7/88 (92)

BCU slams govt on skin lightener ban delay

By SIMPIWE NCWANA

THE government's postponement of a ban on skin lighteners until 1990 has evoked a harsh reaction from the Black Consumers' Union.

The BCU has called the government's move "disgusting" and insensitive to the welfare of black consumers.

Regulations prohibiting the sale of skin lighteners were supposed to have come into effect on Thursday.

They were drawn up after medical organisations, health authorities and consumer groups had for many years recommended to the Health Department that

skin lighteners be banned, particularly hydroquinone types.

The executive director of the BCU, El-drige Mathubula, said: "Two weeks ago we wrote a strong and urgent letter to the Minister, Dr. Willie van Nekker, requesting a meeting with him and demanding to know the reason for granting the manufacturers further time to sell these products. To date he has not responded, but has agreed to meet the manufacturers."

"We feel very strongly about this conspiracy between the government and business. The government does not care, because skin lighteners directly affect blacks. If it was for the white consumer, the

government would not have let it go to such an extent."

Also reacting to the postponed ban, the president of the Black Housewives' League, Sally Motlana, said: "This is cruelty to the affected majority who neither have a vote nor representatives. Since the government fears losing the support of the manufacturers who have the vote and money, it again decided to satisfy them and push the black need aside and forget about it."

A Johannesburg skin specialist said it had been found beyond reasonable doubt that hydroquinone in skin lighteners was the ingredient which caused disfiguration

and permanent harm to the skin.

She said: "Creams containing hydroquinone are the main skin-damaging agents. This chemical starts by bleaching the skin and later becomes darker. A rough layer then develops and, under the skin, small black lumps grow resulting in women having rough, permanent black masks on their faces."

"When the skin has been affected to this extent, there is no way of reversing the damage."

The BCU has appealed to all consumers to refrain from using any skin lighteners and has made requests to retailers not to stock them.

Malawi healer claims he has cure for Aids

By SOPHIE TEMBA

TRADITIONAL healer Grant William Chipangula, who visited South Africa early this year, could be the most famous man in the world and win a Nobel Prize if his muti is a cure for the killer Aids disease.

Dr Ruben Sher of the Medical Research Institute and head of the Aids Research Unit, confirmed he had been challenged by Chipangula to test and verify that his muti is a cure for the disease.

Chipangula, a healer from Malawi, claims he has healed a South African couple and several Aids sufferers in Malawi, where Aids is known as "Kanyela" or "Magawagawa".

Chipangula has gone back to Malawi and has left his assistant, Taombe

Soweto man says virus is not new - he can fix it too

Phiri, in their Johannesburg offices to treat patients who have positively been identified as HIV carriers by Sher's institute. At present Phiri has 10 patients - nine blacks and one white.

He claims four have already been healed and the rest are well on the way to recovery and report to their doctors who keep them under close observation.

He claims he has so far healed 15 victims - six in Khatu song near Carletonville, two in Fochville and seven in Potchefstroom. Phiri said the muti was made from one herb and 23

different roots - all found in Malawi.

He said he and Chipangula believed that by sharing ideas with white medical practitioners, gathering information from other traditional healers and doing research, they would undoubtedly find a cure for Aids, and perhaps even for cancer.

A medical spokesman said Chipangula and Phiri should be given a chance to prove their muti could cure the disease successfully.

In the latest issue of *Siyavuna*, the traditional healers' newsletter, Sher said: "If I can establish visible proof that the muti

works during tests in my laboratory - which include tests on a voluntary Aids patient - Chipangula will be the most famous man in the world today."

Sher promised to nominate Chipangula for a Nobel Prize if his muti cured Aids or even retarded the virus.

Meanwhile, Soweto traditional healer Lymon Galaza Msibi, says: "We have always known about the disease. The only difference is that whites call it Aids."

"We always knew the disease as 'Mumbu' and people like me know the cure for it."



Soweto traditional healer Galaza Mbisi... claims cure for Aids victims.

92

Leading SA Aids expert for congress

Pretoria Correspondent

A leading South African expert on Aids, Professor Barry Schoub, is one of the speakers at the Fifth Biennial Microbiology Congress (Microbios '88) to be held at the CSIR from July 4 to 6, a spokesman said.

The keynote speaker, Professor Harald zur Hausen of the West German Cancer Research Centre, will discuss cancer of the cervix.

There will also be poster presentations at most sessions.

A wide range of subjects is to be discussed by delegates, ranging from bacteria in tap water, occupational allergies, spoiled vacuum-packaged Vienna sausages and rope in South African brown bread.

Overseas visitors are expected from West Germany, the United Kingdom and the United States.

Local speakers will represent the CSIR itself, all South African residential universities, the National Centre for Occupational Health, the Tuberculosis Research Unit and the Medical Research Council's Aids unit.

The conference is being organised by the South African Society for Microbiology, assisted by the CSIR's conference co-ordinators.

Conference on Aids planned

Aids has reached critical proportions in Africa and has become a major issue which needs to be addressed by both business and labour.

The issue will be discussed at the "Aids at Work" Conference on July 12 at the Sandton Sun Hotel, Johannesburg.

Organised by Corporate Man-

(92) 54v 57718
agement Consultants, delegates to the conference will examine the financial implications of Aids in the workplace. Emphasis will be given to the effects of the disease on industrial relations.

The mayor of Sandton, Mr Peter Gardiner, will officially open the day's proceedings at 8 am.

Spread of Aids in Africa a threat to SA goldfields ⁹²

The Argus Foreign Service *MAGW 7/7/88*

LONDON. — The spread of the Aids infection through Africa presents a very real threat to the Central African copperbelt in Zaire and Zambia — and ultimately to South Africa's goldfields, according to Yorkton Securities, the Canadian natural resources research group.

Mr Peter Miller, an analyst in Yorkton's London office, estimates that it will be another five years before South Africa's gold mines are significantly affected.

Nevertheless, Aids is now spreading steadily south towards the goldfields. In 1986 the South African Chamber of Mines tested nearly 30 000 black foreign workers from high risk areas and found about five percent to be HIV positive.

In parts of Zambia and Zaire, says Mr Miller, "it is now generally accepted that the level of Aids infection significantly exceeds 40 percent of the population and is rising fast".

Zaire and Zambia between them produce about 12 percent of the world's newly mined copper.

The mines in Zaire and Zambia, which are deep, old and in poor condition, are already suffering from shortages of skilled people. It will become increasingly difficult for the mines to attract expatriate employees with badly needed expertise.

HEALTH

C/Pres 10/7/88

VICE President George Bush, endorsing a controversial policy that President Ronald Reagan has so far refused to back, said this week Aids victims should be protected by new laws from job and housing discrimination.

New US laws may protect Aids victims from discrimination (92)

Bush told reporters he backed a call by the White House Aids Task Force for a new federal law granting infected individuals the same protection from discrimina-

tion as is already enjoyed by the handicapped and the disabled.

The recommendation is the most controversial made by the Task Force, which formally transmitted its report to the White House on Monday.

"I think it is needed," Bush told reporters, referring to the discrimination

plan, as he travelled to San Francisco, where he was to attend several fund raisers for his presidential campaign.

Though Reagan has not yet endorsed the Task Force recommendation, "I am endorsing the approach," Bush said advisers and by many lawmakers on Capitol Hill, who

believe no new antidiscrimination laws are needed.

Reagan himself said he would not comment on specific recommendations made by the Task Force for 30 days.

Bush, who is lagging in the polls behind democrat Massachusetts Governor Michael Dukakis,

has been criticised by some for running in Reagan's shadow and failing to differentiate his views from those of the president. - Sapa



George Bush

has been criticised by some for running in Reagan's shadow and failing to differentiate his views from those of the president. - Sapa

By MOKGADI PELA

More face Aids deaths

ABOUT 60 percent of Aids victims in South Africa have died and unless people change their sexual behaviour, they face certain death, Dr Ruben Sher, an Aids specialist, warned at the weekend.

He said an Aids patient in the Witwatersrand has recently died and two have just been discharged from hospital.

"They are floating around with the infection," he said.

Since 1982 there have been 112 reported Aids cases in the country. Out

of those cases, 84 were homosexuals, 18 heterosexuals, four related to blood transfusion, 5 were haemophilia sufferers and one baby — a paediatric case, he

added. "Out of those patients 95 are white, 14 black, one coloured and one Asian. About 104 of those people are males and seven females".

The provincial breakdown was as follows: 72 of the cases were in the Transvaal, 16 in the Cape, 21 in Natal and two in the Free State, he said.

"Because sexual behaviour cannot be legislated against, we can only advise people to stop sleeping around. If you back 12 horses in a race, one of those may

win, but if you support only one, your chances of winning are much less, similarly, if you sleep with 12 women you have a greater chance of getting infected than if

you sleep with one," Dr Sher went on. People were advised to stick to their partners or use condoms which otherwise did not afford full protection, he said.

One Trist
12/7/88
Aids:
'Just 92
three
years to
prepare'

Own Correspondent

PRETORIA. — South Africa had three years to prepare for the serious advent of Aids, Human Sciences Research Council (HSRC) researcher Ms Eventhe M Schurink said.

She said if the world failed to face up to the Aids threat it could be the "biggest disaster of all time".

In three years SA would have to overcome unnecessary prejudices and implement facilities to take care of HIV infected people and Aids sufferers.

Until now 96 443 cases worldwide had been reported to the World Health Organization.

Compared with other countries the incidence of Aids was low in SA.

So far 116 had died from the disease, an estimated 500 showed symptoms of the disease and, conservatively, the number of carriers totalled about 5 000.

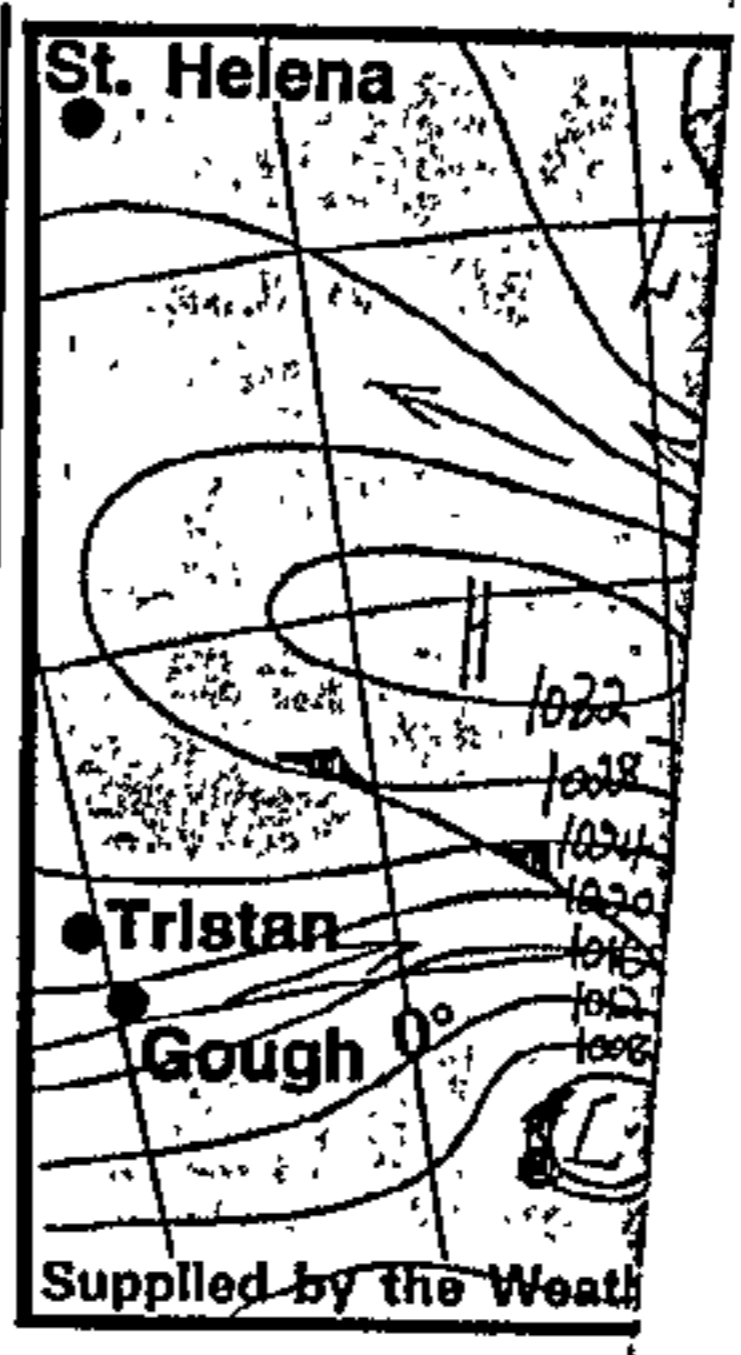
But South Africa, Ms Schurink said, faced not only the threat from the Western world where Aids was still prevalent among gays, but also the threat from the so-called African Aids.

Information campaigns targeted on high risk groups seemed the most effective way to combat the disease.

HSRC research indicated the most cost-effective strategy was to follow the lead of voluntary organizations such as had been established in New York, San Francisco and in Cape Town.

Ms Schurink said it was scarcely ten years since the first cases of Aids were diagnosed in America.

Since then Aids had become a threat to mankind comparable with a nuclear war.



Fine

CAPE PENINSULA and Western Cape belt: Partly cloudy or southern coastal rain otherwise fine and Wind moderate northerly to south-westerly minimum and maximum temperatures will be between 03 and 18° C.

Coastal belt Cape Infanta to Berg Bay: Fine and cold

Coastal belt Plettenberg Bay to Alfred: Fine and mild.

Namaqualand and the southern Cape interior: Very severe frost, becoming cold.

Transvaal: Partly cloudy, but very cold over the becoming fine.

Free State: Fine and cold, somewhat warmer over the northern part.

Natal: Partly cloudy and becoming somewhat

Namibia: Fine and mild warmer with sandstorms

Botswana: Fine and mild with bergwinds and

YESTERDAY'S RECORD

Barometer 100
Humidity
Temperature
max 16,1 min
(At D F Melan 24 hours)
Hours of sunshine: 9
Wind (D F Melan) 8

TV T

*Program

- 6.00-8.00: G
- 8.00: Jy is N
- 8.05: Tekeng
- 8.10: Die Tii
- 8.20: Goue
- 8.25: Coust
- 8.30: I Live
- 8.35: Progr
- 8.40: Droent
- 8.45: Wiele
- 8.50: Die M



Treat sexual diseases Sowetan 12/7/88 92

SYPHILIS is caused by a minute wormlike germ which cannot survive outside the body but is extremely infectious. Untreated syphilis can have life-time effects like heart disease, brain disease, paralysis and holes in palate or nose. When the disease is at this stage sufferer cannot infect others.

The first sign is a blister that turns into a sore. It can be on any part of the body — the penis, mouth and internal or external part of a woman's organs. It is usually a single sore, about a centimetre in size, round, hard and painless to touch. It does not even bleed easily. If it is inside a woman's vagina she might not even notice it.

It may show in about a week or a couple of months after infection. The danger is that it heals on its own after a few weeks. The victim might think it has gone forever but has not. It remains

Dr Elin Hammar of the Johannesburg Family Planning Clinic in Marlborough House discusses sexually transmitted diseases, congenital deformities, infertility and ways to cope with them.

dormant in the body.

The next stage is equally infectious. The person may think he has a flu. He may develop a rash, which does not itch, have swollen glands and patches of pubic hair may fall off. This situation will also correct itself and the disease will go into hiding again.

Treatment

If the disease is not diagnosed, through blood tests, it may later manifest itself through brain damage, bone damage etc. If the sufferer is a woman she might fall pregnant and give birth to a stillborn baby if she does not get a miscarriage.

The child may be born with syphilis if it survives.

Seawater, ointments, herbs and other traditional healing methods may appear to heal a sore or rash but both the primary and secondary

stages of syphilis disappear on their own as the germ moves to the blood.

Treatment is effective for a few years after the infection. It is important for pregnant women to have blood tests to prevent them infecting the babies.

There are several other diseases that can be confused with syphilis especially as they produce sores, blisters and enlarged painful glands in the groin. They look much worse than syphilis — large sores on the penis and big glands — but their response to treatment is good. Untreated cases and very late treatment can result in severe deformities.

Genital herpes

This appears as several blisters, not a single big sore. The blisters itch and the skin around them is red and sore. The glands

in the groin may be big and tender.

They may subside after a while and sooner with treatment but now and again they will surface although each subsequent episode will be less severe. This pattern will repeat for life however.

It is more dangerous for women than men. If a woman can have an attack of herpes when the child is born it might be severely infected since it passes through the infected birth canal. An alternative will be to have the baby delivered through Caesarian operation.

There is thought to be a strong connection between the herpes virus and the growth of a cancer on the mouth of the womb. But there are other factors involved in this special cancer — early sexual activity, other infections and a germ that may be carried by the sperm into the uterus.

The earlier the change in the cervix by the sperm in the cervix is seen, the easier the cure. Pap smears done at least every two years are the best protection. They show infections and early signs of possible cancer, a stage where treatment can be 100 percent effective.

Genital warts

They cause a great deal of worry and should be distinguished from syphilitic warts. They are easy to treat. They are caused by the papilloma virus which is also thought to be involved in the development of cervical cancer.

All these infections can be avoided with the use of condoms especially where there are doubts about the possibility of an infection. Other things that can help are:

- going for treatment;
- following it completely;
- assisting with finding the source of the infection; and
- non-promiscuity.

92 B/day
13/7/88

'Face the real AIDS problem'

BRONWYN ADAMS

REPATRIATING migrant mine workers carrying the HIV virus simply displaced the problem of AIDS, while remaining blind to factors either causing it or facilitating its development, National Union of Mineworkers medical advisor Dr Dennis Roebbel said yesterday.

Speaking at a Corporate Management Consultants conference in Sandton on "AIDS at Work", Roebbel said the margin for error in many of the tests indicating patients were AIDS carriers was as high as 60%. This meant half the 700 migrant labourers who had had their contracts terminated at the beginning of this year because of being suspected carriers might not have had the disease at all.

Roebbel said the mining industry would have to accept responsibility for the spread of AIDS and provide compensation to sufferers. He said the disease was spreading through liaisons between sexually active miners, separated from their wives, and women in neighbouring districts.

Chamber of Mines's Dr Oluf Martiny said it was the employers' right to refuse to employ HIV carriers. He said, however, it was a completely different issue when a worker currently employed by an organisation contracted AIDS.

Migrant labour ⁽⁹²⁾ system to blame, says adviser

Star
13/7/88

The migrant labour system is responsible for the spread of Aids among black mineworkers, the National Union of Mineworkers (NUM) medical adviser, Dr Dennis Rubel, said in Johannesburg yesterday.

He was speaking at an "Aids at Work" conference organised by Corporate Management Consultants to investigate the implications of the killer disease on the working environment.

"The migrant labour system is fertile ground for an Aids epidemic and the State and industry should bear the responsibility. The NUM believes Aids sufferers should be compensated," Dr Rubel said.

He said homosexuality as practised on mines was not the kind that would result in transmission of Aids.

It was not surprising, he said, that hostel dwellers formed sexual liaisons with women because their wives and families were not allowed to live with them.

Dr Rubel said that while it was understandable for a dying Aids sufferer to go home, it was illogical to repatriate Aids carriers.

The NUM he said, regarded repatriation as dismissal.

Aids testing was not standard and it was not yet certain how many false positives had resulted.

Repatriation meant handing over the problem to another country.

The Chamber of Mines medical adviser, Dr O Martini, said the only weapon against Aids was education.

The cost of treating an Aids sufferer was between R20 000 and R40 000 and was ultimately the responsibility of the State, he said.



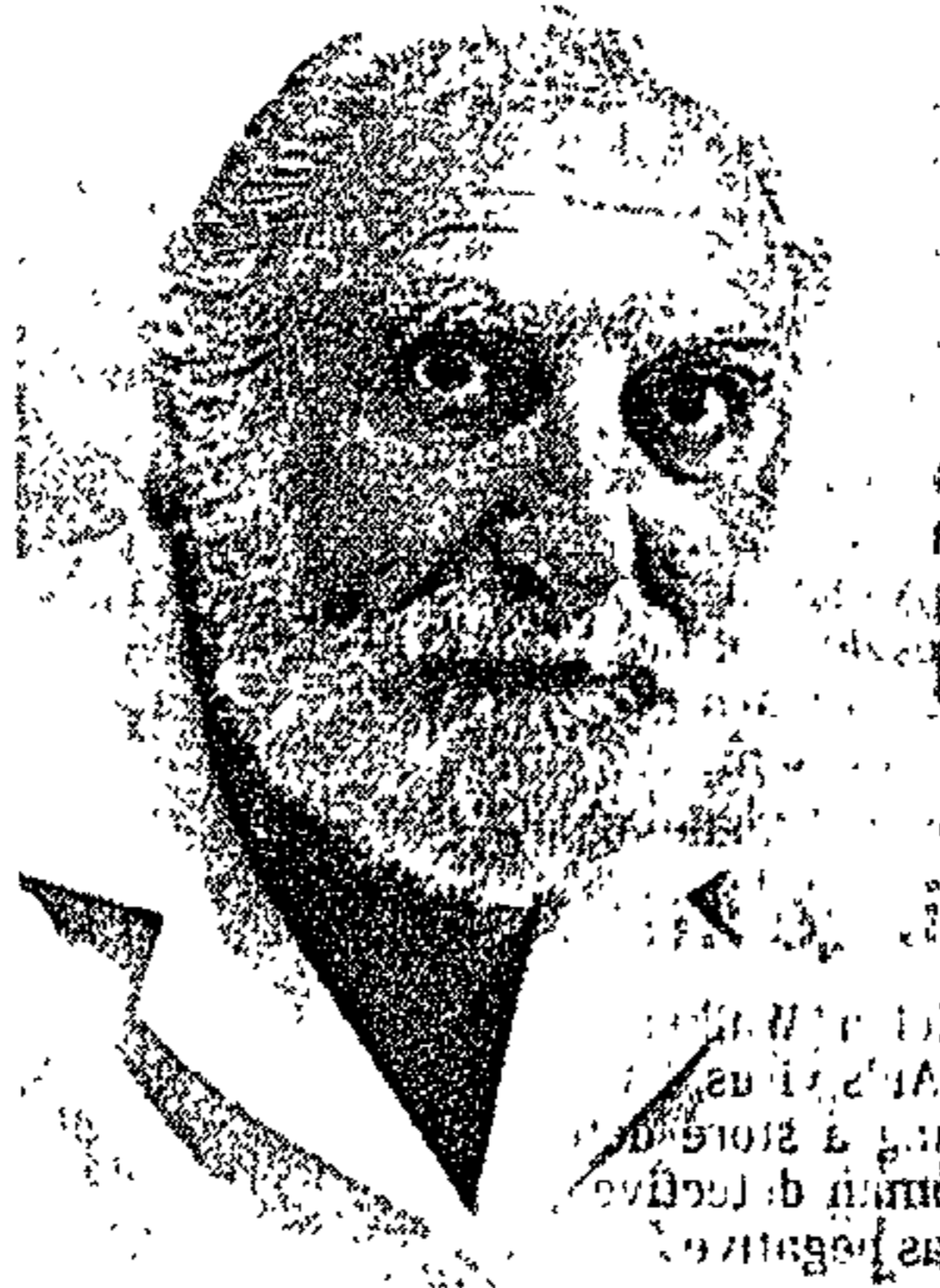
EIGHT

Education the vital factor

Rampant Aids will infect one million people in 5 years

Str 1317/86

92



Dr Ruben Sher . . . 111 cases since 1982 and 60 percent have died.

By Adele Baleta

World health authorities predict that the rampant spread of Aids will have affected more than 1 million people by 1993, says Dr Ruben Sher, head of the South African Medical Research Institute.

He was delivering a medical analysis on the killer disease at an "Aids at Work" conference organised by Corporate Management Consultants.

Dr Sher said since 1982 there had been 111 reported Aids cases in South Africa. About 60 percent of these patients had died.

Eighty-five of the 111 were homosexual-bisexual, 16 heterosexuals, four were infected by means of blood transfusions, five were haemophiliacs and one was a child, he said.

In September 1987, no cases had been reported among blacks. By March 1988 a breakdown of the ethnic groups showed 95 percent were whites, 14 blacks, one coloured and one Indian.

Of these, 104 were males and seven females, Dr Sher said.

Education, he said, was the most important factor in helping to combat the spread of the disease for which there was no vaccine.

The Deputy Minister of National Health and Health Services, Dr MH Veldman, also stressed the need for the private and public sectors to take an active part in educational campaigns on Aids.

He said although the prevalence of human immuno-deficiency virus (HIV) — the causal agent of Aids — was low among the general population, it was continuing to spread.

The Chamber of Mines survey on foreign recruited labour revealed that 10 to 12 percent were infected while the figure for South Africans was 0,04 percent.

A survey of miners visiting sexually transmitted disease clinics showed 17,8 percent of foreign labourers had the virus compared to a rate of 0,08 percent for South African miners.

Migrant labour system to blame, says adviser

92

140/200

The migrant labour system is responsible for the spread of Aids among black mineworkers, the National Union of Mineworkers (NUM) medical adviser, Dr Dennis Rubel, said in Johannesburg yesterday.

He was speaking at an "Aids at Work" conference organised by Corporate Management Consultants to investigate the implications of the killer disease on the working environment.

"The migrant labour system is fertile ground for an Aids epidemic and the State and industry should bear the responsibility. The NUM believes Aids sufferers should be compensated," Dr Rubel said.

He said homosexuality as practised on mines was not the kind that would result in transmission of Aids.

It was not surprising, he said, that hostel



mately the responsibility
of the State, he said.

200 (92)
**Illness not
grounds for
dismissal**

SKW 13/7/85
A worker cannot legally
be dismissed for being an
Aids carrier, according to
a labour lawyer, Mr Rod
Harper.

Speaking at the "Aids
at Work" conference in
Johannesburg yesterday,
he said illness was not a
basis for dismissal but
had to be seen in the con-
text of an infected work-
er's productivity.

Mr Harper said that al-
though workers could be
dismissed on the grounds
of incapacity, the princi-
ple required was that the
employer acted fairly.

This meant looking at
all possibilities, such as
transfer, before resorting
to dismissal.

An Aids carrier could
be transferred if there
were medical grounds for
the move.

An example was a
nurse who worked with
blood samples, Mr Harp-
er said.

There was no obliga-
tion in law to force an
employee to undergo a
medical examination al-
though there was provi-
sion in health legislation
for a State doctor to con-
duct examinations, he
said.

WOMAN

BE WARY of infections

92

So wetan 14/7/88

GONORRHEA is caused by a bacteria which attacks the inner lining of certain organs like the cervix (the mouth of the womb) and the tube carrying urine from the bladder in both men and women. It can attack the back passage or the throat in certain relationships.

The first sign is a discharge which may be heavy, especially in the man, with a burning pain when passing urine. It may be less uncomfortable in women and show no significant signs in the form of discharge.

Medical treatment through injections and tablets must be taken up to the end to make sure that the disease has been cured.

There are some cases where the bacteria defend themselves and change themselves to resist treatment. The

infected person therefore has to take full treatment to make sure that the bacteria is killed.

Untreated gonorrhoea or insufficient treatment can result in the bacteria travelling up the cervix to the tubes that carry the egg cells. This may result in the scarring and closure of the tubes which makes it impossible for the sperm to reach the ovum. This may result in failure to fall pregnant.

Sometimes the sperm, because of its small size, may pass through the narrowed tube and fertilise the ovum. An ovum becomes big when it grows and this can make its passage through the tube to the uterus very difficult.

It might sometimes stick in the tube and grow there. This might cause it to rupture because of the unexpandable nature of the tube.

This dangerous condition is called a ruptured ectopic pregnancy. The woman will need an operation to stop the bleeding. Her tube will be cut out and the pregnancy stopped. Gonorrhoea is not the only cause of blocked tubes or ectopic pregnancies but one of them.

In this same way a man's tube can also be blocked by scar tissue. This may cause difficulty in the sperm moving to the vagina and may cause infertility. His testicles and prostate may also be infected.

Gonorrhoea may also spread to the eyes and joints. Newborn babies may get an eye infection from their mothers that can lead to blindness if untreated.

There are several other infections that can have the same signs, usually less severe but equally devastating, as gonorrhoea. They may be present at the same time as gonorrhoea. This is why it is important to go to an STD clinic for thorough examination and full treatment that includes sexual partners to prevent further damage.

The minor infections are thrush and trich (trichomonas). These two infections need not be sexually transmitted although both are increased by sexual activity and will pass between partners. The signs in women are usually much more marked than men. Both can be treated and do not have long term recurrence.

Super Kurl Proudly Salutes the Black Family

Mkms 15/7/88 92

WORLD



NATIONAL

Deadly disease 'is no excuse for sacking'

JOHANNESBURG. — A worker cannot legally be sacked for carrying Aids, says labour lawyer Mr Rod Harper.

Speaking at the Aids at Work conference in Johannesburg, he said the illness had to be seen in the context of an infected worker's productivity.

Mr Harper said that although workers could be dismissed on the grounds of incapacity, the principle required was that the employer acted fairly. This meant looking at possibilities such as transfer before resorting to dismissal.

BLOOD SAMPLES

An Aids carrier could be transferred if there were medical grounds for the move. An example was a nurse who normally worked with blood samples, Mr Harper said.

There was no legal way to force an employee to have a medical examination although there was provision in health legislation for a State doctor to conduct examinations, he said. — Sapa.

'One-million Aids victims in world by 1993' warnings

JOHANNESBURG. — World health authorities predict that the rampant spread of Aids will have affected more than one-million people by 1993, according to Dr Ruban Sher, head of the South African Medical Research Institute.

He was delivering an analysis on the killer disease at an "Aids at Work" conference organised by Corporate Management Consultants.

Dr Sher said that since 1982 there had been 111 reported Aids cases in South Africa and that about 60 percent of these patients had died.

Eighty-five of the 111 were homosexual/bisexual, 16 heterosexuals, four were infected by means of blood transfusions,

five were haemophiliacs and one was a child, he said.

In September 1987 no cases had been reported among blacks. By March 1988 a breakdown of the ethnic groups showed that 95 percent were whites. There were 14 black cases, one coloured and one Indian.

Education

Of these, 104 were males and seven females, Dr Sher said.

Education was the most important factor in helping to combat the spread of the disease, for which there was no vaccine.

The Deputy Minister of National Health and Health Services, Dr M H Veldman, also emphasised the need for the private and public sectors to take an active part in educational campaigns on Aids.

He said that although the prevalence of human immuno-



deficiency virus (HIV) — the causal agent of Aids — was low generally population, it was spreading.

The Chamber of Mines survey on foreign-recruited labour showed that between 10 and 12 percent were infected, while the figure for South Africans was 0,04 percent.

A survey of miners visiting clinics showed that 17,8 percent of foreign labourers had the virus, compared with 0,08 percent for South African miners. — Sapa.

'Migrant labour system fertile ground for Aids'

JOHANNESBURG. — The migrant labour system is responsible for the spread of Aids among mineworkers, the National Union of Mineworkers (NUM) medical adviser Dr Dennis Rubel said here. He was speaking at an Aids At Work conference yesterday to investigate the implications of the disease on the working environment.

"The migrant labour system is fertile ground for an Aids epidemic and the State and industry should bear the responsibility. The NUM believed Aids victims should be compensated, Dr Rubel said.

He said homosexuality as practised on mines was not the kind that would result in transmission of Aids.

It was not surprising, he said, that hostel dwellers formed sexual liaisons with women because their wives and families were not allowed to live with them.

Dr Rubel said that while it was understandable for a dying Aids victim to go home, it was illogical to repatriate Aids carriers.

The NUM regarded repatriation as dismissal. Aids testing was not standard and it was not yet certain how many false positives had resulted.

Repatriation meant handing over the problem to another country.

The Chamber of Mines medical adviser, Dr O Martini, said the only weapon against Aids was education.

The cost of treating an Aids victim was between R20 000 and R40 000 and was ultimately the responsibility of the State, he said. — Sapa.

Chamber clarifies

Aids statement (92)

Star 18/7/88
The Chamber of Mines has clarified a statement made by the Deputy Minister of National Health and Welfare, Dr MM Veldman, at an "Aids at Work" conference in Johannesburg, and reported in The Star on Wednesday.

The Minister said a Chamber of Mines survey on all new recruits in 1986 found that the prevalence of HIV antibodies "varied from a high 3,7 percent (which has now risen to 10-12 percent) among foreign recruited labour". The Chamber said these figures applied to Malawi, not all foreign recruits.



DR RUBEN Sher.

SA is sitting on an Aids time bomb — expert

Sowetan 18/1/88

92

By MOKGADI PELA

SOUTH Africans do not realise they are sitting on a time bomb with Aids spreading like a wild fire, an expert on the disease, Dr Ruben Sher, warned last week.

Dr Sher (59), who is the acting head of the Department of Immunology at Wits University, had just returned from a five-day conference on the killer disease which was held in Stockholm, Sweden.

He said: "The acquired immune deficiency syndrome (Aids) is a disease transmitted through sexual contact. It is not transmitted by a simple kiss or handshake. Once you are infected, you remain so for life. The painful thing is you don't know when you are infected."

The incubation period ranges between seven and nine years.

Dr Sher said there was no vaccine available to cure the disease. Only through education could people be saved from a disease that threatens to exterminate the human race.

Sexual behaviour

"Because sexual behaviour cannot be legislated against, people can only be advised to stop sleeping around. If you back 12 horses in a race, one of those may win, but if you support only one, your chances of winning are much less."

"Similarly, if you sleep with 12 women, you have a greater chance of getting infected than if you sleep with one." He advised the public to stick to their partners or use condoms, which he said did not afford full protection.

"The irony of it all is that in the olden days we used condoms to prevent child birth or life, but today we use them to avoid death," Dr Sher remarked.

Symptoms varied

The symptoms, he added, varied from prolonged fever, chronic diarrhoea, developing enlarged glands at the back of the neck, or even thrush in the mouth.

Those wanting to verify if they have an infection could go to hospitals for blood tests.

Meanwhile the World Health Organisation has decreed December 1, 1988 as a "World Aids Day." The WHO said: "This is a day to focus attention on understanding and learning about Aids. It is also an opportunity to highlight the mobilisation already underway."

AIDS cases hit 116 in 6 years

ABOUT 33 new cases of AIDS have been reported in SA this year, bringing to 116 the number reported since 1982, the National Health and Population Development Department's Advisory Group on AIDS said yesterday.

"The number of new cases reported so far this year is in line with the number predicted by the Advisory Group on AIDS.

"At least 60 new cases are expected this year and the number could be greater, in view of the more rapid increase in numbers expected among the black population," the advisory group said.

It said a feature of the 33 new cases was that 10 had occurred among blacks and the ratio of AIDS cases in this group was gradually increasing.
— Sapa. 19/7/88

92 B/004

Aids increasing in black community

(92) Star 1.17.88
By Toni Youngusband, Medical Reporter

In the past two years, 15 black Aids sufferers have been identified in South Africa and this number is growing, the Advisory Group on Aids has said.

In its report on the current Aids situation in this country, the advisory group said a total of 33 new Aids cases had been identified since January, 10 of which were black patients.

"At least 60 new cases are expected this year and the number could be greater in view of the more rapid increase in numbers expected among the black population," the report said.

The first paediatric Aids case in this country was a black infant who had contracted the disease from its mother during her pregnancy.

South Africa's Aids mortality rate has been 63 per cent to date, with 70 of the 116 identified sufferers having died.

In the ongoing fight against Aids, the advisory group has intensified its educational and training programmes on the disease.

The group has established specialised committees in each of the provinces. These committees plan and co-ordinate education programmes for hospitals, schools, industry, clubs and other organisations.

They also offer training and counselling courses for health care workers.

Aids: ^{CAPE TOWN} 19/7/88

33 new ⁹² SA cases this year

JOHANNESBURG. — A total of 33 new cases of Aids among South Africans has been reported this year, bringing the number of cases reported during the six-year period since 1982 to 116, the advisory group on Aids to the Department of National Health and Population Development said in a statement yesterday.

"The number of new cases reported so far this year is in line with the number predicted by the advisory group on Aids," the statement said.

"At least 60 new cases are expected this year, and the number could be greater, in view of the more rapid increase in the number expected among the black population."

A feature of the 33 cases was that 10 occurred among blacks and the ratio of cases within this group was gradually increasing.

"Thus, by 1986, all 45 cases of Aids reported to that date were whites. In 1987, five cases among blacks were reported," the statement said.

Mortality rate of 63%

"Of the total of 116 cases, 98 have been white, 15 black, two coloured and one Asian.

"Seventy of the 116 patients have died, giving a mortality rate of 63%. Of the 116 cases, 109 have been male, and seven female.

"The breakdown by transmission category indicates that 86 were homosexual/bisexual and 16 heterosexual; in 13, the disease was acquired through the transmission of blood or blood products.

"One case is a black infant, the first case of paediatric Aids reported in South Africa, and in this case the disease was transmitted by an infected mother to the infant during pregnancy," the statement said.

Of the 116 cases reported to date, 74 occurred in the Transvaal, 19 in the Cape, 21 in Natal and two in the Free State. — Sapa

By MICHAEL BELLING
BA, LLB, FILPA
Manager (Marketing
Communications)
Sage Life.

AIDS, the modern black death, poses a threat to millions of lives throughout the world over the next decade. It could also cause severe financial losses to life insurers and upset the assumptions which underline the insurance business, including the calculation of premium rates.

In other parts of the world the insurance industry is rapidly acknowledging the seriousness and magnitude of the problem. In South Africa we share this concern. The mounting costs involved relate primarily to anti-selection.

Anti-selection involves the company in accepting a bad risk, which it would not knowingly accept if all the facts were disclosed.

Two closely related factors affect the life insurance industry here and abroad in this regard, public relations and the mortality risk.

Tests

On the public relations side, how would applicants for life insurance react to being tested for Aids? How would the market react to a special Aids questionnaire asking very direct questions about the lifestyle and sexual relationships of applicants?

How would a widow react when told that no benefit was payable after an Aids-related death?

Until now the life industry had reasonably reliable death statistics going back many years and these mortality tables were one of the more constant elements in determining premium rates.

Now mortality could become a variable factor. Future projections relating to Aids are very uncertain, but the general view is that the position in future will be

AIDS ROCKS INSURANCE BUSINESS

Sowetan 20/7/88

92

Firms facing severe financial losses

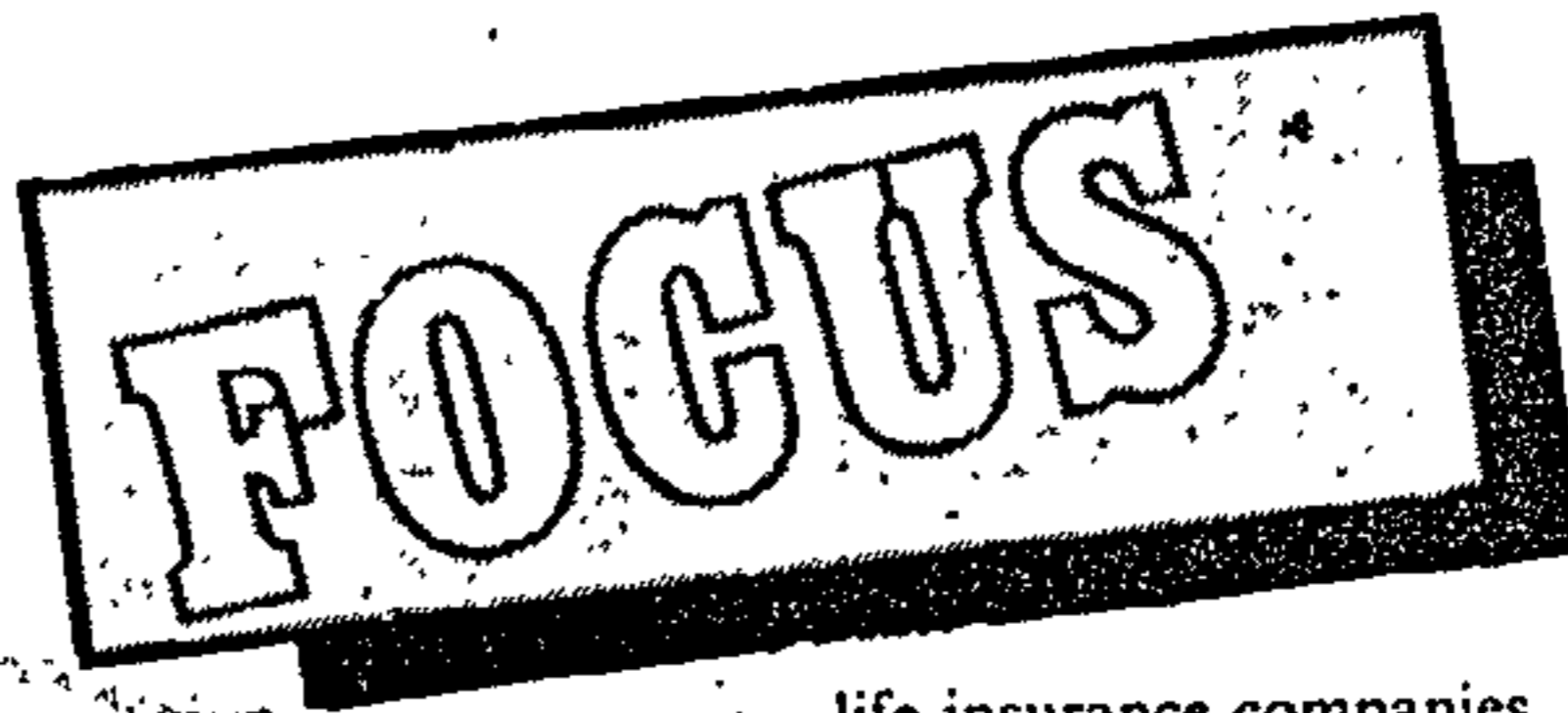
much worse than was first suspected.

Although only some 120 cases of Aids have been reported in South Africa, it is estimated that there are presently over 12 000 carriers of the Aids virus in South Africa.

Threat

South Africa could be particularly vulnerable to the Aids threat as it is exposed to both varieties of Aids, First World and Third World Aids.

Most Aids deaths in the Western world have occurred among haemophiliacs, homosexuals, bisexuals and intravenous drug abusers.



In the Third World, particularly in the black African countries, Aids is predominantly a heterosexual disease.

In South Africa both the Life Offices Association and Actuarial Society of South Africa have formed Aids sub-committees to investigate the problem. Anti-selection is a major problem overseas and could become a cause for serious concern here.

Statistics in the United States show that death claims in Aids cases are far higher than average. In 1984 one American company paid Aids related death claims that were five times higher than the average claim.

Unless life assurance companies here take action on the Aids problem, the financial consequences could be severe, not only for the

life insurance companies but also for other policyholders.

Several companies here have already included Aids related questions on their proposal forms and underwriting procedures are being tightened for some high-risk applicants.

Applications for life cover may be asked to undergo a blood test for HIV antibodies (the Aids virus) whenever the sum assured exceeds a certain figure, in the same way as an ECG is required for high sums assured at present.

Exclusions

Aids exclusions in life policies and stricter underwriting procedures on their own will probably not suffice to ward off the threat. Aids is seldom mentioned on a death certificate.

Some of the steps now

being considered could reverse the trend in the industry in recent years of offering cheaper cover, based on good mortality experience, high investment earnings and reduced expense charges.

In addition to considering premium rates, certain options such as guaranteed insurability and conversion of term assurance without medical evidence will have to be examined.

Special reserves may have to be set up to provide for the additional death claims.

While we have not yet reached the situation in America where certain groups are being encouraged to take out policies before their condition was diagnosed by a doctor, Aids remains one of the biggest challenges facing the life insurance industry for many years.

The situation is serious, but still far from reaching panic proportions. The present close examination of the situation throughout the industry is aimed at ensuring that it never does.



'Orphan' drug helps combat Aids effects

Star The Star Bureau 92
22 71 88

LONDON - An "orphan" drug that nobody wanted a few years ago has now found a multimillion-rand global market because of its growing promise in helping Aids sufferers.

Doctors have found that pentamidine, developed in Britain 50 years ago for other illnesses, combats a lethal recurring form of pneumonia to which Aids patients are particularly vulnerable.

They now believe that it could be successful in preventing attacks of the condition pneumocystic carinii pneumonia (PCB) and have recently discovered that it is more effective and has fewer side-effects if inhaled in an aerosol form rather than injected.

Some Aids patients at St Stephen's Hospital, London, are receiving the drug in this way.

Dr Brian Gazzard, an Aids specialist at the hospital, said studies had shown a drop in the incidence of PCB in people who had had one attack.

(92) 5 Times
24/7/88

MANPOWER MIRROR by ROBYN CHALMERS

Aids brings host of IR problems

AIDS poses industrial relations problems which could change the face of the industry.

SA has 111 reported Aids cases. The disease has appeared in 137 countries and it is predicted that there will be at least 1-million new cases by 1993.

Labour lawyer Rod Harper believes Aids will lead to previously unthought of legal hassles.

The mining industry is already involved in debate about Aids among its workers. Between 700 000 and 800 000 workers are employed by SA mines. Of them, 90% are black and about 40% are foreign from Lesotho, Mozambique, Malawi, Botswana and Swaziland.

LARGE SCALE

Wits business school lecturer G V Masirga says Aids could change the face of industrial relations on the mines.

"Foreign workers may be repatriated on a large scale so that 100% of the workers will be South African."

"Looking at demographic trends, these workers will be young because the age structure of the black population indicates that 43% are under 15 years of age."

"They will, therefore, be highly politicised and the propensity to unionise will be high."

Repatriation was debated at a seminar on Aids at Work. National Union of Mineworkers (NUM) medical adviser Dennis Roebbel blamed the migratory labour system for spreading Aids.

The brunt of his argument is that because the system fosters Aids, the

State and industry should not resort to repatriation but should assume responsibility for compensating Aids victims.

DIFFERENT

Dr Roebbel claims that 700 foreign workers suspected of being HIV carriers did not have their contracts renewed at the beginning of this year.

Legislation empowers the Minister of Health to terminate the contract and repatriate any foreign worker with Aids.

It is a different story for other employers. Mr Harper says an employer may not dismiss a worker who is identified as a HIV carrier. Misconduct, incapacity and retrenchment are the only three circumstances under which a worker can be dismissed.

Problems which could arise include the obligations of an employer in dealing with an Aids victim. Will an employer be liable if a worker gets Aids in the work place? What is the legal position if employees refuse to work with an Aids victim? Is the employer under obligation to disclose that an employee has Aids?

The legal implications are wide as

lawyers enter a new field.

A message from the seminar is that it is vital for employers to educate their workers about Aids.

Health Services Deputy Minister Michael Veldman, Aids specialist Ruben Sher, Chamber of Mines spokesman Olaf Martiny and Commercial Union general manager Johan van Linde urge companies to begin an educational programme.

FRANK

The Chamber of Mines has already implemented a startlingly frank campaign on how one acquires Aids and how it can be prevented.

Mr Martiny believes such a campaign should become part of every corporate responsibility programme.

"It is vital to implement pre-employment medical examinations. Regular test should also be conducted on employees. It is estimated that a worker has about 7,2 years of productive life after he has been identified as an HIV carrier."

"Once an employee is identified as having Aids, there is no obligation on the part of the employer to continue paying his medical bills - they can be passed on to the State," he says.

Unions will have to consider the Aids pandemic seriously and will devise strategies to deal with it.

The responsibility of education will rest as much on their shoulders as on companies. Some unions have said they will push for compensation, continued employment and support from the company for their workers.

Aids explosion is predicted for SA

Political Staff

CAPE TOWN — South Africa faces a massive explosion of Aids cases, which are doubling every eight months and could reach 176 000 within eight years.

These staggering projections were revealed by Mr Alan Whiteside, senior research fellow of the economic research unit of the University of Natal, in a special report published in *Indica-tor South Africa*, the magazine of the university's Centre for Social and Development Studies.

In the article, Mr Whiteside says that, unless there is a dramatic change, the worst scenario of a continued doubling every

eight months would occur.

The best possible scenario would be 3 634 cases by 1995 but only if a number of measures were taken. An average between the two extremes would be 89 881 cases.

If the growth of Aids was to be slowed down the following steps would have to be taken:

- Recognition that Aids was no longer solely a medical problem and required research by all academic disciplines and a unified regional response.
- As there was no cure, preventative approaches could not be over-emphasised. Even lessening the doubling time from eight

to 12 months by 1991 would keep the figure to 33 000 cases by 1995 instead of the worst scenario of 176 128 cases.

● Greater consideration would have to be given to the type of care to be given. "Clearly, hospice or home care with relief from suffering, rather than prolonging life, may be the only route for countries with few resources."

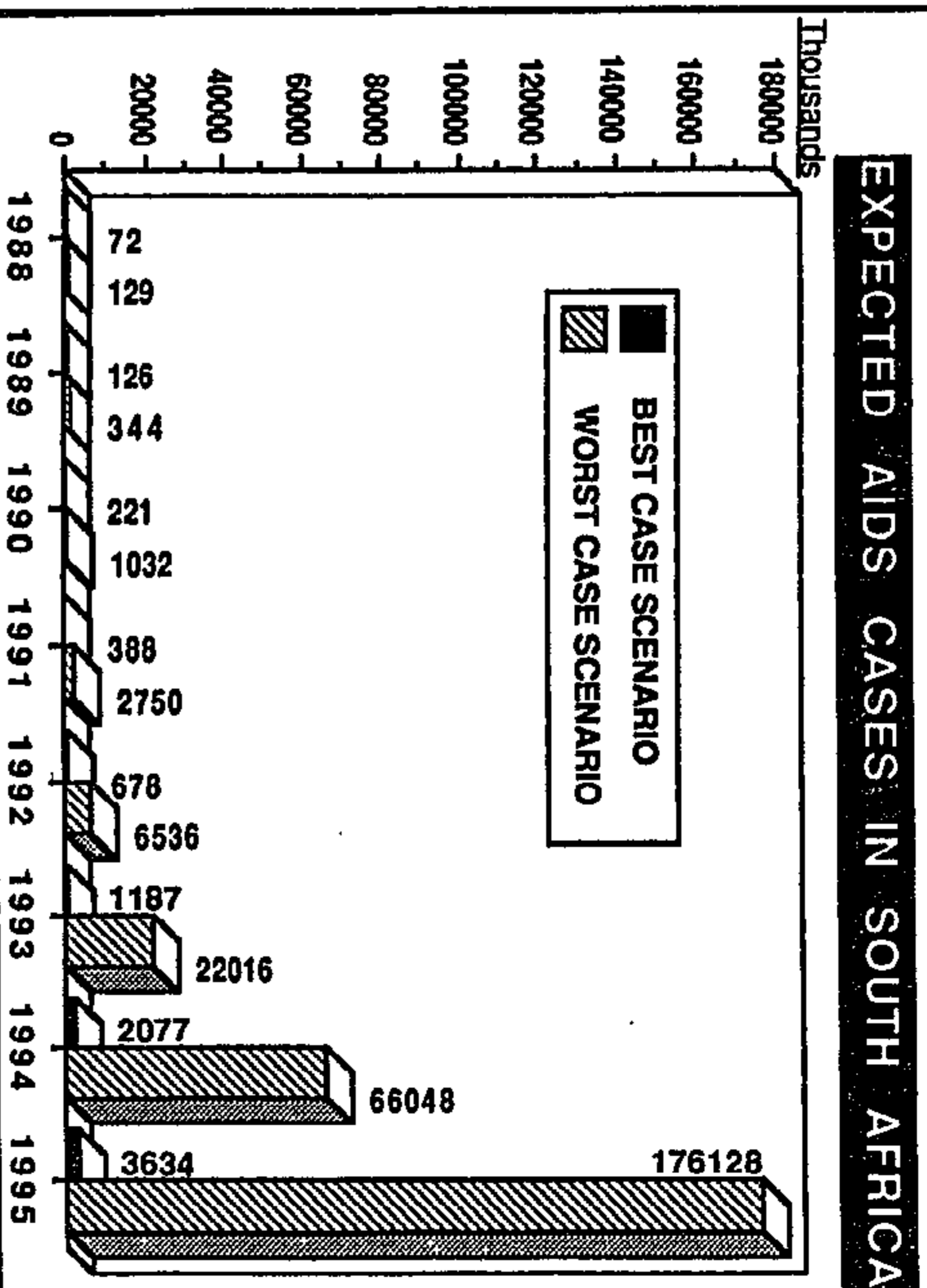
● Additional resources would have to be allocated to Aids. It would be wrong to divert health resources from existing health problems such as malaria or TB.

● Imaginative programmes would have to be undertaken now if the impact of Aids was to be limited.

He warned that Aids was only just starting in South Africa as there were more people with Human Immuno-deficiency Virus (HIV) positive than there were Aids sufferers.

At least half of those who were HIV positive could be expected to contract the disease. In South Africa the disease was spreading to heterosexuals.

Star 27/7/88 (92)



Year	No of cases total	No of patients	Cost of hospital	AZI (R'000)	Blood testing & education (R'000)	TOTAL (R'000)
1988	129	65	975	122	15 000	16 091
1989	344	172	580	172	15 000	17 752
1990	1 032	516	7 740	516	15 000	23 256
1991	2 064	1 032	15 480	1 032	15 000	31 512
1992	4 128	2 064	30 960	2 064	15 000	48 024
1993	8 256	4 128	61 920	4 128	15 000	81 048
1994	16 512	8 256	123 840	8 256	15 000	147 086
1995	33 024	16 512	247 680	15 512	15 000	279 192

Information centre on Aids planned

CAIT Times
28/7/88
92

By MONICA GRAAFF

A HEALTH Information Centre aimed primarily at Aids education will be established in Cape Town this year — if money is found to finance it.

This is the adopted project of the Cape Town Junior Chamber of Commerce who have recognized the need for a centre where the public and educators can find ready access to information about the disease.

"At the moment there is nowhere to go if you don't know how to prevent the virus," said one of the organizers, Mr Calvin Enslin. He added that about R125 000 was needed to get the centre off the ground and keep it running for an initial two years.

He appealed to commerce and industry to become interested in the

proposed centre, which he said would be in the city with possible satellite centres on mobile units visiting schools and outlying areas.

The centre would contain audio visual as well as printed material for viewing in private cubicles or in a lecture room designed for groups. It would also keep information on other illnesses and addiction problems.

Dr Frank Spracklen, a local member of the National Aids Advisory Group, said last night that the project was "an excellent idea as an adjunct to providing health information to the public on diseases such as Aids".

"It has a drawback, however, in that it will primarily reach workers in the city centre who are literate and capable of making use of audio-visual equipment and library facilities.

Intensive drive to publicise World Aids Day

(92)

8 Nov 29/7/84

By Toni Youngusband,
Medical Reporter

The World Health Organisation has declared December 1 World Aids Day and South Africans of all races are being called upon to participate.

The global Aids epidemic has reached alarming proportions. World health authorities estimated earlier this year that there were 150 000 Aids sufferers throughout the world and an additional 5 million to 10 million carriers.

New cases

In South Africa, there have been 120 cases since Aids was first reported here in 1982. This year, 37 new cases have been identified. These figures are doubling every 14 months.

At a meeting at the South African Institute for Medical Research in Johannesburg yesterday, leading Aids expert Dr Ruben Sher said it was time every person in this country was made aware of the disease.

"Future generations will judge us by the way we tackled this problem today.

It is time we all got involved in fighting it," he said.

"Aids is an avoidable disease. How many more people will have to die before we do something about it?"

Dr Sher said an intensive Aids campaign would have to be launched to publicise World Aids Day. He hoped the campaign would be run and sponsored by volunteers, business and industry rather than the Government.

While Government assistance would be welcomed, he hoped every person in South Africa would "get out there and help".

Dr Sher called on the media for assistance and on the Johannesburg City Council. He has already held talks with civic leaders throughout the Transvaal and said the response had been good.

Dr Sher said the World Aids Day campaign would be administered on a regional basis.

South Africa's World Aids Day will encompass all levels of society and all age groups. Trade union participation, school education programmes and assistance from sporting bodies is envisaged.

Aids test ⁽⁹²⁾

Switzerland
29/6/84

ZURICH — Prospective vaccine against the human immuno-deficiency virus, the cause of Aids and Aids-related diseases, has begun the first stage of human clinical testing in Geneva.

The vaccine has been developed by biocine, a joint venture of the Swiss chemical concern Ciba-Geigy and the American bio-technology company Chiron Corporation. It is one of a small number of candidate Aids vaccines beginning clinical trials in different parts of the world.

Thousands 'will get virus in 1988'

Education 'only vaccine against spread of Aids'

By Toni Younghusband,
Medical Reporter

It was very unlikely that a cure for Aids would be found within the next decade, which meant that, for now, the only vaccine against the disease was education, said Dr Ruben Sher of the South African Medical Research Institute.

Dr Sher, one of four South African delegates to an international Aids congress held in Sweden earlier this month, said yesterday world health authorities predicted that more than 150 000 people would contract the dead-

ly virus in 1988.

The number of identified Aids cases was expected to rise to about 1 million in the next five years.

"Internationally, there have been no major advances or anything new in the form of a vaccine or treatment for Aids. Although there is no biological vaccine, there is another vaccine available... education," he said.

Dr Sher said some health authorities were cautiously optimistic about a cure being found in the near future but others were very negative.

"There certainly doesn't seem to be any hope for the next five to 10 years."

However, evidence showed that education definitely worked in the fight against the disease.

"We've seen this in San Francisco, where in the past year there was no transmission of the disease whatsoever."

The one exception was intravenous drug abusers, whose addiction was so strong that Aids education made little impact on them.

Dr Sher said an important issue raised at the conference was the human rights issue.

"Delegates were very strong on the humanitarian aspect of Aids.

"They stressed that there should be no discrimination against Aids sufferers in the workplace or socially."

92

(92) Sowetan
Aids toll rises to 120

By MOKGADI PELE

EIGHT more people have become carriers of the deadly Aids virus, bringing the number of those infected in the country to 120.

According to an expert on the disease, Dr Ruben Sher, three of those were black and five white. One black was from Soweto and the other two from Durban. He said three of the whites who carried the virus lived in Cape Town while the two others were from Johannesburg. The number of Aids cases was on the increase and he appealed to the public to heed the warnings about the disease, said Dr Sher.



"How many more people must die before we realise that we are sitting on a time bomb? I think we need a pre-emptive strike to prevent Aids," said Dr Sher. Since 1982 when the first Aids case was discovered in South Africa, about 60 percent of the victims have died. This year alone 37 people were diagnosed as Aids carriers, Dr Sher said. Because of the increasing number of Aids cases throughout the world, the World Health Organisation has decreed December 1, 1988 as "World Aids Day." On that day, Dr Sher said, everyone should be encouraged to speak out and tell the world what they are doing in the fight against Aids.

Concern at Aids threat in city's black townships

Staff Reporter

HEALTH authorities have no idea whether there are cases of Aids in the city's black townships, says Dr Frank Spracklen of the Aids Advisory Group.

He was speaking at the launch yesterday of a campaign to raise funds for a private sector-backed health information centre in Cape Town.

Dr Spracklen said the venture, undertaken by the Cape Town Junior Chamber of Commerce and Industry, was a "superb concept".

But he said the centre was likely to be visited mainly by people who were literate and had access to transport.

"So while I support this venture wholeheartedly, I would support even more strongly moves to set up similar centres in communities such as Khayelitsha and Crossroads."

SA Aids carriers could number 12 000 — expert

Cape Times 4/8/86
Staff Reporter

FORTY of the 123 full-blown Aids sufferers in South Africa recorded since 1982 were diagnosed this year alone, Dr Frank Spracklen, a member of the National Aids Advisory Group, said last night. Of the 123, only 49 were still alive.

Speaking at the launch of a pilot health information centre planned for the city centre to help combat Aids and alcohol and drug abuse, Dr Spracklen said that the most frightening recent statistics came from Natal.

Of 65 Aids-positive people (carriers), 32 were heterosexual (21 women and 11 men).

"This is a real frightener," Dr Spracklen said, referring to the increased potential for the disease to reach epidemic proportions there.

All but one of the Natal carriers were black, he said.

His "worst scenario" at present placed the number of suspected Aids-positive carriers in South Africa at 12,300.

Of the 123 full-blown Aids sufferers, Cape Town and its environs accounted for 24 (four surviving), Natal 22 (11 survivors), Transvaal 75 (34 survivors) and the OFS two (both dead).

The racial breakdown was 101 whites, 17 blacks, one Asian and four coloured.

Another alarming trend was in Soweto, where of 56 000 pregnant women tested, 48 or 0,1% were shown to be carrying the Aids virus. This was "considerably" higher than the average national statistic of 0,03% for pregnant women, Dr Spracklen said.

The health information launch, promoted last night by the Jaycees, will carry audio-visual and printed material. It is hoped that similar units will be set up throughout the Peninsula.

Dr Spracklen said he saw the centre as part of a major private initiative aimed at educating blacks, the young and the illiterate and "hoped" it was "just the tip of the iceberg in the whole education concept".

Immediate plans were to use established family-planning clinics as apolitical vehicles to educate all groups on Aids — a common and successful tactic overseas.

● A major group of companies is expected to take the lead in sponsoring Aids education in the Cape towards the end of this month, forming a pilot study for a national campaign. Doctors are hoping other companies will "jump on, once the bandwagon is rolling".

An Aids update: Tsakane struck

By BONGANI
HLATSHWAYO

THREE more Aids victims have been discovered in South Africa - in Tsakane, near Brakpan on the East Rand.

This was revealed by the township administrator, Raymond Radebe, during a meeting to foster unity and development.

The new discoveries bring to 36 the number of new Aids cases reported in South Africa this year. The total number of reported Aids cases in the country is 116 since 1983.

According to the Advisory Group on Aids, which reports to the Department of National Health and Population Development, at least 60 new cases were expected this year.

Thirteen of the present victims are black and the group said the number of blacks infected could be greater. In 1986, all 45 Aids cases reported were white, while last year five cases were black.

The group said of all the 116 cases in South Africa, 98 have been white, 15 black, two coloured and one Indian. Seventy of these people have died - a mortality rate of 63 percent.

Of the total, 109 have been male and seven female. Of the reported cases 87 are said to have been homosexual or bisexual and 16 heterosexual.

It was also established that a black infant is infected - the first child Aids case. The virus was transmitted by an infected mother during pregnancy.

The Transvaal has 74 cases, the Cape 19, Natal 21 and the Free State two.

Radebe warned Tsakane residents about the health hazard caused by them emptying sewage buckets in the veld. The township still uses the bucket system, but hopes to change that before the end of the year.

Aids: 5 more in Pollsmoor

92
9/26 Times 8/8/88

By CHRIS STEYN

FIVE Pollsmoor prisoners, convicted of terrorism, have been identified as Aids virus carriers.

A Prisons Service spokesman confirmed yesterday that the five had been isolated from the rest of the prison population to prevent the disease from spreading.

Dr Frank Spracklen of the Aids Advisory Group said he had treated three prisoners who were Aids carriers — but none of them was a political prisoner.

"I can only assume that they have not been brought to me because they are not yet symptomatic (sick) enough," said Dr Spracklen.

The spokesman said the five men were diagnosed as carriers of the deadly virus soon

after their admission to the prison.

He said all prisoners involved in "high-risk practices" were routinely screened for HIV anti bodies after their informed consent had been obtained.

The spokesman said blood tests were taken from all such prisoners on admission, as well as from other prisoners who requested tests.

He said their co-operation had been sought to identify possible sexual contacts in and/or outside prison.

"As a matter of policy the Prisons Service, in co-operation with the Department of National Health and Population Development, is at all times alert to the possible incidence and occurrence of infectious diseases, including Aids," said the spokesman.

"The Prisons Service places high premium on the value of an education programme concerning the basic facts about Aids. This programme also entails counselling by trained nursing and other specialized staff.

"All prisoners are furthermore regularly informed of the dangers of the disease and the ways in which it can be contracted."

According to Dr Spracklen, 227 people in the Western Cape have been identified as Aids carriers. "It is mounting all the time," he said.

to join Fergie

... don't come to order."

And the crowds swelled even further yesterday as the Duke of York jetted in, fresh from his ship HMS Edinburgh in the Far East.

Prince Andrew will remain with Fergie at Catelwood House in Surrey where she has been staying with her mother, Mrs Susan Barrantes, and her devoted terrier puppy, Bendicks, for company.

As London sweltered in a heatwave — with temperatures soaring to 29° C — the final days of the long wait tick slowly by.

... and picture ...

17X665 9/8/88

Two more ANC insurgents with Aids captured — police

Political Staff

THE number of African National Congress terrorists known to have Aids has risen to seven with the capture of two more insurgents, police said today.

The Department of Prisons announced at the weekend that five convicted ANC terrorists had Aids.

Police today confirmed the two new cases and warned that people who helped the ANC could catch Aids.

Brigadier Leon Mellet,

spokesman for the Ministry of Law and Order, claimed to have firm information today that Aids was rife in ANC training and detention camps in Angola and Zambia.

He said: "We have information that there have been a number of suicides as a result of people catching Aids.

"We also have information that the position is so bad that people selected for further specialised training in Russia have to be declared free of Aids before Russia will admit them."

Call to Combat Aids rumour

ARGUS AFRICA
NEWS SERVICE

92

Sowetan
9/8/88

MAPUTO — More than three percent of the population of Maputo is infected with the Aids virus, Mozambique's National Director of Health, Dr. Joao Schwabach, said.

Dr. Schwabach said tests had shown that 3,2 percent of the Maputo population, 2,09 percent of Beira's population and 5,08 percent in the northern town of Nampula, was infected.

In Tete province 3,4 percent of the population was carrying the Aids virus.

Epidemic

He said it had been recently discovered that the Aids virus, HIV-2 was more prevalent in Mozambique than HIV-1, the strain held responsible for the Aids epidemic in the United States and Europe.

So far the number of HIV carriers who have gone on to develop the disease was so far "relatively" small, he said, but declined to give precise figures until the World Health Organisation was notified.

Campaign

Dr. Schwabach called on the Mozambican media to start a campaign to combat the rumours about Aids in the country.

He said in some parts of northern Mozambique it was claimed that all people from Maputo had Aids while other rumours claimed all foreigners were carrying the virus.

Italians working in Mozambique have been particularly singled out as alleged Aids carriers.

Prevention of Aids should be taught

Medical Reporter
Churches, schools and other cultural organisations will have to become actively involved in Aids prevention, if the disease is to be kept under control, Mrs Driekie Moutinho, the Deputy Director of the National Council for Mental Health, said in Sandton yesterday.

Addressing an Aids congress in Sandton, Mrs Moutinho said she believed Aids education should be part of the school curriculum.

Mrs. Moutinho said responsibility also lay with churches, which could introduce educational programmes into the community and support those with the disease.

She said employers had a particularly important role to play in that most of them already had a social or health service infrastructure on which to base their Aids programmes.

She said support systems should also be developed for the families of Aids sufferers who found it difficult to cope with the knowledge that one of their loved ones was seriously ill.

● Speaking at the congress, Dr M E E Popkiss, Cape Town's Medical Officer of Health, said the State was duty bound to provide funds for Aids prevention and the public should not have to keep financing Aids campaigns.

SA firms 'must tackle Aids poser'

Business and industry should speedily formulate a policy on Aids because the disease could have a great impact on productivity and employee relations, Mr Louis Meyer of the Putco transport company said yesterday.

Speaking at an Aids congress in Sandton, Mr Meyer said: "In making a decision on Aids you must ensure that your company's policy promotes good industrial relations as well as good business sense". — Medical Reporter.

13 Aids cases

(92)

South
11-17/8/88

FIVE of the 13 confirmed Aids carriers in South African prisons are security prisoners, according to the Prisons Service.

Responding to questions from SOUTH, the Prisons Service said one of these people was a sufferer and 12 carried the disease.

Meanwhile, Dr Frank Spracklen of the National Aids Advisory Group said this week that he had seen three Pollsmoor prisoners who were ill from the virus. None of these was serving a sentence for terrorism.

He said that he could only assume that the political prisoners infected by the virus were not sick enough to be referred to him.

Earlier this week, Brigadier Leon Mellet, spokesman for the Minister of Law and Order said the government had information that Aids was rife in ANC camps outside the country.

Spracklen said the danger of Aids being spread by the ANC was "the least of our problems".

A cause of far greater concern was the movement of refugees across South Africa's borders.

There have been 24 cases of Aids in Cape Town of whom four people are still surviving.

Routine screening

In response to a query from SOUTH, the S.A. Prisons Services commented:

"As a matter of policy the prisons service in co-operation with the Department of National Health and Population Development is at all times alert to the possible incidence and occurrence of infectious diseases including Aids.

"As far as Aids is concerned, prisoners involved in high risk practices are routinely screened for anti-bodies after being informed and consent has been obtained.

are taken from all such prisoners on admission of those who request to be tested by prison staff in the employment of the SA under the direction of the responsible officer. Steps are taken to ensure that confidentiality is maintained in all cases.

"All confirmed sufferers and carriers of the disease are segregated from the rest of the prison population to prevent possible further spread of the virus.

"These individuals are counselled and cared for by informed and trained personnel. Their co-operation is sought to identify possible contacts in and/or outside prison.

"The SA Prisons Service places a high premium on the value of an educational programme concerning the basic facts about Aids.

"This programme also entails counselling by trained nursing and other specialised staff under supervision of the head of the prison and the responsible medical doctor.

"All prisoners are furthermore regularly informed of the dangers of the disease and the ways in which it can be contracted."

CHIEF 7/11/88 11/8/88

Aids 'could double insurance premiums'

Own Correspondent

92

JOHANNESBURG. — Life insurance premiums could double as a result of the spread of Aids, as they have in the UK, Liberty Life official Mr Brian Golding said yesterday.

Speaking at an Aids symposium at Sandton organized by the National Council for Mental Health and the SA Institute for Medical Research, Mr Golding said higher premiums would be necessary for the industry to cope with the potential drain in funds resulting from the death of clients suffering from Aids. In the past six years premium rates in the UK had already doubled.

He said other problems faced by the industry included Aids screening for high-risk individuals, and the non-disclosure by some individuals of information establishing their risk group.

Aids girl to be kept in a glass bubble

WASHINGTON — In a unique decision, a Florida judge has ordered that Eliana Martinez, a mentally retarded six-year-old girl with Aids, must be admitted to a Tampa school, but will be isolated from her classmates by a glass bubble. The local school board has opposed the decision, suggesting it is "close to child abuse".

Judge Elizabeth Kovachevich ruled that Tampa's Manhattan Exceptional Centre must build a glass booth with a desk, a sound system, air-conditioning, a potty and a full-time teacher assistant.

Eliana has been taught at home since June 1987, and her mother wants her to be among other children. She is to stay in the booth until she is potty-trained and stops putting her hands in her mouth.

Once this happens, said Judge Kovachevich, "the remote possibility" that Eliana might infect other children would be gone and she must be treated as a normal student.

The decision has met with scepticism from those involved. "I think it's kind of cruel to ostracise her that way," said Rosa Martinez, Eliana's mother, "but if there's a foot in the door I'll try it." The mother hopes her child will potty-train herself after watching her

classmates and will be out of the bubble in six weeks.

Sam Rosales, head of the Classroom Teachers' Association, said teachers had a "basically positive attitude, although slightly apprehensive". But the logic of the decision has been attacked by teaching professionals.

John Barnard, a special education professor at the University of South Florida said: "If she were contagious, they would not allow the teacher's aide in there."

Marion Rogers, a member of the local Hillsborough County School Board, believes the judge's solution is "sadistic".

"All I can do is see that little face in a bubble, very close to the other children, but not able to

take part in what they are doing," said Marion. "I think this is as close to child abuse as it can be."

Judge Kovachevich may have been influenced by her experience a year ago, when she ordered three young haemophilic brothers with Aids to be admitted to a local school.

The family's house was burned down by igwns-people and the boys were forced to move.

92
Sawyer
ppp

Schooling in glass bubble for Aids girl

TAMPA — In a unique decision, a Florida judge has ordered that Eliana Martinez, a mentally-retarded six-year-old girl with Aids, must be admitted to a Tampa school, but will be isolated from her classmates by a glass bubble. The local school board has opposed the decision, suggesting it is "close to child abuse".

Judge Ms Elizabeth Kovachevich ruled that Tampa's Manhattan Exceptional Centre must build a glass booth, at least 2 m by 2,5 m, with a desk, a sound system, air-conditioning, a potty and a full-time teacher's assistant. Eliana has been taught at home since June 1987, and her mother wants her to be among other children. She is to stay in the booth until she is potty-trained and stops putting her hands in her mouth.

Once this happens, said the judge, "the remote possibility" that Eliana might infect other children would be gone and she must be treated as a normal student".

The decision has met with scepticism from those involved. "I think it's cruel to ostracise her that way," said Ms Rosa Martinez, Eliana's mother, "but if that's the foot in the door I'll try it".

Ms Martinez hopes her child will potty-train herself after watching her classmates and will be out of the bubble in six weeks.

Sam Rosales, head of the Classroom Teachers' Association, said teachers had a "basically a positive attitude, although slightly apprehensive".

But the logic of the decision has been attacked by teaching professionals. Mr John Barnard, a special education professor at South Florida University said: "If she were contagious, they wouldn't allow the teacher's aide in there."

Mrs Marion Rogers, a member of the local Hillsborough County School Board, believes the judge's solution is "sadistic. All I can do is see that little face in a bubble, very close to the other children, but not able to take part in what they are doing," said Ms Rogers. "I really think this is as close to child abuse as it can be."

The judge may have been influenced by her experience a year ago, when she ordered three young haemophilic brothers with Aids to be admitted to a local school. The family's house was burnt down by townspeople and the boys were forced to move. — The Independent News Service.

**'Ruling
is close
to child
abuse'**

Insurers gearing to handle possible SA Aids onslaught

13/8/88 Star 92

SOUTH AFRICA is in a particularly vulnerable position as far as Aids is concerned and must be regarded as a potential pandemic area, says Don McKay, deputy general manager of Mercantile and General Reinsurance.

If projections concerning Aids are correct it could mean that insurance premiums could possibly double in the next number of years.

Mr McKay says the country is threatened by First World and, with the migrant labour factor, Third World Aids as well.

Both the Life Offices Association (LOA) and the Actuarial Society of South Africa (Assa) have formed sub-committees to study the problem but latest projections on the future incidence of the disease paint a gloomy picture and the position now appears to be much worse than suspected.

Aids was first diagnosed in South Africa in 1982 and latest statistics, which are continually being updated, show 118 cases of full-blown Aids, 96 of them South African citizens.

It is estimated that the number of carriers is roughly 100 times the number of known cases which would put it at 12 000.

For the insurance industry therefore, Aids is an unknown quantity and this uncertainty is likely to continue for a number of years.

Mr McKay says there are several options open

to the life industry in dealing with Aids.

"Underwriting procedures will almost certainly be tightened and this will be achieved by including Aids-related questions in proposals and medical examiners' report forms. Proposers may be asked to undergo blood tests for HIV antibodies whenever the sum assured exceeds a certain figure."

A possible solution for the life industry could be the simple exclusion of Aids and Aids-related conditions but Mr McKay points out that in recent years life companies have aimed to offer cover that is as wide as possible rather than increase restrictions.

An exclusion clause would probably be ineffective because Aids is seldom specifically mentioned on death certificates.

"Aids is unfortunately not only a matter of concern to the life industry but also impacts on certain classes of short-term insurance such as travel, medical expenses, personal accident and sickness.

General insurance contracts are usually only a year in duration which gives the insurer an opportunity to renegotiate terms on a regular basis.

"We cannot escape the fact that Aids is a serious problem. It will inevitably cost the industry a great deal of money and must of necessity impact on future results. I am confident, however, that life companies will react responsibly to the challenge and that action will be taken to ensure that the industry continues to flourish," says Mr McKay.

Aids ready to explode in SA

176 000 sufferers expected in five years

Handwritten initials and a signature: "CP" in a circle, "CP" above "14/11/91".

By SBU MNGADI
THE dreaded Aids disease is ready to explode in the face of SA.

Cases of people infected with the deadly human immunodeficiency virus may reach 176 000 in eight years with the number doubling every eight months.

And the direct costs of controlling the killer disease will leap to R279-million.

The first case in SA was reported in 1982. By mid-March this year a total of 118 cases had been reported, including 22 foreigners.

Of those infected 88 are white and eight black, including one Indian and one coloured. SA is the only country in the world to keep data according to race.

The staggering projections were given by Alan Whiteside, senior research fellow at the Natal University's Durban campus economic research unit, in a special report published in *Indicator SA*, a barometer of social trends published by the university's centre for social and development studies.

Whiteside said SA would experience rapid growth in heterosexually-spread Aids. "Aids has reached SA

and is spreading rapidly but silently among the population. The visible aspect of the disease is that the number of Aids patients is expected to double every eight to ten months.

"By 1995 the aids crisis in SA could grow to horrifying proportions, with up to 176 128 cases," he said.

The number of Aids victims in Southern Africa was fairly accurately reported, although it was likely there had been "under-reporting", particularly in areas where medical facilities were inadequate.

"An alternative method of projecting trends would be to use the number of HIV-positive people as a base. A random sample would make this exercise more accurate, leaving aside questions of ethics.

"But HIV numbers are not known at present, though there are estimates for some specific groups - most notably blood donors, pregnant women and migrant workers.

"It is possible that the rate of this spread of Aids and the rate at which HIV positives develop will depend on nutrition habits of the various groups in society. There could be resultant differences between urban and rural people, rich and poor, and in SA between the various race

groups," observed the researcher.

If the crisis was to be averted or at least slowed down, the following would have to be recognised:

- Aids is no longer a simple medical problem -- it will affect all aspects of society. It therefore calls for research by all academic disciplines and requires a unified regional response.
- There is no cure and the impact of preventive approaches cannot be over-emphasised. If the doubling time could be reduced from eight to 12 months by 1991, there would be 33 024 cases by 1995 instead of the projected 176 128 cases.
- Regional authorities should give serious consideration to the type of health care they intend to provide for Aids patients. Clearly hospice or home-care, rather than prolonging life, may be the only route for countries with limited resources.
- Aids is a new disease and will become a major killer. It would be wrong to divert resources from existing health problems such as malaria and tuberculosis, so additional funds should be allocated for Aids.
- Finally, the region may have enough time to prepare programmes that will limit the impact of Aids but this must be done immediately and imaginatively.

cont. troops 25/8/88

Troops in Angola take Aids home to Cuba

92 Own Correspondent

WASHINGTON. — Cuban forces in Angola and elsewhere in Africa are facing high rates of Aids infection, says a high-ranking Pentagon commission.

A new study suggests that while this could slow the withdrawal of Cuban troops from the continent, it could also deter President Fidel Castro from introducing further forces.

Cubans have been "severely afflicted with Aids as a result of their deployment in Africa and the infection has been brought back to Cuba by returning troops". The latter have been "quarantined in special camps" on Cuba and some carriers of the virus have been "prevented from returning".

The study, part of major reappraisal of US security policy, concludes that the disease could have serious consequences for international stability.

Life insurers may initiate Aids education

CAM Tint

15/8/88

92

By CHRIS BATEMAN

THE life insurance industry in South Africa will decide late this week whether to initiate a long-term multi-million rand Aids education programme to be "test run" in the Western Cape.

The scheme, based on detailed and carefully prepared proposals, would be the first major step by private enterprise to combat a virus which has claimed 74 lives since 1982 and which is carried by an estimated 12 000 people country-wide.

Mr Uri Wessels, public relations officer for the Life Officers' Association, confirmed yesterday that chief executives and managing directors of 11 life insurance companies will meet in Johannesburg next Friday to make a final decision.

It is hoped that, if passed, other major companies in unrelated fields would come forward to

give the programme added impetus.

Mr Wessels was reluctant to provide details yesterday as he wanted to "give the chief executives time to think about it without pressure".

Full details of proposals were posted out to chief executives on Thursday, he said.

"But we are talking about committing money for three years and probably indefinitely and it will have to be several million to make it worthwhile."

Prospective clients

The campaign would concentrate on education at clinics, schools, associations and be aimed at preventative measures only.

Many insurance companies are already insisting on prospective clients insured above a certain amount taking an HIV test as part of their routine medical check-up, Mr Wessels said.

Other companies are insisting

on Aids-exclusion clauses which indemnify them against claims in cases of Aids-related deaths.

Mr Wessels said the industry had to take precautions to avoid a flood of Aids deaths and the ensuing pressure this would place on the financial reserves available to existing policy holders.

There was little companies could do to prevent payouts to existing policy holders who died of Aids, he said.

Short-term life insurance policy rates in the United Kingdom have gone up by between 30% and 300% recently, directly because of the Aids threat.

Dr Frank Spracklen, a member of the National Aids Advisory Group who was instrumental in bringing the proposals about, said that he understood the new education body would be called the Aids Foundation of South Africa.

It would be monitored free of charge by the Medical Research Council and the Human Sciences Research Council, he added.

Aids victim says it was a gift

92

"FOR me Aids was not a punishment, it was a gift from God", a 37-year-old victim of the killer disease told a two-day symposium held at a Holiday Inn near Johannesburg last week. The person, who declined to be named, said Aids did not just happen, but was allowed to happen. After contracting the Humano Immuno Virus, he devoted his life

to educating people about the importance of safe sex. "I want to stop a lot of people from getting this disease."

Hysterical

After realising he had Aids he said: "I sunk into depression, I became hysterical

and was waiting to die". Added to that was rejection he faced from many people including some medical staff who did not want to touch him, he said.

It did not end there; at work nobody wanted to be near him, but one lady was even prepared to use the same mug with him. "To me it was the most beautiful thing to

happen".

He went to church regularly to communicate with God and to pray for the end of the misery the world faced. He spent most days contributing his advice to people at the newly established Aids Training and Information Centre. He was grateful to the staff at the centre for the support he got.



92 B/Day 16/8/88
Limit of R200 000 put on policies

LOA considers AIDS testing

AIDS set to 'override all else in Africa'

THE Life Offices Association management committee has agreed in principle to a limit of R200 000 for life assurance policies for which AIDS testing is likely to be required.

The clause is contained in the draft agreement, drawn up by the LOA's AIDS sub-committee, designed to help the insurance industry protect itself and policyholders against major rises in premiums due to huge claims from AIDS patients.

LOA executive director Dick Geary-Cooke said should somebody take out several life insurances, each under the limit to avoid compulsory testing, and it was discovered after death that the aggregate of these was more than R200 000, no money would be paid out.

LOA AIDS sub-committee spokesman Willie Meyer said the agreement had been under discussion for nearly a year, as it involved sensitive and complex matters on which it was "very difficult to get consensus".

Meyer said it was hoped final agreement would be reached within two months.

DIANNA GAMES

Still to be decided on was whether the agreement would be compulsory or voluntary for the industry, he said.

He said the broad concepts of the agreement had been agreed to in principle and a more detailed version was being considered.

For those companies which objected to testing over the prescribed limit, the option of including an exclusion clause, in terms of which an AIDS case would be given no cover, was envisaged.

Weyers said opinions on these two options differed and some companies had already implemented their own systems, such as Commercial Union which had already introduced an exclusion clause.

SAPA reports the life insurance industry in SA will decide late this week whether to initiate a long-term, multi-million-rand AIDS education programme to be "test run" in the western Cape.

LOA PRO Jurie Wessels said CEs and MDs of 11 life insurance companies would meet on Friday.

CAPE TOWN — AIDS was spreading so fast in Africa it would "in a short time" eclipse every other issue, including apartheid in SA, as a major problem on the continent, a veteran American journalist said yesterday.

Charles Wiley told the Cape Town Press Club that various data and research without exception showed an "absolutely horrible trend" which could set Africa's development back by 100 years and it was surprising the media did not give it more attention.

He made what he called an "observation" on AIDS in Africa after devoting his main address to the influence in the US of slanted so-called "advocacy journalism" and how readers of the US media should take that into account.

Wiley said he started gathering data on AIDS when it first appeared in the US and his interest in the subject had extended to Africa.

He said: "I hope I am wrong, but if the data is correct — and it is consistently painting a worsening picture, without any signs for optimism — then probably AIDS will, in a short time, eclipse everything else (in Africa) as a problem."

Wiley, a guest of SA Forum, has reported for US news organisations in more than 100 countries, covering 11 wars. — Sapa.

(92) B1 Day 1/18/88

**AIDS now
15th biggest
killer in US**

WASHINGTON — AIDS claimed about 13 000 American lives last year, a toll that would have ranked it 15th among all causes of death, according to the first annual government statistical summary to include the syndrome.

AIDS was added to the annual summary of disease starting in 1987, the National Centre for Health Statistics reported yesterday.

The agency estimated between 12 450 and 13,820 Americans died of AIDS last year. While AIDS was not officially added to the overall rankings of causes of death, that total would have put it in 15th place, ahead of birth defects, which claimed 12 130 lives.

For statistical purposes, AIDS has been listed in the category of "other infectious and parasitic diseases", which accounted for 19 160 deaths in 1987, compared with 9 030 the year before.

The report said 65% of AIDS victims were white males and 25% black males. White and black females each made up between 4% and 5% of the total.

The age groups most heavily affected were 25 to 34 and 35 to 44, the study added.

AIDS is a contagious, fatal condition that attacks the body's immune system, rendering it incapable of resisting other diseases and infections.

As of August 8, AIDS had been diagnosed in 70 208 Americans, of whom more than half (39 620) had died since June 1, 1981, according to the federal Centre for Disease Control. No-one is known to have recovered from AIDS. — Sapa-AP.

(92) SMAL 12/8/88

Smoking is more risky for miners

Medical Reporter

South Africa's mines should introduce anti-smoking campaigns as tobacco poses a very real health risk to miners, Mrs E Hnizdo of the Medical Bureau for Occupational Diseases in Johannesburg said yesterday.

Addressing an epidemiological congress in Warmbaths, Mrs Hnizdo said smoking accounted for a large percentage of the respiratory illnesses suffered by miners.

She said a survey of 2 209 white miners between the ages of 45 and 55, who had worked underground for 10 years, showed that 1 070 had some form of respiratory disease.

Smoking was responsible in 517 cases and underground mine dust for 149. The combined effect of smoking and mining accounted for 227 cases.

Mrs Hnizdo said more severe forms of respiratory ailments occurred among those miners who smoked. These illnesses included chronic bronchitis and emphysema.

Heterosexual transmission of Aids 'rising rapidly in SA'

By Toni Younghusband,
Medical Reporter

The heterosexual transmission of Aids in South Africa, particularly in the black population, is rising rapidly and is of great concern to the medical profession, the director of the National Institute of Virology, Professor Barry Schoub, said yesterday.

Speaking at an epidemiological congress in Warmbaths, Professor Schoub said while Aids had first been identified in the homosexual population this pattern was quickly changing.

"In homosexuals, the rate of transmission is tentatively starting to decrease but among heterosexuals it has doubled in the past six months," he said.

Statistics up to July 1988 showed that 120 Aids

cases had been identified in South Africa since 1981. Of these, 89 were homosexual, 17 heterosexual and one a child. Of the heterosexual cases, 16 were black people.

The first black Aids sufferer was identified in October last year and since then this figure has risen by an alarming 77 percent.

"Over a very short period of time we have seen a marked increase in the epidemic among black people," said Professor Schoub.

He said migrant labour from central Africa had largely been responsible for the introduction of this killer disease into the heterosexual community.

He said solutions to South Africa's Aids problem lay in education, especially at school level, control over prostitution and the careful control of other sexually-transmitted diseases.

Identified cases are only 'tip of the iceberg'

Medical Reporter

The United States could expect 20 000 new Aids cases each year before the turn of the century, Dr Harry Hull told an epidemiological congress in Warmbaths yesterday.

Dr Hull, a delegate from the United States, said Aids was a devastating disease which would have a tremendous impact on his country's health-care system. Identified cases were only the tip of the iceberg and for every one identified case there were many many more.

Since Aids was first discovered in the US in

1981, 68 000 victims had been identified. Of these, more than 50 percent were dead.

Dr Hull said the number of Aids cases was doubling every 14 months and a marked increase had been noted among intravenous drug-abusers and children.

Homosexuals accounted for 65 percent of the cases, intravenous drug-abusers for 17 percent and heterosexuals for 4 percent.

While the number was still high among homosexuals, there had been a marked sexual behavioural change in this community, Dr Hull said.

Aids carrier speaks out

By MOKGADI PELA

THE threat posed by Aids to humanity is so serious that when a victim of the dreaded disease addressed a two-day symposium in Johannesburg last week, one could have heard a needle dropping.

The 37-year-old carrier of the disease took everybody by surprise when he came on to the stage. His name did not appear on the programme. He declined to be named.

He recounted the emotional trauma he went through after being told he was Aids positive. His weight went down from 83 kilograms to 75. He was among scores of people who addressed the symposium.

Chairman of the symposium Dr Ruben Sher said: "With Aids, we are sitting on a time-bomb. The only thing that is changing is the increase in the number of carriers. Last year in August, we did not have a single black sufferer from Aids but today we have 17 cases."

"Unless people changed their behavioural patterns, the future will be bleak for all of us. We call on every active individual to adopt safe sex practices."

*26/10/92
Pela
Jewe*

The symposium was addressed by various experts in their fields ranging from medical to sociological and legal.

Dr Oluf Martiny, medical advisor at the Employment Bureau of Africa, said prostitution contributed to an increase in the disease.

He said Aids could be transmitted through blood transfusion, the use of syringes or through sexual contact. The first two methods were not common in South Africa but the last one was the most common.

He said in Kenya, out of every 100 prostitutes, 85 were Aids positive (carriers). He said South African prostitutes needed to be educated about Aids.

Mother dies of AIDS, 2 new cases diagnosed

DURBAN — AIDS has claimed its first victim in Natal this year with the death of a 24-year-old woman in King Edward VIII Hospital, Durban. Natal and this was the third black woman to have contracted full-blown AIDS in recent months.

The last AIDS death in the province was in December last year. In December a woman died and earlier this year another woman was admitted to King Edward VIII Hospital with AIDS. She was treated and discharged, but her baby is still ill in hospital with AIDS.

Meanwhile, two more white men have developed full-blown AIDS.

National AIDS Advisory Group member Professor Dennis Pudifin said the woman had died of pneumonia, dementia and wasting. Her identity has been withheld.

"She was in hospital for nearly two months. Recently, her baby also died when it was about three months old," Pudifin said. The exact cause of the infant's death was not known.

He said the woman was born in Transkei and lived in the Durban area. Doctors had had no contact with her relatives.

The latest death is the 11th in Natal and this was the third black woman to have contracted full-blown AIDS in recent months.

The child has surprised doctors by showing signs of improving, but the long-term prognosis is not good.

Meanwhile, Pudifin said there had been two new cases of full-blown AIDS in Natal.

"Two homosexual men from inland have been seen at a hospital. They were treated and discharged, and advised to inform their sexual partners about the disease."

There have been 144 cases of full-blown AIDS in the country. — Sapa.

Correct stories...

LEARNING ABOUT AIDS (2)

Swepa 1988/10/28

AN INCREASE in Aids related cases in the country prompted the South African Institute for Medical Research to establish an information centre to educate people on the disease.

Since 1982 there have been 112 reported Aids cases in South Africa and 60 percent have died. The idea of establishing an Aids Training and Information Centre was

By MOKGADI PELA

first mooted by the director of the SAIMR, Professor J Metz.

According to an official of the training centre, Mrs Musa Zazayokwe, the centre opened on January 4 this year.

"Our main duty is to teach the non-medical staff about the causes and dangers of the

disease as well as how to prevent it so that they can disseminate the information to the public," she said.

The staff made presentations at factories and schools on an ongoing basis.

The response from the public has been good, she

said. She called on people to contact their "Hotline Service" at (011) 725-3009 for more information regarding the killer disease. People could also write letters to: The Aids Training and Information Centre, SAIMR, PO Box 1038, Johannesburg, 2000.

Challenge n. A demanding or stimulating situation,
... etc

ARE YOU SUCCESSFUL IN THE BUSINESS WORLD?

You too can be-
... SUCCESSFUL





Meas's
24/8/88
92

Are we just 22 years away from the end?

The Argus Correspondent

DURBAN. — By the year 2010, just 22 years away, the world's population could be wiped out.

That's the grim finding by statisticians, who warn that if the present "doubling" trend by Aids continues, the future of the world will be at risk.

A symposium entitled *Aids: the role of the employer in prevention* in Johannesburg this week highlighted the country's lack of a comprehensive community support system, the lack of government funding and the serious consequences that lay ahead for those who basked in the illusion that "this could never happen to me".

Said Mrs Driekie Moutinho, deputy-director of the National Council for Mental Health: "Whether we like or not we have to look at the consequences of the growing numbers who find themselves HIV positive. In 1988 alone, 60 persons will die of Aids."

Apart from the lethal effects of Aids, the most dramatic effects of a positive HIV result include social isolation, the refusal of life insurance and employment and difficulty in obtaining dental and medical treatment.

"Health services are carrying the full burden of prevention and treatment, whereas a vast number of resources like churches, schools, welfare organisations and women's organisations are not involved in any educational programmes."

There's nothing gay about it

The Argus Correspondent

DURBAN. — If Aids continues to be plugged as a homosexual disease, education programmes will become totally meaningless.

This is the feeling of Aids experts who want the "gay" and "black" tags to be thrown out.

"As far as the public is concerned, if you're not gay and you're not black, you're safe," said one, "and that, of course, is absolute rubbish."

In one of most explicit research documents presented publicly, the Institute of Sociological and Demographic Research, interviewed homosexuals to discover the human response to the disease.

For many the tragedy and tor-

ment is immense, the shame so great that even as they lie near to death their families are not aware they are Aids victims.

One said: "The problem with Aids is that the people who have it are the most stigmatised in the Western world. Therefore they don't want people to know they have Aids. That is wrong. People should know."

In frightening contrast to those who accept the responsibility that Aids has brought to society are the Aids "terrorists", the fatalists who are determined to continue with their "death-wish" lifestyles.

The following is an transcript of just such an interview.

"I know that I am at high risk because I have casual contacts

with total strangers. I understand the dangers and the death sentence I face, but I cannot control myself.

"I always ensure that I go the whole way. I have no control over my sexual desires at all, which is the most serious problem I have before me.

I have spent a lot of money seeing psychiatrists."

Other homosexuals said they were being unfairly branded as "high risk".

One said: "I don't think that term makes any sense. I think you get high-risk behaviour but that applies to everybody, whether you are a prostitute, drug addict, homosexual or heterosexual."

Insurance industry in a dilemma

DURBAN. — The life insurance industry, faced with the biggest dilemma in its long history, has already begun a set of measures aimed at screening out positive HIV carriers which could become more stringent as time goes by.

The dilemma is whether to introduce compulsory screening, which would require counselling back-up, or leave the decision to the underwriter to call for tests in the high risk groups.

An employer who has reasonable suspicion that one of his employees is an Aids sufferer and that his continued presence will disrupt the pattern of his working environment can request that a medi-

cal officer of health conducts tests. However he could face defamation charges.

Unless an Aids termination clause is introduced into a working contract, a member of staff may not be dismissed if he is found to be a positive Aids carrier. As yet most companies do not have that termination clause.

One of the greatest problems facing health care workers coping with Aids is "burn out".

Because of the overwhelming nature of the disease and the demands placed on a few sufferers, they often feel the burden is too great. Burn-out symptoms include depression, despair, apathy, behavioural changes, ulcers and severe headaches.

'Back AIDS education programme'

DIANNA GAMES

THE reaction to AIDS by SA's scientific community had been hostile initially and still remained inadequate, said Dr Steven Miller, a senior specialist pathologist with the SA Institute of Medical Research.

Sexually Transmitted Diseases Society of Southern Africa, called on the private sector to support the drive for education on AIDS, as it had the expertise, the manpower and the money to mobilise a campaign in addition to that of government.

Speaking at an AIDS seminar, Miller, who is president of the Sex-

Prof warns of false Aids diagnosis cases

Medical Reporter
Cases of false Aids diagnosis were being found because of inadequate testing, warned Professor Barry Schoub, the head of the National Institute of Virology.

"On a few occasions tragic consequences were only just averted by correcting the errors. It may now well be opportune to consider ways of controlling laboratory Aids testing," he said.

In an article in the *South African Medical Journal*, Professor

Schoub cautioned physicians that on no account should a positive Aids diagnosis be made after only one test.

He advised that at least three tests be done before positivity was revealed to the patient.

The test most often employed to diagnose the presence of Aids antibodies is the Elisa test.

However, warned Professor Schoub, the Elisa should only be considered as a screening test and it was therefore imperative the test be repeated.

1092 S. 1/2/76

26/8 - 1/9/88

With more than usual haste: Aids vaccine tests

92

The painfully slow hunt for an Aids vaccine is fraught with practical and ethical problems. **RICHARD GODFREY** reports

AT least 29 Aids vaccines are being tested around the world in a search that is slow and faces practical and ethical difficulties.

Welcome news ... but the most optimistic forecast is that the breakthrough is at least 10 years away.

Many believe a vaccine will be impossible to develop and that real hope lies in discovering an effective curative drug. The British government has funded a £15-million (R60-million) programme of research split equally between vaccine and drug development.

Existing vaccines reproduce the immunity we all develop on recovery from an infectious disease. But with HIV no natural immunity has been demonstrated — the infection eventually destroys the immune system. So scientists are working in the dark. They do not know what kind of immunity a vaccine would aim to produce and it has yet to be proved that a vaccine might be effective. A number of different strains of HIV have been identified so a single vaccine may not be sufficient. And HIV-2, which would require a different vaccine, is now on the rampage in West Africa.

Professor Arie Zuckermann, the eminent virologist, has argued in the British Medical Journal that with these difficulties it was a waste of resources to continue vaccine research: funds should be channelled exclusively to finding a cure.

Scientists are convinced a vaccine is possible and point out that despite the development of drugs like AZT, which help to relieve Aids symptoms in the short term, as yet nobody with the disease has survived.

As in most medical research, the idea starts in a test tube, is experimented on in animals and then tried out on humans. The best candidates are chimpanzees but, as Professor Alan Glynn, head of the Public Health Service Aids Coordinating Centre, said, they are expensive, rare and do not provide an accurate picture of what happens in man. So the jump to human trials has to be made more quickly than some scientists would like.

The Medical Research Council has established two committees to look into the practical and ethical problems of these tests. Meanwhile, the first human trials have begun.

The work at St Stephen's is funded by the United States company, Viral Technologies Incorporated. Held up by licensing delays in the US, it came to Dr Brian Gazard's Aids unit in Fulham. Where other strategies use proteins found on the surface of the virus, the Fulham tests use a man-made protein, Hgp-30, based on a protein found inside the virus. It is hoped that this agent will produce effective neutralising antibodies.

The work on four volunteers seeks to establish whether there are any ill effects from the vaccine. If all goes well, 20 more will receive it. The doctors say the volunteers are safe. Many US pharmaceutical companies are holding back from vaccine development because it is too litigious.

Gazard says he has been inundated with requests to help from friends and relatives of Aids patients. But advertisements placed in the New York gay press elicited a poor response. This is only phase one; phases two and three of the programme will require more than a thousand volunteers for each approach. Here arise the most thorny ethical dilemmas. For phase three, many hundreds of healthy volunteers will be required. If the vaccine is successful, those receiving it will become HIV-positive but will not develop Aids.

Margaret Jay, director of the National Aids Trust, believes this could cause problems. People who are HIV-positive have difficulties obtaining mortgages and life and health insurance. It will need to be established that the condition derives from a safe vaccine and the person is at no risk. — The Guardian, London.

Spread of Aids 'forcing insurance-policy changes' ^{27/8/88} (92)

IN A MOVE likely to have far-reaching implications for the life assurance industry, African Life announced yesterday it will not pay out future policyholders in the event of Aids-related deaths.

Managing director Bill Jack said yesterday the spread of Aids — world health authorities predict more than one million people will be affected by 1993 — could result in the company going under in about 17 years if it did not protect itself.

SVEN FORSSMAN *Star*

"As soon as our current policies are used up, we will print new ones with a clause regarding payout in the event of death by Aids," Mr Jack said. "The decision will not affect current policyholders."

Commercial Union has already introduced a limited clause on its policies in the event of Aids-related deaths.

Life assurance giant Sanlam indicated yester-

day that it may follow African Life's example. Sanlam chief actuary Jan Pretorius said he personally felt an exclusion clause was the only

● TO PAGE 2

Aids and insurance

● FROM PAGE 1

solution to the problem.

In the case of Commercial Union, payments on Aids-related death claims will be restricted to the greater of eight times the net annual premium or the surrender value.

CU also introduced compulsory Aids tests for all applicants of policies in excess of R200 000.

The Life Offices' Association of South Africa (LOA) is setting up an agreement between all the life assurance companies whereby any person seeking life cover of more than R200 000 will have to undergo a compulsory Aids test.

(92)
S. Dreyer
28/1/88

Dying driver in AIDS shock

By RYAN CRESSWELL

SHORTLY before he died an AIDS victim told his employer he believed 25 of his workmates and a number of women had AIDS.

The long-distance lorry driver's story has caused panic among truckers, civil engineering workers and employers.

The middle-aged father-of-three died in King Edward Hospital in Durban on Wednesday.

The man, who had previously lost about 40kg in weight, told his employer, Mr Lee Scribante, who owns a civil engineering concern in Pinetown, that he was worried about the 25 other workers he lived with in a hostel in Marianhill because they had all slept with the same women.

For 15 years he had driven all over South Africa and Lesotho.

Tests

A spokesman for the company said the desperately ill man had been in hospital for about four weeks when he died.

She said he had been in hospital twice before "but nobody seemed to be able to find out what was wrong with him".

"We are pretty sure that more of our workers now have AIDS but we cannot insist on tests," she said.

"Civil engineering workers travel all over and it could definitely spread."

Workers at the company have been attending lectures on AIDS given by the Pinetown health department since their colleague was diagnosed as having the disease.

30/8/88 Star

Organised by family planning

(92)

Aids education to be introduced at Cape schools

By Toni Youngusband
Medical Reporter

A unique Aids education programme aimed at teenagers is being planned for Cape schools.

According to Dr Frank Spracklen of the National Advisory Group on Aids, businesses and industry have indicated their financial support of an extensive Aids education programme which will form part of family planning.

The Aids programme will fall under local family planning organisations and will first be introduced to schools in the Western Cape as a pilot project. If the project proves successful, the

programme will be expanded to include all Cape schools.

Dr Spracklen said it was hoped this programme could then be extended nationally.

This is the first time Aids education will be taught regularly to schoolchildren. In the past, Aids lectures have been given at schools on an ad hoc basis at the invitation of headmasters.

Aids experts have encountered repeated opposition from provincial authorities in their attempts to introduce Aids lectures to schools.

Family planning organisations are, however, autonomous and have access to schools independent of Government authority.

"I think this is a very exciting and unique opportunity to hit where Aids is going to affect most. We must hit at the time of sexual explora-

tion, we must inform these teenagers of the dangers of irresponsible sexual behaviour," said Dr Spracklen.

He said the Aids programme would be aimed at pupils between the ages of 13 and 18.

Dr Spracklen said the education project would include lectures and counselling to semi-literate and illiterate teenagers in the squatter and poorer areas.

A health information centre, which will also offer advice and counselling on Aids, has been launched in Cape Town.

The centre, in Loop Street in the city centre, will offer pamphlets, lectures, films and counselling on various infectious diseases including tuberculosis, Aids and other sexually-transmitted illnesses.

Dr Spracklen said the centre would also offer Aids testing.

Brave face of woman with Aids virus

92
1/9/88

BY TONI YOUNGHUSBAND

Scientists believe that Aids constitutes a greater threat to South Africa's heterosexual population than to its homosexuals. Already 51 women carry the virus.

Liz (not her real name) is an extremely attractive young woman who works as a secretary in Johannesburg. To all appearances she is like you and me — but two years ago she discovered she had the Aids virus.

"My boyfriend and I were living together. He had been bisexual before we met and we suspected he might have contracted the virus when he started to show symptoms. He went for an Aids test and it was positive."

She says she was not very shocked but he was angry and blamed her. She too went for a test and it was positive.

"I stayed very calm, I accepted it. I had read a lot about it and when I discovered I had it I made sure I carried on with my normal life. I couldn't blame my boyfriend, he was also a victim."

Not wanting her to leave him and saying they had to stay with each other because they were both ill, her boyfriend rushed off and told her parents.

"It was vindictive. I didn't even know he was going to do it. I wasn't ready to tell them yet, but when I went to see them, they told me he had already been there and made all sorts of accusations. I told them it was true."

Liz says her parents have been very positive. "In front of me they are."

NOT PROMISCUOUS

Liz, who is in her early twenties, does not see herself as promiscuous. While she has had other sexual partners, it was always one relationship at a time.

She does not have any Aids symptoms but carries the virus. Her former boyfriend has symptoms.

Liz has not told her boss. "I don't think it necessary. If I develop the symptoms then obviously I will have to tell him."

She puts on an extraordinarily brave face and claims to live a completely normal life.

"I don't feel angry. It doesn't make me scared because I haven't developed the symptoms yet. I don't immediately think I have the symptoms if I get a sore throat or something. I'm by nature a very logical person."

She says she does not think of death more often than before.

"The only thing that really disturbs me is the relationship factor. It is very difficult now to get involved in a relationship. There is no reason why I shouldn't if I take the proper precautions, but I would have to tell him and I am not ready for that. He would have to be a very special person."

One male friend she did tell disappeared for three months.

SHOCK AND REJECTION

"His initial reaction was shock and rejection; but eventually I telephoned him and we sorted it out. He understands now".

She says she will not consider having children.

"I know that there is a 50 percent chance that the child will pick it up from me. I don't want to have to go through giving it medicine and coping with its sickness.

"I have a very demanding and responsible job which I enjoy and I am hoping to study further next year."

She says, however, that she would not have coped without the support of her parents.

"To people who have the virus I would like to say: Don't give up hope. Be positive. Attitude is very important. If you are negative you will destroy yourself."

She asks of people who do not have the illness to show compassion.

"If you know someone with Aids, don't treat them as lepers. They still have emotions and rejection is the worst possible thing. I ask parents to be strong, to treat their children as normal and not to burst into tears every time you see your child who has Aids.

"Life has so much to offer if you only care to look."

Aids shows swing to heterosexual disease

Staff Reporter

HR 643 2/9/88 (92)

AIDS will probably spread fastest and claim most lives among heterosexuals in future, according to an article in the South African Medical Journal.

Analysis of the latest Aids data by researchers at the Medical Research Council virus research unit and the National Institute of Virology at Johannesburg Hospital shows a rising number of heterosexuals with Aids, especially among blacks.

However, the data was "hopelessly" incomplete and was not a true reflection of the number of Aids cases in South Africa, the researchers said.

Only 98 cases had been reported voluntarily to the Aids Advisory Group by April 19 this year. Although, 81 percent of these had the "Western Aids", the heterosexual strain or "African Aids" was fast increasing.

Of the 98 cases, 79 were male homosexuals or bisexuals, five were haemophiliacs, four picked up the virus from blood transfusions and 10 were heterosexuals.

The researchers said consideration would have to be given to shrinking the promiscuous core, including prostitutes and men with several sexual partners.

Early sex education for children was needed and doctors also needed to take the initiative, they said.

Call for more effective health education

Sexual diseases rife, says doctor

92
STM
2/2/88

By Toni Younghusband,
Medical Reporter

Sexually transmitted diseases are rife in South Africa and more effective health education should be a priority if they are to be brought under control, says Dr Yacoob Coovadia of the University of Natal.

Dr Coovadia said yesterday that the incidence

of sexually-transmitted diseases (STDs) in South Africa was between 10 and 20 times higher than in Britain.

"These diseases have assumed frightening proportions in our modern society. There are now 50 million new cases occurring annually in the world," he said.

Statistics obtained from the city health departments of Johannes-

burg, Durban and Cape Town showed there were far more male STD sufferers than female and the vast majority were black. Syphilis remained a serious problem among black South Africans.

Dr Coovadia said the medical profession and the public were still ignorant of the enormity of the STD problem. He said only since the emergence of AIDS were STDs slow-

ly being recognised as a serious problem.

There were several possible reasons for the high incidence of STDs in South Africa, Dr Coovadia pointed out. These included a decrease in the use of mechanical contraceptives, such as condoms, which offered some protection; ineffective health education and the movement of large numbers of men from tribal to industrialised areas.

Medically, the indiscriminate use of antibiotics had contributed to a rise in STD resistance. He said the fragmentation of South Africa's health services and the absence of laboratory facilities in STD clinics were also worrying.

Basic ignorance

"There still appears to be a lack of awareness and a good deal of basic ignorance among medical people as well as the public. More effective health education should be a priority at schools and at STD clinics if we are going to combat STDs," said Dr Coovadia.

Death every 2 secs 'preventable'

Medical Reporter

In Third World countries one child dies every two seconds from a disease preventable by vaccine, Professor Barry Schoub, director of the National Institute of Virology, said yesterday.

He said at a medical congress in Sandton that while immunisation programmes in the Western world had been generally successful, in the Third World the picture was markedly different.

PATHETICALLY LOW

"Pathetically low immunisation cover in many of the poorest countries of the world, poor refrigeration facilities and failures of vaccine efficiency have all contributed to disappointing immunisation protection in the Third World," he said.

Professor Schoub said that this, coupled with the huge viral incidence in overcrowded, insanitary communities meant giving higher doses than were usually administered.

"The additional vaccine doses would add somewhat to the expense of routine immunisation but the savings in costs of curative medicine would be enormous and the human savings incalculable," said Professor Schoub.

Because of vast differences in living conditions and facilities between Third World communities and developed countries, special immunisation programmes would have to be established.

"The improvement and expansion of primary health care facilities and the incorporation of immunisation as part of a comprehensive health care and education package is needed in these communities," said Professor Schoub.

Aids or insurance

Plan for special tests before giving cover over R200 000 limit

The Argus Correspondent *Mkay 2/19/88*

DURBAN. — Insurance companies will do a series of Aids tests on clients who are HIV-positive before deciding whether they should be refused cover of more than R200 000.

Mr Jurie Wessels, public relations officer for the Life Officers' Association, said today insurance companies were aware that the HIV test was not infallible.

"We know it is not foolproof because it is over-sensitive. So, if a client shows positive on this test he will then go through another battery of tests to confirm the results."

A committee made up of managers of all the large insurance companies in South Africa had met recently to discuss Aids and insurance.

They had drawn up an agreement which stipulated that people who took insurance cover of more than R200 000 would have to undergo Aids tests. If these proved positive, the company could refuse to insure the client or it could offer a policy which would become worthless if the client died from Aids.

Approval expected

"This agreement has been circulated and will be discussed at our annual meeting on October 5."

He expected it to be approved by members and it would probably come into effect in November.

"At present, people who buy these policies already have to have medicals which include, for example, heart tests. Now the Aids test will be part of the medical. Some companies may decide to do the Aids tests at lower levels than the R200 000 mark, but that will be up to them," he said.

Present policy-holders would not be tested and they were covered even if they died of Aids.

There was concern among South African insurance companies about the disease.

"We have consulted with the Medical Association of South Africa, the National Aids Advisory Group and the Department of National Health and Population Development.

"We are doing exactly what insurance companies are doing in other parts of the world. In Britain the limit is £50 000 pounds and in the United States \$50 000."



HEARTWARMING: A child gets a helping of soup from Edendale Primary School's cook. Picture: LEON MÜLLER. The Argus

Lifesaving daily meals

By BRONWYN DAVIDS
Staff Reporter

FOR thousands of hungry schoolchildren on the Cape Flats the mug of soup and slice of bread they receive from the Peninsula School Feeding Association is their only meal of the day.

The association is, however, facing a financial crisis and R500 000 is needed if it is to continue feeding more than 150 000 needy children at 385

For many children it's their only food

"We are having financial difficulties but we are determined not to turn away hungry children."

"Each school tries to reach a modest fundraising target to supplement the funds. The children want to be associated with feeding themselves," Mrs Pinshaw said.

BADLY NOURISHED

Mr Henry Petersen, principal of the Edendale Primary School in Mamelong, said his pupils had been assessed by the nutrition unit of the Red Cross Children's Hospital in 1986.

1-111-310000

Africa gets R4-m in anti-Aids aid

w/ARGUS 3/9/88 (92)

Weekend Argus Foreign Service
GENEVA. — Five African countries have just received R40,8-million to held begin national anti-aids programmes.

The World Health Organisation (Who), which arranges the financial help as well as the national campaigns, said the five countries were Congo, Burundi, Central African Republic, Zimbabwe and Cameroon.

So far, 14 African nations have Who-assisted programmes to try and teach people about the disease and how it can be prevented.

Earlier this year, funding was arranged for Senegal, Mozambique, Zaire and Zambia, and last year for Uganda, Kenya, Tanzania, Ethiopia and Rwanda.

Total financial help to date exceeds R100-million dollars,

the money being contributed by about a dozen governmental and non-governmental organisations.

Anti-Aids programmes are designed to last three to six years depending on local conditions and needs.

Education and information receive top priority, followed by training of medical personnel, improving blood supply facilities and surveillance, and establishing or expanding laboratory facilities for diagnosis of the disease and the HIV virus which transmit Aids.

Altogether 14 688 Aids cases have now been reported in Africa, according to Who, with 1 408 in Burundi, 432 in the Central African Republic, 1 250 in the Congo, 2 079 in Kenya, 583 in Malawi, 987 in Rwanda, 1 600 in Tanzania, 4 006 in Uganda and 854 in Zambia.

Aids tragedy striking at innocent children

BOSTON — He is three years old, wearing a red T-shirt and boasting how his dad had taken him to see the fireworks. His little friend sucks on a popsicle and shows off his purple tongue.

"You can't get me, Daddy," shouts one of the boys as he races playfully down the hallway of the hospital wing.

The illness that put them there is masked by their innocence and perfectly normal ways. They are the children of Aids.

Not all are so free to run and play. Some come into the world prematurely and drug-addicted. Many have swollen glands, sometimes enlarged livers and spleens. Their bodies are racked by diarrhoea and nausea, burning with fever and sweat.

More than 500 of them across the United States have died of Aids and 3,000 are infected, according to Dr James Oleske, medical director of the children's Aids programme at Children's Hospital in Newark, New Jersey.

Their numbers are growing at an alarming rate in a nation ill-equipped to care for them. In many places, hospitals must serve as expensive baby sitters while foster homes are desperately sought for the infants.

Dr Martha Rogers, chief of pediatric and family studies for the Aids programme at the federal Centers for Disease Control in Atlanta, estimates that

about 10,000 American children under the age of 13 will be infected with Aids within a few years.

That's the low end of Dr Oleske's estimate; he foresees 10,000 to 20,000 infected children by 1991.

"I estimate that one in every 10 to 15 hospital beds for children in the United States will be occupied by a child sick with (Aids) infection. That is a frightening statistic."

About 13 percent of the child victims got Aids through tainted blood transfusions.

Almost all the others, however, were doomed before birth, born to mothers infected with the Aids virus through intravenous drug use or through sex with a drug user.

Six out of 10 of these children died by the age of two or three, Dr Oleske said.

The tragedy is compounded when the mother is a

GEORGE ESPER

single parent and unable to care for the infant because of her drug habit or because she is incapacitated with Aids herself. A grandmother may care for both, watching both daughter and grandchild deteriorate and die.

With family members unavailable to help in many cases, "Where are the increasing numbers of children born with Aids going to be cared for?" Dr Oleske asked.

One answer may lie in the establishment of state-supported transitional group homes that provide temporary care for outpatient children until foster homes can be found. Several have been set up in the past 18 months.

At Boston City Hospital, a renovated wing known

as Dowling 5 South can house four children. Among current residents are the two boys whose fathers cannot care for them full-time but who take them on outings like the Fourth of July fireworks.

Since the Dowling wing opened in February 1987, the mothers of two children living there have died.

Ms Anne Murphy (31), a social worker at Dowling 5 South, has seen dying mothers "just coming in and spending time with their kids, playing with them, putting them to bed, feeding them supper — some of the daily-routine kind of things that I think take on so much more meaning when you feel that your time could be limited."

For many of the children, the warmth of mothers and fathers is absent, and nurses try to comfort them when they cry out with withdrawal pains. Many potential foster parents are reluctant to

consider children with Aids. Even so, seven children from St Clare's Home in Elizabeth, New Jersey, have been placed in foster homes.

Local construction workers helped renovate a two-story residence that had been vacant for two years for St Clare's Home Civic organisations held fund-raisers and donated furniture to the Farano Centre for Children operated by Albany Catholic Charities.

At the Farano Centre, as many as 40 volunteers take the children for walks and visits to the park. Three of these volunteers have become foster parents to Aids children.

The transitional homes can accommodate only a half-dozen or so children at a time, cared for by an around-the-clock staff.

That leaves hospitals as the only home for many children of Aids, and that is costly for the state. Each Aids child's hospital stay costs an average \$1,500 a day because of the extra nursing care and therapy required. This compares, for example, to \$576 a day at St Clare's.

Some of these children have never played with a dog or experienced sunshine.

"Everything is a sense of wonder or awe for these children," said Sister Maureen Joyce, who runs the Farano Centre. "I was planting some flowers and brought kids out with me. They sat and felt the grass I had them help me plant flowers. They were so excited." — Sapa-Associated Press.

A Man Had the Will

Woman at

Aids gets the focus from world experts

4/9/88
92
AEP

By SOPHIE TEMA

THE deadly Aids disease will be the subject of intense discussion at two venues this week.

American-trained pharmacist Davis S Mathe, who is researching drugs to combat Aids, will speak on the disease at Wits University tomorrow.

Mathe studied at the Academy of Pharmaceutical Science in America.

In Pretoria, a symposium will address the Aids problem from a geo-political perspective.

Organisers Africom said: "The problem of Aids is increasingly coming under the spotlight. Although locally it has been viewed mainly from a medical angle, there are other wide-ranging implications which need to be examined."

Following are the speakers and their subjects:

● Cuban-born Dr A Gordon, of the the University of Miami will speak on "Aids in the US".

● Dr C Moas, also from the University of Miami - well-known for his research on the subject, particularly in Latin America - will speak on "Aids in South America".

● Dr Zife' Krosi, of the Department of Tropical Diseases in Paris - an expert on tropical diseases and Aids who recently visited six countries in Central Africa for a "broad" investigation of Aids on the continent, will speak on the "Spread of Aids on the African Continent".

● Chester Nagle, director of the Aids Policy Research Center in Virginia,

Education is key to dispelling Aids myths 92

One of the most astonishing results of a recent survey was that Aids is racial. More than 80 percent of whites believed it was a "black" disease while 47 percent of blacks believed it was a "white" disease. Indians and coloureds also believed it was a "black" illness.

As a result many people believed that the "safe sex" health educators referred to meant having sex with someone of your own race (and not monogamy or the use of a condom).

According to Johannesburg's Medical Officer of Health, Professor Hillard Hurwitz, posters and pamphlets on Aids are just not doing enough. While they may disseminate vital information, people tend to take little notice of them and as a result ignore their message.

He said a group of sexually active people questioned re-

TONI YOUNGUSBAND, The Star's Medical Reporter, looks at public perceptions of the Aids killer virus.

cently said that while they knew Aids could be prevented by sticking to one sexual partner they had recently had more than one partner themselves.

Professor Hurwitz said he believed part of the problem was that Aids was not always visible and was therefore difficult to identify with.

"It is very difficult for people to understand this disease and to change their lifestyles on what they are told. They need visual evidence," Professor Hurwitz said.

In South Africa there are only about 120 people who have

symptoms of the disease and so few people have actually seen the ravages of the illness. Yet, Professor Hurwitz has warned, there could be thousands of South Africans who carry the deadly virus.

Professor Hurwitz said because it was extremely difficult to change established lifestyles the thrust of Aids prevention should be directed at the youth who had not yet formed their own patterns. Aids education programmes at schools were urgently needed.

He said health officials would have to do a lot of research into people's cultural beliefs and perceptions before fully effective prevention programmes could be implemented.

Anyone wanting more information on the disease can call the Johannesburg City Health Department's special Aids line. The telephone number is 339 1048.

GERALD REILLY

PRETORIA — National Health director-general C F Slabber says AIDS cases in SA are steadily increasing.

Last year 36 cases were confirmed and from January to July this year another 37 were reported.

Slabber told a symposium at Sun City that out of a total 120 cases 70 — 58,3% — had died.

He added most cases were among homosexuals, though some had been

Q2

Health chief says AIDS accelerating

discovered among heterosexuals and people infected by blood-transfusions.

Until about a year ago there were no reported cases among blacks. Now there were 17.

Slabber said prevalence of the HIV virus in the population was low but found in both sexes and all ethnic groups.

He added that the problem of con-

trolling the spread of the virus was one of social behaviour rather than health. Slabber said carriers and AIDS patients needed sympathy and not rejection.

He said economic slumps had made it difficult to maintain health programmes and services and the challenge now was to use resources more effectively.

He foresaw a need for co-ordination of private and public sectors in

the provision of health services.

Slabber said only 1,4% of people in work provided health care for a population of 28,4-million at an annual cost of R5,937bn — 5,8% of the GNP — and the population was increasing at more than 1-million a year.

He added, on the problems of an ageing population, that the white population over 60 would have risen by 22% by the year 2000, coloureds by 44% and blacks by 64%.

Statistics on

Query on nature of application for appeal

6/8/88 a/sb

F A N P t n n t n F D J y y

Aids could send premiums soaring

By Sven Forssman (92)

The cost of term assurance — life assurance without the savings element — could rocket by as much as 300 percent if the local industry follows the example of its overseas counterparts in dealing with the Aids crisis, Jim Brayson, manager of Protea's Life Division, said yesterday.

"The effects of the killer disease on term assurance, particularly in the UK, US and Australia, are an object lesson for the local industry," Mr Brayson said.

"Initially, overseas assurers believed they could underwrite for

Aids without increasing premiums, simply by identifying the most likely victims and attaching higher rates to them. But, this has changed.

"Nearly all the assurance firms overseas have bumped up their premiums across the board — in some cases up to 300 percent for men in their 20s and 30s, the sector most likely to be affected by Aids.

"As the incidence of the disease increase in South Africa, this also appears to be a possible scenario here. This would result in higher premiums, compulsory tests and exclusion clauses."

Mr Brayson said professional

reassurers and the Association of British Insurers have recommended that term assurance applicants undergo HIV antibody tests prior to granting cover.

"In fact, Aids is changing the face of the term insurance industry in other parts of the world. Certainly, the easy conversion and extension options, a standard feature on many contracts, are disappearing and being replaced by, in some instances, renewable term policies.

"Naturally, each time the policy is renewed, about every five years, the policyholder would have to submit to HIV antibody tests."

920 General 2/10/88

BY MOKGADI PELA

THE number of Aids cases in the country is increasing with 15 more people identified as positive carriers bringing the total figure to 135.

Since 1982 when the first Aids case in the country was diagnosed, more than 60 percent of the victims have died. The figure of those who have since died from the deadly virus stood at 78 while those still surviving was 57.

According to an expert on the disease, Dr Ruben Sher, the only thing that was changing was the increase in the number of Aids patients.

He said before August 19, the figure of Aids carriers stood at 120 and the increase was evidence that Aids was a reality facing South Africans.

Dr Sher added that the transmission categories were 103 homosexual-bisexual, 18 heterosexuals, transfusion cases totalled five, the haemophiliacs remained eight and one paediatric.

Breakdown

The racial breakdown was 112 whites, 18 blacks, one Asian and four coloureds. The sexual breakdown was 126 males and nine females.

Each province had its share of Aids carriers. The Transvaal has 84, Cape 25, Natal 25 and the Free State two cases.

Meanwhile the newly-established Aids Training and Information Centre was, according to Dr Sher, a hive of activity with people streaming in for help. Others were found to be having a phobia for having contracted the virus.

Aids on the rise

VICTIM DIES

A BLACK man with Aids has died in Edendale Hospital near Maritzburg.

Professor Denis Pudifin, a member of the national Aids advisory group said this week that the complicating disease which killed the young man was tuberculosis.

The man's identity is a secret and further details are not known.

He said a 13-month-old baby girl from the Durban area had also been admitted to hospital with

Aids: "She is very ill with pneumonia and is growth-retarded. She also has enlarged lymph nodes."

He said the parents of the child were being tested for the disease.

Meanwhile, Professor Pudifin said they continued to see a steady trickle of Aids carriers in various areas.

"There has been no drastic interest although the numbers in the Natal region are now more than 250," he said.

Frontline states face Aids wave, says expert

92
SM
10/9/84

A LEADING Aids expert yesterday painted a grim picture of a looming Aids epidemic in the Frontline states.

Speaking at an international Aids symposium at the CSIR in Pretoria, Mr Chester Nagle, director of the Aids Policy Research Centre in Virginia, United States, said Aids was widespread in African National Congress camps and among Cuban forces in Angola.

He said seven ANC members captured in South Africa, who had been trained in Angola, had been found to be Aids sufferers.

The eventual return of more than 100 000 Angolan refugees reported to be in Zaire would bring "a wave of Aids" to Angola, he said. And Aids was being carried into South Africa by migrant workers at an increasing rate, Mr Nagle said.

Experts were certain the Aids problem in Zimbabwe was grave. While the country had reported 119 cases to the World Health Organisation by June this year, there was "rigorous sup-

pression" of Aids information by the President Robert Mugabe's government.

Reports of Zimbabwean government-controlled camps for Aids victims in the Kariba district had surfaced and there were many unofficial reports of Aids in the military, especially in units returning from duty in the Beira Corridor.

The portrait of Aids in Uganda was "clear and awful". At least 50 percent of the population was projected to be HIV-positive by the turn of the century, eight cases were diagnosed each day in Kampala and films had shown entire villages depopulated by Aids.

Satellite photographs of Zaire, seen last year by researchers into the killer disease in central Africa, showed depopulated villages in the eastern sector of the country.

Zambia's total population could be 23 percent HIV-positive, according to a 1987 report by Stellenbosch University, Mr Nagle told delegates. — Sapa.

AIDS experts predict chaos in Africa

By HILTON HAMANN
TOP AIDS experts have painted a grim future for the African continent and suggested South Africa should take steps now to isolate itself from the disease.

At an international conference on AIDS at the CSIR this week, speakers fingered Cuba as one of the main culprits in spreading the disease, particularly to the United States.

Delegates tended to agree that the virus developed in Africa in the late '70s and that Cuban soldiers and advisers then took the disease to the Caribbean, from where it spread first to the US and Europe and then to the rest of the world.

"Since 1964, at least 500 000 Cubans have visited Africa," said Dr Carlos Moas, Fellow in Pulmonary Medicine at the University of Miami and affiliated Hospitals in Florida.

"This close and prolonged contact between Africa and Cuba could have been the gateway for the HIV virus to enter the western hemisphere, with Cuba serving as the first host nation." Painting a grim picture of the problems facing the African continent, speakers said about one-million Africans were infected with the HIV virus.

Measures

And by the turn of the century, the killer virus would have wiped out as many as 100-million Africans.

If the trend continued, they said, the continent was likely to degenerate into a series of warring tribes as industry, governments and armies collapsed.

"Leaders in industry and government will die without replacements," said Mr Chester Nagle, director of the US AIDS Policy Research Centre.

"For instance, there have been reports that two of Zambia's sons have been stricken by the disease. And two years ago, 68 per cent of the HIV-positive people in the Zambian copper belt, which provides 90 per cent of that country's gross national product, were skilled professionals."

According to Mr Nagle, South Africa must batten down the hatches if it is to survive in the face of the AIDS epidemic.

Measures proposed at the conference included education programmes, tougher control on migrants and massive testing facilities.

92

ST/100

11/9/88

AIDS could double life cover premiums

11/9/88 92 B/10/009

LIFE insurance premiums could double as a result of the spread of AIDS, as they have in the UK, Liberty Life official Brian Golding said yesterday.

Speaking at an AIDS symposium at Sandton, organised by the National Council for Mental Health and the SA Institute for Medical Research, Golding said higher premiums would be necessary to cope with the potential drain in funds resulting from the death of clients suffering from AIDS.

In the past six years premium rates in

BRONWYN ADAMS

the UK have already doubled.

Golding said insurers were faced with the challenge of setting aside reserves to cater for both existing portfolios of business and future business.

He said other problems faced by the sector included AIDS screening for high-risk individuals and non-disclosure by some individuals of information.

Clients in high-risk groups also pro-

posed sums insured far in excess of normal insurance needs, he said.

Life insurance claims in respect of AIDS in the US were up to five times the average sum insured, said Golding.

He said since high-risk groups could not be easily established insurers needed to combine the exclusion of AIDS-infected people, the conducting of HIV blood tests on high-risk clients and loadings and increased premium rates or non-guaranteed rates.

Response to Aids threat here 'totally inadequate'

Star
3/4/88
92

Staff Reporter

The South African Government has spent about R1 million to date on Aids awareness advertising and education, a quarter of the amount spent on the "Info Song" and less than that spent on getting rid of SABC director-general, Mr Riaan Eksteen.

This was said last night by Mr Alan Whiteside, senior research fellow of the Natal University Economic Research Unit, during a discussion on Aids organised by the South African Institute of International Affairs.

Mr Whiteside said this was a

totally inadequate response to the Aids threat. As there was no cure for the disease, education campaigns which would reduce the number of future cases was crucial, he said. "By 1996, Aids could be the single most important cause of death in South Africa."

He said the number of Aids patients was expected to double every eight to 10 months. In a "worst case" scenario, there could be 176 128 Aids cases in South Africa in 1995.

If the doubling time could be reduced from eight to 12 months by 1991 because of education campaigns and other preventative measures such as blood testing, there would be 33 024 cases by 1995.

Another speaker at the discussion, journalist and film producer Mr Al Venter, recounted his personal observations of Aids cases in Central Africa and said that much of the governing and administrative personnel in the area could be "knocked out" by Aids in a few years.

He believed, he said, that there would be a dramatic depopulation of central Africa, of at least 50 percent by 1995. This had serious strategic implications for the region and something or someone would have to fill the void.

Mr Venter said the major powers were looking out for their interests in this regard, as was South Africa.

He claimed it was not unlikely that South Africa would move into Central Africa "if not pipped at the post by the major powers," but added he did not mean there would be a South African invasion of the region.

CNT Times 14/9/88 (92)

Govt has wrong response to Aids — expert

JOHANNESBURG. — The South African Government has spent about R1 million to date on Aids-awareness advertising and education — a quarter of the amount spent on the "Info Song" — and less than that spent on getting rid of SABC director-general, Mr Riaan Eksteen.

This was said here last night by Mr Alan Whiteside, senior research fellow of the Natal University Economic Research Unit, during a discussion on Aids, organized by the South African Institute of International Affairs.

Mr Whiteside said this was a totally inadequate response to the Aids threat. As there was no cure for the disease, education campaigns which would reduce the number of future cases was crucial, he said.

"By 1996, Aids could be the single most important cause of death in South Africa."

He said the number of Aids patients was expected to double every eight to 10 months.

In a "worst case" scenario, there could be 176 128 Aids cases in South Africa in 1995, he said.

If the doubling time could be re-

duced from eight to 12 months by 1991 because of education campaigns and other preventive measures such as blood testing, there would be 33 024 cases by 1995.

Another speaker at the discussion, journalist and film producer Mr Al Venter, recounted his personal observations of Aids cases in Central Africa.

He said that much of the governing and administrative personnel in the area could be "knocked out" by Aids in a few years.

He believed that there would be a dramatic depopulation of Central Africa, of at least 50% by 1995. This had serious strategic implications for the region and something or someone would have to fill the void.

Mr Venter said the major powers were looking out for their interests in this regard, as was South Africa.

He claimed it was not unlikely that South Africa would move into Central Africa "if not pipped at the post by the major powers", but he did not mean there would be a South African invasion of the region. — Sapa

AIDS heading for SA's No 1 killer spot

Blkay 15/9/88 (92)

BY 1996, AIDS could be the major cause of death in SA, costing the country millions of rands in treatment and lost labour, says a Natal economist.

Speaking at an SA Institute of International Affairs discussion on the effects of AIDS, senior research fellow of the Natal University Economic Research Unit Alan Whiteside said this week there were close to 150 cases of AIDS in SA.

However, if the number continued to increase at the present rate, doubling every eight to 10 months, there would be 176 128 cases in SA by 1995.

If the rate could be slowed through awareness programmes and blood testing, so that by 1991 the number of cases were doubling once every year, there would be 33 024 by 1995, he said.

CAMILLE KRAEPLIN

Since there was no vaccine for AIDS, and one was not expected "within our lifetimes", hospital costs for treating the syndrome would rocket, he said.

He estimated treatment cost about R82 a day, or R147 in a private hospital.

The cost of research, drug therapy, testing of donated blood for the HIV virus and education would also rise astronomically as the number of cases increased, he said.

As AIDS spread it was most likely to affect the most productive segment of SA's work force.

"It strikes people who are entering the work force, people who are educated, who are in management positions," Whiteside said.

Refugees make Aids a frightening reality in SA

By DE WET POTGIETER

SOUTH AFRICA is facing a new AIDS threat from the Mozambican refugees flooding into the Kruger National Park.

The refugees are also bringing in a dangerous type of malaria, which park officials fear could turn into an epidemic in the area.

The park's chief, Dr Salmon Joubert, said last week: "This is a dangerous situation. We have no control over these people. They are not only a big health risk, but also a threat to the ecology."

Officials also fear that the threat of disease could affect the area's tourism.

There is no antidote for the strain of malaria involved — which is considered a threat all along the Mozambican border.

"People are not easily scared away by handbills or possible terrorist infiltrations, but a serious health hazard easily hurts tourism," said Dr Joubert.

Several animals have also had to be destroyed after being hurt in fires started by refugees passing through the park.

Six elephants were so badly burned last month that game rangers had to shoot them. One of the elephants had no skin left and was pink all over when he was eventually put out of his misery.

Dr Joubert said 18 000 hectares of grazing land was destroyed by a fire started by refugees between Skukuza and Malelane. Near Berg en Dal, a large tract of veld was

destroyed by a fire which also trapped six elephants.

Tourists also reported seeing a badly burned rhino in the area which could barely walk.

Dr Joubert fears that some of the endangered animals in the park may be wiped out by the veld fires.

"We have a responsibility towards SA and the game reserve to patrol the border with Mozambique," he said.

But a substantial part of the park's budget for nature conservation is being used to patrol and control the influx of refugees.

"This puts an enormous financial burden on us. But these people are human beings in need of help and we can't just turn a blind eye."

The last large group of refugees — numbering 318 — went through the park in May.

Mostly women and children, they said their men had been wiped out in the skirmishes between Renamo and Frelimo.

It takes the refugees about three days to trek through the park. If their food supplies run out, they live on wild berries and the roots of plants.

Dr Joubert said his wardens also had to be on the lookout for illegal immigrants because the possibility of terrorist infiltration was always a threat.

"We are lucky the park is a vast area of no-man's land where the tracks of human beings are easily picked up."

62/11/88 18/9/88

11/9/88
B/D
92

**AIDS DIAGNOSIS NO
GROUNDS FOR THE
SACK — ASSOCOM**

DIANNA GAMES

THE fact that an employee is diagnosed as having AIDS does not give an employer the right to sack him or her, and such action could result in a court ruling of "unfair dismissal".

That is the warning given to employers in a booklet produced by Assocom which is to be distributed to all chambers of commerce and businessmen.

Entitled **AIDS in Employment**, it says employers should treat AIDS-infected employees like other employees with serious health problems.

It warns employers to take the provisions of the Labour Relations Act into account and to observe the confidentiality of the employee's health condition.

It suggests that employers should place condom-vending machines in the workplace.

The pamphlet, which has an introductory message from National Health Minister Dr Willie van Niekerk, gives details of AIDS and its forms of transmission. It says, as it is not spread by casual contact, it does not pose a common threat in the work situation.

Van Niekerk says government is enthusiastic about the community, including the private sector, becoming involved in an anti-AIDS campaign.

"Employers should, nevertheless, review working methods to see whether there is any possible risk to their employees or their customers, bearing in mind the methods of transmission of the disease".

If an employer felt unable to make an informed assessment of such risks he should contact the Health Department for expert advice.

The pamphlet said it was accepted internationally that routine screening should not be undertaken, and it counselled employers about accepting advice to the contrary.

AIDS PROSTITUTES ARE ON THE LOOSE IN CITY

'Time-bomb' virus
being passed on by

infected carriers

w/e AR6us 24/9/88 92

P.T.O.

By KAREN STANDER, Weekend Argus Reporter

A MALE and two female Cape Town prostitutes, thought to be still on the streets, have been identified as Aids carriers and health officials believe scores more are infected and passing on the deadly virus.

Medical officials are worried about the potential powderkeg, but are powerless to prevent the three from plying their trade. However, they have warned people to avoid sexual contact with prostitutes.

● Dr Michael Popkiss, Cape Town's medical officer of health, said the three identified as Aids carriers represented "just the tip of the iceberg".

● A virologist at the University of Cape Town warned that between 15 and 20 percent of all prostitutes could be infected within a year and called for the issue of legal prostitution to be re-examined.

The infected women, identified in a routine screening about six weeks ago, are believed to work the docks area.

Dr Popkiss said no one knew how many prostitutes had been infected.

Avoid promiscuous encounters

It must be clear that it is very much present and going to increase. The results brings the message home, but it's not an unexpected development.

"People must avoid all contact of this kind."

Theoretically, there were regulations about communicable diseases, but in the circumstances they were completely unworkable.

"All we can do is tell them they are infectious and that they must refrain from practising. We can't lock them up or keep them under 24-hour observation.

"It is also impractical to point a finger at two or three who were tested only by chance. This means assuming they are the only ones infected and that creates a completely misleading picture."

Dr Popkiss said people had to realise that there was risk attached to any sexual activity and casual contact had to be reduced.

Condoms, with a water-based jelly — not an oil-based cream which dissolves the condom — should be used when there was sexual contact with any person whose sexual history was not known.

The virologist, who asked not to be named, said several suppositions had to be re-examined in the light of the Aids threat.

Legislators should consider:

- Making Aids a notifiable disease;
- Legalising prostitution and making Aids tests and regular health check-ups compulsory for prostitutes; and
- Allowing drugs to be prescribed and clean needles issued to registered drug addicts.

According to the latest statistics there have been 24 cases of full-blown Aids in Cape Town. Nineteen of these patients have died.

The only other case in the Cape, was an East London man who died last month.

The Cape Town cases have included 18 homosexuals, four bisexuals, one person who contracted the



Dr Popkiss

disease after a blood transfusion and one haemophiliac.

Laboratory tests in Cape Town have revealed 241 HIV-positive results (carriers).

Health officials have no further information about 104 of these cases.

The others are the three prostitutes, two intravenous drug abusers (one who was infected in France), three heterosexuals, 18 haemophiliacs,

one person who was infected after a blood transfusion and another suspected of having being infected in this way, 20 bisexuals, one suspected bisexual, 86 homosexuals (one infected in the USA) and two suspected homosexuals.

57 still alive

There were three deaths in 1982, one death in 1983, four in 1984, nine in 1985, 33 in 1986 and 47 last year.

Eight of the non-South Africans diagnosed and 57 of the South Africans are still alive.

The virologist said what was worrying about Aids was that nothing could be done to eradicate it.

Publicity and education programmes were insufficient "until every child routinely learns about Aids at school and other groups, like factory and hospital workers, are routinely told about the dangers of promiscuity".

■ French Aids drug shows promise, page 4.

Cape Times
Aids 26/9/88 92
**prostitutes
work from
city docks**

Staff Reporter

TWO female prostitutes recently identified as carriers of the Aids virus are thought to work from the city docks and fears have been expressed for the safety of sailors and fishermen.

Medical officials warned yesterday that the two may represent only a portion of Aids-infected prostitutes in the city, and have warned people to avoid sexual contact with prostitutes.

According to reliable sources, the two were identified during routine screening.

Sailors at risk

A UCT virologist said the people most at risk would be fishermen and sailors. "But how does one warn them?" he asked.

It was impossible to tell how many prostitutes were Aids carriers, or how many people they had contact with. "This brings home a warning: This problem is in Cape Town," he said.

He called for the re-examination of the issue of legalizing prostitution. This would make regular Aids tests and health check-ups possible.

He said a male prostitute mentioned in weekend reports was a promiscuous man who had been known for some time to be a carrier.

Dr Michael Popkiss, Medical Officer of Health for the City Council, said the two recently identified carriers had been found by chance. It had to be assumed that other prostitutes were also carriers.

It was impossible to trace the contacts of prostitutes. "Aids is not like syphilis or gonorrhoea, where one could treat contacts if found. All we could do is bear the bad tidings."

He said condoms should be used with a water-based jelly instead of an oil-based cream, since this dissolved the condom. They should be used when there was sexual contact with any person with an unknown sexual history.

AIDS carriers on loose

By RUTH GOLEMBO

THREE more AIDS carriers — all prostitutes — have been identified in Cape Town, but police and medical experts are powerless to stop them plying their trade.

Fears abound that the two women and a man, believed to work in the Cape Town docks area, are "just the tip of the iceberg".

Cape Town's Medical Officer of Health, Dr Michael Popkiss, said the three probably comprised only a

fraction of the infected prostitute population.

They were identified in a routine screening about six weeks ago.

Meanwhile, medical experts have called for stricter laws, including making AIDS a notifiable disease and legalising prostitution, which would make health check-ups compulsory.

Latest AIDS statistics indicate there are at least 24 known carriers of the virus in the city. Of these, 19 have died.

(92) ST/ma 25/9/88

Aids: 'Don't point fingers'

The Star's Africa
News Service

MBABANE — Swazi-land's Prime Minister yesterday opened a pan-African conference on Aids here by saying that delegates, who have come from all over the continent, should not waste time by trying to establish where the disease originated.

The speech was delivered by acting Prime Minister Senator Ben Nsibandze because Prime Minister Mr Sotsha Dlamini left in the

morning on an official visit to the United States.

Senator Nsibandze said it was not clear where Acquired Immune Deficiency Syndrome originated, but it was the aim of this week's conference to determine on action, rather than point fingers in blame.

Among representatives at the conference, the first pan-African meeting to be held on the issue, is World Health Organisation regional director for Africa Professor Gottlieb Monekosso.

Journal 6/10/88

More Aids cases found

92

EIGHT more people have been identified as Aids carriers bringing the total figure of those suffering from the deadly virus in the country to 143.

Since 1982 when the first Aids carrier was discovered in South Africa, more than 60 percent have died. Those who have since died number 83 while those surviving total 60.

According to a psychologist at the Johannesburg based Aids Training and Information Centre, Mrs Grania Christie, six of the latest victims were white while the other two were black.

Transvaal topped the bill with 89 cases, Cape Province has 25, Natal 27 and the Orange Free State two.

Eighty of the Transvaal carriers were in Johannesburg.

The racial breakdown was 118 white people, 20 black people, one Asian and four coloured people.

The male-female ratio was 133 males and 10 females, Mrs Christie added.

Fighting fund needed 'before it's too late'

By Toni Younghusband, Medical Reporter

The deputy mayor of Johannesburg, Mr David Neppe, last night called for financial assistance from the public in the fight against Aids.

Launching the city's World Aids Day campaign at the civic centre, Mr Neppe said money was desperately needed from the public and private enterprise if a campaign against Aids was to succeed.

The World Health Organisation has declared December 1 as World Aids Day. In response, Johannesburg's health officials last night launched a major awareness and education campaign.

"Aids is probably the most controversial disease of our time. A lot has been said about it, researchers are frantically looking for a cure, while people suffering from Aids die in their hundreds," said Mr Neppe.

According to Dr Ruben Sher, of the Aids Training and Information Centre, there have been 143 reported Aids cases in South Africa and an estimated 112 000 worldwide. There are however, thousands of undetected Aids carriers.

"Aids has no precedent in medical history. It has the potential to become the greatest pandemic known to man yet it is an avoidable disease," Dr Sher said.

"We need your support, we need your participation and we need your money. In five years time it will be too late," he said.

Insurers to black Aids sufferers

There will be no pay-out of life insurance to the estates of people who die from Aids, the Life Offices Association (LOA) announced yesterday.

But a LOA spokesman said the measures would apply only to new policies.

"People who find the Aids exclusion clause unacceptable will have to have a blood test to determine if they have the Aids virus before they can buy life insurance," the spokesman said.

But policies would only be paid out to Aids victims if they contracted the virus through blood transfusion or in the course of medical or emergency services duties.

The spokesman said the new measures would be adopted to protect existing policy holders' funds.

The new regulations would apply to policy holders who bought life cover of more than R200 000 or disability cover of more than R2 000 a month. — Staff Reporter.

92 Infection 7/10/88

AIDS AND YOU

THE message in one American advertisement which runs "Aids is a killer, it does not discriminate," is just as valid for South Africans.

The word Aids stands for acquired immune deficiency syndrome. It is acquired in three specific ways: by having sexual intercourse with an infected person; by coming into contact with infected blood and by an infected pregnant woman transferring the virus to her baby.

It is not possible to get infected through casual contact, that is by shaking hands, using the same toilet, sharing a house, hugging and kissing.

The disease results from a breakdown in the body's immunity system. Deficiency refers to the body's

THOUSANDS of people around the world have died from Aids and death hangs like a dark cloud over many others carrying the virus. As a build-up towards **WORLD AIDS DAY (December 1)**, the Johannesburg-based **Aids Training and Information Centre**, will in conjunction with **Sowetan's Medical Reporter, MOKGADI PELA**, run a weekly column on the killer disease.

inability to protect itself from illnesses which result in death. A syndrome is a group of particular signs and symptoms that occur together to characterise Aids.

It is caused by the human immunodeficiency virus (HIV) which infects the body's immune system and attacks the helper cells which are responsible for protecting the body. Eventually, so many helper cells are destroyed that the body is no longer able to defend itself. The affected person gets ill and dies.

A person has to be infected with HIV to get Aids. However, there are three different stages to infection. The first is the carrier stage. Here a person who is infected with HIV may look physically healthy and lead a normal life

but still be able to pass on the virus to others.

A person often does not know he is carrying HIV because the virus can stay in the body for a long period before signs of infection appear. When signs and symptoms show the person is said to have aids related complex (ARC).

This is the second stage of infection. The most common symptoms include: severe weight loss, persistent diarrhoea, night sweats, high fever, a dry cough, feeling tired, and swollen glands in the neck, under the arms and in the groin.

A person may recover or become seriously ill. When he suffers from illnesses that would not normally affect someone who is healthy, the final stage of Aids has been reached. It is not

known how long it takes for a person with HIV to get Aids. With other people it may take years, but he will eventually die from Aids.

This is why monogamous relationships are encouraged. Sexual behaviour cannot be legislated against. Only through education can people be saved from the disease that threatens to wipe off

humanity.

It is necessary to keep the same sexual partner who you know is faithful and does not have sex with other people. If you have more than one partner, use a condom to stop the exchange of bodyfluids. Aids knows no colour for sexually active people. No one is safe unless they heed advice. For more information people can call (011) 725-0511.

Aids Day

THE Johannesburg City Health Department and the South African Institute for Medical Research this week launched the World Aids Day Campaign.

This was done in line with the World Health Organisation's declaration of December 1, 1988, as World Aids Day. According to the deputy mayor of Johannesburg, Councillor David Neppe, Who believed that the killer disease could be stopped.

He said that on that day people would be reminded that their responsible behaviour could protect them and stop the spread of Aids.

Addressing the same gathering, an expert on the disease, Dr Ruben Sher, said Aids had no precedent in medical history. "This is one disease that has the potential of wiping us from the universe. There is no known cure for it. The only vaccine we have against the killer disease is education," he added.

59,3% of SA Aids victims died — report

CAPE TOWN 8/10/88 (92)

JOHANNESBURG. — Since 1982 there have been 167 cases of Aids in South Africa of which 59,3%, or 99, have ended in death so far, figures released yesterday by the Aids Advisory Group show.

Of all the cases, 143 have been SA cases with 83 deaths while 24 cases, and 16 deaths, were of non-South African people.

In 1982 and up to 1985, Aids was a rare disease with eight cases a year being the highest in 1984 and 1985.

It has since risen steeply with 23 cases (14 deaths) in 1986, 38 cases (26 deaths) in 1987 and almost doubling to 60 cases (27 deaths) this year.

Transvaal was worst hit with 89 cases, of which 42 are surviving, then comes Natal with 27 (12 surviving), the Cape with 25 (six surviving) and the OFS with two who have both died.

Of "imported" Aids cases, the most come from Malawi (10 — five surviving), Zambia (eight — three surviving)

and one each (all of whom have died) from Zaire, Haiti, Canada, Brazil, Holland and Kenya.

Of centres worst hit by Aids, Johannesburg leads the way with 80 cases of which 41 survive, then Cape Town with 24 (six surviving), followed by Durban 22 (nine).

Pretoria is next with six cases (none surviving), Maritzburg four cases (three surviving) and then with one case each: East London, Ladysmith, Bloemfontein, Welkom, Krugersdorp and Middelburg all of whom are dead and Pietersburg also with one who is alive.

The breakdown shows that homosexual/bisexual relations are responsible by far for most of the causes of the 167 cases, namely 111.

● The number of AIDS cases worldwide registered by the World Health Organisation increased by seven per cent to 119 818 during September with updated reports by Malawi, Tanzania, and Kenya determining the trend, according to a WHO survey. Sapa-AP.

Offering mental help for sufferers of killer disease Aids

92
11/10/88

By MOKGADI PELA
THE role a psychologist plays for an Aids victim is vital to the patient's survival.

There is nothing as frustrating as being rejected by one's family and friends. The social stigma is too heavy a load to bear.

The emotional trauma an Aids patient has to undergo is unbelievable. In certain instances even doctors and nurses do not want to touch an Aids patient for fear of contracting the killer disease.

The ostracism does not end there — even at work people do not want to be close to an Aids carrier. Certain people have in the past lost their jobs because they were proved to be infected by Aids.

However, scientific evidence has exploded the myth that Aids could be transmitted through "casual contact."

According to Mrs Grania Christie, a psychologist at the Johannesburg - based Aids Training and Information Centre, the educational and supportive role she has so far

played has payed dividends. The centre is a brainchild of the South African Institute for Medical Research and is the only one of its kind in the country.

"When one suffers from Aids, one does not only have to be aware that physically one is deteriorating, but emotionally one has to cope with the fact that one is ill and dying," Mrs Christie added.

"Aids is frustrating — a carrier of the disease may just become angry, hurt and depressed. Therefore, he needs someone to talk to, someone to share problems with."

"Obviously, one needs to have a good understanding of human behaviour. You need to develop ways of communicating information about the disease."

As in any society, a psychologist has to be sensitive to cultural differences. In South Africa black people view the use of condoms with suspicion. Previously it was regarded as a form of



MRS GRANIA Christie ... the role she plays at the Aids Training and Information Centre is valuable.

birth control. Now some people believe that Aids has been made up to justify the use of condoms, Mrs Christie went on.

She said having to educate people about Aids was difficult because it dealt with uncomfortable subjects like sex.

"Sex is not openly discussed in many cultures. There is no way you can talk about Aids and not mention sex because it is a sexually transmitted disease."

At the centre almost any type of service to patients is offered. The centre has helped many Aids victims with legal matters. Sometimes, they helped victims to get jobs. The Aids Training and Information Centre has also committed itself to seeing that other structures of its kind were established all over the country. The important role the centre played was evidenced by the fact that an average of five people a day visited the place, she said.

How AIDS will affect economic forecasting

92
B/Day
11/16/88

THE implications of AIDS are likely to force financial analysts to change their long-term economic forecasts and plan for the projected catastrophe of depopulation it could cause.

This is the view of US-based AIDS Policy and Research Centre director Chester Nagle, who visited SA to set up a private sector body of experts to act as consultants on corporate strategy and risk analysis, amongst other things.

Nagle's view on AIDS echoes that of Anglo American's Clem Sunter who, after painting various scenarios for a future SA, said the only thing that could throw out his whole thesis was AIDS.

Nagle said South African corporations — mining houses excepted — generally do not have a strategy that takes the AIDS epidemic into account, with the prevailing view being that AIDS "is not really here yet".

Experience

"The American experience of AIDS is of great value and importance to SA because we have a longer experience with the disease and greater numbers affected, and we have already wrestled with the social, legal and political problems it has produced.

"This should be made available to SA, especially the private sector. But the American experience is not directly applicable to black Africa and that is why, here, South Africans must be involved in providing expertise in the many areas AIDS affects," he said. "Education is all-important, and risk analysis is the way of the future."

Nagle said his interest in the AIDS

DIANNA GAMES

situation in SA stems from its unique position in the African scenario, with its closeness to a part of the world considered the "epicentre" of the epidemic, and the fact it recruited labour from areas believed to be heavily infected countries, such as Mozambique (which only reports nine cases officially). SA also had one of the world's fastest urbanisation rates, which would produce conditions to exacerbate the spread of all sexually transmitted diseases.

Nagle, publisher of the US journal Defense and Diplomacy, who describes himself as a geo-politician, paints a disturbing picture of how AIDS is affecting and will continue to affect the African continent.

His view, one which is widely held, is that AIDS will kill thousands in Africa's economically active age groups, it will hollow management structures and, ultimately affect Africa's trade, communication and investment patterns.

"There is not really much sub-Saharan Africa can do now, especially with its limited resources," he said.

Challenged

Africa faced huge moral and political problems relating to the movement of people, the question of returning troops and refugees from high risk countries, a potentially large group contributing to the spread of AIDS, he said.

Testing such groups would most likely be challenged on both a moral and political basis and even then, what did one do with the results?

The rate at which the incidence of AIDS in Africa doubles is presently thought to be eight months.

Although Africa is perceived by much overseas research to be the epidemic's epicentre, the World Health Organisation's (WHO) official collation of case figures up to June 1988 shows under 12 000 cases in 45 reporting African countries.

However, the WHO is totally reliant on the co-operation of governments in reporting countries for its figures. Nagle said studies done in Zambia by University of Stellenbosch researchers, for instance, indicated a possible 23% of the population were infected with HIV. However, the latest WHO figure given by Zambia stated 754 cases to date.

Of the African countries listed in the WHO figures, four report no AIDS cases — Equatorial Guinea, Madagascar, Mauritania and Seychelles — while those reporting under 10 cases include Angola, Lesotho, Swaziland, Mauritius and Mozambique. Even SA's figure of 138 cases is most likely an underestimate, Nagle maintained.

ies

derstroom
r had been
red ulcer.
rd-winning
as a local
ervation-

e than 100
nting over

film.



□ GORDON VORSTER

and constraints

k for
olun-
ction
udies
ble to
onals,
n the

progressive left to State development agencies — illuminate differences in policy directions and give insights into the policy debate of land.

The book, edited by Catherine Cross and Richard Haines, is published by Juta.

JO'BURG LEADS IN AIDS CASES

92
Director
12/10/88

JOHANNESBURG alone carries 80 out of all the 89 Aids cases in the Transvaal, according to the advisory group on the killer disease.

Since 1982 when the first Aids carrier was discovered in South Africa, a total of 143 people have been diagnosed as positive sufferers.

This means that Johannesburg has 58 percent of the country's Aids victims.

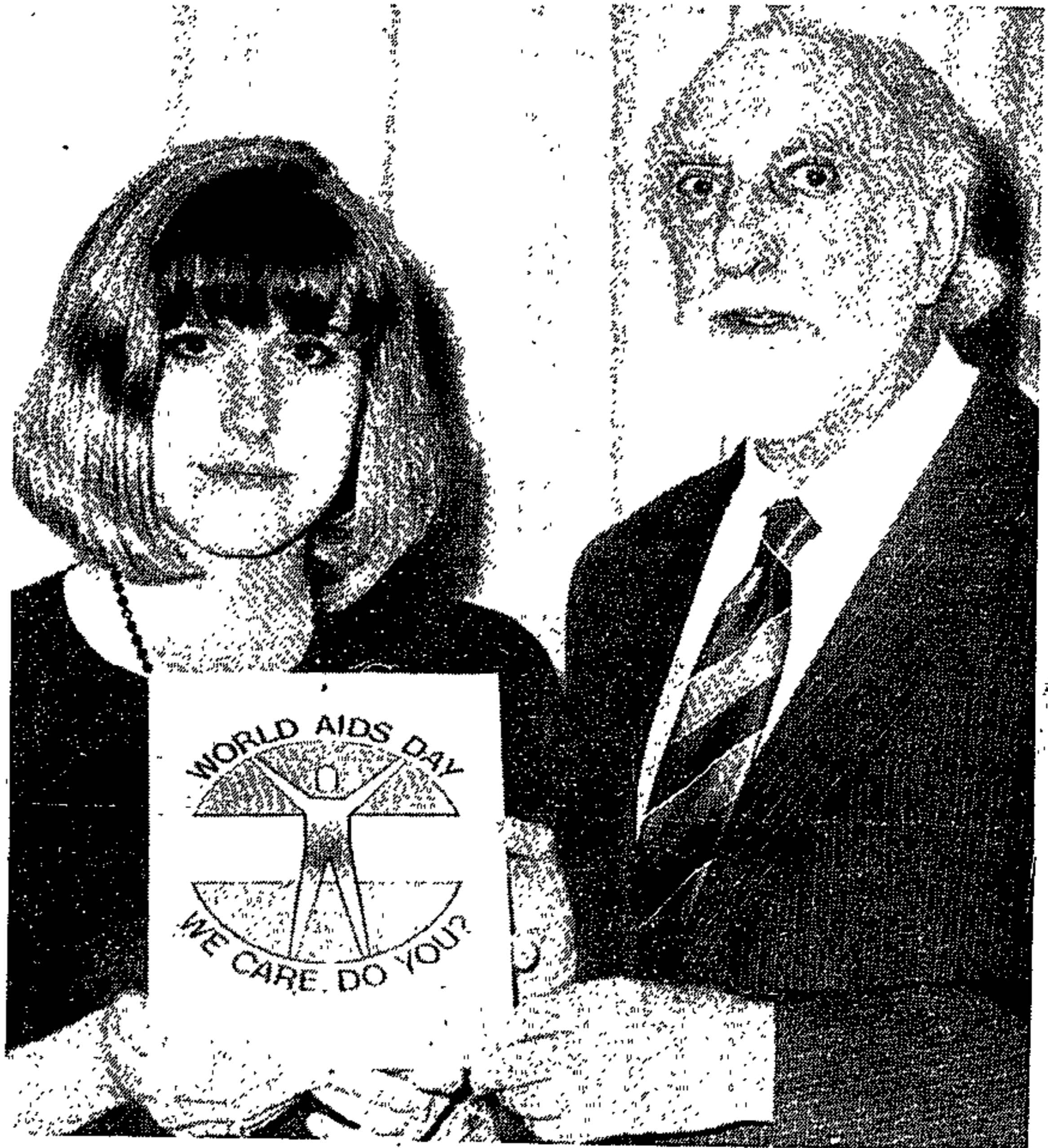
An expert on the disease, Dr Ruben Sher, has once again appealed to the public to heed health authorities'

By MOKGADI PELA

advice. People have been advised that there was no vaccine for the disease except for a change in sexual behaviour.

He said South Africans did not realise they were sitting on a time bomb with Aids spreading like wild fire. "Aids has no race prejudice, it will infect anyone given the right circumstances, for instance, sexual contact."

He said the 20th century has had to contend with three disasters of unmeasurable magnitude. They were the Holocaust in Germany, the Hiroshima atomic explosion and Aids. "This disease has no precedent in medical history," Dr Sher added.



INTRODUCING the new Aids logo are Miss Heather Gomes, the designer, and world-known specialist on the killer disease, Dr Ruben Sher.

92 smetham 12/10/88

General public faces Aids danger

LONDON — The threat of the Aids epidemic spreading into the general population is steadily increasing, the Department of Health in London has warned.

About 400 men and women in Britain are known to have become infected heterosexually and the number is growing.

The department's latest figures show that at the end of last month there were 1794 known cases of Aids, of whom 965 have died. The comparable figures at the end of August were 1730 cases and 949 deaths.

Most people with Aids or infected with HIV virus are homosexual or bisexual men, and most infected heterosexuals have caught the virus from someone who belongs to a high-risk group, including intravenous drug users.

"The potential for HIV infection spreading into and becoming established in the general low-risk population is steadily increasing," the department said

Condoms

A senior conservative MP has called for condoms to be issued to prisoners in jail.

Mr Robert Key, MP for Salisbury, told a fringe meeting at the Tory party conference in Brighton that up to 30 percent of male prisoners engaged in homosexual acts while serving their sentences.

On release, many then reverted to their previously heterosexual lifestyle, so putting many more people at risk.

It was "short-sighted and dangerous" of ministers to fail to take preventative measures such as free condoms for prisoners, and the provision of heroin substitutes to those addicted to hard drugs, he said.

92) KM 14/10/88

AGREEMENT ON AIDS

From November 1, anyone taking out life cover of R200 000 and over, or disability cover of R2 000 a month or more, will have the option of accepting an exclusion clause or undergoing an Aids test. This follows an agreement, last week, by Life Offices Association (LOA) members.

Contracts containing an exclusion clause will become void in the case of death from an Aids-related infection. If an insured is tested and found negative, cover will include Aids-related deaths — for a slight premium loading.

Says LOA's Jurie Wessels: "Apart from testing, the doctor is asked to disclose any information that could affect risk of infection, which provides the company with a means of determining risk."

Loading will be determined according to risk and exposure, as is policy loading of mountaineers or skydivers.

SA Inventions Development Corp (Saidcor), which is involved in 60 small projects, with little capital investment, ranging from containers and textiles to chemicals and biotechnology. It will survive only as the holding company for the CSIR's 50% share in Technifin.

"We will take over all activities of Saidcor, which is involved in technology licensing — patenting new ideas, assisting inventors and so forth," Greyvenstein explains. "In addition, we will form partnerships with business and industry to assist the commercialisation of new technologies."

He says Technifin plans to back 35 to 40 major projects in the next three years, with the initial R50m investment. "We are equity lenders. We'll take an equity stake in all projects and be actively involved in managing them. We shall not be averse to high-risk ventures of promise."

Greyvenstein doesn't expect major returns for seven to 10 years, so believes the IDC and CSIR will be injecting more capital into Technifin. The CSIR says funding for its initial 50% comes from a major licensing agreement with industry; the IDC's stake comes from profits. ■

92 B/COM 17/10/88

ESKOM AIDS TESTING IS QUESTIONED

DIANNA GAMES

ESKOM'S policy of testing all prospective employees for AIDS, has been questioned by Assocom manpower secretary GAV Brett on the grounds that it amounts to compulsory testing.

Brett said it raised all kinds of implications, including that of confidentiality, and Assocom would "certainly not recommend employers should do this kind of screening".

Eskom's chief medical officer, Dr Chris Snyman, said the testing had been introduced in March mainly to protect Eskom's pension fund. So far no-one had tested positive and the response towards testing had been favourable.

He said if an employee tested positive,

Eskom would provide the necessary counselling and referral.

Assocom, in its recently released pamphlet, AIDS in Employment, said it was internationally accepted that routine screening should not be undertaken and it counselled employers about accepting advice to the contrary.

It said: "There are many sound reasons for this such as confidentiality, an infected person is not a danger to his fellow employees, the product cannot be contaminated, and there is nothing that can be done to change the course of the disease or cure it."

AMT tests 18/10/88 (92)

Aids tests for SAA's prospective personnel

Medical Reporter

SOUTH AFRICAN Airways is insisting on Aids virus tests for prospective key personnel — and those found to be virus carriers are denied jobs.

Mr Francois Louw, public relations manager for SAA, said yesterday that Aids and drug tests had recently become a prerequisite for prospective employees in key personnel positions at the airways.

People applying for key posts had to undergo compulsory tests for the HIV (Aids) virus and drugs, and had to test negative before being employed.

"SAA has decided to implement such measures in the interest of our passengers and the company," Mr Louw said.

He said he could not elaborate on which key posts required drugs and Aids testing, nor if anyone had tested positive and had been turned away yet.

92

Cape Times, Tuesday, October 18, 1988 7

3 get Nobel medicine prize for Aids drug

STOCKHOLM. — Two Americans and a Briton whose discoveries led to drug treatments for a variety of diseases, including Aids, heart attacks and leukemia, were awarded the 1988 Nobel Prize for Medicine, the Swedish Karolinska Institute announced yesterday.

The institute awarded the prize to Sir James W Black, 64, of King's College Hospital Medical School in London; Gertrude B Elion, 70, and George H Hitchings, 83, both of Burroughs Wellcome Research Laboratories in Research Triangle Park, North Carolina.

Without the work of Elion and Hitchings, the drug azidothymidine, or AZT, which is used to extend the lives of Aids victims, would not have been developed, said Erling Norrby, spokesman for the awarding Nobel Committee.

A press release announcing the winners said that Black, Elion and Hitchings had introduced a more rational approach to drug development. — UPI

Controversy over company Aids tests

South African Airways and Eskom are just two of the many companies now demanding pre-employment Aids tests. Eskom tests all prospective employees, SAA tests only those applying for key positions.

The airline's public relations officer, Mr Francois Louw, said testing had been instituted in the "interests of public safety". He would not elaborate on which job applicants had to undergo testing but it is believed that pilots would fall into this category. Cabin stewards would not.

Eskom's policy of testing all prospective employees has been criticised by Assocom which said it would "certainly not recommend employers do this kind of screening".

Eskom apparently introduced Aids testing in March, mainly to protect its pension fund.

The company will provide counselling and the necessary support if one of its staff members contracts Aids.

Fear of discrimination

Dr Ruben Sher, head of the Aids Training and Information Centre at the South African Institute for Medical Research, said from his Johannesburg office that pre-employment testing could result in discrimination.

"If a job applicant tests positive, he will probably not be employed. And for what reason? He is no danger to colleagues unless they sleep with him so why stop him from working?" Dr Sher asked.

While health authorities have done much to reassure the public that Aids cannot be contracted through casual contact, people are still frightened to be in the same room with an Aids carrier.

"Don't drink from the same cup or use the same toilet seat or breathe the same air" are just some of the public misconceptions about Aids.

Dr Sher said he believed there were some instances in which pre-employment testing could

A growing number of South African companies are demanding that job applicants undergo pre-employment Aids tests, a move not wholly supported by the medical profession, reports **TONI YOUNGHUSBAND, The Star's Medical Reporter.**

possibly be justified.

"If the infection affects his capability to carry out his job and if he is responsible for public safety — like a bus driver or pilot — then testing is probably necessary. And of course, some employers want to protect their medical aid schemes and their pension funds.

"However, I believe Aids carriers should be treated like any other ill person, like an epileptic or someone who is hard of hearing," said Dr Sher.

While an employer may refuse to employ an applicant who tests positive, he cannot dismiss a salaried employee unless an Aids termination clause is included in his working contract.

According to labour lawyer Mr Rod Harper, misconduct, incapacity and retrenchment are the only three circumstances under which a worker can be dismissed. Very few companies have an Aids termination clause in their contract.

The legal and moral issues of Aids and employment are wide-ranging and confusing. In response to this, Assocom has produced a pamphlet entitled "Aids in employment" which spells out both the rights of employer and employee.

"The provisions of the Labour Relations Act should at all times be taken into consideration and confidentiality observed. Aids sufferers should be treated the same as any other employee with a serious health problem.

"It cannot be sufficiently strongly stressed that normal social and work contact is perfectly safe for both colleagues and the public. Neither can any product at work be contaminated by an affected person," the pamphlet advises.

This year Mr Louis Meyer of the Putco transport company told delegates at an Aids congress that business and industry would be well advised to formulate an Aids policy as soon as possible.

"This illness could have a great impact on productivity and employee relations. You will be challenged by trade unions on what you are doing with regard to Aids.

"You must be prepared for this and will have to establish an Aids policy which must address legal, moral and financial issues. If you have an employee with Aids, can you dismiss him at the request of fellow employees? Should you repatriate him?" Mr Meyer asked.

Counselling service

He said labour law was a very sensitive area. "In making a decision on Aids you must ensure that your company's policy promotes good industrial relations as well as good business sense."

The Aids Training Centre is running a programme to assist employers in formulating an Aids policy.

"We run a consulting service and a counselling service if employees test positive. Some of the questions employers ask us include whether or not you can ask a job applicant whether he has been tested for Aids and whether you can refuse employment if he is positive," a centre spokesman said.

There are still many grey areas to be cleared up, but in general it appears as though South African employers are taking a responsible attitude towards Aids.

By MOKGADI



PELA

AIDS

52 Summary 21/10/88

AGONY

Infected husband and wife speak

A BLACK married couple suffering from Aids yesterday revealed for the first time their agony of living on borrowed time.

The couple which stays in Alexandra Township near Johannesburg, has asked not to be named for fear of social ostracism.

They said they were infected with the killer disease — commonly known to be transmitted by sexual contact, more than a year ago when one of them got the virus.

Being a terminal disease, their lives hang in the balance. Speaking as the head of the family, the man said that after several tests by the South African Institute for Medical Research he was diagnosed as a positive carrier of Aids.

Blood donation

The tests followed the blood donation he made at the Aids Training and Information Centre last year. After being proved positive, he was called for more tests to verify the initial results.

Then his wife was called to

'No sleep after the shocking revelation'

undergo similar tests and she was found to be infected. Both said they were not receiving any medication as there was no known cure for Aids.

However, they were being regularly counselled at the Aids Training and Information Centre as to how to cope with the emotional trauma.

With tears in his eyes, the man admitted that his previous extra-marital affairs might have caused the situation. But he said: "Who knows, the virus might have come from either of us".

Physically, they noticed no changes. "But we have been told that Aids goes in stages.

And that the incubation period may vary from person to person. But we have to admit that since this shocking revelation, we have known no normal sleep".

"We are haunted by day and tormented by night. The Bible says one will reap what he sows, but what have we sown to deserve such a curse?"

"This is why we keep this a secret because nobody would want to associate with us. We will abide by the instructions we got from the centre. We were told to stick to each other and not to have relationship outside our marriage because this is one disease that spreads like wild fire," the man added.

Advice

"Our advice to the black community is that Acquired Immune Deficiency Syndrome (Aids) knows no colour. People should stick to their partners. We do not wish anybody to be like us, but as far as we are concerned we have accepted it as God's will," he said.

"All we are waiting for is the final bell; there is no immediate hope of finding a miracle cure for Aids," he said.

Search for guidelines

Not surprisingly the recent seminar on Aids, held by the Actuarial Society of SA, posed more questions than it answered. Delegates were awash with figures, statistics and projections that did much to emphasise the seriousness of the problem, but little to give life assurers satisfactory guidelines.

Aids is a wasting disease which, most experts agree, is fatal. It is caused by the human immunodeficiency virus (HIV) and is largely sexually transmitted, though people have been infected by blood transfusions and intravenous drug-taking. Some 50% of children born of infected mothers develop Aids.

It is not clear how the industry can best protect itself against the likely increase in mortality rates.

Statistics, which used to allow assurers to calculate life expectancy precisely, are of limited value here. Says actuary Douglas Keir, GM of Swiss-SA Re: "In the past, with mortality improving, if anything we have been on the right side of the statistics. Now Aids is causing mortality to deteriorate; the statistics are of no value."

Even Aids statistics, he says, are of little use. "They paint a picture not of the present, but of, say, five to 10 years ago, when the infections causing current cases were incurred. The HIV infection, with which we are concerned at the insurance underwriting stage, takes place approximately 10 years before the incidence of Aids cases."

André Chuffart, manager of the life department of Swiss Re in Zurich, told delegates that worldwide, at the end of August, there were 111 854 people with "full-blown" Aids — the terminal stage.

But this was the tip of the iceberg. "Up to another 500 000 suffer from Aids-related conditions, while up to a further 10m are infected but have still to develop symptoms."

In SA, the average incidence is about five per 1m, says Keir. "But it is 24 per 1m for whites alone — roughly the same as in the UK in March 1988 and the US in June 1984. Significantly, the US is now between 250-300 per 1m. The latest breakdown in SA, at September 9, shows incidence among whites is by far the highest, with 113 cases, against just 20 black and five for other groups. Most cases are males."

Of 159 cases diagnosed in SA so far, 94 have died.

Assurers have to plan for the future. Apart from premium rate increases, they can stipulate exclusions in policies, set medical testing levels and adopt various other measures to avoid anti-selection.

Several delegates, however, warned that life assurers should not assume that:

- The standard HIV test will always indicate infection;
- Sexual preference is a good guide to potential risk; or
- People from certain occupations or with a certain marital status are more at risk.

Increased mortality rates seem certain, so assurers will have to put additional reserves aside or adjust terminal bonuses. Higher premiums seem unavoidable. John Lockyer, formerly of Mercantile & General in the UK and a member of the Aids Working Party of the Institute of Actuaries, told delegates that term assurance rates of some UK companies have more than doubled. One, for example, increased one rate from £12,53 in January to £33,06 on September 1.

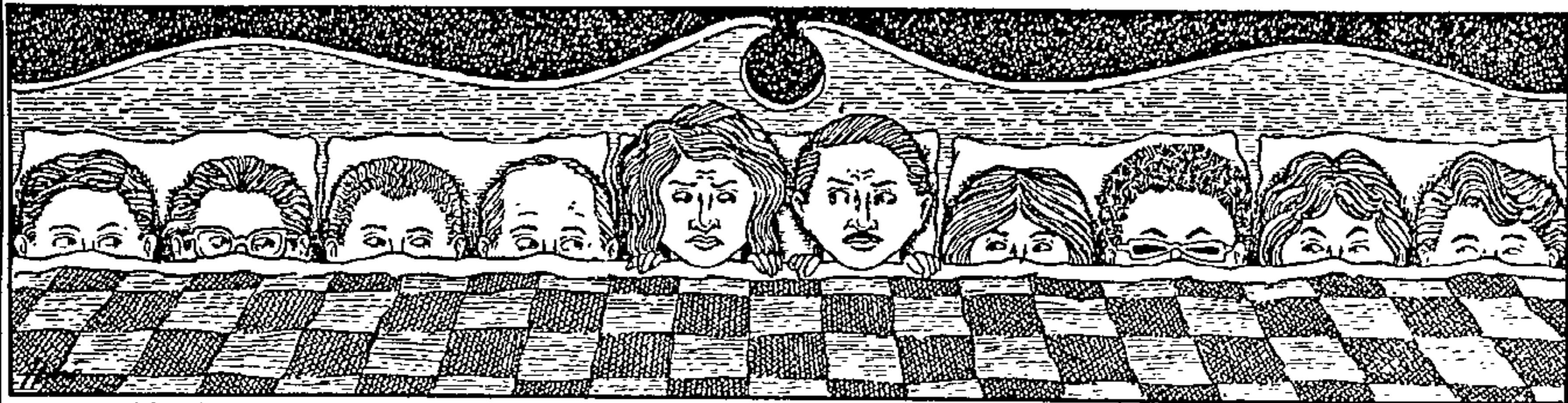
Another question raised was whether there should be more disclosure of the effect of Aids on bonus rates, variable premium charges and investment unit prices.

Meanwhile, the Life Offices' Association is well on the way to establishing a set of market guidelines. An "Aids agreement" will come into force on November 1.

In the absence of a negative HIV antibody test result, offices will be required to impose an Aids exclusion clause on all life policies of R200 000 or more, all disability income policies of R2 000 a month or more, and all business overhead/expense disability income policies of R8 000 a month or more. ■

(92)

Whatever happened to the herpes panic?



It's almost safe to climb back under the bed covers: Acyclovir is here to save the world from herpes

IT was once viewed as the viral scourge in the United States, and today herpes strikes just as many people as it did in the late 1970s — in the days before Aids knocked it out of the headlines.

But a key aspect of the disease has changed. Now doctors can treat it.

Since 1984, acyclovir, an effective oral anti-viral drug, has been used to limit the severity and duration of a herpes outbreak. And for people who have recurrent outbreaks of the virus every three to four weeks, acyclovir can break the cycle.

Not only did the development of acyclovir in the early 1970s prove for the first time that a drug could be successfully used to stop a virus after it infected the human body, it laid the groundwork for the development of

Remember it? The scariest sex disease until Aids appeared ...

Aids replaced herpes as the most feared sexually transmitted disease. But herpes can be controlled. LARRY THOMPSON reports on two Nobel winners who developed the anti-viral treatment.

AZT, the only drug shown to lengthen the life of people infected with the Aids virus.

The 50-member Nobel Assembly, which decides who gets the prestig-

ious prize in medicine, agreed. On Monday, the team of Gertrude Elion, 70, and George Hitchings, 83, researchers at the Wellcome Research Laboratories in Research Triangle Park, and the discoverers of acyclovir, shared the Nobel in medicine or physiology with Sir James Black of Britain, the discoverer of beta blockers, a drug to ease heart disease.

Herpes is still a major infection in the U.S. Herpes simplex 1, which causes cold sores, strikes 60 percent of the population, with another 15 to 20 percent contracting herpes simplex 2, or genital herpes, said Dr Stephen Straus, head of the medical virology section at the National Institute of Allergy and Infectious Diseases.

Most individuals will never get any symptoms but a quarter still suffer an outbreak of the painful skin sores around the mouth or genitals. That's 40-million to 50-million Americans.

The virus is transmitted from person to person by direct contact with open sores.

In adults, acyclovir stops the initial infection, which generally is the worst. Although the drug does not clear the virus from the body, people with severe, recurrent infections can go on a three-times-a-day regimen to keep the herpes virus suppressed.

The side effects of such constant use are minor, said Dr Phillip Pierce of Georgetown University School of Medicine. These may include headache, nausea and diarrhea.

Most people can resume a normal sexuality because it dramatically reduces the chances of infecting an infected partner.

But Elion and Hitchings were not looking for a cure for herpes, or anti-viral drugs, when they discovered acyclovir. It came out of their work in understanding the metabolism of nucleic acids, the building blocks of deoxyribonucleic acid, or DNA, the chemical that makes up genes.

Hutchings and Elion synthesised hundreds of different versions of these compounds and set up a variety of systems to determine what effect the chemicals had on living cells, animal and bacterial. Their work's central discovery was that chemical changes in the various nucleic acids were able to stop the growth of various types of cells and viruses.

It was the team's anti-viral studies that led to the development of AZT. Both AZT and acyclovir have shapes similar to the chemicals used to make the genes of the viruses, but because the compounds are not exactly the same shape as the viral components, they prevent the virus from reproducing and spreading the infection throughout the body.

Another nucleic acid-based chemical they synthesised was 6-mercaptopurine, a compound found to be useful against leukemia, a cancer of the white blood cells.

Their work also led to the development of Imuran, one of the first drugs used to stop the immune system from rejecting a transplanted organ. The drug's discovery allowed kidney transplants to begin in the 1960s.

The team discovered that another type of nucleic acid, allopurinol, that led to a treatment for gout.

As a team, said Dr Wayne Rundles, professor emeritus at Duke University, "they had a knack for knowing what was important and following up on it. There is nothing controversial about this award. The only question is why (the Nobel Assembly) waited so long to give it to them." — The Washington Post

Elections? What's the Catch?

STAND FOR THE TRUTH
Issued by Standing for the Truth Campaign (S.A.C.C.)

ADVERTISEMENT

VOTE RAT!

Voting Tails...

FIRST WE LOOK UP THE REAL LEADERS

Plea to make hookers legal ^{Cape Times 22/10/88 92} Booze and sun 'can kill Aids'

Staff Reporter

SOUTH AFRICA should "think very carefully" about legalising prostitution and homosexuality to help the fight against Aids, a leading expert on the disease, Dr Frank Spracklen, said yesterday.

Speaking to the Cape Town Press Club, Dr Spracklen said: "If you want to control this disease you must go for education, not legislation."

Dr Spracklen said it would be "dangerous" to make Aids a notifiable disease as this would increase the stigma attached to it.

He said he knew of cases where people were "dying at home" because they were afraid of being publicly exposed as Aids sufferers.

Dr Spracklen said compulsory Aids testing should be considered for certain occupations, particularly those which required the making of skilled judgments such as drivers of buses, trains and planes.

Noting that Aids often produced brain damage, he said: "The neuro-psychotic consequences of Aids are frightening."

The "hard, business-like view" was that pre-employment testing should be done for all prospective employees because the burden was impossibly heavy for any medical aid or insurance fund to bear.

A medical doctor in the audience said the burden an insurer would have to bear for each Aids sufferer ranged between R240 000 and R300 000.

Staff Reporter

ALCOHOL can kill the dreaded Aids virus, a leading expert on the disease, Dr Frank Spracklen, told the Cape Town Press Club yesterday.

Dr Spracklen, who is head of medicine at Somerset Hospital, was speaking on the latest information on Aids and its treatment soon after returning from Aids conferences and seminars in Europe and the US.

Dr Spracklen said the "safest place" to put the Aids virus was in the stomach. This was because Aids — which he described as a "fragile virus" — could not stand up to the high acidity in the stomach.

The virus could also be killed by alcohol, heat, sunlight and bleach, he said.

However, he emphasised the greatly enhanced danger of the virus being transmitted during sexual encounters if either or both partners had lesions or sores that secreted blood or puss.

"Looking into the mouth (for lesions) is a good thing before having intercourse," he said.

Dr Spracklen said the use of condoms as a means of guarding against Aids was "as safe as can be". Partners practising anal intercourse without condoms were most receptive to being infected.

● Aids couple's agony — Page 5

JOHANNESBURG. — A married couple suffering from Aids, yesterday revealed for the first time their agony of living on borrowed time.

The couple from Alexandra, told a newspaper that they were infected with the sexually transmitted killer disease, more than a year ago when one of them got the virus.

The family asked not to be named for fear of social ostracism.

The man said he was diagnosed as a positive carrier of Aids after several tests by the South African Institute for Medical Research.

We live in agony, say Aids couple

Cap. News 22/10/88 92
His wife was called to undergo similar tests and was also found to be infected.

They are not receiving any medication as there is no known cure for Aids. However, they are being regularly counselled as to how to cope with the emotional trauma.

With tears in his eyes, the man admitted that his previous extra-mari-

tal affairs might have caused the situation. But he said: "Who knows, the virus might have come from either of us."

Physically, they noticed no changes. "But we have been told that Aids goes in stages. And that the incubation period may vary from person to person. But we have to admit that since this shocking revelation, we have known no nor-

mal sleep."

"We are haunted by day and tormented by night. The Bible says one will reap what one sows, but what have we sown to deserve such a curse?"

"This is why we keep this a secret because nobody would want to associate with us. We will abide by the instructions we got from the Aids Training and Information Centre.

"We were told to stick to each other and not to have relationships outside our marriage because this is one disease that spreads like wild fire," the man added. — Sapa

Club's
winning
against
nohull.
juris-
died of
ember
e case
itting

Club
Perth
Cup
the
long
d as
the

yer
Fay,
ing
d in
is
hat
lid
the
ea-

Mr
al
u-
e.
eb
p
st
t

new zealand protest

government

Chinese herbal drug helps Aids victims

PEKING — Chinese doctors have made major progress in treating three Aids patients with a traditional herbal drug, the head of China's herbal medicine research institute said on Tuesday.

Professor Xiao Peigen said three young Chinese, who developed Aids after being given contaminated blood, had shown marked improvement after taking the herbal medicine for over a year.

The patients — two children and a youth — gained weight, grew and their immune system improved, the professor said.

Asked if this was an important breakthrough in Aids research, Professor Xiao replied: "I'm sure that traditional Chinese medicine will play an important role in Aids prophylactic and corrective treatment."

CAUTION

A World Health Organisation official in Peking said the results of Professor Xiao's work should be treated with caution.

Professor Xiao stressed that his institute's research was at a preliminary stage and more investigation was needed.

The contaminated blood given to the three patients, all boys, came from outside China, Professor Xiao said. The three contracted the virus three years ago and later developed the Aids syndrome.

China has reported only a handful of Aids cases, all of whom caught the disease outside the country or were given imported blood which was contaminated.

Imports of blood products into China have been banned. — Sapa-Reuter.

(92) W.M.M.C.

Uganda breaks the silence on mass killer

Aids, spread by silence, has serious implications for the economic and social development of Third World countries. Uganda has committed itself to an open fight against the disease.

By JOAN ANDERSON

NESTOR, himself infected by the Aids virus, is the publicity officer for The Aids Support Organisation (Taso), based in Kampala. The first of its kind in Africa and less than a year old, this innovative voluntary group aims to provide emotional support for Ugandan Aids victims and their immediate families.

"Before it kills us we want to see how much we can offer to the community, to prevent other people from getting it and to help those with the disease to live positively with it. At first, we were shy of talking about our condition, but the more you keep quiet about Aids, the quicker it gets you," he says.

Uganda has recently gained a reputation as the home of tragic families decimated by "Slim", as Aids has been known in the country since it made its first appearance in 1982.

The disease was evidently brought into the country by lorry drivers travelling the busy trans-Africa highway from Mombasa on the Indian Ocean to Zaire.

It has spread through the heterosexual population, affecting men and women in almost equal numbers. And there is a growing number of



Not yet a year old ... a suspected Aids sufferer in a Kampala hospital

cases in the 0-5 age group, as the virus is passed from mother to child.

The exact number of cases in the country is impossible to estimate, but the total number reported — the tip of the iceberg — was 4 734 at the end of May, out of a population of 14-million. In many areas, the Aids blood-test is not available.

President Yoweri Museveni's government has a huge Aids control programme and is very open about the disease. There is a high level of awareness throughout Uganda. "Love Carefully" stickers are everywhere, and "zero grazing" (keeping to one sexual partner) is supposedly coming back into fashion.

Uganda's Aids education campaign is not centred on promoting the use of condoms, as similar programmes have been in the US and Europe.

In the words of Dr Samuelo Okware, director of the national control programme: "We have to be cautious about advocating condom use until we fully understand local cultural practices and attitudes."

Unprotected sexual contact is, therefore, the main means of transmission.

Another major source of infection is the use of unsterilised needles by health workers. A teacher in the east of the country reports how the local

nurse sharpens her only needle on a stone before innoculating queues of children against a string of diseases.

Taso was founded late last year by an ebullient woman, Noerine Kateeba, and Dr Elly Katabira, who run a weekly Aids clinic at Kampala's Mulago Hospital. They were joined shortly afterwards by their first assistants, David and Jaso, who are both HIV-positive.

Kateeba's late husband was diagnosed as HIV-positive while studying at Hull University. Before leaving Uganda, he had been involved in a traffic accident and received a transfusion of infected blood.

Kateeba, who has escaped infection herself, felt isolation and lack of understanding on her husband's death. Her primary aim in starting Taso was, therefore, to provide personal counselling for victims and their families.

She describes how "for sufferers, the psychological trauma of being shunned by their families and friends is really the hardest thing to deal with, and of course such upset makes physical symptoms worse".

"There is little understanding here of how the disease is spread," Kateeba comments.

Taso now has five full-time staff

and 50 clients, mainly in Kampala, with a new office in Masaka, the centre of the worst-affected western part of the country. Most clients are still living at home, and trained volunteers visit them at least four times a week, giving both emotional and material support.

Nestor explains: "It is no good telling a client's family to wash him or her carefully and change the bed linen often, when they can't afford soap or even a pair of sheets. In such situations Taso can provide a little help, although we are careful not to be seen as a handout organisation."

Uganda's new Minister of Health, Al-Haji Adoko Nekyon, has shown interest in Taso's work. He has visited the office at Mulago Hospital twice, and the Ministry has made some drugs available to Taso.

One of Taso's enterprises has been the investigation of local herbal medicines.

A herbalist, himself HIV-positive, has been working with the organisation to produce two remedies which can control the fevers and diarrhoea which often afflict sufferers, and restore appetite. Six clients have been on a course of these remedies for several months now, with positive results. — The Guardian, London

80 000 Aids cases in SA by 1994?

Medical Reporter

SOUTH AFRICA could have as many as 80 000 Aids sufferers in six years time — if the disease follows a similar pattern to the United States, an overseas expert warned yesterday.

Speaking at a press conference in Cape Town, Ms Renée Sabatier, director of the Aids Information Programme of the London-based Panos Institute, said that in 1982 the US had a similar number of Aids sufferers as the 174 known sufferers in South Africa.

"Now they have 80 000. South Africa still has a breathing space

CME
Tweets 2/14/88 92
before the epidemic takes off — don't waste it," warned Ms Sabatier, who is on a short tour of the country on the invitation of black community groups.

Figures released yesterday by the Aids Advisory Group show that of South Africa's 174 confirmed cases, 106 people had died since 1982.

Ms Sabatier said the five to 10 million people infected with the HIV virus world-wide could increase to 100 million in the next decade.

While it was first thought that only 10% to 30% of HIV virus carriers would eventually develop

Aids, current consensus was that the chances were "strong, possibly approaching 100%" that a virus carrier would develop Aids.

She said the vast majority of carriers contracted the virus through sexual contact — and about half of all cases were heterosexually transmitted.

Other figures released by the Aids Advisory Group show that the number of people in South Africa known to be suffering from Aids this year has jumped by almost 50% over last year's figures, with 70 cases reported so far this year.

Star 2/11/88
Aids scare causes condom shortage

As a direct result of the Aids scare there is a worldwide shortage of rubber condoms and South Africa will have to import supplies from all over the world.

92
Some of the condoms imported from Britain, West Germany, Korea, Japan, Malaysia and even Red China were distributed by local Family Planning Clinics.

The contracts for these condoms referred to a specification for rubber condoms, compiled by the South African Bureau of Standards (SABS). The SABS was also requested to carry out spot-checks on the consignments and

to test the condoms against its specification.

According to a news release from the SABS, 17 of the 24 sets of condoms tested did not comply with one or more physical requirements of the specification.

While the remaining seven sets did comply with the physical requirements for dimensions, tensile strength, elongation at break and straining, they did not comply with the requirements for the marking of the containers in which the condoms were supplied.

Important information which has to appear on both single and multiple condom packages in-

cludes the manufacturer's name and address and the expiry date which may not exceed five years from the date of manufacture.

Each condom must be packed in an airtight container that can be opened easily without damaging the contents.

The SABS news release said there was presently only one local manufacturer of rubber condoms but it was expected that a local product bearing the SABS mark of quality, which indicates the product's compliance with the strict requirements of the specification, would be available soon.

SA must look to Far East, says author

Aids 'will cripple economies worldwide'

Medical Reporter

The killer Aids virus will bring about a worldwide economic depression worse than that of the 1930s unless governments and private enterprise come up with protective strategies, South African author Keith Edelston has warned.

In his book, "Aids — Countdown to Doomsday", Mr Edelston says the financial side effects of this disease will cripple economies and bring consumers to their knees.

His book, which analyses the financial and economic implications of Aids, goes on sale in bookstores throughout the country today.

"Unless Western and Third World governments take steps immediately, they will be overtaken by overall collapse into anarchy, tax revenues will be severely reduced and the provision of services and defence will be more difficult," Mr Edelston says.

POINTS OUT

He points out that Aids will certainly affect all countries which are dependent on exports for their survival because their traditional markets will contract or even disappear.

"South Africa must develop proper counter-strategies which can protect it from Aids-related economic collapse. We will have to look at import replacement, at stopping trade with certain coun-

tries and closing down trade routes.

"We must look at reducing our dependence on countries that are going to be crippled by Aids, like the US, and look instead towards the East. Eastern countries do not have an Aids problem, this is where our salvation may lie," he suggests.

Mr Edelston even advocates "blowing up Beit Bridge" to stop trade traffic into SA. He says it is a well-known fact that truckers who pick up prostitutes along their trans-African transport routes are a chief source of Aids transmission.

SELF-SUFFICIENCY

"South Africa should aim for total self-sufficiency within the next 12 years. We need off-shore structures and must increase our share of the remaining markets, by concentrating on countries in the Far East which will be minimally affected by Aids," says Mr Edelston.

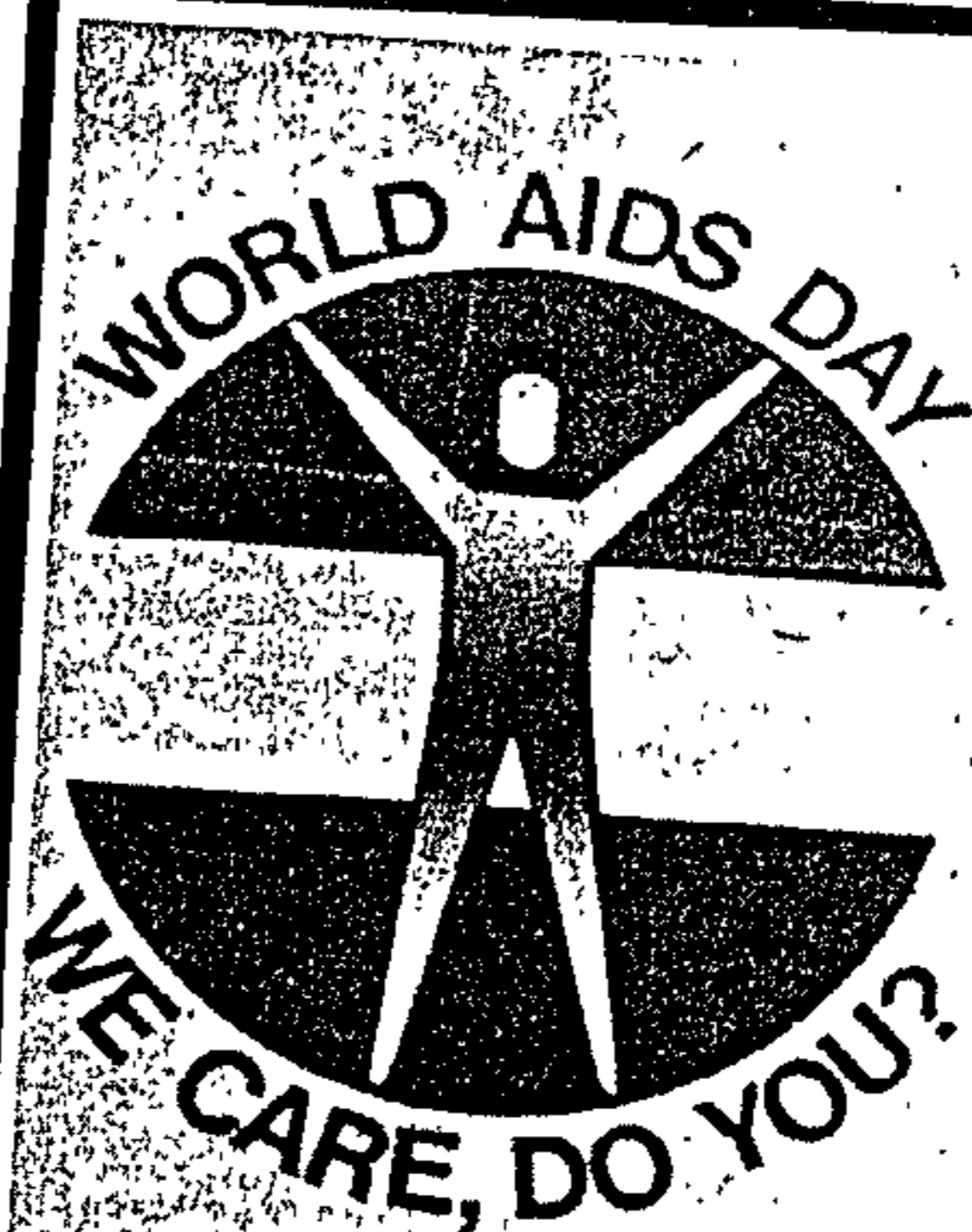
His book, with a medical foreword by the outgoing president of the Medical Research Council, Professor Andries Brink, also looks at the impact of Aids on the family budget and at how the disease might affect the world balance of power.

Mr Edelston has been an independent financial consultant for 17 years and is a member of the four-man Economic Task Group set up by the South African Medical Research Council to identify the problem areas that will face this country's economy as a result of Aids.

92

Star 3/11/88

Today's column on the Acquired Immune Deficiency Syndrome (Aids) will try to dispel some of the misconceptions about the disease. It was compiled by Sowetan Medical Reporter, MOKGADI PELA, and the Aids Training and Information Centre.



Info is vital in fighting Aids ^{Sowetan 11/88} (92)

THE advent of Aids has resulted in confusion and, according to experts on the disease, the remedy lies in giving factual information to the public.

It is generally believed that the only people who are vulnerable to Aids are prostitutes, homosexuals and people from certain parts of Africa. This is not so. Anybody can contract the disease given the right circumstances, that is, sexual contact.

Some people believe that Aids is from America and is therefore a white man's disease. Others maintain that it is from the African green monkey and therefore affects blacks only.

There are also those who take it to be a political disease that was created in the laboratory to wipe out certain population groups.

Finally there is the belief that it is God's punishment for sexual malpractices. To pursue such debates and arguments will not minimise the spread of the disease. In fact more people will perceive themselves as not vulnerable to infection. They will therefore fail to take the necessary measures against getting infected.

The fact is that the disease is spreading like wild fire. It is not important to trace its origin as it is necessary to assess its present impact and future course.

Since Aids is an infectious disease most people feel that HIV patients should be isolated from those who are healthy. It is thus important to note the mode of spread. The Aids virus does not circulate in the air nor live in water or thrive on food like a TB, cholera or Typhoid germ.

Sexual contact with an infected person transmits the virus. It is not necessary to isolate infected people. Instead everybody should be advised to practise safer sex.

Unsafe sex: Women face cancer risk

CAP 4/11/88 10/11/88 (92)

Medical Reporter

SOUTH Africa is due for an epidemic of cervical cancer which could be as threatening as Aids, a conference on contraception, sexuality and sexually transmitted diseases heard yesterday.

Dr Basil Bloch, head of Oncology and Colposcopy in the Department of Obstetrics and Gynaecology at Groote Schuur Hospital and UCT, told delegates cervical cancer, the most common gynaecological cancer in South Africa, was on the increase.

Describing cancer of the cervix as a sexually transmitted disease, he said: "We are due for an epidemic."

Dr Bloch said cervical cancer had been linked to both the herpes simplex virus (HSV) and the human papilloma virus (HPV), both of which were sexually transmitted.

The HPV virus was present in 16-20% of the population. "A fair number will develop cervical cancer if untreated. This virus may pose the same threat — by increasing cervical cancer — as Aids," he said.

About 15% of people with the HPV virus could develop cervical cancer, while about 10% with the HSV virus

could develop the cancer.

Ninety-seven percent of people had no symptoms while carrying the HPV virus linked to cervical cancer.

"If all patients had routine pap smears, the incidence of cervical cancer could be decreased by 80-90%. It is a preventable disease," he said.

The herpes virus had traditionally been divided into HSV 1 — seen in cold sores — and HSV 2, or genital herpes.

"But with changing sexual partners and increasing oral-genital sex, the two have become mixed," he said, adding that up to 40% of genital herpes was caused by HSV 1.

Women at risk of cervical cancer were those who started early with sexual activity, married early, had many sexual partners and smoked.

The prevention of cervical cancer lay in responsible sexual relationships, education, barrier contraceptives, antiviral drugs and regular pap smears.

● Another speaker, Dr C de Haeck, said a woman's first pap smear should be done within a year of starting sexual activity, a second test should be done a year after that and subsequent tests should be done every three years.

'Scrabble' for Aids funds

Medical Reporter

AN OVERSEAS psychiatrist has urged South Africa not to spend money on viral Aids research alone but also to use funds for preventative campaigns and community care for Aids sufferers.

Dr Judy Greenwood, a consultant psychiatrist at the Royal Edinburgh Hospital with a special interest in sex therapy, yesterday addressed 140 people at a conference on contraception, sexuality and sexually transmitted diseases (STDs), organised by the Department of Obstetrics and Gynaecology at the University of Cape Town.

Dr Greenwood said the handling of the Aids epidemic was multi-disciplinary. "All these medical people are feeling anxiety about the disease but they are not the people doing the preventative campaigns."

In the "ghastly, unprofessional scrabble" that often arose when money was made available, it was often academics with persuasive intellectual arguments who ended up "getting the money".

"The money must also go into preventative campaigns and community care. Don't let it all go into viral research," she said.

Boy's banning bodes ill for future — doctor

By Toni-Youngusband
Medical Reporter

South Africa's future is "very dark" if schoolchildren are forbidden to discuss the killer Aids virus, Dr Ruben Sher, head of the Aids Training and Information Centre, said in Johannesburg yesterday.

Dr Sher was responding to an incident last week in which an Alberton schoolboy was banned from his English class because of a project

he had submitted.

The project — on medicine — included pictures from an Aids brochure which is widely distributed among miners. The pictures showed what effects Aids has on genitals.

The boy, 15-year-old Adrian Kuipers, said his mother had got the brochure from a friend who worked for a mining company.

Adrian, a pupil at the Marais Viljoen Technical

High School, was told by the headmaster, Mr P J Fouche, that he was banned from his English class until he apologised to his teacher. Mr Fouche apparently told Adrian the project was "disgusting".

Adrian apologised to his female English teacher on Monday and was allowed back into his class the next day.

"Why should he apologise," Dr Sher asked. "The whole thing is absolutely ridiculous, I would take the school to court. It is unbelievable," he

said.

Dr Sher pointed out that the whole thrust of the worldwide campaign against Aids was education, a campaign orchestrated by the World Health Organisation and supported by South Africa's Department of Health.

"To do what the school did is completely contrary to public health. If people can't talk about Aids at school then this country's future is very dark," he said.

It is okay for these children to sleep around

and to look at the genitals on statues but if they show a pamphlet like this they are in trouble. I despair," Dr Sher said.

When asked why he had chosen this particular project, Adrian said he wanted to do something different. "All the other kids were doing sport and cars and I thought it would be nice to do medicine. I didn't realise they would get so cross," he said.

Adrian, who was class captain, said medical experts had already offered their support.

New school for Aids row boy

By Toni Younghusband
Medical Reporter

The Alberton schoolboy who was banned from his English class because his teacher found his project on Aids "disgusting" is to leave the school at the end of the year.

Mrs Frances Kuijpers said her 15-year-old son, Adrian, would be transferring to another school in January.

Adrian submitted a project on medicine to his English teacher and was called to the headmaster's office because the project, which included pictures from an Aids brochure, was "disgusting".

SITTING ALONE

He was banned from class until he apologised to his teacher. He did, a week later, and has since been back in class but, according to his mother, he has to sit alone in a corner and other pupils may not sit near him.

"When Adrian asked me what subject he should choose for his project I suggested Aids and I gave him the information," Mrs Kuijpers said.

She said she wrote for more pamphlets and brochures and these were freely available.

The one Adrian included in his project apparently came from the Chamber of Mines and has pictures of genitals infected with sexually-transmitted disease.

Medical experts have slammed the school's "narrowminded" attitude saying the whole thrust of the worldwide campaign against Aids was through education.

Aids-infected people will not be isolated

92

Sowetan

11/11/88

THE National Advisory Group on Aids does not recommend that Aids and HIV infection be made notifiable in South Africa at the present time.

The group considered the question of notifiability at the request of the Minister of National Health and Population Development.

The group recognised that there was no consensus worldwide on the issue, some countries having made Aids notifiable, while others, such as the United Kingdom, have not.

Infectious disease are usually made notifiable to enable steps to protect the public, such as placing infected persons in quarantine, and immunising contacts, but HIV infection does not lend itself to such measures.

Spread

At present the spread of the infection in South Africa is constantly monitored by all laboratories in the country doing Aids and HIV testing, sending their information to an anonymous, confidential central national registry under the supervision of the group.

It is unlikely that making the infection notifiable will provide additional information.



HIV carriers.

"Notifiability could place doctors to whom patients come for confidential help in an invidious position, despite reassurance about confidentiality by

health authorities," the group stated.

The vital role of the local health authorities in controlling the spread of HIV infection must be emphasised.

To facilitate their

participation in contact-tracing, health education, counselling and follow-up, the local authority could be given the names of infected people, by the treating doctor, with the individual's consent.

"To obtain the co-operation of HIV carriers or Aids sufferers, confidentiality is of the utmost importance," a statement from the group reads.

"Declaring a medical condition notifiable increases the possibility of a break in confidentiality. Notifiability could thus be a deterrent for people at high risk for Aids to make contact with professional people and go for testing. Consequently, surveillance could be compromising and the collection of data made difficult."

In fact, the findings of a very recent study in Japan, published in one of the most prestigious medical journals, *The Lancet*, strongly suggest that if Aids is made notifiable, the poorer will be the recording of Aids testing, and hence notifiability may be counterproductive in the surveillance of potential

NEWS

Present trends show 40 pc of SA's population could have

At ITS worst, Aids could have infected up to 40 percent of the South African population by the end of 1996 — that is if the killer disease continues doubling every eight months, which is the present trend, according to experts.

At best, if one consults more optimistic predictions which claim that Aids or Aids-related cases are doubling every 12 months, then about 12 percent of the white population and 1,45 percent of the total population could be infected.

These predictions are among many cited by financial consultant Mr. Keith Edelman in "Aids, Countdown to Doomsday", a book recently published in South Africa.

The statistics for the rest of the African continent and large parts of the world also make for horrifying reading. Mr. Edelman says the World Health Organisation (WHO) estimates there are about twice as many Aids cases in the world as are officially reported and that numbers double every year.

In December last year, 66 000 cases of the killer disease had been reported officially. From more than 125 countries. However, the real figure is estimated to be closer to 100 000 or 150 000, says Dr. Jonathan Mann, head of WHO's Special Programme on Aids.

In an interview with *The Epidemiology Monitor* at the beginning of this

92 SUE VALENTINE

Year, Dr Mann suggested there were three separate epidemics worldwide which are all Aids-related and which have followed each other.

The first, he says, is the worldwide epidemic of infection with the human immuno-deficiency virus (HIV) — the Aids virus. The second is the epidemic with Aids itself and diseases associated with the virus. The third is the epidemic of reaction and response to the first two epidemics: the cultural, social, economic and political impact of the disease.

"We cannot begin to control this problem if we don't understand the virus, the

disease and the social, political, economic and cultural context in which the disease is occurring," says Dr Mann.

According to WHO, it is expected that between 500 000 and 3 million new cases of Aids will emerge over the next five years from people *already* infected with the Aids virus.

The testing of Aids and screening of groups of people raises delicate and ethical questions, says Dr Mann, adding that Aids has unveiled "thinly disguised prejudices" about race, sex, religion and national origin.

"When people hear about Aids and become frightened, they want to blame someone and almost always blame 'the

other', which can mean people of another race, religion or national origin, or with different sexual practices."

In South Africa, a further complicating factor is that many progressive trade unions seem reluctant to confront the issue, largely because they are suspicious of management-initiated education and information programmes.

The issue of confidentiality of Aids tests among workers is also one which concerns unions. The migrant labour system, accommodation in single-sex hostels and the break-up of families have been cited by the National Union of Mineworkers as important issues related to the Aids disease.

● SEE PAGE 13.

Aids by 1996

Everybody's p

In a worst-case scenario, 40 pc of South Africans could i

IN EIGHT years some Aids-ravaged central African countries could be 70 percent de-populated. One solution to prevent the spread of the killer disease to this country is to blow up Beit Bridge, suggests author Keith Edelston. Certainly if nothing is done soon, Aids will spell destruction for "First" and "Third" world nations alike. SUE VALENTINE reports.



KEITH EDELSTON ... author of "Aids Countdown to Doomsday", independent financial consultant and member of the four-man Economic Task Group set up by the South African Medical Research Council to identify the problem areas that will face the Republic's economy as a result of Aids.



BEYOND THE STAGE OF BLAME: The way individuals and societies react to Aids and HIV-infected programmes. "It is terribly important we proceed beyond that stage of blaming ... to realising that ..."

BESIDES the startling figures of Aids-infected cases that have an apocalyptic ring to them, the financial and economic threat posed by the disease could prove crippling for individual, company, industry and national budgets.

In a new book, "Aids, Countdown to Doomsday", financial consultant Mr Keith Edelston sketches some of the scenarios that could result if action is not taken soon and suggests ways of combating the spread of the killer disease.

The worst possible situation, says Mr Edelston, is the present trend without any change which

produces what he calls a "Doomsday Scenario".

According to Panos Dossier, a bulletin covering a global review of Aids "The Doomsday scenario must be bracketed with all-out nuclear war as an end-game for civilisation."

● The Doomsday scenario does not include the possibility of HIV mutating into more dangerous forms, but it does presume that people remain unconvinced about the dangers of Aids and do not change their sexual behaviour.

In terms of this, the Americas and Western Europe will have been wiped out as viable economic units by the end of the century, along with Australia and New Zealand. Much of greater Central Africa will be dead, with Asia moving into this bleak situation.

● The "Containment Scenario" assumes through luck and a va-

riety of preventive measures (individual, national and global) the HIV epidemic can rapidly be slowed and ultimately stopped.

It assumes a marketable vaccine will be developed within a decade, that effective treatments or even a cure will be found and that people will quickly adopt safe sexual practices. Mr Edelston suggests the assumption is that vaccine can be developed by 1994 and a cure by 1999.

● The "Business-as-Usual" scenario assumes "that individuals and governments will pay lip-service to the crisis, but that they will delay taking adequate preventive action on the grounds that the situation cannot possibly be as serious as suggested" (Panos Dossier).

"Adequate preventive action" includes the increasing use of condoms and safe sex practices but over a realistic time span, a

Important phone numbers

- Some Aids education, information and counselling groups:
- Aids Training and Information Centre — 725-0511.
- Aids Hotline — 725-3009.
- National Institute for Virology — 640-5031.
- Monday clinic, H F Verwoerd Hospital — (012) 213-211.
- HIV Clinic, Johannesburg Hospital — 488-4911.
- Gay Advice Bureau (between 7 pm-11 pm) — 643-2311.
- Aids Action Group — 403-3600.
- Aidsline, Department of National Health and Population Development — 836-2232; (012) 325-5100.

decrease in promiscuity — again over a reasonable time and assumes that vaccines and effective treatments will become widely available.

Amid all the doom and gloom, Mr Edelston makes the point that Aids is a very easy disease to avoid — to be infected one has to go out and catch it. Hot water and soap kills HIV, as does bleach.

It is spread in three ways: through sexual contact, through contact with blood (intravenous drug abusers, blood transfusions) and from infected mother to child.

There is high-risk behaviour and low-risk behaviour. High-risk behaviour used to be confined to homosexuals and intravenous drug abusers, but many homosexuals have become alert

to the risk group is hetero-

Edelston, These married partners but are infected, drug

ner over a potential

At its infected South

end of 1996 disease every eight

Acc research, Panos

the cent Among number from 27

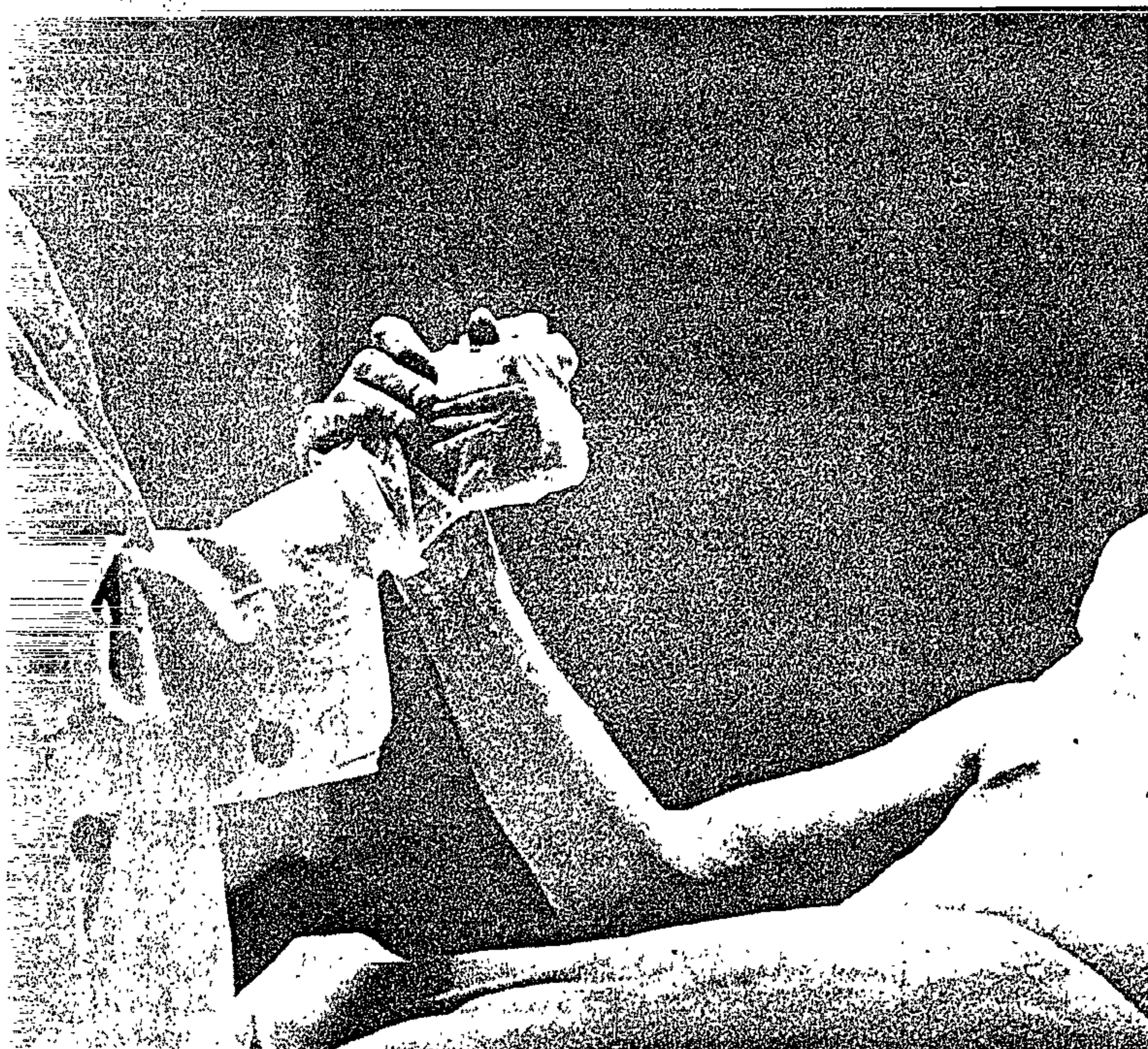
88 percent In

Edy's problem

Star 12/11/88

40 pc of South Africans could have Aids within 8 years

92



and proper precautions. There is still plenty of time to do plenty about the problem. Education is the best possible prophylactic against Aids. Right now it is the only one we've got."

He suggests that "ironically" the political and economic isolation to which South Africa has been subjected could work to its advantage. He goes a step further to claim "complete isolation" would be this country's "salvation" both in terms of warding off the disease and preserving a healthy economy.

"A country that neither exports nor imports, which is sufficient unto itself, does not import inflation, Aids, or world depression. South Africa may be well advised to take isolation by the scruff of the neck and turn itself into a *cordon sanitaire* and blow up Beit Bridge."

Mr Edelston proposes screening as one aspect of the solution, but does not delve into the complex and controversial questions surrounding the screening of employees.

This issue is addressed by Dr Mann in an interview with *The Epidemiology Monitor* (volume nine, number one) in which he stresses the importance of observing confidentiality and the rights of individuals.

He adds that the way individuals and societies react to Aids and HIV-infected people will make the difference between success or failure of Aids prevention programmes.

"When people hear about Aids and become frightened, they want to blame someone and almost always blame 'the other', which can mean people of another race, religion or national origin, or those with different sexual practices.

"It is terribly important we proceed beyond that stage of blaming . . . to realising that Aids is everybody's problem."

The treatment of Aids-infected people is also critical.

Dr Mann stresses that the extent to which we exclude the HIV-infected people from our midst we endanger the rest of society. To the extent that we include them we protect our own society.

Excluding HIV-infected people sends a clear signal to those who may be infected or at risk of infection that they too, could be uprooted from their jobs or their lives and ostracised. These people are likely to do all they can to avoid being identified.

"On the other hand," says Dr Mann, "if society's signal is that there is compassion and no reason for fear, this will bring people to programmes of voluntary testing so they can identify themselves and take appropriate steps to prevent transmission."

"It's tolerance based on knowledge rather than ignorance and fear that allows us to keep the HIV-infected people in our midst, in their jobs and in their homes."

OF BLAME: The way individuals and societies react to Aids and HIV-infected people will determine the success or failure of Aids. "It is terribly important we proceed beyond that stage of blaming . . . to realising that Aids is everybody's problem," says one expert.

measures and global rapidly be stopped. within a vaccine will be people will sexual practices suggests the vaccine can and a cure

"Usual" see individuals pay lip but that adequate on the can-serious as Dossier). action" use of practices time span; a

Important phone numbers

- Some Aids education, information and counselling groups:
 - Aids Training and Information Centre — 725-0511.
 - Aids Hotline — 725-3009.
 - National Institute for Virology — 640-5031.
 - Monday clinic, H F Verwoerd Hospital — (012) 213-211.
 - HIV Clinic, Johannesburg Hospital — 488-4911.
 - Gay Advice Bureau (between 7 pm-11 pm) — 643-2311.
 - Aids Action Group — 403-3600.
 - Aidsline, Department of National Health and Population Development — 836-2232; (012) 325-5100.

decrease in promiscuity — again over a reasonable time and assumes that vaccines and effective treatments will become widely available. Amid all the doom and gloom, Mr Edelston makes the point that Aids is a very easy disease to avoid — to be infected one has to go out and catch it. Hot water and soap kills HIV, as does bleach.

It is spread in three ways: through sexual contact, through contact with blood (intravenous drug abusers, blood transfusions) and from infected mother to child. There is high-risk behaviour and low-risk behaviour. High-risk behaviour used to be confined to homosexuals and intravenous drug abusers, but many homosexuals have become alert

to the disease and the new high risk group in the US and Europe is heterosexuals who, says Mr Edelston, "know" they are safe.

These people believe they are married to or involved with partners who are true to them, but are not and may have been infected by bi-sexuals or I-V drug abusers. Any sexual partner over the past 10 years is a potential Aids risk.

At its worst Aids could have infected up to 40 percent of the South African population by the end of 1996 — that is if the killer disease continues doubling every eight months.

According to Mr Edelston's research, based largely on *Panos Dossier*, worst affected is the central African region. Among female prostitutes the number carrying HIV ranges from 27 percent in Kinshasa to 88 percent in Nairobi, Kenya.

In Lusaka, Zambia, 33 percent

of men aged 30-35 tested HIV positive. In Uganda there are 13 295 reported cases of Aids or Aids-related conditions, by 1994/5 70 percent of that country could be de-populated if no concerted action is taken.

On projected figures, Rwanda will have reached the same level of de-population by 1995.

According to the head of WHO's Special Programme on Aids, Dr Jonathan Mann, five African governments (Tanzania, Uganda, Kenya, Ethiopia and Rwanda) have adopted a five-year, medium-term plan by the with the support of the WHO.

In South Africa no such national plan has been adopted, but Mr Edelston is optimistic much can be done to avert the potential disaster providing the entire population, big business and government can develop a national strategy.

"We can still implement full

Aids vaccine ready for widescale human tests

KINSHASA — The guide at a public zoo on President Mobutu Sese Seko's mammoth estate overlooking the Zaire River pointed to a cage of green monkeys and said: "That's the animal they say Aids came from."

It is one of the oldest stories about the origins of Acquired Immune Deficiency Syndrome (Aids) and caused a furore in Africa.

"Was the monkey victimised by man or was man the victim of monkeys?" asked Dr Jean-Jacques Salaun, head of the French-financed National Institute of Biomedical Research (INRB) in the Zairean capital Kinshasa.

Trials

"That is something we just don't know."

Dr Salaun's lab has a roomful of chimpanzees used for testing a promising Aids vaccine that has already undergone limited trials on humans and will soon be tested on larger groups.

The vaccine, according to an article in the science magazine *Nature*, produces antibodies effective for more than a year against various forms of the HIV virus that causes Aids in humans.

"Our results show for the first time that an immune state against HIV can be obtained in man," the article says.

Chimps and monkeys, like man, are susceptible to retroviruses, the family of diseases that includes the Aids virus that kills humans.

Kinshasa, which has one of the highest HIV infection rates in Africa, has become a major international Aids research centre.

Occasionally the pace has

been fast and furious.

The INRB's Dr Daniel Zagury stunned the medical world two years ago when he injected himself with the experimental Aids vaccine.

The INRB later denied published reports that 1 000 Zairean soldiers had been inoculated. The laboratory says to date 55 people have had the shots.

Dr Salaun, the military doctor who heads the laboratory, said in an interview the vaccine posed no risk because it was made with only a fragment of the Aids virus grafted to a smallpox vaccine in use for decades.

"There is no possibility of contamination," he said.

Only those unlikely to contract Aids were vaccinated to see whether they developed antibodies from the vaccine and not from the virus.

From that standpoint the tests were successful, he said.

"But we don't know how effective it is against the disease and we won't know until we conduct tests on a wider scale."

Exposed

Such tests could begin within a year with several groups of 300 to 500 people each, large enough so that some probably would be exposed to Aids in the natural scheme of things, Dr Salaun said.

Comparing results for control groups and vaccinated groups would determine if the vaccine worked and, if so, it could be in production in the early 1990s, he said.

"Never for any other disease have so many discoveries been made in so short a time," Dr Salaun said.

Among those already inoculated with Zagury's vaccine is Dr Bernard Goussard, a 39-year-old INRB biologist who was exposed to Aids-contaminated blood in a laboratory accident.

He said he had made up his mind beforehand and never thought he was taking a risk.

"All I had was a slight sore on the arm and a fever for 48 hours," Dr Goussard said of his reaction to the first injection in December 1986.

"We are not crazy. I have four children and my wife also has been vaccinated. We are not Frankensteins." — Sapa-Reuter.



Green monkey cousins of this Zairean Mangabey monkey have been accused of being the source of the killer Aids disease.

Aids virus at gallop

92
57V 14/11/88
The heterosexual transmission of the Aids virus is spreading fast on the Reef and in Natal; the Minister of National Health, Dr Willie van Niekerk, said in Pretoria.

A survey of 90 000 black women visiting pre-natal clinics on the Reef showed the incidence of HIV virus rising from one out of 2 100 patients 15 months ago to one out of 540. — Sapa.

Aids rockets as scores of pregnant women infected

Star 14/7/11/84
92
By David Braun,
Political Correspondent

Health workers are trying to trace the sexual partners of scores of pregnant women who have been found to be infected with Aids, following the discovery of a quadrupling of the incidence of the disease on the Witwatersrand in recent months.

The massive increase in the killer disease was detected during routine testing of about 90 000 black women who reported to birth clinics on the Witwatersrand.

Health Minister Dr Willie van Niekerk said today the results of the tests showed the incidence of the disease had increased from one in 2 100 women to one

in 540. If the worst ratio is applied to the 90 000 women tested, 166 of them have Aids.

Experience has found that about half of them will pass on Aids to their unborn children, which means those babies will die.

Dr van Niekerk said in an interview today that detailed statistics for the position in Natal should be available today, but that preliminary information was that there had been a similar increase in Aids in that province.

Testing was under way in

other parts of the country.

Aids has so far proved to be a 100 percent fatal disease. Victims die after their immunity mechanisms collapse, very often from other illnesses which they would otherwise have been able to resist.

The Minister said today a cure for Aids, which is a virus, was not even on the horizon.

He said the findings of the Witwatersrand tests showed a number of things.

In the first instance the testing had been done on pregnant women, which meant the disease had been spread sexually.

This also meant that Aids was being spread heterosexually in South Africa, and not just by homosexuals, as most members of the public still appeared to believe.

He said international experience had shown that where so many women had been infected with Aids there were more men in the population who had the disease. The ratio was usually higher than one man to one woman.

ROUTES

Another aspect of the disease receiving attention was the infiltration routes of Aids into South Africa.

Dr van Niekerk said it was obvious that the disease was coming from countries north of South Africa, where Aids was rife.

Blood tests of African National Congress (ANC) operatives arrested in South Africa in recent months showed 22 percent of them were HIV positive (infected with Aids).

The Minister said the health authorities would be announcing a new strategy to combat Aids before December 1, which has been declared Aids Day.

He said more money had been allocated by the Government for fighting the disease.

"We will have to plan for even more money so as to provide additional health workers and hospices to care for Aids victims in the future. It will be too expensive to treat people in the academic hospitals."

New York had calculated that by the middle of the 1990s most surgical and medical beds would be taken up by Aids patients, he said.



atcher US President-elect Mr George Bush is deep in the Atlantic Stream, Florida, where he has been spending a long weekend at a friend's. He has also been jogging and playing golf to help him from the rigours of his recent presidential campaign.

November 14 1988 5

Four times as many Aids victims on Rand

The Argus Correspondent

PRETORIA. — Health workers are trying to trace the sexual partners of scores of pregnant women who have been found to be infected with Aids, following the discovery of a quadrupling of the incidence of the disease on the Witwatersrand in recent months.

The increase in the killer disease was detected during routine testing of about 90 000 black women who reported to birth clinics on the Witwatersrand.

Health Minister Dr Willie van Niekerk said the results of the tests showed that the incidence had increased from one in 2 100 women to one in 540. If the worst ratio is applied to the 90 000 women tested, 166 of them have Aids.

BABIES WILL DIE

About half of them will pass on Aids to their unborn children, which means those babies will die.

The Minister said today a cure for Aids, which is a virus, was not even on the horizon.

He said the findings of the Witwatersrand tests showed a number of things. In the first instance the testing had been done on pregnant women, which meant the disease had been spread sexually.

This also meant that Aids was being spread heterosexually and not just by homosexuals, as most members of the public still appeared to believe.

"People must understand this is becoming mainly a heterosexual disease," the Minister said.

The Minister said health authorities would be announcing a new strategy to combat Aids before December 1, which has been declared Aids Day.

He said more money had been allocated to fighting the disease.

"We will have to plan for even more health workers and hospices to care for Aids victims in the future."

(92) 8/day 15/11/88

'Pre-emptive strike' against AIDS needed

PRETORIA — A pre-emptive strike through intensive education was vital if the spread of AIDS was to be curbed, head of the SA Institute of Medical Research Immunology Department Reuben Sher said yesterday.



● SHER

He was reacting to figures released at the weekend by National Health Minister Willie van Niekerk, based on the testing of 90 000 black

GERALD REILLY

women at birth clinics on the Witwatersrand. These showed a fourfold increase in the incidence of the disease from one in 2 100 to one in 540.

Sher said now was the time for a counter-attack.

The situation should be treated as an emergency calling for swift reaction.

The emergency in the black community was new but not unexpected. The incidence was increasing worldwide and as yet no effective counter to it was in

prospect, although a lot of experimental work was being done.

Sher stressed the statistics referred to carriers of the disease and not to victims.

A worst case scenario, according to Van Niekerk, was that 166 of the 90 000 could have AIDS.

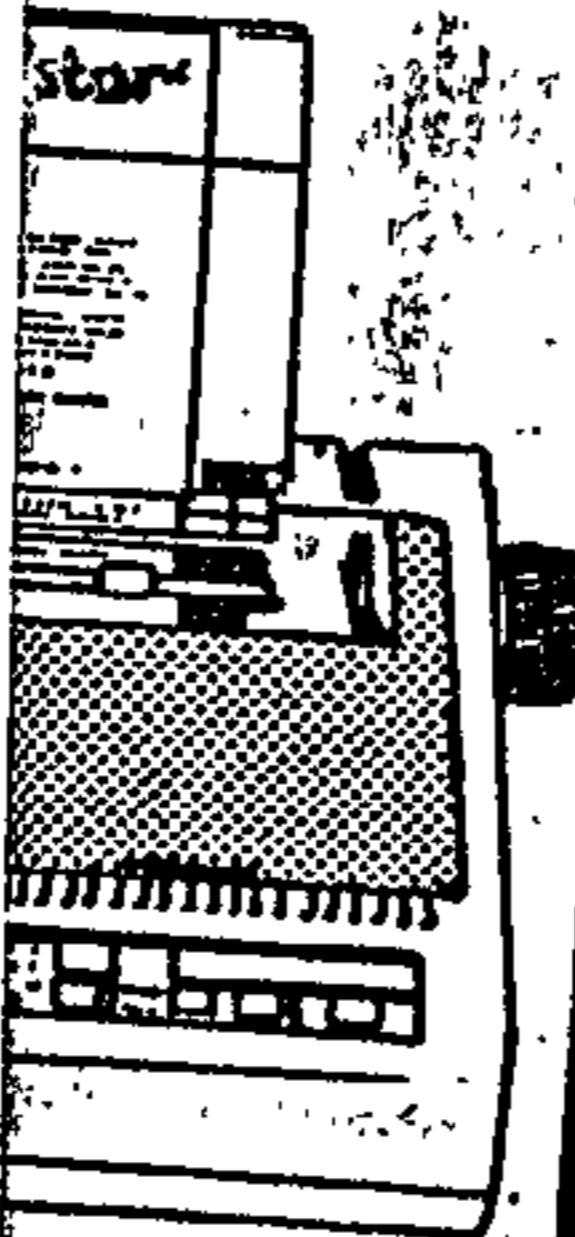
Van Niekerk said the Witwatersrand survey indicated a rapid growth of the threat on a heterosexual basis.

He added that the potential health implications, social and economic, were "fearsome".

developed a warm working approach to the visits.
last year. Independent News Service

00
MONTH

PERFECT
RINTER
AR LC 10



ect panel
fonts (including
eed
ality print speed
tional)
ailable
ck ribbon

'Secret' (92) Aids tests planned in Britain

The Star Bureau

LONDON — Britain's Health Education Authority has outlined a programme of anonymous testing for Aids.

The programme, to screen 200 000 people and costing around R10 million, would involve Aids tests on routine blood samples taken for other purposes from people attending hospitals, clinics or family doctors.

People would not be told they were being tested and would not be given the result, even if positive, as there would be no method of identifying the patient from the sample.

The aim is to give a more accurate national picture of the spread of the deadly virus.

● Young Britons are ignoring the warnings about Aids and their actions could lead to the killer virus spreading "like wildfire" among heterosexuals, a new study has found.

Research among sexually active youngsters between 16 and 21 shows they don't use condoms and continue to have sex with several partners.

Half the respondents felt they had "no chance" of catching Aids — a reaction experts described as "frightening".

L
o
i
n
B
3
b
g
a
L
n
l
f
t
p
s
h
s
a
G
s
v
S
N
l
t
n
v
b
p
t
p
a
U
t
t
o
p
K
A
S
S

Chemists join war on Aids

92

Medical Reporter

Pharmacists countrywide are to distribute information on the killer Aids virus as part of a national awareness campaign.

Each of the country's 2 800 pharmacies has been supplied with leaflets for distribution to the public, window posters and videotapes which are available to personnel managers for hire.

Pharmacists will be trained in basic Aids education and will be provided with a list of Aids counselling centres to which customers can be referred. *Star 17/11/88*

Mr Willie Kock, the president of the Pharmaceutical Society, said the pharmacist's role in the Aids campaign would involve the education of the public, advice on "safe sex" and condom use.

He pointed out that condoms were a major factor in the war against Aids.

High Aids rate faces runaways in the US

BOSTON — Prostitution and drug use among runaway teenagers are confronting them with the deadly fate of infection from the Aids virus at extremely high rates, according to a survey released this week.

The study found that 6.7 percent of 1,111 youths living on the streets who were tested for the virus had Aids antibodies — a total of 74.

“That’s a higher rate of infection than one sees in almost any other group tested,” said Dr. Lloyd Novick, of the New York State department of health, one of the sponsors of the study.

“The rate of infection in the general population is more like one per 1,000.

“Here the rate is 10, 50 times higher than we’ve seen except in intravenous drug users.”

The study, which Novick released at a recent conference of the American Public Health Association, is said to be the first survey of Aids infection among homeless youths living on the streets.

It was conducted by Covenant House, a private welfare agency in New York that provides services for homeless children.

Between October 1987 and October 1988, Covenant House conducted HIV testing on all new patients who voluntarily came to its clinics for health care.

Dr. James Kennedy, medical director of Covenant House, said he was certain that the same rate of infection would be found in other cities where youths lived on the streets.

“I think anywhere where there are street kids, where prostitution and drug use is prevalent, you’ll find the same patterns,” Dr. Kennedy told the conference. — Sapa-
Reuter

8/11/88
1741
MS

92

AIDS Day hailed

Sowetan 18/11/88
THE declaration of December 1, 1988 as World Aids Day has been hailed in medical circles as a step in the right direction, writes MOKGADI PELA.

The day is sponsored through the World Health Organisation's global programme on Aids.

A leading expert on the disease, Dr Ruben Sher, said the decision was in line with WHO's belief that the killer virus could be stopped.

He said that people would be reminded that their responsible behaviour could protect them and stop the spread of Aids. Compassion and understanding towards the victims would be encouraged, he said.

On that day everyone would be urged to speak out and tell the world what they are doing in the fight against Aids. Dr Sher added: "We will make available the official World Aids Day symbol."

There would also be updated fact sheets to educate, inform and stimulate debate, he added.

19/11/88
Is disease threat exaggerated?

Aids: The facts and the fiction

THERE have been suggestions that Aids is a "press disease" and that it is not nearly as serious as many imagine.

Yet the Minister of Health, Mr Willie van Niekerk, this week personally announced the news that tests on 90 000 pregnant black women in the Witwatersrand showed one in 540 were carrying the Aids virus. Previous figures reflected an incidence of "only" one in 2 000 or so.

And last week Keith Edelston author of a report backed by the SA Medical Research Council — "Aids — countdown to Doomsday" — suggested, half seriously, blowing up Beit Bridge to prevent Aids spreading here.

Edelston based many of his conclusions on the "Panos Dossier — Aids and the Third World" published last month in London. It revealed how Aids was booming in Africa. Nine in 10 prostitutes in some parts of Africa carry the deadly virus.

To emphasise the horror of Edel-

JAMES CLARKE

ston's report a photograph was used of a white coated person holding the hand of an Aids victim, but wearing a protective plastic glove — a totally unnecessary precaution.

Edelston's "Countdown" says that if people remain unconcerned about Aids then 40 percent of South Africa could have Aids by 1996. And he fears that too few people are taking the thing seriously.

I doubt they ever will.

The Panos Dossier itself, while calling Aids a pandemic (global epidemic), does not provide convincing statistics.

The worst hit country on earth appears to be French Guiana, where 1 378 people in every million have died of Aids. The Congo comes second with 595. South Africa, up to June 1988, reflected 4 per million. Obviously this week's figures reflecting the high incidence in pregnant black women will increase the South African figure.

But what do the figures really reveal? They show Aids to be one of the rarest diseases known.

When, annually, 200 million people in the Third World develop malaria and between 1 and 2 million die from it, people are hardly going to worry about a disease which, worldwide, has killed only 150 000 in the eight years we have known it. More people have died choking on apples or tripping over children's playthings.

In the First World, including South Africa, the vast majority of deaths have been white male homosexuals.

First World populations are as unmoved as the Third World, mostly because they are unconvinced Aids is a serious risk with normal sexual behaviour. And figures bear this out.

As the Panos Institute points out, it is not an easy disease to catch. One of the worst aspects of Aids is the prejudice.

Panos, while urging greater efforts against Aids, makes the point that an Aids sufferer can continue working or socialising without the slightest danger to others.

Aids advisory board set up in SA

Staff Reporter

JOHANNESBURG. — An Aids Advisory Board has been set up in SA, comprising a panel of people from the private sector, to advise corporate bodies on strategies to adopt in the face of the Aids onslaught.

The board falls under the local branch of the US-based Aids Policy Research Centre, the head of which — Mr Chester Nagle —

visited SA recently with the intention of setting up an Africa branch.

The local branch and its board members are compiling a manuscript detailing the impact of Aids on the members' specific fields — including cultural, economic and medical areas — which is to be given to its clients.

Dr Jack von Niftrik, who is

heading the centre's Africa branch, said an important aspect of the centre's work would be canvassing the opinions of trade union leaders, to ensure that any policies adopted would be in line with union sentiments.

He said the centre's service extended to government and health-care organisations in Southern Africa, up to and including Malawi.

124 000 suffer from Aids

The number of Aids cases worldwide has risen to more than 124 000, reports the World Health Organisation (WHO).

Of these, 19 034 are from Africa.

The Americas, however, still record the highest number of Aids sufferers. Up until October 31, the United States and South America reported 88 233 Aids cases. The Soviet Union reported only four.

Countries with the lowest incidence

SAV
21/11/88

Medical Reporter

92

are those in the South East Asian regions. Korea, Nepal, the Maldive islands, Bangladesh and Burma have no Aids sufferers at all while Sri Lanka has only one on record.

These figures do not include carriers of the Aids virus, of which it is believed there are millions worldwide.

**SPECIAL OFFER
BONUS FROM**

ect for 'low income' market

Aids: Concert for a major cause

Sowetan 21/11/88

92

NO less than 170 people have been diagnosed with Aids in South Africa and 104 people have died. These figures are expected to double every eight months.

People with Aids have special emotional and health-care needs. At present these needs exceed available resources.

On discharge from hospital people with Aids are often deprived of conventional support despite being too ill to take care of themselves.

It is common for people at earlier stages of the disease to be in dire need of extensive counselling and material support.

GAB counselling service, a voluntary non-discriminatory community-based welfare organisation has decided to make a difference to the quality of these people's lives.

Government support is inadequate and committed community-based care organisations such as GAB struggle to raise required funds.

The Aids benefit concert on World Aids Day is a major fundraising and community awareness event.

Ceasar's Palace, Braamfontein, have

donated the venue as a gesture of their concern on December 1 from 8.30pm onwards.

A cocktail party for dignitaries, including the mayor of Johannesburg will be followed by a star-filled programme of musical entertainment with:

- Joan Brickhill.
- PJ Powers.

- Leslie Rae Dowling.
- Jennifer Ferguson.
- Cinema.

The climax of the evening will be a candlelighting ceremony for the 104 people who have already died.

For the first time in South Africa, a benevolent event such as this will reach people in the community who have

previously been unaware of their risk of Aids and its tragic consequences.

This is particularly significant for young people who are often denied access to knowledge about the disease. These are people who probably have the most to gain since they are about to embark on their sexual careers.

People are urged to join in this significant event worldwide.

Tickets are available at Computicket at R20 each.

For further information contact Erica at 726-1457.

'SA companies do not have a strategy'

26
8/dec
29/11/88

AIDS centre set up to advise private sector

6x
PIK
A
Am
1
sc
1
sc
1
p
th
at
EM

P
O 21
LOS
A
16
16
14
14
11
11
10
10
7
7
6
6
5
4
3
2
23
22
20
18
17
15
13
12
11
9
8
1
a
o
3
28
21
21
E

DIANNA GAMES

AN AIDS advisory board comprising a panel of experts from the private sector has been established to advise companies on strategies to adopt in the face of the AIDS onslaught.

The board falls under the local branch of the US-based AIDS Policy Research Centre, whose head Chester Nagle visited SA recently with the intention of setting up an Africa branch.

The centre and its board members are compiling a manuscript detailing the impact of AIDS on the members' specific fields — including cultural, economic and medical — which is to be given to clients.

Dr Jack von Niftrik, who heads up the centre's Africa branch, said the board was already involved in discussions with several large companies. The board would not actively market itself but would rely on "word of mouth".

The board will devise tailor-made policies for clients related

to the company's specific problems where AIDS might be concerned.

An important aspect of its work will be canvassing the opinions of trade union leaders to ensure any policies adopted will be in line with union sentiments.

Nagle's view, and that of others, is that the implications of AIDS are likely to be so dire they will force financial analysts to change their long-term economic forecasts to plan for the projected depopulation catastrophe.

Service

He said most SA companies did not have a strategy that took into account the AIDS epidemic as many held the view that its effects were still a long way off.

Von Niftrik said the centre's service extended to government and health care organisations in southern Africa up to and including Malawi.

He said the latest information on AIDS from around the world would also be supplied regularly to clients. The centre would not rely only on government and World Health Organisation figures which tended to be inaccurate, but on a wide-ranging number of sources.

- The other board members are:
- Alan Whiteside, economics research fellow at the University of Natal;
 - Stan Schoeman, anthropologist with the Africa Institute;
 - Dr Olaf Martini, Chamber of Mines' medical advisor;
 - Dr Neale du Plooy, anaesthetist at the Rand Mutual Hospital;
 - W Becker, head of the virology department, Stellenbosch University;
 - Scott Finch, MD of Africom Media Consultants;
 - Karl Noffke, of RAU department of American studies;
 - Christa van Wyk, of Unisa's faculty of law;
 - Andre Spier, a health care consultant.

Book on
Sowetan
Aids is 22/11/84
freely 92
available

Title: Understanding HIV Disease

Author: Dr Dennis Sifris, Head of the HIV Clinic, Johannesburg

Review by: Mokgadi Pela
A VALUABLE 12-page booklet on the Acquired Immune Deficiency Syndrome was recently published by Cilag, a subsidiary of the giant Johnson and Johnson health products company.

The author, Dr Dennis Sifris, who heads the HIV clinic at the Johannesburg Hospital, has tried to cover as many general aspects on Aids as possible. It is written in simple English and Afrikaans.

It briefly touches subjects such as how the virus affects the body, transmission and prevention of the disease. In the introduction, Dr Sifris states that the first Aids carrier was identified in the United States of America in 1981.

Fatal

The term Aids was coined because the one feature that all the victims had in common was a deficiency in their immune systems that rendered them vulnerable to diseases that rarely proved to be fatal.

"Not everyone who is infected with the virus, HIV, gets Aids. The majority of infected people will show no symptoms of illness for many years while the virus is in their bloodstream," the author states.

These HIV carriers, although they may look normal, can pass the virus on to others through unsafe sexual contact. On how the virus affects the body the writer says: "On entering the body, it attacks helper cells or body soldiers whose duty is to protect the body against foreign germs."

Condoms

The term Aids refers to the end stage of the disease caused by HIV. There are several stages that make up the spectrum of HIV disease. Not everyone infected with HIV has Aids and studies have shown that only 20 percent of the infected will develop Aids in five years.

On prevention Dr Sifris says couples maintaining a mutually faithful monogamous relationship are protected from Aids through sexual transmission. Another form of effective protection would be the use of condoms.

Those wishing to get the booklet can write to: Delfen Milbox, Box 820, Sunninghill, 2157. This booklet, rich with information, is free of charge.

Star 23/11/88

(92)

Staff Reporter

Sponsorship for Aids puppets

One of South Africa's leading suppliers of high-quality condoms, LRC Industries, is co-sponsoring the African Research and Educational Puppetry Programme in its Puppets Against Aids Project to mark World Aids Day on December 1.

"The aim of Puppets Against Aids is to educate the man in the street," says Mr Rob O'Molony, managing director of the company which manufactures

Durex.

"The puppet show imparts all the facts about Aids and points out the very real dangers of promiscuity. It emphasises the desirability of monogamous relationships and the use of condoms to prevent the spread of the disease.

"Using a plastic model, the 'doctor' in the show demonstrates how to use a condom correctly and explains the do's and

don'ts of safe sex with condoms.

"He tells his audience how the HIV virus which causes Aids is contracted and how to take preventative measures. He also dispels the myths

The three-week show, directed and choreographed by Marlene Blom and produced by Gary Friedman, director of the Royal Puppet Company, started on Monday and will run

until Thursday December 15.

Venues include hypermarkets in Roodepoort, Norwood, Boksburg, Klerksdorp, Steeledale, Bedworth Park, Wonder Park and Faerie Glen in Pretoria as well as street theatre venues such as the Market Theatre area on Saturday mornings, and parks, clinics and hospitals in Johannesburg, Alexandra and Soweto.

Sher explains 92 Aids symptoms

A NUMBER of people have written to the Aids Training and Information Centre asking for information regarding the signs and symptoms of Aids. Because World Aids Day (December 1 1988) is around the corner, it is important that more facts about this killer disease be disseminated and accordingly, the **Sowetan's** Medical Reporter, Mokgadi Pela, gives some of them in today's column.

THE knowledge of the signs and symptoms of Aids will, according to many people, remove or confirm fears that they could be carrying the virus.

The majority of people who are infected with the virus are in fact symptom-free. They are also healthy.

According to Aids specialist, Dr Ruben Sher, "this is the most dangerous group because it has the potential of spreading the disease as many believe they are still healthy."

Tiredness

After many years of infection with the virus about 40 to 50 percent of the victims will get one or all of the following symptoms: severe tiredness, loss of weight (more than five kilograms) without good reason.

Intermittent diarrhoea, persistent fever or night sweats, swollen lymph glands in the neck, armpits or groin.

Pneumonia

Dr Sher added that some of those infected will go on to develop other complications such as pneumonia. He said people who contract pneumonia usually present a dry cough for about four to six weeks.

The victims also complain of shortness of breath. The advice is that they must see their doctor immediately.

*Sowetan
24/11/88*



Understanding HIV disease

Another complication may pose itself as cancer. It is in the form of a flat or rounded area usually bluish red in colour.

Brain

He went on to say that the virus can also affect the brain. If that happens, it may result in neuropsychological disturbances. Such disturbances can be evidenced by behaviour-

al changes like loss of memory and severe depression.

Taking these factors into account, it is clear that most Aids patients develop multiple opportunistic infections or cancers. They die either because the infection cannot be treated effectively or their weakened immune system impairs resistance to infection and response to therapy.

No sex please, we are fighting Aids

SAPC Times 24/11/82

KAMPALA — Ugandan President, Mr Yoweri Museveni, has come up with a novel suggestion to curb the rapid spread of Aids in his country — a ban on extra-marital sex.

Speaking at a seminar on the rights of children this week, Mr Museveni said he was considering legislation banning sex among unmarried youths under 21 years of age.

“If they want sex, they should get married,” he said.

He was also considering new laws banning extra-marital sex to deal harshly with what he called “sugar daddies and sugar mummies” and youths.

But the president conceded legislation alone would not be sufficient to halt the spread of Aids in Uganda, which recently reported more than 4 000 confirmed cases to WHO.

He said the new laws would have to be accompanied by strict self-discipline and wide-

spread educational campaigns.

Observers in Kampala said Mr Museveni would find it difficult to enforce such laws in a country where casual sex has become accepted behaviour.

Former ruler General Idi Amin used to brag openly about his sexual exploits and harsh economic conditions have driven large numbers of young girls to prostitution.

Meanwhile Australia's entire population could be tested

for Aids and sufferers quarantined for life if the government adopts a policy paper laid before parliament.

It is billed as an attempt to map a national strategy to curb the spread of Aids, which has killed 540 people since it surfaced there five years ago.

The Green Paper estimated the cost of testing the country's 16 million people at more than a billion dollar. — UPI and Sapa-Reuter-AP

New Aids drug 'only attacks infected cells'

DALLAS — Researchers at the University of Texas Southwest Medical Centre announced this week that they have developed a drug capable of killing cells infected by the Aids virus while leaving healthy cells unaffected.

The drug, which has yet to be proved in clinical trials on humans, uses a plant protein to attack only infected cells, the centre said.

Dr Jonathan Uhr, chairman of the University of Texas microbiology department and one of the project's principal investigators, predicted that it will be a year before the drug, still in the test-tube stage, can be tested on humans.

Laboratory animals cannot be used for Aids drug testing because they do not develop the disease. — Reuter.

● Next Thursday is World Aids Day, reports Sue Valentine in Johannesburg.

In South Africa 104 people have died from the disease and 170 have been diagnosed as having Aids.

According to some sources the Aids inci-

dence could double every six months.

Awareness-raising puppet shows, a concert and a public symposium will form part of South Africa's contribution to the worldwide effort to combat Aids.

The HIV clinic at Johannesburg Hospital is organising a symposium with the theme of "Dialogue and Conversation", where controversial issues will be addressed.

All are welcome. There is a R15 enrolment fee. For information telephone 488-4419.

● P J Powers, Lesley Rae Dowling, Jennifer Ferguson, Joan Brickhill and Cinema will form part of the line-up at the Aids benefit concert at Caesar's Palace, Braamfontein.

The funds raised from the event will go to the Gay Advice Bureau (GAB) which is a branch of the Wits Mental Health Society and offers a counselling service to those suffering from Aids.

The evening starts at 8.30 pm. Tickets cost R20 and can be booked at Computicket. For information phone Erica at 726-1457.

By CHRIS STEYN

AN AIDS virus carrier who infected another person and caused his death could be charged with murder.

This is according to legal expert and Technikon RSA lecturer Mr A M Sorgdrager, who set out the legal implications of sex with an Aids carrier in the latest issue of the SA attorneys' journal, De Rebus.

Mr Sorgdrager said that a woman could be charged with murder — even if she confirmed to her partner that she was a carrier of the virus before sex — should her partner contract the disease and die.

However, if intent on the part of the woman could not be proved in such a case, she would be charged with culpable homicide.

Although it could be argued that permission from the man was a ground for justification, it was, in fact, established law that a person could not give permission to be murdered.

It could even be argued that the man had committed suicide by having sex with the woman while he was aware of her condition.

However, a person who aided or brought about the suicide of

Aids-giver could face charge of murder

another could also be guilty of murder.

In the case of a man having sex with an infected woman who told him she was not a carrier, the same legal options applied.

And, in such cases, it could certainly not be argued that the victim contributed to the woman's intent or that he acted negligently.

If a man did not ask his sex partner whether she had Aids and she neglected to tell him, the same legal options still applied.

Mr Sorgdrager pointed out that the legal obligation of people to disclose their condition to sex partners increased as the disease became more widespread.

On the other hand, it would be

hard to prove intent if a woman — who was unaware that she had Aids — had sex with a man who subsequently died of the disease.

However, with the incidence of Aids escalating and the increasing legal responsibility of people to have themselves tested, negligence or intent on the part of the woman could again be proved.

In legal terms, prostitutes were likely to bear a heavier responsibility than other people to undergo regular Aids testing.

On the other hand, a person who had relations with a prostitute would be seen as having undertaken a greater risk and his conduct was more likely to be judged contributory negligence.

However, escort agency bosses could be legally responsible if one of their employees infected a client with Aids.

In this case it would have to be proved that an employer/employee relationship existed between the agency boss and the escort and that the man was infected during the woman's official working hours.

Mr Sorgdrager said no new-legislation was required to handle the legal aspects of Aids.

Copy to 15 28/11/88
92

Namibia, SA talk on Aids problem

WINDHOEK. — Namibian health officials are conferring with South African authorities on the health implications — mainly the spread of Aids — of implementing UN Resolution 435.

The prime concern is over the return of aid-carrying exiles to Namibia. According to estimates, between 60 000 and 100 000 Namibian refugees are expected to return to the territory from neighbouring states.

The current chairman of the transitional cabinet, Mr Andreas Shipanga, said the Minister of National Health, Mr Moses Katjuongua, and the department's secretary, Dr Louwrens Erasmus, were in Johannesburg "to discuss delicate health matters" with South African authorities.

"A major problem we foresee is Aids," said a senior health official and superintendent of a Windhoek hospital, Dr Andreas Obholzer.

Dr Obholzer said there were still many details to be sorted out, but officials were treating the subject as "urgent and serious".

A pressing issue was the division of responsibility between the Namibian health authorities and the UN health unit in medical tests for tuberculosis, malaria, syphilis, gonorrhoea and most importantly, Aids, Dr Obholzer said. — Sapa



Passing on Aids may be called a crime: murder

CAPE TOWN — An Aids sufferer who passes on the disease to a sex partner who subsequently dies could be charged with murder — even if his partner knew he had the disease and willingly took the risk.

Similarly a man who knowingly has sex with an Aids carrier, contracts the virus and dies, could be deemed to have committed suicide and forfeit his life assurance.

These are some of the scenarios tackled by law lecturer Mr Albert Sorgdrager of the RSA Tech-

nikon in a recent article in *De Rebus*, a journal for attorneys.

Mr Sorgdrager describes Aids as a "legal octopus" although he concedes it does not present as many problems to the legal profession as it does to the medical profession.

The law did not hold that a person could agree to be murdered, Mr Sorgdrager said.

Therefore, even if a person agreed to carry on a relationship knowing he was at risk of Aids from an infected partner, this would not rule out the possibility that the car-

rier committed a wrongful act.

"It could also be argued that the recipient committed suicide by carrying on with the relationship.

"Many life assurance policies have a stipulation that if a person commits suicide within two years of taking out the policy, there will be no payout."

He, however, feels the old Roman-Dutch principles of intention, negligence and omission are sufficient to cover the consequences of Aids. Own Correspondent.

Star 26/11/88 92

UK insurers (92) in Aids row ^{Star} 26/11/84

LONDON — An international row is brewing over reports that leading British insurance companies are preparing to refuse cover to anyone who lives in Africa or makes regular business trips there.

Certain areas in the United States could also be boycotted.

This follows some estimates that up to 15 percent of the adult African population is infected with Aids.

They fear primitive medical conditions and conflicting evidence about the spread of the disease. — Saturday Star Foreign News Service.

AIDS testing proves far from popular

A LARGE number of South Africans are refusing blood tests for AIDS when taking out life insurance policies.

It is estimated at least half the people who have taken out policies, since the life houses last month demanded blood tests or the signing of an AIDS exemption clause, have taken the latter option.

This figure was confirmed by Sanlam and Old Mutual, two of the country's biggest life insurers.

Sanlam assistant general manager of product development Francois Marais said most of those signing the exclusion clause rated their chances of ever catching the disease as "extremely remote".

Risks

He said: "But people who take the tests are still high longer-term insurance risks, because even if they get a clean bill of health it only means they haven't got AIDS now."

This could dramatically affect the insurance premiums or bonus rates of people who elect to take the blood test over the next decade if

By HAMISH McINDOE

AIDS gains a deep foothold in SA.

Broadly, life cover will be cheaper for people signing the exclusion clause and more expensive for those taking the test.

An insurance salesman said pressure was being put on the public to sign the exclusion clause to "get the policy quickly into the pipeline rather than waiting around for the results of a blood test".

At a special meeting last month, the Life Offices Association decided to put an AIDS exclusion clause in new policies with cover of more than R200 000.

Old Mutual development manager Peter de Beyer said tests and exclusion clauses could apply to life cover from only R50 000 within five years on the forecast that the number of AIDS deaths would double yearly.

(92) Stimes 27/11/88

Family planning workers join the fight against Aids

TROUGHOUT the world, family planning workers are joining the battle against Aids, by providing education and information to their clients and thus can play a key function in preventing the spread of Aids and the human immunodeficiency virus (HIV).

For years family planning workers have played an important role in preventing the spread of sexually transmitted diseases (STDs).

Now they can teach their clients to protect themselves against Aids, and can help prevent the spread of HIV to children in the womb or during childbirth by

helping women with HIV avoid pregnancy.

Family planning workers have the experience and many of the skills needed to stop the spread of Aids.

For years they have *counselled sexually active adults, educated people about the use of condoms and spermicides, and distributed barrier methods of contraception.*

Approach

Here in South Africa, the Western Cape region of the Family Planning Association of South Africa (FPA) has been approached to extend their educational programmes on STD's to include Aids.

The approach which was made by the Life Offices' Association (LOA), representing the

life insurance industry, encompasses sponsorship of an Aids education effort conducted by the FPA.

Initially, the FPA will launch a pilot project in the Western Cape, to run for 18 months, before going national and will be incorporating Aids education into those of its activities which are primarily aimed at education/awareness of sexual responsibility.

Family planning workers have developed considerable expertise in the following areas, all of which are vital for control of HIV.

- Counselling and advice about sexual health;
- skills in communication with defined groups;
- promotion and teaching of the use of condoms;



Understanding HIV disease

- sexual education for young people;
- programmes concerned with womens' roles in development;
- programmes promoting male involvement and responsibility in family planning;
- advice about contraception. This may be especially valuable for those who are infected with HIV; and
- counselling about sexually transmitted disease.

British

The FPA was a founder member of the International Planned Parenthood Federation (IPPF) and still has contact with this body having access to the IPPF set up an Aids Prevention Unit in London, funded by the British Government's Overseas Development Administration (ODA), and provides materials and support to FPA's in the integration of HIV and Aids into existing programmes.

The FPA does not wish to take over Aids education in its totality, but wishes to develop a programme — in line with international trends — of Aids prevention within the FPA sphere of interest.

Educational material

generated by the programme would be available to other interested organisations.

There is no vaccine to prevent Aids. There is no cure. Yet education and information can contain the spread of HIV infection.

This is not an easy process because large numbers of people in widely diverse cultures must learn how HIV spreads and how it does not spread, and then they must behave accordingly.

Difficult to change, intimate practices are often involved. The process of information education and support for behavioural change requires the co-operation and active involvement of educational systems in every society.

The Global Programme on Aids congratulates IPPF for its response to this need. Considering the importance of sexual transmission to the spread of HIV infection, the direct involvement of Family Planning Associations everywhere is welcome and significant.

We look forward to the contribution which IPPF and its member Family Planning Associations will make to the control of HIV infection throughout the world.

3 babies are Aids sufferers

THREE babies, all black, are among the 16 more people in the country diagnosed as HIV infected, the Advisory Group on Aids said yesterday. (92)

According to the secretary for the Advisory Group on Aids, Ms Louis Blake, the babies were all born in Natal. Their ages range between two months and 18 months.

She said they contracted the deadly virus

from their mothers during pregnancy. The total figure of all Aids cases in South Africa stands at 151. The provincial breakdown is: Transvaal 92; Cape 29; Natal 28 and the Free State two.

The racial breakdown is 125 whites and 26 blacks. 29/11/88

The male-female ratio was 140 men and 11 women. The transmission categories were 116 homosexual - bisexual,

heterosexual 19, transfusions five, the haemophiliacs remained eight and three paediatrics.

Meanwhile the period November 28 to December 1, 1988 has been declared Aids Week.

This is according to the organisers, an awareness campaign that will culminate on December 1 which has been decreed World Aids Day by the World Health Organisation. *Sowetan*

Advice on Aids from the experts

From a recent Reef study it appeared that the number of people infected with the Aids virus could be doubling every 5½ months, said Mrs Marietta Marx, chairman of the Health and Environmental Committee.

There were already 10 000 infected people in South Africa.

She added that the Johannesburg City Health Department, as part of its contribution to World Aids Day, would hold video exhibitions and would offer expert advice from now until Friday December 2.

The council runs an Aids hotline, telephone 339-1048. The Aids exhibition will be manned on the Rissik Street side of the City Hall from 8 am to 3.30 pm.

World attention focuses on Aids tomorrow

By Toni Younghusband, Medical Reporter

Institutions throughout South Africa will combine tomorrow in a mammoth Aids-awareness campaign.

At the World Health Organisation's (WHO) recommendation, South Africa is one of more than 140 countries which will focus tomorrow on the disease which is sweeping the world.

The organisation says more than 100 000 people have Aids or have died from it. In South Africa, more than 100 Aids sufferers have died and thousands more are infected.

Aids is largely a sexually-transmitted disease for which there is no cure. The only way it can be prevented at this stage, says Johannesburg Aids expert Dr Ruben Sher, is through education.

In Johannesburg, the campaign will touch many homes and institutions by means of TV and radio programmes, poster and pamphlet drops, puppet shows, a public seminar at the Johannesburg Hospital, visual displays at strategic points throughout the city and an Aids benefit concert at Caesar's Palace in Braamfontein.



Ms Ros Langebrink of Afrox Healthcare hands a cheque for Aids research to the head of the Aids Training and Information Centre, Dr Ruben Sher.



Aids a huge problem for W Cape, say officials

AP/45 1/12/88
92
Medical Reporter

THE incidence of full-blown Aids has increased nationally by 40 percent this year and medical officials have warned that the deadly disease is set to become a huge problem in the Western Cape.

The World Health Organisation (WHO) has designated today as World Aids Day in an attempt to increase public awareness and curb the spread of the disease.

According to the latest statistics from the Department of National Health, 72,5 percent (21) of the 29 people with full-blown Aids in the Western Cape have died.

In the Pretoria/Witwatersrand area 44,9 percent (40) of the 89 confirmed cases have died.

Countrywide, there have been 174 cases confirmed, a 40 percent increase on the number of cases diagnosed up till the end of last year.

Of these, 106 have died, giving a death rate of 61 percent. At the end of last year only 33,7 percent had died.

Apparently healthy

The number of apparently healthy people who are carrying the virus and thus possibly spreading the disease is unknown.

In the Western Cape 251 people have been identified as HIV-positive, while it is estimated that the real figure is about 2'000 for the region and about 20'000 countrywide.

The message of World Aids Day is that no vaccine is likely to be available for another decade, and only public awareness and responsibility can halt the spread of Aids.

- Aids can be spread from any infected person to his or her sexual partner, through blood, blood transfusions or blood products infected with the virus or blood-contaminated needles and other skin piercing equipment, and from a mother to her baby.

- It is NOT spread through casual contact, such as at work or at school, touching or hugging, coughing or sneezing, insects, water or food, cups, glasses, plates, toilets, swimming pools or public baths.

Aids made mark in '88

By MOKGADI PELA

THE YEAR 1988 will be remembered in

medical circles as a time when the Acquired

Immune Deficiency Syndrome registered itself firmly on the South African scene.

Never before has South Africa experienced such a feared disease. In the words of the acting head of the South African Institute for Medical Research, Dr Ruben Sher, Aids has no precedent in medical history.

Feared

Indeed, Aids is not only feared by the rank and file, but even doctors and nurses. Some victims of this dreaded disease have recounted the frustration they experienced when members of the hospital staff refused to touch them for fear of contracting the disease.

At a symposium which was recently held in Sandton, near Johannesburg, an Aids-infected patient addressed the gathering in a tense atmosphere. He was not on the programme and when he said he was suffering from the killer disease, one could have heard a needle dropping. The

silence was deafening. And when one considers that the symposium was attended by medical specialists, one shudders.

Group

According to the advisory group on Aids, there are 150 cases in the country. The racial breakdown is 124 whites and 26 blacks.

The provincial breakdown stands as follows: Transvaal 92; Cape 28; Natal 28; and Free State two cases. A total of 90 victims have so far died since the first Aids carrier was discovered in South Africa in 1982.

Die

It is accepted that once one has been diagnosed as a positive carrier, one will surely die from it. This is because the white blood cells (body soldiers) will be weakened and the victim becomes vulnerable to any of the so-called opportunistic diseases.

It is transmitted in three ways, namely sexual contact with an infected person, intravenous injection of infected blood and by a pregnant woman infected with HIV to her unborn child across the placenta. In South Africa all the Aids cases have contract-



ed it through sexual contact. Therefore, it is not true that Aids can be transmitted by a mere handshake, a kiss or sharing the same toilet.

Sunset

Medical experts are working from morning till sunset to find a cure for Aids. Britain has found a drug called AZT. However, AZT does not offer a cure for the disease, it only stops its growth or multiplication.

Another problem with the British drug is that it is too expensive. To administer the drug on a single patient for a month costs R13 000. Some of the known symptoms of the disease include severe tiredness,

loss of weight, intermittent diarrhoea and continuous cough (usually dry).

According to Dr Sher there is no known vaccine to cure Aids.

It is only through a "massive education campaign" that people can be saved from the plague. "Because sexual behaviour cannot be legislated against, people can only be advised to stop sleeping around," he said.

Killer

The most effective protection against HIV infection would be the use of condoms. Another was to stick to monogamous relationships.

Even doctors fear this dreaded killer

The educational programmes against the killer disease have included advertisements in the media, posters at public places and stickers. The World Health Organisation (WHO) has decreed today as World Aids Day. People would be reminded that their responsible behaviour could protect them and stop the spread of Aids.

In South Africa, this message has been taken seriously. The Johannesburg City Health Department, 2 800 pharmacies, the SAIMR, the media and various other bodies have joined hands to make the day a success.

The SAIMR established the Aids Training and Information Centre in January this year. Its role has been to offer educational and psychological help for the sufferers of Aids. The centre has also committed itself to seeing that similar structures are established countrywide.

Its importance was evidenced by the fact that

an average of five people visited the centre daily. Comments of various people and the curiosity expressed in the form of letters to newspapers or the Aids Training and Information Centre have shown that the South African public is taking the disease seriously.

The Director of WHO, Dr Halldan Mahler had this to say about Aids: "A gigantic tragedy is unfolding in front of our eyes and we are really running scared."

A director of WHO's Special Programme on Aids added: "People need to realise that Aids will not be stopped anywhere until it has been stopped everywhere."

Scared

Dr Sher remarked: "The 20th century has had to contend with three disasters of unmeasurable magnitude. They are the holocaust in Germany, the Hiroshima atomic explosion and Aids."

Actually this disease has forced some coun-

tries to legislate against extra-marital affairs. The Ugandan President, Yoweri Museveni, this week lashed out at loose behaviour saying: "Those adults who engage in illegitimate sexual relationships could be punished if we carry certain adjustments in the law."

It is so serious that in the United States, more than 20 000 people have died after infection. In Africa, even countries that were previously reluctant to discuss the disease openly have changed their attitude.

This openness in discussing Aids is what health authorities encourage. Zambian President Kenneth Kaunda, was commended for disclosing that his son had died from Aids.

There are conflicting views about Aids. Some people say it is a "Media Disease" or just a fabrication while others take it seriously. However, people have a choice of either taking precautions or facing death.

New cases of Aids reported

GENEVA — A total of 5271 new cases of the killer disease Aids has been officially reported in November so far, raising the global tally to 129 385, the World Health Organisation said this week.

The Geneva-based UN body said in its latest monthly update it estimated the actual number of Aids cases to date at more than 300 000, or over twice the number of officially reported cases. Aids has been reported in 142 countries.

The United States has

reported the highest number of cases, with 78 985, while France has the most in Europe, with 4211. A total of 15 648 cases have been reported in Europe, representing about 12 percent of the world figure.

A total of 20 087 cases were reported from Africa, accounting for 16 percent of the world total. Uganda, Tanzania, Kenya, Malawi, Congo, Burundi and Zambia have each reported more than 1 000 cases.

Australia has reported 1 079 cases, and Asian

AP

Sher call on new holocaust

By Toni Younghusband
Medical Reporter

92

Health authorities in more than 140 countries today launch an intensive campaign against Aids.

The World Health Organisation recommended December 1 being set aside as a day to focus attention on possibly the most terrifying disease known to mankind.

Dr Ruben Sher, head of the Aids Training and Information Centre in Johannesburg, said it was essential that Aids was combated on an international level.

The only way it can be fought is through education and prevention, he said.

"People of the world must stand together against this biological holocaust. We cannot cure the illness but we can prevent it and we must fight it as best we can," said Dr Sher.

A campaign on the Witwatersrand will touch homes through television and radio, with poster and pamphlet drops, puppet shows, a public seminar at the Johannesburg Hospital, and an Aids benefit concert at Caesar's Palace in Braamfontein.

The concert will feature top entertainers and a candlelight ceremony for the more than 100 South Africans who have died of Aids.

A number of churches have agreed to join the campaign by declaring this Sunday a day of prayer for Aids victims.

Virus has spread to both sexes of all races

Minister warns of Aids proliferation

Star 11/12/88
92

By Claire Robertson,
Pretoria Bureau

Estimates put the number of South Africans infected with the Aids virus at 20 000.

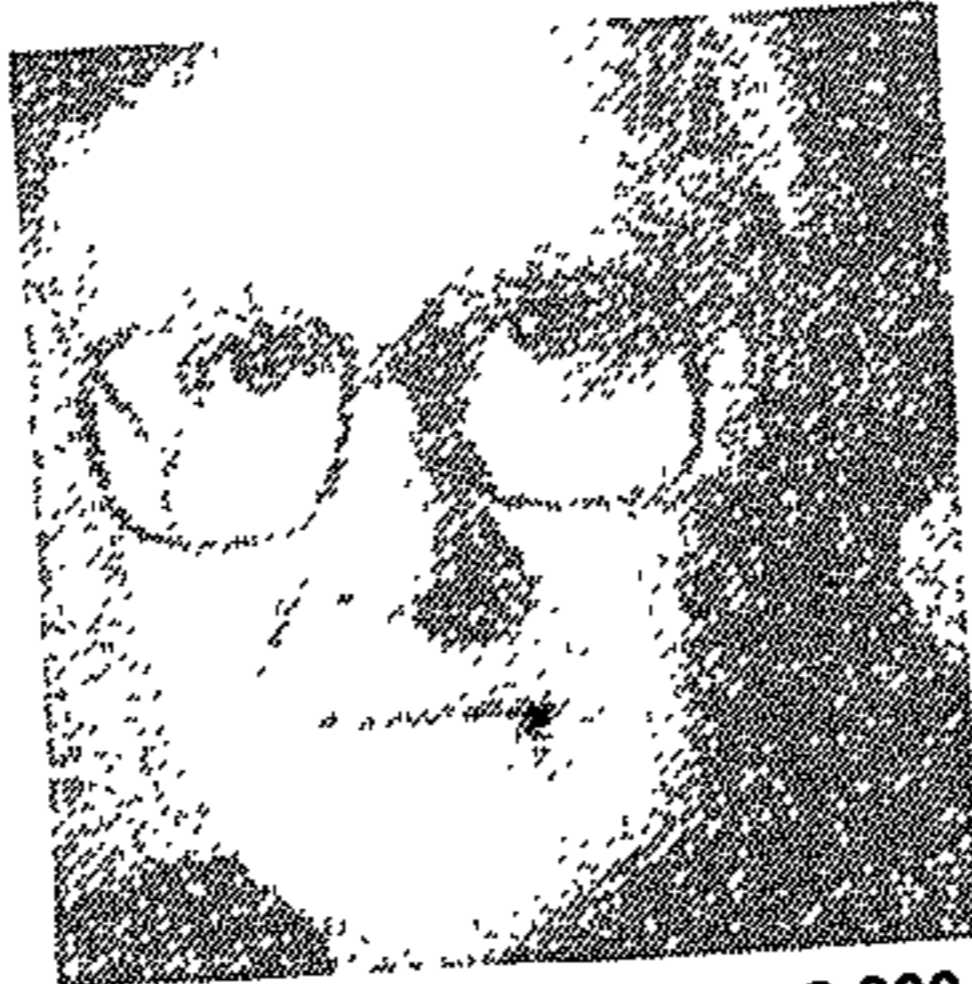
The Minister of National Health and Population Development, Dr Willie van Niekerk, provided this figure yesterday after revealing that there are 2 000 people confirmed to be infected with the human immunodeficiency virus (HIV), the cause of the acquired immune deficiency syndrome.

There are 174 cases of Aids — where sufferers have begun to manifest clinical symptoms of the disease — in the country, of whom 150 are South Africans, he told a press conference.

The World Health Organisation has declared today World Aids Day to draw attention to the sexually transmitted killer disease. There are 300 000 known cases of Aids worldwide, and an estimated 10 million people have been infected with the virus in the past 20 years.

Dr van Niekerk warned that whereas the disease had affected mainly homosexual white male city-dwellers in the past, the virus had spread to both sexes in all races.

In the past year, 20 cases of Aids had been diagnosed among black men and women.



Dr Willie van Niekerk ... 2 000 in SA have picked up virus.

The Department of Health and the National Aids Advisory Group have co-operated to launch a new database on the distribution of the HIV.

The HIV might lie dormant for up to 15 years in the carrier's apparently healthy body before manifesting itself in the disease, after which the sufferer will probably die within 15 months. It is fully able to be passed on to sexual partners during the dormant phase.

Previously it was mainly actual Aids cases that drew attention, but anonymous information on the occurrence and distribution of the virus itself — the first stage of the disease — is now to be gathered.

This is one of several steps taken by the department involving Aids. Other moves include:

- A total of R2,15 million has recently been made available to "sharpen and supplement the department's ongoing health education programme".

- Information centres for the training and back-up of health information officers are to be established in Cape Town, which has 27 Aids cases; Durban, which has 23 cases; Port Elizabeth and Bloemfontein. An information centre in Johannesburg already serves that city — where 83 cases have been confirmed, and Pretoria, where there are six known cases.

- Additional condoms are being made available free of charge at clinics. The department has distributed R5 million worth of condoms, which help to limit the spread of the disease.

- Information brochures have been prepared for distribution to the public and to doctors.

- The private sector is to be mobilised in the fight against the spread of the disease with the establishment of an Aids Foundation, to function independently of the Government.

"Aids has not yet obtained a serious hold on South Africa, and now is the time to take preventive measures," Dr van Niekerk said. "This disease is absolutely deadly — and it is in the hands of every person whether or not he or she gets it."

SA launches hot-line on Aids spread

PRETORIA. — South Africa would launch an up-to-date information service on the distribution of Aids, the Minister of National Health and Population Development, Dr Willie van Niekerk, said here yesterday.

The monitoring service would be launched with the National Aids Advisory Group, he said on the day before World Aids Day.

Dr Van Niekerk said the new monitoring action would keep anonymous information on the occurrence and distribution of the Aids virus.

Dr Van Niekerk also said R2,15 million had recently been made available to sharpen and supplement the department's ongoing health education programme.

Other steps envisaged were:

- the supplementation of the existing Aids centre in Johannesburg with information centres for health information officers in Cape Town, Port Elizabeth, Durban and Bloemfontein;
- additional condoms being supplied at clinics free of charge;
- the national distribution of a popular information brochure; and
- the production of an information brochure for doctors.

"Aids has not yet obtained a serious hold on South Africa, and now is thus the time to take preventive measures," Dr Van Niekerk said.

In the past year, 20 cases of Aids had been diagnosed among black people of both sexes in SA.

And in Cape Town, a telephone information service on Aids begins today as part of the World Aids Day campaign.

The service, launched by the Department of Health, will provide a pre-recorded message giving basic information about the disease, as well as telephone numbers where more detailed information can be obtained.

The telephone number, which is open 24 hours a day, is 946-1503.

● Ethiopia said yesterday that the number of confirmed Aids cases in the country had risen to 74, from 52 in July. Twenty-five of the victims had died.

Mr Getachew Gizaw, the head of the Aids prevention and control department in the Ministry of Health, said 56 of the victims were male and 18 were female.

Mr Getachew said his department was trying to assess the extent to which it was spreading in this country of 47 million people. — Staff Reporter and Sapa-Reuter

Aids ⁹² Day _{1/12/88}

TODAY is World Aids Day which according to the World Health Organisation, is a period of reflection when people should rededicate themselves in the fight against the killer disease.

In declaring December 1 to be Aids Day, the WHO hoped to forge a spirit of tolerance, compassion and understanding for the Aids victims.

According to the South African Institute for Medical Research, the day's programme stands as follows:

- A symposium at the Johannesburg Hospital will start at 9am and continue all day;
- Radio 702 will host Dr Ruben Sher between 9am and 10.30am;
- A puppet show;
- From 5.30pm there will be a mayoral banquet at the Civic Centre in Braamfontein and finally there will be an Aids Benefit Concert at Caesars Palace from 8.30pm.

• See Page 6

Aids workers bias fear

AD2

SOMETHING

11/2-88

DENVER—Research-ers and Aids support groups say they are concerned that discrimination could result from a legal expert's contention that Aids dementia may become a public health hazard in the workplace.

University of Denver, wrote in the Preventative Law Reporter that employers should transfer people with the Aids virus out of "physically risky" jobs.

Otherwise, he maintained, the companies could be liable in case of an accident caused by Aids Dementia, a complication in which the virus attacks the brain and neurological system.

"An employee who is unfit for hazardous activity endangers himself and other employees," Richards wrote in September's issue of the periodical put out by the University of Denver's National Centre for Preventive Law.

"In jobs such as driving a truck or providing professional

services, an impaired employee may also endanger customers and the general public," he said.

But researchers dispute Richards' view that Aids virus carriers run a significant risk of developing Aids Dementia, particularly to a degree that would impair their job performance.

They say too little is known about Aids Dementia to begin regulating it in the workplace.

Aids Dementia was recognised last year by the national centres for disease control as a formal diagnosis for Aids. It can strike people who carry the Aids virus — also known as HIV — leading to memory loss, impaired motor functions and other mental and behavioural problems. Aids Dementia is comparable to other progressive neurological diseases such as Huntington's and Parkinson's, researchers say.

Carrying the virus does not necessarily mean that a person has developed Acquired Immune Deficiency

Syndrome, a fatal condition that destroys the body's ability to fight infection.

Aids Dementia is most common among people who have developed Aids, they say, and studies show symptoms of Dementia.

Dr Joyce Kobayashi, who counsels many HIV-positive patients as director of psychiatric consultation services at Denver General Hospital, said the data are "still very sparse" as to how severe the manifestations of Aids Dementia will be.

"Even if there were some changes, it's not at all clear the dysfunctions would be significant enough to disqualify (HIV-positive people) from working," Kobayashi said.

"I'm not discounting it as an issue. But just because HIV may be present in the brain doesn't mean a person is demented or that their cognition will be affected."

The World Health Organisation in March said: "There is no evidence that asymptomatic, HIV-1 infected individuals pose special problems in safety-related occupations." — Sapa-AP.



Understanding HIV disease

'An employee who is unfit for hazardous activity endangers himself and others'

129 385 cases in 142 countries

B/day
11/2/88
92

AIDS vaccine may take 10 years — experts

GENEVA — Most scientists believed it would take another five to 10 years of research to develop a vaccine against AIDS, a top UN expert said on Tuesday.

But WHO global programme on AIDS director Jonathan Mann said there could be an acceptable drug to fight the disease sooner.

One such drug, developed in the US and known as AZT, had helped in the treatment of the disease.

Studies had shown that AZT, the only drug licensed so far by the US government, had increased the survival rate of sufferers.

Mann said: "As far as a vaccine is concerned, progress has been achieved but most scientists believe it will be another five to 10 years before we have one."

Since AIDS, which destroys the body's immune system, was discovered in 1981 much had been learned about it.

Mann said: "In fact, in a short time we have learnt more about this virus than any other but we need to know more in order to stop it."

The latest figures from the Geneva-based organisation showed there were 5 271 new AIDS cases in November, raising the global tally in 142 countries to 129 385 cases.

The US had reported the highest number of cases, with 78 985. France, with 4 211, had the most in Europe.

WHO estimated the actual number of cases at more than 300 000, or more than double the number reported.

Mann said there were probably between five- and 10-million infected people worldwide, with half of sero-positive cases developing the disease after 10 to 15 years.

Spreads

He said the fact that the AIDS virus did not change its basic biology or the way it was transmitted was of fundamental importance for the prevention and control of the disease.

Mann said: "It means that now — similar to 10 years ago — the virus still only spreads in the same ways, through sex, blood and from infected mother to infant."

Increased knowledge of the disease had triggered changes in sexual habits, varying from a reduction in the number of partners to an increase in the use of condoms.

World AIDS Day today will be marked by conferences, information programmes and exhibitions. — Sapa-Reuter.

9/27 WmH/C
2-8/12/88
The victim list on World Aids Day: 13 000

By JOHN PERLMAN

AS organisations and governments in more than 60 countries around the globe marked World Aids Day yesterday, the global total of people with officially-reported acquired immune deficiency syndrome neared 13 000.

According to figures released by the World Health Organisation this week, a total of 5 271 new cases brought the established total of people with Aids to 129 385.

But in its monthly report, the WHO said it estimated the actual number of Aids cases to date at more than 300 000.

Aids has been reported in 142 countries worldwide. The United States has reported the highest number of cases with nearly 79 000, while France has the most in Europe with over 4 200

More than 20 000 cases have been reported in Africa, some 16 percent of the world total. Uganda, Tanzania, Kenya, Malawi, Zaïre, Burundi and Zambia have each reported more than 1 000 cases.

The WHO designated December 1 World Aids Day to "focus attention on the worldwide effort against Aids by encouraging governments and communities, groups and individuals to talk about Aids".

The WHO said it hoped the day would get a number of important messages across:

- To tell everyone that we can stop the spread of Aids;
- To tell people that responsible behaviour can protect individuals from Aids;
- To highlight the global range and scope of the fight already underway against Aids, to strengthen existing prevention and control programmes, and to open new channels of communication about Aids both within and between countries;

- To forge a spirit of compassion and understanding for people with Aids and those infected with the human immuno-deficiency virus (HIV), which causes it.

Earlier this year, the WHO adopted a resolution opposing discrimination against people with Aids and those infected with HIV.

92 Increase in Aids cases
in Africa sparks alarm

JOHANNESBURG. — African health ministries have expressed alarm at the increase in the number of Aids cases in their countries.

Botswana Health Minister Mr Lesedi Mothibamele said the number of Aids cases in his country had been doubling every six months.

He said in Gaborone that at this rate there may be 7 000 carriers of the disease in Botswana towards the end of 1989.

Uganda has meanwhile banned witchdoctors from advertising cures for Aids without permission from the Health Ministry.

In Kenya the number of confirmed Aids cases topped 3 000 at the end of August but Madagascar said it was still free of the disease. — Sapa-Reuter

'Spend now — on education

SA paying millions to fight Aids

Star 3/12/88

92

THE cost of treating and combating Aids is presently costing South Africa R16 million a year.

By 1995, the amount could have reached R279 million and in a worst case scenario this figure could total R14 billion.

Citing these figures at the World Aids Day symposium held at the Johannesburg Hospital on Thursday, Mr Alan Whiteside, a senior research fellow with the economic research unit of the University of Natal, said it was vital to allocate resources carefully.

Misguided

The disease, which spread quickly and respected no borders, had serious economic implications for all of southern Africa, Mr Whiteside said, but the idea of a "fortressed" South Africa, barricaded against the rest of the continent "was misguided, naive and unhelpful". Education should be a government's task, but it seemed the South African Government was unable to face up to that responsibility.

"The economic impact of Aids is almost as complex as the disease itself; we must decide how we will spend our resources dealing with it.

"The best way to save money is to spend it now, to teach people how to avoid the disease and that way to cut down on the number of people who might contract it," Mr Whiteside said.

Addressing the impact of Aids on the workplace, Dr Penny Krige, a life assurance and human resources expert, detailed the numerous questions the disease raised with regard to drains on medical aid and pension funds, the loss of productivity, disruption of work-groups, and the social responsibility of employers.

"Human resources are the most important resource of any business, but the age group most at risk from Aids is

SUE VALENTINE

the age group which provides employees."

Dr Krige emphasised the need for management to consider and discuss company policies in the light of the impact Aids could have on company finances. She said, although profit was the "bottom line", it should not be a case of profit at any cost.

When businesses were confronted with their first Aids case, they might have to create or amend their policies under pressure. This might create dangerous precedents which could be overlooked when there was just one Aids patient, but which might create problems when there were 10 employees suffering from the disease.

"The costs involved in treating Aids are horrendous. AZT (the only drug which has been prescribed for Aids patients) costs R2 500 a month. How many medical aids can cope with 10 cases a year?

"One could introduce limits on medical aid cover per year, but sooner or later one has to reach a ceiling ..."

Pulling the plug

This meant pulling the plug on someone's quality of life.

Dr Krige said she believed Aids should not be treated any differently from other diseases and should be incorporated into medical aid, pensions and other policies. Hospice care should also be included in medical aid schemes.

She said she knew of three companies which had introduced screening of prospective employees, but added that in itself this did not mean anything or provide any help. Nothing could be done with the information because there was no cure for Aids.

heart trouble aggravated by blood clots in the
left lung.

CNN Times 3/12/85 92

85 Aids cases in Angola

LISBON. — Angola has detected 85 people infected with Aids, Health Minister Mr Flavio Fernandes was quoted as saying yesterday. The relatively low Aids toll indicates that Angola, with a population of seven million, has so far escaped the worst of the epidemic sweeping much of Central Africa.

First AIDS death claims paid

5/7/1988 4/12/88
By CHARMAIN NAIDOO

SOUTH AFRICAN insurance companies are paying out AIDS claims for the first time.

Six death claims, and two because the policy owners became unfit to work, have been paid by insurance giant, Sanlam.

Liberty Life says it has paid out on two death claims and one disability policy.

But, insurers say, all amounts paid out were for existing "old policies". They have refused to say how much per policy has been paid out.

This is in keeping with the joint decision taken by most life insurers not to insure people who test HIV positive.

This week, Mr Johann Söhngé, senior general manager of Sanlam, expressed his growing concern.

"The disease is taking off. This year, we saw quite a marked increase in the number of policy pay-outs for AIDS deaths.

"While it is difficult to predict something like this, I believe we can expect a further increase in AIDS-related deaths in years to come."

Steps

Mr Söhngé added that five of the six assured people who died were white and one black.

"Three of them were highly-trained professional people. The reason I have decided to reveal this is to dispel the possible belief that well educated professional people will not be affected by the disease," Mr Söhngé said.

He added that Sanlam and other life offices have taken steps to protect their policy-owners against excessive AIDS claims arising from new business.

"It is an accomplished fact that the incidence of this deadly disease, for which no cure exists, has increased strongly worldwide. South Africa will not be able to avoid an increase.

"Thousands of people are still going to die of AIDS in South Africa, but the severity of the increase in deaths is going to depend on the habits and lifestyle of people."

Sanlam, Mr Söhngé said, paid out nearly R400-million — considerably more than R1-million per day — during the latest financial year on the death of people assured by the company.

Last year's figure was R304-million.

"This is a considerable amount, but because Sanlam is the leading South African life office both as regards the amount of assurance risks covered and total annual premiums, it is comfortably within our actuarial expectations.

"Furthermore, the amount of R393-million constitutes only a fraction of our total claim payments for the financial year, amounting to R1 937-million," says Mr Söhngé.

Violence

The average amount paid out on death claims rose from R28 000 to R30 000 per person during the year.

Mr Söhngé says that diseases of the heart and blood circulation system were responsible for one third of the amount paid out, as was the case in Sanlam's previous financial year.

Cancer was the cause of some 14 percent of the death and disability payments.

Violent deaths gave rise to nearly the same large payments as diseases of the heart and blood circulation system. Road deaths alone were the cause of 19 percent of death claim payments.

The number of suicide cases decreased in respect of both individual and group assurance, compared with the previous year.

Payments on account of flying accidents, on the other hand, showed a sharp increase from R1-million in 1987, to R7.5-million in 1988.

FROM THEIR HOME".
d in the affidavit include Lena-
the city; the conditions of roads,
the area; and the lack of ameni-

modation when evicting peo
proof would be on the affe
they were "legal". The State
their "illegality", he said.

CEMENTS

Funeral Notices

SAUNDERS

The cremation service for Douglas Dudley late of Boksburg will be held at Doves and Wilmot, West Chapel, 10 Jorissen Street, Braamfontein, on Tuesday 6th December 1988 at 3 pm. prior to a private cremation. No flowers by request, suggest donations to National Cancer Association, Box 2000, Jhb, 2000. Doves and Wilmot. Tel 339-5967.

In Memoriam

MALLANTYNE

Carol (nee Clark) passed away tragically 5th December 1986. We think of you in silence and make no outward show, but that it meant to loose you no one will ever know. Love Mum, Dad, m, Ruth, Caroline, Alster and Sarel.

COOK

George William. Passed away December 5 1973. Always remembered in love. Sadly missed his wife Eunice, daughter Barbara and Green.

SEPP

Beloved sister, forever in my heart. Midge

SOLOMON

Passed away 13 years today. So dearly loved missed by his children and grandchildren.

IAN NIEKERK

In loving memory of Dad and husband passed away on the 16. Always remembered Pam children and children

Funeral Serv.

JOHNSTON

Funeral service for late of Dundalk outside East, will be at Forrest Town 1st Church cnr and Talton Rd, town, on Monday January at 4pm.

Upset Pretoria summons Aids show producer

Own Correspondent 92

DURBAN — Television producer Bill Faure was summoned to Pretoria last week to explain why a programme on Aids, shown last Sunday, was not more sympathetic to the Government.

During the show, part of the Carte Blanche programme on M Net, some people interviewed implied that the Government is not as committed as some other countries in fighting the killer disease.

The programme also carried an interview with Minister of Health Dr Willie van Niekerk.

STATE ATTITUDE

According to the director of the Aids insert, Alistair Lawson, some of those interviewed implied that the Government's attitude was that the industry should be doing more to combat Aids. Industry said it would be delighted, but the State should allow tax deductions for videos.

After the screening, health officials summoned Mr Faure.

According to Louis Moller, Mr Faure's partner, "the Government felt it was accused of not doing enough and that it deserved equal time to put its case".

"Dr van Niekerk was offered the chance to put his case across. It was all sorted out quite amicably."

ST
ca
shou
the
T
nar
wh
but
to
I
cit
to
De
ar
ea
c
is
t

BOSSSES' DUTY ⁹²

EMPLOYERS have a duty to educate workers to develop an understanding for Aids infected colleagues, a symposium at the Johannesburg Hospital was told last week.

Addressing a gathering on World Aids Day, Dr Penny Krige, a senior assistant manager of human resources at Fedlife Assurance Limited, said the private sector had an important role to play towards highlighting consciousness among the workers on the killer disease.

Responding to a question whether a worker can be fired because he has contracted the virus, she said: "That can only be done when the employee cannot fulfill his contract or disabled by his contactation of the HIV."

The firing of an able bodied person could lead to an unfair labour practice, she said.

"A worker cannot merely be fired because he is HIV positive," Dr Krige said.



Dr PENNY Krige

Another question she dealt with was the role of an employer in cases where workers refused to work with an Aids infected colleague.

She felt that a reasonable employer would defuse the situation by educating his employees about Aids. If that failed the employer could make the Aids victim to land in the department.

6/12/88

89/2/19/12/88

How to run the battle against Aids (92)

FOR South Africa to implement effective programmes against Aids an understanding of cultural and sexual patterns of blacks and whites was necessary, a social worker told a symposium.

Mrs Dawn Mokhobo, a social worker, said when talking with people about Aids one had to be sensitive to their tradition.

She was delivering a paper on the control of HIV in the black community.

"This year in particular, because of the threat of Aids, we must all change our sexual pattern," Mrs Mokhobo said.

"As far as the Government is concerned, it has a duty to depoliticise Aids. Some people say that using condoms is quick way of reducing the number of black people. They therefore hold the view that Aids is a fabrication aimed at the black community to achieve what Family Planning failed to get," she added.

Mrs Mokhobo was among the people who delivered papers at the symposium marking World Aids Day at the Johannesburg Hospital last week.

0
78
a.
ir
e
d
le
re
nd
ia
be
le
is
re
y
id
re
in
at
to
is,
th

l
s
t
n
s
of
o
ie.
ig
ng
er-

106 SA Aids deaths since '82

JOHANNESBURG. — The Advisory Group on Aids yesterday said 106 people of 175 reported cases had died from the disease in South Africa since 1982.

Figures supplied by the group show that of the 175 Aids victims reported over the past six years, 151 were SA citizens.

Most of the remaining 24 cases had originated in Malawi (10) and Zambia (eight).

Of the 151 SA victims, of which 90 were fatal cases, 83 had originated in Johannesburg, 28 in Cape Town, 23 in Durban and six in Pretoria.

The group said 116 SA cases had been transmitted in homosexual or bisexual relationships, 19 in heterosexual relationships and eight were haemophiliacs. Only 11 of the SA victims were women, with 140 men contracting the disease. — Sapa



A man's mission of hope for Aids victims

In South Africa, there are 150 people suffering from full blown Aids. One of them is Paul, who spoke to The Argus Correspondent in Johannesburg, LIZ CLARKE, about his special mission in life.

"I have AIDS. I am alive. And that's the way I intend to stay."

These are the words of a man facing the most destructive virus on earth. His body is slowly and painfully being destroyed, but his mind and soul are fighting a war that he believes he will win.

It might sound like a hollow cry for survival, but for Aids sufferer Paul, a former Johannesburg travel executive, those words form the cornerstones of his self styled mission to prove that there is life after Aids.

"Don't get me wrong. When it was diagnosed 18 months ago that I had full blown Aids, I wanted to die there and then. It was horrifying. 'Why me, I cried?' I gave up, I crumbled. I hid myself away for weeks. I was angry, with myself, with the world, with God.

"And then one day, I woke up and decided that I wouldn't let this thing destroy me. It was a lowly virus. I was a strong human being, with a determined mind and, by heaven, I was going to use it."

Homosexual

Paul, who was once married and has two children, discovered he was homosexual when he was well into his 30s.

Shortly before returning to England he had a brief affair. "Afterwards I realised that he was ill, but I had never heard of Aids. He died. Three and a half years later, I became ill with pneumonia and I was tested HIV positive."

"I have never been promiscuous. It was a very bitter lesson."

For this fun-loving disciple of hope, the initial harsh side-swipe of rejection was the beginning of his mission to educate and dispel "gross and damaging" ignorance about Aids.

"First it was a doctor who slapped my file shut and virtually told me that she wanted nothing further to do with my case."

Own mug

"Then came the coffee cup incident, which I can laugh about now, but which at the time hurt me beyond belief."

Paul remembers staring in disbelief at a colleague in the travel company where he worked, who said that she had found out what was wrong with him, and that from now on he must bring in his own coffee mug.

"I left my job, determined that whatever time was left to me would be devoted to putting the facts straight, counselling other sufferers, putting a stop to the "doom, death and misery syndrome".

It has been a non-stop mission, making new and lasting friends, talking at business and medical seminars, schools, to black communities, appearing on television and this week on a Radio 702 chat show with John Berks and Aids expert Dr Rubin Sher.

Next year, Paul, a British citizen, will return to England, where he recently underwent tests for a brain infection that is attacking the central nervous system. While undergoing treatment at St Stephen's Hospital in London, Paul was found to be only the second Briton to have contracted this Aids related condition.

"I will be sorry to go, but I certainly intend to continue my mission of education there and hopefully I can come back here, every so often, to share my experiences in hospital and shed light on all the new developments."

SPW 8/12/88

Africa facing Aids holocaust

— report 92

The shocking possible impact of Aids in southern Africa is highlighted in the latest newsletter of the South African Forum.

DURBAN — The killer disease, Aids, could be the catalyst that turns Africa into a mosaic of warring tribal camps.

"And to do so, all the pandemic will have to do is to follow the growth curves we are seeing now," says Dr Chester Nagle, director of the Aids Policy Research Centre in America and Africa.

"Scanning the near horizon with geo-political binoculars, the future looks exceedingly dangerous for Africa and steps need to be taken to avoid the Aids holocaust overtaking South Africa's neighbours," Dr Nagle says in a new report.

The chronic Aids situation in Africa is aggravated by political instability in the region and small national budgets which do not allow for the close monitoring of blood supplies, distribution of condoms or the use of disposable syringes.

"In the absence of a vaccine or a cure, the only way to stem the increase of heterosexual Aids is by massive public education," he says.

GRIM SCENARIO

However, this is expensive and is hampered by the need to use diverse languages. And the massive illiteracy rate renders printed material largely ineffective.

As a result of these problems — which are compounded by the reluctance of most African countries to even admit they have a serious problem — the spread of Aids will continue to accelerate.

Dr Nagle presents this grim scenario for parts of Africa:

- Angola: Torn by civil war for more than 13 years, it has reported only six cases of Aids. However, there are indications that Aids is rife in the ANC detention and training camps and the Cuban army.
- Burundi: Has reported 1 156 cases by June this year — although a research team in 1986 estimated that more than 200 000 will develop full-blown Aids by 1990.
- Kenya: Despite the government's clamp on releasing Aids statistics, reliable reports indicate that close to 100 percent of people in Nairobi are carriers.
- Malawi: Reports suggest this country may have the highest number of carriers in Africa and it is doubtful that SA mines can continue using Malawi labour.
- Mozambique: From a high of 120 000 migrant miners, Mozambique now has less than 50 000 in South Africa. Nevertheless, the number of carriers is soaring.
- Nigeria: Highly populated yet the government refuses to admit it has had any cases.

● Uganda: The portrait of Aids is clear and awful: eight cases a day are diagnosed and experts project that at least 50 percent of the population will be carriers by 2000.

● Zambia: In 1986, more than 23 percent of the population was estimated to be HIV positive. Aids reportedly rife in the army.

● Zimbabwe: Prior to the most recent WHO report, Zimbabwe reported 380 cases of Aids. In June this year it reported only 119 cases to the WHO. Experts believe there is a rigorous suppression of Aids information and believe the country has grave Aids problem.

● South Africa: Is just coming to grips with the problem, which is in the relatively early stage.

Using "rule of thumb" estimates that one Aids case represents 100 HIV positives, there are at least 12 000 carriers in the population.

Aids

92

Sanetan 8/12/86
THE incidence of full-blown Aids has increased 40 percent nationally this year and medical officials have warned that the deadly disease is set to become a huge problem in the Western Cape.
According to the latest statistics from the Department of National Health, 72,5 percent (21) of the 29 people with full-blown Aids in the Western Cape have died.
In the Pretoria/Witwatersrand area 44,9 percent (40) of the 89 confirmed cases have died.
Countrywide, there have been 174 cases confirmed, a 40 percent increase on the number of cases diagnosed up till the end of last year.

The hands of friendship

Gays to help all Aids victims

SUE VALENTINE

PRACTICAL help, counselling and funds are all needed in the effort to assist people with Aids, and the Gay Advice Bureau (GAB) are the people in the forefront of providing these services to anyone who needs them.

"Aids is not just a gay-related issue," said Mr Tony Burdzik, an Aids counsellor and chairman of GAB.

"It needs to be normalised as a terminal disease that can affect everyone. For the last two years GAB has been offering a counselling service for people with Aids, regardless whether they're gay or straight."

More recently the small group of about 18 counsellors has established a befriender's circle where volunteers offer practical assistance to people with Aids.

One of the key members of this group is Ms Louise Gronland, who said the programme was based on similar schemes, such as the "Buddy System", widely used in the United States and Britain.

"As a befriender you might simply spend time going to a movie or watching a video together, but this can extend to helping Aids patients with their shopping, banking, checking they take their medication and so on."

The Aids counselling and befriender's circle get referrals from the HIV clinic which is open on Tuesday mornings at the Johannes-

burg Hospital. It is run by Dr Denis Siftris and Professor Steven Muller.

"Some people don't want counselling or therapy, but would like to be in touch with a befriender," says Ms Gronland, "and we desperately need volunteers to offer this service to more people."

The concert held last week to commemorate international Aids Day raised about R5 000 for the "Friends of Aids" group which aims to supply financial assistance for rent, food and other necessities which people may not be able to afford if they are unable to work as a result of having Aids.

"We were hoping to raise more money from the concert but, although it was very well at-

tended, we only had about 550 paying ticket holders.

"We don't offer to pay for AZT or any other medical costs," says Ms Gronland, "the money is used for the absolute basics."

Mr Burdzik adds: "Each case is reviewed on its merits."

"We're looking to establish some kind of halfway house for those people who cannot work and afford to look after themselves."

The training of counsellors is done by a clinical psychologist and a social worker and comprises 14 sessions over eight to 10 weeks. Once qualified, volunteers are asked to work three or four nights a month for three and a half hours at a stretch.

For more information telephone 643-2311 between 7 pm and 10 pm.

G. HOIT.

Aids drug only prolongs life

PRETORIA. — The drug AZT, used in the treatment of Aids, could prolong life but was not curative and was toxic to bone marrow, the Department of Health said in a statement yesterday.

The department said AZT had a number of side effects, and added that it was also a costly drug.

The department said strict supervision was needed in the use of AZT and this was only available when treatment was carried out "in an academic hospital".

The head of the department of medicine in that hospital would have to accept "co-responsibility" for the selection of patients for treatment.

The cost of AZT treatment is about R20 000 a year. This did not include the cost of medication to treat "opportunistic infections and cancers", the department said.

The department denied that the government had clamped down on the use of AZT and said it was available to be used as outlined above "if the responsible health authority has the necessary funds". — Sapa

12/14/88
Blow
92

AIDS growth: gloomy report

DIANNA GAMES

PREDICTIONS of AIDS-induced recessions in the 1990s could produce a depressing outlook for base metals, with dwindling markets and falling production from high AIDS-risk countries.

This was the conclusion drawn in an unpublished article by UK financial analyst Tim Williams, of London stockbroking firm James Capel.

His conclusions were based on scenarios depicting the likely effect of AIDS on world economies, from the book Countdown to Doomsday by SA financial analyst Keith Edelston.

Williams said Edelston's projections meant there was an "immensely bullish outlook for gold and precious metals and a depressing one for base metals over the next five years".

He said Edelston's most optimistic view assumed a vaccination would be found in 1994 and a cure in 1999.

The projection from this scenario was that just under 2% of the total US population would be suffering from AIDS by 2000.

And the total collapse of the economies of several mining nations was inevitable, with the most likely casualties being copper and cobalt.

AIDS WARNING ⁹²

HEALTH Services and Welfare Minister in the House of Representatives, Mr Chris April, said the Eastern Cape border area could turn into an aids-disaster area, SABC radio news reports. *Sowetan 12/12/88*

Speaking at Jeffrey's Bay, Mr April issued a warning that poverty, a high incidence of teenage pre-marital sexual relations, below average per capita earnings and a lower standard of education made the area one of the most susceptible in the country to large-scale aids virus infection.— Sapa.

**SA company
designs new
anti-Aids plan**

The Argus *1/12/88*
Correspondent *92*

DURBAN. An Aids-prevention package aimed at employees on the shop floor has been designed by a Durban company.

The programme was prepared with the help of Dr Reuben Sher, head of the South African Institute of Medical Research in Johannesburg. Professor Dennis Pudifin, a member of the National Aids Advisory Group and Dr Dennis Sifris, head of the HIV clinic in Johannesburg.

The package includes a video with soundtracks in English, Afrikaans, Zulu, Xhosa or Sotho and a training guide for training officers.

PRACTICAL

It also has questionnaires designed and monitored by the South African Institute for Medical Research, a question-and-answer sheet on Aids, as well as information on the most practical way of containing the spread of the disease.

"With an estimated 14 000 Aids carriers inside the borders of South Africa, urgent action is needed by major employers in the areas of prevention and education," said Dr Sher.

He is also head of the Aids Training and Information Centre.

Several large companies have already introduced various aspects of the programme.

Star 14/12/88 (92)

Aids kit aimed at factory workers

DURBAN — A unique Aids-prevention package aimed at employees on the shop floor has been designed by a Durban company.

The programme was prepared with the help of Dr Reuben Sher, head of the South African Institute of Medical Research in Johannesburg, Professor Dennis Pudifin, a member of the National Aids Advisory Group and Dr Dennis Sifris, head of the HIV clinic in Johannesburg.

The package includes a video with soundtracks in English, Afrikaans, Zulu, Xhosa or Sotho and is the brainchild of AMD Hygiene Services in Durban, which also supplies, installs and maintains condom-dispensing machines.

Dr Sher said urgent action was needed by major employers in the areas of prevention and education.

"Of far greater concern is the need to educate employees and so protect them from acquiring the disease outside the work place.

"In fact, educating the work force is the most positive measure employers can take to contain the spread of Aids and guard their businesses."



TREASON, ONCE A RARE OFFENCE, BECOMES AN EVERYDAY CHARGE ...

Mayekiso's out for Christmas - but he's not going home

By VUSI GUNENE
TRADE unionist Moses Mayekiso will be spending his third Christmas away from home this year — despite being released on bail this week.

Mayekiso, 38, and his co-accused, in the Rand Supreme Court treason trial, his younger brother, Mzwanele Mayekiso, 22; Paul Tshabalala, 38; Richard Mdakane, 29; and Obed Bapela, 28, are Alexandra residents. However, they are prevented from entering the township in terms of tough bail conditions.

On Monday this week, Mayekiso was granted R10 000 bail and the other four trialists bail of R5 000 each. They had spent more than two years in jail.

The case, which has attracted international interest, centres on allegations that the five men tried to usurp the authority of the state by establishing "organs of people's power" in Alexandra.

The five made their first court appearance on January 26 1987. In February last year, bail applications for the trialists were refused after the state had successfully applied for a certificate in terms of section 30 of the Internal Security Act, which gives the attorney-general powers to refuse a bail application.

An application in May last year challenging the validity of the certificate was dismissed by Mr Justice Strydom.

The trial got under way in October last year, and early this year, the accused made written and oral representations through their lawyers to the attorney-general, re-



Mayekiso hugs his wife — for the first time in 900 days

questing him to withdraw the certificate — but to no avail.

On November 30, the trial was adjourned until February 1 next year, and the accused made yet another written representation for the withdrawal of the certificate.

The attorney-general gave his

assent, but the trialists are bound by a number of conditions:

- They must reside in Hillbrow, and report to the Hillbrow police station every day.
- They must not attend or address any gathering of more than 10 people, conduct, attend or address any press conference or issue any press statements.
- They must not enter or remain in Alexandra township.
- They must not leave the area of the Witwatersrand local division of the Supreme Court without the permission of the investigating officer in their case.

Up until their release, the five had lived in a common cell in Johannesburg's Diepkloof Prison.

The trialists had finished giving evidence when the trial adjourned last month.

The defence is expected to begin its argument when the hearing resumes in February next year.

Silenced, but not silent: A Delmas headache looms

IF the government thought the "Delmas Five", the resistance leaders jailed last week for treason, would be silenced by their long sentences, they were mistaken.

Their fate is set to become a major international issue. Indications are that the 12, 10, six and five-year sentences handed out are being taken up by local campaigners, churches, political and human rights organisations, diplomats and others.

If the initial responses are sustained, then the issue is likely to become a major headache for the government as were the death sentences of the "Sharpeville Six".

That campaign, which drew unprecedented diplomatic and other international attention and even veiled threats that ambassadors would be withdrawn in protest if the hanging went ahead, ended with the state president granting clemency.

The "Delmas Five" — Patrick "Terror" Lekota, Popo Molefe, Moss Chikane, Tom Manthatha and Gcina Malindi — have the advantage of being well-known and, judging from the initial responses to their jailing, highly respected by the diplomatic community.

A public meeting in Johannesburg, called within a few days of the sentencing to protest against it, was banned. But ad hoc protest groups are already campaigning, both here and abroad.

Responses to the Delmas sentencing have been sharp and pointed, much more so than when the "Six" were sentenced. Archbishop Desmond Tutu and Dr Allan Boesak started the outcry at an impromptu press conference in Cape Town within hours of the sentencing. Boesak said: "If we allow this to happen, we concede that everything we have been doing is wrong, criminal and treasonous. I don't want to do that."

Tutu added: "If what these guys have done is treason, then we are guilty of treason. I am not going to hold back on what I intend doing."

He reiterated this in the press on Sunday: "Whatever happens, I will campaign as I have never campaigned before until they are released."

The United States ambassador, Edward Perkins, took up the issue in a

The spate of protests that followed the 'Delmas' judgement, including calls by prominent South Africans and by foreign diplomats, seems to indicate that the case is far from ended. It looks set to be another "Sharpeville Six" issue

thinly-veiled reference to the case during a Human Rights Day speech on Saturday: "It seems that the security laws too are being used in an ever-more political manner. Court decisions which convict genuine, non-violent community leaders of 'treason' or 'terrorism' cannot be expected to command respect."

Perkins and British ambassador Robin Renwick, two of the most influential foreign representatives in Pretoria, were among a large diplomatic contingent in the public gallery when the five were sentenced.

Another key embassy, the German, expressed "concern and apprehension" about the judgement, saying it would "criminalise peaceful opposition against the apartheid regime".

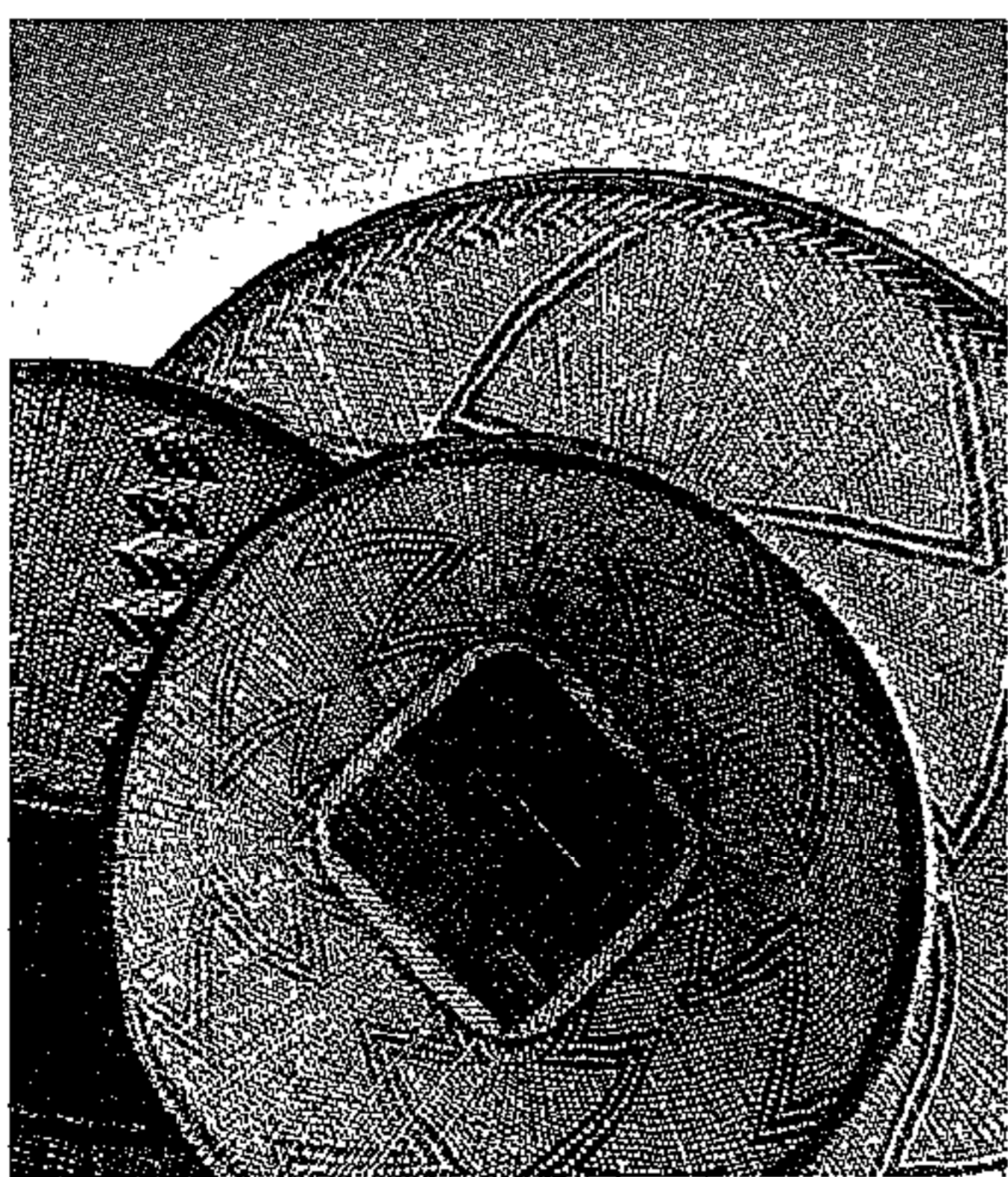
"The federal government hopes that these verdicts will be set aside by the appellate court," a German embassy representative said in a statement.

The outcry was fuelled by the fact that the judge himself praised some of the accused and their organisations before jailing them. Those who have criticised the judgement and sentencing have argued that these are men who are crucial to future negotiations — and this was acknowledged by Mr Justice K van Dijkhorst.

"I accept that in order to work out through a process of negotiation of a peaceful co-existence, a credible leadership is needed. I accept the UDF is seen by many to have an important role in the process.

"I fully appreciate that the demise of the UDF may ... well slow down the pace of reform," he said.

And, speaking about individuals, he added: "I hold the view that these men, particularly Molefe, can in future play a constructive role on the political scene provided they, by word and deed, forswear the violent option and obey the law."



ZOZI BASKETS

The Barotse call it the sun and wind basket and Zona brings it to you. Originally used for winnowing the Zozi (Ba-Tonka) looks stunning on a wall, or to serve bread and fruit. Designs symbolise gratitude after the hunt.

OPENING OFFER. R22, R33, R88, R118.

Join us on any Saturday to hear Sipho and Thina Bhengu on tenor sax and piano.

ZONA

64 Grant Ave · Norwood · 728-4154

PE gears for a Delmas look-alike trial

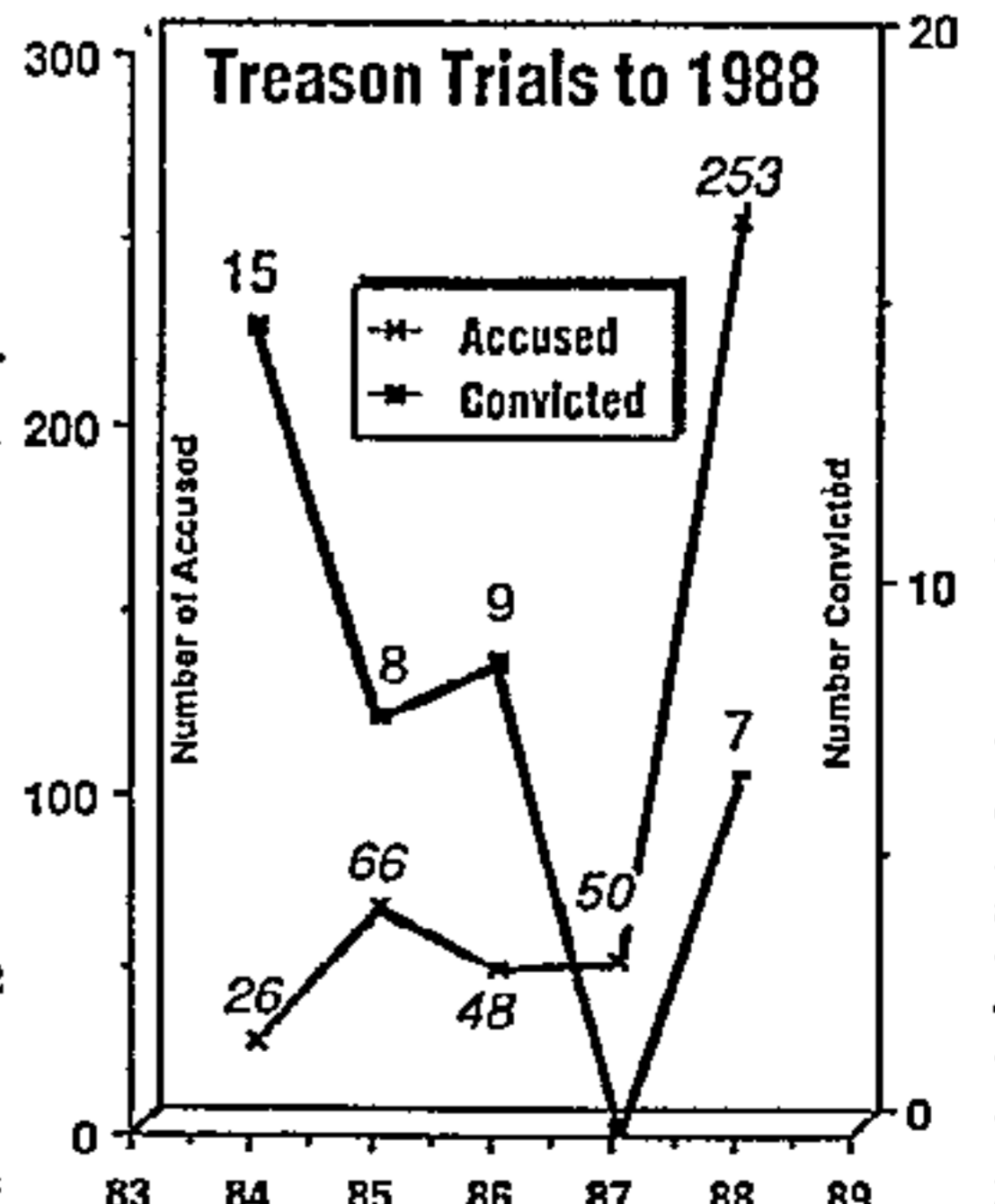
The number of treason trial accused this year was 10 times that of 1984, but the number of convictions halved

THIRTY Port Elizabeth detainees expect to face treason charges in a trial resembling the "Delmas" trial.

Following the conviction of 11 accused and the jailing of five in the "Delmas" trial, reliable sources indicate that a large contingent of Eastern Cape leaders of the United Democratic Front, affiliated youth congresses and civic associations, will be charged with treason.

Asked this week for confirmation, a representative of the Eastern Cape attorney-general's office declined to comment.

Indications are that the accused could include such prominent resistance figures as Stone Sizana, UDF local publicity secretary; Henry Fazzie, local vice-president of the UDF; Edgar Ngoyi, UDF Eastern Cape president; Mkhuseleli Jack, president of the Port Elizabeth Youth Congress; Lulu Johnson, president of Congress of South African Students; Mbuelelo Goniwe, a Cradock activist; and Mpumelelo Odolo, vice-president of



Charges up, convictions down the Port Elizabeth Youth Congress.

• Treason, the highest offence against the state, is becoming an everyday crime in South Africa.

Until 1979, it was rare for people to be charged with treason in South Africa — as it is in most countries. Between 1961, when the most notorious treason trial ended with the acquittal of the last of the 156 accused — and 1979, not a single person was charged with treason. The state preferred to use its

"security" legislation, such as the Terrorism and Suppression of Communist Acts.

Now, however, the state often chooses to charge political offenders with treason, perhaps because it is a common law offence and does not have the political stigma of the security laws.

According to the Human Rights Commission, there have been a total of 23 trials since 1984, involving 334 people. In that period, 39 people have been convicted and 46 acquitted; 48 were convicted of other charges, while 223 still face trial, notably in the Bophuthatswana coup trial which involves 204 accused.

During 1984, seven treason trials were in progress, with 26 accused; in 1985, this rose to 66 accused in seven trials; in 1986, it dropped slightly to 48 accused in seven trials; in 1987, it rose to 50 accused in seven trials.

This year the figure rocketed to 253 accused in seven trials, largely because of the trial of soldiers allegedly involved in the attempted coup in Bophuthatswana last year.

The official consolidated register of "listed" individuals names 43 people convicted of treason between 1982 and 1986.

92

SOUTH AFRICA'S WAR ON AIDS IS LATE, SLOW AND MISDIRECTED...

The fine line between knowledge

By spending too little now on combating Aids, we are ensuring that too much will be needed tomorrow. The blame can be spread wide: it ranges from lethargy by the state to racism to indifference on the part of unions and community groups

By JOHN PERLMAN

ONE point is made over and over by almost everyone who deals with the spread of Aids in South Africa: a fine line must be drawn between raising public awareness and creating a panic.

But then, these same people make a second point: South Africa is now moving into a large-scale Aids epidemic for which it is largely unprepared.

Officially, 174 cases of Aids have been reported here, 24 of which are "cases from northern neighbour countries hospitalised in South Africa". Of these, 106 have died.

"This is just the tip of the iceberg," says Dr Malcolm Steinberg, head of epidemiology at the National Centre for Occupational Health.

According to the Department of National Health (DNH) a further 2 000 are in good health but infected with the human immuno-deficiency virus (HIV) which causes Aids. Most of them will get the disease.

The real figure is probably higher. The World Health Organisation estimates that for every person with Aids, there could be anything from 200 to 2 000 infected people.

Epidemiologists are, however, sure that Aids spreads in leaps and bounds.

South Africa's Aids case load is doubling roughly every 11,5 months. And according to Johannesburg's Medical Officer of Health, Dr Hilliard Hurwitz, the number of women found to be infected in tests at the city's family planning centres — roughly one person in 400 — is doubling every five to six months.

"People haven't got a feel for these kind of figures," says Steinberg. "They are incredibly high. We are not waiting for the Aids epidemic. It has already arrived."

As significant as the mounting numbers is the course the disease is taking. According to the DNH, 20 cases of Aids have been diagnosed in black people, men and women, in the past 12 months.

"The first Aids cases were exclusively in white male homosexuals," says Professor Jack Metz, chairman of the National Aids Advisory Group. "Now — as we warned for years — it has started picking up in the black community."

All of this points to huge problems ahead and an enormous national cost in suffering, grief — and money.

Alan Whiteside, of the Centre for Applied Social Sciences at the University of Natal, estimates that by 1995 the direct and indirect costs of Aids — hospitalisation, drugs, loss of people in their most productive years — could be as high as R279-million a year.

This assumes some levelling off in the numbers infected to around 16 500. A worst-case scenario, developed by Dr JA van der Merwe of Sanlam, projects 176 000 cases with an annual cost of R9,5-billion by the same date.

Whiteside believes the money should be spent now: "Every cent you spend now will save a rand in five years' time. And it has to be new



Taking Aids education to the streets: Mary and Joe, two "Puppets against Aids", stroll through Alexandra township

Pictures: GISELE WULFSOHN, Afrapix

WHEN you first see Joe in action, it's difficult to connect him with a life-threatening disease.

Joe and his friends Mary, Sue, Gladys and Harry — each of them two metres tall — are "Puppets Against Aids", an innovative health education programme that winds up a three-week tour of the PWV area today.

In Alexandra township last week, Joe and the others opened the afternoon show by taking a slow, loping walk through the township's trash-strewn streets.

Like good politicians, they posed for pictures, kissed women's hands and hammed it up for the kids. And when they returned to the Alexandra clinic nearby, they had an audience of about 150 people in tow, half of them teenagers and adults.

The show takes about 30 minutes. While Joe and the others mime to the sound of drum, flute and marimba, Dr Mike — normal size and shape, with white coat and stethoscope — explains.

He talks about what Aids is. He explains how it is passed on and lays to rest myths about the dangers of non-sexual contact. Most

Puppets against ignorance

important, he explains how Aids can be prevented.

The story centres around Joe, a handsome rake who just loves loving. He has been infected with the Aids virus, but doesn't know it because he is still in good health.

And because he refuses to love carefully when he strays away from his wife, Mary — he won't use condoms, as his friend, Harry, urges — he keeps passing on the disease.

For much of the show the spectators laugh. And while things become more sombre as Joe gets sicker, Puppets Against Aids — a project of the African Research and Education Puppetry Programme — never resorts to fear tactics.

Doctor Mike, played by Mike Mvelase, is quietly authoritative — firm when explaining the dangers of unsafe sex, reassuring when describing how Joe's wife learns to live with a person with Aids.

Most important, the show is not

judgemental. Joe's exaggerated zipping and unzipping of his giant fly is wittily done and a far cry from the grim warnings against "promiscuity" in other Aids campaign media.

This is part one. In Alexandra, some 40 people stayed for part two, a discussion in which Mvelase and producer Gary Friedman, both trained in Aids education and counselling, were on hand to answer questions.

There were plenty, and after 45 minutes — during which Mvelase used a suitably aroused dummy to demonstrate the correct way to put on and remove a condom — a dozen people were still there.

Organisers at the clinic reckon some 400 adults attended the three showings of "Puppets Against Aids". The questions asked were wide-ranging. How do you know if a person you sleep with has Aids? Can you get Aids after circumcision? If there has been an accident and someone is bleeding, is it dangerous for you to help them?

"People don't know a thing about Aids," says Mvelase. "And nobody seems to have seen the government posters."

"Public awareness is very, very low," Friedman agrees. "People are hungry for information and anxious to know."

Friedman and Mvelase have found white people more reserved. "In Pretoria, people were very defensive," says Mvelase. "There was no change in their expressions, there were no questions and nobody came to talk to us afterwards."

And they've found audiences in clinics are more comfortable about asking questions and collecting the condoms they hand out.

But on the whole, Friedman and Mvelase believe, the 50 or so performances they have given so far have been a success — in spite of hitches like running out of pamphlets.

"Puppets Against Aids" hopes to go on the road next year, travelling around Southern Africa and developing different shows for different audiences — if they can get sponsorship.

money, not taken from other budgets. We are not a healthy society."

Is South Africa's fight against Aids getting the necessary funds? In a written reply to questions submitted by the *Weekly Mail*, the DNH said: "From the medical and public health side, everything possible is being done in South Africa."

The DNH said it was not possible to determine how much was being spent on combating Aids as "thousands of people within the public health community are involved".

Activities ranged from "a community health nurse who regularly devotes part of her talk at a clinic to Aids" to "an official dealing with a telephone inquiry of 20 minutes" to "the issue of millions of condoms".

The government bears much of the cost of testing for HIV infection, and from early next year, it will be sponsoring new Aids training and information centres for local authorities in Cape Town, Bloemfontein, Port Elizabeth and Durban.

This, said Metz, would be paid for with new money and not from existing health budgets.

Criticism of government spending has focused particularly on the amounts budgeted for Aids education

and information. "That's one-fifth of an info song," was one wry comment on the R1-million spent on the first phase of the government's public awareness campaign.

A further R2,15-million has been budgeted for phase two early next year, which will be used for pamphlets and for educating health workers to act as Aids educators.

Education is generally seen as a society's major weapon against Aids and criticism of government action to date goes beyond funding.

The DNH said it was "pleased" with its "first public awareness project". Research after the campaign "showed, for instance, that black awareness of Aids had increased from under 30 percent to 70 percent".

But in an assessment earlier this year, the company that ran the campaign said research also showed 54 percent of blacks still thought of Aids as a disease from America and most whites thought it came from Africa.

Thirty percent of blacks and 89 percent of whites (nine more than before the campaign) believed they had no reason to change their behaviour.

Health educators had specific problems. The Johannesburg City Health Department — which has produced

all its own media — decided not to use the DNH poster aimed at black people after "our staff rejected it".

The poster showed a crowd of black people at a funeral, standing around an open grave. "There were only black people in the picture, which suggests that only black people get Aids," says Steinberg.

"The primary message was stick to one partner or use a condom, but the poster relied heavily on fear tactics. Mass media should be used for simple messages, to direct people where to go for further information. The posters did not make that a priority."

"The campaign was totally misplaced, linking Aids to promiscuity," says John Pegge, volunteer director of the Gay Association of South Africa. "Nobody I know identifies with the word 'promiscuity'. And not one part of the campaign was directed at gay men."

Whether the government campaign worked or not, there is agreement that it was just a start. "There is no universal education package that applies to all communities and countries," says Metz. "The big problem is not so much transferring information, but doing it in a way that will bring about a change in behaviour."

Education one-to-one and in small groups is generally seen as the answer. The government's intention to set up Aids training centres will surely be welcomed.

But in other countries, the most effective work has been done by community-based groups. "Aids education should draw on all groups without exclusion," says Steinberg.

"It's unfortunate that with repression of organisations in the black community very few of their leaders or members can be drawn on in Aids education. Service groups trying to set up projects struggle to find people to work with."

Community groups that have already done significant Aids work — largely in the gay community — have had to make their own way.

Gasa, which since 1984 has given counselling and material assistance to 248 people with HIV infection, has done so without any government backing — "on R4 000 in cash and about R100 000 in human talent and time", says Pegge.

The Gay Advice Bureau, which does similar work in Johannesburg, has just received a fund-raising number, after two applications — one earlier this year — were turned down.

and terror



Protection — Dr Mike rounds off a performance of "Puppets against Aids" by handing out condoms

Even committed doctors have to battle. The HIV clinic at the Johannesburg Hospital, the largest of its kind in the country, has some 600 patients on its books, some with asymptomatic HIV infection, some with full-blown Aids.

"They find it a safe environment in which to talk, and they enjoy the attention," says Professor Steve Miller, president of the Sexually Transmitted Diseases Society and a doctor at the clinic.

The problem is the clinic can only open one morning a week. "I had to turn two people away today," says Miller. Of the nine people who work there, only three are paid, on a seasonal basis. "We have never had a hospital doctor join us," Miller says.

The DNH said community groups had not been drawn into the Aids Advisory Group, as this consisted of "experts and not of 'representatives' of any group."

Pegge insists that Gasa's work in Cape Town has been successful: "Most people now say there is no resistance to safer sexual practices."

"Does the government think collaborating with the organised gay community might be interpreted as condoning homosexuality?"

"What they are losing out on is the valuable experience of the gay community in learning to live with Aids."

The need for co-operation is now being acknowledged in Cape Town, where local health authorities are seeking Gasa's advice. But critics of the government's policy see few signs of this at national level.

The DNH said the Aids Advisory Group "initiates and coordinates activities of various bodies". But the group has no executive function or infrastructure.

"Things are moving, but guidance from the state has been singularly lacking," said a senior official and member of the Aids Advisory Group. "The problem is to get a clear direction in which to move."

"The department has no full-time Aids section," says Dr Denis Sifris head of the Johannesburg HIV clinic. "We need a working committee of people with experience in the field, people who want to work."

Even those who believe Aids can best be fought at community level — and they span a wide spectrum — see central government as vital.

"Government should provide re-

sources at a local level with no strings attached," says Steinberg. "Funding and resources should come from the top through local authorities and into the communities, and it should be sustained."

"People are coming to the clinic and they don't know anything," says Sifris. "It is basic education and it should have been done."

"Government has also provided no basic support systems for people who are sick but not hospitalised. All they qualify for is a R218-a-month disability grant — places need to be set up for them."

The enormity of these tasks is compounded by the political situation.

The extreme fragmentation of government and health structures will not make action any easier. In Johannesburg, for instance, the city health department which used to render certain services in Soweto currently has no communication with the Soweto Council, which is taking them over.

Difficulties also loom for government education efforts. "The expulsion of infected Malawian mineworkers did a lot of damage," says Steinberg. "Saying that the ANC is bringing Aids into South Africa has not exactly helped," says a doctor doing Aids education in a township clinic.

"Promiscuity will not be easily stigmatised as a cause of Aids among young black people," says Dawn Mokhobo, a Mafikeng social worker. She warns, too, that condom use has long been associated with politics, and attempts to weaken blacks politically by keeping their numbers down.

There are already signs of resistance to Aids education.

Some trade unions have begun to address the issue, but by and large community leaders and organisations have been silent on Aids.

Some of the responses have been of mixed value. "Aids is caused by the migrant labour system" was one poster seen in a few union offices.

Messages like this can only contribute to a syndrome of denial of personal risk and responsibility for Aids — which has already cost many countries time and lives.

"Calamities expose the fabric of a society, where it is worn out and where it is rotten through and through," says Mokhobo.

Whatever Aids exposes about South Africa, it will be at a terrible cost.

In the US, they said Aids was from Haiti. In Haiti, they said it was from Africa, in Africa they said it was a disease of the degenerate West

— AIDS expert Reneé Sabatier

Q: Are there countries where Aids prevention programmes are working?

A: There are communities where prevention programmes have had quite an astounding impact. In San Francisco, where the gay community has been running its own education and safe sex programmes since 1983, there is hard evidence that the rates of transmission of the human immunodeficiency virus (HIV) have fallen.

And in some heavily hit African countries like Uganda, there have been intensive government-backed campaigns. Aids education has been integrated into school teaching down to the age of 10. And there is evidence, from the decline in other sexually transmitted diseases, that people know about Aids and safer sex. Either they are using condoms, or having fewer sexual partners.

Q: Has education been the major factor?

A: The indications from Uganda and Zambia may be that education is working. The problem is that it's hard to divorce the impact of education from the impact on people of their friends and neighbours dying.

I don't know of a place where people have changed their behaviour in the absence of deaths. Can Aids education be effective in the absence of terrible tragedy? That is the grim question.

Q: What role has government played in the more successful programmes? Is there a model?

A: There is no one model. But what seems to be emerging is that Aids education has to take place on many different levels.

It works best in situations where the government stands up and says Aids is a serious threat globally and here, and we are treating it as such.

Many governments have run mass information programmes. This improves people's knowledge of how Aids is transmitted and, more importantly, how it is not transmitted. But there is no evidence that these campaigns change people's behaviour.

We are talking about private activities — sex and intravenous drug use. These will not be shaped by what governments say. They are influenced by our friends and people we know and trust.

These are the methods the gay community has used. And in Ghana doctors who wanted to run programmes for prostitutes identified leaders within that group. The doctors gave them information about Aids that convinced them that this message needed to get out to all the women. They then arranged to meet in a context where they would feel comfortable, and the message got out. It would never have worked if the doctors had just gone in themselves.

Every place has very different communities, and Aids education needs to be targeted and sensitive to how the message should be put across.

For instance, intravenous drug users are told not to share needles. But in many countries the sharing of a needle is a form of bonding between people who are social outcasts.

New York has an outreach programme, called "bleach and teach", which uses ex-drug addicts to do education on the streets. They go out with condoms and little bottles of bleach. They tell people that half the addicts in New York are already in-

Reneé Sabatier, author of 'Blaming Others: Prejudice, Race and Worldwide Aids', has visited 40 countries to study their strategies for fighting Aids. She talks to JOHN PERLMAN

fectured with the virus. They give the addicts the bleach and explain how they should use it to clean needles before sharing them.

Q: Is there a country that has reacted to Aids in time?

A: This virus has travelled very fast. Since 1981 when it was first diagnosed and since 1983 when the virus was first identified, it has spread to at least 142 countries.

I don't know of many countries that



Even children need a campaign had education before they had a large-scale brush with the virus.

There are countries, like Sweden and Norway, that have launched serious programmes in the absence of a high number of cases.

In Nigeria, there are under 30 reported cases, but the government has taken an interesting approach. The entire Nigerian cabinet was tested for the virus on television.

This was done as a publicity campaign, to encourage people to go voluntarily to testing centres. It was also done to launch the government's publicity and education campaign.

Health officials say they can't afford a large Aids epidemic, either socially or economically, and they must invest money now before the virus gets a foothold.

Q: Has racism and discrimination affected the fight against Aids?

A: It has been a universal reflex to blame others for the disease. In the US they said it was from Haiti, in Haiti they said it was from Africa, in Africa they said it was a disease of degenerate Western sexual practices. In communist countries they said it was a capitalist disease. In South-East Asia they said was a disease of white foreigners. Heterosexuals said it was homosexuals, whites and blacks blamed each other.

In many places this wave of blame was followed by a wave of denial, which stopped people taking action to prevent the spread of the virus.

In South Africa, many people, often very educated, tend to make a distinction between Western Aids in white

homosexuals and African Aids in blacks. When I asked what they meant, they could never say. Scientifically there is no difference.

Q: How does the spread of Aids in South Africa compare with other countries?

A: South Africa has a mixed pattern of spread, similar to a country like Brazil. You have a problem in the gay community, and an epidemic among black heterosexuals. There seems to be very little data about what's going on in other communities.

The virus entered South Africa later and there is a bit of a time-lag, but I don't know how great it is. Well over 100 cases, as you have in South Africa, is a serious problem. There are probably 100 times more people infected and there may be under-reporting of cases.

Q: What do you foresee as particular problems here?

A: A major amplifying factor in the spread of the virus is the existence of other sexually transmitted diseases, like herpes and syphilis. Untreated, these lead to genital ulcerations, which improve the efficiency of transmission. If you have another sexually transmitted disease, you are more likely to acquire Aids.

In parts of South Africa's communities, there is a high incidence of sexually transmitted diseases.

As I understand it, homosexual acts are illegal in South Africa and so is prostitution. People engaging in these are less likely to seek treatment than if their status was legalised.

Because sexually-transmitted diseases have an amplifying effect in HIV spread, criminalisation of certain acts poses great problems.

The World Health Organisation has said it is very important not to criminalise HIV infection and Aids, or people will be afraid to seek treatment.

In the West German state of Bavaria, the state passed legislation allowing them to take into custody any person suspected of having HIV infection. After this, presentation at advice centres by drug users and homosexuals dropped by 70 percent. Many people were never heard of again.

Q: What is your impression of how well South Africa is prepared for the epidemic?

A: That the epidemic has already developed this far without a full-scale government education programme is bad news. In many countries much more action was taken earlier on.

The country is obviously very well-equipped in terms of technology and medical expertise. Where it seems less well-equipped is in public health education resources.

Public health education has had a low professional status in most countries. Consequently our readiness to launch major Aids education campaigns is not what it should be.

I was also told that government had made no funding available to community-based education groups. Since the experience in other countries is that community-based groups are indispensable, it seems short-sighted not to support these groups.

South Africa is way behind many countries in Africa, such as Nigeria, Ghana, Tunisia and Morocco, which have comparable or smaller epidemics.

● Reneé Sabatier is director of the Aids Information Centre at the Panos Institute in London.

An angry young voice is silenced

IT is a normal day at the University of the Witwatersrand, with heads bowed over lecture notes in a social science lecture theatre. Suddenly the doors fly open and students are thunderstruck to see a man pointing a gun at one of their numbers — the police are here. They leave with a student, Peter Mlungisi Mnisi, of Witbank.

On June 3, a flag bearing the hammer and sickle emblem and the letters "ANC" and "SACP" is hoisted by Wits students before police break up a protest meeting with rubber bullets, teargas and sjamboks.

Both incidents can be seen as a product of the radicalisation of campus politics by an organisation which was effectively banned by the government last week — the Black Students Society.

The BSS was launched at Wits in the mid-1970s. But because of its black consciousness orientation, which took it away from the campus mainstream, and the small number of black students at "white" universities at that time, its impact was limited.

Says Dali Mpofo, former BSS president: "The black student bodies were formed at a time when there were very few black students on 'white' speaking campuses.

"Black students at that time identified with the black consciousness movement.

es on campus and in the broader society was unique to them. For example, they needed permission to study at white universities. They therefore felt the need to organise separately."

The revival of non-racial resistance politics in the early 1980s prompted a shift of ideological direction. In 1981, the BSS came under Charterist leadership, and links with left-wing white students were forged.

The Charterists also made inroads into the societies at the universities of Cape Town and Natal. On Rhodes campus, a Charterist-Black Consciousness split among black stu-

With increasing numbers of black students at 'white' universities, the Black Students Society grew in size and political influence. Last week the government made tacit recognition of that power when it made the BSS the 26th organisation to be restricted this year
By **THANDEKA GQUBULE**

dren baptised in the fire of the 1976 riots, brought to these institutions their grievances about the distribution of power in South Africa. They brought with them their protest. They challenged the composition of the universities, and their ethos."

Says Mpofo: "Our country is polarised into two worlds, the turbulent Third World and the peaceful First World. Black students saw it as their role to bring to campuses a reality hidden from white South Africa."

White students initially found it difficult to relate to the form of black student protest and its symbols — the black, green and gold flag, the clenched fists and the *toyi-toyi*.

Mpofo adds that because of the black presence on campus, the universities began to realise that they had to adjust — academically and in other ways — to being in Africa.

"The BSS was in the forefront of an internal debate over the universities' role. It argued that the universities could not separate themselves from their troubled milieu."

The society took the point beyond argument into direct action. Marches led by the black students led to fre-



Protests on campus as black student numbers increase

quent police invasions of the campuses, and the use of dogs, teargas and batons against student demonstrators. In 1981 the South African flag was burnt on Wits campus.

Shubane said it was not only the administrations that were learning from the clash of two worlds on the campuses — black students were learning too. The BSS structures began to mature politically.

"Black students learnt the importance of alliances. They learnt that the South African situation had subtleties

and that not all opponents of apartheid thought alike."

The accommodation and understanding that developed between the university administrations and black students bodies was enhanced when both came under state attack in 1986 and 1987. The Minister of National (white) Education, FW de Klerk, introduced Bills which effectively required the universities to police their own students — or else face subsidy cuts.

The relationship was not without its

hiccups, according to Mpofo — one notable setback being the breakdown in communication over black students' refusal to allow the Angolan rebel organisation, Unita, to speak on campus.

The administration made its stand on the liberal principle of freedom of speech, while the students took the view that there was no such freedom in South Africa — only an unequal propaganda war between the state and its opponents.

A similar row flared over the lecture tour of Irish academic, Conor Cruise O'Brien, which black students saw as violating the academic boycott.

The fierce restrictions imposed last week on the BSS and BSM — they are prevented from engaging in any activities except maintaining their books — are part of a creeping clampdown on organisations linked to the United Democratic Front, and particularly its youth affiliates.

Both BSS and the BSM were affiliates of the now-banned South African National Student's Congress (Sansco), which was in turn a UDF affiliate.

Asked about the future of the black student movement, Mpofo commented: "The debate as to whether or not it is time for black and white students to organise themselves into one body is an ongoing one on the campuses.

"Black students will continue to examine the reasons why they advocate non-racialism and yet continue to organise separately. The issue will be resolved by conditions on campus, and will not be accelerated by government bans.

"The silencing of organisations does not remove the reasons for their existence," he added. "Students will regroup."

Nusas hits at ban

THE criminalisation of extra-parliamentary politicians and their organisations can only lead to greater conflict and turmoil, the newly elected president of the National Union of South African Students, Lindsay Falkov, said this week.

Falkov, a 24-year-old law student and ex-SRC member at Wits University and current national organiser for Nusas, was unanimously elected as president for 1989 at Nusas' 66th Annual Congress held at Wits.

"The banning of the Wits Black Students' Society and Rhodes Black Students' Movement are examples of government shortsightedness," he said.

Other newly elected members are: Carol Paton, Erica Elk (national organisers), Angus Stewart (secretary-general) and Ray Hartley (media officer).

dents gave rise to the Black Students Movement.

At the same time, a decision by the universities to increase black student numbers in defiance of government policy led to significant growth in the BSS.

As the political climate in South Africa rose in the early 1980s, "liberal" campuses became a focus of anti-government protest and Charterist organisation.

The militancy of black students, and their ideological perspective, began to shape the outlook and political style of their white counterparts.

Kehla Shubane, ex-member of the BSS explains: "The BSS brought on to white campuses an experience that was absent from them, which was alien to most white students.

"Many in the campus administrations hoped that the presence of black students at white universities would create a microcosm of a future multi-racial, liberal society. They were soon disappointed.

"Black students, many of them chil-

"As his hand moved toward my knee, I felt the earth tremble. My Chicken Tagliatelle had aroused his taste for the exotic?"



"Your Chicken Tagliatelle surely evokes visions of midnight beneath the Bridge of Sighs" he exclaimed. There was no reason to tell him it was not home cooked. "I try to capture the imagination" I replied, rather demurely.

He moved closer "I'm sure you will find what I have in mind most captivating" he whispered, seductively. As the colour rushed to my cheeks, I silently thanked the stars that we were dining by candle light.



For busy foodlovers

Nice 'n easy's range of finest quality frozen foods is now available at your supermarket. Available in cottage pie, steak and kidney pie, sausage rolls, lasagne, moussaka, bobotie, beef stroganoff, chicken à la king, beef curry, beef tomato braise, macaroni cheese, apple crumble and a variety of pizzas.

Aids a threat to health of world

WASHINGTON. — The goal of creating a healthy world by the turn of the century is threatened by the Aids epidemic and illiteracy among women, the head of the World Health Organisation (WHO) said.

Dr Hiroshi Nakajima, new director-general of the organisation, departed from a prepared speech to declare that the gap between men and women was an obstacle to achieving the WHO's goal of "health for all by the year 2000".

"If you fail to give education to women, how can you give the message of Aids prevention ... of spacing child-births?" Nakajima said.

Without education, he added, women won't learn elementary sanitation practices or how to treat such child-killers as diarrhoea.

No cure

In the fight against Aids, "since there is yet neither vaccine, treatment nor cure, our only weapon against this lethal disease is health education and information", he said in a speech to the National Council for International Health and the Council of Washington Representatives on the United Nations.

"Yet if you look at reality, in many developing nations the gap between men and women still depends on the economic climate. In many developing countries only the men are going to school," he said.

Nakajima said that the WHO is leading in the search for a vaccine against Aids and is attacking the problem of providing basic knowledge to women and mothers unable to read.

He said the WHO was receiving help in its educational efforts from the UN Children's Fund and Unesco, the UN Educational, Scientific and Cultural Organisation.

Nakajima, a Japanese doctor elected earlier this year as the WHO's fourth director-general, said there was an urgent need for parents "to re-establish dialogue with our children".

Answering a question he said that young people, especially in advanced countries, seem "completely isolated" from their elders and were experimenting with narcotics and unsafe sex. — Sapa-AP.

Aids hits America's children

WASHINGTON — Aids is now the ninth leading cause of death among children one to four years old and the seventh leading cause of deaths among young people 15 to 24 in the United States, an official said this week. (92)

If present trends continued, said Dr Antonia Novello, the disease soon would be the No 5 killer of Americans from birth to their 24th birthday.

In a report to Health and Human Services Secretary Mr Otis R Bowen, Dr Novello said present statistics "however tragic, sorely underestimate the true scope of pediatric Aids".

As of December 12, 1 291 cases of Aids had been reported among infants and children under age 13 and an additional 325 cases in the 13-to-19-year group.

Of those, 717 who were under 13 at the time of their diagnosis had already died, along with 174 who were adolescents when diagnosed.

"The official figures include only those children whose condition was reported to the Centres for Disease Control," said Dr Novello, deputy director of the National Institute of Child Health and Human Development.

"Probably for every child who meets the CDC definition of Aids, another two to 10 are infected with HIV. It is estimated that by 1991 there will be at least 10 000 to 20 000 HIV-infected children in the United States."

HIV is the virus that causes Aids and it is now believed by health officials that everyone so infected will develop Aids and die within a maximum of five years. — Associated Press

191 confirmed Aids cases in SA

A total of 191 cases of Aids have been confirmed in South Africa up until mid-December, says the Advisory Group on Aids.

A total of 113 — or 59,2 per cent — have already died.

The AGA says the number of cases confirmed this year is 86, of whom 44 have died. The number of cases is almost double that of 1987 (48) and nearly two-thirds more than in 1986 (33).

Most Aids victims have been South African (166) of whom 96 died. There have been 25 non-South African victims, of whom 17 are dead.

The annual number of known cases has increased steadily each year since 1982 when there were three, increasing year by year to four, eight, nine, 33, 48 and the 86 this year.

South African whites are worst hit with 136 cases since 1982. Then come blacks with 24, coloureds six and Asians two.

By far most of the cases are male (152) with only 14 females. Homosexual or bisexual cases — mostly men — account for 125. Then comes heterosexual cases at 24, with transfusions accounting for six. The rest are haemophiliac (8) and paediatric (3) cases.

Johannesburg with 91 cases has been worst hit, followed by Cape Town with 30 and Durban with 23. Pretoria has had six cases, Bloemfontein five, Maritzburg four and one each at Ladysmith, Welkom, Krugersdorp, Middelburg (Transvaal), Pietersburg and kaNgwane.

Rise in black female victims

DURBAN — Routine tests for Aids on all blood donations by the Natal Blood Transfusion Service have revealed that the incidence of positive tests is rising in the black female donor population.

Director Dr Clive Prior says that while the incidence is still highest in the black donor population, it is still lower than figures elsewhere in Africa.

He says positive results in

blacks were evenly distributed until about six months ago. Since then, 0,2 percent of the female donors and 0,12 percent of male donors have been found to be carriers.

Since tests on Natal donors began in August 1985, five white men, one Indian man, one coloured man, 62 black men and 90 black women were found to have Aids antibodies. — Sapa.

SA has 191

Aids cases

since 1982

APR 6 TIMES 24/12/88 92

JOHANNESBURG. — Since 1982 a total of 191 cases of Aids have been confirmed in South Africa, of whom 113 — or 59,2% — have already died.

The Advisory Group on Aids in a press release yesterday showed that 86 cases had been confirmed this year, of whom 44 had already died — the number of cases were almost double those of 1987 (48) and nearly two-thirds more than those reported in 1986 (33).

Most Aids patients treated in SA were South Africans (166), of whom 96 were already dead, while there have been 25 cases of Aids in non-South Africans, of whom 17 had already died.

The annual number of known cases has increased steadily each year since 1982 when there were three — increasing year by year to four, eight, nine, 33, 48 and then 86 this year.

Most cases are male

South African whites were worst hit, with 136 cases since 1982, then came blacks with 24, coloured people, six, and Asians, two.

Most of the total cases were male (152), while only 14 female Aids sufferers were reported.

Homosexual or bisexual men accounted for 125 of the cases, while 24 cases of Aids in heterosexuals were

confirmed. Six patients had contracted Aids through blood transfusions. The remaining cases were haemophiliacs (8) and paediatrics (3).

Johannesburg, with 91 cases, was worst hit, followed by Cape Town with 30 and Durban with 23.

Meanwhile, UPI reports from Washington that aerosol pentamidine, a popular drug, is not a good treatment for aids-related pneumonia.

Aerosol pentamidine — an experimental drug widely used by Aids patients trying to prevent deadly pneumonia attacks — should not be used to treat patients already suffering from pneumonia, the drug's developers say.

In a recent editorial in *Annals of Internal Medicine*, Dr Donald Armstrong and Dr Edward Bernard of New York's Memorial Sloan-Kettering Cancer Centre stress the difference between taking aerosol pentamidine to ward off *Pneumocystis carinii* pneumonia (PCP) and using the drug to treat it.

Although aerosol pentamidine has not received Food and Drug Administration approval, Dr Armstrong said thousands of Americans infected with the HIV virus were now using the drug in efforts to protect themselves.

"It is now the most frequently-used experimental drug for a disease related to Aids," said the researchers. — Sapa, UPI

Wife fights Aids

It must have been seeing my blood in the syringe. Thinking of my children, I exploded in tears

I am an unlikely person to have the Aids (HIV (Human Immunodeficiency Virus); a middle-aged woman, married with two grown-children; doing some voluntary and paid work; about to take up training for a new profession.

In August I learnt that my husband had Aids. I gave myself a month to recover from the shock before taking the test myself.

I feel impelled to write about the impact of this discovery on my life both as a personal basis and to reassure those of you who fear you might have the virus but dread even more the result of the test. There is hope.

The hope does not lie in miracle drugs, though they would undoubtedly be welcome and save lives, but in what those with HIV can do for themselves.

As long as newspapers talk of Aids and dying, people will feel they have nothing to lose by staying in ignorance of their condition. Those who might otherwise have gone for the test will not, and in so doing lose valuable time — time they could have spent improving the quality of their lives; strengthening their immune systems; healing themselves.

Waking awake at night with panic sweeping through me with the force of a hurricane was harder to bear than knowing. I reasoned thus: if I am HIV positive then not taking the test will make me anything other than positive — I will still be that. If I do not have the virus, then the sooner I know that the better.

My husband was opposed to the idea of my being tested. My son was in despair at the prospect of losing both parents and only wanted to know that one of us at least was not going to die. My daughter gave her support.

The marriage counsellor we had been consulting for a year gave us valuable support and advice: get specialist help; join Body Positive (an HIV-support group); do the Aids Mastery course (run by Northern Lights — a group of counsellors with therapy training).

I ran back and forth like a headless chicken between the Terrence Higgins Trust, London Lighthouse and University College Hospital counsellors until I was sure about taking the test. I sat composed while the sample was taken and then — it must have been seeing my blood in the syringe, thinking of my children — I exploded in tears.

That evening I joined the Aids Mastery workshop at London Lighthouse. Like making a parachute drop into enemy territory, I left the safe of my prejudices, abandoned my inhibitions, entered a roomful of gay men. I cried as I told my story — there were many worse than mine — and we supported one another. Many of us that weekend I was reminded of Blanche Dubois in "Streetcar Named Desire", who, unloved and alone, depended on the "kindness of strangers".

We learned about the choices we had — that we were not powerless. We learnt to be in touch with our feelings, to think clearly, make the right decisions, stay in control of our situation.

Stress being one of the prime precipitators of Aids (it weakens the body defences) we learnt to relax, the importance of keeping fit, eating well and improving relationships.

There now followed 10 days when life was suspended. All thoughts led to a slip of paper from the laboratory with my result on it. I was consoled to know there was only a 10 to



30 percent chance of being anti-body-positive. "Don't on any account go alone," said one who had.

My daughter insisted on coming with me that Monday to get the result. After a silent wait we went in. "Positive," the consultant said. She was, like the rest of the team, an impressive professional and a human being. She tucked her

mouth into her face to brace herself. I could feel my cheeks swelling, getting redder and redder, and my head hurt with the effort of taking in this stunning news.

Then I looked up and saw my daughter's face at the far corner of the room — tiny and crumpled and colourless. I knew as I touched her that I would not stop, would not waste a mo-

ment — that I would fight with every cell in my body to rid myself of the virus. I thought of the dervishes who walked on hot coals and skewers through their cheeks without harm, remembered that Solzhenitsyn had cured himself of cancer. I could do it.

The two health advisers gave us tea, talked. I did not want to take the drug AZT.

— after her husband passes on the killer virus

“There were times when I lay and hugged a pillow and cried into it or had a tantrum like a child”

This is prescribed for those who are HIV positive, but I wanted to cure myself holistically.

There were healers, they said, but beware of charlatans. Where some in the medical profession would have been dismissive and wanted me to be dependent — play victim — they were supportive and went to photostat an article on healing.

Return for counselling or a check-up whenever I wanted, they said.

My daughter and I had a counselling session booked with John Shine, immediately after my diagnoses, at London Lighthouse — the first Aids hospice. We clung to one another beyond tears for most of an hour. Every day for the rest of that week John “read” my feelings and helped me to express them. “I’m not angry with my husband,” I said, feeling that to allow anger at his carelessness, at the betrayal of my trust, would destroy family cohesion.

He said nothing, but suggested I might like to have a go at some telephone directories. For this I donned heavy-duty suede gloves, took up a section of thick rubber tubing and faced the *Yellow Pages*. It was some time before I had the courage to be savage with them.

“Go on — they can’t hear you. What would you like to say to him . . . What about ME!!!”

I banged and roared and sobbed, but needed constant reassurance and encouragement to keep at it. It was hot, exhausting work. And then my eye caught, in bold black type, NAUGHTY LUNCHES AT THE GASLIGHT, and I began to laugh. We shared the joke till the thought that this was an experience now denied me stung me into yelling “I want a naughty lunch at the gaslight!”

There were other times when I lay and hugged a pillow and cried into it while John sat silent — a protective presence. Or I had a tantrum, kicking and throwing myself around like a child. He showed me how to scream into a cushion if I was at home and did not want to be heard. Always at the end of a session, there was a hug. This treatment helped keep me buoyant, energetic, determined. Without it I would have become mentally ill.

It is hard at first to resist the urge to tell everyone you meet — to talk endlessly about the tumultuous feelings you are somehow managing to contain. But you must.

The professionals counsel caution in the first few weeks — not to do anything impulsive. To wait until you have adjusted to the news before deciding who you will tell — some may not be able to cope and you will have to prop them up; they might even, if they are not tried and trusted friends, reject you.

Most of my friends and family were about to go on holiday and I could not have them sobbing into the sand.

My oldest friend was around. I was tempted to tell her — but was it fair to place such a burden on her? One day we sat on a bench on the South Bank (of the Thames in London), overlooking the river, and we cried and laughed at the Gothic absurdity of it all. I felt a great weight leave me as I told her.

During the next few weeks, as those we had selected were told, the guilt at causing so much distress mounted. It was very tiring — the explanations, trying to reassure and console them — but it was heart-warming to know so many cared and wanted to help.

Not everyone with the virus is as fortunate. I was aware at times of a difference in attitude towards me as a “straight” woman, infected by her husband — of being labelled “innocent”.

The implication was that gays are guilty. But it is a virus and no respecter of persons. Anyone who is sexually active can catch it. — *The Independent, London.*