

HEALTH & DISEASES — V. D.

1992

JUNE — DEC.

preservation commodities. Possible losses may be revealed. The investigation is also of a technical nature and may be time consuming.

(4) No.

†Mr J CHIOLE: Mr Chairman, arising out of the hon the Minister's reply, can he let us know, just in respect of Land Rovers, how many Land Rovers that have covered less than 30 000 km were scrapped in the past two years, because proper preservation had not been applied?

†The MINISTER: Mr Chairman, on my third day in office I have not yet counted the Land Rovers in the SA Defence Force, but I think the hon member should just wait until the investigation has been completed, then we shall know how many Land Rovers and other things are involved. [Interjections.]

Children orphaned as a result of Aids

*5. Mr M J ELLIS asked the Minister of National Health:

- (1) Whether her Department keeps statistics on children orphaned as a result of their parents having died of Aids; if not, why not; if so, (a) how many such children are there in South Africa and (b) in respect of what date is this information furnished;
- (2) whether the State has formulated a policy to deal with children orphaned in this way; if so, what are the details of this policy?

B685E

The MINISTER OF NATIONAL HEALTH:

(1) No, because the final diagnosis is often unknown or not disclosed by health care workers or surviving family members.

To say that the parents had died of Aids could lead to discrimination and stigmatization of the children.

(2) no.

†Dr W J SNYMAN: Mr Chairman, arising out of the hon the Minister's reply, I just want to ask—there is a whole series of Aids-related illnesses—whether she does not think it necessary that routine Aids tests ought to be carried out in those cases, in order to be able to compile statistics like this.

Short term monitoring is also done to investigate problems and complaints.

(2) Yes.

(a) by the Department of National Health and Population Development the various local authorities and the other institutions involved in monitoring, and

(b) results are mainly made available on request. Results will also be presented at conferences and similar meetings as well as specially arranged public meetings. Results of the Vaal Triangle, Kempton Park, Edenvale and Modderfontein monitoring are made available in the form of press releases on a six monthly basis. Results are also given in annual reports, complete or in summarized format.

The CHAIRMAN OF THE HOUSE: Order! I clearly hear the hon members for Wynberg and Houghton talking. I have called them to order twice now. I am not going to do so again.

Disposal of toilets

*7. Mr P G SOAL asked the Minister of Regional and Land Affairs:

- (1) Whether any plans have been made to dispose of the toilets to the value of approximately R15 million which were purchased by the former Department of Development Aid and are allegedly not in use at present; if not, why not; if so, what plans;
- (2) whether he will make a statement on the matter?

B691E

The MINISTER OF REGIONAL AND LAND AFFAIRS:

(1) The Department is not of the intention to sell the toilets. Preliminary surveys indicate that all the unused toilets will be utilized within governmental context. The majority of the toilets which have originally been purchased have already been utilized at approximately 30 sites such as for example at: Botshabelo, Lethlabole,

Frischgewaagd, Craig, Tshame and Inanda.

(2) The utilization of approximately 4 600 toilets which are not being used presently and of which the initial purchase value amounted to approximately R2 900 000, is being investigated and it will, according to needs, *inter alia* be allocated to the following instances:

- The Provincial Administrations of Transvaal, Natal and the Cape.
- The Government of KwaNdebele.
- Decisions have also been taken regarding the utilization of toilets at the following areas
 - Elandsdoorn
 - Zaiplaats
 - Hartbeestfontein
 - Langkloof.

†Adv C D DE JAGER: Mr Chairman, arising out of the hon the Minister's reply, may I ask him whether he thinks he now has enough toilets for governmental use, or does he need more?

†The MINISTER: Mr Chairman, such intense interest in toilets to my opinion takes the population growth into account. There will always be more people, therefore there will always be a need for toilets.

Mr P G SOAL: Mr Chairman, further arising out of the hon the Minister's reply, I would like to ask him the following question. When he has provided for those which are necessary for use in the Government context, would he then consider making the surplus toilets available to informal communities, communities living in informal settlements throughout the country? I am aware of the fact that there is a great need for them in those communities. [Interjections.]

The MINISTER: Mr Chairman, I have already indicated that all toilets would be utilized. Some will be allocated to the provincial administrations of the Transvaal, Natal and the Cape Province, as well as the KwaNdebele government service. These will be utilized for informal settlements.

†Mr C J W BADENHORST: Mr Chairman, further arising out of the hon the Minister's reply, I would like to know from him whether the

'No figures' on Aids orphans

THE government did not keep statistics on children orphaned as a result of their parents having died of Aids, the Minister of Health, Dr Rina Venter, said yesterday. ⁹² CT 4/6/92

She said the state had not developed a policy to deal with children orphaned in this way.

AST May, a small group of scientists met quietly at a university in Buffalo, New York, to exchange details on some of the first drugs developed by major pharmaceutical companies to treat AIDS.

In laboratory studies, researchers at three large drug makers, unaware of one another's work, had developed remarkably similar medicines that stopped the AIDS virus from reproducing and infecting new cells. "There was a lot of excitement and euphoria" at the meeting, says Paul Anderson, chief chemist at Merck & Co. "Life looked very good."

Six months later, disaster struck. Just a few weeks after being given to patients, the medicines incited a deadly new strain of the virus completely resistant to the drugs.

As the scientists studied what had gone wrong, they also uncovered a terrible truth about the virus, one that casts a shadow over all AIDS research: when the virus reproduces inside human cells, it often churns out mutant copies. Researchers now believe that every time they find a new medicine to beat the virus, at least one mutant version — and often a whole new colony — resistant to the drug will emerge.

The mutants are a serious setback in the war against AIDS. The problem of drug-resistant mutants is so pervasive and severe that the big drug makers say they have hit a scientific impasse. Some drug company executives are so frustrated they are privately considering a desperate move: asking competitors, for the first time since the development of penicillin, to pool research.

Today, drug makers concede that it may be a long time — if ever — before there is a cure for AIDS, which already has claimed nearly 300,000 lives. Pharmaceutical researchers say no single treatment will work against the disease, and none may eradicate it completely. "AIDS looks to be a disease like cancer or tuberculosis," says Ralph Christoffersen, senior vice-president, research, at Smithkline Beecham. "What we're hoping for are drugs that extend life." Many AIDS researchers say it was

New enemy rears its head in the war against AIDS

B/Dam 3/6/92

MICHAEL WALDHOLOZ in New York (92)

wrong to raise expectations for a quick discovery, especially given the drug industry's failure to disable other viruses. Viruses are bits of genetic material wrapped in protein that insert themselves into a cell's inner workings, forcing the cell to become a factory that mass produces more viruses which invade more cells. Most viruses considered to be under control, like those that cause measles, polio or smallpox, have been tamed by vaccines that prevent initial infection, not by medicines ejecting the virus from infected cells.

For that reason alone, the big drug companies initially shied away from AIDS research. But in 1986, after scientists started dissecting critical components of the virus, researchers at several companies independently decided it might be possible to devise a drug that would jam HIV's reproductive machinery.

In early 1989, Merck offered a glimpse of its strategy. Reporting in the scientific journal *Nature*, Merck researchers said they had deciphered the complex, three-dimensional structure of an enzyme, called protease, that is crucial to HIV replication. Merck said it believed the picture would help it design and develop a drug to disable the enzyme and shut down the viral factories. Smithkline, Upjohn, Abbott Laboratories and Hoffman-Laroché soon acknowledged that they were also

hunting protease blockers.

Meanwhile, another Merck team — led by a young researcher named Mark Goldman — was heading off in a different direction. That team focused on finding an alternative to Burroughs Wellcome's AZT, which disrupts another enzyme, called reverse transcriptase (RT), that the AIDS virus uses to reproduce itself. But AZT, along with several chemical cousins approved by the US Food and Drug Administration (FDA), produces severe side effects.

By mid-1990, Goldman's chemists, each cranking out about two new chemicals a month, had produced four drugs, two of which, code-named L-639 and L-661, the company decided to test in humans. It had taken only 15 months from discovery of the active compound to a usable drug, a company record, Merck officials say, noting that such projects usually take three to five years. "We were working in the dark and as summed we alone had found a new kind of AIDS drug," Goldman says.

But when Merck officials joined FDA staffers and federal AIDS scientists to design human studies for the drugs, they found they had competition. Researchers at Boehringer-

Ingelheim, US arm of the German drug company Boehringer Ingelheim International, had a remarkably similar research project. Janssen Pharmaceutica, a Belgian unit of Johnson & Johnson, was also testing an RT blocker of similar design.

Last May, researchers who gathered in Buffalo shared data showing the drugs had cleared two crucial hurdles in preliminary tests: they reached the white blood cells that are overcome by HIV, and they produced no major side effects. The remaining test — whether the drug kept the AIDS virus from spreading to uninfected cells in humans — had just begun.

First details received by Merck and Boehringer were positive. Early blood analyses found crucial blood counts measuring cells killed by the virus steadily rising, suggesting the drug was quelling viral reproduction. Then, quite suddenly, after only six weeks of treatment, these blood counts started dropping sharply.

How, the Merck scientists wondered, could the virus outwit the drug so swiftly? The question was not academic, says Emilio Emini, head of Merck's AIDS research. AIDS research is now Merck's largest and most expensive program. "Normally, drug makers invest heavily like this when the probability of success is high," he says. "But (for AIDS) you have to do a

large scale, high resource effort even though in the end you may get nothing for it."

Emini's technicians pored over blood specimens from test subjects, looking to see whether a mutant, drug-resistant strain was overwhelming the patients' cells. Eventually, the researchers found that the chemical structure of the RT enzyme had made a subtle shift, exchanging just one of the enzyme's hundreds of molecules for another. But the change was enough to evade the Merck drugs.

Weeks later, scientists at Boehringer made the same discovery. The virus, the scientists now know, churns out millions of copies of itself, and no two are alike. Among those mutants was one with a molecule change that made it invincible to the RT blockers. The discovery has cast a pall over Merck's programme because it means the virus may be able to dodge quickly almost any drug the researchers develop.

They say overcoming resistance may require use of several different drugs at once, each disabling one of the half dozen other enzymes that run HIV's life cycle. Merck is testing one of its RT blockers in combination with AZT.

Meanwhile, the search for a drug to block the protease enzyme — which scientists believe may be less likely to mutate than other enzymes — continues. But protease-blocking drugs have another problem: they must be very large to be recognised by the enzyme. Because of their size, they are destroyed by the body's digestive system when taken orally.

In recent months, Upjohn and Abbott have developed "prototype" protease blockers that can be injected directly into the bloodstream. Upjohn says it plans to test it to determine if it produces resistance. But most drug company officials say a drug that must be injected would be very difficult to administer, especially in the inner cities and in the Third World.

Hoffmann-La Roche says it already is testing an oral protease inhibitor in Europe, but researchers familiar with the effort say too little of the compound gets through the gut to be effective. — AP-DJ.

New American study gives horrific vision of Aids epidemic

STAR 5/6/92.

92

BOSTON — A grim new vision of the world Aids epidemic predicts that more than 25 million people will have the disease by the end of the decade, and up to 120 million will be infected.

The study, released on Wednesday by Harvard University researchers, goes far beyond recent projections from the World Health Organisation. It envisions an explosive, disastrous spread of the disease, particularly in Asia.

"This is a global epidemic that is heading out of control," said Dr Jonathan Mann. "The current response cannot succeed... What is needed is a new global strategy."

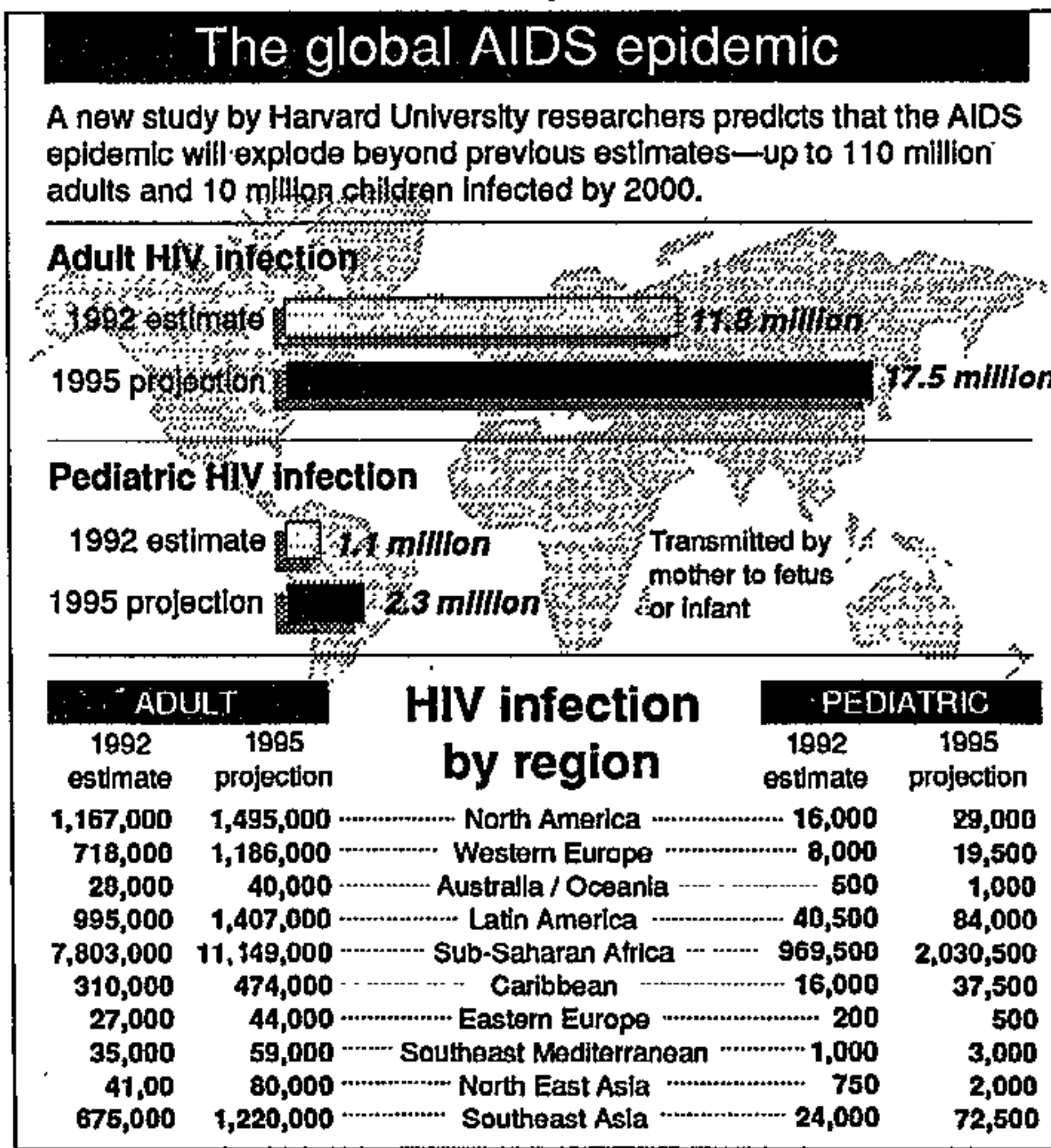
The study was prepared by a team of 40 experts and will be published later this year. Predictions were based on a survey of 30 epidemiologists from around the world.

Dr Mann, who co-ordinated the study, is director of Harvard's International Aids Centre. The team estimates that 2.6 million people around the world already have Aids, and at least 13 million are infected with HIV, the Aids virus.

The study predicts that by the year 2000, 38 million to 110 million adults, and more than 10 million children, will be infected. About 24 million adults and several million children will have developed Aids — up to 10 times as many as today.

The new report predicts a sizeable shift in the worldwide location of Aids cases. It says that within eight years, 42 percent of all Aids infections will be in Asia, surpassing the 31 percent in sub-Saharan Africa.

Thomas Netter, an editor of the study, paints a gloomy picture: "Health systems become wrecked; land becomes depopu-



lated; land lies fallow; the economically productive members of society die off."

The Harvard report says that when the epidemic was first recognised in 1981, an estimated 100 000 people around the world were already infected. Now, more than 100 times that figure have the virus.

In the last five years alone the number of Aids infections among Africans has tripled, from 2.5 million to more than 7.5 million now.

Recently, the virus has spread explosively in Asia. In Thailand, Burma and India, more than 1 million people are believed to be infected.

The report identifies 57 countries where there is high risk of HIV spread. This includes sev-

eral countries that have largely escaped the epidemic so far, including Bangladesh, Egypt, Indonesia, Iraq, Nigeria, Pakistan and Turkey. It predicts that no place will escape the epidemic.

The proportion of women infected is also rising dramatically. It has gone from 25 percent of the total in 1990 to 40 percent this year.

The report notes that the amount of money spent to treat and prevent Aids varies starkly between the industrialised world and poor countries.

Last year, \$2.70 was spent per person to prevent Aids in North America and \$1.18 in Europe. At the same time, 7c was spent per person in sub-Saharan Africa and 3c in Latin America. — Sapa-AP.

SA 'high risk' as Aids runs rampant

(92)
ARGUS/6/92

HUGH ROBERTON
The Argus Foreign Service

WASHINGTON. — A new report on Aids backed by the International Aids Centre at Harvard University lists South Africa as one of 57 countries now at "high risk" in a global Aids epidemic that will threaten the lives of up to 130 million adults within the next eight years.

A director of the Harvard research centre said: "We are at a critical juncture in global confrontation with Aids. Only revitalised global and national leadership can do what is now urgently needed — to address immediately prevention and care needs and to formulate a clear global strategy."

The report was issued by the Global Aids Policy Coalition, an umbrella group including some of the world's leading university research centres.

A spokesman warned that geographic boundaries could not protect communities adequately from the spread of the Aids virus, and said virtually all of them in all countries faced: "... not if Aids will come, but when it will come."

Most countries in sub-Saharan Africa were on the list of 57 considered at "high risk", and the report noted that in the past five years the cumulative

number of Africans infected by the virus had tripled to about 7.5 million.

Between 1985 and 1991, it was reported, industrialised countries had provided \$750 million (R2.1 billion) to prevent the spread of Aids in developing countries — only slightly more than the amount spent by the US alone on its own domestic programme against Aids.

To compound the danger caused by the inability of developing countries to control the problem, industrialised countries had cut by 40 percent their annual contributions to the World Health Organisation for Aids prevention and relief.

The report also says:

- Aids is having a growing impact on women, who now account for 40 percent of HIV infections worldwide, up from 25 percent in 1990.

- Aids is exploding in South-East Asia, and by 2000 Asia will overtake Africa with the largest proportion of HIV-infected persons.

Asia will account for 42 percent, sub-Saharan Africa for 31 percent, Latin America for eight percent and the Caribbean for six percent.

- During the next three years alone, the number of infected people who develop Aids will exceed the total who developed the disease during the entire history of the epidemic.

Aids in woman may change population rates

92
MAG 5/6/92

If HIV infects about 30 percent of women aged between 15 and 40, the virus could kill more people than are born in countries with some of the highest population growth rates, a British medical researcher says.

THE spread of Aids in the developing world could send population growth into reverse in countries where the HIV virus infects about one in three women of child-bearing age.

Estimates of population growth should take the effects of Aids into account because the disease will begin to make a significant impact in some African countries within the next couple of decades, Professor Roy Anderson, a leading epidemiologist at Imperial College London, says.

An assessment by Professor Anderson and colleagues of how Aids will influence population growth has found that if HIV infects about 30 percent of women aged between 15 and 40, the virus could kill more people than are born in countries with some of the highest population growth rates.

Professor Anderson told a conference at the Royal Society of Physicians in London that in some central African countries, HIV was found to have infected 30 percent of pregnant women at antenatal clinics.

He said HIV possesses four characteristics necessary for a virus to bring about a serious long-term decline in population:

- It is sexually transmitted and therefore its spread does not rely on population density, unlike respiratory infections;
- It causes close to 100 percent mortality;
- It has a long period of latency between infection and the appearance of symptoms;
- It can be transmitted from mother to child as well as between sexually active adults.

Professor Anderson dismissed suggestions that the spread of HIV in Africa was patchy and would therefore not affect population growth rates. "It will be patchy between countries and areas, but not as patchy as people imagine," he said.

David Nabarro, chief health and population adviser at the British Overseas Development Administration, said there was no need to change the government's policy on advice to developing countries concerning Aids and population control.

He said, "Professor Anderson's predictions are not shared by everyone involved in policy on HIV in developing countries. We are not in a position yet to believe in what he is saying." — The Independent.

Shock new forecast on Aids

92

CT 6/6/92

NEW YORK. — A special Aids research project at Harvard University has predicted that the disease is poised to carve a swathe of global destruction far greater than officially estimated.

As many as 110 million men, women and children are likely to carry the deadly HIV virus that causes Aids by the turn of the century, the research calculates.

About 80% of these victims will be in the Third World, with the fastest rate of infection shifting from Africa to Asia. It also predicts that the number of children orphaned by the disease will double in the next three years.

The research project involves 40 Aids experts from around the world, headed by Dr Jonathan Mann of the Harvard School of Public Health.

The casualty estimates are nearly three times those projected in a recent report by the UN's World Health Organisation (WHO). That projected a top number of 40 million victims.

But Dr Mann, who quit the UN organisation to head the Harvard International Aids Centre, funded by a Swiss foundation, says that the WHO is vulnerable to political pressure from member states. "We are free to speak out and we urge a new global strategy to combat Aids," he says.

Dr Michael Merson, head of the

'Magic's' baby son tests HIV-negative



LOS ANGELES. — A baby boy fathered by Aids-infected basketball superstar Earvin "Magic" Johnson has been tested negative for the killer virus, Cable News Network reported yesterday.

Doctors said Johnson's wife Earletha gave birth on Thursday night to the 3.6-kg baby.

She has also tested negative for the disease.

Since his announcement last November that he had the HIV-virus Johnson, 32, has toured the US lecturing young people on the dangers of promiscuous and unprotected sex. He has said he caught the HIV through promiscuous heterosexual sex.



BABY...
Magic Johnson

WHO's Aids programme, said he believed his organisation's forecasts were carefully made and reasonable.

He said the WHO already had a new strategy to combat Aids, emphasising better Aids care, increased treatment of other sexually-transmitted diseases and more effort at curbing Aids in women.

The Harvard report says the proportion of women infected has risen from 25% of the total in 1990 to 40% this year. — Daily Telegraph, Sapa-AP

Aids probe finding to be made public

ET 10/6/92

Staff Reporter

(92)

THE findings of an inquiry into an internal row within South Africa's Aids Unit, which is to be investigated by a chief magistrate, will be made public.

The Aids Unit may be restructured following an investigation into the management of the unit, the Department of National Health and Population Development announced yesterday after confirming that irregularities existed.

This follows allegations that the department had secretly diverted millions of rands in funds voted for the national Aids campaign to other uses.

The director-general of the Department of Health, Dr Coen Slabber, denied that there had been any misappropriation of funds.

Report paints gloomy Aids scenario

STARZ 8/6/92

(92)

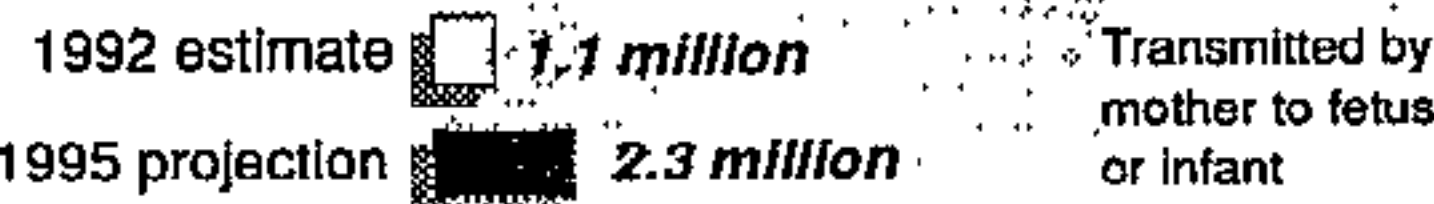
The global AIDS epidemic

A new study by Harvard University researchers predicts that the AIDS epidemic will explode beyond previous estimates—up to 110 million adults and 10 million children infected by 2000.

Adult HIV infection



Pediatric HIV infection



ADULT		HIV infection by region	PEDIATRIC	
1992 estimate	1995 projection		1992 estimate	1995 projection
1,167,000	1,495,000	North America	16,000	29,000
718,000	1,186,000	Western Europe	8,000	19,500
28,000	40,000	Australia / Oceania	500	1,000
995,000	1,407,000	Latin America	40,500	84,000
7,803,000	11,449,000	Sub-Saharan Africa	969,500	2,030,500
310,000	474,000	Caribbean	16,000	37,500
27,000	44,000	Eastern Europe	200	500
35,000	59,000	Southeast Mediterranean	1,000	3,000
41,000	80,000	North East Asia	750	2,000
675,000	1,220,000	Southeast Asia	24,000	72,500

Source: Harvard University

AP/T. Dean Caple

A new report puts South Africa on the list of "high risk" countries in a looming world Aids epidemic. By HUGH ROBERTON of The Star's Washington Bureau.

A NEW report on Aids, which is backed by the International Aids Centre at Harvard University, lists South Africa as one of 57 countries now at "high risk" in a global Aids epidemic which will threaten the lives of up to 130 million adults within the next eight years.

One of the authors, Dr Jonathan Mann, director of the Harvard research centre, says: "We are at a critical juncture in global confrontation with Aids. Only revitalised global and national leadership can do what is now urgently needed — immediately address prevention and care needs and formulate a clear global strategy."

The report was issued by an umbrella group called the Global Aids Policy Coalition.

Dr Mann warns that geographic boundaries cannot protect communities adequately from the spread of Aids, and says the question facing virtually all

communities in all countries is "not if Aids will come, but when it will come".

Most countries in sub-Saharan Africa are on the list of 57 which are considered at "high risk", and the report notes that in the last five years the cumulative number of Africans infected by the virus has tripled to about 7.5 million.

Between 1985 and 1991, the report says, industrialised countries provided \$750 million (about R2 100 million) to prevent the spread of Aids in developing countries — only slightly more than the amount spent by the US alone on its own domestic programme against Aids.

To compound the danger caused by the inability of developing countries to control the problem, industrialised countries have cut by 40 percent their annual contributions to the World Health Organisation for Aids prevention and relief. □

Health Dept orders probe of Aids unit

(92)
5/19/92 8/16/92

The Department of National Health and Population Development has ordered an investigation by a chief magistrate into management aspects of its Aids unit following the recent discovery of irregularities.

But the department denied the reported diversion of funds set aside for Aids control.

The department said in a statement yesterday that staff had lodged complaints against acting unit head Dr Manda Holmshaw.

In turn, she and her deputy, Dr Wilson Carswell, had complained about their supervisor, alleging that Health Department Deputy Director-General Dr Hans Steyn had misapplied funds intended for Aids prevention, that there had been dereliction of duty in the management of the Aids unit, and that expert advice on Aids prevention had been ignored.

The two Aids unit executives also claimed Dr Steyn had shown a serious lack of judgment, exemplified by his handling of the claims by Aids-infected haemophiliac patients.

Natalie Stockton has been appointed to manage the unit full-time.

Dr Holmshaw is now the senior clinical psychologist and Dr Carswell medical adviser of the Aids unit. — Sapa.

● Grim warning

— Page 11 —

Govt Aids unit probe ordered

92 CT8/6/92

JOHANNESBURG. — The Department of National Health and Population Development has ordered a complete investigation by a chief magistrate into management aspects of its Aids unit following the recent discovery of irregularities.

But the Department of Health adamantly denied the reported diversion of funds set aside for Aids control for any other purpose.

The department said in a statement in Pretoria yesterday that staff members had lodged complaints against the acting unit head, Dr Manda Holmshaw.

In turn she and deputy Aids unit head Dr Wilson Carswell had complained about their supervisor, alleging that Health Department deputy director-general Dr Hans Steyn had misapplied funds intended for Aids prevention for other purposes.

The two Aids unit executives also claimed Dr Steyn had shown a serious lack of judgment exemplified by his handling of the claims by Aids-infected haemophilic patients.

In an administrative reshuffle Miss Natalie Stockton has been appointed to manage the unit full-time.

Dr Holmshaw now occupies the post of senior clinical psychologist and Dr Carswell that of medical adviser of the department's Aids unit.

Aids experts said yesterday, in response to reports that the department had secretly diverted millions of rands voted for the national Aids campaign to other uses, that the department's spending should be more open to public scrutiny.

Health Department director-general Dr Coen Slabber said: "Within the next two years Aids will become the most serious

health problem we face, and it therefore has to be our highest priority."

Dr Slabber said Dr Holmshaw and Dr Carswell were not allowed to respond in terms of the Public Servants Act.

The SA Institute of Medical Research Aids unit head Dr Ruben Sher said his organisation believed it should be given reports on how the government's Aids budget was being spent.

Johannesburg city council medical officer Dr Nicky Padayachee said the department should come clean and open its budgetary allocations to public scrutiny.

Weekend reports said Dr Holmshaw and Dr Carswell had been demoted after complaining when they discovered the department had, unannounced and without their consent, allocated R4,5m — nearly a third of last year's Aids prevention budget — to other expenditure. — Sapa, Own Correspondent

Magistrate to probe diverted Aids funds

92
ARC 8/6/92

JOHANNESBURG: — The Department of National Health and Population Development has ordered an investigation by a chief magistrate into management aspects of its Aids unit following the recent discovery of irregularities.

But the Department of Health adamantly denied the reported diversion of funds set aside for Aids control for any other purpose.

It said staff members had lodged complaints against the acting unit head Dr Manda Holmshaw.

In turn she and deputy Aids unit head Dr Wilson Carswell had complained about their supervisor alleging that Health Department Deputy Director-General Dr Hans Steyn had misapplied funds intended for Aids prevention for other purposes.

They said there had been dereliction of duty in the management of the Aids unit. Experts advise on critical aspects of Aids prevention had been ignored.

The two Aids unit executives also claimed Dr Steyn had shown a serious lack of judgment exemplified by his handling of the claims by Aids-infected haemophiliac patients.

— Sapa.

Magistrate set to probe Aids funding

Staff Reporter

(92) ARCT 9/16/88

INTERNAL disagreements in South Africa's Aids Unit are to be investigated by a chief magistrate, the Department of National Health and Population Development has announced.

In a statement after disclosures in Weekend Argus about the controversy, the department confirmed "irregularities regarding the management of the Aids Unit."

The statement said these had resulted in complaints by the personnel against Dr. Manda Holmshaw, as acting head of the unit, and in counter-complaints by Dr. Holmshaw and her colleague, Dr. Wilson Carswell, against their supervisor.

The department also confirms "an administrative re-arrangement" within the department in which Miss Natalie Stockton is appointed to manage the Aids Unit on a full-time basis in place of Dr. Holmshaw.

The department said it "regards Aids control as a high priority." It said that funds available for the task were spent by the department, by provincial administrations and by local authorities, with funds being shifted among these levels of government.

The department added: "No funds set apart for Aids control were in the past, or are presently, used for any other purpose."

The department said both Dr. Holmshaw and Dr. Carswell would remain part of the Aids Unit and were expected to play an important role in the Aids campaign, which would "in future demonstrate significant successes".

Rights of patients 'abused'

w/m... 12/6-18/6/92

By GAYE DAVIS 92

TESTING people for Aids without their proper consent appears to be a widespread practice, according to human rights lawyer Edwin Cameron.

"A patient has to give specific, informed consent for an HIV test — which means the patient must know what the test is about and what it means. It is desirable for a patient to receive proper counselling before a test," he said. "The test results are confidential. Only those with an absolute need to know a patient's HIV status — such as health-care workers — should be told, and by the patient himself, not the patient's doctor."

Rules laid down by the South African Medical and Dental Council were not the problem, said Cameron. Rather, it lay in "widespread practices by doctors and hospitals which lead to human rights abuses".

Such abuses were "so much more flagrant when committed against people who, because of lack of education, are often unaware of their rights".

He said studies in America over 10 years had shown there was no recorded case of HIV transmission through ordinary domestic contact, such as sharing utensils. "This case illustrates the need for a national charter of rights for people with Aids or who are HIV positive," Cameron said.

Such a charter has been drawn up by the Aids Consortium, comprising a group of 40 organisations country-wide falling under the Centre for Applied Legal Studies at Wits University. Now in the process of being endorsed by individuals and organisations, the charter would be released later in the year, Cameron said.

Aids horror ①
hits Botswana ②
ET 15/6/92

GABORONE. — Aids statistics in Botswana are beginning to take on frightening dimensions with nearly 37 000 people having tested positive to the HIV virus. The National Aids Centre said that about 22% of all pregnant mothers were carrying the virus — Sapa

HOUSE OF ASSEMBLY

of the Health Matters Committee and those consulted re the forum;

QUESTIONS

Indicates translated version.

For written reply:

General Affairs:

Forums/conferences/discussions on health care

274. Mr M J Ellis asked the Minister of National Health:

- (1) Whether, prior to holding a forum, conference or discussion on any matter relating to the health care rendering service, she consults with interested role players in regard to the holding of such a forum, conference or discussion; if not, why not; if so, how is this consultation effected;
- (2) whether the items on the agenda for such a forum, conference or discussion form part of the consultation with interested role players; if not, why not;
- (3) who makes the decision on who constitutes the relevant role players that should attend such a forum, conference or discussion;
- (4) whether groups are consulted on this matter to ensure full representation of all interested role players, including extra-parliamentary groups; if not, why not;
- (5) whether she will make a statement on the matter?

B680E

The MINISTER OF NATIONAL HEALTH:

- (1) Yes, depending on matters to be discussed at such a forum, important role players are consulted. It takes place either by inviting interested parties to pre-forum discussions to plan the agenda and approach and to decide on objectives for the forum, or through individual contact;
- (2) yes — see point one;
- (3) the Department of National Health and Population Development, subcommittees

- (4) yes;
- (5) no.

Aids and Lifestyle Education Programme kit

275. Mr M J ELLIS asked the Minister of National Health:

- (1) (a) (i) How many and (ii) which education departments have requested that her Department's Aids and Lifestyle Education Programme kit be made available to them, (b) with effect from what date is this information available and (c) how many such kits have been distributed to each of these departments;
- (2) whether her Department has received any feedback concerning the effectiveness of this education programme; if so, what is the nature of the feedback;
- (3) whether there has been any international response to this programme; if so, what has been the response;
- (4) whether she will make a statement on the matter?

B681E

The MINISTER OF NATIONAL HEALTH:

- (1) (a) (i) 13
(ii) the Department of Education and Training, the Department of Education and Culture, House of Representatives; the Department of Education and Culture, House of Delegates; the Department of Education and Culture, House of Assembly as well as the Departments of Education of Lebowa, KaNgwane, Ciskei, Transkei, Kwazulu, KwaNdebele, Ova-Ova, Venda and GaZankulu,
- (b) 27 April 1992 and
- (c) there have already been 2 000 requests for the school package;
- (2) although formal research as to the efficacy of the programme will only com-

HOUSE OF ASSEMBLY

mence this month, the response experienced is overwhelming. Apart from the positive response from the educational community, parents are also keen to have the package and have requested a similar programme for themselves. It is user friendly and offers all relevant information;

(3) yes, response so far has been positive. There have been requests for the package from Canada, Iceland, Namibia, Kenya, Zimbabwe and Swaziland. The European Economic Community in Brussels requested 3 packages and so did the Bureau of Hygiene and Tropical Diseases in London;

(4) no.

Academic hospitals: registrars

287. Mr M J ELLIS asked the Minister of National Health:

(a) How many registrars are there at each academic hospital in South Africa, (b) what is the present patient/registrars ratio at each such hospital and (c) how many registrars in each year of study resigned at each of these hospitals during the course of 1991?

B714E

The MINISTER OF NATIONAL HEALTH:

TYGEBERG ACADEMIC HOSPITAL COMPLEX

(a) 197,

(b) only the number of beds per registrar is available and that is 9,18 and

(c) 3.

GROOTE SCHUUR ACADEMIC HOSPITAL COMPLEX

(a) 388,

(b) 15 beds/registrar and

(c) not available.

H F VERWOERD ACADEMIC HOSPITAL COMPLEX

(a) 281,

(b) 26 patients/registrar per month and

(c) not available.

HOUSE OF ASSEMBLY

JOHANNESBURG ACADEMIC HOSPITAL COMPLEX

(a) 597,

(b) 12,6 beds/registrar and

(c) not available.

GARANKUWA ACADEMIC HOSPITAL COMPLEX

(a) 63,

(b) 28,7 beds/registrar and

(c) 50.

KING EDWARD VIII ACADEMIC HOSPITAL COMPLEX

(a) 299,

(b) 17 beds/registrar and

(c) 52.

UNIVERSITAS ACADEMIC HOSPITAL COMPLEX

(a) 156,

(b) 114 patients/registrar per month and

(c) 10.

Accommodation for Administrator of Natal: Durban

297. Mr M J ELLIS asked the Minister of Regional and Land Affairs:

(1) Whether any accommodation is available for the Administrator of Natal in Durban; if so, (a) where in Durban and (b) what is the (i) nature and (ii) size of the accommodation;

(2) whether this accommodation is utilized by the Administrator; if not, why not;

(3) whether it is the intention to utilize the accommodation for other purposes in the future; if so, (a) why and (b) for what other purposes?

B745E

The MINISTER OF REGIONAL AND LAND AFFAIRS:

(1) Yes.

(a) Napac Building.

(b) (i) and (ii)
Originally a flat in the Napac Building, consisting of a bedroom,

lounge, bathroom and kitchen was available for the exclusive use of the Administrator. Several years ago, this area was split into a bedroom with bathroom for each of the Administrator and the Director-General with a shared kitchenette.

(2) Napac Building — no, due to its inadequacy.

(3) Napac Building — yes.

(a) The existing office accommodation, in the Napac Building, for members of the Executive Committee is inadequate. At present five MECs share three offices.

(b) Office accommodation for members of the Executive Committee and overnight facilities for the MECs who reside in Pietermaritzburg.

Differences between White/Coloured warders: Pollsmoor Prison

313. Mr D J DALLING asked the Minister of Correctional Services:

Whether there were any differences in the (a) accommodation, (b) recreational facilities and/or (c) remuneration offered to White and Coloured warders at Pollsmoor Prison as at 31 December 1991, if so, (i) what differences in each case and (ii) why?

B776E

The MINISTER OF CORRECTIONAL SERVICES:

(a) No.

Accommodation on premises country-wide is accessible to all personnel in accordance with the Correctional Services Regulation 25. This implies that accommodation is allocated discretionarily by

commanders at the hand of inter alia the following:

- functional requirements;
- allocation according to level of post;
- merit and efficiency principle; and
- advertising of available accommodation.

The following norms are automatically applicable in respect of the allocation of housing on reserves in order to ensure orderly community life:

- the combating of overpopulation on living premises;
- a prohibition on subleasing;
- keeping premises tidy and hygienic;
- promotion of healthy neighbour relations and the combating of behaviour which may upset these relations on such premises; and
- the orderly use of public facilities on reserves according to accepted norms and standards.

(b) No

All available recreational facilities at the Pollsmoor Prison have been accessible to all members since November 1990. There are still two facilities in use at Pollsmoor (the former White and Coloured facilities) but both facilities are accessible to all personnel and are utilized as such.

(c) No.

All disparity in respect of remuneration has already been eliminated with effect from 1 March 1988. There is thus no difference in the remuneration in respect of the mentioned population groups.

(i) and (ii) Fall away.

HOUSE OF ASSEMBLY

the business of such body corporate or enterprise;"

(i) In ordinary public state schools which function under the control of a government department, the head of department is deemed to be the chief executive officer who shall ensure that the employer (the State) complies with the provisions of the Act.

(ii) In those cases where the employer is a body corporate, the chief executive officer of the body corporate shall be responsible for the adherence to the provisions of the Act and the regulations.

The definition of "employer" reads as follows:

" 'employer', means, subject to the provisions of subsection (3), any person whomsoever who employs or provides work for any person and remunerates that person or expressly or tacitly undertakes to remunerate him, or who permits any person in any manner to assist him in the carrying on or the conducting of his business, but excludes a labour broker within the meaning of the Labour Relations Act, 1956 (Act No. 28 of 1956);"

The payment of remuneration is an important element in the definition of "employer".

The institution who pays the remuneration of the teachers could therefore be regarded as the employer. Currently the State can therefore still be regarded as the employer.

An investigation into the legal position of the liability of body corporates at state subsidized schools has not yet been finalized, but the *prima facie* impression is that the chairman of the body corporate is indeed the chief executive officer as contemplated in the Act, with the accompanying legal liability.

Amount budgeted for Aids programme: balance

*21. Mr M J ELLIS asked the Minister of National Health:

(92) With reference to her reply to Question No 268 on 26 May 1992, (a) why was the amount of approximately R2 664 000, being the bal-

ance of the amount budgeted for her Department's Aids programme for the 1991-92 financial year, not spent during that financial year and (b) what has been done with this balance?

(92) B799E

The MINISTER OF NATIONAL HEALTH:

(a) The under expenditure can mainly be ascribed to the following:

— the advertising agency which was initially appointed for the AIDS prevention campaign suspended its services and a new agency could only be appointed three months later, and

— suitable staff for vacancies could not be recruited and this resulted in certain programmes not being completed in time and

(b) the unspent balance was paid into the Exchequer Account

Permission for certain person to enter South Africa

*22. Mr L FUCHS asked the Minister of Home Affairs:

Whether permission has been granted for a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply, to enter South Africa since his application for (a) permanent or (b) temporary residence was refused; if so, (i) (aa) when, (bb) where and (cc) how many times was such permission granted and (ii) what is this person's name?

B800E

The MINISTER OF HOME AFFAIRS:

The question requires a full explanation and I therefore find it necessary to make a full statement on the matter and with your permission, Mr Chairman, I lay the following statement on the Table.

Robert Von Palace Kolbatschenko alias Vito Roberto Palazzolo

Palazzolo's initial entry into South Africa was dealt with fully in Justice Harms's Commission of Inquiry Report and the matter had been covered extensively in the media. It is therefore not elaborated on now.

Consequent upon the inquiry Mr Palazzolo's permanent residence permit was withdrawn and he was instructed to leave the country, which he did on 31 October 1991.

Since then he has applied to enter South Africa on various occasions, inter alia for holiday, business and transit purposes.

As regards transit visas it should be remembered that Mr Palazzolo is a citizen of the Ciskei.

Every application was considered as objectively as possible on the facts and arguments of the application concerned and in accordance with firm guidelines and established policy. On five occasions, after such consideration, permission had been granted to him to enter South Africa. Particulars are as follows:

11 December 1991: Visitors visa for a visit 18 December 1991 till 7 January 1992 for purposes of a Supreme Court action and on compassionate grounds to spend Christmas with his wife, children, mother and sister.

5 March 1992: Visitors visa for visit of 10 days for purposes of a medical examination in Cape Town.

2 April 1992: Transit visa for multiple entries within six months for travel through South Africa from one place to another in the Ciskei using the shortest route.

24 April 1992: Transit visa for transit to Jan Smuts Airport and return valid till 5 May 1992 in respect of two transit journeys of 72 hours each over the shortest route.

15 May 1992: Transit visa valid for six months for transit journeys of 72 hours at a time in order to reach Jan Smuts Airport for purposes of visits overseas and to travel from one part of the Ciskei across South African soil to another part of the Ciskei.

Normal customs, norms, rules and regulations continue to apply and Mr Palazzolo's presence within the Republic of South Africa remains subject to strict permit control which does not

afford him the right to residence in South Africa and only free access for transit purposes.

The following applications for entry into the RSA were refused:

22 January 1992: Request for re-admission to the RSA

10 February 1992: Request for restoration of visa exemption.

26 February 1992: Visitors visa for two visits of 10 days each requested. Visa in respect of only one visit of 10 days granted.

24 March 1992: Further request for restoration of visa exemption

14 April 1992: Visa in respect of business/family visit of 30 days.

Extension of the periods that he wanted to sojourn in the Republic was also refused in the following instances, namely:

28 February 1992: Request that visa for visit of 10 days be extended to 12 days

26 March 1992: Request for extension of temporary residence permit from 28 March 1992 till 20 April 1992. Extension granted till 10 April 1992 only.

31 March 1992: Request for extension of residence permit till 21 April 1992

3 April 1992: Further request for extension.

Use of public hospitals by private patients

*23 Mr M J ELLIS asked the Minister of National Health:

(1) Whether she has announced that private patients may now make use of public hospitals;

(2) whether any private patients suffering from particular illnesses or diseases will be prevented from making use of the provincial hospitals; if so, what are the relevant details;

(3) whether patients will be restricted in regard to making use of public hospitals for any reason other than the illnesses and diseases referred to in paragraph (2) of this question; if so, what are these reasons?

B803E

one room and carrying out essential renovation work, which included replacement of toilet and bathroom fittings, was R18 009.

(2) Vote 41—Works ~~Bsaneh~~—Minor Works:

(3) (a) and (b) the flat is being used as an overnight and changing facility, as well as a Durban office and meeting venue for the Deputy Director-General: Health Services and his senior staff. The purpose is inter alia to save on overnight hotel accommodation.

Number of murders in Natal Midlands/Natal and Order:

307. Mr L FUCHS asked the Minister of Law and Order:

- (1) How many murders were reported in (a) the Natal Midlands and (b) Natal in 1988, 1989, 1990 and 1991, respectively;
- (2) with reference to the murders reported, (a) how many cases have resulted in (i) an investigation, (ii) prosecution and (iii) conviction and (b) in respect of what date is this information furnished?
- B767E

The MINISTER OF LAW AND ORDER:

SAP: information on applicants for security work

301. Mr C E HERTZOG asked the Minister of Law and Order:

(1) Whether the South African Police has any information on persons who apply for work at security firms; if so,

(2) whether it has been found during the latest specified period of 12 months for which figures are available that an increasing number of members of Umkhonto we Sizwe applied for work as security guards and were appointed in such posts; if so, what are the relevant details;

(3) whether the Government has taken or is going to take any steps in this regard; if not, why not; if so, (a) what steps and (b) when?

	1988	1989	1990	1991
(1) (a)	1 971	1 718	2 132	1 882
(1) (b)	4 650	4 481	5 642	4 986
(2) (a) (i)	The number of cases reported is the same as the number of cases investigated.			
(2) (a) (ii)	1988	1989	1990	1991
	803	654	670	671
	2 193	1 945	2 086	2 079
(2) (a) (iii)	Although the particulars of convictions are kept by means of fingerprint records, statistics as such are not kept by the South African Police.			
(b)	31 December 1991.			

Sources of GST: certain magisterial districts

308. Mr A E DE WET asked the Minister of Finance:

What were the sources of general sales tax collected in the magisterial districts of (a) Bloemfontein, (b) Welkom, (c) Odendaalsrus, (d) Virginia, (e) Sasolburg, (f) Kroonstad, (g) Bethlehem, (h) Hartismith and (i) Bothaville in the 1989-90 and 1990-91 financial years, respectively?

The MINISTER OF FINANCE:

The information requested is not available at present. I have requested my Department to contact the hon member with a view to discussing which available information of this nature may be of assistance to him.

B770E

Total amount collected in GST

309. Mr A E DE WET asked the Minister of Finance:

What, in respect of the 1990-91 financial year, was the total amount of general sales tax collected in (a) the whole of South Africa and (b) each of the (i) provinces and (ii) self-governing territories?

B772E

The MINISTER OF FINANCE:

1990/91-financial year	1986/87	1987/88	1988/89	1989/90	1990/91
R	1986/87	1987/88	1988/89	1989/90	1990/91
	10.1%	7.5%	5.3%	3.7%	3.3%

	1990/91-financial year
(a) Total	18 046 840 392
(b) (i)	
Cape Province	4 289 300 964
Natal	1 805 391 418
Transvaal	11 297 961 181
Orange Free State	622 986 700
(ii) Lebowa	5 995 852
Gazankulu	2 737 360
KwaZulu	12 958 936
OwaOwa	5 726 007
Kangwane	2 652 727
KwaNdebele	1 129 787

Tax revenue from mining industry

317. Dr F H PAUW asked the Minister of Finance:

In respect of each of the latest specified five years for which information is available, (a) what was the tax revenue from the mining industry and (b) what percentage did this constitute of the total (i) revenue of this industry and (ii) State revenue?

B789E

The MINISTER OF NATIONAL HEALTH:

(a) R183 010 million was spent on subsidizing local authorities for the rendering of primary health care services which included sexually transmitted diseases and

(b) R8 962 million was allocated for the establishment of new services.

Clinics for sexually transmitted diseases: amount allocated

341. Mr M J ELLIS asked the Minister of National Health:

What total amount was allocated for the (a) running of clinics for sexually transmitted diseases and (b) establishment of new clinics for such diseases in the Republic for the 1991-92 financial year?

B833E

The MINISTER OF LAW AND ORDER:

- (1) No.
- (2) Falls away.
- (3) (a) and (b) No, private security firms are regulated by the Security Officers Act, No 92 of 1987.
- Section 12 of the Act determines the requirements with which security officers must comply.

Hansard

Hansard, 1460

one room and carrying out essential renovation work, which included re-placement of toilet and bathroom fittings, was R18 009.

(2) Vote 4L1—Works Branch—Minor Works;

(3) (a) and (b)

the flat is being used as an overnight and changing facility, as well as a Durban office and meeting venue for the Deputy Director-General: Health Services and his senior staff. The purpose is inter alia to save on overnight hotel accommodation.

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(3) whether the Government has taken or is going to take any steps in this regard; if not, why not; if so, (a) what steps and (b) when?

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(ii)	1988	1989	1990	1991
	803	654	670	671
	2 193	1 945	2 086	2 079

(iii) Although the particulars of convictions are kept by means of fingerprint records, statistics as such are not kept by the South African Police.

(b) 31 December 1991.

B755E

The MINISTER OF LAW AND ORDER:

- (1) No.
- (2) Falls away.
- (3) (a) and (b)

No, private security firms are regulated by the Security Officers Act, No 92 of 1987.

Section 12 of the Act determines the requirements with which security officers must comply.

Hansard

Hansard, 1462

Total amount collected in GST

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What, in respect of the 1990-91 financial year, was the total amount of general sales tax collected in (a) the whole of South Africa and (b) each of the (i) provinces and (ii) self-governing territories?

B772E

The MINISTER OF FINANCE:

1990/91 financial year	
(a)	Total
(b)	(i) Cape Province
	Natal
	Transvaal
	Orange Free State
	Lebowa
	Gazankulu
	KwaZulu
	OwaOwa
	Kangwane
	KwaNdebele

1990/91 financial year		1990/91	
(a)	Total	(i)	Not available
(b)	(i) Cape Province	(ii)	Financial year
	Natal		1986/87
	Transvaal		1987/88
	Orange Free State		1988/89
	Lebowa		1989/90
	Gazankulu		1990/91
	KwaZulu		Percentage
	OwaOwa		10.1%
	Kangwane		7.5%
	KwaNdebele		5.3%
			3.7%
			3.3%

Tax revenue from mining industry

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In respect of each of the latest specified five years for which information is available, (a) what was the tax revenue from the mining industry and (b) what percentage did this constitute of the total (i) revenue of this industry and (ii) State revenue?

B789E

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B833E

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B770E

The MINISTER OF FINANCE:

The information requested is not available at present. I have requested my Department to contact the hon member with a view to discussing which available information of this nature may be of assistance to him.

HOUSE OF ASSEMBLY

QUESTIONS

+Indicates translated version.

For written reply:

General Affairs:

Adjustments/cut-backs: health services

257. Mr M J ELLIS asked the Minister National Health:

Whether, in terms of the budgetary allocations to each of the provinces, the provincial hospital services have had to make any (a) adjustments to and (b) cut-backs in the provision of health services; if so, what is the extent of these adjustments and cut-backs in each province?

B616E

The MINISTER OF NATIONAL HEALTH:

Provincial Administration of the Cape of Good Hope

(a) Yes, during March 1991 certain emergency measures were introduced to stay within the limits of the 1990/91 budget allocation. At the beginning of the 1991/92 financial year some of these measures were retained, i.e:

- Out-patient visits to specialist and academic hospitals are limited to referred cases and/or emergencies, where possible.
- Limitations on laboratory services and special investigations.
- Curtailment of ambulance and other patient transport services and visits by specialists to rural areas.
- Filling of vacancies only after individual consideration.
- Cessation of subsidized transport of staff and free teas.
- Curtailment of overtime remuneration and

(b) further steps to implement adjustments and cut-backs (1991/92):

- Replacement of the system of dispensing by private pharmacists to district surgeons.
- Optimization of provisioning administration.

Management optimization: Savings made possible by the Directorate: Management Advisory Services and private management consultants (Byrne Fleming).

- Privatization of catering services and incineration services.
- Streamlining of staff establishments.
- Savings measures were also introduced at province aided hospitals.

Provincial Administration of Natal

(a) and (b) Yes, the Health Services Branch requested an allocation of R1 069 708 767 and was given an allocation of R983 608 000.

In order to remain within this budget the following measures were introduced:

- The purchase of new medical equipment and the replacement of ageing, and obsolete equipment has been restricted to the absolute minimum. In some instances essential services have had to be stopped, or severely curtailed, as a result of inadequate equipment and facilities.
- Certain essential services have been limited to the smallest number of patients possible, e.g kidney dialysis, bypass operations and the treatment of cancer.
- General measures have been implemented to reduce usage of official transport and electricity, restriction of the prescribing of expensive medicines and limitation on the types of foodstuffs given to patients and staff members.
- In spite of an increased workload, essential post expansion in respect of medical, nursing, ambulance and administrative personnel has had to be held in abeyance.
- HIV testing has been limited to an absolute minimum.

Provincial Administration of the Orange Free State

(a) and (b) Yes, the adjustment was in the form of a cut-back of ±R24 724 000 in the 1991/92 financial year. This amount was primarily necessary for the commissioning of the new intensive care unit and theatre complex at Pelonomi Hospital.

Provincial Administration of Transvaal

(a) and (b) Yes, the actual requirement of the Branch: Health Services of the Provincial Administration of Transvaal was R2 685 959 000 against an allocation of R2 336 764 000 which caused a deficit of R349 195 000 for the 1991/92 financial year.

The following adjustments and cut-backs have been made:

- No expansions, including ambulance services.
- Curtailment of Initial Equipment.
- A cut-back of 9,29% on the remaining portion of the need

Certain person: requests for financial compensation

276. Mr M J ELLIS asked the Minister of National Health:

- (1) Whether she has received any requests for financial compensation from a certain person, whose name has been furnished to the Department of National Health and Population Development for the purpose of her reply; if so, (a) what is this person's name and (b) what is the basis of his request for compensation;
- (2) whether any other (a) individuals and (b) organizations have supported this person's request for compensation; if so, what are their names;
- (3) whether any other persons have requested compensation on similar grounds; if so, (a) how many and (b) what was her Department's response to these requests;
- (4) whether she will make a statement on the matter?

B682E

The MINISTER OF NATIONAL HEALTH:

- (1) (a) Yes, Mr Gawie Stoltz and
- (b) he became infected with HIV as a result of receiving HIV-contaminated imported Factor VIII. This happened before 1985 when all Factor VIII was heat treated and before an approved test for HIV was commercially available;

- (2) (a) no and
- (b) yes, ACT UP and the South African Haemophilic Foundation;

- (3) no;
- (4) no.

Additional flat: Addington Hospital

292. Mr M J ELLIS asked the Minister of National Health:

- (1) Whether an additional flat is available on the fourteenth floor of Addington Hospital; if so, (a) how long has this flat been in existence, (b) what is the (i) nature and (ii) size of the flat and (c) what was the cost of (i) developing and (ii) equipping it;
- (2) from which provincial vote were the funds for this development obtained;
- (3) (a) for what purpose is this flat being used and (b) what was the original purpose of the flat?

B730E

The MINISTER OF NATIONAL HEALTH:

- (1) Yes,
 - (a) since 1971,
 - (b) (i) it is a small bedsitter with ablution facilities and adjoining office and
 - (ii) Original area: 39,5 m²
Additional room: 19,04 m²
Total area: 58,54 m² and
- (c) (i) and (ii) the office/bedsitter and ablution facilities have been in existence since 1971. During 1992 the flat was renovated and extended by one room to separate the bedroom and office. The total cost of extending the flat by

Silence of the sheep ^{FM} 19/6/92 (92)

AIDS IN SOUTH AFRICA: The Myth and the Reality by Mary Crewe (Penguin Forum Series, 87pp, R19,79).

Those whom the gods would destroy, they first make randy. Venereal diseases have an unfair advantage when it comes to killing, as is being proved in SA today. Authorities who consider themselves decent don't like to talk about them, let alone do anything.

Voices which should be raised in clamour about the threat of Aids are strangely silent. Educational programmes in schools, which would inform and caution the vulnerable, do not exist in any noticeable form. National TV looks the other way, save for an occasional alarmist news item.

As a result, there can be few subjects of national interest that have spawned so much rumour, so many dire predictions, so much disinformation. The truth about Aids, as the title of this book suggests, is besieged by myth. Gossip, rumour, hearsay all feed one another.

The danger with a subject like this lies in being categorical. Aids is a comparative newcomer to the catalogue of diseases spread principally by sexual contact — it was identified only about 11 years ago — and there are many *lacunae* in medical knowledge and statistics. The virtue of Mary Crewe's book is that it presents known facts about the disease with clarity and brevity. The result is that the gravity of the Aids problem is revealed without the comforting redress of being able to blame it all on rumour. Here, truth is more dangerous than fiction.

Aids is with us and it's going to get a lot worse. Metropolitan Life's Peter Doyle has developed a model to project possible mortality. It has two options, high and low, assuming respectively no change in sexual behaviour patterns and significant changes in sexual behaviour patterns taking place 12 years into the epidemic.

According to the low prediction, by the year 2005 Aids will have killed nearly 2,5m people in SA. Morbidity will be about another 5,5m — people either HIV-infected or with developed Aids.

Crewe's argument is that a great deal more needs to be done in the way of education and guidance. It is not merely a case of dispensing facts about Aids and HIV. An aggressive public campaign needs to be taken to every possible forum. If nothing else, such a campaign might recognise the fantasies about Aids for what they are.

Here is an example of the lunatic maunderings of racist intellectuals intent on identify-

ing the disease as some obscene justification for apartheid, the broadcasters of such seeds of wisdom as Aids can be transmitted by:

- Coughing and sneezing;
- Water, milk, food and fruit;
- Personal contact; and
- Biting insects.

Someone should tell them that biting crabs were far more perilous. And what about good old sexual congress, or doesn't that take place in those ranks?

The ANC is not much better and drowns any sense of urgency in a flood of claptrap: "Our movement and the MDM must learn to tackle these problems head on . . . Some of us might regard this as a diversion from the important task of transfer of power to the people. Any intervention strategy in our country, to be effective, must situate the fight against the HIV/Aids epidemic within the broader struggle for economic and socio-political transformation. The political, social and economic determinants of Aids need to be given greater prominence in our structures."

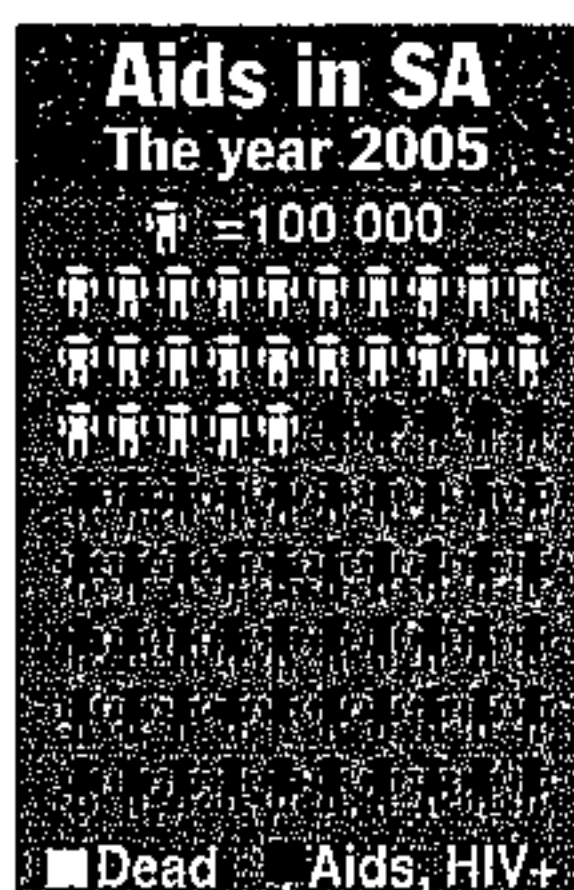
Cant killed the curiosity?

When it comes to the youth of the country, it would appear that the official policy is one which proposes that the less said the better. The Transvaal Education Department merely forbids: outsiders are not permitted to address pupils on this subject during school hours. Clearly unable to resist a chance to moralise, it goes on to recommend cultivating a lifestyle based on high moral standards, chastity and being aware of the ideal sexual relationship of one man with one woman.

Honest attempt

That SA lags in its campaign against Aids is not in question. It is quite ludicrous that we have TV and radio services which still forbid the advertising of condoms — apart from abstention, the only known effective preventive measure against the disease. Neither will the SABC consider broadcasting Aids education programmes.

Late in the day, somewhat ponderous moves are being made by government health mandarins but which still haven't engaged the colossal persuasive force of national TV



BUYING BOOKS

Some books reviewed may not be readily available. If you have difficulty obtaining a title from a bookshop, we suggest you contact the publisher's representative. Agents' telephone numbers for books reviewed this week (code 011):

- Penguin — 496-1730; and
- Gollancz — 786-2983

and radio to get the message across. A few *Agenda* items are simply not enough.

Any South African who isn't taking Aids seriously is a fool. This and much more emerges from Mary Crewe's excellent and concise book on the disease and its potential. In the book's 87 pages, the facts are presented with awful calm.

A question which, of course, must arise is whether her book is not just another of the works on Aids that are gathering on bookshelves at a fine rate. It is not. In fact, it is a sober and honest attempt to bring the myth to heel. If you value your future, R19 is not a lot to invest.

The only reservation I have is that in parts of the book the writing is occasionally littered with the grimly absurd coinages of political correctness. To call prostitutes "commercial sex workers" is just plain ludicrous. And Shawco is not the correct acronym for the SA Health Workers' Congress.

Robert Kirby

An emotional life

FRANCIS POULENC: ECHO & SOURCE; SELECTED CORRESPONDENCE 1915-1963 translated and edited by Sidney Buckland (Victor Gollancz, 448pp, R174,90).

Johannesburg-educated Buckland has produced the definitive treatment of her selected topic. Surely nobody will ever again want to mine the letters — and Poulenc was a compulsive letter-writer, like so many people in the pre-telephone era — of one of the leading (though much denigrated) French composers of the first half of the century.

That description also limits the appeal of the book, but not as much as you might think. Poulenc was friendly with writers and theatre people as well as musicians and other composers. Chagall, Cocteau, Colette, Diaghilev and the poet Paul Eluard are among his correspondents, as well as any composer you can think of: only the Sartre-de Beauvoir axis seems to be missing.

Buckland's notes are masterpieces of research. Potted biographies of Poulenc's correspondents and a brief chronology are invaluable in setting the letters in context. Together, these commentaries occupy almost a third of the book.

Many of the letters are previously unpublished, and others have been published only in expurgated form. The reinstatements are necessary; Poulenc's music is not homosexual as such, but reflects his emotional life to a greater degree than is true of most artists and their work.

The whole enterprise is a labour of love and triumph of scholarship. Buckland has even uncovered details of the daughter born to Poulenc in 1946, by an old friend.

Michael Coulson

Be aware of Aids week ⁹²

THE Johannesburg City Council's Health Department will hold its second Aids Awareness Week starting tomorrow.

Sowetan 19/6/92
The campaign will be organised together with the Johannesburg-based Community Aids Information and Support Centre.

One of co-ordinators, Mr Zola Dambula, said their main thrust would be to promote preventive measures and to raise Aids awareness in Johannesburg.

Dambula said a decision was taken to hold the event annually because of its success last year.

The organisers also hope to inform and educate the public about the services available to them, to encourage individuals, organisations and businessmen to be involved in Aids projects and to support organisations providing care for Aids sufferers.

Outlining this year's programme, Dambula said the campaign would begin with a "bus ride" to various shopping centres in and around Johannesburg on Saturday morning.

There would be live entertainment while providing advice and information on Aids-related issues.

On Sunday, friends and relatives of people with the HIV virus would speak of their experiences and a film would also be shown.

The topic on women and Aids will also come under the spotlight during an educational evening next week.

Other activities during the week include the distribution of pamphlets, sticky badges and condoms. There would also be information stalls in Hillbrow and at the Carlton Centre.

The highlight of the campaign would be a fundraising concert in Yeoville on Saturday next week.

For more information people can contact the Community Aids Information and Support Centre at 725-6712/3/4.

Warning on Aids apathy

et 19/6/92 (92)
DURBAN. — South Africans — and others worldwide — are becoming apathetic about Aids and there is an inherent danger in disregarding information about the killer disease, Professor Reuben Sher of the South African Institute of Medical Research said yesterday.

Speaking at a business breakfast, Professor Sher said people were tired of massive media campaigns and that their effectiveness was negligible.

New ways were needed to spread the

message. He said it was important to get community leaders, churches and civic organisations involved in passing the message to the people.

Professor Sher said a vaccine against Aids would not be developed before the end of the century.

The latest figures available from the World Health Organisation are that Africa has 6 500 000 HIV-positive people and the United States has around 2 000 000. These figures were calculated in April this year.

Hottentots Aids help

Health Reporter

92 AUG 23/6/92

AN increase in Aids notifications in the Hottentots Holland area has prompted the opening of a support centre for people with the HIV virus.

The Hottentots Holland HIV Support Centre, which opens officially this week, is entirely funded by the private sector.

Among services offered are counselling for individuals with HIV and their families, HIV testing, training for health-care workers and education for special interest groups.

There are at least 75 confirmed HIV-positive people living in the area, according to a doctor.

'Condom kings' reach out to sex workers

Weekly Mail Reporter

(92)

THE rate of HIV infection at the Outreach Clinic for sexually transmitted diseases is 11 percent in men and 15 percent in women. According to Johannesburg's director of community health, Dr Eric Buch, the figure is probably much higher among prostitutes.

Buch estimates that between 50 000 and 75 000 people in the Witwatersrand area — many of them in the 18 to 25-year age group — are HIV-positive.

The Outreach project, introduced by the Johannesburg City Council two years ago, targets prostitutes, gays and youths. "Our job is to protect the health of the people in the city, not to

judge them," says Buch. "We recognise the health risks for prostitutes and encourage them to use condoms and undergo regular health checks.

"It is sometimes suggested that we are encouraging prostitution, which is totally untrue. The reality is that people are doing this kind of work, and we aim to protect their health and that of others in the city."

The Outreach team comprises a doctor, a nurse and three counsellors, who operate in greater Johannesburg's night clubs, escort agencies and massage parlours. They have become well known among the growing number of "sex workers", whose nicknames for the

male counsellors range from "condom man" to "condom king" and "Aids man".

Herman van der Watt, one of the counsellors, describes the programme as "more about spreading awareness than finding out how many sex workers are HIV-positive. We also aim to educate the community at large to be sensitive and not judgmental".

There's not much Van der Watt and his colleagues don't know about life's seamier side. The three counsellors, who carry radios for security, have all been mugged on their daily rounds, during which they dish out condoms, hold impromptu workshops, answer queries and encourage people to visit the clinic.

DON'T expect to be met with blank stares or embarrassed denials if you stroll into an escort agency to find out what "the girls" know about Aids.

Most chatted quite openly to *The Weekly Mail* about the risks they're exposed to and the preventive measures they take.

"Of course I'll make him wear a condom, I won't do it without," said "Jo-ann", an attractive woman posing at the doorway of Pretty Women, at the intersection of Bree and Van Wierlijgh streets, where most of Johannesburg's agencies and massage parlours are concentrated.

"I've also got a future you know. Just because I'm a hooker, it's not my only life."

In Karen's, the escorts are friendly and frank: "We're the ones that prevent Aids. We use condoms all the time—even two at a time. We know the danger of Aids. Don't think any of us wants to get it," says wide-eyed Lesley.

Many of them visit the Johannesburg City Council's Aids clinic regularly, where the Outreach programme, run by five medical professionals and counsellors, holds workshops on Aids and other sexually transmitted diseases and provides free testing, check-ups and contraceptives.

The escorts are all familiar with "Condom Man"—young councillor Herman van der Walt, who along with one or two of his colleagues pays regular visits to agencies, hotels and nightclubs, to dispatch condoms, discuss problems and answer the women's questions.

Though some escorts are vague on the workings of the disease, with explanations like "it comes from dirty penises", or "it's when the spine coils in your back go funny", they are well-versed in preventative measures, many using both condoms and spermicides with non-oxynol-9—a substance known to kill the HIV virus and supplied at the Outreach clinic.

It's the clients, not the "sex workers", who put up a fuss about "safe sex" measures. Escorts report that several times a week they deal with stubborn men refusing to wear condoms, either because of ignorance or blatant lack of concern.

"Some guys try and take chances," says Lesley. "They think that because they're paying for it, they should have it their way. They don't get pleasure using condoms," she says.

"I get into a lot of fights about it. But I'd rather go without R200 than go without my life—there's a big difference there."

The girls' get tough on Aids



Photo courtesy THE SUNDAY STAR

Escorts and street hookers are well aware of the dangers of contracting Aids in their work—and many now insist on using condoms, despite resistance from clients. PHILIPPA GARSON reports.

Most of the escorts, she says, have become adept in the art of persuasion. "You say things to the client like 'Please wear a condom, so that when we both walk out the door, we know we're safe'."

They also devise their own clever ways to get condoms on intoxicated, unsuspecting men who won't listen to reason.

But once the condom is on, the battle is not always over. Many will attempt to pull off the condom shortly before ejaculation, says "Kim", who

But it's all a lot of nonsense. If ladies could use plastic, they would."

Charmaine says many of her clients "stink. They're drunk and filthy. They look disgusting, and they still have the cheek to look down on us".

All the women at her agency are on a permanent course of antibiotics because of the many infections intimate contact exposes them to. They're also required to donate blood every four months, a roundabout way of being tested for the virus, because "the girls are too embarrassed to go for ordinary Aids testing".

They brandish their blood donor appointment cards as proof that they're Aids free.

But the women operating on the streets are far less insistent about safe sex measures. Many, addicted to drugs like Wellconal and Mandrax, were booted out by agency bosses because of their drug habits and have grown dependent on the high turnover of "street" customers for drug money.

"The street girls are much more desperate. They won't always insist on condoms. They don't look at the seriousness of Aids. They just want the next fix and they don't think about anything else," says Kim, a Wellconal addict herself. A lesbian, Kim left an agency two years ago because of her addiction and went on to the streets to support her R900-a-day Wellconal habit.

After being raped, stabbed and thrown naked out of a car by a violent client some months ago, Kim left the streets. She now works at a massage parlour nearby.

"I'm not saying there weren't times when I didn't use condoms," she says. "And I know the girls on the streets, it's a waste of time talking to them. They're too far gone. It's desperation, you know." Kim spends much of her "working" life high, after spiking Wellconal. But she insists she's never too far gone to disregard safe sex measures.

Further down in Hillbrow, the stronghold of black prostitutes, economic necessity dictates a similar lack of vigilance. In the Little Rosemeath, an infamous prostitute dive where patrons booze and jive round the clock, five young girls between 16 and 18 years old speak animatedly about their problems with "men who won't wear them", in the apartment they share for R80 a night.

"Promise" chats to *The Weekly Mail* while donning her thigh-high boots in readiness for her stint on the streets.

"Yes, we use condoms. But when you get a person who won't use them, then you take him because you want the money."



Photo courtesy THE SUNDAY STAR

aware of the dangers of contracting
w insist on using condoms, despite.
LIPPA GARSON reports

goes on to give a graphic description.

The escorts seem to know their priorities. They all claim to refuse anal sex, a frequent request, and simply won't sleep with a client without a condom.

Charmaine, a pretty blond university student, relaxing next to a heater in an agency around the corner, is adamant. "If they don't want to use one, then you don't go with them. Sometimes you have to cancel the booking.

"Of course, they say they can't feel anything

because "the girls are too embarrassed to go for ordinary Aids testing".

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"Yes, we use condoms. But when you get a person who won't use them, then you take him because you want the money."

"Petunia", who charges about R30 a time, and makes "R150 upwards" a night, admits to being inconsistent. "We do often go without them. Then we go for a check-up at the clinic. We also fetch condoms from there and they tell us about Aids."

But none of the girls is able to give an explanation of the disease. They simply giggle and shrug their shoulders.

Petunia describes a common attitude among her clients: "If you give them a condom, then they'll say no, they'll do you rough on the bed and say 'it's my money'. When you tell them why they must use them, they say 'I'm not sick'."

The black client who emerges from next door, his "business" over, brazenly reinforces this attitude. "I don't use condoms. They ask me to, but I don't use bloody, fucking condoms," he says before the giggling girls march him out of the room.

HIV cases on the rise in City ⁽⁹²⁾ CT26/6/92

Staff Reporter

FIVE to 10 new HIV-positive cases are treated at Somerset Hospital each week, according to spokesman Dr Gary Maartens.

Of the 450 HIV cases at the hospital, one-third have developed into full-blown Aids, he said.

Dr Maartens, who is involved in running the HIV clinic at Somerset Hospital, was addressing a workshop on Aids at the Conradie Hospital yesterday.

A small budget was given by the Cape Provincial Administration for the purchase of the drug AZT, he said. AZT gave Aids patients extra years of survival.

"The chance of an Aids patient catching opportunistic infectious diseases is halved with AZT," said Dr Maartens.

Dr J P van Vuuren, who runs Tygerberg's infectious diseases clinic, said that 99,9% of patients obtained the disease from sexual transmission.

Thirty-eight patients with Aids had died at Tygerberg Hospital since the disease was first diagnosed, Dr Van Vuuren said.

In November last year there were 1 270 HIV-positive cases in the Western Cape. Last week's figures showed an increase to 1 629, he said.

Govt pack slammed as teenage Aids bomb ticks

SOUTH 27/6 - 11/7/92

By Donald Zake

WITH more than one in 50 young adults infected with Aids, the Department of National Health has come under sharp criticism for spending R1,5 million on an education package riddled with errors.

The Aids education package for schools is morally prescriptive and flawed in a way which reduces its usefulness, according to a Cape Town health worker specialising in Aids programmes.

But the Department said that with one in 50 young adults in South Africa already infected with Aids, it did not have time to wait for a "final" product before disseminating information.

It said in a statement this week that the package, which includes posters and a video, was "completely open to revision".

SA Health Workers Congress member Priscilla Reddy said in an interview the package was a "significant and most welcome" initiative and that it was in everyone's interest that a programme for teenagers be put to use immediately.

However she was concerned that

this programme had not been looked at carefully enough before being distributed.

"The flaws in the package detract from its usefulness," she said.

The package loaded its messages with values representing a specific morality. It constantly urged teenagers to say no to sex before marriage.

"While less sex may indeed reduce the chances of HIV infection, those teenagers who are already sexually active are not helped by this injunction.

"In some social settings premarital sex is accepted and condoned. There, safe sex is a more useful message," Reddy said.

Teenagers should be helped to work through Aids issues to arrive at informed solutions, including safe sex practice and abstinence.

Dictating to teenagers could engender rebelliousness and undermine the value of other aspects of the package.

Reddy said: "Astonishingly, the package suggests to teachers that if they find sections uncomfortable they should leave them out."

This material dealt with details of

high-risk sex and safer sexual practices.

"I believe it would be irresponsible for teachers to fail to take students through the question of their behaviour when faced with sexual intercourse.

"It is precisely this material that they need to understand."

Research showed that about 10 percent of adolescents have had some homosexual experience, but it appeared that the homosexual perspective was ignored in the compilation of the package.

Some of the posters contained wrong information and poorly formulated messages or illustrations.

"For example, 'the hole in the side of the penis, the speckled scrotum' and the 'green uterus' are more likely to confuse than to inform," Reddy said.

A spokesperson for the Aids Unit told SOUTH the package was "completely open to revision".

"The programme will hopefully be revised on a yearly basis."

Research for the programme had cost more than R200 000 and development and production had cost R1,5 million.

'Each time they die I die a little too' ⁹²

By JOHANNES NGCOBO *C/P news 28/6/92*

DESPITE having no formal training in patient care or counselling, 53-year-old Linah Nonkelela has been caring for Aids sufferers for two years.

Her first patient, a 30-year-old man, who is still alive, has reason to be thankful to Nonkelela, a co-founder of the Kensington Aids Centre, in Johannesburg.

His eyes still light up when she comes to help him at meal times. He is bed-ridden and unable to feed himself and needs a wheelchair to get to the toilet.

Nonkela is colour-blind when it comes to race. All who need help are taken in.

Her fame has spread and some of her patients are from other African states.

Most of them are terminally ill and know they are going to die soon. Some have died in her arms.

The majority of her patients are South Africans of all races who come to her because hospitals are overcrowded. Some have been rejected by their families, and others resent the attitude of professionals.

Nonkolela, a widow with three children, comes from Umtata.

"Aids sufferers are human beings," she says.

Eleven sufferers have died at the centre. She says a little bit of her dies with each of them.

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Sub-Saharan Africa has most Aids cases

By Barney Mthombathi
Star Africa Service

DAKAR — The World Health Organisation (WHO) has released its latest update on the spread of Aids, and it makes for grim reading — especially for sub-Saharan Africa.

Taking into account extensive under-diagnosis, under-reporting and reporting delays, the WHO estimates that by the end of this year close to a million adult Aids cases would have probably occurred in sub-Saharan Africa, or about two-thirds of the estimated global total, says the report, released at the weekend at the OAU summit in Dakar, Senegal.

It says that by the end of 1987, sub-Saharan Africa had about 2,5 million HIV infectious people. This had jumped to a cumulative total of 6,5 million by early this year, a figure it says is a conservative estimate. North America, the other

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trouble spot, has only about one million HIV infections.

The report estimates that about 75 000 HIV-infected infants would have been born in Africa by the end of 1992, and the projected total by the end of the 1990s is almost 5 million. Up to 70 percent of infants of HIV-infected mothers will be born uninfected.

During the 1990s, as many as 10 million children under 10 may be orphaned as a result of maternal Aids in the region, the report says.

Heterosexual transmission of HIV continues to be the predominant mode of spread, the report adds.

Practices such as male or female circumcision, ritual scarification, and use of unsterile needles and syringes are believed to account for only a small portion of total HIV infections in sub-Saharan Africa.

The impact of Aids will be greatest in large urban areas, especially in east and central Africa. In such cities, Aids deaths in young children and those in the 15 to 49 age groups

may well reduce expected population growth by more than 30 percent.

"The adult mortality rate may more than triple," it says, adding that the population in these countries is expected to continue growing in the 1990s.

The report says the health and social support infrastructure will be inadequate to cope with the clinical burden of HIV-related disease.

Up to 80 percent of all patients in some urban hospitals in central and east Africa are HIV-infected.

"An adequate response to this unprecedented epidemic will require substantial resources so that countries in sub-Saharan Africa can continue to strengthen HIV/Aids prevention and control programmes and take care of the ever-increasing numbers of Aids patients and orphans."

The report says the only way to defeat the spread of Aids is to mobilise and unify national and international efforts against the disease.

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The Crisis of Development AIDS and Development

"Our husbands are killing us. They go around chasing after all kinds of girl friends, then they come home and want us to have sex. What can we do?"
Zimbabwean woman

Last week we looked at the reasons for the food crisis in Zimbabwe and Ethiopia. This week we will look at the effects of a new disease on the development of Africa - Aids* (See the New Words Box). Millions of people are infected by the HIV* virus in Africa, and have got Aids as a result.

There are two important reasons why we should think about AIDS when we are discussing the development of Africa:

- Stopping the spread of AIDS and providing medical care for AIDS victims is using and will continue to use many resources in most African countries.
- Many people argue that the political and economic underdevelopment of African countries means that more people get AIDS and die in these countries than in developed countries such as the United States of America.

AIDS and Development

Every country with AIDS patients has a responsibility to look after them and give them all the help they can. In order for a country to control and treat AIDS victims, many resources have to be used. For example, many hospital beds are being occupied by people who are suffering from AIDS. Countries which have a very limited supply of medicines and medical personnel are using a large amount of these resources on AIDS. The rest of the health care system then gets less medicines, fewer nurses and doctors, and less equipment.

But this is not the only way AIDS uses up the limited resources of a country which are needed for development. Childcare is another demand growing out of the spread of AIDS. In countries like Uganda where many children have lost one or both parents to AIDS, much of the country's welfare Department is devoted to looking after these "AIDS orphans."

A last way in which AIDS drains the resources for development is that, like slavery, it takes the young and strong people out of the population. Most victims of AIDS are in the sexually active age group, from 15-49. People of this age are very productive for the economy. If large numbers of the people between 15 and 49 die, a country's workforce will be seriously affected.

Underdevelopment and the spread of AIDS

But other people believe that while a vaccine or safe sex is very important, AIDS cannot be controlled in the underdeveloped countries unless the problems of underdevelopment are also solved. Several problems of underdevelopment have been linked to the spread of AIDS.

- **A Lack of Information:** For a cure or "safe sex" to be successful, people need information. This means two things.

Firstly, the government must make information about AIDS available to the population. Some African countries have tried to keep the presence of AIDS quiet, often thinking the presence of AIDS will scare away foreign tourists.

Secondly, in order for information campaigns to be successful, people themselves must have a certain level of education. In countries with high levels of illiteracy, public education about AIDS is much more difficult.

- **Economic and Political Factors:** AIDS is most commonly spread through sexual contact. When families and lovers are separated due to economic or political factors, the chances of spreading diseases like AIDS increase.

In a country like South Africa where there are a large number of migrant labourers, spouses or lovers are separated for most of the year. This creates a situation where they may often look for other sexual partners, thus increasing the likelihood of one or both of them acquiring AIDS.

Another result of a weak economy is that women may end up with only one employment opportunity, namely prostitution. In countries like Kenya prostitution is so widespread that many European male tourists come into the country for "sexual tourism". This sort of international sexual exploitation helps spread AIDS.

A similar thing often happens when there are wars. Armies are mostly made up of men. In times of war, soldiers are separated from their wives or lovers for long periods of time. As a result many soldiers call on prostitutes. This sort of sexual contact can increase the spread of AIDS as well.

- **Inequality:** Inequalities mean that those with less money and resources are more likely to get AIDS. For example, poor people are likely to have less resistance to disease, particularly if they are malnourished. In addition, they are less likely to be able to afford to buy condoms, which can protect against the disease. For women, even if they can afford to buy condoms they may not be able to convince their husbands or sexual partners to use them.

Even if a cure is discovered, the rich may be the only ones who can afford it. At present the most widely used anti-AIDS drug is called AZT. It does not even completely stop the disease. It costs about R10 000 per year for one person. How many South Africans can afford AZT?

New Nation
[Learning Nation]
29/5-4/6/92
(92)

HIV: This is the virus that leads to AIDS. HIV means Human Immune Virus.

AIDS: Acquired Immunodeficiency (AIDS). Normally when someone's body fights the disease which is making them sick, someone who has AIDS gets sick, they cannot fight the disease and they die.

Myths: A myth is an invented story that people believe to be true, but which is untrue.

Is there a solution?

There is much debate about how to stop the spread of AIDS. Some people wait for a cure to be discovered. But governments are also promoting "safe sex" (using condoms) and promoting education.



NATIONAL
& CONTINENTAL
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it in Africa: 5



"Blaming AIDS on Africa was a legacy of a "colonial mentality" which capitalises on our sickness and underdevelopment to attribute everything that is bad and negative to the so-called "dark continent".

Abdul Mumini Aminn, Governor of the State of Borno in Nigeria

• Myths about AIDS •

ew Words •

HIV Positive: A person who has the virus in their blood is said to be HIV positive. A person can be HIV positive for several years before getting sick with AIDS.

Conspiracy: A conspiracy is something which a group of people secretly plan and do against other people.

Epidemic: A disease that is spreading fast and infecting many people.

Much false information has been spread about AIDS. This has led many people to believe certain myths about AIDS. Some of these myths are:

first became known many people in Western countries tried to blame it on black people, saying that it started in Zaire or the West Indian island of Haiti. Their ideas have not proven to be true.

1. AIDS does not really exist. It is an imperialist conspiracy*. No! AIDS affects millions of people throughout the world, including Africa. The World Health Organisation presently estimates that more than 5 million people in Africa are HIV positive. More than half of these are women. In South Africa statistics are not very reliable but at least 100 000 people are HIV positive.

AIDS kills more adults in Abidjan, the capital city of the Ivory Coast, than any other disease.

3. AIDS is a homosexual disease. Wrong! It is true that in the United States most of the early victims of AIDS were gay men. However, since then the disease has spread to all groups of people. In Africa almost all of those who are HIV positive are heterosexual.

2. AIDS started in Africa. No! There has been no conclusive proof to date about where AIDS comes from. It does not matter. When AIDS

4. AIDS is a disease affecting whites. No! AIDS is disease found all over the world, and affects people living in Africa, Asia, Europe and the Americas. AIDS does not discriminate on the basis of colour, sex or religion.

tion to the AIDS Crisis?

spread of AIDS. Some people say that all we can do is treatments in most African countries are not simply waiting for a cure which can cure AIDS. Campaigns encouraging "safe sex" with one sexual partner have begun in many countries.

Uganda: The Battle Against "Slim"

Ugandans call AIDS "slim", since those with AIDS become very thin. Uganda has been hard hit by AIDS. There are 600 000 children who have lost one or both parents to AIDS. In response Uganda has undertaken a huge programme against AIDS.

This is an epidemic*. You can only stop it by talking about it - loudly so that everyone is aware and scared and they stop the type of behaviour that encourages the spread of AIDS."

Unlike many leaders, the Ugandan President Yoweri Museveni has supported anti-AIDS programmes. He says:

Uganda now has AIDS education in their primary school syllabus. People are encouraged to "love carefully" in order to stop "slim". Much of this education work is conducted by people who are themselves HIV positive*.

"To not be open about AIDS is just ignorant.

Questions for Readers?



Question 1:
Aids is a white disease!

No you are wrong. AIDS is a black disease!



Who do you believe? Do any of them have the right answer? Why?

Question 3:
A Ugandan man said: "We cannot live without sex. What else is there, where is the enjoyment? We might as well be dead."

Name some other myths about AIDS.
What will happen if people continue to believe these myths?

Are doctors saying that people should not have sex? How can people protect themselves against AIDS when having sex?

How would you stop these myths from spreading?

Question 2:
How can the development of Africa help stop the spread of AIDS?

• Resource List •

There are many organisations working against AIDS in South Africa. Here is a list of some of them:

Township Aids Project
PO Box 4168, Johannesburg, 2000
Telephone: 982-1016

African Research and Educational Puppetry Programme
PO Box 51022, Raedene, 2124, Johannesburg
Telephone: 485-1164
Fax: 640-2934

AIDS Committee
Telephone: 403-4250

Community Aids Information and Support Centre
(They provide free AIDS tests.)
Po Box 1477, Johannesburg, 2000
Telephone: 725-6711/3
Telephone Hot line: 725-6710

AIDS Centre
Telephone: 725-6551/2

AIDS Consortium Project
Telephone: 403-6918



EDUCATION



SADTU's National Protest Action



New Nation (Learning/N) 29/5-4/6/92

Over the past few weeks, readers of Learning Nation have become acquainted with SADTU's struggle for recognition as a union.

SADTU has planned two days of action on 21 and 22 May to highlight the struggle that the union is waging for recognition. This article will look at the underlying reasons for SADTU's decision to embark on national action.



SADTU PRESS STATEMENT

The South African Democratic Teachers' Union (SADTU), a national, non-racial union of 40 000 teachers, has called on its members to embark on two days of national action on 21 and 22 May 1992. On these two days teachers will first report to school to attend to their duties and thereafter embark on protest actions including pickets, marches and rallies.

This protest by teachers is precipitated by the following factors:

1. the victimisation of SADTU members by the various education departments;
2. the reluctance of the various education departments, the DET in particular, to recognise SADTU in terms of full democratic collective bargaining rights;
3. the inability of the present education departments to address the debilitating crisis in our schools effectively;
4. the callous continuation by the government of unilaterally restructuring education while being in a period of political transition;
5. the measly 8.8% salary increases with which the government endeavours to pacify hard-pressed teachers;

The State will only Recognise SADTU on Apartheid terms

The DET and the DEC in the House of Representatives have accused SADTU of bad faith. The Departments say that they are ready to recognise our union, but that it is SADTU that is delaying the process by making unacceptable demands.

SADTU, in turn, is saying that the DET and the House of Representatives are only interested in recognising the union on the terms of these separate racial departments. The education departments want SADTU to accept a status in accordance with the Apartheid legislation presently applicable to all teachers. SADTU is demanding collective bargaining rights, but such rights are not provided for in the present laws.

Grievance Procedures

SADTU is also demanding democratic grievance procedures. We know that, because no proper channels exist through which teachers can resolve grievances, teachers are forced to turn to more radical alternatives like marches and demonstrations. SADTU also believes that the absence of proper structures for resolving disputes gives the education departments the opportunity to victimise and intimidate teachers.

SADTU Leaders Victimised

Two SADTU leaders, Cde Oupa Sebolai (Potchefstroom) and Cde G.L. Lefuo (Botshabello) have been dismissed from their posts by the DET. SADTU believes that the DET has acted against these teachers because, as leaders in the community, they voiced the criticism of teachers against the DET.

In Gazankulu, Cde Chris Mashego (a SADTU branch chairperson) was dismissed merely because he signed a list of grievances against the Department, along with other community leaders.

In Ciskei a major witch-hunt has been conducted against SADTU members, leading to the dismissal of SADTU members like Ronald Mbece. All attempts by SADTU to secure an appointment with the Chairman of the Council of State or his Education Minister have failed.

In Kwazulu SADTU is outlawed, and any teacher in the Kwazulu education department who is a member of SADTU faces dismissal.

'Sweetheart' Organisations encouraged

While this victimisation of SADTU continues unabated, the education departments of the state subtly support 'sweetheart' teacher organisations. These organisations, the Departments hope, will be less prepared to fight for their members than SADTU. SADTU has documents in its possession which clearly show that certain conservative teachers' organisations are receiving financial support from the education departments.

Our Action will Also Highlight the Education Crisis

SADTU is also embarking on its days of action as a demonstration against the continuing crisis in education. Despite being in a period of political transition, the South African government continues to do just as they please in education. New school models are announced; new curriculum proposals are being implemented - without the involvement of democratic teachers' unions like SADTU.

We Want Stop Order Facilities

The House of Representatives is still refusing to grant SADTU stop-order facilities, despite the fact that the union has met all conditions for that right. SADTU finds this situation totally unacceptable. The union is being blackmailed by the House of Representatives with the money of its own members.

The SADTU national protest is a way of showing our complete rejection of the authoritarian schemes of the Apartheid bureaucrats.

This article was prepared by:

The Sadtu National Office



112 Main Street
Johannesburg



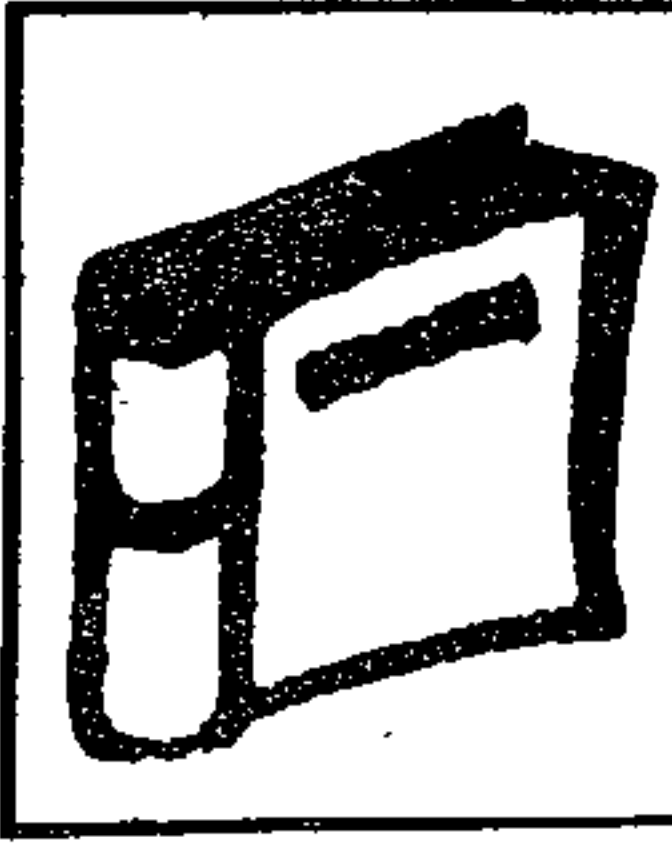
SADTU is particularly disturbed by their harassment suffered by Mr Oupa Sebolai (Chairperson - Western Transvaal Region) and Mr G.L. Lefuo (Chairperson - OFS Region) at the hands of the DET. Both have been dismissed for their participation in union activities.

In Lebowa, Ciskei and Kwazulu, SADTU members have suffered severe repression and victimisation.

As far as negotiations for recognition are concerned, the DET and other departments have resisted the allocation of democratic collective bargaining rights to SADTU. The Departments have, in fact, tried to stifle SADTU's democratic right to organise teachers by applying the restrictive clauses of Apartheid legislation to the recognition agreement presently being negotiated. In the meantime, when SADTU branches attempt to intervene on behalf of our members, they are officiously reminded by unsympathetic officials that SADTU is not recognised and does not have the status to represent its members.

SADTU has received numerous reports that some of the education departments are funding "sweetheart" teacher organisations in an effort to counter SADTU.

SADTU is determined not to sacrifice the principles of democracy, non-racialism and critical consciousness on which the Union has been founded. The Union is prepared to fight for the preservation of these values. We shall not succumb to the pressures by the Powers that Be to co-opt SADTU on the racist and discriminatory premises on which the present administrations in education are based.



MATRIC LITERATURE

Literary Conventions: The Role of Judgement

In last week's article, we saw that language offers two useful features to writers who wish to make judgements. Firstly, you may make use of generalisations such as *never*, *always* and *every*, and secondly, you may use comparatives such as *best*, *most* and *less*. When making a judgement, writers often make use of a host of other techniques as well, in order to convince us of the authority of their ideas. One of these techniques involves setting the right tone. This week, we will look at the role of tone in judgements.

What is Tone?

Tone is the way things are said which adds particular emotional meaning to the words used. The tone of any statement may be created by means of words that have an emotional impact upon the reader. For an example, read this extract taken from the novel, *I Heard the Owl Call my Name*:

Extract A:

Everyone in the village shared death. Here death could not be hidden or pushed aside. Here death was normal.

This extract contains generalisations and an implicit comparison. Answer the following questions to see if you can identify the ways in which the language has been used to construct these generalisations and the comparison.



1. Which one word in the above extract indicates that Craven is making a generalisation?
2. Which word in the quotation indicates that there is an implicit comparison being made?
3. What is being compared in the above quotation?

Check your answers before you continue.

From your answers to these questions, we can see that extract A compares the way in which death is treated among the Indians of Kingcome, with the way in which it is treated by people living in cities. Let us now try to look for the words which describe how the villagers and the city people respond to death.



4. Extract A describes two ways in which the villagers respond to death, and two

ways in which they do not respond to death. Find the two words which tell us more about how the villagers view death.

5. We have seen that extract A compares Kingcome Village to cities in general. Therefore, by telling us how the Indian villagers do not respond to death, the quotation implicitly tells us how city dwellers deal with death. Which words in the quotation tell us more about how city dwellers view death?
6. By answering questions 4 and 5, you have discovered that extract A not only compares, but contrasts different attitudes towards death. Which one word has been used to construct this contrast?

As a result, we may say that the tone with which Craven describes the villagers' attitude towards death, is positive, while the tone with which city people are described is negative.

A negative or positive tone allows for value judgements

We are now in a position to see the potential power of a judgement. A judgement may do more than only communicating a debatable opinion in assertive and straightforward language. It may also give a negative or positive value to this opinion.

Extract A does more than simply describe the differences in their attitude towards death between the Kwakiutl Indians and Canadian and American city people. It

in value judgements, read Thomas Hardy's poem *Throwing a Tree* on p.14 of your poetry anthology. Then answer the following questions.



7. Find all those words in the poem which personify the tree that is being felled.
8. Which word personifies the other trees?

Check your answers now.

None of the words which personify the tree that is felled in the poem are associated with particularly negative or positive emotions. However, words such as *proud* and *long staying powers* (endurance) encourage us as readers to identify or sympathise with the tree.

As a result of sympathising with the tree, we are encouraged to imagine what it would be like for us to have a *death-mark* on our side, or a *deep gash* in our skin, and to be *shivering* and *quivering* because our own life is nearly over. Identifying with the tree makes us feel sorry for it and this creates negative feelings towards Job and Ike, the fellers. These negative feelings are aroused first of all by the word *executioners*.

Job and Ike are only tree fellers doing their job, but in the poem they are represented as bad people. The personification in the poem has encouraged us to judge them badly.



....And so they approach the proud tree that bears the death-mark on its side

Check your answers before continuing.

Let us now look more closely at the emotional impact which extract A can have on a reader. The villagers' attitude has been described by means of the words *shared* and *normal*. Generally speaking, these words are associated with positive emotions such as security, safety and contentment.

The city dwellers' attitude towards death, on the other hand, has been described by the words *hidden* and *pushed aside*. These words, which contrast with the words *shared* and *normal*, arouse negative emotions associated with dishonesty - guilt, perhaps, or secretiveness.

tells us that the Indians' attitude is better than the Americans' attitude. The emotional associations of the words *shared* and *hidden*, for example, have been used with the aim of convincing the reader that the opinion expressed allows for a sound (correct or wise) value judgement.

Personification in Value Judgements

Personification occurs when we give non-human things human qualities. Personification is often a very successful tool with which to arouse emotion. For an example of the role which personification can play

Answers

1. *Everyone*

2. *here*

3. The word *here* refers to Kingcome Village, and it implies a *there*. 'There' would refer to modern cities such as Vancouver. Therefore the quotation implicitly compares the way in which death is treated in Kingcome Village, to the way in which it is treated in cities.

4. *shared; normal*

5. *hidden; pushed aside*

6. *not*

7. *proud; gash; giant; shivers; quivers; living; long staying powers; growth*

8. *neighbours*

Cape's ⁹² Aids epidemic on increase, say experts

ANDREA WEISS
Health Reporter

HEALTH-CARE workers are concerned that Cape Town's health services are not coping with an increasingly visible Aids epidemic in the city.

The problems created by Aids were the focus of a workshop at Conradie Hospital in Pinelands, organised by intern Dr Carol Cragg, who had encountered four Aids patients within her first few months at the hospital.

Speakers at the workshop emphasised that action was urgently needed.

Treatment of Aids patients was "erratic, irrational, uncoordinated and unplanned", said Dr Aaron Metrikin of the Medical Research Council, one of nine speakers to address the workshop.

Among the immediate needs were to get treatment centres closer to where patients lived and to establish treatment pro-

ocols for the many infections to which Aids patients were prone, he said.

Dilemmas created by the disease included the following:

- If a patient had only a year to live, could the state afford an expensive operation that would restore that person's sight and dramatically improve their quality of life? and

- And what was to be done if a whole family had Aids? Such a family had to travel from Khayelitsha to Somerset Hospital and Red Cross Children's Hospital on different days of the week for treatment.

Dr Metrikin said the state should not shift its responsibilities on to communities already burdened by poverty. The state needed to be involved at every level.

Dr Gary Maartens of Somerset Hospital said five to 10 new HIV cases were seen a week. There were 450 patients on the hospital's books, a third of whom had active Aids.

Mrs Norma Daniels of the Cape Provincial Administration said that while hospitals in the Western Cape were able to cope with patient numbers now, this would change and a system of home-care would have to be introduced.

Dr JP van Vuuren of the infectious diseases clinic at Tygerberg Hospital said there were 1 629 known cases of HIV infection in the Western Cape. The real figure could be 10 times that.

At present, Tygerberg has 232 people on its books. There had been 38 known deaths, one last week of a patient diagnosed at the hospital in 1985.

Among his patients were 17 married couples, several of their children also had Aids. Two cases of HIV infection were of a young girl and a woman who had been raped.

Ms Sally Martindale of the Aids Training, Information and Counselling Centre emphasised the importance of counselling before and after an HIV test.

She said this presented an ideal opportunity to educate people on how to stop the spread of infection.

She also warned that people who were given positive test results without adequate counselling could be so shocked by the news that they might become suicidal, violent or practise high-risk sex.

She said people needed to be prepared for a possible positive result — and, even then, they were likely to experience shock, anxiety, despair and social trauma.

"We never give a result on the phone and never on a Friday," she said.

Dr Jane Pearce, deputy medical director of the Western Province Blood Transfusion Service, said there was anything between a one to 40 percent chance of getting HIV through a single sexual encounter. By comparison, there was a 0,0002 percent chance of getting it from a blood transfusion.

65% of HIV carriers in Africa

92 CT 30/6/92

DAKAR. — Africa is home to 65% of the people infected with the virus that causes Aids but developments in South Africa make it unlikely that the deadly disease will be discussed at the OAU summit which opened here yesterday.

Sixty percent of the salaried workers in Zambia's copperbelt region, 30% of health officials in Uganda, 30% of pregnant women in the Rwanda capital Kigali and 70% of all security

forces in Zimbabwe carry the human immune-deficiency virus (HIV), according to a UN survey.

In Guinea-Bissau 10% of the troops and 9% of the rural population are infected and in Ivory Coast 15% of the West African country's hotel personnel are HIV-positive.

With mothers unable to raise children, health officials no longer looking after the sick and copper workers quitting

the job market, the Acquired Immune Deficiency Syndrome (Aids) leaves a trail of poverty that boosts the Aids caseload in a vicious circle.

Fifty million adults may be infected in Africa by the year 2000, leaving up to 200 million of their dependants in immense distress, the Dakar-based non-government organisation Enda (Environnement-Developpement Tiers Monde) has said.

Poor information, and geo-

graphic or financial hurdles barring access to the health system aggravate the crisis. The price of condoms is often prohibitive and two prophylactics can cost as much as a "quickie" with a prostitute in poor neighbourhoods.

Doctors are also appalled by the inactivity of political leaders, who tend to turn a blind eye to the human disaster for fear of tarnishing the image of their country. — Sapa-AFP

Govt is doing too little too late about AIDS official

KATHRYN STRACHAN

SA's health authorities had responded to the AIDS pandemic in a typical African manner by doing too little too late, Health Department aids unit medical advisor Dr Wilson Carswell said yesterday.

He told a conference on care for AIDS sufferers that other African nations at least had ignorance as an excuse.

But the same factors which allowed the rapid spread of the disease in countries like Malawi and Zambia — where in many parts one in four young adults were infected — also existed in SA, he said.

It was only through a co-ordinated AIDS prevention programme — including dramatic improvement of sexually transmitted disease (STD) management, condom distribution and an education programme — that this scenario could be averted. Little progress had been made to date.

The Health Department's education programme had stopped, apart from free air time donated by the SABC. The secondary school package, with more than 2 500 outstanding requests, had not been supported by the planned teacher training and production had stopped. A primary school package was on hold.

STDs had become as rampant in SA as in many neighbouring countries, with an estimated 3-million new cases annually. How-

ever, STD services had hardly changed for the last few years, with no additional resources allocated to them.

The state's distribution of free condoms was vastly inadequate and misdirected. Condoms were mainly distributed through family planning clinics, which excluded young males. Carswell said senior health officials had "bureaucratized" the department's AIDS unit, which had left it unable to address the disease.

He said that in France, four senior health officials were currently on trial for decisions they made or did not make in the mid-80s — a precedent in holding officials responsible for their decisions.

He said that what SA had seen in less than five years was nothing more than the southern tail of the pandemic which had devastated states to the north.

HIV infection was now present in about 2% of all young adult South Africans, while in northern Natal one in 12 women between the ages of 15 and 19 were infected.

Infected people totalled 250 000 in SA, with the number growing by about 400 daily. About 100 babies were born with the virus each week, Carswell said.

750 000 in SA 'will have Aids by 1994'

(92) CT 30/6/92
JOHANNESBURG. — About 750 000 South Africans will be infected with Aids by 1994 unless measures are taken to curb the killer disease, an official of the Department of National Health, Aids Unit, warned yesterday.

"Currently the 'doubling time' of the pandemic in South Africa is 14 months, which implies that three quarters of a million people will be infected with the Aids virus by this time in 1994," Dr J Wilson Carswell told a national conference on home-based care for victims of Aids.

He said the prevalence of the disease was high in Natal and lowest in the Cape. — Sapa

Aids — but still too few use condoms

Argus Africa News Service

MAPUTO. — Despite an intensive anti-Aids campaign, Mozambican men are shunning condoms. (92) ARG 2/1/92

No more than 3,000 condoms are sold each month in Maputo, according to a local newspaper, Mediafax, and many of these are bought by prostitutes who insist on their customers using them.

"There are months when we don't sell a single condom," a chemist operating in the city centre told the newspaper.

Many of the condoms now on sale in the city are unreliable; however, having been made in America in 1987 and having probably deteriorated while lying unsold in chemist shops in Maputo's hot weather, according to the head of the state-owned chemist shops, Dr. Joaquim Durao.

In these shops condoms are sold at a nominal price equivalent to about 17 cents but even this is too much for some people in a country where the minimum industrial wage is equivalent to R45.

Helping Aids victims

92
Sowetan
21/7/92

By MOKGADI PELA

WOMEN could play an important role in promoting home-based care programmes for people with Aids, a workshop was told this week.

Dr Chelsie Morrison, a former consultant with the World Health Organisation, encouraged South African women to emulate their counterparts in other countries by promoting home-based care to relieve the stress on hospitals.

"With a daily infection rate of 400 persons, it seems inevitable that all relevant role-players like women, church and local authorities should be involved in developing a suitable home-based model for South Africa," Morrison said.

The workshop, which was organised by the Aids unit of the Department of National Health and Population Development, was attended by about 200 people.

STAR 3/7/92 (92)
**Aids research
goes into orbit**

CAPE CANAVERAL — Astronauts on the US shuttle Columbia took advantage of the lack of gravity in orbit yesterday to conduct research into a cure for Aids.

The crew's around-the-clock research schedule has included work with 32 protein compounds. At least five are related to the Human Immunodeficiency Virus that causes Aids.

The United States space agency said that all was well aboard its oldest shuttle on what is expected to become the longest space flight by Americans since 1974. — Sapa-Reuter.

Codesa a beacon of hope, says Southern's Chapman

CAPE TOWN — The setbacks and areas of failure experienced in Codesa should be neither surprising nor alarming, Southern Life chairman Neal Chapman said in his annual statement.

"That so many groups with histories of conflict and future aspirations so varied have continued to meet, to work together and to seek solutions is at once a miracle and a beacon of hope."

Chapman said that the key parties to the negotiations had stressed the need for SA to have a sound market economy if it was to meet the needs for housing, health, welfare and education and added that business too had to play its role in addressing these needs.

International support and funding would also be required to meaningfully address social needs.

"Veiled threats of renegeing on loans, of nationalisation or of arbitrary behaviour in respect of dividends are capable of doing long-last-

LINDA ENSOR

ing damage to our country's credit rating," Chapman said.

He noted that the prevalence of the HIV virus was increasing at an alarming rate.

Whereas the first 100 000 infections in SA occurred over a 10 year period, the second 100 000 took less than a year. Conservative estimates put the current HIV infection rate at more than 300 new cases every day.

"We continue to investigate and make changes to our policy design, aimed at holding premium increases to a minimum while at the same time ensuring that the most vital needs of our customers are met.

"We have progressively tightened our underwriting limits for HIV testing in line with the rest of the market. Prudent transfers to our AIDS reserves have continued."

Chapman highlighted the trend of pension and provident fund trustees to increasingly place funds in off-balance sheet portfolios. Last year a

number of funds underwritten by Southern had taken this route and its own off-balance sheet assets managed for clients had reached R1,8bn.

"We expect the trend to continue and are broadening our range of services offered to customers who require asset management by way of unique portfolios."

Southern Life's total assets increased by 19% to R17,7bn (R14,9bn) and investment income by 14% to R1,1bn in the year to end-March 1992. Earnings increased by 19% to 97,5c (81,9c) bringing the average annual growth for the last eight years to 21,9%.

Policyholder benefits showed an average annual growth rate of 31,9%.

Marketing and administration expenses rose last year to 8,3% (7,4%), of total income while the return on average shareholders' funds increased to 27,9% (25,6%).

Chapman said shareholders could expect continued growth in earnings and dividends this year.

'Help AIDS victims' (92)

Sowetan 3/7/92

By MOKGADI PELA

THE Government should provide HIV carriers with zidovudine or AZT, the drug which slows the progression of the virus, leading experts on the disease told a seminar in Warmbaths yesterday.

Dr Dennis Sifris and Dr Steven Miller, both practitioners treating HIV and Aids sufferers in Johannesburg, said the Government's reluctance to provide HIV-carriers with the "drug which has prolonged the lives of many people shows gross insensitivity and was part of the culture of neglect in the country."

They said AZT, timeously administered, could increase the quality of life of people and make them productive members of society.

"About 20 000 patients in clinical trials globally have received AZT treatment, what more evidence do we need?" asked Miller.

They blamed the Government for "misallocating funds".

Official report soon on Aids Unit controversy

■ A report on the Aids Unit is expected soon after disclosures in the Press on alleged irregularities in the running of the department

ANDREA WEISS.
Health Reporter

AN investigation by a magistrate into alleged irregularities in the government's Aids Unit was wrapped up this week.

The report will probably be made public before the end of the month.

The Director-General of Health, Dr Coen Slabber, said this week that Mr Peet Wesels, chief magistrate of Pretoria North, had "examined all the documents and interviewed everybody".

His report would probably be completed by the end of next week, but it would not be made public before the Department of National Health and Population Development had had time to examine it.

Dr Slabber said that as there might be "things of a personal nature" in the report, a re-

wording to "put things softer" might be considered.

Internal strife in the department last month led to the side-lining of the Aids Unit's acting head, Dr Manda Holmshaw, and her deputy, Dr Wilson Carswell.

Weekend Argus disclosed that Dr Holmshaw and Dr Carswell had been removed from positions of authority after they complained that millions of rands budgeted for the unit had been diverted for spending elsewhere.

Counter claims from the department were that staff within the Aids Unit had complained about Dr Holmshaw's management of the unit.

Miss Natalie Stockton was appointed to manage the Aids Unit full time as part of an "administrative re-arrangement".

The department said Dr Holmshaw and Dr Carswell were expected to play an important role in the campaign against Aids which would "in future demonstrate significant successes".

Meanwhile a Press release about the Aids schools package has been sent out quoting Dr Holmshaw as head of the unit.

92

ARC 4/7/92

More TB patients getting Aids too

By DIANA STREAK

92

AN increasing number of tuberculosis patients in the Western Cape have Aids, doctors say.

A recent victim was a baby who was three months old when she was admitted to hospital. Two months later she was dead, as a result of contracting Aids-related TB.

"In the past few weeks there have been a marked increase in patients with severe TB at our hospital," said Dr Carol Cragg, who recently organised an HIV/Aids workshop at Conradie Hospital.

"These are young people and often they die within days of admission without HIV tests having been taken," she said.

The Western Cape has the highest TB level in the country and perhaps one of the highest in the world, said Dr Aaron Metrikin of the Medical Research Council's National Aids Programme.

"The link we are making is that in many patients diagnosed as having TB, especially disseminated TB, HIV is fairly far advanced," he said.

Poverty

Disseminated TB occurs when the disease has spread from the lungs to other parts of the body.

"A patient who has HIV has a suppressed immune system and is more susceptible to opportunistic infections such as TB.

"Most people in this country have been exposed to TB and TB reactivation is a major problem in HIV infection. TB which was once dormant becomes reactivated in the presence of immuno suppression."

The socio-economic conditions that give rise to the spread of TB are prevalent in the Western Cape. These include poverty, overcrowding, poor nutrition and inadequate health services.

"The socio-economic determinants that lead to TB may contribute to the rapid spread of HIV in the future," Dr Metrikin said.

He stressed that the TB could still be treated but would require longer treatment.

Social restructuring was necessary to limit the spread of the disease, he said.

"HIV should not be seen in isolation but as part and parcel of the socio-economic context which needs to be addressed."

Rows cripple state AIDS unit



By HEATHER ROBERTSON and CAS SIEGER

THE ROW that has paralysed the government's AIDS unit burst into the open this week when the unit's consultant, Dr Wilson Carswell, publicly attacked "senior bureaucrats".

A day later Dr Carswell received a disciplinary letter from the Department of National Health reporting him for the remarks.

Meanwhile, AIDS unit head Dr Manda Holmshaw, who has been suspended and stripped of her title after complaining about the way funds were allocated, says many of the 15 members of the unit in Pretoria watch children's video cartoons while the department is being "reorganised".

Speaking publicly for the first time about the internal row, Dr Carswell told a Pretoria medical conference on Monday: "AIDS is far too important to be left to amateurs. Senior bureaucrats have unilaterally decided to bureaucratically decide the unit."

Squabbling

He said the whole professionally designed AIDS communication and education campaign had been stopped and turned over to people "new to AIDS, and with limited appreciation of the needs of the pandemic at this point".

Despite official denials by health department heads, Dr Holmshaw and Dr Carswell confirm that the education campaign has bogged down amid the



SUSPENDED: Dr Holmshaw and Dr Carswell

Picture: JAMES SOULLIER

Nothing to do, so officials laze about watching videos

bureaucratic squabbling, and also that Dr Holmshaw has been suspended.

"Staff are watching my son's videos while the so-called reorganisation takes place," said Dr Holmshaw this week.

In the reorganisation, the AIDS unit has become a sub-directorate of the health promotions directorate headed by Sister Natalie Stockton, a nurse who publicly admits she has had little direct experience of AIDS.

Dr Keith Heiman, an executive member of the National Council of Child and Family Welfare, said this week his organisation would approach Minister of Health Rina Verter to

protest about the suspension of the schools education programme.

He said: "With 400 people a day being infected by AIDS in South Africa, we do not have time to waste on bureaucracy. The government does not know how to handle the pandemic."

He said the primary health care programme headed by Sister Stockton was "totally useless" and the anti-smoking programme she directed had "fizzled out".

On May 5 this year, Sister Stockton wrote to the director-general of the health department, Dr Hans Sleytr, and criticised the AIDS campaign, say-

ing "A large number of parents cannot read, neither can they afford a Sunday newspaper."

She said she preferred to see more money spent on radio rather than on TV on bureaucracy. The government does not know how to handle the pandemic.

In a handwritten note at the bottom of her letter, Dr Sleytr wrote: "I actually wanted to stop all TV campaigns because they are geared for the glamour."

Dr Heiman said he could not understand the reasons for Dr Holmshaw's suspension as she was a clinical psychologist who had extensive experience in education.

She was also awarded a merit increase by the department for her AIDS education campaign in May this year.

Dr Sleytr, who was directly in charge of Dr Holmshaw and her medical adviser, Dr Carswell, denied the AIDS education programme had been curtailed. He said Dr Holmshaw had been replaced by Sister Stockton because of complaints from personnel. Dr Holmshaw denied any such complaints had been made.

Mr Warwick Allan, national co-ordinator of AIDS awareness group Act Up, said an investigation by his movement had found that Dr Holmshaw had been suspended from attending departmental meetings after being demoted by Dr Sleytr. The reason was because she had complained to Mr Coen Slabber, director-general of health in Cape Town, that R4,5-million — a third of the AIDS budget — had been redirected to the infectious diseases directorate.

Waiting

As a result, the AIDS unit could afford to distribute only 600 education packages, leaving 2 500 schools on the waiting list.

Mr Allan said R1,5-million from a Cabinet budget to be used for the schools campaign, and R3-million from the general AIDS budget, had been redirected to the infectious diseases directorate.

While the budget for AIDS education in 1992/93 is R4-million, R1,5-million has been paid for educational material from last year. This leaves only R2,5-million for the AIDS communication campaign over this period.

SADF move rocks property market

By CLAIRE ROBERTSON

THE already ailing property market in Pretoria's central business district has been dealt another blow by an SADF defence force decision to decamp from the city centre this month.

Eight SADF staff divisions are to move to the new Armscor building east of the city by early August, SADF spokesman Major John Kall said this week.

The move from three CBD office blocks will cost city landlords R5-million a year in long-term rentals.

Said Afrifanase Satekame's Property Group head Frans van Vlieten: "The Pretoria rental market is absolutely in the doldrums already. The chances of filling those buildings is very slim."

Civil service rentals are the lifeblood of the CBD property market, taking up more than 60 percent of available space. More than 10 percent of space in Pretoria CBD was vacant at the end of May.

The SADF move, from the Eshmark and Karl Kling buildings in Vermeulen Street and Prospect House in Schoemans Street, will bring all headquarters staff under one roof. The Ministry of Defence is also housed in the Armscor building.

The move follows a Cabinet guideline that requested that the SADF presence in the CBD — with its security risks to SADF personnel and civilians — be reduced.

The move also results from a rationalisation by both Armscor and the Defence Force which left several buildings under-utilised.

The SADF rationalisation of property extends to the more than 550 000 hectares owned by the Defence Force.

Aids: 'Special plan' for waste

ROGER FRIEDMAN
Staff Reporter

92

MEDICAL practitioners could soon be forced to comply with special regulations when disposing of waste to prevent the spread of Aids and other viruses.

Policy options for the disposal of hazardous medical waste will be discussed next week by a Cape Town city council environmental health committee comprising members of the health and engineers departments.

This week it was announced that an environmental advice committee of the Bellville city council was considering implementing stringent requirements for the safe disposal of medical waste.

ARG 8/7/92
Bellville town clerk Mr John Marshall said the Medical and Dental Council would be asked for advice.

At present doctors, dentists, veterinary surgeons and others in private medical practice are responsible individually for disposing of the waste they generate.

Many practitioners use private waste disposal companies or take waste to hospitals or clinics for incineration.

"The way in which medical practitioners conduct their practices is in accordance with the Medical and Dental Council's code of conduct," said Dr Mike Tatley, acting director of health services for the Western Cape Regional Services Council.

"The Medical and Dental Council published a set of guidelines for the handling of hazardous waste in 1989. These were disseminated to all members of the council," he said.

Structures such as the Regional Services Council and the Health Department could only encourage medical practitioners to comply with basic safety standards.

Cape Town medical officer of health Dr Michael Popkiss described the system in force as a "voluntary" one.

"We request practitioners to place all sharps (needles, scalpels etc) in impervious containers and place them with other medical waste in a pink bag," Dr Popkiss said.

Aids 'may wipe out African generation'

Star Bureau

LONDON — Aids could wipe out an entire generation in Africa, a British expert warns.

And the extent of the devastation is concealed from the world because journalists have been excluded from many of the countries worst affected.

Dr Patrick Dixon, medical

STAR 21 -
817192
director of the national charity Aids Care Education and Training, estimates that Aids has already killed more people in Africa than famine. And the epidemic is getting worse.

"Self-interest as much as humanitarianism should spur us to act," he says.

"Not only is it hitting the Third World 20 to 35-year-

old age group who are the biggest wealth-creators, but increasing international travel will speed up the spread in Britain.

"People here never see the real effects of Aids. Journalists aren't admitted to the countries where it is worst. TV crews get thrown out and any doctor who speaks out is immediately gagged or forced out of his job."

Natal HIV mums on rise (92)
05/11/92

DURBAN. — One in 20 pregnant women here is likely to be infected by the HIV virus, a spokesman for the Department of National Health said yesterday. Aids Unit surveys have found the number is doubling every 14 months.

Natal Aids figures worst in SA 92

Cipress 12/7/92
ONE in 20 pregnant women in Durban is likely to be infected by the HIV virus, a Department of National Health spokesman said on Friday.

Dr Wilson Carswell, of the department's Aids unit, said a survey last year had shown Natal was the area worst affected by the virus in SA.

Surveys by the unit had shown that the number of infected people was doubling every 14 months.

Handwritten signature and initials:
[Signature]
[Initials] H + C

Initiation deaths — (92) fears of infection

EAST LONDON. — Circumcision as a part of traditional initiation rites has been called into question following deaths from infection and amid fears that the practice could contribute to the spread of Aids.

The recent death of Unathi Twalo, a 16-year-old initiate from Mdantsane, East London, has led to calls for medical supervision during the operations.

A post-mortem revealed that Unathi died of a pulmonary embolism caused by a septic blood clot blocking his lungs.

Dr E N Pemba, a general practitioner who was present during the post-mortem, said the circumcision wound was septic and could have been the infection's point of entry to the body.

Dr Pemba said he had seen Unathi two weeks before the initiation ceremony and he had been in good health.

To his knowledge the problem did not lie with initiators but with the kind of instrument they used or the bandages used to dress the wound.

He knew of cases where boys had to have their penises amputated in hospital because of infection.

Dr Pemba said: "I wouldn't say doctors should be present at circumcision as that can't solve the problem."

He said circumcision was an emotional issue in the black community and education was very important to avoid complications.

Unathi's father, Mr Zingisa Twalo, has pleaded for professional doctors to be present at ceremonies to assist initiators.

His call has been echoed by Mr Siyabulela Manona, a field-worker of the Grahamstown-based Kelloggs Health Project.

Mr Manona said the use of unsterilised instruments was the main cause of the spread of diseases. — Eena.

THE Institute of Behavioural Science at the Unisa is to draw up a national Aids database, to be published as a Reference Index. The institute requests all organisations, support groups, researchers and individuals involved with any aspect of HIV to send a name, address, telephone/fax number of a contact person to the Institute at: National Aids Database, Institute of Behavioural Science, PO Box 392, Pretoria, 0001, call (012) 429-6409/6735/6473 or fax (012) 429-3221.

Reports: *Weekly Mail* and *Sapa* 92
willow 17/7-23/7/92

Lifting the lid on Aids Unit

92

AUG 18/1992

□ A report on the running of the Aids Unit will probably be made public.

ANDREA WEISS
Weekend Argus Reporter

A REPORT on the government's Aids Unit is expected soon following alleged irregularities in running the department, which was set up to curb the spread of the disease.

A magisterial investigation into alleged irregularities in the Aids Unit will probably be made public before the end of the month.

The director-general of health, Dr Coen Slabber, said the chief magistrate of Pretoria North, Mr Peet Wessels, had "examined all the docu-

ments and interviewed everybody".

His report would probably be released after the Department of National Health and Population Development had examined it. Dr Slabber said that as there might be "things of a personal nature" in the report, a "softer" re-wording might be considered.

Strife within the department last month led to the sidelining of the acting-head of the unit, Dr Manda Holmshaw, and her deputy, Dr Wilson Carswell.

It was disclosed in Press reports that the doctors were removed from positions of authority after they complained that millions of rands budgeted for the unit had been diverted for spending elsewhere.

Counter-claims from the department were that staff with-

in the Aids Unit had complained about Dr Holmshaw's management.

Sister Natalie Stockton was appointed to manage the unit on a full-time basis as part of an "administrative rearrangement".

In the meantime a statement about the Aids schools package has been released.

It quotes Dr Holmshaw, as head of the unit, saying: "Our programme is unique worldwide in that it deals with more than just Aids information.

"It puts the challenge of Aids into a lifestyle context and looks at the pressure and problems faced by teenagers."

The package has been attacked by Aids workers as "morally prescriptive and flawed".

CAROLINE HURRY

Weekend Argus Correspondent

JOHANNESBURG. — Mike and Norma del Frate learnt the truth the night before their 13-year-old son Marcello died. He had been fighting a losing battle against Aids after receiving a contaminated blood transfusion.

Worse news was to come. Their elder son, Giovanni, had also been infected by the HIV virus. He died last year — six years after his brother.

The couple's two boys were both born with haemophilia. Giovanni's death last year

'Wall of silence' on sons' HIV-blood transfusions

REF 18/1/92. (92)

was the culmination of a nightmare that has dogged Mike and Norma's marriage for 24 years.

To make matters worse, the Del Frates met a wall of silence when they tried to discover why their boys had received contaminated blood.

"The South African blood

bank still refuses to give us the facts. I'm sure it's because they don't want to be sued for negligence. It was only in 1985, after Marcello died, that doctors even admitted that the HIV virus could be passed on through blood," says Mr Del Frate.

"Before Marcello's death, au-

thorities refused to recognise that the virus could be transmitted by blood, and no tests were done. This, in my opinion, gave authorities the legal right to exempt themselves from all responsibility.

"Most haemophiliacs who received blood before 1985 were

infected with the HIV virus, but we believe there has been a massive cover-up on the real Aids statistics because of its social, political and economic implications. Recently, the Aids unit was exposed for mismanagement of funds involving millions of rands."

However, Mr and Mrs Del Frate have no time to waste on bitterness and remorse. Instead, they have devoted their lives to counselling other HIV patients using Christian principles. Mr Del Frate is a pastor for the Apostolic Faith Mission of South Africa.

Charter demands 'more respect' for the victims

(92) ARG 18/1/92

AMSTERDAM. — Human rights activists yesterday launched an international Aids charter calling for greater legal protection and respect for people with Aids or HIV.

"The world is putting a new group behind the bars of prejudice and fear," said Julia Hausermann, who chairs the London-based Rights and Humanity group that drew up the charter.

It details 137 ways in which governments should protect human rights in the area of Aids and HIV infection. Among the demands are an

end to travel restrictions on Aids victims; the right to privacy; no segregation of victims in prisons and hospitals; equal opportunities in the workplace, and maximum access to new drugs.

The charter is the fruit of more than a year's debate among victims, lawyers, health workers and religious leaders. Experts at the United Nations Human Rights Commission will consider it next month.

"For the first time we have a document which translates fundamental human rights into

concrete obligations," Miss Hausermann said in launching the charter on the eve of the eighth International Conference on Aids, which opens in Amsterdam today.

Misplaced fears about Aids and those with HIV infection were causing persecution around the globe, she said.

Many health officials fear that discrimination against victims — job losses in the United States and prison in parts of Asia — is a major obstacle in fighting Aids.

It means victims and those most at risk of infection, such

as homosexuals and drug-users, are afraid to seek advice and are therefore more exposed to infection, according to conference chairman Dr Jonathan Mann.

Meanwhile, the British medical journal Lancet said the Amsterdam meeting would cost more than 10 times the total World Health Organisation budget for condoms.

It said money for Aids research should be channelled to non-governmental organisations and action groups rather than being frittered away on international meetings.

"The era of mega-conferences should now end. New mechanisms must be devised to pass large sums of money and technical assistance to groups working outside national government control."

It said the World Health Organisation (WHO) Global Programme on Aids received more than \$100 million (R280 million) a year from developed nations, but was constrained by having to respond solely to government requests. Private organisations were more flexible. — Sapa-Reuter.

Probe findings will be made public

STAR 18/7/92

A MAGISTERIAL investigation into alleged irregularities in the Aids Unit will probably be made public before the end of the month.

Director-General of Health Dr Coen Slabber said Peet Wessels, chief magistrate of Pretoria North, had "examined all the documents and interviewed everybody".

His report would probably not be made public before the Department of National Health and Population Development had had time to examine

A REPORT on the Government's Aids Unit is expected soon following disclosure of alleged irregularities in the running of the department, which was set up to curb the spread of the disease. ANDREA WEISS reports.

(92)

it. Slabber said that as there might be "things of a personal nature" in the report, a "softer" rewording might be considered.

Strife within the department last month led to the side-lining of the Aids Unit's acting head, Dr Manda Holmshaw, and her deputy, Dr Wilson Carswell.

It was disclosed in press reports that Holmshaw and Carswell were removed from positions of authority after they complained that millions of rands budgeted for the unit had been diverted for spending elsewhere.

Counter-claims from the department were that staff within the Aids Unit had complained about Holmshaw's man-

agement of the unit.

Natalie Stockton was appointed to manage the Aids Unit on a full-time basis as part of an "administrative rearrangement".

The department said Holmshaw and Carswell "were expected to play an important role in the campaign against Aids which would "in future demonstrate significant successes".

In the meantime, a statement about the Aids schools package has been released.

It quotes Holmshaw, as head of the unit, saying: "Our programme is unique worldwide in that it deals with more than just Aids information.

"It puts the challenge of Aids into a lifestyle context and looks at the pressure and problems faced by teenagers."

The package has been attacked by Aids workers as "morally prescriptive and flawed".

Charter urges more respect, protection

STAR 18/7/92

AMSTERDAM Human rights activists launched an international Aids charter yesterday calling for greater legal protection and public respect for people with Aids or HIV.

"The world is putting a new group behind the bars of prejudice and fear," said Julia Hausermann, who chairs the London-based Rights and Humanity group that drew up the charter.

It details 137 ways in which governments should protect human rights in the area of Aids and HIV infection.

Demands

Among its demands are an end to travel restrictions on Aids sufferers or those infected with HIV; the right to privacy; no segregation of Aids victims in prisons and hospitals; equal opportunities in the workplace; and maximum access to new drugs.

It is the fruit of more than a year's debate among lawyers, Aids sufferers, health workers and religious lead-

ers. Experts at the United Nations Human Rights Commission will consider it next month.

"For the first time we have a document which translates fundamental human rights into concrete obligations," Hausermann said in launching the charter on the eve of the eighth International Conference on Aids, which opens in Amsterdam tomorrow.

Misplaced fears about Aids and those with HIV infection were causing persecution around the globe, she added.

The problem was increasing in many parts of the world, particularly in Asia.

The document urges governments to take more preventive action by ensuring all school-children receive basic Aids education and repealing laws restricting condom sales.

Many health officials

fear that discrimination against Aids sufferers, such as job losses in the United States and prison

in parts of Asia, is a major obstacle in fighting Aids.

It means victims and those most at risk of infection, such as homosexuals and drug users, are afraid to seek advice and are therefore more exposed to infection, says Dr Jonathan Mann, the conference chairman.

In London, the British medical journal The Lancet said money for Aids research should be channelled to non-governmental organisations and action groups rather than being frittered away on international meetings.

"The era of mega-conferences should now end. New mechanisms must be devised to pass large sums of money and technical assistance to

groups working outside national government control," it said in an editorial in its latest issue.

It said the World Health Organisation (WHO) Global Programme on Aids received more than \$100 million (R280 million) a year from developed nations, but was constrained by having to respond solely to government requests. Private organisations were more flexible.

Condoms

"With a new epidemic that is growing exponentially, even a poor programme today is better than a good one tomorrow," the editorial noted.

The Lancet said that while conferences had an important role, the Amsterdam meeting would cost more than 10 times the total WHO budget for condoms — Sapa-Reuter.

Aids time-bomb ticks on silently

"IT'S A blessing. Blacks were getting out of hand, breeding without thought of the future."

"Aids doesn't exist. It is a figment of the white man's warped imagination."

These comments from white and black participants in health workshops are quoted in a hard-hitting study of Aids in South Africa which says a potent mixture of racism, poverty and ignorance is accelerating the spread of the incurable disease.

Mary Crewe of the Johannesburg City Council health and housing directorate accuses the Government, the medical profession and State broadcasters of failing to inform the nation accurately about the "massive human tragedy" it faces.

"In the absence of any major State information and education campaigns about Aids, it is not surprising that many South Africans fail to see the importance of the disease or refuse to believe the disease exists at all.

"Many white South Africans seem to take a grim satisfaction from projections which suggest that, if nothing else, Aids will reduce the effects of the black birthrate," says Crewe.

Prevalence

Aids experts say the incidence of the disease in South Africa could eventually match its high prevalence in the rest of Africa unless attitudes to sex and race start to change.

Dr Clive Evian, the council's head of Aids prevention, said in an interview he estimated that 250 000 of the 37 million population were currently infected by HIV, the virus that causes Aids.

He said a fifth of the poor — the vast majority of the population — could be infected with HIV in 10 to 15 years.

Racism, poverty and ignorance speed its spread

STAR 18/7/92 (92)

THE Government, the medical profession and State broadcasters are failing to inform the nation accurately about the 'massive human tragedy' it faces, say Aids workers. WILLIAM MACLEAN and JOE LOUW report.

An African-language drama series about Aids over two months on television last year won praise in townships, but most coverage is limited to late-night discussion programmes.

Aids experts say many in-patients are tested for Aids in hospital and told the result without asking for the procedure.

Most State campaigns rely on a moralistic emphasis on the need to reduce the number of sexual partners, whereas for many a stress on safer sex with condoms would be more useful, Crewe says.

For black migrant workers living in urban hostels, far from their wives in the countryside, "it is virtually impossible to establish faithful relations with only one woman".

"A plea to reduce the number of partners because of the risk of Aids is unlikely to have any effect. Similarly, women in squatter camps may be likely to survive financially only through relationships with a

number of different partners."

Political violence helps Aids flourish. A political activist told an Aids workshop in Vosloorus: "You tell me Aids can make me ill in 10 years. But 25 people died (in political violence) here last weekend. Can Aids really make life worse than it is already?"

Government figures show that there were 969 known cases of full-blown Aids — half of them whites — in November 1991, of whom 385 had died. More than 300 people are infected daily.

Many blacks dismiss State Aids campaigns as attempts to cut the birthrate of the five-to-one black majority. "It is too easy to dismiss such objections and fears as absurd. They were given very real foundation by the statements of white racist Cabinet ministers during apartheid's heyday and have to be taken into account in information campaigns," says Crewe.

Blacks have other suspicions. The long-discredited Cold War conspiracy theory that Aids was concocted by American scientists reappeared as a story as late as 1991 in Drum magazine.

Contradicted rumour

The disease is jokingly referred to by youths and schoolchildren in Soweto as an "American Idea to Diminish Sex". The idea of Aids as a conspiracy of the West to undermine Africa became so strong at a recent international conference held in Dakar, Senegal, that Aids organisations from more than 20 Third and First World countries felt obliged to circulate a statement contradicting the rumour.

The idea that Aids is an affliction "invented by the American government" to somehow keep down the growing population of black people is also making the rounds.

"I was appalled recently," confided one Aids counsellor, "when a Soweto doctor told me that since most of his patients tested were negative, he felt there couldn't be a disease like Aids. I just hope he was just trying to be funny when he said Aids is something invented by white people to control us. Nothing could be further from the truth."

A Soweto medical practitioner says this presents one of the most serious obstacles to education about the disease among urban blacks in South Africa. Social and political sensitivity to Aids within the black community, says the doctor (who cannot be named), has made it very difficult to realistically assess the extent and rate of its spread.

Acting Soweto medical officer of health Dr A T Mavhungu says exact figures cannot be obtained because of the great sensitivity surrounding the issue.

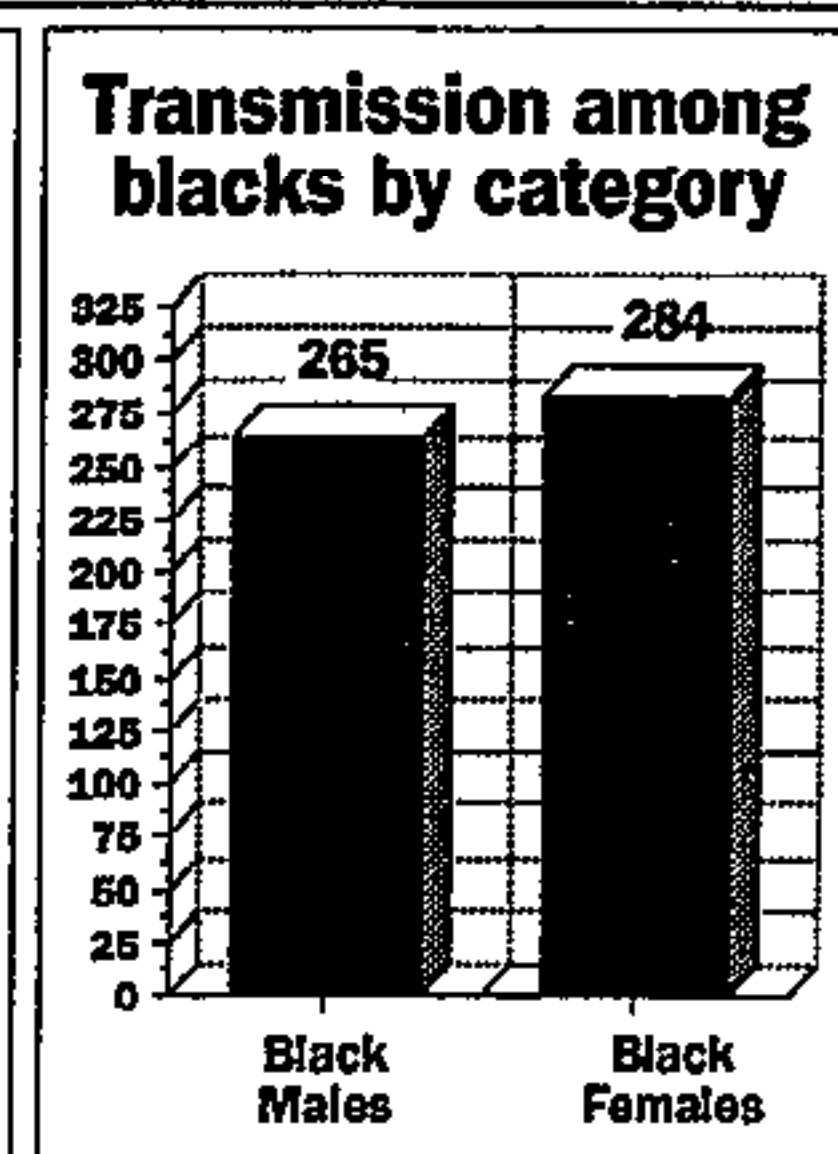
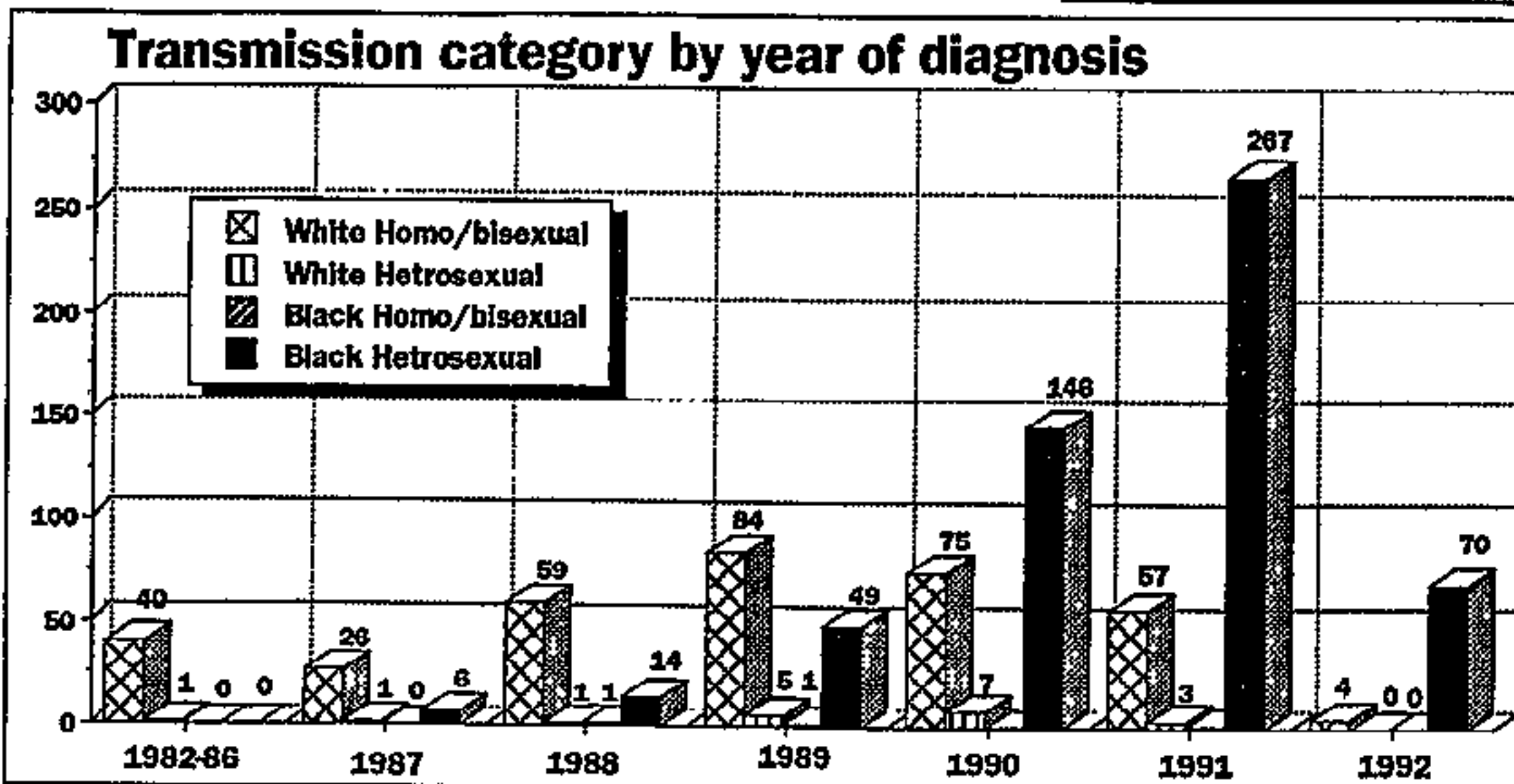
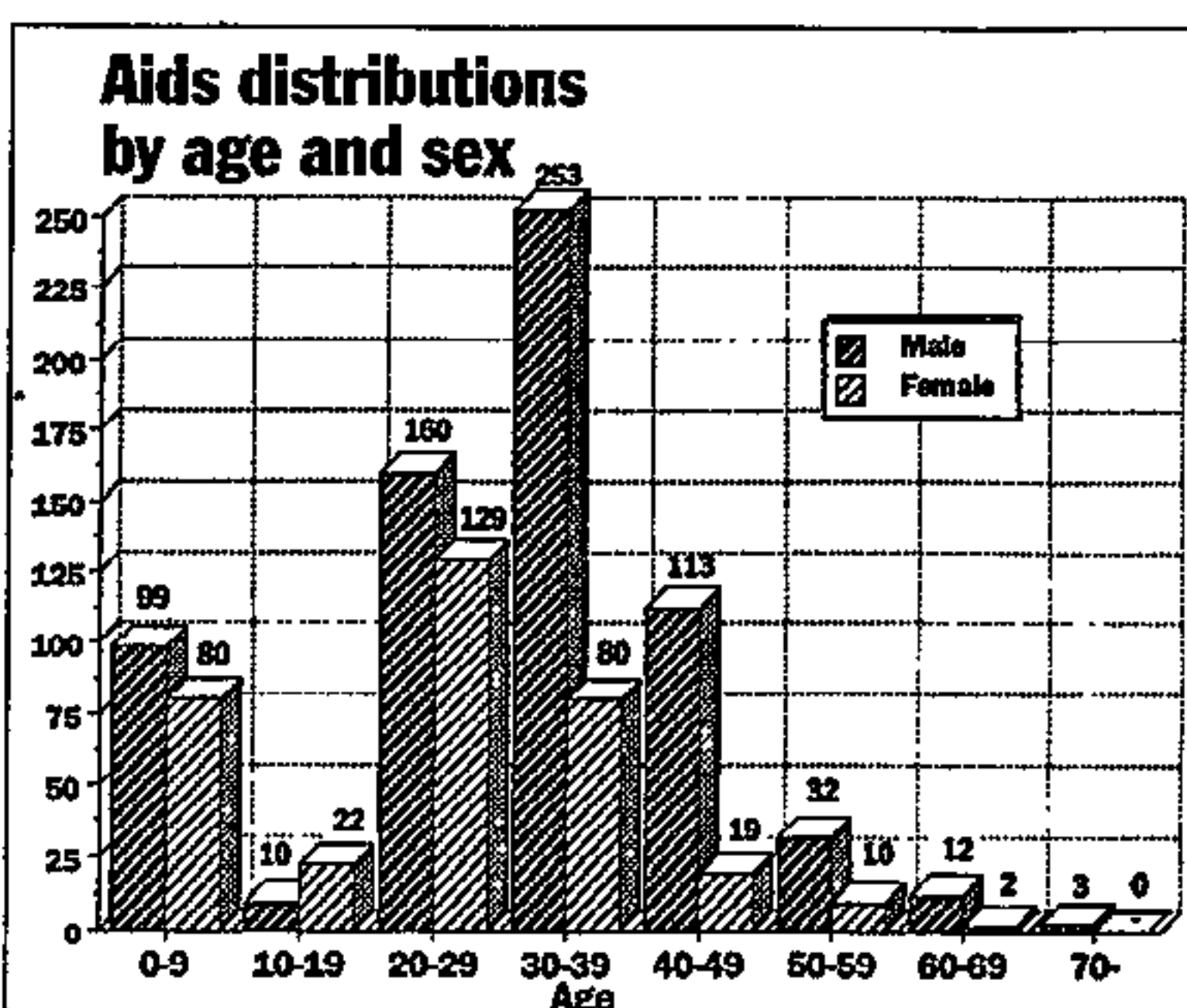
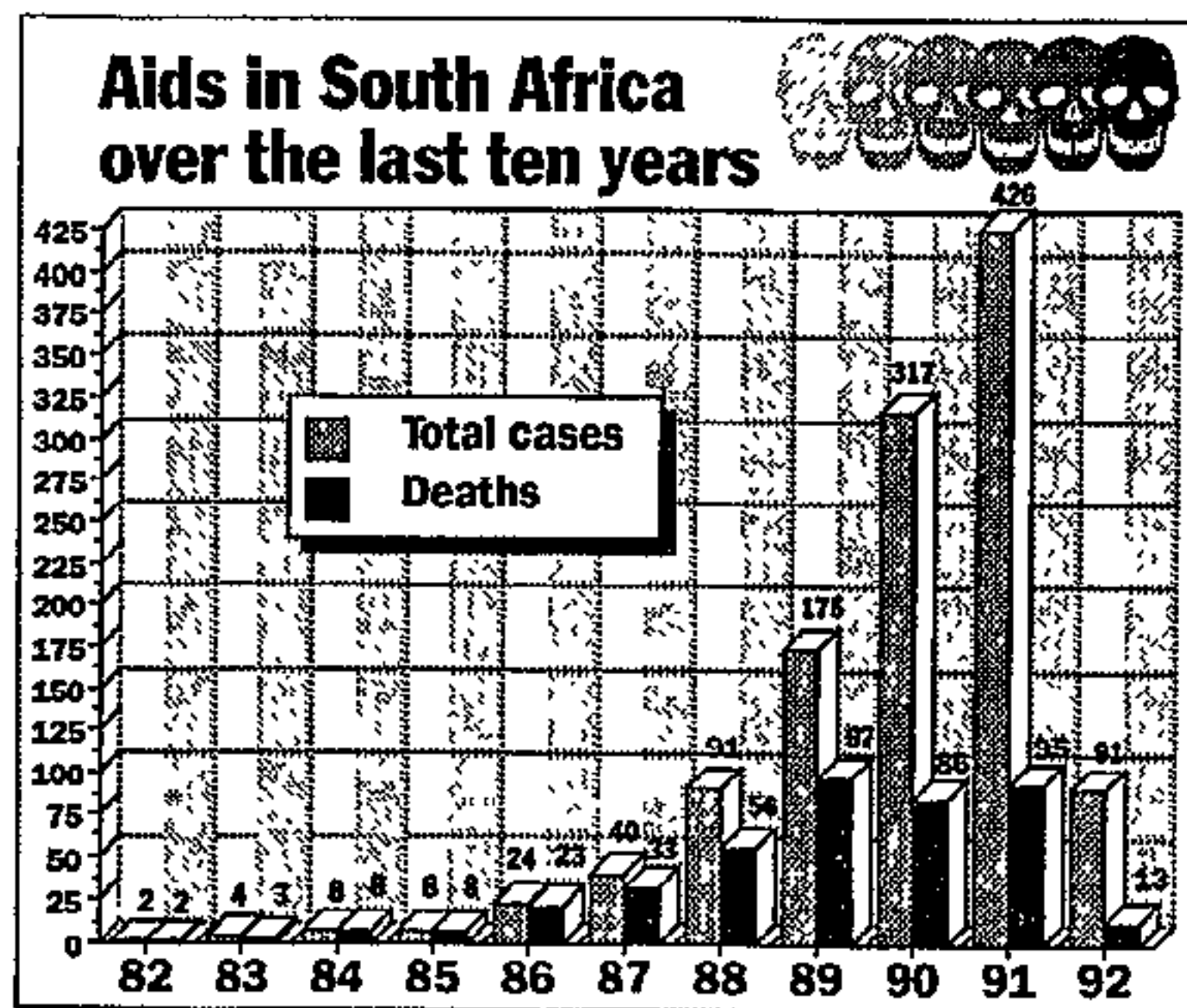
Confidential

"We are just not in a position to go out and screen a whole community," he told the Saturday Star. "We come by our assessments through cases that come to our attention through our clinics. The facts of each case are personal — confidentiality is very strict."

"Tests are carried out on a voluntary basis and doctors do not have any rights to investigate an infection without patients' consent."

Soweto is served by 10 clinics taking part in an Aids education programme since 1990.

An Aids unit operating under senior nurse A Ngcobo at the Jabavu Clinic holds talks at schools, churches, community centres, workplaces or anywhere in the Soweto or Greater Johannesburg area, in most African languages.



CHILLING FIGURES: Statistics point a disturbing picture of the spread of Aids in South Africa.

HIV virus: New strain?

NEW YORK — At least 11 cases of people who developed Aids without testing positive for the virus may show that a new undetectable strain has emerged, Newsweek reports in its July 27 issue. **Oct 20/92**

Six of the patients are American.

Newsweek cited an abstract by national Centres for Disease Control epidemiologist Dr. Thomas Spira for its information on the six.

Three of them received blood transfusions — two after blood banks started screening for HIV.

All six have full-blown Aids, but none test positive for either HIV-1 or HIV-2. — Sapa-AP

Aids: Expert visions differ ⁽⁹²⁾

AMSTERDAM. — The largest Aids gathering ever held opened here yesterday with conflicting visions of how best to stop the spread of the worldwide epidemic.

The chief of the World Health Organisation's assault on Aids, Dr Michael Merson, recommended a practical programme of widespread condom use and treatment for venereal diseases.

However, the meeting's chairman, Dr Jonathan Mann, and several other opening speakers proposed an all-out assault on the discrimination and inequality that they say are the real causes of the epidemic.

Dr Merson said the WHO was committed to stemming the epidemic by promoting safer sexual behaviour and condom use and by encouraging treatment of other sexually transmitted diseases which speed the spread of Aids.

Dr Mann urged that Aids be attacked by solving the larger ills of discrimination, especially against women, rather than viewing Aids solely as a separate health problem.

Meanwhile, hundreds of whistle-blowing Aids demonstrators tried unsuccessfully to crash the meeting.

More than 10 000 people from 133 countries convened for the week-long International Conference on Aids, the eighth held. — Sapa-AP

● New HIV strain? — Page 7



ACTIVIST STAND ... An Aids activist stands with the magazine Act Up at the stand of the US pharmaceutical company Astra, urging a boycott of the company and accusing it of "astronomical greed" because of the high price of its drug to fight blindness in Aids sufferers. Picture: AP

Aids: More women than men? (92) 05/21/7/92

AMSTERDAM. — Changes in the pattern of HIV infection means that the number of women infected with the Aids virus will overtake that of men by the end of the century, Dr Michael Merson, director of the World Health Organisation Aids Programme, said yesterday.

He told 10 000 delegates at the Eighth International Conference on Aids here: "Assuming that the new generations of gay men maintain the safer sex practices of their elders and assuming too that women continue to have a greater biological vul-

nerability to HIV than men, by the year 2000 more than half of all newly infected adults may be women."

He said a recent study of heterosexual transmission of HIV in antenatal clinics in Kigali, Rwanda, showed that no fewer than one in four women with only one lifetime's sexual partner had been infected — "presumably by the steady partner".

Dr Merson added that HIV was predominantly a third world problem — in some hospitals in Africa four in five beds were

taken up by dying Aids patients. By the year 2000, he said, nine in 10 HIV infected people would be in the developing world.

WHO said in a statement issued at the conference that 10 to 12 million adults and one million children were currently infected with the HIV virus.

● Hundreds of whistle-blowing demonstrators tried unsuccessfully to get into the meeting on its first day, and some ransacked the booth of a pharmaceutical firm that sells a drug that treats Aids-related blindness. — Sapa-Reuter

PEOPLE'S LIVES

Living with HIV

■ We'll help ease the
burden of the disease

Sowetan 21/7/92

ACQUIRED Immune Deficiency Syndrome or HIV is not easy to live with. It is terrifying and alienating.

It has been confirmed. You are HIV positive. You are now another statistic in the Department of Health's figures of PWA - people with AIDS.

You are told that you have a time limit on your life; you are going to die. And they send you out to live what is left of your life.

Being HIV positive makes it difficult to open up to people and tell them that you are positive. The stigma about being infected makes it all the more difficult to talk about your pain and your fears.

You may feel gagged, that there are a number of questions that you need to ask but are afraid to ask. You may choose not to ask those questions for fear that people who were once close and supportive will no longer be there for you.

One of the most difficult things about being HIV positive is the fear of being stigmatised and not being accepted.

Our trained counsellors are there for you every night of the week - from 6pm to 9pm. The *Sowetan* Help Centre and AIDS Information Line is both free and confidential.

Living with HIV or worrying about contracting the virus is not easy. Call us at (011) 473-2505.

STAR 22/1/92

US hampers Aids research, say activists

AMSTERDAM — Aids activists accused the US government yesterday of hindering research in the disease, the latest in a barrage of attacks on American policy at a world Aids congress.

The New York-based Treatment Action Group (TAG) issued a report saying a lack of co-ordination and spending cuts on Aids research had led to a failure to pursue promising scientific leads.

"As a result of administration policy, new initiatives are being smothered in the cradle to pay for large on-going programmes," the TAG report said.

Aids activists staged a protest march earlier this week against US travel restrictions which bar HIV-positive foreigners from entering the US.

The report said the US's National Institute of Health (NIH) research spending appeared imbalanced.

The US government was spending \$105 (about R275) a year for research on every child with Aids compared with only \$1 (R2,73) for each adult.

The report called for a doubling of the NIH budget to \$16 billion (R43 billion) a year, with the bulk going to research on Aids, cancer and Alzheimer's disease. — Sapa-Reuter

92 375 85

Aids: count rising

AMSTERDAM - A million people were infected with Aids in the first half of 1992, with countries in sub-Saharan Africa and southern Asia bearing the brunt of the killer virus, World Health Organisation figures show. *Sulfan 22/7/92*

The figures, released in Amsterdam on Monday at the eighth International Conference on Aids, gave a chilling picture of the spread of the pandemic which is outrunning the modest progress of scientific efforts to combat it. "One person is infected

(92) (2777)

Syphilis rising among women

■ More and more pregnant women show an increasing incidence of syphilis, which is preventable and curable by cheap methods, say medical authorities: (92)

B Mokgadi Pela

THERE is an increasing incidence of syphilis among pregnant women, according to an article in the July issue of the *South African Medical Journal* (SAMJ).

The article has confirmed previous reports that syphilis is still a cause of concern in the major urban centres in South Africa.

The SAMJ says syphilis continues to contribute to the high foetal diseases and deaths.

Sawetan 22/7/92
"This is disturbing as syphilis is preventable and curable by relatively inexpensive means," the SAMJ stated.

Adequate antenatal screening for syphilis has not only provided a service to individual mothers but also contributed to the decline of the disease in higher income groups.

However, many women in underprivileged societies do not attend antenatal clinics and present themselves at hospitals at the time of delivery.

This group accounts for a large

percentage of the cases of syphilis seen at major hospitals.

Hospitals surveyed included King Edward VIII Hospital and Baragwanath Hospital which had 31 percent and 10 percent incidence of syphilis respectively.

Experts cite reasons for the higher prevalence of syphilis in underprivileged women as ignorance, inaccessibility of clinics, financial constraints, lack of fixed abode and failure of employers to release staff to go for antenatal care.

Aids wipes out whole villages

AMSTERDAM. — The rapid spread of Aids in Third World countries is helping to lock them into a cycle of grinding poverty, experts told a world conference on the killer disease yesterday.

Figures released by the World Health Organisation (WHO) show sub-Saharan Africa, which includes some of the world's poorest nations, and southern Asia are being hardest hit by Aids. Nearly half of new HIV infections occur in sub-Saharan Africa.

Aids has wiped out whole villages in

Africa, while in others 80% of hospital beds are now occupied by HIV (human immunodeficiency virus) patients, according to delegates at the eighth International Conference on Aids. CT 23/7/92

Despite the threat to Third World economies, experts said many African countries spent the equivalent of less than one percent of gross national product on health care.

Funds provided by international agencies like the World Bank and the Interna-

tional Monetary Fund were inadequate and too badly co-ordinated to combat Aids effectively, delegates said.

A succession of speakers and delegates called on the United Nations, the World Bank and the IMF to improve the co-ordination of funds, research and knowledge to help fight the spread of Aids.

They also called on governments in Africa to live up to a recent pledge by the Organisation of African Unity to place the fight against Aids high on its political agenda. — Sapa-Reuter

92

The sugar-coated monstrosity

STAR 24/7/92

92

FOR tens of thousands of years a family of viruses has been mildly weakening the immune systems of cows, goats, cats and monkeys. Some fell ill, some did not.

But mutated descendants of that family slipped across a species boundary, and in just over a decade have caused havoc in man — the species that thought it ruled the planet.

A million people are dead, their immune systems left open to a wide range of infections. Millions more are carrying the virus and will die within an average of 10-12 years.

It's not unusual, when a virus crosses a species boundary, to see a highly virulent form. But we haven't seen anything so threatening as human

Gene studies are being used to trace the origins and changes in HIV — the Human Immuno-deficiency Virus which causes Aids. NICK LOUTH reports from Armsterdam on the 8th International Conference on Aids.

Aids," said Dr Gerald Myers, director of the HIV gene-sequencing project at Los Alamos National Laboratory in the US.

Exactly how HIV crossed the boundary from a monkey or ape virus to a human virus is still a mystery, but most experts agree it probably happened in Africa in the 1950s.

A rise in the handling of monkeys for export increased the chances of infection through scratches or bites. Changes in medical practices were also significant, Dr Myers said. "I

am particularly interested in the increased use of needles in medical treatment."

He is certain it did not come from secret germ warfare experiments or any other man-made source. It evolved. "You couldn't make anything so complex, even today," he said.

Several factors seemed to lift HIV from a quiet simian virus to a virulent killer in people. "It is a very dangerous virus from an evolutionary point of view," said Dr Myers. The virus needed opportuni-

ties for rapid transmission, and in African urbanisation it got it. A potent cocktail of poverty, prostitution and drugs allowed HIV's most powerful mutations to survive.

In recent years Dr Myers has seen a terrifying acceleration in genetic mutation in HIV which has been allowed by its rapid transmission in man.

Every year HIV has changed its genetic building blocks by at least 1 percent. These changes are manifest in the ever more complex sugary armour the virus has built around itself to evade identification and attack by the body's defence cells.

"I call it a sugar-coated monstrosity," Dr Myers said. — Sapa-Reuter. □

Turn it up — we can't hear you

AIDS, Susan Sontag has written, is "the most meaning-laden of diseases ... a perfect repository for people's most general fears about the future". This is because Aids functions not simply as an illness; rather, it is the apocalyptic metaphor of our times: an encroaching plague; divine retribution; the repository of anxieties not only about physical death, but about social and spiritual annihilation; the decline and fall of Western civilisation at the hands of an invisible little virus emanating from the darkest recesses of Africa or a gay man's rectum.

At the new Institute for Contemporary Arts (ICA) at 59 Jeppe St, curator Kendall Geers has asked 17 South African artists — all under 30 — to create works responding to Aids. The result is *Aids: The Exhibition*. Geers was inspired, he says, by his time in New York, where the art world has been galvanised into rage and action around Aids, largely in response to the deaths of art megastars like Keith Haring and Robert Mapplethorpe.

Aids: The Exhibition — the first of its kind in South Africa — is an important rite of passage for this country's art world, but it contains little rage and even less action, and the work presented underscores vividly the points made by critics like Sontag: almost nowhere in the 30-odd pieces do we see representations of people either suffering from Aids or fighting it; almost nowhere are the artists engaged in the socio-political dimensions of the epidemic.

Instead, the exhibition presents highly conceptualised mixed media (and heavily mediated) responses of fear and loathing: artists using Aids to battle their own demons, their own fears of mortality and disintegration; fears that may be very real and vivid but that, actually, have very little to do with Aids itself.

Perhaps the key to the exhibition is to be found in a humorous work by Martin Erasmus: a replica of Michelangelo's *David* stands above a mousetrap,

Aids: The Exhibition is an important rite of passage for South African artists. But contributors have used it to battle their own demons, not to address the epidemic,
suspects **MARK GEISSER**

but the all that remains of the statue is its pedestal and feet; the body has been truncated and replaced with a cartoonish bubble reading "Poof!"

With the wordplay on "poof" and the use of the David — an age-old gay icon — Erasmus is making wry comment about the epidemic's annihilating impact on gay culture. But by severing the David so radically and by sending it up in a "poof" of smoke, Erasmus is also telling us much about his — and the other participating artists' — vision of Aids as a depopulating and dehumanising agent. Aids as metaphor has superseded Aids as reality, and there are no people in this exhibition — only a (poof!) cloud of smoke behind which lurk dark and fearful harbingers of dissolution and decay.

Not surprisingly, then, those few figurative representations present are all obscured (as in Mallory de Cock's blurred oils or Julie Wajs' overexposed photos) or abstracted and dismembered (as in Geers' *Cleave*). The one glaring, lurid exception is CJ Morkel's *Have Three Negative Messages Instead* installation, a triptych of horrifying hyperreal figures, the central one being a self-portrait of the artist as Satan with an up-yours finger in the air and the text, "You Must Have Mixed Me Up with Someone Who Gives a Fuck".

Morkel is telling Geers — and visitors to the gallery — that he does not really give a damn about Aids, and so he offers "three negative messages" instead. One is a panel depicting a naked Leather Nun, whip across her buttocks, Nazi thigh-high boots, crucifix dangling from hairy crotch. The text

Sex is a Crime,
Crime is a Disease!
I AM THE CURE!



CJ Morkel's dominatrix nun ... Aids as divine retribution

accompanying this panel reads "Sex is a Crime, Crime is a Disease, I am the Cure", and the image graphically states that the oppressive morality of the church sees Aids (personified here as dominatrix nun) as divine retribution for sin and perversion.

Morkel might claim not to give a damn, and his work is brazenly offensive. But at least he engages in the

dynamic of Aids as stigma and retribution. Many of the other artists fall into the trap of what Sontag calls the "military metaphor": Aids as the dangerous virus that has "invaded" our bodies and society. The exhibition is replete with phallic danger: guns, snakes, leaky gas cocks.

Perhaps the only artist who visibly demonstrates that he does give a damn

about the silence that has allowed Aids to spread is John McCann. McCann represents a hospital bed, starched white and bleak, with a Hallmark-shmaltz "We're so sorry" condolence card sewn into it. On a panel next to this, he has painted, in big block letters, the slogan "Turn It Up Louder".

Flowery condolence-cards are not suitable responses to Aids, the artist seems to be saying: let's have more calls to action, more support for people with Aids and — most important — more information about this epidemic. His is the only piece that actively critiques the paucity of Aids information campaigns in South Africa.

In New York, the deluge of art exhibitions and art installations and art events that have arisen out of the Aids epidemic has prompted many to talk of a "cultural renaissance". But, writes New York art critic and Aids activist Douglas Crimp, "we don't need a cultural renaissance; we need cultural practises actively participating in the struggle against Aids. We don't need to transcend the epidemic; we need to end it."

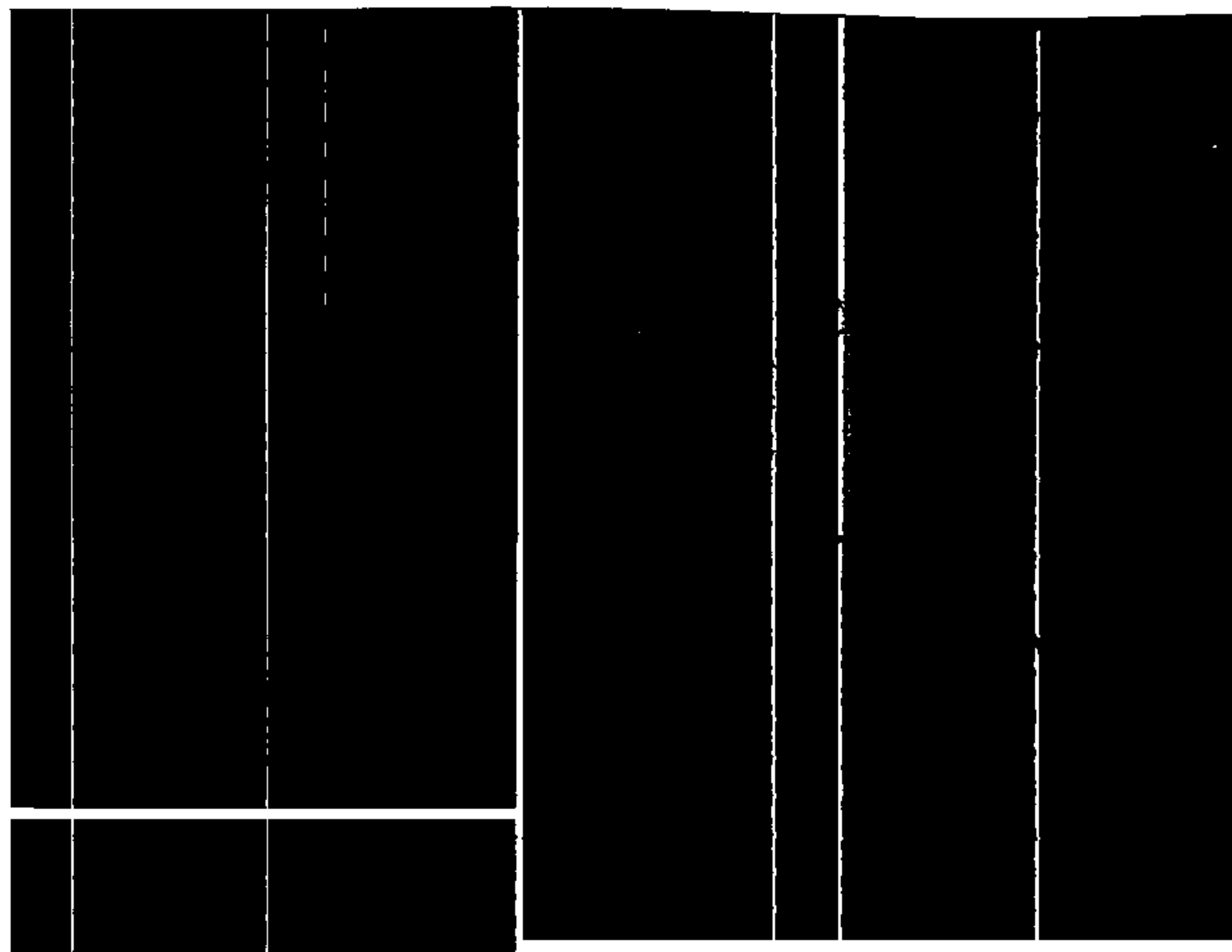
Certainly, the oblique and mystical responses of the participants in the ICA exhibition seek to transcend Aids rather than end it — there is, for example, not a condom in sight. And certainly, an art exhibition cannot actually end the Aids epidemic. But it can be more engaged in rectifying misinformation and calling to action — particularly if it is going to use the visual language of mass media, as Geers' own work does.

At the ICA exhibition, there is one reference to the government's yellow-hand-print "Aids: don't let it happen" campaign: a painting by Paul Shelly that reproduces two yellow handprints, connected by a little red line, with the slogan underneath, in the script of the ad campaign, stating "Bloodbrothers — Don't Let It Happen".

This clever little formal play says ... nothing at all. The actual campaign, designed by Hunt Lascaris, might well be worthy of scathing critique, but at least it is replete with helpful facts about HIV-transmission. What's missing in *Aids: The Exhibition* are both the critique and the facts.

What Geers and his artists could hopefully do in the future is what art collectives like Gran Fury and the SILENCE = DEATH Collective have been doing in New York for years: plastering the city's walls, subways and billboards with engaging (and arty) posters filled with accessible and correct information about HIV-transmission, thereby doing the work that the public health authorities have neglected to do.

If these artists are indeed concerned about Aids and if, as Geers notes, they do in fact constitute an important new South African school of "conceptual artists working within the language of advertising rather than expressionism", they would do well to engage their concepts in the morass of misinformation and stigmatisation that exists outside of



WHO to probe new virus

AMSTERDAM. — The World Health Organisation said yesterday it planned to call an urgent meeting of Aids experts to assess evidence of a new Aids-like illness not caused by either of the two known strains of the HIV virus.

"We need to launch a worldwide study of this phenomenon," Dr Michael Merson, director of the WHO's Global Programme on Aids, told the eighth International Conference on Aids.

Dr Merson said WHO would call on experts to discuss the implications of reports of at least two dozen people showing symptoms of Aids without being infected with the HIV virus.

The meeting would take place "within weeks or months", Dr Merson said.

The mystery of non-HIV Aids has become a topic of hot controversy at the meeting. The debate reached fever pitch yesterday after Dr Sudhir Gupta of the University of California said he had found a previously unknown virus in a 66-year-old woman.

Leading researchers in Amsterdam said they were extremely sceptical about Dr Gupta's findings, but backed Dr Merson's move. — Sapa-Reuter



NEW VIRUS . . . Dr Sudhir Gupta, a University of California immunologist, shows a photo of the new virus that "appears to be strongly associated" with Aids.

Picture: AP

53% infections heterosexual

PRETORIA. — Heterosexual contact was the most common mode of transmission of Aids in South Africa, the Department of National Health said yesterday.

Of reported cases, 53% had contracted Aids from heterosexual contact and 30% from homosexual/bisexual contact.

Since 1987 the number of heterosexually acquired Aids cases had increased from 17 in 1988 to 288 in 1991 and 173 till June 30 this year.

Blacks accounted for 93% of the heterosexual Aids cases, and 92% of the homosexual/bisexual category involved whites.

There were 1 316 Aids cases in South Africa, 229 in the Cape, 157 in Cape Town. CT 24/1/92

Figures show increase in ⁽⁹²⁾ child Aids ^{ARC 24/1/92}

ANDREA WEISS
Health Reporter

INCREASING numbers of children are becoming ill with Aids, according to figures released by the Department of National Health.

Since 1988, when three paediatric Aids cases were diagnosed, another 182 children are known to have acquired Aids as a result of mother-to-child transmission of HIV.

This year 210 new Aids patients have been diagnosed, 19 of whom are children. In Natal almost 20 percent of Aids cases were children.

The Transvaal reported the highest number of Aids cases — with 37 percent attributed to infection from homosexual contact and 38 percent from heterosexual contact.

The Cape Province reported 17 percent of the total number of Aids cases in the country.

The Free State has the lowest numbers of Aids cases, with only 88 reported.

AIDS death toll (92)

THE number of reported AIDS-related deaths totalled 446 to end June.

The number of reported AIDS cases rose from 1 186 at the end of March to 1 316 at the end of June. Since the beginning of the year, 210 new AIDS patients had been diagnosed.

REPORTS: Business Day Reporter, Sapa-AFP, Own Correspondent.

...member of the 1986 re-
bel Cavaliers tour here, said the South
African team would be "hard to beat".

...September 14 for a probation
officer's report.
The magistrate was Mr W A de Klerk. The prosecutor was Mr L Nortier.
Mrs Adams was represented by Mr J Riley. Mr J Kudo appeared for Mrs
Bessier and Mr W Booth represented Mrs W Smith.

Aids — no real answers yet

AMSTERDAM. — The eighth International Conference on Aids closed yesterday with more questions than answers about the killer disease.

And a vaccine or cure remain years away.

Ten years into the Aids crisis, science continues to lag behind the spread of the HIV virus, which infects one person every 15 to 20 seconds.

Despite some advances reported this week, researchers are

still unable to answer the fundamental question: How Human Immunodeficiency Virus (HIV) causes Aids?

The possibility that a new virus may cause Aids-like illness in people free of HIV — the hottest topic to emerge from the week-long meeting — only highlights the gaps in knowledge.

At best, scientists hope to have a preventative vaccine ready for large-scale efficacy trials in two to three years.

But even if that target is met, a vaccine will not be widely available until the turn of the century.

In the meantime, efforts must centre on prevention, said Mr Michael Merson, director of WHO's global Aids programme.

Recent official figures say that over 25 000 Zambians are infected by HIV, the virus that leads to Aids.

By the end of 1991, over 5 000 full-blown AIDS cases had been reported. — Sapa-Reuter-AFP

42 CT 28/1/92



Sharp rise in AIDS assurance claims

810AM
28/7/92
LINDA ENSOR

CAPE TOWN — The number of new AIDS claims reported by life assurers increased by 61% or 170 claims in the six months to end-June, reinsurer Mercantile & General (M & G) noted in its report on AIDS claims.

This brought the total number of reported claims to 451 (281 in January), of which 367 were for life policies, 41 disability and 43 permanent health insurance. In 1991 100 new claims were reported.

The major increase in claims was in the group life category where the number of policies on which claims were based more than trebled. The value of all claims now totalled more than R19m while the total number of claimants increased by 108 to 276. The average duration of a policy before a claim was lodged was five years.

The sharp rise in claims in 1992 follows increased co-operation from claims departments in compiling the statistics.

The report pointed to possible evidence of "anti-selection" — the process whereby people take out a policy knowing they are HIV-infected. For instance, 63% of claims occurred within five years of inception and 82% of the sums assured under individual life policies occurred within five years.

Of reported claimants 146 were single, 87 married, 15 divorced or widowed and the status of 28 unknown. Male claimants at 256 far outnumbered females at 20. The number of married claimants had increased, which could reflect the increasing heterosexual spread of AIDS.

Sowetan 28/7/92
Aids stigma dodge

Children who have lost one or both of their parents to Aids will be treated in the same way as orphans to avoid possible stigmatisation, the Department of National Health and Population Development said yesterday.

The department said existing channels in the welfare system would be extended and the move would eliminate duplication. (92)

There were about 2 000 Aids orphans in South Africa, and the number could rise to 22 000 within three to four years, said the department. "At present, 400 people are being infected daily with the HIV."

- Sapa. (92)

Aids: Court tells blood bank to pay

NICE, France. — A court yesterday ordered the state-run blood bank in this French Riviera city to pay damages of two million francs (about R1,1 million) each to three people who contracted Aids after receiving tainted blood transfusions.

The sentence came amid national uproar over the extent to which government ministers knew of tainted blood transfusions in the mid-1980s.

The damages awarded here were to people who received transfusions at the time. One of the three has since died and the money will go to his family.

A further total of 670 000 francs (about R375 200) was awarded to relatives of the victims on grounds that they suffered mental anguish.

Four former senior health officials are on trial in Paris on fraud charges in connection with the infection of

UCT prof urges action on deadly HIV in SA

MUCH more should be done in South Africa as a "matter of great urgency" to stop the spread of Aids, according to Professor Deon Knobel, head of forensic medicine at UCT.

However, an encouraging factor had been the evidence of long-term survival of HIV-carriers who had lived disease-free beyond 10 years, he said.

Professor Knobel returned this week from a six-day international conference on Aids in Amsterdam.

With an estimated 400 people being infected daily with the disease, there was no time for "internal politics and squabbling", he said.

The worldwide spread of Aids "raged on".

● The European Community's executive commission is to give about R76 million to finance a project to fight Aids in African, Caribbean and Pacific nations. — Sapa-AFP CT 29/7/92 (92)

several thousand people in the mid-1980s.

Former Health Minister Mr Edmond Herve, appearing as a witness at the trial, said he knew in 1985 that tainted blood was being used but that he allowed its continued distribution for a transitional period.

Of 1 200 haemophiliacs who contracted the Aids virus from the transfusions, 256 have died. — Sapa-Reuter

Plight of Aids orphans under the spotlight ⁹²

The Argus Correspondent

ARG 29/7/92

JOHANNESBURG. — Urgent steps are being taken to prevent South Africa's more than 2 000 Aids orphans from being alienated by the existing welfare system.

The Department of National Health and Population Development said efforts were being made to prevent Aids orphans from being "stigmatised" by treating them like other orphans.

The department said the number of children who had lost their parents as a result of the disease could rise to about 22 000 within the next three or four years.

About 400 people were being infected daily with HIV in South Africa. Most victims were heterosexual adults, it said.

Because of the expected increase in Aids orphans, a conference was recently held in co-operation with the National Association of Child Care Workers to focus on their plight.

Welfare organisations felt strongly that no distinction should be made between Aids orphans and children who lost their parents from other causes.

"Separate care for Aids orphans may lead to stigmatisation," said the department. It was therefore decided that Aids orphans, like all parentless children, should be dealt with within the existing welfare system.

An inter-departmental committee was established to use and extend existing channels in the welfare system to take care of Aids orphans — without subjecting them to the stigma attached to Aids.

"This will eliminate unnecessary duplication of services, since welfare actions can then be undertaken in a co-ordinated manner."

Fired: The maid with HIV

W/Mail 12/6 - 18/6/92.

A domestic worker first heard she was HIV positive when her employer fired her on the way back from the doctor.

By **GAYE DAVIS** in

Cape Town

92

THE Legal Resources Centre is to take up the case of a Cape Town domestic worker dismissed when she was found to be HIV positive — after she was tested, allegedly without her consent, by a doctor who disclosed her diagnosis to her employer and not to her.

Joyce Ngcobo (not her real name) said she first learned she was HIV positive when her employer told her as they were driving home from a follow-up consultation to what she had been told was a routine check-up.

Her employer told her she could not continue working for the family as a nursemaid to two young children.

Ngcobo told her story on condition her identity was kept secret, for fear she would lose the job she now has: she is the sole support of her mother and two young children, who live in the Transkei.

Now 31, she said she left school at 16 after completing Standard 4. During the Caesarian birth of her first child in 1978, she was given a blood transfusion. Doctors at the Aids clinic she is now attending have told her this may be how she contracted the HIV virus, she said.

She was employed by a family in an up-market Cape Town suburb early last year to care for their two young children as a live-in domestic on a wage of R400, later increased to R450.

A persistent cough prompted her employer to take her to a doctor for her first check-up. In halting English, she said her employer was afraid she had



Bleak future ... Dismissed after testing HIV positive Photo: ERIC MILLER

TB: "She wanted to know because she was scared about the children." She said the doctor later telephoned her employer to say she was fine.

In February, after she returned from a four-week stay with her family in Transkei, she was again taken for a check-up. Her employer was concerned she might have contracted a disease while away which could be passed on to the children, she said.

The doctor took a blood sample, but did not explain why he was doing so, Ngcobo said. He later telephoned her employer, saying they should come in to see him.

She said the doctor told her that her blood sample did not "make him happy". He asked her if she wanted a "contraceptive injection" and she assented. Afterwards, she sat in the waiting room while her employer and the doctor had a discussion in his surgery.

In the car on the way home, she said, her employer told her the doctor said she was HIV positive — "like Aids".

"I was shocked, I screamed," she said. Her employer told her she mustn't cry but she could not continue to employ her because she was worried about the children. Ngcobo was unclear about the reason: she understood only that if she cut her hand, the blood could infect the bottles she prepared for the children.

She said she shouted that she was losing her job because she was sick, so her employer took her to her cousin's workplace "because she knows English and could explain ..."

Her cousin said when she saw Ngcobo's face, "I thought someone was dead at home". She says she asked Ngcobo's employer why the doctor had given her the information: "She said Joyce had given the doctor permission but Joyce denied this. What I

hated was that (the employer) acted as if this only happened to African people, as if this was a black people's sickness."

Ngcobo cleared her belongings out of her room, but was kept on to iron and clean at R30 a day. She said she ate meals "in an empty room". Her employer did not want her to see the children, nor the children to see her, she said.

Ngcobo is now terrified her current employer will discover she is HIV positive. If her new employer finds out she will fire her as well, she said. She sends money home every month; she is the only one in the family who is working.

She knew little about Aids before she tested HIV positive. She had heard about Aids but had taken no notice of it.

She said she doesn't feel ill, but will attend the Aids clinic for treatment. She also understands that her boyfriend can become infected unless he wears a condom. "But you know the men, they don't like to wear condoms," she said; she has told him he can become ill, but he has refused to wear a condom. The doctor, approached for comment, said it was "a problem here with communication. The one person who could communicate clearly was the person who brought her." He said he asked Ngcobo if he "could speak to her madam and she said yes."

"In my own mind, I am happy that I did nothing that went against her interests. We went to enormous lengths to put her in contact with the correct counselling services."

Legal Resources Centre spokesman Lee Bozalek confirmed that they had received instructions to lodge a complaint with the South African Medical and Dental Council and said further action was also being considered.

Employee funds take stand on AIDS

LINDA ENSOR

92

CAPE TOWN — A total of 28% of all companies surveyed in Sanlam's sixth biennial survey of pension and provident funds had already adopted formal AIDS policies. *B/pay 2/7/92*

The survey, which covered 330 pension funds and 99 provident funds in the public and private sectors, found 37% of companies were subjecting new members to medical tests while 10% required HIV tests. AIDS exclusion clauses were applied by 18% of the 750 companies surveyed.

Sanlam group marketing GM Francois Marais said the expectation that AIDS would result in a high cost of death benefits in future would probably lead funds away from lump sum payments to dependants and towards instalment payments.

This trend was already apparent in the fact that only 18% of funds offered lump sum payments, compared with the 47% six years ago.

● See Page 5

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of contact, and liquid claims arising from production penalty costs and the purchase of diesel worth R43 000.

Addressing Rappfos's largest claim,

"Now that we are on solid ground, we will attempt get back all the money we are owed," he said.

'SA needs new labour law to protect AIDS victims'

Biday 29/6/92
KATHRYN STRACHAN 92

THERE was an urgent need for reform in employment law to protect HIV and AIDS sufferers in the workplace, a leading advocate told delegates at a national conference on Legal Rights and AIDS in Johannesburg at the weekend.

Cape Town advocate Norman Arendse said current legislation in both private and public sectors was "woefully inadequate", and that bigoted attitudes about HIV and AIDS in the workplace had to be challenged.

"Those who have found themselves to have the virus or even to have been at risk of the virus have been subjected to all kinds of discrimination, for example, in education, employment, housing and insurance," said Arendse.

Policies

Although several organisations had established AIDS policies or codes, which served a useful purpose particularly in educating people, these fell far short of providing infected people with protection against discrimination.

There were indications that AIDS policies were largely aimed at attempting to create an AIDS-free working environment rather than tackling the employment-related AIDS problems like discrimination and dismissal.

Arendse said there was much to commend a code of practice which would apply to all employers and employees and trade unions covered by the Labour Relations Act. However, there was no liability for breach of such a code and no legal compul-

sion to comply with its provisions.

What was needed was an amendment to the Labour Relations Act or the enactment of a separate statute which outlawed dismissal except for genuine occupational requirements and in cases of incapacity.

The statute would also have to extend to dealing with unequal treatment in training, promotion and transfers. Other aspects to be covered by legislation should include dealing with discrimination in respect of ordinary contractual benefits like pension, medical aid and housing subsidies. Protection would have to be extended to all classes of employees as well as to infected job applicants.

Arendse said legislation would have to provide for effective remedies against discrimination which included reinstatement, compensation and counselling.

Paradoxically, one of the most effective ways of curbing the spread of the disease was the protection of people with AIDS against discrimination.

Those who had contracted the virus and those most at risk had to be able to seek what treatment was available and assist with research of the disease.

Against this there was the public need to restrict conduct which was likely to spread the disease.

Arendse believed a balance had to be struck so that those at risk were willing to come forward, and that the disease could be treated — otherwise there would be a genuine risk that the disease could be driven underground.

D

E along with its policy of screening all potential employees for HIV infection — have been slammed by both medical and legal Aids professionals as being discriminatory and ill-informed.

The slogan "Don't bend for a friend" adorns an Aids information pamphlet put out by the parastatal electricity giant. The pamphlet also states that while employees can be infected heterosexually by "making love with an infected male/female", they can be infected homosexually merely by "sex between two male persons". The myth is thus perpetuated that homosexuality in and of itself is a primary cause of Aids.

"It's a very dangerous message," comments Johannesburg City Health Aids Services Dr Clive Evian, "for it fuels the perception that Aids is a gay disease, which is entirely incorrect in the South African context, where 95 percent of those who have the virus are heterosexual. The message must be that any kind of unprotected sexual intercourse between two people is dangerous — otherwise people will adopt the 'it can't happen to me' defense."

To make matters worse, the pamphlet has, on its cover, a skull beneath the words, printed in four languages, "Beware of Aids". Evian explains that "such doomsaying is counter-productive, for it creates negative impulses like rejection, discrimination, blame, panic — things to run away from. By putting a skull on the cover and then using the slogan 'Don't bend for a friend', the pamphlet slots into the discrimination of homosexual people and plays into stigmatisation rather than overcoming it."

To be fair to Eskom, the pamphlet was produced in 1987 when, by corporate medical consultant Dr Charles Roos' own admission, "we were on a steep learning curve, so we didn't always get things right". But while Roos claims to have "personally locked up the offending material in a cupboard", the pamphlet is still, according to Aids workers who have visited there, being widely disseminated at Eskom.

The Eskom pamphlet is, perhaps, the most glaring example of the wrong-headedness of much policy as South African employers try to come to terms with the fact that a large proportion of the workforce may well be infected in the future.

Eskom, to its credit, was one of the first employers to formulate an Aids policy. But while the parastatal has placed a strong emphasis on education — ill-informed though this might have been — there is another far more controversial component to its policy: the decision to screen all potential employees for HIV, and to deny any employment to those who test positive.

The World Health Organisation and the

Eskom's Aids drive gets short-circuited

W/Mail 7/8/ - 13/8/92

Parastatal electricity giant Eskom has been singled out for criticism in its Aids policy, because it screens new recruits for HIV and because its educational material is filled with misinformation.

MARK GEVISSER looks at *Aids in the workplace*

International Labour Organisation have declared that "since HIV infection by itself does not affect a worker's ability to perform a job, and an infected person cannot transmit infection to co-workers casually, employment or pre-employment testing or screening is unnecessary and should not be required". Already, France, Italy, West Germany and the African countries of Malawi and Zambia have expressly prohibited such practice.

Yet a survey presented to a conference on Aids and the Law last month proves that many South African employers are still motivated by fear and loathing rather than common sense when it comes to Aids: 45 percent of the respondents stated that they would breach their employees' rights to confidence if they found out one had become infected, 65 percent said they would refuse to employ an HIV-infected person, and 64 percent have not considered any type of Aids education programme for their employees.

Good sense, though, seems to have prevailed on the issue of pre-screening prospective employees: only 10 percent of the companies canvassed, like Eskom, actively do this. Most employers seem now to accept that screening is, in the words of Edwin Cameron from the Centre for Applied Legal Studies, "futile, misleading, socially irresponsible, and unfair to the individual".

Roos counters, however, that Eskom's decision to screen is an attempt to "protect our fringe benefit schemes — like medical aid, housing subsidies and pension fund", and adds that there are two specific areas where "we just cannot employ HIV-positive people: where Aids-related neurological disorders might affect the safety of the workplace, and where long-term and costly training is required".

Roos concedes that "it might be a better plan



to continue screening, but just to exclude employers from these positions rather than from any work". He states, however, "that the policy is under review and screening might be scrapped altogether".

This change of heart is perhaps due to pressure and threats from the unions and the legal fraternity. Cameron makes a strong case that exclusion due to HIV-positivity constitutes an unfair labour practice and is grounds for a court challenge: "Since HIV positive job applicants may have years of constructive, healthy service ahead of them, excluding them from employment lacks a rational foundation and is unfair."

Pre-employment testing, he adds, "cannot achieve what it sets out to do. It cannot guarantee a sanitised Aids-free workplace", because the six-month window period means that many might test false-negative, and because many more may test positive after employment.

Furthermore, Cameron says, "pre-employment screening can lead to false confidence among workers and lull them into believing, quite wrongly, that it would be safe to have sex with each other".

Many organisations — most notably the Chamber of Mines — have changed their minds about screening, not least because of its expense: by law, HIV-testing needs to be

pre- and post-test counselling. The chamber initially had a policy of screening workers from "high-risk areas", but, due to the intervention of the National Union of Mineworkers (NUM), a new policy is being considered.

In contrast to Eskom, a model approach towards Aids has been adopted by the building construction giant, Anglo-Alpha, which points out in its Aids policy that, if all employers screened out HIV-positive people, "a leper colony of unemployed and unemployable people would be created", the consequences of which would be undesirable — both socially and economically.

So the company will not test present employees unless the employees themselves demand it, it offers full benefits to those who do test HIV-positive, and it does not require employees to reveal their HIV-status unless "they are unable to perform their tasks". Only once Aids-related illnesses affect an employee's ability to perform, will his or her employment be assessed, and then "the normal ill-health retirement regulations will apply".

Anglo-Alpha even acknowledges that "continued employment for an employee with life-threatening disease may sometimes be therapeutically important in the remission or recovery process or may help prolong that employee's life".

Labour lawyers and unionists are urging employers to treat Aids just like any other life-threatening disease. So serious is Anglo-Alpha about preventing stigmatisation in the workplace, that there is a clause in the policy that allows the company to take disciplinary action against employees unwilling to work with HIV-positive colleagues.

Critical to the process is the education of employees, and experience from abroad has proven that this — rather than testing — is where an employers' resources are best channelled. Unions like the NUM insist, however, that such education must not be imposed upon from above, but must be designed and implemented in full collaboration with the workforce itself if it is to be effective.

And, adds Evian, "such education must have two components: it must give the facts to prevent the spread of Aids, and it must fight stigmatisation, by urging support for those who have the disease". Many companies do the former, but few do the latter.

"And unfortunately," he concludes, "if a company gives information about Aids but at the same time discriminates against HIV-positive people, it is giving a mixed message to its employees. It is saying that Aids is fearful and bad and must be excised — like a malignant tumour — from the workforce. Within such a context, no amount of correct factual information will reach workers."



Children orphaned because of AIDS enjoy their Christmas party at Mike's Kitchen in Windsor. Pictures: ROBERT BOTHA

Little practical support for AIDS victims in SA

A MAN who has lived with the HIV virus for almost 10 years spoke out this week about his infection, and said he would have been dead years ago but for his positive mental attitude and alternative methods of managing his health.

But Vincent Veal's appeals for assistance in setting up a network to share his holistic approach with other infected people, and to provide home-based care for the AIDS-sick, have been turned down by the Department of Health and by the private sector.

His appeal comes as countries worldwide observe World AIDS Day today.

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KATHRYN STRACHAN

"All we hear is doom and gloom about AIDS, and the figures of how many will soon be dead," he said. "But nobody gives us any means of coping with it. There is no one offering hope. Sometimes it just seems easier to crawl away and die."

Despite all the talk there was very little practical assistance and still an alarming level of ignorance and prejudice about the virus, said Veal.

Like countless others, Veal cannot afford to buy the R700 a month life-prolonging drug, AZT — especially since he lost his job after his employer discovered he was HIV positive.

He has had to depend on stress management techniques, exercise and meditation to keep him healthy.

The limitations of SA's approach to the epidemic were highlighted by US AIDS expert Dr Patricia Greenfield on her recent visit to SA.

Despite the high HIV infection rate in the US, Greenfield said it had dealt successfully with the economic implications of the epidemic by realising costs could be saved through early intervention.

Regular testing was encouraged so that the virus could be detected early. If people tested positive they were provided with life-prolonging medication, such as the drug AZT, and other means of keeping themselves healthy.

US medical insurance schemes and employers had realised that if the health of infected people could be maintained for up to 14 years, there would be great savings in terms of productivity and hospitalisation costs.

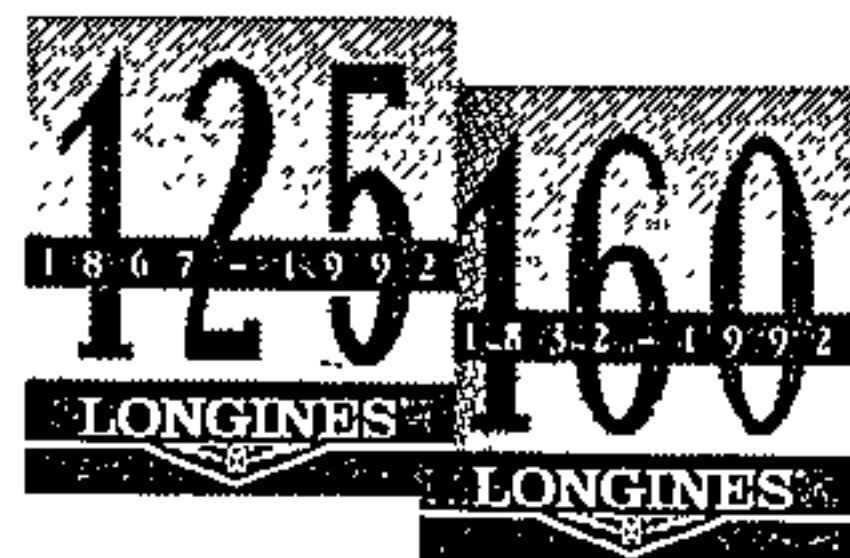
But local medical sources said HIV-infected

people were afraid to come forward and benefit from early intervention, for fear that their employers would be informed and they would lose their jobs.

However, after Greenfield's address to a private healthcare industry forum, Living Healthy with HIV, representatives from top healthcare and medical aid companies agreed at the weekend to take the initiative in funding and implementing an HIV/AIDS management plan.

Affiliated Medical Administrators spokesman Gill Gresak said the plan aimed to keep members of the various medical aid and insurance schemes who contracted the disease "HIV well" so that they would remain both physically and economically active for as long as possible.

Critical factors in achieving this were outlined as the early detection of the HIV virus, the establishment of a community-based infrastructure and the development of a process to ensure that care was both accessible and cost-effective.



Show us your old Longines watch



Spreading joy . . . singer Yvonne Chaka Chaka watches as Aids affected children enjoy an early Christmas party in Randburg yesterday. Today is World Aids Day. Picture: Jacob Rykliff

Funds needed to help thousands of Aids orphans

By Paula Fray (92) 
Medical Reporter

About 30 Aids affected children were yesterday given an early festive treat when a leading franchise restaurant and Support Aids Families and Orphans (Safo) hosted a pre-Christmas party in Windsor, Randburg.

Safo patron and Africa's singing queen Yvonne Chaka Chaka watched as the Christmas crackers were popped, hats donned and — with arrival of the ice-cream cones complete with sparklers — the

room filled with whoops of delight at the party at Mike's Kitchen which fell on the eve of World Aids Day today.

Safo, until now funded solely by Claire and Ian Fleming, was started a year ago: "We'd worked in the rest of Africa and we saw what was going to happen and we wanted to jumpstart things here . . . but the community at large does not want to know. They see the infected person but they do not see the affected person," said Claire Fleming who runs Safo with fieldworker Nana Ntuli.

The children being helped

by Safo are Aids free but have parents who have either died or are dying of Aids. The organisation was forced to close its books three months ago as it was being run solely on her husband's salary.

"If we hadn't closed our books we would be getting between six and 10 new families a week. It is estimated that there are 20 000 HIV positive women in Soweto alone," said Fleming.

The children are given emotional and physical support.

According to Ntuli a major problem was the belief that

there were already so many orphans that an exception could not be made for Aids orphans. But there was a need for a specific organisation addressing their needs, she said.

"They are going through a traumatic experience of watching their parents wasting away to their deaths. Their parents are not able to provide them with material things," Ntuli said.

Experts estimate that there will be 553 000 Aids orphans — children who are free from Aids but whose parents have died from the disease — within seven years in SA.

Boost spending on (92) prevention, says UN

GENEVA — Spending on AIDS prevention in developing countries needed to be boosted to \$2,5bn a year, 20 times the current outlay, the World Health Organisation (WHO) urged yesterday. *8/10/92 11/2/92*

In a message marking World AIDS Day today, the WHO said only \$120m was spent last year on preventing the spread of AIDS.

Noting that the illness struck men and women in their prime, the WHO warned that by 2000 developing countries would account for 80% of cases, and there would be 10-million AIDS orphans.

The head of the UN body's AIDS programme, Michael Merson, said: "What the world community commits to preventing AIDS in the next couple of years will directly affect the course of the epidemic over the next two to three decades."

A cut in world military spending of 3% would produce savings of \$200bn, or 80 times the target figure the WHO was proposing to fight AIDS, the message noted. "Every \$100 spent now will save millions later," Merson said.

In SA, the theme of this year's World AIDS Day will be "A Community Commitment" and the event will be marked across the country by a series of events this week, including prayers at Baragwanath Hospital, street processions in Vosloorus, Sharpeville and Winterveldt and a mass fun-run in Soweto.

In a statement ahead of World AIDS Day, National Health Minister Rina Venter said government had committed itself to establishing an affordable, equitable and appropriate AIDS programme to prevent AIDS and lessen its impact on SA's population.

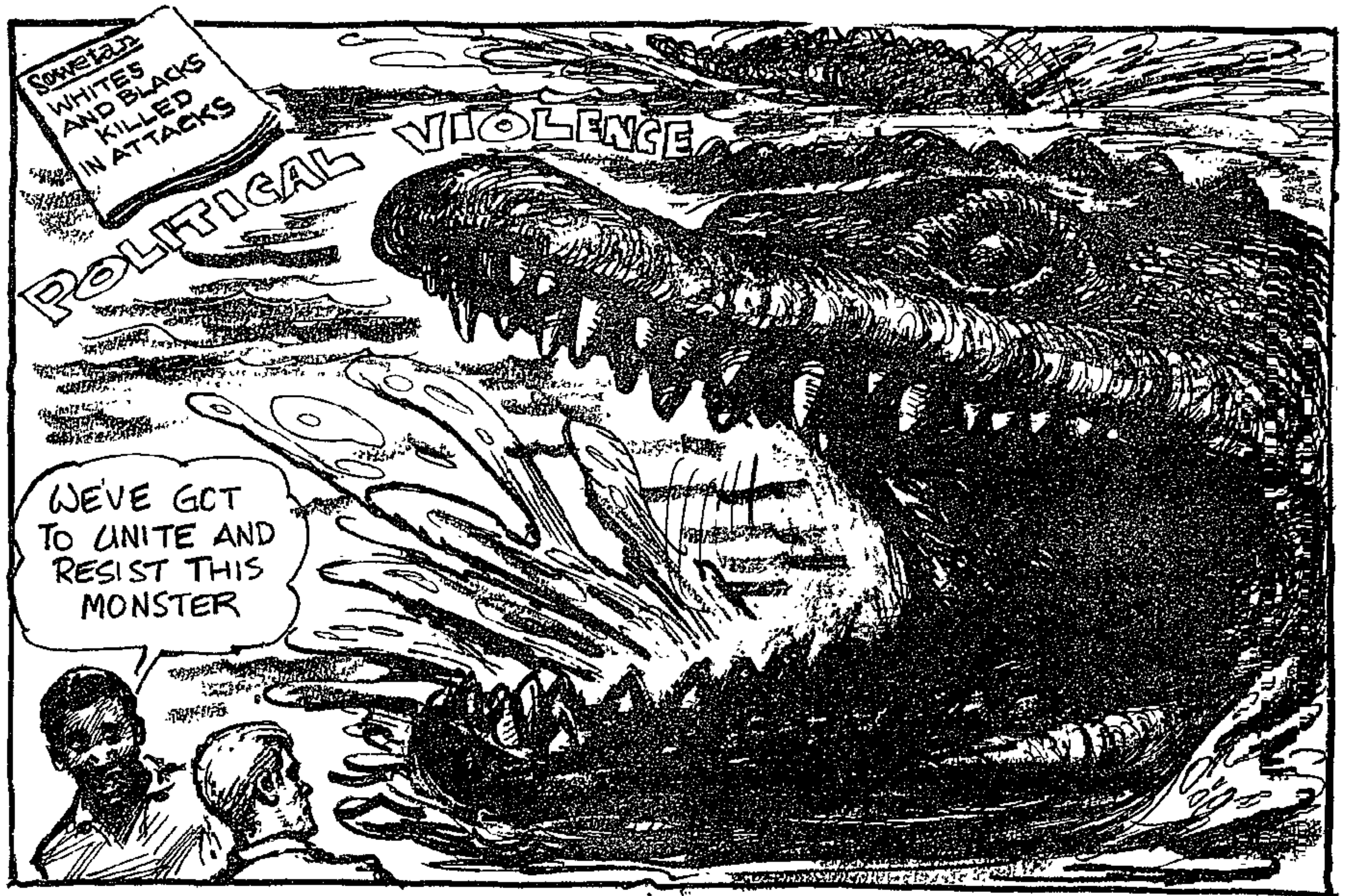
The National Health Department's AIDS Programme said in a statement yesterday people who had a vital role to play in combating the disease were all involved in primary health care, such as nurses, community clinic staff, traditional healers and the Red Cross.

Several SA celebrities pledged their support for World AIDS Day yesterday, and three Cape Town men, Simon Grindrod, Christo Gerber and Koos du Plessis, said they planned to promote AIDS awareness by driving from Cape Town to Moscow in July next year. — Sapa-AP.

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FOCUS Number of infected people is increasing at an alarming rate



focus on Aids

THE 1980s were characterised by the spread of HIV and the next decade will be dominated by the increasing manifestation of Aids, medical experts have predicted.

This sombre warning comes at a time when thousands of people are beginning to come to terms with the disease that has caused untold misery. The experts say Aids has sent a stronger message than all the pulpits in the world put together. The World Health Organisation (WHO) says World Aids Day (WAD) (December 1) should be used to show compassion for people with Aids and their families.

Since the first HIV-positive cases were diagnosed in the early '80s, numbers have increased at an alarming rate with no end in sight.

Whereas the first South African HIV-positive case was diagnosed in 1982, the latest statistics say there are more than 200 000 carriers of the virus.

Three weeks ago a leading gynaecologist and obstetrician, Dr James McIntyre, revealed that women diagnosed as HIV-positive delivered babies daily at the Baragwanath Hospital. The figure for Johannesburg is much higher, with one in 10 or even one in seven women attending Sexually Transmitted Diseases clinics carrying the virus.

The Department of National Health and Population Development says there are 400 new HIV-infections daily. The WHO estimates that more than 10 million people worldwide were infected with HIV at the end of 1991.

The figure will grow to 40 million by the year 2000, the WHO estimated.

The projection for South Africa is that there will be over five million HIV-infected people by the year 2005.

On his return from the Seychelles, where he gave several lectures on Aids, Professor Ruben Sher of the South African Institute for Medical Research said the '90s were expected to usher in gloom.

He said the immune systems of those who contracted the virus in the '80s would give in.

The '80s were marked by the advent of HIV and experts predict that the '90s will be characterised by Aids. Today is designated World Aids Day to show compassion for victims of the disease and their

families. **Mokgadi Pela** reports: (92)

Sowetan 1/12/92
The incubation period of the HIV-virus, he said, lasts for a period of 10 years.

The Department of National Health and Population Development says the number of people with Aids in South Africa has reached 1 517, while 201 people have developed full-blown Aids since June.

The department said 475 people have died of the disease in South Africa since 1982.

Dr Malcolm Steinberg of the Medical Research Council's (MRC) National Aids Research Programme said Aids would become much more evident in the '90s.

"However, we should not underestimate the capacity of people with Aids to hide their illness. The disease may remain hidden for a long time. We therefore need to encourage the acceptance of people with Aids by keeping them employed and affording them the rights of normal human beings," Steinberg said.

Aids education should be taken into the communities at grassroots level. Steinberg also called for Aids education in schools, saying the community should accept that pupils were sexually active.

He said the virus which had been minimal in the Western Cape was suddenly on the increase, citing Tygerberg, Somerset West and Groote Schuur hospitals as examples.

Steinberg quoted a recent MRC study done in Natal which showed that the percentage of people infected doubled every six months.

He urged the health authorities to tackle sexually transmitted diseases because people so infected were prone to HIV. Steinberg said better and more effective methods of combating the virus should be embarked upon as people commemorate World Aids Day.

Many epidemiologists seem to have accepted that the virus is winning. This is why the essence of WAD should be to redouble Aids education campaigns.

Meanwhile, meetings to mark WAD take place in many parts of the country today. Talk shows and puppet shows will be among the highlights, while posters and pamphlets will be given to the public.

A meeting organised by the Wellcome Foundation will held at the Balalaika Hotel today. It will be addressed by physicians Steven Miller and Dennis Sifris. Other speakers will include Enea Motaung of the Township Aids Project and Professor Edwin Cameron of the Centre for Applied Legal Studies.

The Aids Training and Information Centre and traditional healers will have a meeting marking the occasion on December 5.

Another meeting has been scheduled for December 12 in Protea North at the Khuthala Higher Primary School. Among the speakers will be Mrs Sibongile Jack of the Township Aids Project and Lerato Monnakgotla. The seminar has been organised by Concerned Women of Protea.





PUPPETS ON THE MARCH: These giant puppets have become a familiar sight around the country where they have been used to educate people about Aids. Today, World Aids Day, they lead a procession along St George's Mall following a midday memorial service at St George's Cathedral attended by the mayor and mayoress. Puppets Against Aids wrap up a month-long tour of the Western Cape at the end of the week.

Getting the Aids message across to all

ANDREA WEISS, Health Reporter

ALTHOUGH experts have been warning for years that urgent action needs to be taken to stem the tide of the Aids pandemic (a global epidemic) very little appears to have been achieved.

This year, South Africa's anti-Aids efforts were marred by a scandal in the Pretoria-based Aids unit, but at the weekend the Department of National Health and Population Development committed itself to an affordable, equitable and appropriate Aids programme.

Earlier this year, the African National Congress and government joined hands at a national conference to put the Aids campaign back on track, but the conference may have delivered more talk than action.

The latest warning about South Africa's apparent inability to communicate the risks of Aids to its population comes from a national literacy organisation.

Mr David Ensor, co-ordinator of Operation Upgrade, points out that because of discriminatory education, 45 percent of adult black South Africans are functionally illiterate and another 25 percent are semi-literate.

These statistics are disastrous for any attempts to tell the population about Aids.

He points out: "It must be realised that any attempt at wide-scale health education will be severely hampered by this. Media campaigns are lost on illiterate people."

South Africa also has wide-spread prevalence of

sexually transmitted diseases (STDs) in its population — putting large numbers of people at risk of getting Aids.

STDs are linked to the spread of Aids because, where they are present, people are more likely to pick up HIV (the Aids virus).

Health authorities estimate there are about three million people in this country infected with one of the more than 20 organisms which can be sexually transmitted. And it has been found that up to one in 12 men with STDs are HIV-positive.

A rise in the number of babies infected with HIV is also a worrying trend in this country, indicating the disease now has a firm hold on the heterosexual population.

Of the 201 people who have developed Aids since June this year, 35 percent were young children, according to health authorities.

The World Health Organisation anticipates the number of HIV-positive children in the world will soon exceed one million, all of whom will probably die before the age of two.

There is also concern about those children who will not be HIV-positive but who will be orphaned as their parents die of the disease.

In Africa alone, there could be as many as 10 million children left to their own devices.

Recently, a visiting expert from Australia emphasised that urgent action would have to be taken if these children were to be housed — possibly in orphanages attached to hospices run by churches.

Because those most at risk are from the economically active sector of the population, even if the ultimate figures are lower than some doomsday predictions, Aids deaths will hit the economy where it most hurts.

In Zimbabwe, for instance, some industrialists are training two people for each key post as a kind of insurance against Aids.

Estimates elsewhere in Africa are that for every experienced 45-year-old, there will have to be 17 trained students to make up for the Aids toll.

The epidemic also will incur huge direct costs to the health budget. This year, it is estimated Aids will have accounted for between 0,85 percent and 1,37 percent of the total health expenditure.

In 2000, it could soak up as much as 40 percent of the health budget.



Picture: LEON MÜLLER, The Argus.

FIGHTING AIDS: Mr Christo Gerber, left, Mr Koos du Plessis and Mr Simon Grinrod toast the launch of their epic journey from Cape Town to Moscow to spread the message to fight Aids. They hope to complete their trip in two months, starting in July. "Our message is simple: Join together to fight Aids now, before it's too late," said Mr Grinrod.

Warning on eve of World Aids Day

STAR 30/11/92.

(92)

Medical Reporter

The Government has committed itself to the establishment of an affordable, equitable and appropriate Aids programme.

In a weekend statement issued by Minister of National Health Dr Rina Venter ahead of World Aids Day tomorrow, she said the programme's goal was to prevent and lessen the impact of HIV/Aids on the South African community and ensure appropriate care for infected persons and their dependants.

"When the Aids pandemic reaches crisis point, South Africa will have neither the funds nor the health infrastructure to provide sophisticated care to persons with HIV/Aids. Home-based care will be the only affordable way to provide health care for infected persons," said Venter.

Meanwhile, organisations countrywide are geared up to mark World Aids Day. Included in the pro-

gramme for this week are:

- An Aids prayer day and memorial service at Baragwanath Hospital at 2 pm today.
- An Aids awareness programme with drum majorettes, poetry and singing at Baragwanath today.
- A Red Ribbon Procession at 6 pm this evening from Pieter Roos Park in Empire Road to the Civic Centre in Braamfontein. It will culminate with the lighting of the Hospice Tree of Light during a celebrity programme at 7.20 pm.
- A "Puppets Against Aids" performance at the Koos Beukes Clinic in Soweto at noon tomorrow.
- Street processions in Vosloorus, Sharpeville and Winterville tomorrow.
- A float from Elka Stadium to Mofolo Clinic, organised by the Progressive Primary Health Care Network, in Soweto tomorrow morning.
- A mass fun-run, organised by the Township Aids Project, from Diepkloof football grounds to Orlando Stadium on Thursday.

A virus debilitates the developing world

STAR 1/12/92.

(92)

JUST over a decade after the world learned of an epidemic more frightening than the Black Death, reliable statistics remain hard to obtain. The consequences, however, are becoming starker.

Aids (Acquired Immune Deficiency Syndrome), the fatal condition that results from long-term infection with HIV (human immunodeficiency virus), currently kills 100 000 people a year worldwide. Worst hit are the vulnerable economies of developing countries in general, and Africa in particular.

In Uganda, the condition is inflicting a terrible toll on the country's railway corporation. Ten percent of its employees may have died of Aids, labour turnover is 15 percent a year.

In Zambia, the country's copper mines, responsible for 75 percent of the country's export earnings, are vulnerable: the danger is that skilled workers, supervisors and managers will die of Aids faster than replacements can be trained, warns one expert. The result will not be a sudden collapse in mine output. Rather, there will be a slow but steady increase in the incidence of breakdowns, accidents and delays, and output will suffer.

From South Africa comes other ominous news. Life insurance companies paid nearly R3,9 million in Aids-related claims between 1985 and 1988. In 1989 alone, payments were R3,2 million.

In Zimbabwe, claims in group life schemes of one insurance company doubled between 1986 and 1990, and the amount paid out multiplied 25-fold. And in Malawi a leading insurance company pulled out of the market when the government banned Aids tests on applicants seeking cover.

These examples come from an extensive survey of the possible impact of the disease on development by the Panos Institute, the independent London-based research body.

Although the study takes a global view, some of the most frightening statistics come from Africa. The World Health

Africa bears a double affliction: it has nearly half the world's Aids victims, but is almost bereft of resources to meet the challenge. MICHAEL HOLMAN reviews a survey of the disease's economic impact.

Organisation, drawing on a World Bank model, says life expectancy in sub-Saharan Africa could fall to 47 years by the end of the century, compared with 62 without the HIV/Aids factor. Unicef predicts that the under-five mortality rate in central and east Africa is likely to rise to between 159 and 189 per 1 000 live births.

But Africa bears a double affliction: it has nearly half the world's victims, but the continent's economic crisis has left it almost bereft of the resources required to meet the challenge. In 1990, says the Panos report, the global cost of Aids treatment was estimated at between \$2,6 billion (R7,8 billion) and \$3,5 billion (R10,5 billion), no more than 2 percent of which was spent in sub-Saharan Africa.

It is estimated that up to 12 million adults are infected with HIV — one in 250 of the world's adult population. More than 80 percent of cases in the developing world, and most of those infected, are between 14 and 44. By the end of the century the death toll is expected to be at least 400 000 a year. And by then at least 40 million people, perhaps 100 million, are expected to have been infected by HIV.

The world faces other killers, some of which are readily preventable or curable. Malaria claims a million lives a year, tuberculosis 3 million, diarrhoeal disease 4 million. But most of these deaths are among the vulnerable — the very young or the aged: the former are unproductive, and the latter have ceased production. Aids, however, threatens the development prospects of whole nations, the report points out, by primarily attacking men and women aged between 20 and 45,

the backbone of the labour force.

As the epidemic advances, warns the report, existing skills shortages will be exacerbated and new ones will be created. Productivity will be threatened: as the young, sexually active members of the labour force (20-40) become infected, fewer will survive to form the older segment (40-60) which has accumulated skills.

The higher the income, the greater the opportunity for sexual activity. Thus a 1988 study in Zaire found that HIV infection rates in better educated and higher paid male workers was 5 percent, compared with 3 percent in the lower-graded categories. Further evidence comes from Zambia, where one sample showed 8 percent infection among urban adults with fewer than five years of schooling, rising to 33 percent of those with 14 years or more.

Labour costs rise as shortages develop, and employers may face spiralling medical costs, the report warns.

But even if infection were to cease overnight, the challenges posed are enormous, warns Panos. The lengthy incubation period means that the number of Aids cases would continue to grow over the next decade at an average of 10 percent a year, a total of 40 million by end of century — almost 90 percent of them in the developing world.

This means that planners must prepare to adapt, says Panos. In the agricultural sector it may mean less labour-intensive crops. The schooling systems must accommodate the special needs of a forecast 10 million orphans, economic policies must take into account the changing age profile of the labour force. — Financial Times News Service. □

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Ribbon

to mark

STAR 11/2/92

World

92
Aids Day

Medical Reporter

The display of a red ribbon marks the world's commitment to tackling Aids on World Aids Day today.

World Aids Day, observed on December 1 since 1988, serves as a worldwide day of action designed to raise public awareness of Aids and to instigate new and greater commitment against the pandemic.

The World Health Organisation (WHO) has stressed that it is vital for every community to pledge itself wholeheartedly to the fight against Aids.

"The community — be it the neighbourhood, the school or college community, a professional group, family or friends — is a uniquely powerful force in societies everywhere which needs to be harnessed if we are to bring the Aids pandemic under control," according to WHO director-general Hiroshi Nakajima.

ANC abuse probe delayed

ADRIAN HADLAND

DESPITE mounting local and international pressure, the commission of inquiry appointed by the ANC to investigate abuses in its detention camps would begin its deliberations only next year, ANC spokesman Saki Macozoma said yesterday.

The ANC's national working committee had been too busy preparing for this week's bosberaad with government to consider the commission's terms of reference.

The commission was set up after an internal ANC investigation into alleged brutality at ANC camps in Angola, Zambia, Zimbabwe, Tanzania and Uganda during the 1980s.

The publication last week by Amnesty International of a report detailing widespread abuses increased pressure on the ANC to uncover full details of activities in its camps.

In a letter to Law and Order Minister Henus Kriel yesterday, DP justice spokesman Tony Leon called for improved witness protection facilities for former ANC detainees willing to testify.

He also called on Kriel to negotiate the

release of Katiza Cebekhulu, a key witness in the recent Winnie Mandela trial, from protective custody in Zambia.

The Amnesty report said the findings of the James Stuart commission of inquiry into the 1984 ANC mutiny had been suppressed, ensuring that the security department "would be able to continue unchecked".

Angolan embassy representative Jorge Morais said Angola's government, unlike Zambia's, would not be conducting a separate investigation. "This is a matter that people from the ANC should answer as the camps were controlled by them. We didn't know anything."

Sapa reports the Returned Exiles' Committee yesterday welcomed the disclosure of ANC atrocities committed in exile — and demanded an end to atrocities in SA.

Committee chairman Pat Hlongwane said people's courts, self-defence units and civic organisations were guilty of atrocities at home.

Deserter: ANC member told me to lie

PRETORIA — Mozambican army deserter Joao Cuna said yesterday an Indian member of the ANC had promised to pay him for telling the Vrye Weekblad newspaper lies implicating the SA Police in political violence, after Cuna was taken to the Indian man by two Military Intelligence (MI) agents.

Cuna, who said he now feared for his life, testified

before a Goldstone commission committee that he was taken by MI agents "Frank" and "Riley" to a house in Muller Street, Yeoville, whose owner — "his name sounds like Rule" — was a member of the ANC's armed wing Umkhonto we Sizwe.

Cuna said he met the Indian, who he described as tall and having a beard and whitish hair, "many times"

and he suggested Cuna tell the story which appeared in Vrye Weekblad.

The October 30 issue of the publication carried a report quoting Cuna as saying he was given AK-47 rifles and paid R4 000 by security forces to kill ANC activists outside Durban.

Yesterday Cuna insisted the story published in the newspaper was false. — Sapa.

Plea for public to foster AIDS orphans

THE National Council for Child and Family Welfare today put out an urgent appeal to the public to "open your homes" and adopt or foster one of the hundreds of orphans who have been left behind by AIDS-infected parents.

The council has chosen World AIDS Day today to highlight the plight of those who are mostly forgotten about in the AIDS epidemic — the orphans.

In a statement the council said the construction of extra children's homes would not be possible in the present economic climate as institutional care was extremely expensive. "Foster parents, adoptive parents and day care centres will be the only answer," the council said.

The council has also appealed to communities to take care of the growing number of babies who are born HIV positive — and it plans to lobby government for higher grants for those who care for HIV positive children.

Council spokesman Keith Heimann said

KATHRYN STRACHAN

SA could not even deal with the 80 000 street children, and called on the community urgently to find ways to care for the AIDS orphans.

Society for AIDS Families and Orphans organiser Claire Fleming said her organisation cared for more than 500 AIDS orphans in Soweto alone, but the organisation had been refused government assistance.

Department of Health figures indicate that as many as half a million children in SA could be orphaned through AIDS within seven years.

The Department of Health has referred the problem of AIDS orphans to the council on the grounds that to distinguish them from other orphans would lead to them being stigmatised.

But Fleming disputed this argument, and claimed that as the already overburdened welfare sector does not have the resources to cope

92

AIDS rights charter is launched in SA

B/DAY 2/12/92 92

AS THE country observed World AIDS Day yesterday, medical and labour organisations released guidelines on how companies and the medical profession should approach the problem of AIDS.

Yesterday also saw the launch of a rights charter on HIV and AIDS by the AIDS Consortium in an effort to combat discrimination against people infected with the virus.

Wits University law professor Edwin Cameron said there was an urgent need for legislation to fight discrimination by employers, insurance companies, health care workers and government officials. Pre-employment testing as well as HIV-screening by insurance companies and medical aids should be legally prohibited.

MASA spokesman Edo Barker said his organisation's guidelines had maintained a balance between the rights of patients and of medical personnel.

The guidelines addressed concerns such as the doctor's obligation not to discriminate against patients on the grounds that they were HIV positive, and the obligations of a doctor who was found to be infected.

MASA recommended that affected health personnel and partners had to be informed even if the patient had refused consent.

Cosatu also chose World AIDS Day to launch a campaign to negotiate "clear un-

KATHRYN STRACHAN

ambiguous" AIDS policies with companies. "Such a policy must have as its primary aim the combating of prejudice and fear about AIDS, and the securing of an effective programme to assist the prevention of AIDS and to provide care for those employees with AIDS," the union said.

Sapa-Reuter reports from Geneva that health workers around the world marked the day with the now traditional calls for "safe sex" and renewed warnings that the AIDS time bomb was still ticking, particularly in Asia.

In seminars, gala shows and torchlit processions, activists, AIDS victims and potential victims joined to show their solidarity against the disease.

But there were complaints that global anti-AIDS funding was way too low and signs that in some Third World countries AIDS was still seen as a decadent Western disease blamed on sex workers, homosexuals and drug addicts.

World Health Organisation (WHO) chief Hiroshi Nakajima addressed the UN General Assembly in New York to underline the global nature of the AIDS pandemic.

The WHO estimates about 12-million people worldwide carry the HIV virus. Asia, where infection rates lagged behind Africa and the West during the 1980s, was seen as the site of the next AIDS explosion.



NUM assistant general secretary which was launched in Johannesburg at the launch were campaign's declaration include

Lobby targets SABC control

B/DAY 2/12/92 WILSON ZWANE

A COMMITTEE to demand independent and apolitical control of SA broadcasting, launched in Johannesburg yesterday, will meet Home Affairs Minister Louis Pienaar next Wednesday.

The committee is also arranging a meeting later with SABC director-general Wynand Harmse.

The Campaign for Independent Broadcasting (CIB), signatories to whose declaration include the ANC, Cosatu, the SACP, the DP, the SA Council of Churches and the Campaign for Open Media, will lobby for an independent board of control at the SABC and an independent regulatory authority for SA and the TBVC states.

NUM assistant general secretary Marcel Golding told journalists there had to be significant movement towards independent control of broadcasting by the end of January.

"If this is not forthcoming, the organisations supporting the campaign will embark on a variety of actions to publicise the campaign's demands," Golding said.

Matrics to wait until January

BLACK matric results would be released only a few days before schools reopened on January 11, the DET confirmed yesterday.

DET spokesman Kim McEvilly said results were expected in the first week of January, but the department was hesitant at this early stage to give a specific date in case problems arose.

The department was well aware of the need for students to get their results as early as possible, but with more than 325 000 students involved it would be impossible to release the results before the end of the year, she said.

Much of the marking of exams had been decentralised to various regions to speed up results.

DET deputy director general Dirk Meiring said marking began yesterday.

"Approximately 10 900 markers have been appointed to accomplish the enormous task of marking the scripts."

He said exam scripts had been transported under tight security from 2 700 exam centres throughout the country to regional centres.

National Education Co-ordinating Committee spokesman Desmond Thompson said although his organisation believed the DET was doing its best to get the results

KATHRYN STRACHAN

out as soon as possible, the late results would cause problems for students.

Getting their results just before school reopened would be especially difficult for those who had failed and who would have to write supplementary exams, he said.

Unsuccessful pupils would also have only a few days to find out whether there were places available in matric classes.

□ Sapa reports the schools crisis had reached such monumental proportions that the ANC feared yet another generation of children was to be sacrificed to the "cynicism and muddle-headedness of a regime that has proved itself unfit to govern", ANC Western Cape assistant secretary Willie Hofmeyr said yesterday.

He said the true effects of Model C were beginning to be felt in formerly white schools.

"We are shocked at reports of the proposed victimisation of children whose parents cannot afford to pay rising Model C fees by pinning their names on school notice boards. Such behaviour is truly Dickensian and an outrage in a society alleged to be moving towards a gentler and more democratic society."

Helping HIV victims

■ Provide patients with AZT therapy World Aids Day told:

By Mokgadi Pela

(92)

PATIENTS who are HIV-positive should be provided with AZT therapy to enable them to lead productive lives, a leading medic told a meeting marking World Aids Day in Sandton, Johannesburg, yesterday.

Dr Dennis Sifris of the Johannesburg HIV clinic said more than 20 000 clinical trials worldwide had proven the efficacy of AZT therapy. "What more evidence do we still need?"

Sifris said with early intervention, AZT often referred to as Zidovudine, could delay the progression of the HIV-virus to Aids. This would enable patients to lead more manageable lives.

Sifris said HIV infection was a chronic condition that could be treated like diabetes and hypertension.

He urged the audience to shift its focus from Aids to HIV infection.

Sifris said authorities provided insulin to diabetics but would not do so with HIV-positive patients. A month's supply of AZT cost just over R300. "If we put a one cent tax on every packet of cigarettes in South Africa, we would have enough money to treat people with AZT," Sifris said.

Aids expert Dr Steven Miller condemned medical aid societies for refusing to reimburse patients with HIV-related illnesses. He said it was odd as medical aids paid for other diseases of lifestyle such as cirrhosis of the liver, which resulted from too much alcohol intake.

Miller also criticised the insurance industry for demanding a lifestyle questionnaire to be completed. He condemned the medical profession for its silence about the discrimination against people with Aids.

Professor Edwin Cameron of the Centre for Applied Legal Studies said everybody was entitled to the resources available in the country.

Appeal to wear red ribbons

BRIGBT red ribbons have been made available to the public to mark World Aids Day tomorrow and three Capetonians have launched a campaign to promote Aids awareness through Africa by driving a combi from Cape Town to Moscow next year.

City mayoress Mrs Trish van der Velde has appealed to Capetonians to wear the ribbons, which will be available free of charge at the city council's personnel office in the civic centre.

Mrs Van der Velde has arranged a special carol service in the City Hall at 7pm tonight to promote community support in the fight against Aids.

Co-ordinator of the campaign through Africa, Mr Simon Grindrod, said the three would use the novelty of their expedition to promote Aids awareness among the youth.

To mark the day, M-Net and the Planned Parenthood Association will run a fund-raising telethon tomorrow from 7pm to 9pm.

● The government at the weekend committed itself to the establishment of an affordable, equitable and appropriate Aids programme.

National Health Minister Dr Rina Venter said it would aim to decrease the impact of Aids in South Africa and ensure appropriate care for infected persons and their dependants. — Staff Reporter, Sapa

Aids policy is released

92

THE SA National Council on Alcoholism and Drug Dependence yesterday released its policy on life-threatening diseases, including Aids.

"Although Sanca has always shown concern for employees with life-threatening diseases, recent developments, particularly relating to Aids and HIV infection, have made it necessary to set out a formal policy," said Dr Chris van der Burgh, the organisation's national executive director. The release coincided with the launch of the Aids and HIV Charter by the Aids Consortium in Johannesburg and World Aids Day.

21/12/92
SANCAS

Aids in SA CT 14/11/92 (92) may severely affect economy

JOHANNESBURG. — Southern Africa is at special risk from the Aids epidemic, and it is clear that the disease will have a serious effect on economic development in the region, a leading economist said yesterday.

Mr Alan Whiteside of the University of Natal Economic Research Unit told delegates at the Institute of World Concern's Aids conference that the economic effects were inevitable because so many people were already infected with the virus.

South Africa would have to start planning immediately if the consequences of the epidemic were to be managed, he said.

World Bank findings showed that if Aids care was financed out of savings it would reduce funds available for investment, and if the shortfall was not made up by foreign investment then future growth would suffer.

Southern Africa was at larger risk than other

areas because the spread of the virus was aided by social and political stresses — which in turn led to a breakdown of norms and a greater incidence of risky behaviour.

The main cost, he said, would be the loss of highly productive young people to society.

It was a harsh reality that where there was massive unemployment, the issue would not be how many died, but rather who died.

●Americans are not practising "safe sex," leaving millions at risk of infection by the Aids virus, according to authors of the largest national sexual survey in more than 40 years.

The survey results, published yesterday in the journal Science, indicate that heterosexual Americans are not taking seriously the risk of Aids and that the vast majority with multiple partners are engaging in sexual intercourse without condoms. — Own Correspondent, Sapa-Reuter

(92) ARG 2/12/92

Aids charter: Storm breaks out over government refusal

ANDREA WEISS
Health Reporter

A STORM of protest has broken out around the Department of National Health and Population Development's decision not to endorse a charter of rights on Aids and HIV.

Mr Daggie Ackhurst of the Aids Support and Education Trust told the congregation at a memorial service at St George's Cathedral that the department had refused to endorse the charter, which he called a "milestone".

The service was to commemorate World Aids Day yesterday.

Mr Ackhurst told the congregation he was "living with Aids" and did not have time to wait for legislation, as the department proposed. The charter provided a measure by which people with Aids could be treated with dignity.

Aids campaigner and Cape Town's mayoress Mrs Trish van der Velde said she backed the charter wholeheartedly.

"I am most distressed that the department has chosen not to endorse the charter. I pledge to do all I can to get them to adopt it."

Also on World Aids Day, the Medical Association of South Africa released guidelines for doctors and health workers for handling and treating people with Aids.

The full guidelines will appear in the December edition of the South African Medical Journal.

"An infected doctor may continue to practise after having sought and implemented advice on the extent to which he should limit or adjust his professional practice in order to protect patients," said Masa.

It also decided that a doctor could not refuse to treat any

patient on the grounds he or she might be HIV-positive.

HIV testing should be undertaken only with the "free and informed consent" of the patient.

Masa said all doctors in the public service had to be informed of their right of being provided with facilities and equipment for the implementation of universal precautions in all public hospitals.

It had investigated the situation in emergency facilities with a view to determining the requirements to make these facilities safe.

Masa said it was liaising with the Department of National Health and Population Development and various employers to clarify compensation and job security in the event of occupationally acquired HIV infection by a health-care worker.



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'HIV tests done with no consent'

By Paula Fray
Medical Reporter

There was gross and wide-
spread testing for HIV without
the informed consent and ade-
quate pre-test counselling of
patients, leading non-govern-
mental health groups said yes-
terday.

Addressing a press confer-
ence in Johannesburg before
World Aids Day on Tuesday,
the National Progressive Pri-
mary Health Care Network's
Aids committee chairman
Nontsha Nciza said the organ-
isation was aware that many
patients in almost all hospitals
in SA were being tested with-
out their consent and were
often not told unless the re-
sults were positive.

"Even when they are posi-
tive, no one is prepared to tell
the patient."

As a result of this type of
testing, pre-test counselling
was virtually non-existent,
and the patient was often not
told where to go for post-test
counselling and assistance,
Nciza said.

Aids Consortium spokesman
Edwin Cameron said: "The
abuse of patients' rights in re-
gard to HIV is gross and wide-
spread.

"We have evidence from
around the country but espe-
cially from Johannesburg that
patients are being tested with-
out informed consent or con-
sent through the use of posters
on walls or through the sign-
ing of general statements."

Nciza said South Africa had
about 300 000 HIV-positive
persons at present, with near-
ly 450 new infections a day.

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Western Cape Aids deaths

DEATHS from Aids in the Western Cape totalled 85 by October this year, said medical officer of health Dr Michael Popkiss. Aids cases totalled 157, while HIV seropositive cases totalled 2 026 during the same period, he said. — Municipal Reporter.

(92) ARG 3/1/99

(92) 12/6/92

Farms: Aids cost opposed

FARMERS found it unacceptable that they would have to bear the costs of black Aids sufferers on farms, Mr Daan Nolte (CP Delmas) said yesterday.

Speaking in debate on the Basic Conditions of Employment Bill, he said they would also refuse to carry the medical costs of labourers who suffered the effects of alcoholism, venereal diseases and violence.

Mr Nolte said the bill exposed farmers to a legion of hostile court judgments.

It steered agriculture towards the dangerous rocks of collective bargaining, and into the expectant arms of the ANC, Cosatu and their communist camp followers. —
Sapa

Aids: 'Bigotry in workplace'

Own Correspondent

JOHANNESBURG. —

There was an urgent need for reform in employment law to protect HIV and Aids sufferers in the workplace, a conference on Legal Rights and Aids here at the weekend was told.

Cape Town advocate Mr Norman Arendse said legislation in private and public sectors was inadequate and that bigoted attitudes in the workplace had to be challenged. 92

26/9/92

o economies of countries ● Sex discrimination rife in workplace

Aids has another face

Southern 4/12/92

92

By Pearl Majola

Aids is more than just a medical condition. It is a socio-economic problem whose impact can be reduced through economic development. This is the view of economist and senior research fellow at the University of Natal's Economic Research Unit, Mr Alan Whiteside.

■ **RESEARCHERS' FINDING** Disease is a socio-economic as well as medical problem:

He was speaking at an international media conference organised by the Panos Institute to mark World Aids Day in London.

In a paper entitled *Aids and the Future for Southern Africa*, Whiteside pointed out the dangers of the disease to the economies of countries

in the region.

"It does not cost more than any other long-term chronic disease. But what makes it different is whom it hits - the 20 to 40-year-olds.

"This group are at the peak of their productive lives which hits at the economy of the country.

C. Times

23/7/92

Domestic to sue after doctor tells of HIV

A CITY domestic worker is planning to take legal action against the doctor who informed her employer that she was HIV-positive. (9)

The domestic worker, a patient at a local clinic, had first heard about the fact that she had the virus from her employer, according to a top medical source.

The woman had lost her job after the discovery that she was HIV-positive.

She had found another job in Cape Town but had not told her new employer that she was HIV-positive, he said.

ADVERTISEMENT

CONCERTED action was required by government, political and other leaders, business and the public to prevent or reduce the enormous problems that would face this country unless stronger action was taken against Acquired Immune Deficiency Syndrome — AIDS.

Mr Mike Levelt, during his chairman's address to the annual general meeting of Old Mutual yesterday, spoke of the problems facing South Africa because of AIDS. He said that a few years ago the potential impact of AIDS burst sensationally on to the South African public's awareness and generated much concerned discussion. However, judging by the relatively small amount of attention accorded to

Aids — Old Mutual calls for urgent action

810M 4/12/92

AIDS in the media now, AIDS is no longer seen as an important economic and political issue and political and economic woes have overshadowed it.

Unfortunately, the progress of the disease in South Africa has been roughly in line with the more responsible predictions that were made several years ago. It is estimated that there are now about 400 000 AIDS carriers in South Africa, a number that is likely to double by the end of next year. It is believed that, in some Southern African countries, more

than 20% of the working population is HIV-positive and unless there is very strong intervention South Africa is likely to be in that position by the end of the decade.

According to Mr Levelt, this epidemic is going to cause untold human suffering and impose an enormous burden on the economy. The effects will only become visible much later when large numbers of people get sick and die, but the spread of infection is happening now. If this disaster is to be minimised, we need to take

concerted action with utmost urgency.

He said it was of concern that government, political and other leaders, business and the public in general were not doing more to address the issue in the forceful manner that the situation demanded.

During the past year Old Mutual has developed an extensive programme to educate its employees regarding AIDS. The programme, which involves pamphlets, posters, a video and a three-hour workshop, has received much acclaim both internally

and outside the organisation and is now being made available to other employers through the consulting service offered by its Employee Benefits Division.

Old Mutual is printing more than 600 000 educational booklets on AIDS for schools, including a guide for teachers, and these will soon be distributed to schools by the education authorities. Furthermore, Old Mutual is working on a presentation for schools to warn pupils about the dangers of the disease.

Mr Levelt added that AIDS is a particular threat to the life assurance industry. Old Mutual has already taken steps, and will take more in the future, so that it can continue to provide attractive products to new members while preserving the interests of the existing body of policyholders. He said it was very important that life insurers' freedom to act should not be curtailed in any way.

Old Mutual's

ACCEPTANCE APPROVATION



Business, unions in talks

Own Correspondent

JOHANNESBURG. — Several top companies are to begin talks with trade unions on ways to implement the charter and programme over which Saccola and Cosatu deadlocked on Wednesday.

The charter was meant to head off the threatened work stayaway.

Yesterday, after the breakdown in talks between Saccola and Cosatu, the ANC and its alliance partners, Cosatu and the SA Communist Party, announced that it would go ahead with a two-day general strike for August 3 and 4.

However, both sides pledged their support for a resumption of negotiations on the broad principles of the draft charter after the general strike.

Saccola chairman Mr Bokkie Botha said yesterday there had been substantial agreement on the draft charter, but the rift had become too wide when Cosatu insisted on a national 24-hour shutdown, including the public service.

He said some businesses supported the shutdown while others, including some concerned about essential services, did not. Saccola had been willing to call for a

no work, no pay, no discipline approach by businesses which did not support the shutdown.

Cosatu general secretary Mr Jay Naidoo said there had been active moves from some members of the cabinet to discourage the signing of the charter and accused the reticent Saccola constituents of acting on a purely party political basis.

Anglo American spokesman Mr Michael Spicer said the corporation would be exploring arrangements which sought to im-

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To page 5

Aids, smoking:

Burning Issues

Own Correspondent

LONDON. — A study has found that HIV-positive people who smoke develop full-blown Aids twice as quickly as non-smokers because smoking damages defence cells.

The study was conducted by Dr Richard Neman of the National Heart and Lung Institute.

● **WHO to probe new virus** — Page 7



STARZ 4/7/92

Many funds now include Aids clauses

THE latest Sanlam biennial survey of pension and provident fund benefits contains, for the first time, general information on how South African companies are addressing the Aids problem.

Walter Scheffler, senior general manager, group benefits, says the survey — the sixth since 1981 — is representative of the entire SA industry.

"A total of 330 pension funds and 99 provident funds were analysed, covering 13 different categories of employer, including the public service, financial institutions, trade, mining and service institutions.

Medical test

"An illuminating finding of our latest survey is the way in which Aids is dealt with. All in all, 28 percent of the com-

panies have already adopted a formal policy regarding Aids. (92)

"Although 37 percent expect new members to undergo a medical test, HIV tests are required for only 10 percent; 18 percent of companies include an Aids exclusion clause."

Other trends:

- Eleven percent of the funds are considering switching from a fixed-benefit fund to a fixed-contribution fund, or have already done so.

- Twenty-seven percent of companies have recently established a provident fund, while 37 percent of employees have a choice of belonging to a pension fund or a provident fund.

The survey costs R40 from The Liaison Officer, Group Benefits: Marketing, Sanlam, Box 1, Sanlamhof 7532.

Aids crisis:

Old Mutual

calls for

(92)

fast action

60wefan
4/12/92

Enormous problems facing the nation

CONCERTED action was required by government, political and other leaders, business and the public to prevent or reduce the enormous problems that would face this country unless stronger action was taken against Acquired Immune Deficiency Syndrome — AIDS.

Mr Mike Levett, during his chairman's address to the annual general meeting of Old Mutual yesterday, spoke of the problems facing South Africa because of AIDS. He said that a few years ago the potential impact of AIDS burst sensationally on to the South African public's awareness and generated much concerned discussion. However, judging by the relatively small amount of attention accorded to AIDS in the media now, AIDS is no longer seen as an important issue and political and economic woes have overshadowed it.

Untold suffering

Unfortunately, the progress of the disease in South Africa has been roughly in line with the more responsible predictions that were made several years ago. It is estimated that there are now about 400 000 AIDS carriers in South Africa, a number that is likely to double by the end of next year. It is believed that, in some Southern African countries, more than 20% of the working population is HIV-positive and unless there is very strong intervention South Africa is likely to be in that position by the end of the decade.

According to Mr Levett, this epidemic is going to cause untold human suffering and impose an enormous burden on the economy. The effects will only become visible much later when large numbers of people get sick and die, but the spread of infection is happening now. If this disaster is to be minimised, we need to take concerted action with utmost urgency.

He said it was of concern that government, political and other leaders, business and the public in general were not doing more to address the issue in the forceful manner that the situation demanded.

Guide for teachers

During the past year Old Mutual has developed an extensive programme to educate its employees regarding AIDS. The programme, which involves pamphlets, posters, a video and a three-hour workshop, has received much acclaim both internally and outside the organisation and is now being made available to other employers through the consulting service offered by its Employee Benefits Division.

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Launch

of HIV

(92) CT 2/12/92
charter

Staff Reporter

A CHARTER of Rights on Aids and HIV was launched yesterday at St George's Cathedral during a memorial service for Aids victims.

The charter specifies that HIV sufferers should not be denied the rights all citizens enjoy.

The service was attended by the Very Rev Colin Jones, Anglican dean of Cape Town, mayor and mayoress Mr Frank and Mrs Trish van der Velde, various community organisations and members of the public.

Mr Jones prayed that a cure for the disease would be found soon.

Mrs Van der Velde said the community had to be committed to fighting Aids.

"I am very distressed that the Department of National Health has not endorsed the charter," she said.

The group Puppets Against Aids then told crowds in St George's Mall about the disease. Free condoms were also handed out.

W

Living with Aids - all in the mind?

WHILE concern over Aids has been submerged in a search for a cure, people who are HIV-positive still fight the battle of mind over body.

Awake at night and pondering, Lungi (25), who has not voluntarily disclosed her HIV-positive status, believes there is a cure — that Aids is a spell, not an epidemic, that can only be broken by a *sangoma*.

She only found out she had the HIV virus when she had her third baby — the only one of her children to carry the virus — a year ago.

Lungi says she is convinced she has been a carrier for years but did not know about Aids.

In the past very few people knew its symptoms and effects. From the beginning, the epidemic was regarded as a homosexual colour-coded disease.

Lungi and her husband go to a *sangoma* every once in a while for "the cure". They believe the infection is a curse or spell that can be broken if they follow the *sangoma's* instructions.

At the same time, Lungi is doubtful. If the *sangoma* is not able to cure her, it doesn't really matter.

"If the *muti* does not help, then let God's will be done. If I die, I die. I only feel sorry for my children," she says. She does not think beyond the present, does her housework, takes care of her children and husband. She holds out a bit of hope that the *sangoma* will cure her; but if that doesn't happen, she hopes for a "quick and painless" death.

can live with being HIV-positive.

"It is not a bad thing, just a virus in my blood," he says. "I have developed a relationship with it." Initially he was angry but change came with the realisation that HIV is not a "death sentence" — and "if I wanted to control Aids, I had to control the virus, through educating myself".

Can a person's state of mind influence the status of the disease?

According to Shan Ramburuth, regional co-ordinator of the southern Transvaal region Aids programme run by NPPHC, seeing the mind as a cog in the health machine is correct.

"When the epidemic started, people said those infected would die in five, 10, 15 years," he says, "but at the last international conference on Aids, it

was found that a significant number of people had not fulfilled the prophecy of dying."

A common factor among these people was that they were all involved in some kind of alternative healing, meditation, aromatherapy and visualisation. These activities strengthened their will to fight the dis-

ease and assisted them in living longer.

Mellors thinks the problem with Aids campaigns is that they concentrate on prevention and not on care. They are too prescriptive. "There has to be a realisation that needs are particular; many people have to deal with poverty, housing, unemployment and violence in their communities. These are the things that people are concerned with, and therefore the Aids issue becomes inoperative."

Being diagnosed HIV-positive is not an automatic death sentence, say those living with Aids.

By ROSALEE TELELA

92

The need is for an integration of education: "The struggle against Aids should be a unified one. For example, so-called alternative healers and church leaders are people who still have a lot of influence in their communities. They can be powerful tools of communication."

He insists on changing "cultural" views of sex. "Women have to be empowered to say no — no to sex without a condom. But it is the woman who is battered, beaten and raped when she says no." He says that the emphasis then should not be on Aids, but education in general, and "the community is the key".

What about medication — AZT and DDI? She doesn't believe it will help. She understands that her condition could get worse, but for her Aids is not a physical condition but a metaphysical one. The doctor's medicine "does not cure like the *sangoma's muti* would. It only makes you wait longer to die".

On the surface, the situation of Shaun Mellors (27) is starkly different. He openly discloses his HIV-positive status. He is a part-time counsellor, involved in the consortium which drew up the Aids constitution and on a committee of the National Progressive Primary Health Care Network (NPPHC).

But there is a similarity: he believes the mind to be a powerful tool in fighting the progress of the virus.

It seems that "I am proof of it, through my positive and realistic attitude. I do not believe the cure is in the mind", says Mellors — but with the correct attitude he

Anti-Aids cleaner misses the point

By REG RUMNEY

W/m and
4/12 - 10/12/92
FEAR of Aids is being used to market a new disinfectant — even though the virus is spread mainly through intimate human contact.

The disinfectant, ProtectU, is manufactured by a local company, Davon Sales, using an active ingredient imported from the United States.

Prominently displayed on ProtectU labels is the legend: "Kills all known germs including * Aids virus * Hepatitis B." ProtectU is also sold as an "All Purpose Cleaner" and an "Eco Sanitiser".

ProtectU specifically does not pretend to address the symptoms of Aids, and a publicity leaflet does point out it is for external use only.

Asked whether such a disinfectant is necessary when the disease is spread mainly through transmission of blood, Davon Sales managing director Norman Purto contends: "The virus does remain active outside the human body."

Purto cites laboratory tests done both in South Africa and overseas which prove this. He says the virus can remain active up to 14 minutes outside the human body. "You don't need very long to transmit such a disease."

Asked whether such marketing would lead to unnecessary alarm, Purto says people are becoming blasé about the disease. "I think they should be alarmed."

Aids specialist Dr Valerie Mizrahi notes the Aids virus does stay alive outside the body, for instance in a droplet of virally infected blood. This is how the virus is trans-

mitted from one intravenous drug user to another — through dirty needles. So it is technically possible for someone, for instance, to be infected through an open wound. However, Mizrahi describes this as "an extremely unlikely route".

Dr Clive Evian of the Johannesburg municipality's Aids Training and Information unit concurs: "The chance of someone becoming infected through infected fluid — blood, saliva or urine — by chance is very very remote, though not impossible."

Mizrahi stresses that "HIV is a sexually transmitted disease. The main thing is to have protected sex." She says the disinfectant probably does its job and could be used in, for instance, dental surgeries. She says she is not knocking the product, but reckons there are numerous other products which do the same job.

Evian says care should be taken to sterilise sharp instruments used on the human body, not only in the medical field but in such things as ear piercing and tattooing. But these can be sterilised in the normal way, through boiling or the use of chlorine.

Evian reckons stressing the spread of Aids outside the body could spread paranoia and hysteria about Aids.

And though there is nothing wrong with the product, the problem with such marketing is that it could cause lax people to be even more lax, Mizrahi adds.

Worse, it could be misunderstood by an illiterate population. "Publicity about this kind of thing to an uneducated population could be dangerous."

Masa guide for Aids treatment

JOHANNESBURG. — Guidelines for the treatment of Aids patients were yesterday — World Aids Day — released here by the Medical Association of South Africa.

Masa said it published the guidelines as part of its contribution to the fight against the disease that has killed more than 300 South Africans.

The guidelines will appear in the December edition of the South African Medical Journal.

Masa recommends that an infected doctor may continue practising, but only after having sought advice on the degree to which he should limit or adjust his practice to protect his patients.

In other guidelines, a doctor may not refuse to treat any patient because he is or may be HIV-positive and that HIV testing should only be undertaken with the "free and informed consent" of the patient.

A doctor is also obliged to discuss a patient being diagnosed as HIV positive confidentially with a health care worker, with or

'Infected medics may continue'

without the patient's consent, only when universal precautions are not being applied.

Doctors should ensure that third parties who are at risk of infection, particularly known sex partners of an HIV-positive patient, are made aware of the situation.

Compensation

Masa said all doctors in the public service should be informed of their right of being provided with facilities and equipment to implement precautions in all public hospitals.

The association said it was liaising with the Department of National Health and various employers to clarify compensation and job security should health

care workers acquire the HIV virus in the course of their work.

● The South African National Council on Alcoholism and Drug Dependence said yesterday: "Although Sanca has always shown concern for employees with life threatening diseases, recent developments, particularly relating to Aids and HIV infection, have made it necessary to set out a formal policy."

● Health workers worldwide yesterday marked World Aids Day with the now traditional calls for "safe sex" and renewed warnings that the Aids time bomb is still ticking, particularly in Asia.

Orphans

In seminars, gala shows and torchlit processions, activists, Aids victims and potential victims joined to show their solidarity against the disease.

Events ranged from a pre-Christmas party for Aids orphans in Johannesburg to a charity day in a Moscow comedy theatre.

In Paris, the first condom machine was installed in a high school. — Sapa, Sapa-Reuter

(92)

CT 2/12/92

UCT puts R57 000 down for Aids plan

DI CAELERS

Weekend Argus Reporter

AN unprecedented Aids "package", designed to protect both staff and students who are HIV-positive or have clinical Aids, is being pioneered by UCT.

To be launched officially from the beginning of next year, the campaign will see a firm university policy on the controversial issue in place as well as education programmes for staff and students.

UCT has set aside a R57 000 Aids education budget for the next two years, "an indication of how seriously we view the problem", Dr Wendy Orr, director the Student Health Service and convener of the Aids Education Working Group, told Weekend Argus.

Dr Orr said there was no doubt there were HIV-positive staff and students on the UCT campus, but that the extent of the problem was difficult to assess.

"There is a misconception that the files and information of the Student Health Service are not confidential.

"Although this is grossly incorrect, it does mean that we're not seeing the HIV-positive people because they're afraid their lecturers or residence wardens will find out.

"What we have seen, however, is an alarming number of unwanted pregnancies and sexually transmitted diseases, which indicates the kind of behaviour that allows Aids to happen."

Living in hope is his answer to HIV

STAR 3/12/92

92

TAKING ACTION
In the wake of World Aids Day on Tuesday, it is time to stop talking so much about the disease and start talking to those affected by it, says one of South Africa's longest surviving HIV positive people.
PAULA FRAY reports.

VINCENT Veal was so frustrated at being unemployed and unable to get a job that he placed an advertisement in The Star a few months ago which said: "I'm tired of reading adverts on buses! Resilient and capable young guy (30), HIV positive for seven years, asymptomatic, desperately seeks stable employment to pay for life-prolonging medicine."
It was fruitless.
Veal, of Bellevue East, was diagnosed HIV positive when a test became available in 1985. He says he could have contracted the virus up to 10 years ago. He believes he could be one of South Africa's longest surviving HIV positive people.
Until now, he has never taken prophylactic (preventative) drugs.
"Not everyone can afford AZT at between R500 and R600 a month. I don't have an income so I will have to choose between food and life-prolonging medicine. I

think the HIV/Aids people who live the longest are those who are prepared to pay to do so."

Instead, he has turned to holistic medicine, concentrating on finding a balance mentally, physically and spiritually.

"I have tried to monitor my diet. Stress management is also important, as is a good night's sleep. The things I do on a regular basis include hypnotherapy, meditation and visualisation. Yes, I admit I have also been to psychic healers."

He has given up trying to find employment — "I've had between 50 and 60 interviews" — and has turned his efforts to starting up a support network, Living in Hope, for HIV/Aids people.

Living in Hope, Veal says, aims to provide community based home care for all HIV/Aids people; effective educational courses for companies; a monthly newsletter; and a self-help organisation for people with a positive HIV diagnosis.

"People affected by HIV will be encouraged to form self-reliant groupings in the form of organisations such as 'buddy groups' and a 'meals-on-wheels' type of service — all of which will emphasise the importance and effectiveness of home-based care."

But in front of him lies a pile of letters from major corporations... rejection letters saying his idea is wonderful but, sorry, there are no funds. So far, the only positive response has been from a top insurance company that has offered to pay him a part-time salary while the project is set up.

Unless funds are forthcoming, Living in Hope will die in apathy, says Veal, who believes the time for talking is over and the time for action has arrived.

"I don't want to be seen as this helpless victim sitting in a corner waiting to die. There is a lot of talking done about us, but people are sometimes reluctant to talk to us."

WHEN I see a person with Aids outside prison and the hell they go through, I can only imagine what it must be like for prisoners who are infected.

So says Gail, who sat at the bedside of a badly-burnt 27-year-old with Aids, in the intensive care ward of Somerset Hospital last month.

The man, prisoner Toni Kelly, died in the hospital from burns suffered after setting his Pollsmoor cell alight two weeks earlier.

Before he took this drastic step he wrote to SOUTH, appealing for help.

Kelly said he and other prisoners with Aids were being discriminated against.

"It seems only people with a certain social standing qualify for

Inmate's last cry for help

South 5/12 - 9/12/92

Shortly before prisoner Toni Kelly started a protest that ended as a fatal blaze in his Pollsmoor cell, he wrote to SOUTH to complain about his medical treatment as an Aids-sufferer in jail. **REHANA ROSSOUW** reports:

help," his letter read. "What about HIV cases in prisons and particularly those who are gay (like me!)? How many times did I seek help, without getting a response?"

Without elaborating, Kelly said he had been "knocked over my knuck-

les" by prison warders for a letter printed in SOUTH.

"I appealed for help! Not hostility!" he noted.

Kelly said he requested AZT, a drug used as standard care for people with HIV infection, but was told it was too expensive.

Gail befriended Kelly through the Aids Support and Education Trust (Aset).

Aset secretary Mr John Pegge, commenting on the death, said. "The nightmare of a prison environment is not conducive to living one's full potential with HIV infec-

tion, disease and Aids. "Non-governmental organisations can't just walk into prisons and provide assistance to people with HIV as the DCS has its own policy for the treatment of such persons.

"It is true what Toni said in his letters — prisoners with Aids experience paternalistic and patronising attitudes from would-be care-givers and helpers.

"This has devastating consequences on their low self-esteem and their struggle to live with the virus for as long as they can."

Pegge said people with Aids in prisons were denied access to multi-disciplinary team care. They needed self-help groups, social work, psychological intervention, spiritual care and a host of medical specialities.

'Drugs are too costly'

South 5/12 - 9/12/92

PRISONERS do not have the right to Aids-delaying drugs nor to condoms in South African prisons.

Yet if trends persist one in 15 prison inmates will be HIV-infected by 1995.

At present, there are officially 215 HIV-infected prisoners in South Africa and 12 with full-blown Aids.

Last month, the Rand Supreme Court ruled that the Department of Correctional Services (DCS) should let a prisoner be examined by an Aids-specialist of his choice, and supply whatever drugs are prescribed.

The DCS refused to comment on the ruling, and may appeal against it. Meanwhile, the DCS says there is a "minimal indication" that the AZT drug delays the multiplication of the Aids virus.

AZT costs R483 a bottle and a minimum of one bottle a month is prescribed.

According to the DCS, "within a year or so there will be approximately 1 000 new Aids cases a month. If AZT was to be administered to each of these patients, costs would run into the region of R1 500 000 a month."

Meanwhile condoms are not available in prisons as male homosexual sex is a criminal offence.

At a seminar recently, Major Rika Greyling of the DCS said "Self-admitted homosexual persons may be accommodated in separate sleeping quarters on their own request."

"Prisoners are also regularly warned against homosexual practices. Strong disciplinary steps are taken against all prisoners who commit such acts," Greyling said.

HIV-positive prisoners slept separately, but participated in daily prison life, she added.

How AIDS makes you sick.

Your body is protected by an immune system which is made up of white blood cells. These white cells kill the germs and viruses that make you sick.



So white blood cells help to keep your body healthy.

The AIDS virus or the Human Immunodeficiency Virus (HIV), lives in

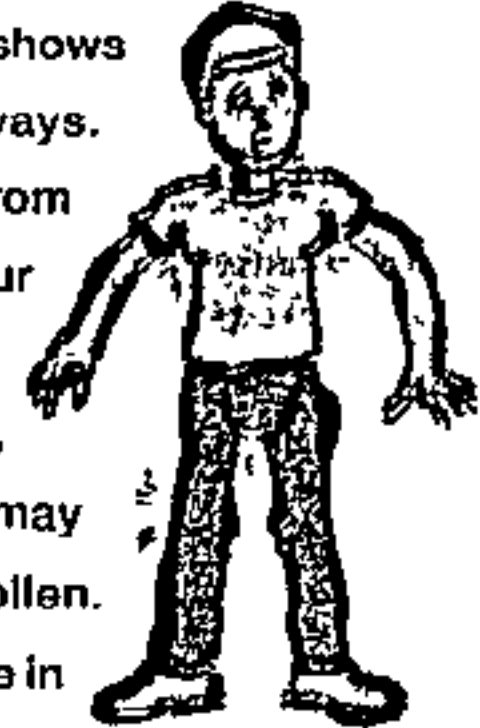
Some behaviour patterns also place you in danger of becoming infected. These include having sex with more than one partner, sex without a condom if you are not in a mutually faithful relationship, and alcohol and drug abuse.

How you cannot get AIDS.

Rumours concerning many other sources of HIV infection are rife. It is

Symptoms and early signs.

HIV infection shows in a number of ways. You may suffer from prolonged fever. Your glands, especially those in the neck, armpit and groin may be continually swollen. Sometimes a change in mental behaviour, like forgetfulness



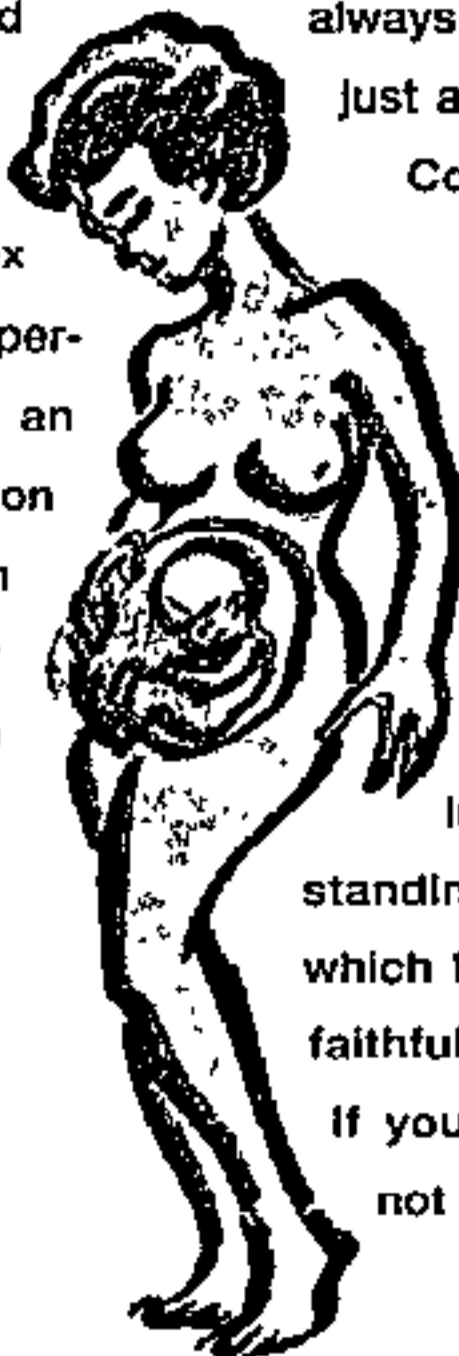
The plain and simple truth about AIDS.

blood and other body fluids. It attacks the white blood cells and destroys them. So your body is unable to fight germs and viruses. You can have AIDS for a long time before you become sick. But there is no cure for AIDS so the virus destroys the immune system and the person with AIDS eventually dies from diseases like TB, Pneumonia or any other opportunistic infection.



How you can get AIDS.

The AIDS virus is spread in three main ways. You can get it from having unprotected sex with an infected person (female or male) Or an infected mother may pass it on to her new born or unborn baby. Sharing needles for intravenous drug use also exposes you to AIDS.



important to realise that you cannot get AIDS from kissing, masturbating, playing a contact sport like rugby or soccer, telephones, toilet seats, sneezing, mosquitoes, eating food prepared by persons with AIDS or sharing a communion cup.



How to prevent AIDS.

We all know the surest way to prevent AIDS is to abstain from sex, but as this is not always practical, here are just a few suggestions.



Consider the risk carefully before you have sex. Limit your sexual partners - casual and short-term sexual relationships without condom usage is regarded as high-risk behaviour.

Ideally you should be involved in a long standing relationship in which both partners are faithful and uninfected by AIDS. If you're a habitual drug user do not share needles.



and confusion, is an indication of HIV infection. Other signs are persistent diarrhoea, loss of more than 10% body weight and sometimes even TB (Tuberculosis).

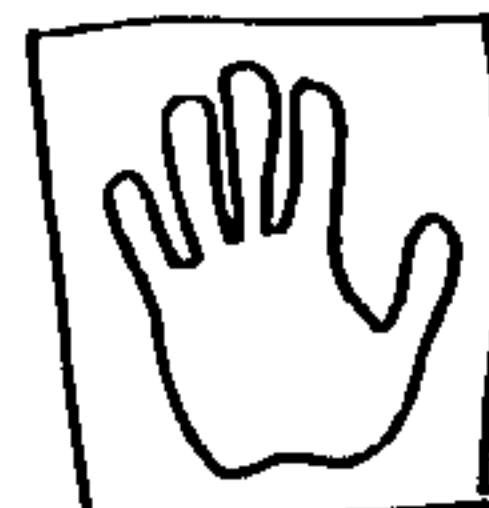
Remember these signs and symptoms are not only found in people with HIV infection. They can also be caused by other conditions.

Should you have any of these symptoms you should consult your doctor or clinic.

Want to know more?

For more information contact the nearest Regional Office of the Department of National Health and Population Development, the nearest AIDS Training and Information Centre (ATIC) or phone Lifeline-AIDS Line toll-free at 0800 012 322.

All enquiries will be handled in absolute confidentiality.



AIDS. Don't let it happen.

60 000 Botswana HIV positive

GABORONE. — An estimated 60 000 Botswana citizens — 5 percent of the population — are infected with HIV, says Botswana's Health Minister Mr B K Temane. (92) ARC 3/12/92

He said the virus was spreading "at an alarming rate" and by 1997, 155 000 people would be infected. This would have a devastating effect on the country's economy.

One in six sexually active people in the capital of Gaborone were infected while one in four in Francistown carried the virus, he said. — Sapa.

Spending money early contains the cost of Aids

The only way to save money in the international battle against Aids is to spend money and to spend it before the Aids time-bomb explodes — not afterwards in the mopping-up parade.

That's the philosophy of American Dr. Patricia Greenfield, health education director of Kaiser Permanente, a non-profit managed health care system that provides prepaid medical care to 6.4 million members in the United States.

After almost 50 years in the industry, Kaiser is the largest and oldest such system in the US.

So, how does managed health care contain the costs of Aids patients?

"The early detection of HIV is significant for the quality of care and the cost," says Greenfield. "Early treatment allows a significant delay in the onset of (full-blown) symptoms. During this period they can continue working and continue

contributing to their scheme."

In the US the average time between HIV infection and full-blown Aids is 10 to 12 years. In South Africa the average is about 7½ years.

Greenfield says that by using prophylactics (giving drugs before the patient becomes sick), the group is able to delay the onset of Aids and so reduce time spent by members in hospital — a significant part of the medical bills.

92

Johannesburg's Dr. Dennis Sifris agrees: "It's no longer 'if we should use AZT' but 'when and how early.'" He says patients who could afford the treatment would enjoy a better quality of life while those who could not would get sick quicker and die.

"By giving people AZT and so prolonging the symptoms... they remain productive in the economy, are able to support their family and are given a good quality

of life longer," says Sifris. More importantly, they are kept out of the already overburdened hospitals longer.

Greenfield notes that the medical cost of Aids represents only 20 percent of the cost. "The indirect costs — for loss of productivity, shifts on the work site, rehiring and retraining, disruption due to fear and ignorance, loss of a family provider — represents 80 percent of the total cost."

PAULA FRAY

Medical aid groups to fund HIV care centre

Medical Reporter *STAR 3/12/92*

Top medical aid companies have agreed to fund and implement an Aids/HIV management plan — which includes the setting up of an HIV care centre — after an historic industry meeting in Johannesburg this week.

Speaking at the "Living Healthy with HIV" meeting, Affiliated Medical Administrators chief executive officer Timothy Gelman said South Africa was facing an Aids problem of potential crisis proportions and appealed for united industry action in the face of general lethargy and denial of the problem.

He emphasised that the many conferences and seminars on the subject had so far yielded little more than rhetoric and academic arguments without concomitant action.

A working group has now been formed to fund and set up an HIV care centre as the first step in the Aids/HIV management plan. The aim of the plan is to keep HIV-positive members of various medical aid and insurance schemes "HIV well" as opposed to "HIV ill", in order for them to remain physically and economically active as long as possible.

This would be done within a structured system to provide optimal care most effectively.

The critical factors in achieving this are:

- Early detection of the HIV virus.
- The establishment of a community-based infrastructure.
- The development of the process of managing access to and cost-effectiveness of care.

The care centre will provide co-ordination of community and home services; the technologies and materials necessary for effective management and treatment of infection; the co-ordination of a network of pharmaceutical groups, primary care providers and infectious-disease experts to deliver care at appropriate levels as well as hospice services for Aids cases.

● More reports — Page 21

Counting hidden cost of global epidemic (92)

South 5/12-9/12/92

With World Aids Day commemorated this week, SOUTH looks at the toll of the epidemic that is ravaging our planet. Reports by **JUSTIN PEARCE:**

AIDS is no longer only a health issue. It has far-reaching economic costs which could threaten the future development of many nations.

This is the message of "The Hidden Cost of Aids: The Challenge of HIV to Development", published recently by the London-based Panos Institute.

Direct health costs for treatment

of Aids worldwide have been estimated at around R9 billion a year.

But the indirect costs will be much greater. Aids strikes at the most economically productive sector of society — those in the 20 to 40 age group. The worst-hit countries are already experiencing loss of productivity from disability, premature death and time taken off from work to care for others.

South Africa has a per capita gross national product of R5 994. One researcher estimates that each adult with Aids directly costs the economy R10 000 to R20 000.

But the indirect costs are greater. Apart from the devastating personal losses, the indirect economic costs of each Aids death are estimated to be 70 percent of the direct costs.

This year Aids will account for around one percent of total health expenditure. This could rise to nearly 40 percent by the year 2000, according to some estimates.

It could be too late to contain the Aids threat in South Africa. But there are lessons to be learnt from the way the disease has spread in the rest of the continent.

... AND HERE'S THE EVIDENCE

Ripple-effect of a single death (92)

South 5/12-9/12/92
WHEN Jona got Aids, the economy of his whole community was affected.

His case history shows that the material cost of Aids goes far beyond the price of medical treatment.

Jona left Kenya to study abroad when he was 20. His mother, who had two other children in school and college, struggled to find the R4 200 required for his studies.

Jona returned home in 1988, HIV-positive and suffering from oral thrush, diarrhoea, vomiting and loss of more than 10 percent of his normal body weight. He was in hospital for 14 days.

His mother took 90 days' compassionate leave to look after her son and to reconcile herself to his death afterwards.

This lost work time contributed to economic costs for her employ-

ers. One of Jona's brothers took four weeks' compassionate leave and a sister missed four weeks of high school.

More time was lost with visits from relatives.

The loyal kinship system that is still adhered to in Kenya meant Jona would get 10 visits a day, each an hour long.

This meant yet more lost working time and further expenses for Jona's mother, who had to offer hospitality to all the visitors.

Before Jona died, his appetite was poor and his mother spent money on appetising food that would normally be kept for special occasions.

One sick person like Jona can cause a strain that is felt beyond the confines of one family.

When a large sector of the community is sick with Aids, the results are devastating.

State gets jittery about youth comic

South 5/12-9/12/92

Members were concerned about colloquial language used to describe certain sexual behaviour and a series of drawings showing how to use a condom'

NAUGHTY words and sexually explicit drawings in an educational photo-story have disturbed government health officials.

The booklet, entitled "Roxy — Life, Love and Sex in the Nineties", uses the popular photo-story format to teach young people about Aids and how to prevent it.

The project is still at an experimental stage. A limited number of copies of the book have been printed and are being discussed by parents, teachers, health workers and young people with a view to possible changes.

Mrs Esme Kennell, of the Nursing Sub-committee of the Health Department in the House of Representatives, said members of her department were concerned about colloquial language used to describe certain sexual behaviour and a series of drawings showing how to use a condom.

"Some parents and teachers are very conservative and this kind of thing will not be accepted," she said. "Many adolescents will see this as a joke and turn it into something crude."

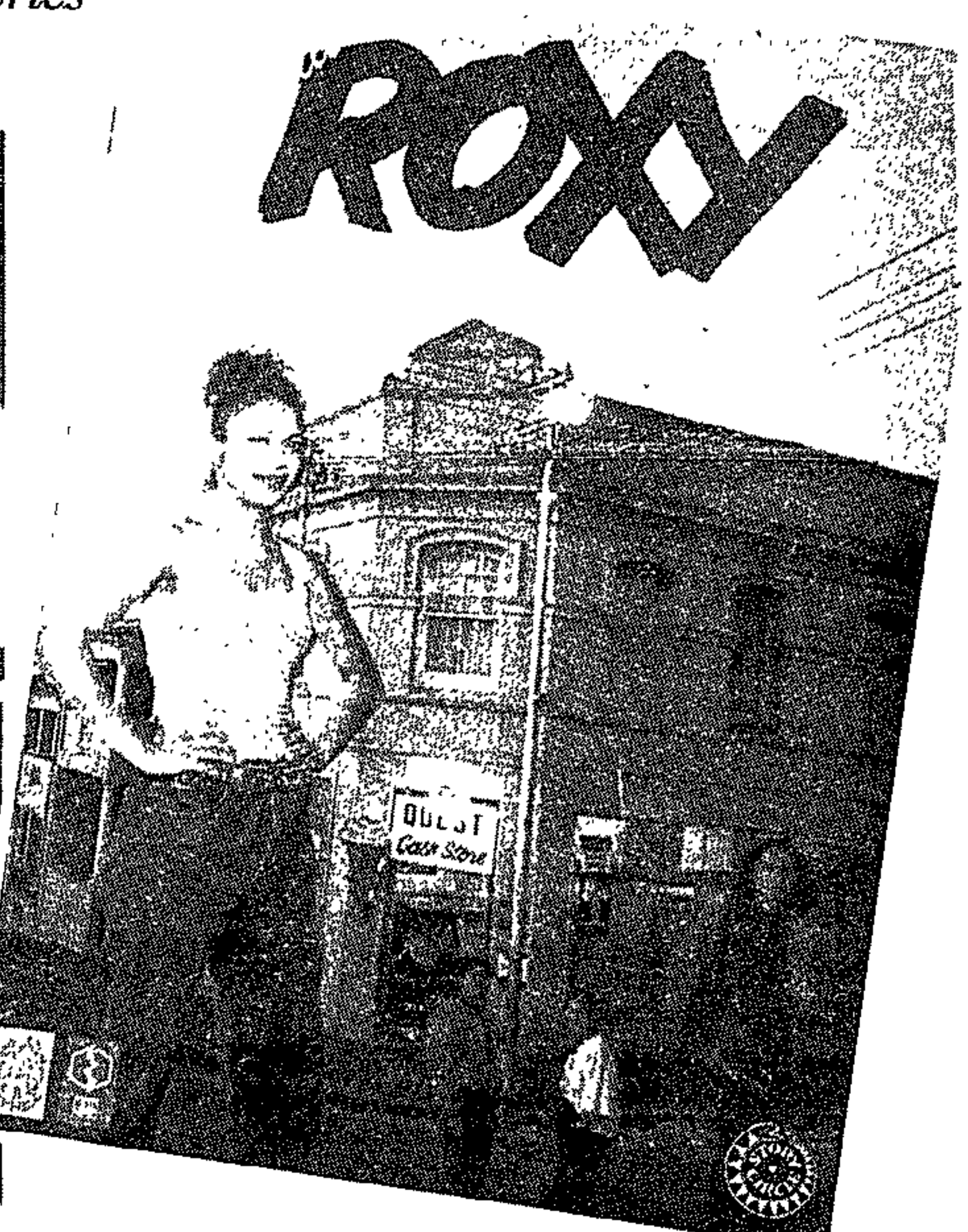
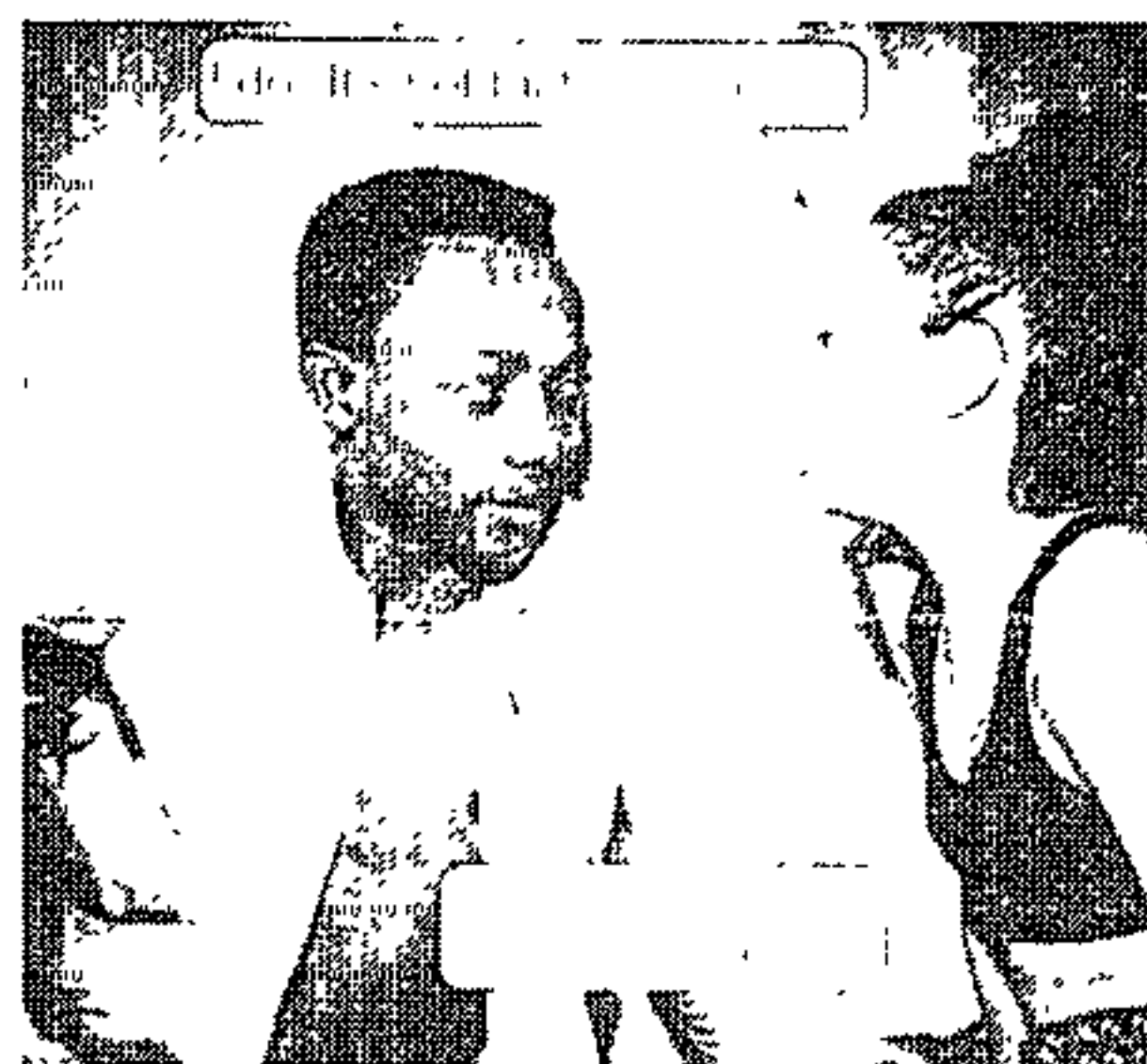
Kennell said it was important to consult widely with parents and teachers before publishing the final version of the book.

Ms Priscilla Reddy of the Progressive Primary Health Care Network, which participated in the production of the book, said the "offensive" condom illustrations had been taken from World Health Organisation material. The WHO had published this material only after extensive research, she said.

The Medical Research Council also participated in the production of the book.

The photo story deals with the lives and loves of a group of young people from Woodstock. They include gangsters, jollers, religious people and lovers, both gay and straight. The central character, Roxy, receives a devastating shock when she learns how close to home Aids is — but the revelation forces her to learn and to mature.

The story was devised and written by people from the age group at which the book is aimed — which could account for the choice of language.



Beware, women at risk... (92)

South 5/12-9/12/92

WOMEN are more at risk from Aids than men.

"It's both a social and a medical issue," said Dr Malcolm Steinberg, regional chairperson of the Progressive Primary Health Network's Aids programme.

"It concerns both access to health care and anatomical differences between men and women," he said at an Aids seminar for women in Guguletu.

The link between Aids and other sexually transmitted diseases (STDs) has a particular impact on women. In both men and women, the presence of other STDs, such as herpes, facilitates the transfer of Aids.

These diseases cause skin lesions and blisters through which the HIV virus may easily pass from one person to the other.

But STDs are much more easily diagnosed in men than women. When a woman is infected with an STD the symptoms are internal, so it is quite possible for the woman to be ignorant of her infection unless she consults a doctor.

Men seek treatment for an STD early on in the infection, while women remain infected for longer periods, increasing the risk of contracting HIV.

"The Aids virus does not easily move into communities where there is good STD prevention,"

Steinberg said.

People working in the area of Aids are realising more and more that it cannot be separated from the issue of STDs. They are incorporating general STD education into Aids education programmes. This should eventually lead to a decrease in STD-related HIV infections for both men and women.

Women are at a further biological disadvantage. Male-to-female HIV transmission is twice as efficient as female-to-male transmission, according to medical research.

The social position of women, particularly in developing countries, also has an impact on their vulner-

ability to HIV infections. In countries where women are less likely to be literate than men, they have limited access to safe sex education which may rely on written material.

In some cultures condoms are seen as unmanly. Men insist on "flesh to flesh" contact. In a situation where women are socialised into being submissive to male power, it is difficult — or impossible — for the woman to persuade a man to use a condom.

While barrier devices similar to condoms but used by women have been developed, they are not widely available. Steinberg added that such devices were expensive to manufacture and difficult to use.

LEAPING flames, billowing smoke and smouldering veld are occupational hazards for any fireman.

But for coloured firemen employed by the Western Cape Regional Services Council (RSC) there is another hazard: the deep-rooted racism that they allege is prevalent in the RSC.

Seven firemen interviewed by SOUTH claim they have been overlooked for promotion and that they earn lower salaries than white firemen with fewer qualifications and less experience.

Other allegations made by the firemen include:

- abuse of official transport and
- unnecessary spending of taxpayer's money.

'Red-hot racism' claim

South 5/12-9/12/92
The firefighting service of the Regional Services Council is being accused of racism by coloured firemen, **Rehana Rossouw** reports:

"We can't take what's happening here anymore. We've tried everything — approached our union, tried legal action and even had work stoppages — but nothing has changed," says a fireman with eight

years' service. In terms of their employment contract, the firemen cannot be named as they are prohibited from speaking to the press.

In 1988 an industrial council formulated a policy to govern promo-

tions in the firefighting services.

A year later, a number of firemen resigned and the RSC employed 11 white firemen to replace them.

"Only two of them were qualified and most had completed only standard eight," says the fireman.

The RSC's fire service is structured on a quasi-military basis with ranks from cadet fireman, junior fireman, fireman, senior fireman to station officers and higher posts.

The coloured firemen claim 13 men wrote external exams with the South African Fire Service Institute

and passed with high marks but were overlooked from promotion.

"The white firemen skipped two ranks and were put on a fireman's salary while most of us are still paid a cadet fireman's salary," says a fireman with 11 years' experience.

"We took the matter up with the RSC and were told that the white firemen had done a two-year call-up that was equivalent to passing the external exams.

"We were then told that we should write another exam because we had the experience but needed more theory.

"We wrote the exam and all passed with more than 80 percent. Two of the white firemen failed but they are still earning more than me," the fireman says.

The firemen claim that they are losing between R300 and R1 000 a month because they receive lower wages and were not promoted when they deserved to be.

They say all the higher ranks are filled by white men and there is only one coloured station officer in the entire service.

Go slow

In the past two years, the firemen have appealed to the RSC and to their union, embarked on a go-slow, appealed to members of parliament and approached a lawyer to take legal action.

"We are on the verge of exploding. We are convinced that the only reason why we are treated like this is because of the colour of our skin," says a fireman.

The firemen also complain of unnecessary spending in the RSC fire service which they allege is a waste of taxpayer's money.

They say every senior white officer gets free transport to and from work. In other fire services only people on call are allowed to use official transport, they say.

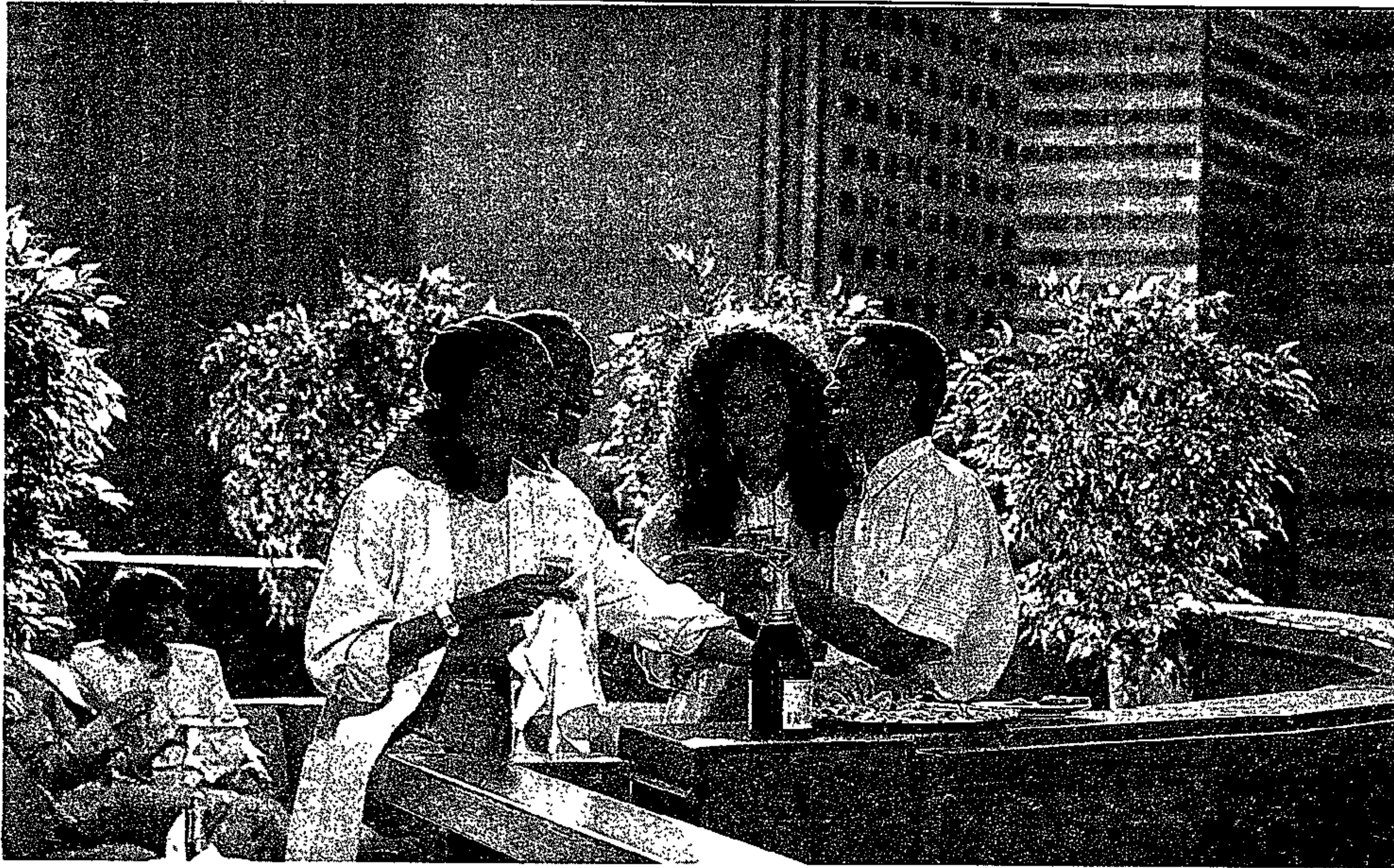
Three vehicles purchased more than a year ago are allegedly standing idle at the Ottery Fire Station because they are not suitable for use.

"This is all an unnecessary waste of taxpayers' money. Why are they wasting money like this when we have been crying out for more than three years for better salaries?" asked a fireman.

A spokesperson for the RSC said the local authority prided itself on being an equal opportunities employer.

"Religion, race and sex play no role in the employment or promotion of staff," the spokesperson said.

"Their unsubstantiated allegations are rejected. Suffice to say that, quoting from your own report, even their own trade union, legal advisor and members of parliament saw through their charade," the RSC spokesperson said.



Your special moments are made with wine.

Sharing a glass of wine with friends is one of life's true pleasures. All over the world you will find men and women sharing good times with wine. Because wine is a very pleasant social drink. True enjoyment and sharing are the ways in which special moments are made with wine. Wine goes well with any food and you'll find that when entertaining friends, wine is always welcome.

SPARKLING WINE is associated with happy times, celebrations, fun, laughter and is enjoyed with any type of food. That familiar "pop" of the cork and

thousands of pearly bubbles in your glass make it a drink you want to share in moments of happiness. Whether you're celebrating the birth of a child, an exam result or a birthday, make sure you have a bottle of well-chilled sparkling wine ready to make the occasion a special moment.

WHITE WINE is excellent for every day enjoyment. It is best served well-chilled and is popular with white meats like chicken and pork, as well as fish or salads. Many different styles of white wine are available, ranging from sweet, semi-sweet, off-dry to dry. A dry wine is one with very little natural sugar.

RED WINE is more pronounced in character and flavour, and is the favourite of



many wine lovers. The rich tastes of stews, roasts or any other red meat dish are well complemented by red wine.

Always remember:

Wine enhances the flavour of food and food enhances the flavour of wine. Whether you're having a simple snack or a meal, be sure to have your favourite wine on the table. And what is the best wine? None other than the wine you like!

Wine is interesting and fascinating. The more you know about wine, the more you will enjoy it. For instance, did you know that wine makes a refreshing long drink when mixed with sodawater and ice? Try it, you'll be pleasantly surprised.

For more information on wine and how it can be enjoyed, simply complete and send the coupon to us for a free pamphlet.

You too can create your own special moments — with wine of course!



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To: The Wine Foundation, PO Box 41213, CRAIGHALL 2024. Yes, I would like to know more about wine and how it can be enjoyed. Please send me your free pamphlet.

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LINTAS CAPE 5897E



CONCERTED action was required by government, political and other leaders, business and the public to prevent or reduce the enormous problems that would face this country unless stronger action was taken against Acquired Immune Deficiency Syndrome — AIDS.

Mr Mike Levett, during his chairman's address to the annual general meeting of Old Mutual yesterday, spoke of the problems facing South Africa because of AIDS. He said that a few years ago the potential impact of AIDS burst sensationally on to the South African public's awareness and generated much concerned discussion. However, judging by the relatively small amount of attention accorded to

Aids — Old Mutual calls for urgent action

92 CT4/12/92

AIDS in the media now, AIDS is no longer seen as an important issue and political and economic woes have overshadowed it.

Unfortunately, the progress of the disease in South Africa has been roughly in line with the more responsible predictions that were made several years ago. It is estimated that there are now about 400 000 AIDS carriers in South Africa, a number that is likely to double by the end of next year. It is believed that, in some Southern African countries, more

than 20% of the working population is HIV-positive and unless there is very strong intervention South Africa is likely to be in that position by the end of the decade.

According to Mr Levett, this epidemic is going to cause untold human suffering and impose an enormous burden on the economy. The effects will only become visible much later when large numbers of people get sick and die, but the spread of infection is happening now. If this disaster is to be minimised, we need to take

concerted action with utmost urgency.

He said it was of concern that government, political and other leaders, business and the public in general were not doing more to address the issue in the forceful manner that the situation demanded.

During the past year Old Mutual has developed an extensive programme to educate its employees regarding AIDS. The programme, which involves pamphlets, posters, a video and a three-hour workshop, has received much acclaim both internally

and outside the organisation and is now being made available to other employers through the consulting service offered by its Employee Benefits Division.


Old Mutual is printing more than 600 000 educational booklets on AIDS for schools, including a guide for teachers, and these will soon be distributed to schools by the education authorities. Furthermore, Old Mutual is working on a presentation for schools to warn pupils about the dangers of the disease.

Mr Levett added that AIDS is a particular threat to the life assurance industry. Old Mutual has already taken steps, and will take more in the future, so that it can continue to provide attractive products to new members while preserving the interests of the existing body of policyholders. He said it was very important that life insurers' freedom to act should not be curtailed in any way.



AGAINST AIDS, ... A medical worker discusses how sufferers should combat the Aids disease with traditional healers who attended a conference held at Baragwanath Hospital this week. ■ Pico TLADI KHUKLE

Healers and medical workers against Aids

By **NOMVULA KHALO** 
TRADITIONAL and Western medical workers came together this week and jointly pledged their commitment to fighting Aids. *CPA 6/12/92*

In a clear departure from widespread pronouncements, a traditional healer confessed: "We (traditional healers) also can't cure the disease."

Healer Mercy Mance was speaking at the World Aids Day commemoration held at Baragwanath Hospital in Soweto.

"Aids is reality and is here to

stay as long as there is no cure for it," said Aids counsellor Alice Mbangeni at the function.

The aim of World Aids Day was to highlight the gravity of the problem, and to remember those who died as a result of the disease.

Mbangeni said it was tragic how people reacted when told they had tested positive for the HIV virus. Some became aggressive, others commit suicide, while others simply do not believe it.

"They say 'why me?'. It is our

duty as counsellors to calm them down and advise them how to behave," Mbangeni said.

"Aids knows no colour, nation and age. It affects everybody. That is why the onus lies on us to support and understand the sufferers."

Mance said: "All I can say is that prevention is better than cure. The Aids sufferers should not despair, but hold on and fulfill their dreams."

In his message to Aids sufferers, Vincent Veal, 31, who is HIV positive said: "If you have

been diagnosed as being HIV positive, do not hide it from your family and friends. Come out of the closet.

"This is the 7th year I have been diagnosed as HIV positive and I have been able to live with the virus through a positive attitude and a holistic approach to treating the disease.

Veal believes that people should stop looking to doctors for "magic bullets" to cure the disease, they should take responsibility for their own health, and that includes prevention.



1 to 100 000. Monitor service • Copies from
SUPPORT: the Hunt Lascaris staff takes a stand to emphasise the fact that Aids is everyone's problem.

STAR 5/12/92.

Agency shows committed approach to Aids

THE staff of Hunt Lascaris TBWA, which handles the Department of Health's Aids publicity, nailed their colours to the mast with red rosettes and a banner outside their offices in

Sandton on World Aids Day on December 1.

"We wished to emphasise the fact that Aids is everyone's problem and, as such, Aids-infected people and those carry-

ing HIV should not be discriminated against," an agency spokesman says.

The agency believes that by showing its commitment to the issue as

a common problem that needs to be addressed with lifestyle education and the overcoming of prejudice, others may be encouraged to view the Aids issue with an open mind.

VILLAGE WALK SANDTON

PARS

GALLERY

AIDS SCARE GRIPS RIFE

Three women

say syringe man pricked them

By **MONWABISI NOMADLO** 6/12/92 (92)

A MYSTERY black man, thought to be HIV-positive, has unleashed a wave of Aids terror on the East Rand.

He moves around crowded supermarkets and shopping malls with a syringe filled with what is believed to be his own infected blood and pricks unsuspecting people.

His attacks seem to be directed mostly at white women. Three known cases have been reported so far.

A 23-year-old woman said she was in a crowded mall outside a bookshop in Springs at about 4.30 pm on November 23 when a man, who had walked past her, suddenly turned to approach her from behind.

"I immediately felt a burning sensation on my buttocks," she said. Upon turning around, she saw the man hurriedly putting something into his pockets.

The clean shaven, stocky man with a black spot on his right cheek, simply giggled and walked away when the alarmed woman tried to find out what he was doing. She said she consulted her doctor.

On Tuesday, another white woman phoned the Springs police to complain about a similar attack. Another victim, a 22-year-old also from Springs, said she was attacked on November 13 while walking in a crowded street.

"I'm so shocked and I don't want to talk about it, please," she pleaded with City Press. The incidents evoked terror in the East Rand town and people are very suspicious at the mere touch of flesh in public places.

However, police spokesman Capt G du Plooy said the victims had not seen clearly what was in the syringe and there was no evidence to suggest it contained HIV-positive blood.

He asked people to call the police and not to confront the man. Anyone with information can contact Sgt Brunnart or Capt Du Plooy at (011) 56-0771.



WINNER AT BILLE MICHELLE: An ecstatic Miss Black SA Michelle Molatou, crowned by the Miss Black SA, Thambi Mkhayana (left) and second princess Thudis Makhodo.

Michelle's unspeakable joy!

By **NOMVULA KHULO**
 SHE'S black, she's beautiful and she's well, simply the best!
 Speaking Michelle Molatou was the crowned the most beautiful black woman in the country on Friday night.
 Amid deafening cheers she walked off with the Miss Black SA crown.
 Molatou, 19, the reigning Miss Saba, described the indoors and audience in a night of...
 She beat 25 of the most stunning women...
 "I'm so shocked and I don't want to talk about it, please," she pleaded with City Press.
 The incidents evoked terror in the East Rand town and people are very suspicious at the mere touch of flesh in public places.
 However, police spokesman Capt G du Plooy said the victims had not seen clearly what was in the syringe and there was no evidence to suggest it contained HIV-positive blood.
 He asked people to call the police and not to confront the man.
 Anyone with information can contact Sgt Brunnart or Capt Du Plooy at (011) 56-0771.

Chiefs take the double

If took Kaizer Chiefs 120 minutes before they could lift the elusive Bob Save Super Bowl trophy at the FNB Stadium yesterday.

Amakhosi beat a brave Cosmos 2-1 in an exciting thrill-a-minute final.

Chiefs are also Castle League champions, a title they won three times since 1985.

The win means they can choose between two Africa competitions - the Cup Winners' Cup, otherwise known as the Mandela Cup, or the Champions' Cup.

Chiefs' goal came from Shane McGregor and Trevor Mthembu, while Chris Molekati replied for Cosmos.



NEWS FEATURE *Fun shapes may popularise condom used* ● SABC - 'a major breakthrough'

A SCENE in a movie: Total Darkness. Two short glowing rods, one green and the other red, dance about the dark room. Two male voices are arguing. When one speaks the red rod wiggles and when the other moves or speaks the green rod moves or wiggles.

The variety of condoms in the market is unbelievable. Although these tactics may be more for financial competition, doctors are hoping they may lure mankind into using condoms in this Aids era. A number of witty - and not so witty - lines have been used by the anti-condom rebels: "It's like eating a sweet wrapper and all," or "It's like having a shower while wearing a raincoat." There are plenty of other wise-cracks.

They say with the smugness of a sated cat that has just eaten cream: "Flesh against flesh, my man."

"We should consider ourselves lucky that Aids came (wherever it came from) at a time when condoms have been vastly improved," said Thembi Nkosi, a 23-year-old nurse. "They are thinner and lubricated."

Animal intestines

Before Charles Goodyear discovered the process of vulcanising rubber in 1939, condoms were made from animal intestines.

Now here is something for the rebels who say "flesh against flesh": The condom was primarily used to prevent sexually transmitted diseases.

With Goodyear's discovery they became widely used for contraception. They became a popular method of birth control before the Pill, spermicides, diaphragm and other birth-control methods came along.

Most people the *Sowetan* spoke to this week still refuse to use condoms. Many associate a condom with kinky sex and prostitution.

A 40-year-old man-about-town said: "I will never use a condom when I sleep with my wife. What is she? A

The condom as a tool against Aids

Sowetan 10/12/92 (92)

■ **FUN TOOL** Perhaps by the time a cure is found condoms will be commonly used and continue in use:

Condom to the rescue

Sowetan 10/12/92 (92)

■ **Only hope for mankind against killer Aids:**

By Tsale Makam

THE central attraction on World Aids Day campaigns was "Captain Condom", the only hope for mankind against the killer disease Aids.

While scientists and researchers try their best to find the Aids cure, condoms, they say, are the only solution.

Professor Rubin Sher of the South African Institute of Medical Research yesterday said the Aids Centre is looking at various projects to "market the use of condoms".

He said if people's attitudes towards condoms could change, then some progress could be made. He could not give figures but although some people say they are now using condoms, many more are still not using them.

General estimates of sexually active people who do not use condoms, though they have more than one sexual partner, could be as high as 90 percent.

Sher said he regarded the SABC's decision to advertise condoms as a major breakthrough.



PUPPETS AGAINST AIDS ... A puppet presentation made its way through the streets of Soweto to promote Aids awareness.

prostitute?"

Professor Ruben Sher of the South African Medical Research Institute said what needed to be changed were "people's attitudes towards condoms".

"We need to market Aids and the use of condoms," he said.

Condom manufacturers, on the other hand, do not want to be caught napping. Condoms have not only been revolutionised in terms of thinness and lubrication. They come in all shapes, sizes and colours.

One-size-fits-all

The one-size-fits-all type is a bit of a problem to most men.

"Women who do not understand a man's frustration in this area should try buying one-size-fits-all pantyhose," said Bheki (not his real name), a male model.

A Hillbrow chemist, however, said different sizes were now available, ranging from medium to extra-large.

"No one would dare buy an extra-small, even if it fitted him. Who wants to degrade himself?" he asked.

Although condoms come with an "only use once" instruction, the manufacturers should add: "Keep away from children. Easily mistaken for a balloon."

With the variety of colours they come in, children could innocently mistake them for balloons and start blowing.

The names of the different shapes are flowery and artistic.

The Rough Rider is but one of the names.

Some are like crinkle cuts and others have spikes. While men may refuse to "degrade" themselves or "make their wives cheap" by using condoms, women will soon have the choice to wear the fermidom - the female condom. It is not in South Africa yet.

"A shop assistant in Hillbrow said the wayward shapes are in. "A man bought four packets of the spiky ones yesterday," she said.

"Who knows, maybe by the time a cure for Aids is found people will be having so much fun they will want to continue with the condoms."

10/12/92

Aids guidelines seek to balance rights ⁽⁹²⁾

STAR 7/12/92
Medical Reporter

Wide-ranging guidelines — balancing the rights of HIV and Aids patients with those of medical personnel and the community — have been published by the Medical Association of SA (Masa) as part of the ongoing Aids awareness campaign.

The release of the Masa guidelines comes after the launch of a national Charter of Rights on Aids and HIV which sets out 12 basic non-discriminatory principles dealing with fair and just treatment of those affected by the virus.

Masa science and education committee chairman Dr Edoo Barker said the recommendations in the guidelines were based on scientific fact and reasonable assumption as well as on medical, legal, social and ethical principles.

Careful attention was paid to maintaining a balance between the rights of patients, the rights of medical personnel and of the community, Barker added.

According to the Department of National Health's Aids Programme, the people who have a vital role to play in the mission to spread knowledge on how to avoid Aids are involved in primary health care.

This includes a wide variety of people such as nurses, com-

munity clinic staff, doctors, pharmacists, traditional healers and the Red Cross.

The South African Nursing Association (Sana) has also released a position paper on Aids which details its drive to educate health care workers on the pre-counselling required before gaining informed consent from any person before taking an Aids test. These guidelines are available at Sana.

Masa guidelines include:

- The doctor's obligation not to discriminate against patients on the grounds of HIV seropositivity.
- Whether the doctor has a right to know the HIV-sero-status of all patients he treats.
- Whether the patient has a right to refuse consent for HIV testing, a right to full information (such as pre-test counselling) before being asked to give consent, and a right to confidentiality.
- The obligations and duties of a doctor found to be HIV-seropositive.
- The nature of compensation provided to employed health care workers who acquire HIV infection in the course of duty.
- The adoption of pragmatic and effective universal precautions and the question of the level of risk to which hospital emergency staff are exposed.

AIDS HAS TOPPED THE LIST OF DISEASES that have received both media and health authorities' attention in South Africa this year.

What with the number of people with the virus having increased from the initial lone HIV carrier in 1982 to the present 200 000.

And according to the Department of National Health and Population Development, 400 South Africans acquire the virus daily. Recently, a leading obstetrician and gynaecologist at the Baragwanath Hospital told a multidisciplinary gathering in Kempton Park that two HIV-positive mothers delivered babies at the institution daily.

The figures for the Johannesburg Central Business District were even worse, with one in seven women carrying the virus. The figure was doubling every nine months.

Economists have predicted that this increase in HIV-positive people would adversely affect the sector. As the disease progresses towards full-blown Aids, workers are likely to take more time off for treatment.

The Government spends millions of rands on its educational campaign, as do various sectors of industry.

The increasing number of people with Aids has seen the advertisers of condoms taking up more space in the media. They have promised more aggressive marketing to influence the public into accepting condoms as the only protection against the virus.

Another disease that has received attention is lung cancer due to smoking. There is pending legislation against the habit. The bill will allow the prohibition, restriction or regulation of smoking in public places in order to ensure that:

A healthful environment is maintained; and
The health of non-smokers is not impaired by passive smoking.

In recent years, even the World Bank has started focusing on the economic costs of tobacco as an impediment to development. Some companies have said the overall consequences of having a smoker in the workplace were:

Smokers take 50 percent more leave and are more likely to be hospitalised;

Smokers are more than twice as likely to die during their work years (before age 65);

Smokers have twice as many on the job accidents;

Smokers waste 2 to 6 percent of their working time due to the smoking ritual;

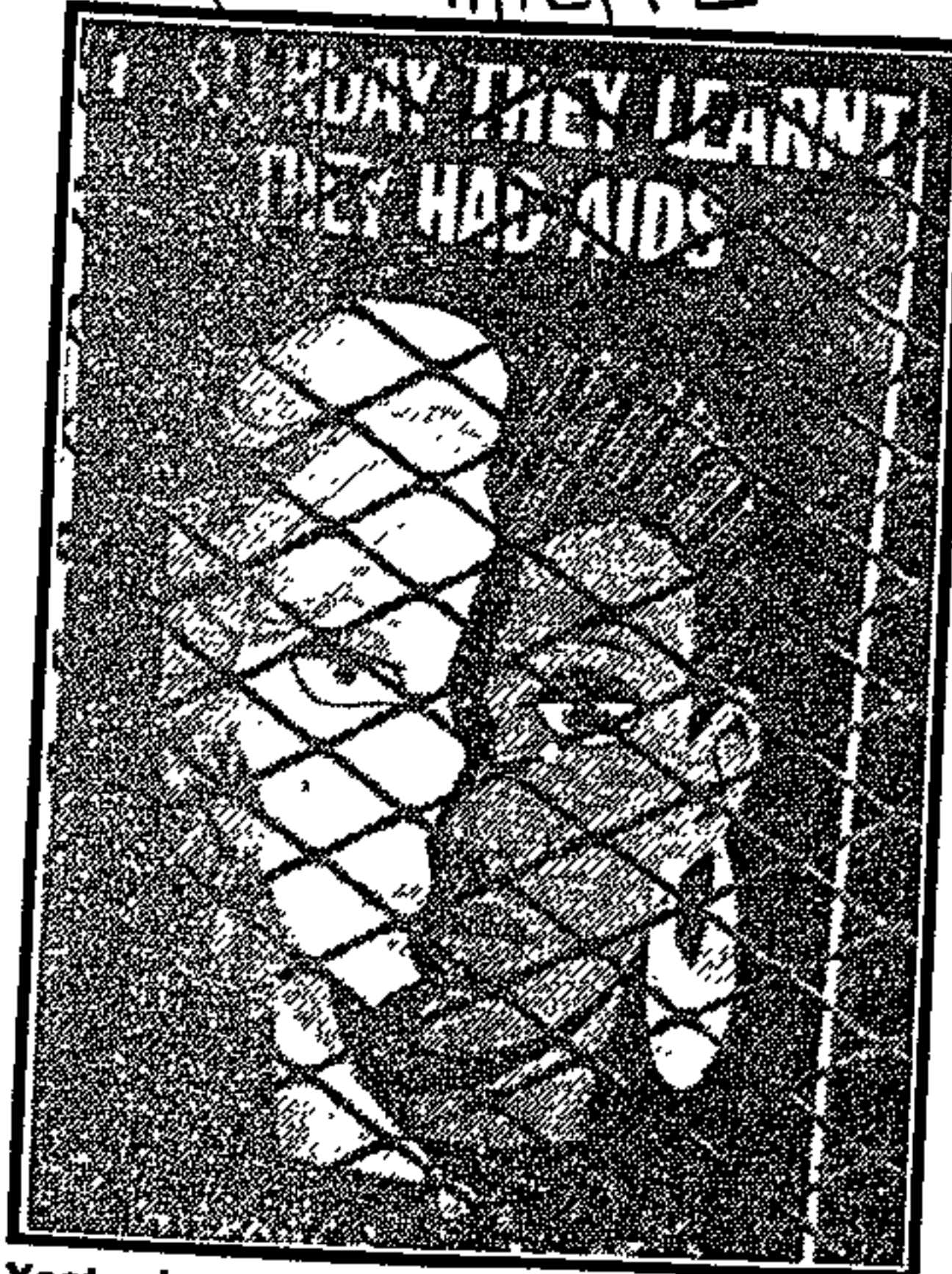
Corporations incur increased cleaning, repair and maintenance costs due to smokers; and

There is significant irritation, discomfort and health risks to fellow workers caused by smoking.

A disease that continues to worry both the developed and developing world is cancer of the cervix. Mortality from cervical cancer in young

The medical world and Government have been preoccupied with the galloping increase of Aids in mothers, lung cancer, cervical cancer, TB, the use of steroids, the plight of the mentally handicapped, and muti poisoning, writes **Mokgadi Pela:**

Sowetan. 11/12/92



Yesterday they learnt they had Aids ... tomorrow it could be you.

women (under 35) appears to be increasing.

Data from the United Kingdom, New Zealand and Australia indicate a two to three-fold increase in deaths in young patients over the past two decades. There is a similar, though less pronounced trend in the USA.

A recent study conducted on 1 522 patients in the Groote Schuur Hospital concluded that the disease was common in young women, more often seen at an early stage and no different from the classic disease seen in older women.

The use of anabolic steroids by matric pupils has become another problem area. A study in the Western Cape concluded that it was confined to male sports participants.

The main reason for using steroids was improvement of endurance, strength and increased aggression. The researchers recommended a meaningful intervention programme for high schools to educate pupils on the effects of steroids.

The September issue of the *South African*



92

Medical Journal showed that poisoning from traditional medicines accounted for the second biggest cause of hospital admissions, with a mortality of 15,2 percent.

In most cases the active ingredients of muti are not known and antidotal treatment is therefore out of the question. Management consists mainly of supportive procedures and treatment of symptoms. In some cases vomiting was induced in patients.

Clinicians have also noticed the rising incidence of coronary heart disease and other diseases of lifestyle. The diseases are likely to increase further as risk factor prevalence is altered by changes in lifestyle, westernisation and migration to urban or peri-urban areas.

The researchers have concluded that these diseases can still be prevented in the black population if preventive measures can be instituted rapidly.

In its 1992 campaign the South African National Tuberculosis Association disclosed that 36 people died daily in the country while 80 000 cases were reported annually.

The plight of mental health patients prompted the South African Federation for Mental Health to mount campaigns to raise awareness. The federation handed petitions to the Government demanding the inclusion of a Charter of Rights for Mentally Handicapped persons as an addendum to a general bill of rights in a new constitution.

Spokeswoman for the federation Mrs Thelma Mahlobo said three percent of the population which was mentally handicapped to varying degrees and was unable to exercise human rights to each individual's ability.

Able-bodied people refused to allow the mentally handicapped to make decisions, they were seldom consulted on matters concerning their lives and were often denied relationships of a sexual nature.

One would only hope that authorities would see the urgency of preventing these ailments with the seriousness they deserve. While the list is far from complete, more attention would go a long way towards achieving health for all by the year 2000.

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and
the
historic

that ridiculed the Holocaust and the existence of
gas chambers at Auschwitz.

Aids in Africa warning 92

STAR 10/12/92
PARIS — Aids is afflicting Africans at the rate of one every 30 seconds. This appalling figure was given today to delegates attending the 7th International Conference on Aids in Yaounde, Cameroon. Professor Lazare Kaptue, chairman of the conference, warned: "At the rate that Aids is spreading throughout our continent, some African countries will be wiped off the map."

● Reports by Star Foreign Service, Sapa, Reuter, Financial Times, Associated Press and AFP.

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NEWS FEATURE *Sick Zambian makes passionate plea for the HIV positive and those with Aids*

MANY PEOPLE are still terrified of the disease and do not know how to deal with it, says Aids sufferer Winston Zulu.

"They find a scapegoat and instead of attacking Aids they attack you," he says.

He is hoping that by telling his story, he will save as many as he possibly can.

For him there is nothing left to do. "It is my last mission," he says.

He has lost three people who were very close to him. In 1990 two of his brothers died from Aids. The previous year, in 1989, his girlfriend had died of the disease.

And now him. He has known for two years now that he is infected with the HIV virus.

Zulu was in South Africa for World Aids Day. He was hosted by the Aids Training and Information Centre in the country, a group which runs an information campaign through workshops to increase HIV and Aids awareness.

Educating workshops

Back home in Zambia he has held more than 300 workshops educating people about Aids, something he has come to enjoy doing.

He works full-time back home as an Aids counsellor after having undergone training by the World Health Organisation (WHO) and also co-ordinates an outreach programme. "I go out to places of work, schools, church and youth groups, any place where people want to learn about Aids."

Winston is not sick yet and he is not showing any symptoms of the disease. And that is the message he brought to SA. He hopes he will be heard.

He says often when people are warned about Aids, they expect to see a thin person with sores.

However, he says, people who infect others are not people with Aids but people with HIV.

"People with Aids are often sick in hospital but people with HIV are walking around and many do not even know they carry the virus," he explains.

"If you say you have never seen a person with Aids, you just have to look at people around you and you should see the danger".

The cruelest thing about the disease is its capacity to hit at young people, full of dreams and promise - often on the thresh-

Advice from an HIV-struck man

Sowetan 11/12/92

■ **EXERCISE RESTRAINT** *Winston Zulu speaks to Sonti*

Maseko about do's and don'ts to combat Aids:

92

old of their creative lives.

In Winston's case, it all started when he was only 26. He was awarded a scholarship to study abroad in what was then the Soviet Union after working briefly for the former president Kenneth Kaunda's United National Independence Party (UNIP).

He was excitedly preparing to leave and had undergone the routine medical check up, including an Aids test - which showed that he was HIV-positive.

"Needless to say it was a shock for me. Even now I can't say I've come to accept it. Aids or HIV is unacceptable. Time and time again you wish you were not carrying the virus".

HIV test

It was so unacceptable that when he came to SA, he took another HIV test, after three others back home all came out positive.

He was clinging to a glimmer of hope - that the experts in Zambia might just have been mistaken. After all, South Africa was more developed and its medical technology more sophisticated, wasn't it?

When the test results confirmed that he was carrying the virus that causes Aids, he was devastated.

"I felt almost like I had never been told I was HIV-positive. I have known this for the past two years but all the same it felt like I had just come to know.

"It was painful. I was angry. I just cried and cried. You can never overcome the feeling," he says.

Many young people who discovered they were infected with the Aids virus have told about feeling angry, cheated

and robbed of their lives. So much so that they have gone out to revenge themselves on the rest of the world by spreading the virus. I ask Winston if he could do the same.

"I can't," he says. "I saw my girlfriend die of Aids in December 1989. Almost a year later two of my brothers died, three months after I had found out I was HIV-positive. That has been enough pain for me.

"I know for sure that if I sleep with one girl today, or five, it (the virus) is almost bound to go full circle and get to my sisters.

"I have seven sisters. You can't spread Aids to strangers. You know what sex is like, the virus will go round and come back to my family. The virus that attacked me could be the same that killed my brothers."

One of the things that hurts him most about Aids is the number of babies born infected with the virus.

"If I infect someone and that person gets married and has children who are born with the HIV virus, how do I feel?"

He was in matric in 1988 when he watched his girlfriend developing full-blown Aids which eventually killed her.

At first she developed tuberculosis (TB) and then there were many other illnesses. She also suffered from a very rare form of skin cancer called Kaposi's Sarcoma, which has particularly afflicted people with Aids. Then she was plagued by stomach problems which required two operations - all this in one year before she died in 1989.

Winston says he cannot say with absolute certainty whether he contracted the Aids virus from his girlfriend. She



Winston Zulu

was not his first girlfriend and he was not her first boyfriend.

It can be argued that he may have given it to her and she only developed Aids faster than he did. "It is a grey area and I do not want to blame her since I can't say for sure that she infected me."

He says he is not angry with himself but at the devastation the disease is causing: babies dying from it.

He is in the process of registering with the University of South Africa to take up courses that will improve his skills and effectiveness in communicating with people about the disease. Has he learnt anything from being HIV-positive?

"Yes, I have learnt that you do not have to lose a girlfriend and two of your own brothers, that you do not have to test HIV-positive yourself or see a person

with Aids to believe it - or it would be too late.

"I had heard about Aids and maybe if had paid more attention I would not be where I am now.

"If you can't learn from a person like me, you will not learn anything.

"I know now, I teach people and I know enough about it, but what good does that do for me? It's too late. With Aids you can't learn from your own experience. By then, it's too late."

Winston has advice on what society can do to support people with HIV. He says it is people with HIV who have a big role in helping to prevent the spread of the virus "but people must treat us fairly, just like they would treat any illness.

"Rejecting people with HIV or throwing us out of our homes only creates emotional needs for love and support.

"They need love and comfort. By rejecting them you teach them that revealing their HIV status can land them in trouble."

So, he argues, they decide not to disclose their condition and might even enter relationships in search of love and comfort - spreading the disease in the process.

"I do not think much about the process of death but at the same time I have no illusions about being HIV-positive and the fact that the condition inevitably develops into Aids. The rule is: You die and you die young

"While we all (human beings) carry the death sentence I can tell you, it is not the same. Aids is a death like no other.

It is a death before physical death in which you lose your friends, family and job. To me Aids is totally different from any other thing."

I point out to Winston that Aids has been used from many pulpits across the world as a demonstration of God's wrath against those who will not repent from sin. What does he feel?

"The God I believe in, and I'm a Catholic, does not kill babies. He does not have to kill me for my sins for his Son has already paid for our sins.

"He does not kill people as punishment because our blood is not good enough to redeem our sins."

Aids is not a judgment either, he says. "If you look at two graves, one of a man who died from Aids and another of an eight-year-old boy who contracted the virus from infected blood, there is no one who is going to look innocent. There is no judgment there."

Transvestite afraid of Pollsmoor HIV threat

Staff Reporter

A TRANSVESTITE jailed for five years for housebreaking told his probation officer he was terrified of returning to Pollsmoor Prison because of the threat of the HIV virus.

Grant Ashley Maritz, 24, of Norman Avenue, Wetton, was convicted in the Cape Town Regional Court of breaking into Nazareth House, Vredehoek, on February 2 and stealing jewellery and clothing worth R14 630.

Maritz, also known as Brian Shaw, has seven previous convictions for housebreaking and theft and is serving a two-year jail sentence.

In a report before the court, probation officer Mr A P Hugo said Maritz, who was "confused about his sexuality" and regarded himself as "a transvestite rather than a homosexual",

was terrified of returning to Pollsmoor because of previous sexual assaults there.

Counsel for Maritz, Ms L Wolhuter, told the court it was "common knowledge" that many Pollsmoor inmates were HIV positive.

Although Maritz had until now tested negative, he was terrified of being infected should he be sexually assaulted.

Ms Wolhuter told the court that Maritz, one of 14 children, had been rejected by his parents because of his sexual lifestyle.

Magistrate Mr J C Louw told Maritz he was faced with the "unpleasant task, for which there was no alternative" of sending him to prison.

"Any term of imprisonment should be long enough for you to benefit from any rehabilitative programme."

Working together on Aids

Law Review Supply 1112-17112192

An unusual consensus has settled over one of the more controversial areas of employment policy: Aids and HIV in the workplace. Instead of generating management/labour conflict, as with so many other vexed issues, the question of how to deal with the HIV epidemic in the workplace has been the subject of striking unanimity between management-orientated and union-aligned relations and labour law experts.

All agree that workplace discrimination — for instance dismissal, demotion or transfer — merely on the grounds of Aids and HIV is unwarranted and will constitute an unfair labour practice. (It is different, of course, once the disease incapacitates the worker.) The experts also agree that employ-

ers cannot require or even try to persuade employees to undergo HIV testing: no legitimate workplace-related reason for wishing to know a worker's HIV status exists since occupational transmission of the disease is almost impossible.

At the same time, there is no duty on the employee to disclose his or her HIV diagnosis to the employer. The consensus also extends to recognising the need for employers to deal confidentially with any knowledge they may acquire about an employee's HIV status. The funds even join in condemning

There is an area where management and unions agree — there should be no discrimination against HIV-positive workers. By EDWIN CAMERON

pre-employment testing for HIV as futile and misleading and morally unjustifiable — though in practice some big corporations (especially in the insurance industry) and at least two of the bigger municipalities (Pretoria and Germiston) enforce it. (The Cape

ee's HIV, but on the ground of financial misdeings. While the experts' consensus is broad and striking, in practice things are, as always, very different. Horror tales abound. One construction foreman sent all eight of his unskilled labourers on site to a local Aids information centre for testing: the surprised counsellors discovered the workers did not even know why they had been sent to the facility.

The consensus that the industrial court will hold anti-Aids discrimination by employers an unfair labour practice is so wide-ranging that when the University of the Witwatersrand's Centre for Applied Legal Studies (Cals) took the first case of alleged unfair dismissal for HIV to the industrial court in May this year, the employer — publicly-listed Mast Videos Ltd — was careful to base its defence not on any supposed justification on the basis of the employ-

Public interest lawyers concerned with discrimination in this field recognise that potential plaintiffs find themselves in an impossible bind: ignore the wrong done to you and thus accept the loss of your livelihood; or, perhaps worse, brave the publicity, exposure and consequent opprobrium among your friends, neighbours and even family which are likely to follow if you choose to assert your legal rights.

The Cals-based Aids Consortium's newly launched Charter of Rights on Aids and HIV promises to provide a focus for campaigns against workplace abuses — and especially against the widely criticised practice of pre-employment HIV testing. Pick n Pay and other major employers have given their backing to the charter, in the belief, supported by public health experts worldwide, that fighting discrimination also helps to fight the epidemic.

They hope the charter will help to create the climate of rationality and fairness to deal with which is essential to dealing effectively with any public health crisis. ● Edwin Cameron is professor of law at the University of the Witwatersrand

Public interest lawyers concerned with discrimination in this field recognise that potential plaintiffs find themselves in an impossible bind: ignore the wrong done to you and thus accept the loss of your livelihood; or, perhaps worse, brave the publicity, exposure and consequent opprobrium among your friends, neighbours and even family which are likely to follow if you choose to assert your legal rights.

Many cases of summary dismissal are reported when employers hear that workers have HIV. And gross breaches of confidentiality occur. The National Union of Mineworkers has referred a case to its lawyers where a mine doctor allegedly tested a worker's blood for HIV and phoned the mine manager direct with the result: the worker only heard of the test and the adverse diagnosis when his team leader informed him that he had been dismissed because he "had Aids".

The many faces of Aids

THE SIXTH World Aids Day organised by the World Health Organisation provides an opportunity to gauge the extent to which the disease has become a changeable and multiform affliction. Just as today we speak of cardiovascular diseases, we will soon have to speak of Aids in the plural, given the way its characteristics vary from one country to another.

Indeed, there can be no comparison between the Aids epidemic in France — where the disease is spreading mainly in a few high-risk communities — and the African or Asian Aids epidemics which have already infected millions because the infection is passed on far more frequently through heterosexual relations. The record of repeated failures in Aids prevention campaigns in fact covers wide socioeconomic and sociological differences. Even if isolated instances of the disease recrudescing in some homosexual communities have been noticed, it should be kept in mind that these communities were the first to organise really effective prevention campaigns in industrialised countries — frequently without official support and against religious opposition.

At the same time the tragic consequences of the absence of a genuine policy of prevention among drug addicts are coming to light in these same countries. With the exception of a few African states which have had the courage to grapple with the problem, most developing countries are fatalistically resigning themselves to living with the epidemic as if it were something inevitable.

The toll of suffering and death aside, the consequences of this pandemic disease — which is reported to have already affected 12 million

people worldwide and killed between one and two million, depending on estimates — are not confined to health and social aspects. Its economic dimension needs to be taken into account. In 1991, aids is estimated to have cost a total of F290 billion (£35 billion), that is, 2 per cent of the world's expenditure on health. The least alarmist of hypotheses puts the figure at F740 billion (£90 billion) in the year 2000. Other projections multiply the figure by eight.

A catastrophe of such proportions confronts the pharmaceutical industry with an extraordinary challenge which it will be possible to meet only by scrupulous compliance with the severest scientific and ethical procedures in development and experimentation phases. It will serve no useful purpose to raise false hopes, as has already happened, by placing drugs of unproven effectiveness at the disposal of Aids sufferers.

For the time being, given the fact that no really effective treatment is available, one can only wish Aids victims were better cared for in hospitals and those in private homes made more comfortable as they live out their last days. One can also express the hope for an increase in the number of medical and para-medical personnel who are at present overwhelmed. Where public health is concerned, instead of continually stirring up controversies over whether the entire population should be subjected to routine screening, it would be better to fine hone epidemiological studies in such a way as to define as quickly as possible prevention strategies clearly adapted to the most threatened groups.

(December 2)

EDITORIAL

A Nobel institution

In 1991 and 1992 France pulled off the unusual feat of notching up two Nobel Prizes for physics in consecutive years. But more extraordinarily, both winners, Pierre-Gilles de Gennes and Georges Charpak, happen to teach at a little-known engineering college in Paris.

WHEN the news broke last month that the 1992 Nobel Prize for physics had been won by Georges Charpak, students at the Ecole Supérieure de Physique et Chimie Industrielles (ESPCI), in Paris's Latin Quarter, thought it a hoax.

The head of the college, Pierre-Gilles de Gennes, had already received the same award the previous year from the Swedish Royal Academy. It seemed unbelievable that a teaching staff member, 68-year-old Charpak, inventor of a "little contraption measuring 10cms x 10cms" that has revolutionised the study of particle physics, could have won another.

ESPCI, although much less prestigious than other engineering *grandes écoles* such as the Ecole Centrale or Polytechnique, already boasted four Nobel Prize winners among its past staff. Pierre and Marie Curie shared the 1903 physics prize with Henri Becquerel for their work on radioactivity; Marie Curie got an award again in 1911, this time for chemistry, after isolating metallic radium in one ESPCI laboratory; and in 1935 Frédéric Joliot and Irène Joliot-Curie won the chemistry prize for making artificial radioactivity.

Charpak's award has not changed the atmosphere at ESPCI. Students have not put up banners celebrating the achievement. "Charpak and de Gennes aren't bigheads, and we'd be quite wrong to do anything like that," says one. "Anyway, they didn't get their awards for their work at ESPCI."

The students' relative detachment has its humorous side: what worries them most is the fate of the tennis court tucked away in the middle of the college buildings. When de Gennes, who has been

head of the ESPCI since 1976, got his prize, a big reception was organised on the court. Its wire netting was removed so a marquee could be erected. It was only many months later before it became possible once again to play tennis. "They're going to pull the same trick on us for Charpak," the students grumble.

The college's success is not due to chance. ESPCI attracts top-notch scientists like a magnet. The magnet works like this: the 130-odd regular staff members, half of whom have teaching duties, may deposit patent rights in their own name and are given responsibility for exploiting them. Such independence is not found in many other scientific establishments.

The other side of the coin is that the scientists have to shoulder the financial risks involved in their patents. "There's an entrepreneurial spirit here, a willingness to take risks that is unusual in

By Michèle Aulagnon

scientific research," says ESPCI's scientific director, Jacques Lewiner. Lewiner, who heads the general electricity lab, himself holds more patents than anyone else in France.

From 1948 on, as soon as the French Atomic Energy Commission (CEA) and research units in industry were set up, students had to devote a fourth year to research in the labs of ESPCI or an outside company. Starting in 1970, they now spend their fourth year on a postgraduate course at Pierre-et-Marie-Curie-Paris-VI University.

ESPCI's second distinction is that it teaches both physics and chemistry. Students specialise in one or other disciplines relatively late — in their third year. Industry greatly appreciates this dual training.

It also places quite a burden on students. "ESPCI has a reputation for being a place where you work harder than elsewhere," says second-year student Stéphanie Rossano, who has not yet decided which subject to plump for. "But it encourages a certain open-

mindedness. We can talk to physics or chemistry experts without feeling completely out of our depth."

De Gennes, who has the reputation for being a brilliant jack of all trades, wants to broaden the students' range further by introducing a third subject: biology. "There are technical justifications for this. Even in disciplines that are only loosely connected with that field, you need biology training to come up with the right answer."

"But there's a more fundamental reason too. You can't study natural sciences without observing living organisms. Now one of the great problems with young people is that they don't know how to observe, because our education system has failed to tell them how to do so. We have to try and make up for that."

This combination of theory and practice is possible only because of the small number of students involved. Five years ago, 48 graduated each year; now the figure is 72. "The increase was requested by industry," says André Salaber, president of the association of ESPCI alumni and deputy chairman of Schlumberger.

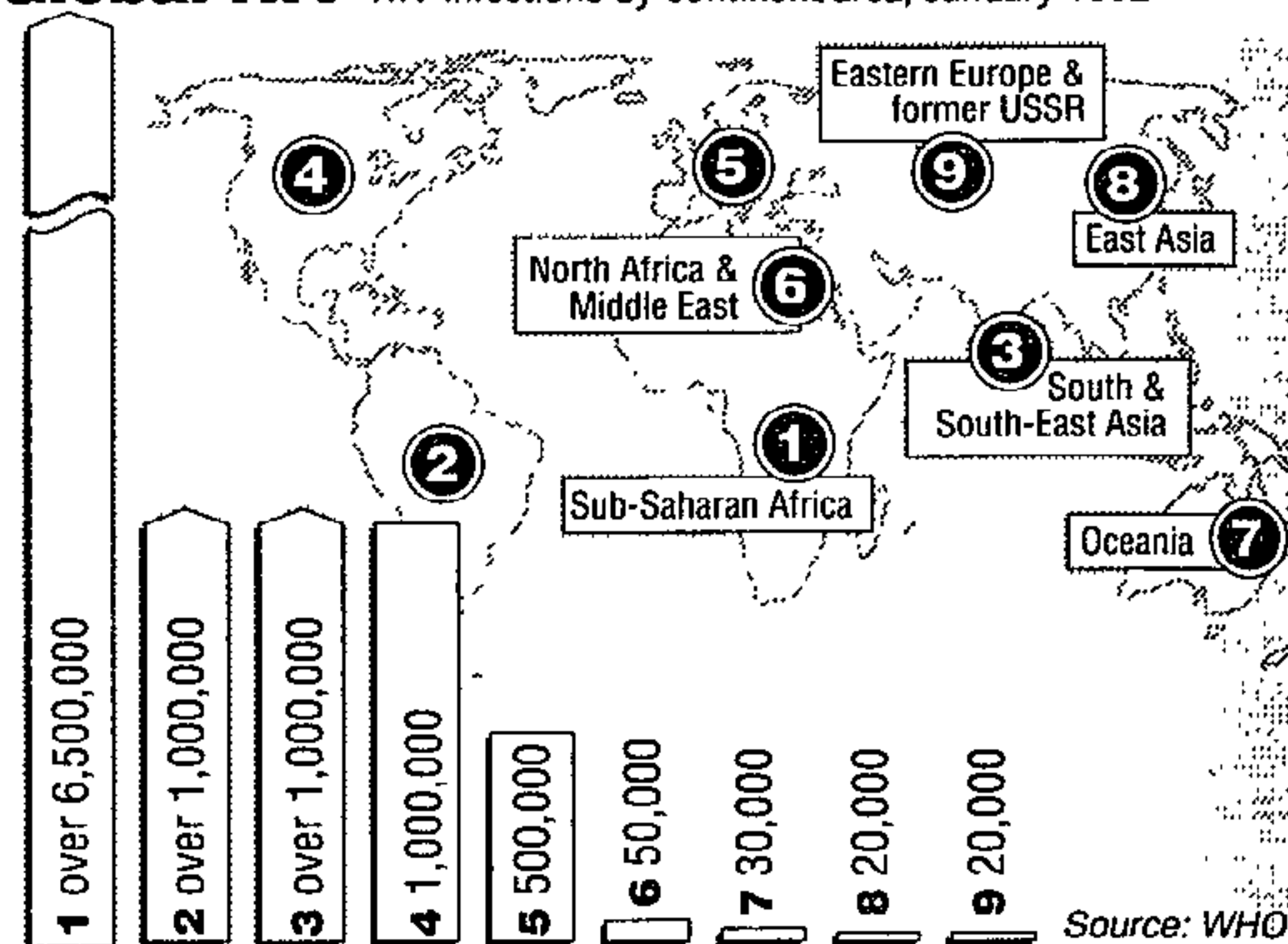
The small intake of students has made it possible to introduce a system of tutorials based on the British model. Unusually, the director of studies went to look at how things were organised in Oxford and Cambridge. He plumped for the more flexible Cambridge way.

And de Gennes is now trying to change ESPCI's entrance system, so that candidates sit the same competitive exam as that of the prestigious colleges of Mines, Ponts et Chaussées, and Télécoms, rather than that of other national engineering colleges, as at present.

His wish to switch to a more highly regarded competitive exam is surprising on the part of someone who has gone on record as disapproving of the whole system of such exams. "You can't change the world you live in," he says. "If there was a sufficiently powerful desire for change at national level, the competitive system would have to be scrapped. But it can't be done overnight."

(November 26)

Global HIV HIV infections by continent/area, January 1992



Condoms leave lycéens limp

MONIQUE Burgard, matron at the Marie-Curie technical *lycée* in Versailles, cannot remember how many times she has heard teenagers say things like "I know the girl I'm going out with — she doesn't sleep around," or "I didn't take any precautions because it was a genuine relationship."

In 1989 the school was one of the first to install a condom-vending machine for the use of pupils. But two and a half years later only 110 packets have been sold, or a total of 330 condoms for 1,700 *lycéens*. "They all think it's quite normal for there to be a vending machine in the school," says Burgard. "But it doesn't necessarily mean they'll change their behaviour."

The Marie-Curie *lycée* is an oasis in the heart of ultra-bourgeois Versailles. It is the only school in its educational region to offer certain technical courses, and consequently receives pupils not only from Versailles but from the more working-class town of Mantes-la-Jolie.

There is an urgent need to change pupils' attitudes and behaviour, said Education and Culture Minister Jack Lang during a recent visit to the Van Dongen *lycée* in Lagny-sur-Marne. "Above all, stop fantasising about the transmission of the disease," he told pupils who fired questions at him about the effectiveness of media campaigns, which they judged to be too "moralistic," the high price of condoms and the role of parents, "who maintain the taboo."

A ministry circular of June 26 had urged *lycée* heads to install condom dispensers as part of the campaign to prevent Aids and other sexually transmitted diseases. But it was to be done "tactfully, so as not to impinge on the freedom or private feelings of individuals."

The sexual behaviour of teenagers is a delicate issue. In 1989 *lycée* heads violently opposed the installation of dispensers. Recently issued official leaflets and posters about contraception and Aids prevention were not handed out directly to pupils, but were distributed — in a trickle — by only those heads who had requested them.

Lycée heads are now in Lang's firing line. In the next few weeks they are due to receive a "technical note" designed to complement the June circular. Drawn up with the help of a French anti-Aids association, it is entitled "How to install a condom-vending machine in an educational establishment" — which at least has the merit of being to the point.

Research has shown that *lycéens* are sexually active. Yet heads, teachers, and parents alike still find that difficult to accept. A survey of *lycéens* in the Grenoble area in 1991 showed that the three years spent at the *lycée* coincided with the pupils' first sexual experiences.

A quarter of those questioned had a more or less regular sex life, and 48 per cent had had sex at least once. Above all, the survey revealed that one third of those first experiences took place without a condom or contraceptive pill being used.

Taboos have been swept away in some schools. Catherine Achouline, main educational adviser at the all-girl Marie-Laurencin technical *lycée* in Paris, has been a firm believer condom dispensers ever since she realised some pupils had never seen or handled a condom. There was no opposition to the installation of such a machine from the school governors, though some questioned its usefulness in a girls-only school.

The Henri-Wallon secondary school and *lycée* in the working-class Paris suburb of Aubervilliers installed a vending machine six months ago. Says its head, Ali Arabi. "Many worried parents were relieved that the school was dealing with the problem of Aids."

Maurice Guénancia, head of the Meunerie technical *lycée* in Paris, says: "We've had enough prudery and waited too long already. We can't allow the campaign against Aids to be held up just because people are scared of seeing a pupil blow up a condom like a balloon in the playground."

But not everyone takes such a relaxed view. Jean-Pierre Bocquet, president of one of the two main parent-teachers' associations, PEEP, which is strongly represented in *lycées*, is hostile to the Lang initiative. "It implies that the use of a condom is normal for everyone. Some members of our association regard the presence of the machines as an incitement to licentiousness, an attack on their beliefs." Paradoxically, in Paris itself, one of the worst Aids-affected cities in the world, only two *lycées* have so far installed machines, and they are both post-*baccalauréat*.

But time is running out in Ile-de-France, the region around Paris. Aids is the cause of 20 per cent of deaths of men aged between 25 and 44, while in the capital itself the rate is one out of three. Given that symptoms appear on average seven to ten years after infection, what is the point of waiting any longer?

(November 26)

Le Monde

15, rue Falguière, 75501
Paris, Cedex 15

ENGLISH SECTION

The 1,800-man French contingent assisting in the Somalia aid mission, drawn largely from units stationed in Djibouti, will be under American command. Meanwhile, the situation in the capital is particularly complicated, with newcomers, many of them nomads straight out of the bush, taking over entire neighbourhoods vacated by their original residents. Things may become even more tense with the restoration of peace when the original owners of houses and apartments now appropriated by squatters return to claim their property.

Surviving in Mogadishu

Guardian/W/W
MOGADISHU — The cannon-armed pick-up truck screeches to a halt in front of three breeze-blocks placed across the asphalt road and several teenage boys jump down. Two of them take up covering positions behind a tumbled-down wall. The militiamen on the look-out are motionless as the foreigner crosses the demarcation line. They watch him silently as he clammers into the truck which then swings round, while the cannon does a 180-degree arc to keep its target — the next crossroads — in its sights.

This is "Checkpoint Uganda" where "Bermuda" begins, the enclave which scares many people and "the other side". "Bermuda" is right in the heart of the southern part of Mogadishu and it has stood up to all the assaults of General Aidid, the powerful leader of the faction holding the southern part of the Somali capital. In a fit of rage the general once allegedly screamed: "It's like the Bermuda triangle here, nobody comes out alive."

Artillery fire has spared none of the low-built houses under the old acacia trees in this working-class neighborhood. Rows of collapsed roofs, sheet metal huts flattened in the dust; here and there an adobe wall or a roof split open still stands. In the alleyways invaded by weeds and along the line marking the front not a living soul is to be seen.

Equally deserted is the once bustling Maka Mukarama Avenue and its rows of abandoned buildings their walls blackened by smoke dominated by the Maka Hotel, owned by the "interim president", Ali Mahdi. But he is presiding over the destinies in the north of the city and has not shown up in his

hotel since fighting broke out between his followers and General Aidid on November 17 last year.

"It was Vietnam," Farah Gouled, 20, a former student, recalled and spoke like a war veteran of the battles fought outside the new parliament building where "the enemy counterattacked for days on end". A score of so of shell-scarred vehicles stood in the yard of the Ibrahim Ma'allin garage; all the local women were gathered round the well along with a few beggars waiting for their rice rations. Nicknamed "mother of Bermuda", the

By Jean Hélène

place symbolised the courage and determination of the We'yslays (an Abgal subclan) who had grimly defended their stronghold.

"Aidid's attack caught us unprepared," said Ibrahim Ma'allin, "and Ali Mahdi, pinned down in his barracks in the north, couldn't help us." Several times he had to negotiate the tricky passage across the battle lines to buy munitions from the Murusadays who control the weapons depot of former president Syaad Barre. The Murusadays sell weapons to the highest bidder. "They were trying to get me to compete with General Aidid's financial backer, Osman Ato," said Ma'allin.

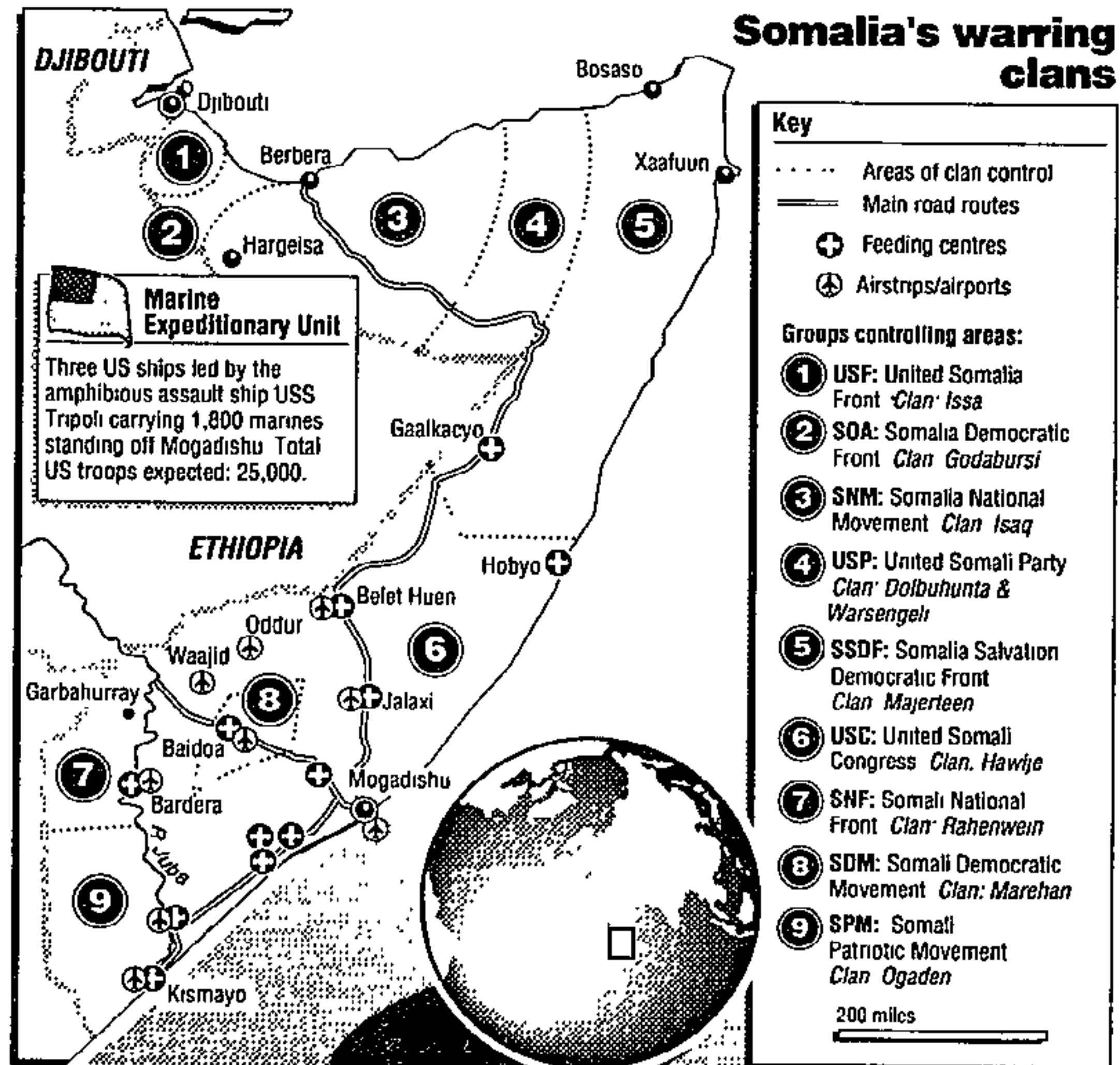
The place has been calm again since the March 3 ceasefire, but its 6,000 residents survive among the ruins thanks to relatives abroad or who have remained outside the area. Both phrases mean practically the same thing here. People

spend the day in the streets listening to the radio. The conversation is about the merits of the latest model Kalashnikov, dubbed the "Libyan", and the current prices of ammunition. "I'm simply imitating those who are working," explained a man playing dominoes. "I sometimes go to the Baccaro market on the other side for a change."

This is the only way to obtain supplies. It has been negotiated with the Murusadays and is tolerated by the Habar-Guidirs who have imposed a kind of blockade. It is impossible, for example, to move a food truck into the neighbourhood. The Red Cross has not set up soup kitchens here as it has done elsewhere in Somalia. "It is bad publicity for us," complained Tahlil Hajji, vice-chairman of the Bermuda Committee. "Aid organisations think we're savages." All the same, the French charity Médecins Sans Frontières (MSF) and the Save the Children Fund are supplying medicines and helping to keep two or three dispensaries working.

But why were the people of "Bermuda" clinging to these ruins where the isolation and the tension were getting on their nerves and it was even harder to exist than in the rest of the capital? "We don't know where else to go," murmured an old man waiting outside the mosque. "We were born here," answered the young men carrying rifles across their shoulders.

And what if the rivalry between Aidid and Mahdi, which is the subject of so many political analyses, was primarily about territory as in the purest tradition of Somali tribal disputes? General Aidid, who



has presidential ambitions ("dictatorial" ambitions, say his enemies), has promised his Habar-Guidir clan the city of Mogadishu in return for their support. The capital may not have had any electricity for the last two years, but it is a deal which lights up these nomads' eyes.

Thousands of bush-dwellers have swarmed out of the semi-desert region of Muduug with their wives and children and moved into luxury homes in the wealthier neighbourhoods; homes abandoned by prominent figures of the former regime and by the Darods, a clan that fell victim to ethnic rejection when Syaad Barre was ousted from the presidency.

Despite his military superiority General Aidid has been only partly successful. He is running into desperate resistance from the Abgals who, like the We'yslays in "Bermuda", are fighting tooth and nail to hold on to their patch. "If peace is restored one day, the people who have gone into exile are going to come back and claim their property," pointed out one observer,

"and there are very few chances of the present occupants agreeing to vacate the premises." And another added: "Short of destroying the whole city, they're not going to get them out."

But the "Bermuda" residents are cobbling together strategies in which the "Hawadlays, who are holding the airport, are going join up with Bermuda and Medina" (another enclave that is holding out). They are confident the "enemy will back down, because he's not on his home territory in Mogadishu". They are even dreaming of a country rid of Aidid whom they describe as "Somalia's cancer".

You cross "Checkpoint Uganda" just as warily in the return direction. A return to a city with its screaming markets outside every hospital, its militiamen bustling around noisily in their Mad Max vehicles, its refugees huddled under the flags of humanitarian organisations, its foul-smelling waste lots dotted with graves. Another world, but the same tragedy. (December 4)

Italians question whether justice is being done

A sharp debate is raging in Italy concerning the rights of people accused as a result of a recent wave of suicides of several well-known figures "fingering" by mafia "super-grasses".

ROME — As had been his custom for many years, on the morning of December 3 Judge Domenico Signorino of Palermo got into his official armour-plated car. This day, though, at the end of his journey he put a .38 calibre bullet through his head. He left his wife a note protesting his innocence.

Ten days earlier, even before any official investigation could be started, his name had been splashed on newspaper front pages. The stories, based on leaks from other magistrates, concerned serious allegations of collusion with the mafia made by a mafia "super-grass". He was one of the *malavita* (underworld) bosses who have decided to cooperate with the police and are now spearheading the drive

against organised crime which is at last producing results.

It was the third suicide in ten days of well-known Sicilians named by mafia "grasses". Before Signorino, a lawyer and the director of a Caltanissetta transport firm had killed themselves. Were they all really guilty or could false accusations have driven them to their deaths? This question is now exercising the whole of Italy. For Judge Signorino, though not a top-ranking magistrate, had once been in the team of anti-mafia legal experts headed by the late Judge Falcone, and, in particular, he was also a prosecuting attorney at the mass trial of mafia bosses.

First in the firing line is the press which, as the columnist Enzo Biagi points out, has behaved irresponsibly as a result of "the commercialisation of other people's lives". This is nothing new. The spate of names of simple "suspects" kicked around particularly during the recent Clean Hands inquiry into the Milan kickbacks scandal has already savaged a good many careers. One elected Socialist official even committed suicide, though he was admittedly more deeply implicated. And now there is a growing clamour that citizens' basic rights

By Marie-Claude Decamps

should be guaranteed more rigorously. The Federation of Human Rights is even conducting an inquiry.

Also under attack are what is described as the "irresponsibility" of some magistrates, "summary justice", and "showbiz justice" which leads to ordinary defendants being treated as guilty parties and hauling them to hearings in handcuffs. At the same time several Anti-Mafia Commission members are pressing for testimony given by mafia "grasses" to be kept confidential. But the main problem is still awaiting solution: how best to make use of the material provided by these men — about 60 in all, some of them quite highly-placed mafia figures. How is one sift and verify this mass of information and ensure that one is not being manipulated?

This has become even more urgent as some of the information is proving to be embarrassing for an already destabilised regime. In October, for example, it was through testimony provided by one of the

leading mafia "grasses" that a little more light was shed on the assassination of Salvo Lima, a member of the European parliament, in Palermo this spring. Lima, who was Christian Democrat prime minister Giulio Andreotti's "proconsul" in Sicily, was indeed the link between the mafia and certain political circles: link that was apparently suppressed as it had ceased to be operative.

Concluding that the "grasses" are "a necessary evil", Anti-Mafia Commission chairman Luciano Violante explained: "We have to move extremely cautiously, but the struggle against the mafia can't end like this. We need to be cool-headed and commonsensical. If it's true

there are links between politics, the mafia, and institutions, those ties will not be broken without some tragedies."

An observation which was to be given its full significance with the revelation made at practically at the same moment that there was unprecedented collusion between some politicians and organised crime in Reggio di Calabria. It is in this port city that, Ludovico Ligato, former president of the railways, was assassinated three years ago at the request of local bosses. An affair which on December 2 sent three leaders of the Calabrian Christian Democrat Party and the Italian Socialist Party to gaol. (December 5)

Federal court backs Panic

AN ATTEMPT to prevent Yugoslav Prime Minister Milan Panic from running in the Serbian presidential election on December 20 was foiled by Yugoslavia's federal supreme court. The local Serbian election commission decided that Panic was ineligible to stand for election. This was overturned by the federal supreme court. The Serbian authorities then responded by declaring that the supreme court had no jurisdiction in the matter and reiterated its position that Panic could not be a presidential candidate. But Panic has brushed aside such objections and has announced he is going ahead anyway with his plans for December 20. (Story page 15)

New strain of HIV found

YAOUNDE (Cameroon) — Researchers have found a strain of the HIV virus that causes Aids which is very different from the two known forms — HIV-1, found worldwide, and HIV-2, found mainly in west Africa.

But researchers say it is too early to tell whether it is a third form of the human immunodeficiency virus (HIV) because the full genetic sequencing of the virus "isolate", which has been called MVP-5180, is not complete.

The preliminary findings, presented at the seventh International Conference on Aids in Africa held in Yaounde, come from Lutz Gurtler and colleagues at the Max von Pettenkofer Institute at the University of Munich, working with a team from

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CYNTHIA JOHNSON

Cameroon's Blood Transfusion and Testing Centre.

"The data point to evidence that the isolate MVP-5180 is a highly divergent strain, nearly equally remote from HIV-1 and HIV-2, but perhaps closer to HIV-1," Gurtler said.

The isolate came from a Cameroonian patient who had died of Aids.

The sample was collected through the World Health Organisation's Network for HIV Isolation and Characterisation, which was set up to gain a better understanding of HIV variability worldwide and to help develop and evaluate candidate vaccines. — Sapa-Reuter.

STAR 12/12/92

AIDS AND HIV CHARTER

Law Revised supp

12/11/12

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(92)

PREAMBLE

In the light of

- the existing discrimination against persons with AIDS or HIV and their partners, families and care-givers,
- the danger that the growth of the epidemic in South Africa will lead to an increase in unfair and irrational treatment of individuals affected by AIDS and HIV,
- the desirability of greater awareness and knowledge of AIDS and HIV among all South Africans, and
- the need for concerted action by all South Africans to stop the spread of HIV; this charter sets out those basic rights which all citizens enjoy or should enjoy and which should not be denied to persons affected by HIV or AIDS, as well as certain duties.

1. LIBERTY, AUTONOMY, SECURITY OF THE PERSON AND FREEDOM OF MOVEMENT

- 1.1 Persons with HIV or AIDS have the same rights to liberty and autonomy, security of the person, and freedom of movement, as the rest of the population.
- 1.2 No restriction should be placed on the free movement of persons within and between states on the ground of HIV or AIDS.
- 1.3 Segregation, isolation or quarantine of persons in prisons, schools, hospitals, or elsewhere merely on the ground of AIDS or HIV is unacceptable.
- 1.4 Persons with HIV or AIDS are entitled to autonomy in decisions regarding marriage and child-bearing, although counselling about the consequences of their decisions ought to be provided

2. CONFIDENTIALITY AND PRIVACY

- 2.1 Persons with HIV or AIDS have the right to confidentiality and privacy concerning their health and HIV status.
- 2.2 Information regarding a person's HIV status must not be disclosed without that person's consent, and, after death, except when required by law, without the consent of his or her family or partner, except in cases involving clear threat to and disregard of an identifiable individual's life interests.

3. TESTING

- 3.1 HIV antibody testing must occur only with free and informed consent, except in the case of unlinked, anonymous epidemiological screening programmes.

logical screening programmes.

3.2 Anonymous and confidential HIV antibody testing with pre- and post-test counselling should be available to all.

3.3 Persons who test HIV positive should have access to continuing support and health services.

4. EDUCATION ON AIDS AND HIV

- 4.1 All persons have the right to proper education and full information about HIV and AIDS, as well as the right to full access to and information about prevention methods.
- 4.2 Public education should be provided with the specific objective of eliminating discrimination against persons with HIV or AIDS.

5. EMPLOYMENT

- 5.1 HIV should not be a basis for pre-employment testing or a ground for refusing to employ any person.
- 5.2 HIV or AIDS do not, by themselves, justify termination of employment or demotion, transfer or discrimination in employment.
- 5.3 The mere fact that an employee is HIV positive or has AIDS does not have to be disclosed to the employer.
- 5.4 There is no warrant for requiring existing employees to undergo testing for HIV.
- 5.5 Information and education on HIV and AIDS, as well as access to counselling and referral, should be provided in the workplace after appropriate consultation with representative employee groups.

6. HEALTH AND SUPPORT SERVICES

- 6.1 Persons with HIV or AIDS have rights to housing, food, social security, medical assistance and welfare equal to all members of our society.
- 6.2 Reasonable accommodation in public services and facilities should be provided for those affected by HIV or AIDS.
- 6.3 The source of a person's infection should not be a ground for discrimination in the provision of health services, facilities or medical care.
- 6.4 HIV or AIDS should not provide the basis for discrimination by medical aid funds and services.

7. MEDIA

- 7.1 Persons with HIV or AIDS have the right to fair treatment by the media and to observance of their rights to privacy and confidentiality.

7.2 The public has the right to informed and balanced coverage of, and the presentation of information and education on, HIV and AIDS.

8. INSURANCE

Persons with HIV or AIDS, and those suspected to be "at risk" of having HIV or AIDS, should be protected from arbitrary discrimination in insurance.

9. GENDER AND SEXUAL PARTNERS

- 9.1 All persons have the right to insist that they or their sexual partners take appropriate precautionary measures to prevent transmission of HIV.
- 9.2 The specially vulnerable position of women in this regard should be recognised and addressed, as should the specially vulnerable position of youth and children.

10. PRISONERS

- 10.1 Prisoners with HIV should enjoy standards of care and treatment equal to those of other prisoners.
- 10.2 Prisoners with AIDS should have access to special care which is equivalent to that enjoyed by other prisoners with serious illness.
- 10.3 Prisoners should have the same access to education, information and preventive measures as the general population.

11. EQUAL PROTECTION OF THE LAW AND ACCESS TO PUBLIC BENEFITS

- 11.1 Persons with AIDS or HIV should have equal access to public benefits and opportunities, and HIV testing should not be required as a precondition for eligibility to such advantages.
- 11.2 Public measures should be adopted to protect people with HIV or AIDS from discrimination in employment, housing, education, child care and custody and the provision of medical, social and welfare services.

12. DUTIES OF PERSONS WITH HIV OR AIDS

Persons with HIV or AIDS have the duty to respect the rights, health, and physical integrity of others, and to take appropriate steps to ensure this where necessary.

THE AIDS Consortium's Charter of Rights on AIDS & HIV was launched on World AIDS Day this year with the support of more than 50 organisations in the AIDS field, public personalities and leading figures in business and politics.

The Charter aims to enshrine the principle of non-discrimination in the treatment of all people affected by AIDS and HIV. Non-discrimination is not only just and right; it has been shown to assist in preventing the further spread of HIV.

For further details, contact the AIDS Consortium at the Centre for Applied Legal Studies, Private Bag 3, University of the Witwatersrand, WITS 2050. Phone: (011) 403 6918/Fax: (011) 403 2341

**Private funds
for Aids centre**

JOHANNESBURG.

The private health care industry has agreed to fund and implement an HIV/Aids management plan, which includes the building of a care centre for people suffering from the disease.

The decision was taken at an Affiliated Medical Administrators forum held here, attended by representatives from the top healthcare and medical aid companies.

12/11/92

SCHOOL BARS AIDS SUFFERERS

C/Pren 13/12/92.

By FRED KHUMALO

A NATAL south coast school board has issued an "admissions agreement" which entitles the board to expel children suffering from Aids or who test HIV-positive.

The "admissions agreement" issued this week by Mike McGregor, school board chairman of the multiracial Kingsway High School in Amanzimtoti, has been met with vehement protests from parents who have refused to sign it.

"It's a draconian document," said a parent. "By signing it I would be condoning this man's autocratic attitude. As far as I know, you cannot force an individual to undergo an Aids test."

According to an Aids charter - drawn up by the Aids Consortium, a group comprising 45 regional and national organisations - which has been recognised by the Natal Education Department, people have a right to re-

Parents
slate
'despotic'
clause

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fuse to be tested for Aids. But McGregor, through the admissions agreement, demands that children undergo Aids tests before admission.

The discrimination against HIV-positive pupils directly contradicts the recently introduced Aids education programme, which has been integrated into the curriculum of Natal Education Department schools.

According to the Aids education programme, HIV-positive children should not be alienated, and their peers should be taught how to avoid the virus.

Another clause in the "admissions agreement"

which has been slammed by parents states: "Parents shall respect the tradition and character of the school and maintain the 'Christian ethos'."

Asked to explain what this clause meant, McGregor said it was understood by the school board that Muslim, Hindu and other non-Christian children could be accepted at the school and in these cases the headmaster could decide whether they should undergo Christian teachings.

"It must be remembered that this is a Christian school, and we intend to keep it that way," he said.

"We can't have the school being disrupted if Muslims want to go off and pray to Mecca at 12 o'clock every Friday."

He said if Muslims or Hindus wanted their children to be taught about their own religions, they should send them to suitable schools.

IT'S EASIER TO LIVE BETT

Hope for new HIV vaccine

(92) CT 19/12/92

WASHINGTON. — An experimental vaccine has produced the strongest and longest lasting protection ever reported against an Aids-like disease in monkeys, researchers reported.

A vaccine made from a genetically-defective version of a virus that causes an Aids-like disease in monkeys appeared to protect four rhesus monkeys against infection with the normally deadly virus, the researchers said.

"This is a significant advance in our search for

an HIV vaccine," said Dr Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, which funded the research.

"Their model can teach us a great deal about what constitutes protective immunity, information that will help us design more effective HIV vaccines," Dr Fauci said.

Most experimental Aids vaccines are made from genetically engineered versions of pieces of the virus. — UPI

Firm told to pay former employee record R308 000

SI Times

13/12/92

By CHARLENE SMITH

A FORMER warehouse manager who was forced to resign because of union pressure has won a record award of R308 756 for unfair dismissal.

In making the award, the Industrial Court hammered Amalgamated Beverages Industries (ABI) for responding to union pressure without giving 50-year-old Attie Jonker, "an exemplary employee ... who got on well with his superiors and those who he supervised" a chance to defend himself.

It warned that companies often faced requests to dismiss employees — and in future this could "include a fear of working with someone who has AIDS or the HIV-virus". But companies had to "maintain standards of fairness".

Mr Jonker, of Pretoria, will also get a R34 000 debt paid off. Just before he began work at the company he bought a car that was repossessed after he lost his job.

Mr Jonker was employed by the company just

over a year ago.

Two years previously, he worked for a Pretoria bakery that called in police who attacked strikers. There were allegations that Mr Jonker assisted them, but arbitration between the Food and Allied Workers Union and the bakery found this was untrue.

Mr Jonker's Vanderbijlpark lawyer, Mr Riaan du Plessis, said that within three months of his employment at ABI, Fawu members demanded his dismissal.

The court found pressure was put on Mr Jonker to resign by ABI. It found that

Fawu and its members "are the guilty parties" but the company had only itself to blame for carrying the costs of the award.

The court took into account Mr Jonker's age and his ability to obtain a similar post and awarded him an amount calculated at what he could have earned at the R4 200 salary at ABI, minus his present lower income as a storeman, capitalised until retirement.

Mr du Plessis, who is also a university lecturer in labour law, said he believed the case created "a lot more rights for employees" and made it likely that more unfair dismissals would be brought before the court.

New Aids breakthrough

Star Bureau

92

WASHINGTON — Harvard University scientists have developed a vaccine that gives full protection against simian Aids and the breakthrough has been hailed as a turning point in the fight against the disease in humans.

The vaccine, administered to laboratory monkeys two years ago, has

prevented a control group contracting the simian version of Aids — even when concentrations of the live virus up to 1000 times greater than is considered necessary to contract the disease, were injected directly into them.

The simian Aids virus is the closest relative to the human Aids virus, and scientists said the procedures used in the Harvard research could be readily adapted to the human virus. But they

cautioned that it would be some time before it would be possible to test a vaccine on humans.

In the Harvard study, an entire gene of the simian virus was removed before the weakened, but still living, virus was developed into a vaccine and injected into monkey hosts.

By following this procedure, the researchers were able to ensure that no matter how rapidly the simian virus mutated, it could not reassem-

ble itself into the same lethal virus that causes simian Aids.

The findings of their study appear in the latest edition of the Journal of Science, and have been hailed as one of the biggest breakthroughs in Aids research since the discovery of the HIV virus itself.

But scientists warn that procedures that work in developing vaccines for monkeys do not always work when applied to humans.

Two men shot dead at party

Crime Reporter

A Christmas party for Spoornet employees at Vandyksdrift, near Witbank in the eastern Transvaal, ended in tragedy on Saturday night when two men died in a shooting.

A police spokesman said the men, Andries du Plessis (28) and Marthinus Potgieter (26), were involved in an argument outside the house where the party was being held.

People in the house heard shots at about

9.45 pm. They found the bodies of the two men outside.

A .38 revolver was found lying next to Potgieter's body. Police said it appeared he had shot Du Plessis before turning the weapon on himself.

Both men were married.

Police said a full statement would be released today after the men's wives had been questioned.

An inquest will be held.

Neto's body buried

LUANDA — After 13 years in a government house, the embalmed body of Angola's first Marxist president, Antonio Agostinho Neto, was buried yesterday amid tight security in this war-ravaged country now on the brink of a renewed civil war.

The coffin carrying the body of the founder member of the once-Marxist MPLA (Movement for the Liberation of Angola) was buried in a glass and wooden casing at the basement of the Mausoleum, a gigantic rocket-shaped concrete monument over-

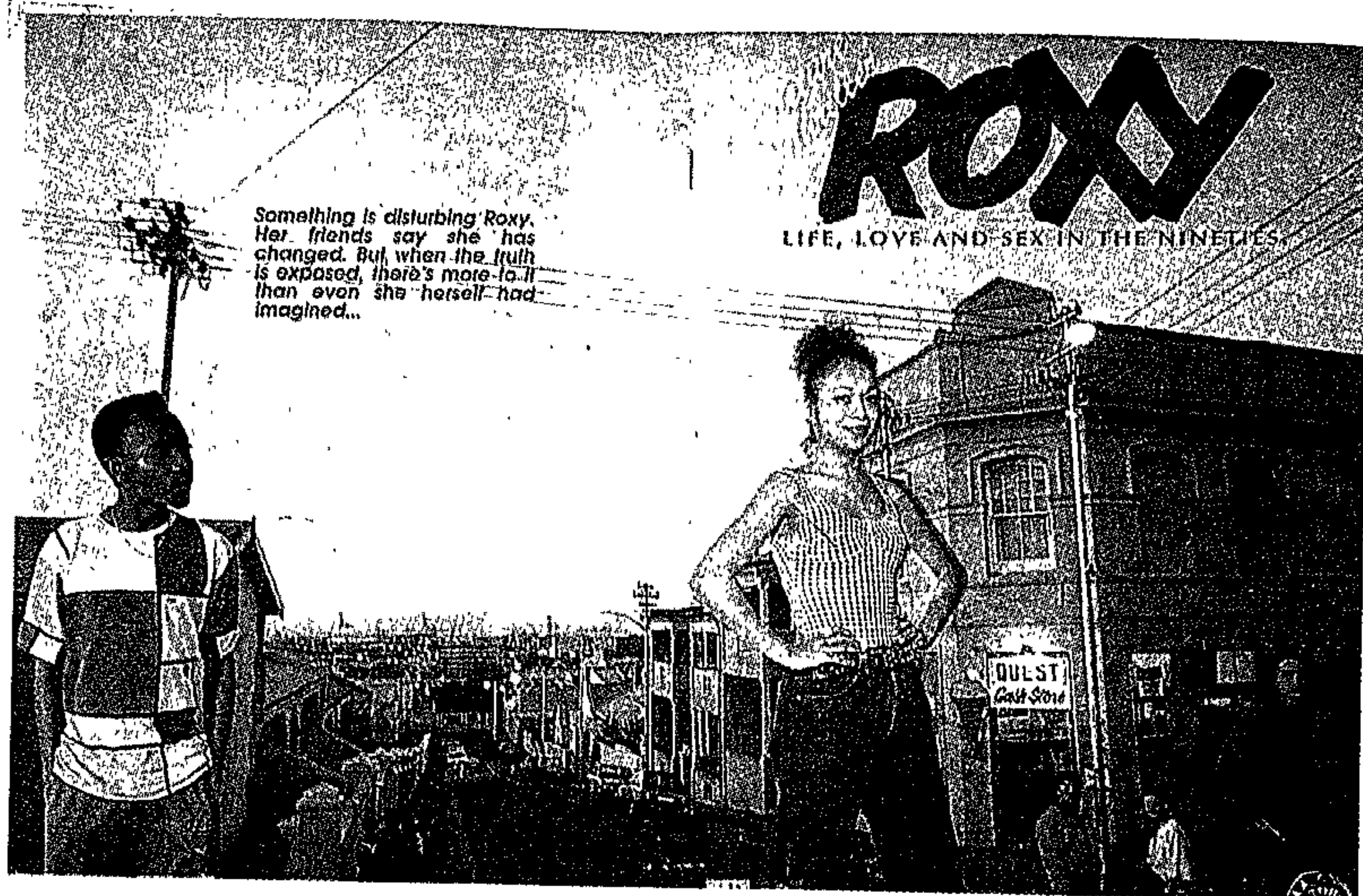
looking the beach. Armed anti-riot police and government soldiers lined the 3 km road from the "People's Palace" where the body has lain since his death in 1979.

The turnout of around 2 000 people was described as disappointingly low by some Angolans.

"For a burial of the country's first president, I think this is a disappointing turn-out," one Angolan told newsmen.

However, the potentially explosive situation in the country may have kept people away from the widely publicised ceremony. — Sapa-AFP.





Something is disturbing Roxy. Her friends say she has changed. But when the truth is exposed, there's more to it than even she herself had imagined...

ROXY

LIFE, LOVE AND SEX IN THE NINETIES

NO HOLDS BARRED ... Roxy, the comic that tells schoolchildren about Aids

Sex put in the picture for pupils

STimes [Cape metro] 13/12/92. (92)

Sunday Times Reporter

HOW do you overcome the embarrassment of a classful of adolescents when you want them to talk openly about sex?

Get them to think of every word they can for penis and vagina and write them all up on the blackboard.

This was one of the successful approaches adopted by researchers and writers who have compiled an innovative photo-comic on Aids for South African teenagers.

Titled "Roxy" or "Life, Love and Sex in the Nineties", it tells the story of Roxy, an adolescent who is in torment after the death of her friend, Tina, and sets out on a quest for "life" and love.

The turning point comes when she finds out that Tina committed suicide because she was HIV-positive.

The 40-page comic was produced by Cape Town's Story Circle, a group of

artists and writers, and commissioned by the Medical Research Council and the Progressive Primary Health Care Network.

An initial printing has been done and the comic is to be tested on a limited number of school pupils early next year before it is distributed more widely.

Writing in the latest issue of the MRC's Aids Bulletin, researcher Kathy Everett says workshops with youngsters from Cape Town schools provided authentic material for the story and character development and a script rich in "colloquial language and iconography".

"I need a virgin to recharge my motor," yells a gangster in one scene.

In another, a friend tells Roxy she has changed since Tina's death.

"You're damn right!" replies Roxy. "I'm sick of stupid boys and silly girls! I'm sick of this whole damn street!"

Roxy visits a shebeen and listens to a group of men and women discussing the use of condoms. Later she has a frank discussion with Solly, a homosexual friend, about Aids and safe sex.

"I'm feeling skaam talking about this!" she says at one point. When Solly explains to her what the term vaginal as opposed to anal sex means, she says: "Oh, ja, I've done ... I mean, I know about that ..."

Ms Everett said many teachers were apprehensive about a comic portraying their pupils in a "bad light".

They were also concerned that the comic contains explicit information about Aids prevention that might offend parents and school staff.

"After much discussion, the teachers came to accept that if the story was to be effective, it needed to be based on the real ex-

periences of teenagers, even if these were not condoned by teachers and parents, and they could not unduly censor the comic," says Ms Everett.

The photo-comic format was chosen partly because strong identification with the characters, who confront the hazard of HIV infection, has the potential of increasing the reader's perception of personal risk.

"We believe photo-comics have the potential to facilitate strong identification with a story because of their realistic depiction of people and settings."

The comic was photographed on the streets of Cape Town.

It was important that the comic provide a range of characters with whom different readers could identify and, through them, to present various choices for HIV prevention, Ms Everett said.

"With several South American countries, South Africa is one of the few in the world to have a tradition of photo-comics." — Sapa

High Aids⁹² ignorance in Khayelitsha

ALMOST 70% of Khayelitsha residents don't know that Aids is transmitted by sexual intercourse, a pilot study has found.

The study, by the Planned Parenthood Association (PPA), also found that only 57% of those interviewed had heard of Aids.

In its study on reproductive health, the PPA interviewed women living in the two poorly serviced villages in Khayelitsha: Harare and Makaza.

It found that although 75% of women were using some form of contraceptive they were largely unaware of the contraceptive methods available.

Questioned on their idea of the ideal size for families, the overwhelming majority of women thought that three children were sufficient.

According to Ms Anna van Esch, regional director of the PPA, the problem of teenage pregnancies is of immediate concern to the women. More than 50% of first pregnancies involve teenagers.

More than half of the mothers inter-

viewed thought that teenaged boys forced their girlfriends to have sex with them and 64% believed friends and youth groups encouraged teen sex.

Teens who were not sexually active were teased by their peers and this pressure contributed to sexual activity.

Most believed that teenaged boys, to prove their manhood, forced the girls to have babies while the girls did so to prove their womanhood and please their boyfriends.

Of major concern to health researchers was the ignorance about sexually-transmitted diseases.

The survey found that 59% believed sexually-transmitted diseases could be transferred on toilet seats, 38% by swimming, and 30% by sharing utensils, bath towels and underwear.

Three percent believed it could be transmitted by unsterilised instruments used by sangomas.

Said Ms Van Esch: "We believe education, empowerment and creation of employment for women can improve their reproductive health."

Deadly embrace of Aids tightens

92
STAR 28/12/92

Time is running out in the global fight against Aids. JACQUELINE FRANK reports that the problem is particularly severe in the Third World.

AIDS experts face 1993 with the dread that the deadly disease may be spreading out of control.

They will plead for leadership and money from developed countries to fight an epidemic that is increasingly a Third World problem.

After the virus emerged in the early 1980s, it encountered scant resistance in Africa, the United States, Europe, and Latin America and is now spreading through Asia.

Infection has been reported in virtually all countries and actual Aids cases in 164 of them.

Fourteen possible vaccines are being tested but no cure is in sight.

Dr Michael Merson, chief of the Aids programme at the World Health Organisation (WHO), says the best hope for slowing the spread of the virus is to teach people how it is transmitted and how to protect themselves.

"The clock is ticking and we are running out of time when we can make an impact, especially in Asia," he said.

With no vaccine in sight, curbing the disease through education appears to be the only way to reduce an estimated 40 million to 110 million infections forecast for the year 2000, but to do that developing countries need money.

"The next two to three years are critical," Merson said.

He hopes to demonstrate to governments that Aids prevention can save lives and money, thereby securing a new inflow of international funds to fight the disease.

Of the 2.5 million people killed by Aids by the beginning of 1992, three-quarters were in Africa.

Sub-Saharan Africa accounted for two out of three of the 13 million people worldwide infected with HIV, the virus which causes Aids.

At a conference in Cameroon in 1992, experts from Africa said they were seeing progress in curbing the spread of the disease as people learned to use condoms to prevent heterosexual transmission and by better testing of blood products.

Doctors believe Asia is at the stage Africa was at 10 years ago and risks similar damage as Aids overwhelms health care systems, ruins family relationships, orphans children and devastates economies.

The WHO and other bodies fighting Aids hope education campaigns can prevent India, China and south-east Asia from following the same path, but infection there is rising rapidly.

In the United States, the virus has infected one million people since 1981 and 250 000 have developed full-blown Aids. Half of them have died.

But in America prospects of living with the disease are good, since treatment with the drug AZT boosts the body's defences and powerful drugs can fight infections which prey on Aids patients.

In the developing world, where expensive drugs are rare, tuberculosis and pneumonia kill Aids patients within a year or two of diagnosis. □

NEWS Aids progress can be slowed down ● SA important for film-makers

HIV sufferers are ignored in SA

By Mokgadi Pela

ARGUMENTS IN FAVOUR of the AZT drug being given to HIV carriers have become too strong for anyone to ignore.

Experts have argued that this drug, often called Zidovudine, has proven its efficacy in more than 20 000 clinical trials.

Its advantage, they say, is its ability to slow the progression of the HIV virus to full-blown Aids. This ensures that people with HIV remain productive for longer periods. The drug has changed the focus from Aids to HIV.

Dr Dennis Sifris of the Johannesburg HIV Clinic said those with HIV who are not on AZT would follow the natural course of the disease. "They will develop symptoms of the disease faster. AZT prolongs a symptom-free life," Sifris added.

Sowetan 23/12/92

ACTIVE ROLE AZT needs to be freely available to prolong lives:

The symptoms of the disease include fatigue, coughing, night sweats, diarrhoea, weight loss, fever and dementia.

Those on AZT will not be in hospitals. Sifris said the long-term cost-effectiveness of the drug had been proved. A month's supply of the drug costs R433,31.

Sifris said everybody should be entitled to the resources available in the country. He said the Government must find a way of spreading the budget to provide AZT to those who could not afford it.

● If administered early, the drug

can help maintain the body's immune system.

● Extensive experiments, both within the controlled conditions of clinical trials and in regular practice, indicate that AZT can have significant benefits in adults and children regardless of the route of transmission.

The side-effects include nausea, headaches and dizziness. However, the experts say the side-effects do not pose problems as they can be easily monitored. AZT was generally well tolerated during a study involving 1 000 asymptomatic people.

"The benefits of early Zidovudine

treatment of people with HIV who are asymptomatic are now well established," says Dr Marcus Conant of the University of San Francisco's Department of Dermatology.

AZT too expensive

He described his experience with the drug in his practice which includes about 3 000 HIV-positive individuals. Conant said recent evidence supported early intervention with antiviral therapy, particularly with Zidovudine. Conant said: "Additionally, effective therapy empowers patients by giving them an active role in their own treatment. These highly motivated people are not content to be passive recipients of health care. Intervention gives them the opportunity to participate in their own health care early and to take positive action to slow its progress."

The Department of National Health and Population Development said AZT was too expensive to be made freely available to all.

The department said since South Africa was part of Africa where Aids has become pandemic, it was unlikely that drugs like AZT would be used on a wide scale.

The department reminded the public that AZT was freely available on prescription at pharmacists.

Prominent physician Dr Steven Miller said every epidemic linked with sexually transmitted diseases had led to scorn and discrimination.

He lashed out at the medical aid societies for refusing to reimburse patients with HIV-related illnesses.

Miller said it was ironic because medical aids paid for other diseases of lifestyle such as cirrhosis of the liver, which results from too much alcohol intake.

THE statistics are grimmer than ever: there have already been an estimated 250 000 to 350 000 HIV-infections in South Africa, and there are a further 400 infections every day.

In the epicentres of the epidemic, Natal and the townships of the Reef, one in 100 people is HIV-positive, and figures from Baragwanath Hospital have shown that among women in Soweto it is as high as one in 20.

According to the Department of National Health: "In South Africa it is already too late to contain the Aids threat ... the 'window of opportunity' closed 18 months to a year ago. Until then we had a chance of stopping the spread of the disease. We can still slow it, but we can't stop it."

That's the bad news, and there's cold comfort in the fact that, as Alan Whiteside, of the University of Natal's Economic Research Unit, put it: "The number of HIV positives in a sexually active population would not exceed 20 to 40 per cent at the peak and the South African population will not decline."

But the good news is that, slowly and stutteringly, South Africa is beginning to come to terms with the reality of the epidemic. Minister of National Health Rina Venter has been conspicuously silent on the issue in the past but, in a statement issued on World Aids Day this month, she spoke about the need to face reality.

"Educational efforts leading to behaviour changes can reduce the rate of growth (of the epidemic) and save perhaps hundreds of thousands of lives."

The legacy of Afrikaner Calvinism still means that government interventions are, at worst, prudish and, at best, elliptical. The much-vaunted schools package failed miserably, and the government Aids unit did not have sway enough to convince recalcitrant education departments (most notably the Transvaal Education Department) of the importance of mandatory Aids and

Getting to grips with the reality of Aids

W/ward 23/12 - 29/12/92

After years of prevarication, the government, the ANC and a host of other organisations are facing up to the Aids epidemic.

By MARK GEVISSER

sexuality education.

There has, however, been a shakeup in the unit. Its new director, Nathalie Stockton, seems to have more experience in pulling the right bureaucratic strings than her predecessor, Manda Holmshaw. She also seems to be more proficient at pulling community-based organisations into the effort — which is vital, given that the government has little credibility among those people most affected by the epidemic.

Already, the newly-named National Health's Aids Programme is trying to establish community-based networks of healthworkers and traditional healers. Its campaign designer, Hunt Lascaris, has managed to inject a bit of reality into Pretoria's corridors of power. The latest batch of adverts include little graphic boxes depicting a man lying on top of a woman and a condom.

At least the African National Congress has, at last, spoken out with a forthrightness that is long overdue. For years, the organisation has prevar-

icated over Aids. The fact that ANC doctors estimated as far back as 1989 that 20 percent of its comrades in exile had HIV should have spurred the movement into a far more active posture. Instead, the ANC steered clear of the issue, possibly because it was worried about further stigmatising returning exiles.

This year, however, no less a personage than Nelson Mandela said: "Nature's truth is that unless we guide the youth towards safer sex, the alternative is playing into the hands of a killer disease."

Mandela made this comment when he opened the National Aids Convention of South Africa (Nacosa). It was an "Aids Codex" of sorts in October, bringing together the ANC, the government, the trade unions, the business sector and the slew of non-governmental organisations that do Aids work, in an attempt to develop a national Aids strategy. Nacosa disintegrated into a fracas but it did showcase Aids as a matter of national importance.

And while leaders try to find a way to talk about sex within their respective ideologies, community-based organisations are beginning to co-ordinate their efforts. The Aids Consortium, a network of more than 50 organisations, came up last month with the vital "Aids and HIV Charter", a document that constitutes a set of guiding principles about how Aids education and service-provision should be handled.

Community-based Aids organisations are popping up all over the place, from the Winter-

veld Co-educational Puppetry Programme — which presents educational puppet shows to the shanty-dwellers of Winterveld — to the South Belleville Community Health Programme on the Cape Flats, which has made an excellent educational video. The Progressive Primary Health Care Network (PPHC) has also trained six community Aids workers, responsible for Aids awareness work in different regions of the PWV.

Unlike in the United States, Europe and other parts of Africa, however, organisations of people with HIV, formed for support and political lobbying, have not yet taken off in South Africa. A new group called Friends for Life was formed in Johannesburg last month. The presence of people with HIV prepared to go public is an essential component of any national Aids strategy, in terms of exploding stigma and in terms of education. Experience worldwide has shown that only when people see for themselves that Aids is among them do they even begin to think about changing their behaviour.

Employers, too, are beginning to include Aids in their "social responsibility" portfolios. Aids activist and lawyer Edwin Cameron notes that "an unusual consensus has settled" over the issue of Aids and HIV in the workplace.

"All agree that workplace discrimination — for instance, dismissal, demotion or transfer — merely on the grounds of Aids and HIV is unwarranted and will constitute an unfair labour practice," he said.

In the course of this year Eskom, for example, dropped its policy of screening potential employees for HIV and Pick n' Pay and several other major employers have signed the charter.

Certainly, these initiatives might seem like straws in the wind of this encroaching epidemic. But, if a war-torn, strife-ridden, economically-destitute country like Uganda can pull itself together to deal with Aids, there's no reason why we can't too.

Cost-cutting sets an unhealthy precedent for 1993

STAFF 3/11/92

(92)

SOUTH Africa's cash-strapped public health system did not go untouched during the ongoing violence and political change in 1992 as Government embarked on a cost-cutting venture amid calls for more money to be poured into health.

As the Transvaal Provincial Administration (TPA) proceeds with cost-cutting plans in the public sector — in line with a Government call to cut staff by 5 percent — overworked doctors are concerned essential services will be first in the firing line.

Already, doctors at State hospitals are being offered substantial incentives if they leave the employment of the TPA.

Doctors are particularly concerned about what this will mean for rural health care where it is already difficult to retain good medical staff.

And Wits University Medical School is still discussing cost-cutting moves — to come into effect early next year — at TPA academic hospitals.

The lack of cash and even the shortage of medical staff was highlighted when concerned doctors at J G Stridom Hospital warned that patients would die unless something was done urgently.

Although the TPA denied that any posts had been frozen, doctors there maintained that posts at consultancy and registrar level had not been filled.

While the world's eyes were focused on the Aids pandemic during 1992, further cracks began showing in SA's public health system, reports PAULA FRAY.

The J G Stridom crisis also highlighted the severe shortage of interns nationwide as high education costs and low pay in state hospitals discourage students from entering the medical field.

Many interns worked far longer than the maximum 80 hours a week laid down by the SA Medical and Dental Council. An investigation by the Department of National Health and Population Development found that all interns "work far too long hours as a result of the shortage of interns throughout the country".

Indicative of a health care system riddled with contradictions, it was also revealed that about R1 billion of medical payouts in the private sector each year — nearly 25 percent of all subscriptions — was wasted by continued fraud and over-utilisation of medical aid facilities.

It was a year in which South African medical expertise was used to separate Mambulan Siamese twins Ashley and Ashli Fokeer. The weaker twin Ashli died in the operating theatre while Ashley is preparing for the journey back home. It was the year in which alcohol consumption by South African

reached an all-time high. It is now conservatively estimated that there are at least 1 025 198 alcoholics in South Africa, nearly 30 percent of them women.

It was the year which saw the first fully representative medical congress. The National Aids Convention of South Africa (Nacos) was labelled the "Medical Codex" as it brought together a wide range of organisations dealing with the Aids dilemma.

In Amsterdam, the world's Aids authorities heard that one new person was infected with the Aids virus every 15 seconds, while between 10 million and 12 million adults — and one million children — already had HIV, according to the World Health Organisation (WHO). More than two million people have developed Aids.

The figures, released at the eighth International Conference on Aids, gave a chilling picture of the spread of the pandemic which is outrunning the modest progress of scientific efforts to combat it.

"One person is infected every 15-20 seconds," said Michael Merson, head of the WHO's global Aids programme.

In South Africa, the figures are as startling. At a multi-disciplinary conference in November, Dr James McIntyre of the Department of Gynaecology and Obstetrics at Baragwanath Hospital revealed that:

- At least two HIV-positive women give birth daily at Baragwanath.
- About 200 women had been identified as HIV-positive in the first eight months of this year.
- Figures indicated that about 20 000 Soweto women might be HIV-positive.

But it was also the year in which South Africa released a Charter of Rights on Aids and HIV which set out 12 basic non-discriminatory principles dealing with the fair and just treatment of those affected by the virus.

Activists believe the charter — signed by a wide range of political, medical, business and social groups — will play an important role in the fight against Aids.

However, it is at primary health level where medical experts believe South Africa should begin the fight for equal and adequate facilities for all.

Primary health care organisations believe the basic solution to ongoing problems in the public health sector is a reorganised and restructured public health service oriented towards primary health care, and not in privatisation or procurement by the State.



Achievement . . . Mambulan Siamese twins Ashley and Ashli were separated in Cape Town, but the weaker twin Ashli died in the theatre. Picture: Eric Miller.

This month, health workers and members of the community met to debate recommendations for the transformation of South Africa's primary health care system at a national conference outside Johannesburg. Mamburition was identified as a serious threat to the health of the nation, especially children, at the joint health policy conference of the National Progressive Primary Health Care Network and the South African Health and Social Services Organisation. It recognised under-nutrition as being caused by the economic inequalities reinforced by the apartheid system. □

NEWS Young artists beat the odds • 65 percent of HIV cases in Africa

Staggering Aids figures

Sowetan 24/12/92

■ KILLER DISEASE Twenty

times more than current ex-

penditure is needed:

92

Sowetan Reporter

AFRICA HAS 65 percent of the world's HIV cases, the World Bank has said.

In a news letter published this month, the World Bank quotes World Health Organisation (WHO) statistics which estimate that the total number of adults infected with HIV is 10 million.

Africa, the WHO explains, has 6,5 million adults that are infected with the HIV virus.

It is estimated that the world figure could rise to between 40 and 100 million.

Nutrition division

Dr Anthony Measham, chief of the health and nutrition division of the World Bank's Population and Human Resources Department, explains that the developing world is in a precarious position because of rampant poverty and lack of sufficient funds and infrastructure.

"There are hospitals in Africa now where one half of the beds are occupied by Aids patients. It is expected that mortality rates

will surge and life expectancy rates will fall, especially in African countries," Measham says.

Poverty is compounded by unemployment and because Aids robs any country's labour force of economically active workers in their best years the poor get poorer.

The World Bank has its own programmes to fight Aids.

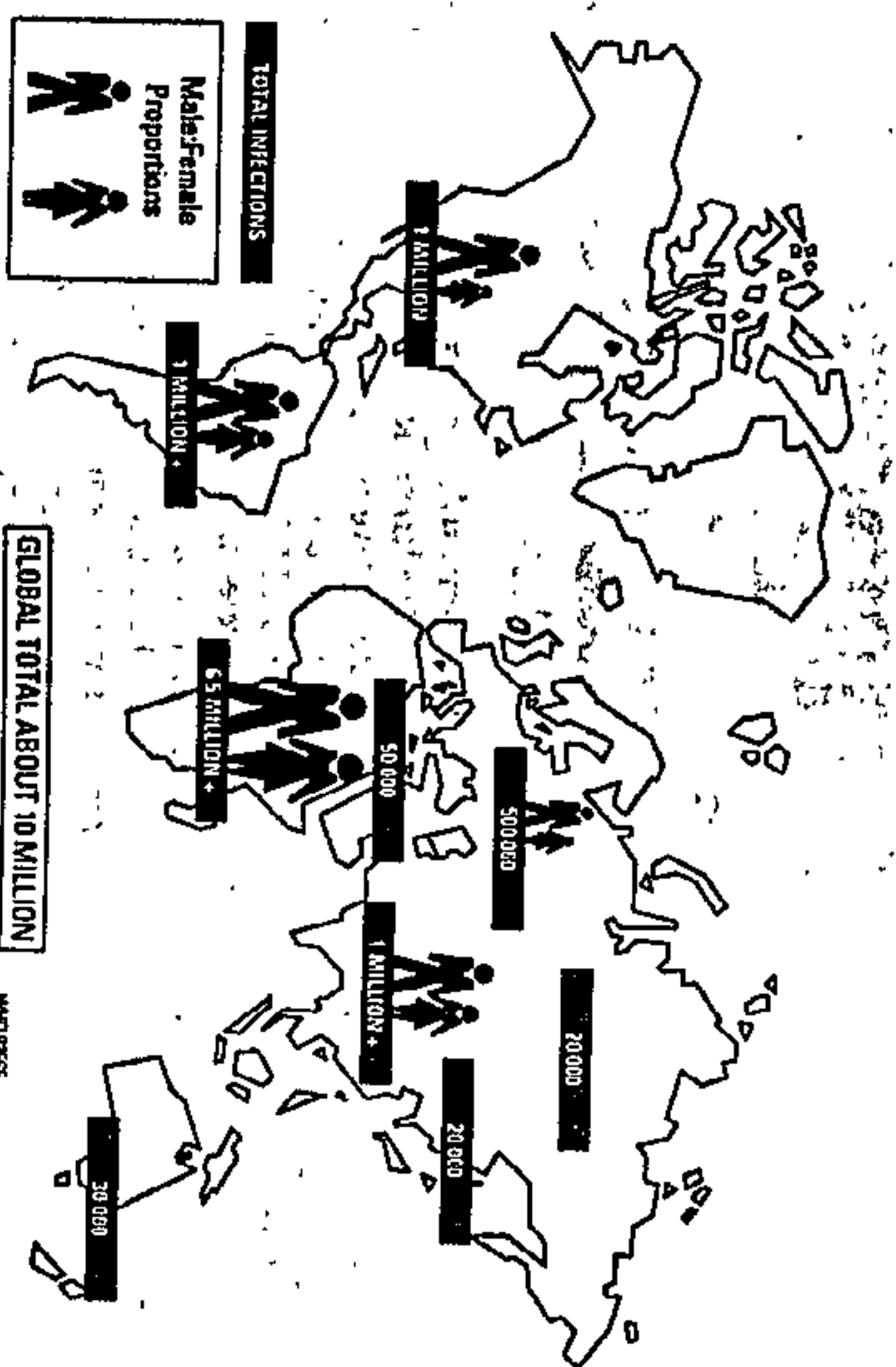
Aids control projects

The bank first wants to publicise the disease, to bring it to the attention of its borrowers.

"The bank is also involved in lending for Aids control projects, analysing the impact of the disease on countries' health-care systems and assessing the economic impact of Aids.

"We are joining with other members of the international community in an effort to fight this disease. The World Bank's role in fighting

Estimated Global Distribution of Adult HIV Infections January 1992



Source: WHO Global Programme on AIDS: 1991 Progress Report

Aids will continue to grow because the demand for financial resources to deal with the epidemic is growing very quickly, especially in Africa, Asia, Latin America and the Caribbean," Measham says.

It is estimated that up to 20 times more than is presently being spent needs to be spent to stem the tide of Aids in the world.

Governments need to campaign more vigorously against the spread of the disease through developing programmes that involved the public and private sectors and non-governmental organisations.

The estimated number of actual Aids cases is three times greater than officially reported, the WHO believes.

"Ignorance is a major barrier that needs to be overcome.

"People need to realise that anyone can get the disease," Measham says.

REVIEW '92: Tales from the land of legends

IT'S been a rough year in the land of urban legends. Its prime export, modern myths and rumours that reveal the darker wishes and fears lurking in our psyches, have in the past been mainly a recipe for laughter.

The 1992 crop from around the world does include dark humour aplenty — like the story of the Swiss teacher who won R750 000 in a gaming arcade while trying to show his pupils the evils of gambling; or the Russian thieves who stole a car that had been used to transport Aids and cholera viruses, in which a bottle of blood had smashed in transit.

South Africans have insisted on bringing out the worst from the mass subconscious, and the new legend list is laden with death, dread and disease.

Take the story of the Aids syringe killers, long a staple on New Yorkers' fear menu.

The way the story usually goes is that a gang of women, infected with the HIV virus, are stalking the streets of the city with syringes filled with their own tainted blood. They indiscriminately target men, whom they jab either lightly so that they're none the wiser, or in a frenzied attack that unleashes fear and panic.

There is some truth to the legend: syringe attacks do take place in the United States, but none have been found to involve blood — tainted or otherwise. In some cases, muggers use the syringes as a gentle — but frightening — alternative to handguns. This March, Los Angeles police arrested one Wesley Pledger for a string of holdups involving a syringe he had claimed was filled with Aids-infected blood.

Ironically, that same week the legend arrived in Johannesburg. *The Weekly Mail* was informed that a group of Aids-infected women was operating along the Smal Street Mall. They supposedly transferred their own blood into syringes, and targeted people in busy spots where it was possible to "rub shoulders with a stranger unawares".

One version of the rumour had a woman teacher infected by the gang and, like some vampire of old, joining the group in its predatory ways. Nine months later, a variation on the legend made its way on to the front pages of one of the country's largest newspapers.

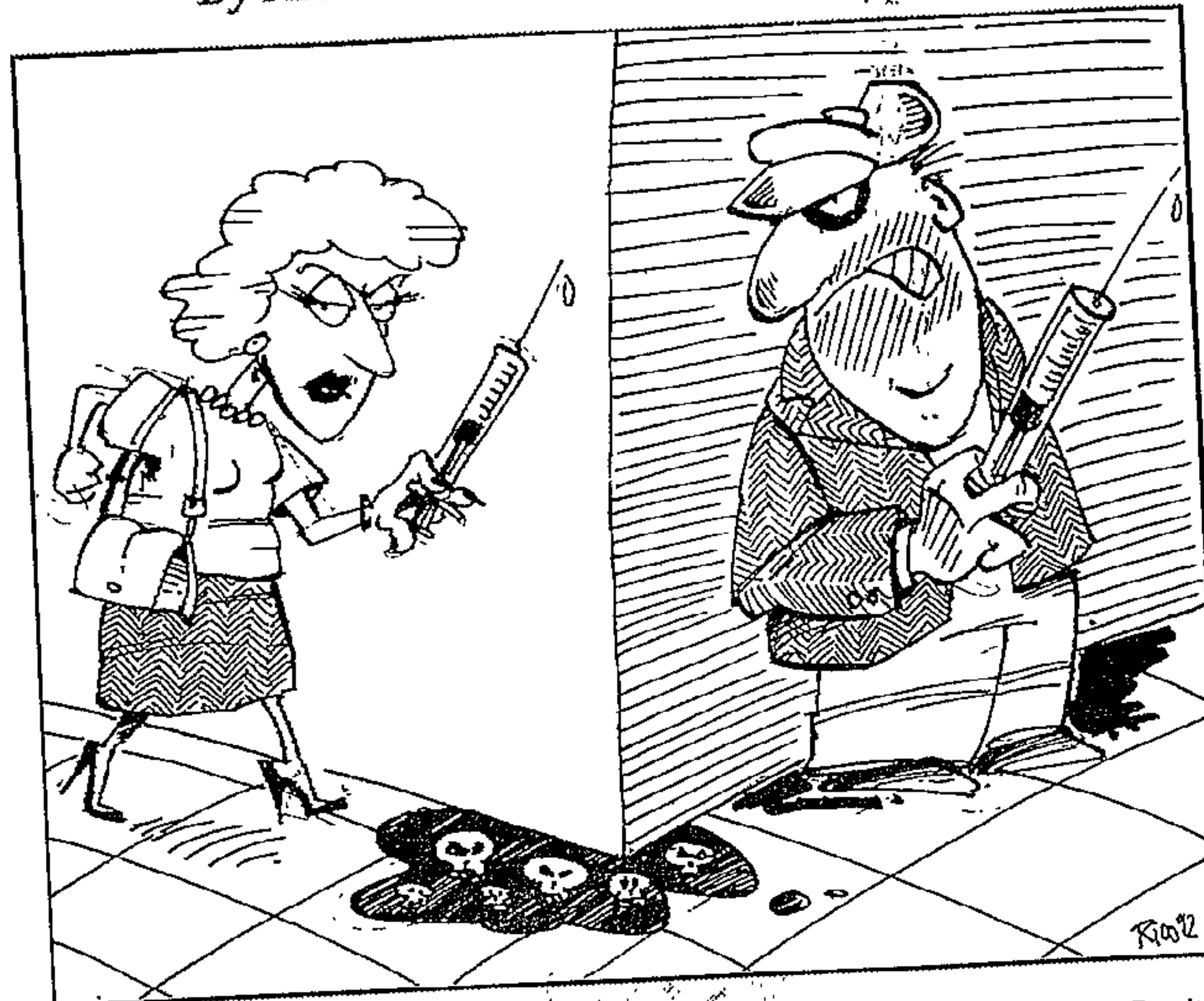
The real twist is that, in real life, the perpetrators of hoax Aids-syringe attacks are invariably men.

The past month has also seen a dramatic twist of the old "Kill the Whites Day" legend. That's the one, most readers would probably recall, in which the nation's black people rise up on a particular day to murder as many white people as they can.

The legend reached its height at the time of the

Reaping '92's crop of urban legends: Death, dread and disease

W/M art 23/12 - 29/12/92
South Africa's scare stories reflect the past year:
'Kill the Whites Day', women armed with Aids-infected syringes, the revolving con...
By **ARTHUR GOLDSTUCK**



1961 Sharpeville massacre, during the 1976 Soweto uprising, and during the 1984 Vaal Triangle protests. Last Christmas it spun off a variation in which the Pan Africanist Congress supposedly had decided to target white tourists travelling in Transkei.

The legend acquired a terrible edge of truth in the massacres of whites by the PAC's military wing, the Azanian People's Liberation Army

(Apla), in the eastern Cape recently. But it has also been given new twists by exaggerated police interpretations of Apla's plans: the South African Police announced in early December that "secret Apla plans" revealed that their attacks would focus on, among others, white schoolchildren.

This does not sound very far-fetched, except that in every previous "Kill the Whites Day"

scare, white schools have been warned that they were specific targets. No evidence was ever provided, and no such attacks occurred. In this case, so far, no evidence has been provided. The other half of the equation waits on the edge of urban legend land.

As has become clear from the furore over Apla's attacks on whites, however, even legends and rumours of such events are enough to have the effect of the events themselves.

Elsewhere in Africa, the syndrome has been tragically demonstrated this year. When a rumour spread through Nairobi in May that an ethnic massacre had taken place in the highlands north of the city, it sparked riots in several poor districts of Nairobi and in two other towns.

The rumour blamed members of the Kalenjin tribe for an attack on a school in which several teachers and pupils were supposedly killed. Youths took to the streets, stoning cars and smashing shop windows as they searched for Kalenjins.

There was absolutely no truth in any detail of the rumour...

Closer to home, in Zimbabwe, urban legends have also had the power to inflame passions. In October, riot police had to fire warning shots and teargas to disperse an angry crowd. They were looking for cannibals who were said to be exhuming and eating corpses at a graveyard.

The crowd surrounded the graveyard in Highfield Township outside Harare after hearing that a man and two women, all naked, were eating the flesh of a body they had dug up. After police dispersed them, they marched on nearby Machipisa police station — since a rumour had just emerged that the cannibals were being held there.

Back in South Africa, a classic international urban legend resurfaced three months ago. Reported as fact in the *Housewives' League* magazine, *Rands and Sense*, it told of a Springs woman who was loading groceries into the boot of her car when two men demanded she hand over her keys. Terrified, she complied, and they drove off with her car.

That afternoon, still shaken, she received a call from the Kempton Park police: they'd recovered her car, and she could collect it. When she got there, she was told there was no record of the call, or of her car. She returned home ... to find her house ransacked.

Previous versions have set this story in Eastgate, where a bag filled with keys and credit cards is stolen from a Boksburg woman. The victim later gets a call from shopping centre security, and goes there to collect her bag. Security knows nothing about it, she returns home, and ...

THE thousand journalists covering the international AIDS conference in Amsterdam last week found it far easier to write scare stories than to report scientific breakthroughs.

One obsession was a mysterious new microbe, possibly responsible for several dozen cases in which patients had symptoms of AIDS but no traces of HIV, the virus that normally causes the disease.

On the global level, there were statistics galore to show how "small, discrete epidemics have coalesced into a worldwide pandemic sparing no region and virtually no country", said World Health Organisation AIDS programme director Dr Michael Merson. Between 10-million and 12-million adults and 1-million children are infected, 80% of them in developing countries; 2-million have developed AIDS and more than 1-million have died. Projections for the year 2000 range from 30-million people to 120-million people with HIV.

African delegates described how AIDS was starting to destroy the social fabric of their countries. AIDS patients take up more than half the beds of urban hospitals in countries such as Zaire and Zambia.

The global cost of AIDS care, research and prevention was about \$10bn last year, the Harvard School of Public Health estimates. The US alone has already spent \$10bn looking after people with HIV in the past 10 years since AIDS was first recognised as a disease.

The good news in Amsterdam was too subtle to make headlines. None of the several thousand doctors and scientists at the conference reported anything that even the most excitable journalist could call a big breakthrough. Even so, the pharmaceutical industry is making progress in developing drugs and vaccines. Scientists are uncovering the bizarre biological processes underlying HIV infection and disease.

Within a year or so, new drugs such as Glaxo's 3TC and Bristol-Myers Squibb's d4T are likely to begin large-scale clinical trials. Although they work in a similar way to Wellcome's AZT, which has had a virtual monopoly of the anti-HIV market since it was rushed into production in 1987, they may have fewer

Slowly but steadily, science is turning the tables on AIDS

CLIVE COOKSON

92

B/DAY 29/7/92

side effects and/or stronger antiviral activity than AZT.

The latest evidence shows that a "cocktail" of two or more anti-HIV drugs works better than any single combination medicine on its own. Combination therapy will multiply the benefits of new drugs, but unfortunately not to the extent of curing patients.

A dozen candidate vaccines are in the first phase of clinical trials. None of the uninfected volunteers has suffered any adverse reaction — and their immune systems have developed some of the antibodies required to fight HIV.

Vaccine manufacturers and government health bodies in developing

and developed countries are now confident enough to be preparing for large-scale trials, each involving several thousand people, which could start in 1994/1995.

There will be formidable ethical problems: how, for example, to obtain informed consent from a partly illiterate group to take part in a trial in which half receive a "placebo" dummy jab and the other half a potentially risky experimental vaccine. Uganda AIDS commission director-general Dr Stephen Lwanga said his country would collaborate with drug companies on a large-scale trial on certain conditions. "I'm sure we will come to an understanding on who bears the liability when

things go wrong — and who derives the profits if they go right."

Looking further ahead, scientists at the conference reported remarkable progress in understanding how the human immune system first defends itself against HIV and then, after a few years, begins to succumb to the virus. This has been balanced by new evidence of how HIV changes character in a patient over time by genetic mutation. Together, these two avenues of research will lead to new ideas for treating HIV.

Now that AIDS is in its second decade, scientists are paying attention to the minority of people with HIV who are still healthy more than 10 years after infection. Researchers at the University of California have discovered that a type of white blood cell called CD8 keeps HIV under control by suppressing the virus in infected cells.

In most people the CD8 cells lose their activity after a few years. Then the CD4 cells — the immune cells normally studied to define the progress of AIDS — disappear and symptoms appear. The researchers are working to develop treatments based on CD8 cells.

The virus itself mutates more rapidly than any other microbe. Not only are there countless different strains, but within each individual person HIV changes character as the disease progresses. In the early years of infection the rate of mutation is relatively low. Later, after the patient's immune defences have col-

lapsed, HIV can quickly change into more virulent forms.

These observations explain why patients become resistant to anti-HIV drugs more quickly in the final stages of the disease. Several experimental drugs have recently been abandoned because the virus quickly becomes resistant to them.

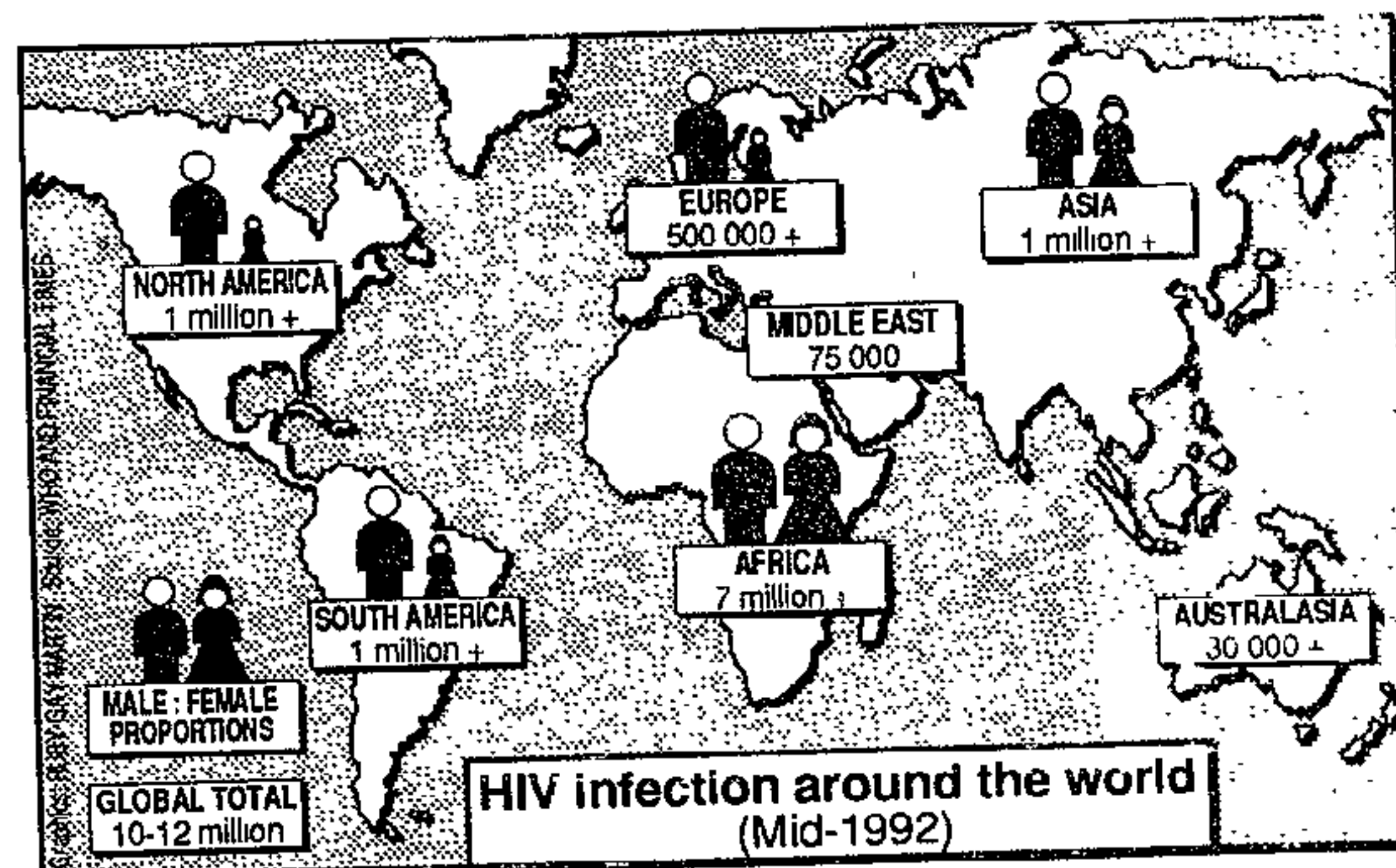
Researchers are now identifying the precise genetic changes responsible for drug resistance. They will then be able to predict which drug combinations are best able to outwit HIV's genetic variability. This could be used to delay the onset of resistance or even deliberately create resistance in order to weaken the virus. (New evidence suggests that some mutations which make HIV resistant to drugs also make it less virulent.)

The pharmaceutical industry remains committed to converting the advances in basic science into better HIV drugs and vaccines. Drug companies were very visible at the conference, with marketing staff in the vast exhibition hall and researchers in the scientific sessions. The industry spends several hundred million dollars a year on AIDS research and development. Compared to the likely commercial return from the products, HIV probably gets a disproportionate share of research funds because the companies' scientific credibility would be at stake if they quit such a fast-moving and medically important field.

They got no thanks from the hundreds of AIDS activists who were officially accredited to the conference. Act-Up, the most vocal group, targeted several companies for noisy "die-in" demonstrations, accusing them of making excessive profits from overpriced AIDS drugs.

Prof Anthony Pinching of St Bartholomew's Hospital in London voiced the concern of many specialists that the activists would go too far. "The industry makes a classic pantomime villain but what they fail to understand is that its commitment and goodwill is jeopardised by their ridiculous abuse," he said. "The executives will eventually decide that AIDS is too hot politically and they'll pull the plug."

If the drug companies cut back on research it would be a scare story for the millions of people who are dependent upon them to come up with a cure. — Financial Times.



SPOT NEWS

Aids expert warns SA



SHOCKED ...
Dr Kimani

Staff Reporter

A LEADING Kenyan Aids expert warned South Africa yesterday against becoming complacent about the disease which is decimating the rest of Africa.

Dr Lillian Kimani, a Kenyan Red Cross psychologist who has been in South Africa for the past three weeks to assess the Aids situation, expressed shock at the way in which South Africans were denying the threat of the disease.

"South Africans are under the im-

pression that Aids is only a major threat in other countries and some even write it off as government propaganda," she said.

"About 400 people in South Africa are infected by the HIV virus every day and by the year 2000 an estimated two million people south of the Sahara will have contracted Aids."

South Africa was in the first phase of an Aids epidemic and the transmission of the Aids virus was spreading rapidly but was not yet as serious as in the rest of Africa, she said.

92 CT 31/7/92

New delay in policy on Aids and jobs attacked. Popkiss is 'fed up'

CLIVE SAWYER
Municipal Reporter

MEDICAL officer of health Dr Michael Popkiss is "fed up" with yet another delay in the city council adopting a proposed employment policy on people affected by HIV and Aids.

The policy was tabled at yesterday's city council meeting but withdrawn by executive committee chairman Mr Dick Friedlander so that it could be given to the Cape Town Municipal Pension Fund for comment.

Dr Popkiss told The Argus after the meeting there was "nothing seditious or dangerous" in the policy. It had been devised over more than two years in consultation with trade unions and the council directorate of personnel.

The delay had cost implications and would create confusion among employees because of the lack of policy.

He said there had been a lot of correspondence on the policy between his department and pension fund officials. The proposed policy was in line with

that of major companies, including well-known clothing and insurance businesses.

The situation was "foolish" because the council had an Aids awareness programme for its employees, but when staff asked what the council's policy was, they had to be told there was none.

The policy proposed normal medical aid benefits, access to the pension fund and confidentiality for anyone affected by the conditions.

No one would be denied employment because he or she was living with HIV infection or Aids and anyone with HIV would be kept in employment as long as it was practical and safe.

People would not be transferred or given another job in the municipality unless they asked and no employee would be allowed to refuse to work with someone solely because the other had HIV.

Employees would not be forced to test for HIV, but the council was not opposed to testing. Education would play a key role, the policy said.

ARG 31/7/92
92

Call on Aids (92)

PEOPLE infected with the HIV virus should publicise their stories to make Aids a public issue in South Africa, Kenyan Aids specialist Dr Lilian Kimani said in Cape Town yesterday.

"There is a lot of ignorance and a reluctance to receive information on Aids. People cannot separate reality from propaganda in continuing to believe that Aids is a ploy by the government to control the birth rate, particularly among blacks," she said. Kimani said the only way to fight the disease was through information, education and counselling and the most dangerous of the three phases of Aids was the first - the silent transmission of the virus.

Sowetan 31/7/92

Seminar aims to unlock a host of feared Aids facts

By CP Reporter **92**

ON August 16 a number of organisations and individuals will gather in Johannesburg to spotlight the most frightening scourge of the late 20th century - Aids.

The implications of Aids in the townships is also to be examined.

City Press, in conjunction with a leading insurance group, will hold an Aids seminar-workshop on Sunday, August 16, at Johannesburg's Downtown Inn. With the help of experts and community health organisations, the seminar hopes to establish a more open network among community Aids groups.

Speakers include Baragwanath Hospital's Dr James McIntyre, who will speak on the impact of Aids on women and children. Nactu's Education and Health unit official Kgopolang Sekobe will speak on Aids and the worker.

The seminar will also explore the connection between Aids and traditional medicine when Doctor Zungu from the SA Traditional Healers' Association speaks on the subject.

Medunsa's Family Medicine Professor Sam

Fehrsen will speak on Aids education and the future.

The workshop will hear what community organisations like the Township Aids Project (Tap) are doing about Aids education.

This privately-funded organisation recently said it was almost hopeless to be talking about Aids when the majority of township dwellers are faced with grinding poverty, violence and an unstable family life.

African shock

An international weekly magazine provides an alarming picture on how Aids is affecting the world, particularly Third World countries.

The magazine notes that of about 200 people worldwide who contract the Aids virus - Human Immunodeficiency Virus (HIV) - every hour, half are African. On geographical regions of the world, according to the magazine, Africa has 69 percent HIV carriers, the United States 16 percent and Europe six percent.

■ Those interested in attending the City Press/Southern Life Seminar-Workshop can contact Manana Ndulula at (011) 402-1632.

Zim Aids cases increase

HARARE. — The number of Aids cases in Zimbabwe has reached 14 023 by the end of June, up from 12 514 at the end of March this year, according to the Aids Control Programme.

CT3/1/12

Number of Aids virus cases in Western Cape double ⁽⁹²⁾

ARG 4/8/92

Municipal Reporter

THE number of HIV-positive cases in the Western Cape doubled to 1 701 in the year to June, according to a report by medical officer of health Dr Michael Popkiss.

There were 85 Aids-related deaths reported by June 30, while the number of Aids cases was 157, compared to 118 at the same time last year.

A Department of National Health survey in 1990 showed that the Cape had the lowest rate of HIV infection in the country, but like the rates in the Free State and Transvaal, it had more than doubled since then.

Dr Popkiss, in a monthly report to the amenities and health committee, said there were 407 pulmonary tuberculosis cases, and 23 other forms of TB reported.

He said there had been a significant drop in the number of measles admissions to the City Hospital.

During 1990, 160 cases were admitted, the first time in 20 years that annual admissions were less than 200.

Between April 2 and May 13 this year, there were no admissions, which was a record because admissions normally peaked during winter.

The decline was probably because of the increasing number of people who were vaccinated.

● The Argus Foreign Service reports from Perth that many West Australians are waiting until they have full-blown Aids before being tested for HIV and seeking medical help. According to doctors such a delay increased the risk of unintentional transmission of the virus.

Dilemma of a misdiagnosis

W/maul 7/81 - 13/892
By PORTIA MAURICE

IMAGINE living more than 1 000 days of your life believing you are HIV-positive and then being told you're perfectly healthy. Worse still, coming home after seven years in exile to a father who doesn't want to know about your illness and a country where Aids is still seen as a "dirty disease".

South African returnee Mandla Hlatshwayo battled through this nightmarish ordeal: he was diagnosed positive in Zambia in 1989 — only to have it overturned by Soweto's Mfelo Clinic last year.

Although scarred by the experience, he has come out fighting. Now, he does support and counselling work with Aids victims in Johannesburg's townships with the Progressive Primary Health Care Network (PPHCN).

It all started at the beginning of 1989 when, as a matter of course, he went for testing at Lusaka's University Teaching Hospital. He was already married to a Zambian woman, but had been fooling around.

"I was a playboy. I had lots of girlfriends and I thought using a condom was no better than masturbation," Hlatshwayo said.

Unfortunately, his wife was pregnant when he burnt his fingers. For about three months he agonised privately over the dilemma: to inform his wife and decide on an abortion or to run the risk of having an HIV-infected infant.

As fate would have it, he sat it out, and their baby died at 11 months old.

"I decided to wait for my wife to deliver, then I told her. But she did not believe me. The baby started being sick and was in and out of hospital. It was thought it was HIV, but when her family pushed for a post-mortem we discovered he died of pneumonia. There was no infection."

This was one lonely exile who feared his homecoming, despite the longing. "I saw myself as someone useless," he says. "I thought I could not plan for my future and wanted to die in exile. Since I left the country being negative, I did not want to return as a positive statistic."

Aids counsellors said this week Hlatshwayo's false-positive diagnosis was not surprising, but was unlikely to happen in South Africa. Here, clinics did two tests as standard practice — the combination of which effectively screens out discrepancies. First, clients are given the Elisa screening test for anti-bodies, and then the more thorough Western blot test.

Hlatshwayo may have had only one test, or his blood sample may have been mixed up.

Some of his worst fears came true. His father disowned him, saying he would leave Aids in the chair wherever he sat. "I tried to educate him, but he's a stubborn old man," Hlatshwayo says. "Even when I tested negative, he wouldn't believe me."

Aids control: Call to legalise prostitution ⁽⁹²⁾

CT 8/8/92

A LEGAL authority and the co-owner of a Bellville escort agency have called for the legalising of prostitution, saying the move would help control the spread of Aids and other sexually-transmitted diseases.

Professor Jan van Rooyen, of Unisa's Department of Criminal and Procedural Law, told delegates at a Human Sciences Research Council conference in Pretoria that decriminalisation of prostitution would "cut costs" and help an under-staffed police force concentrate on fighting more serious crimes. Supporting Prof Van Rooyen's proposal, Ms

Desiree Hansson, director of UCT's Institute of Criminology, said at the conference, which dealt with the topic of managing crime in the new South Africa, that legalising prostitution would create the basis for a "successful" Aids programme in South Africa.

"We could accord sex workers a lot of protection if prostitution was legalised." Approached for comment, a co-owner of the Moonlite escort agency in Bellville said he fully supported the call as it would control the spread of diseases, thus benefiting the country as a whole.

"I can't tell my ladies to go to doctors for checkups as I am not entitled to because prostitution is illegal."

He added that he would prefer to operate a business that was legal.

A Ministry of Justice spokesman said there were no plans to decriminalise prostitution.

● Nine new cases of a puzzling, Aids-like illness have been identified in the United States, but the condition still appears to be extremely rare, federal health officials said this week.

The new cases bring to 14 the number of

such cases reported in 10 states between 1985 and 1992, said Dr Martha Rogers of the federal Centres for Disease Control. Another 10 cases are being investigated.

At least 11 additional cases have been reported in six other countries, she said.

Patients with the condition experience symptoms nearly identical to Aids but test negatively for the two known Aids viruses. That has prompted speculation that a new, as yet unidentified, virus may be to blame. — Staff Reporter, UPI

PEOPLE'S LIVES *Aids: 'Tell-tell signs'*

your help centre

CLAIRE JOYCE looks at the problems of 'HIV and Aids:'

Sowetan 11/8/92 (92)

- **WHAT** are the symptoms of HIV/Aids?
- **How** can you recognise someone who is infected with HIV?
- **Also**, where can I go for a check-up?

Thank you for writing to us and for your concern about your health. Firstly, the Aids virus (HIV) is only transmitted through intimate contact.

You can become infected with HIV when you come into contact with body fluids which have the virus in them, such as semen, vaginal fluids and blood.

The virus can also be transmitted from mother to unborn baby.

When someone is infected with HIV it is not easy to recognise them because they can remain completely healthy and have no symptoms for anything from 2 to 10 years.

They can still pass on the virus at

this stage.

After some time (usually 5 to 10 years) people may begin to show signs that their immune systems (the part of their bodies that fights off sickness) are getting weaker.

These manifest as fever, diarrhoea, weight loss, night sweats, swollen glands and oral thrush (a fungus which grows around the tongue).

Aids is the late stage of HIV infection. People with Aids may have some of the symptoms mentioned above but they also have what are called opportunistic diseases.

These are specific infections and cancers which attack the person because his/her immune systems is very weak.

If you are worried about any symptoms that you have or want more information, please contact a health care worker, your nearest STD (sexually transmitted diseases) clinic or a hospital.

For more information phone the *Sowetan* Helpline (011) 473-2505 or the Aids Hotline (011) 725-6710.

Bulletin on AIDS issues

CAPE TOWN — An AIDS newsletter is to be launched by the Medical Research Council later this month.

Editor Dr Malcolm Steinberg, head of the MRC national AIDS research programme, said the quarterly AIDS Bulletin was prompted by the dearth of accurate, user-friendly information on AIDS issues.

"By providing information on AIDS education, prevention, care and research, we hope to raise the awareness of all interested individuals about the disease."

The first edition will include an interview with ANC health representatives Cheryl Carolus on the movement's AIDS policy and the draft of SA's AIDS charter on the rights of AIDS sufferers.

The bulletin is available on request from PO Box 19070, Tygerberg 7505. — Sapa.

Rail campaign keeps the millions from starving

By Day 11/8/92
STEPHANE BOTHEMA

DESPITE the fact that National Railways of Zimbabwe (NRZ) delivers 5 000 tons of maize to Zimbabwe daily, the country's government estimates that maize shipments will have to be dramatically increased to feed its citizens adequately.

Maize imports estimates were revised last week to 2,5-million tons from 1,6-million tons to cater for household and stockfeed needs as the drought forces more people to rely on government supplies.

SA's Spoornet delivers thousands of tons of maize, either commercially bought or donated by the World Food Programme, to Beit Bridge with Harare acting as a distribution centre for relief supplies sent to Malawi, Zambia and Zaire.

Maize donated by the US, Argentina, Mexico and Australia is received by Portnet at SA's major harbours and is transported by Spoornet to Zimbabwe. At Beit Bridge, control

of Spoornet's rolling stock is taken over by Zimbabwe.

At the Grain Marketing Board in Harare, supplies are distributed either to trucks carrying maize in sacks to Malawi and Zambia or to grain silos from where local millers produce maize meal.

Processed maize reaches rural areas by road.

The board receives and dispatches about 1 000 tons of maize on a 24-hour basis daily, says operating manager Philemon Makumbirofa.

"We operate on an almost hand-to-mouth basis," Makumbirofa says, explaining that almost everything received was sent out the same day.

Privately owned Bak Storage of Harare handles the same capacity as the board on a daily basis.

Since the import of maize started in April this year, 314 300 tons had been also received by rail and road

from Beira, NRZ eastern region area manager Norman Shoko said.

NRZ had so far received about 700 000 tons of maize from SA, of which 400 000 was destined for Zimbabwe, 100 000 for Malawi and 200 000 for Zambia, he said.

Eight-million tons of maize will be imported by SA, Lesotho, Botswana, Swaziland, Namibia, Zimbabwe, Malawi, Zambia and Zaire in the 18-month period which began in April.

Referring to Zimbabwe's increased demand for maize, Shoko said NRZ could easily handle the flow of additional produce.

"We are geared to move this mammoth amount of food and so far nobody is starving because of transport problems," he said.

The entire distribution operation is being planned, controlled and overseen at Spoornet's operations room in Braamfontein, Johannesburg, where all the countries receiving food aid are represented.

CSIR prepares water relief for Zimbabwe

MICHAEL HARTNACK

HARARE — An SA water expert returned home at the weekend to prepare emergency relief schemes for the drought-stricken cities of Mutare and Bulawayo.

CSIR water quality information system programme manager Dr Peter Ashton finished a four-day inspection of the worst crisis areas with a visit to Matabeleland.

He said a CSIR team had already found an aquifer of water-bearing rocks outside the eastern border town of Mutare, whose residents were limited to a few hours of water supply from their taps every second day.

In Matabeleland, the CSIR team was examining the Nyamandlovu aquifer, northwest of Bulawayo, where householders were rationed to 300l a day. The CSIR fears taps will run dry in a few weeks.

Co-operation in tackling regional water problems featured in talks which took place in Harare last week between Zimbabwean officials and SA Foreign Affairs chief director (Southern Africa) Gert Grobler.

Grobler reportedly told the Zimbabweans that SA desired to develop a "more constructive" relationship with its neighbour.

Sources in Harare said Grobler discussed further technical co-operation between Zimbabwe and SA in other sectors, including transport, health, agriculture and telecommunications.

SA is assisting in the transportation to Zimbabwe of an estimated 2,5-million tons of maize.

Aids: Red Cross to help patients

Staff Reporter

(92) ARG 12/8/92

THE Red Cross has agreed to co-ordinate a comprehensive home-based care programme for Aids patients in the Western Cape.

Speaking at the Red Cross annual general meeting last night, Cape region chairman Mr Sylvester Samson said his organisation had agreed to help Aids patients and their families after being approached by Cape Town mayoress Mrs Trish van der Velde.

Mrs Van der Velde, manager of the Aids Training, Information and Counselling Centre (Aticc), said Red Cross would use a comprehensive model of home-care for Aids patients, established by Aticc in conjunction with hospitals and community organisations.

Fundraising would "start soon" to get a year-long pilot project off the ground.

Mr Samson said the composition of Red Cross staff would change "radically" to include representatives of all population groups.

"For three years, we have been working on a new constitution to involve the underprivileged. Normally, direction has always been given by whites. Now, other population groups will have the opportunity to lead."

The new constitution had to be adopted at the Red Cross national general meeting in Port Elizabeth next month, he said.

Red Cross had spread to the townships during the past two years and had established offices in Guguletu, Khayelitsha, Langa and Nyanga.

Previously, work had been centred on the city.

New HIV and hepatitis test to be launched soon

STAR 13/8/92
Medical Reporter

A new test for the HIV and hepatitis virus — a 10 minute "tongue-tip" saliva test — will soon be launched in Johannesburg.

British dental consultant Dr Marsh Midda, who is involved in clinical trials and the launch of the new test, arrived in South Africa this week to attend the Dental Association of SA congress.

Developed by Oracle Diagnostics of California, the saliva test is reportedly as accurate as the Elisa international standard test on blood but has the convenience of being quick, painless and affordable, and can be done in the privacy of one's home.

National Institute of Virology director Professor Barry

Schoub said the test was still under evaluation and so he could not comment fully.

"If it is proved to be reliable then certainly it would be a very useful facility," said Professor Schoub

However, he strongly cautioned against people checking themselves in the absence of professional advice.

According to Dr Midda the home test-kit has met with some controversy in the UK and US as any patient undergoing an HIV test must have full professional counselling as well.

"In some cases, however, it would be better to have a quick diagnosis as some patients who were negative committed suicide before receiving the results of their blood tests," he said.

Pepsi overrides AIDS link fears and puts Magic onto television

LOS ANGELES — In the strongest sign of corporate support since Earvin "Magic" Johnson announced he had the virus that causes AIDS, Pepsi-Cola Co on Sunday unveiled a new television commercial starring the basketball superstar.

The campaign, one of Johnson's first new promotions since revealing last November he had tested HIV-positive, is being launched two weeks before he leads a team of basketball stars to the Olympic Games in Barcelona.

The commercial, which will be aired nationwide on Tuesday for Major League Baseball's All-Star Game, does not directly promote Pepsi's soft drinks and makes no mention of AIDS but showcases Johnson's basketball talents.

After Johnson made his announcement last year and retired from the Los Angeles Lakers, some industry analysts declared his career as celebrity endorser over because advertisers would not want their products associated with AIDS.

Nestlé decided against running a television campaign featuring Johnson as corporate America considered whether to continue its relationship with the player.

But the outpouring of public support for Johnson forced sponsors to reconsider, and over the past several months he has re-

appeared in TV spots for a sports trading card distributor and in regional Pepsi advertising.

Pepsi's new nationwide commercial, "We Believe in Magic", marks the strongest show of support for Johnson to date by a major corporate sponsor. Johnson has been a spokesman for the company since 1989.

"The first company that called and said they would step up to the plate and stand behind me was Pepsi," Johnson told reporters.

Johnson, 32, has become one of the nation's chief spokesmen for AIDS sufferers.

In the new commercial, scenes of Johnson passing and shooting are mixed with images of smiling children and adults saying "We love you, Magic" and "Go for it, Magic".

Johnson, who played on five NBA championship teams in his 12 years with the Lakers, said he would not make any decision on his future in professional basketball until after the Olympics.

"I'm going to do what's right for my two sons and my wife. We're going to sit down and talk . . . and also I have to talk to my doctor and make sure everything is going as good as it's going now," he said. — Sapa-
Reuter.



92

Ioid, which is deposited
in the brains of suffer-
ers. — Telegraph

Aids vaccine: Hopes raised

WASHINGTON (92) Re-
searchers testing a po-
tential Aids vaccine on
dogs report success in
developing antibodies to
neutralise the HIV virus,
the journal of the
National Academy of
Sciences said yesterday.

Dogs in the experi-
ment were inoculated
with a combined protein
of the Aids-causing HIV
virus and adenovirus.

The National Acade-
my of Sciences said in a
statement this might
lead to a vaccine to pre-
vent Aids in humans.

Dogs cannot contract
Aids, so scientists will
now try the inoculation
on chimpanzees, which
can be infected. — Sapa-
Reuter CT 15/8/92

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Aids infects 400 every day

By **THEMBA KHUMALO**

THE deadly HIV virus is infecting South Africans at an alarming rate of 400 people a day.

Within four years, it is expected over 22 000 children will be orphaned as a result of the killer disease.

The Department of

Ej Press 16/8/92
National Health and Population Development says there are already 2 000 "Aids orphans" and the figure will rise.

In a recently released statement, the department said that an increase in the number of orphans posed a serious

problem and would place a great deal of pressure on existing health services.

A conference has been held in collaboration with the National Association of Child Care Workers to discuss the issue.

The statement said welfare organisations felt

(92)
that no distinction should be made between Aids orphans and children that had lost their parents due to other reasons.

Separation might lead to stigmatisation, said the statement.

An interdepartmental committee has been established to take care of Aids orphans.

HIV positive tests for 72 — 6 babies

Staff Reporter

SEVENTY-TWO people — six of them babies — tested HIV positive in the Cape Province in June alone, according to figures released recently by the Department of National Health and Population Development. (92) CT 15/8/92

This brings to 1 701 the number of HIV positive cases in the Cape from 1984 to June 1992.

There were 374 new cases for the first half of this year, of whom a large proportion were heterosexual and a small amount homosexual males.

In June, 31 of those tested positive were heterosexual. The details of how the virus was contracted were not made public.

David Weils, ... and "the way in which they have borne the pain" ... venement ... main friends?" Sapa.

Women now Aids target (92)

By Thabo Leshilo

Aids was becoming more predominant among women and children, Baragwanath Hospital gynaecologist and obstetrics specialist, Dr James McIntyre, warned in Johannesburg yesterday.

"We can expect more than half of our Aids patients to be women in future. HIV now infects and will infect millions of women worldwide, with heterosexual transmission being the principal mode of spread," Dr McIntyre said.

He was speaking at a seminar on "Aids in the townships" organised by City Press and Southern Life.

According to Dr McIntyre, more than 90 per cent of all women with HIV in the world — more

than 3 million — currently lived in sub-Saharan Africa.

At Baragwanath Hospital and its satellite clinics, each day three out of every 100 new mothers were found to be affected with the virus, he said. The situation was even worse at clinics in central Johannesburg and Hillbrow.

He said figures from high-risk groups, such as women attending sexually transmitted disease clinics in Soweto and surrounding areas, were much higher — one in every 10 or even one in every seven.

Today, the number of infected women in Soweto and surrounding areas was between 10 000 and 20 000, he added.

He said women in Africa were at a greater

risk as they got married or engaged in sex at an early age.

"More women will then die at a younger age — Aids is the major cause of death in the 20 to 30-year age group in sub-Saharan Africa."

He said that although modification of sexual behaviour was the most effective means of control for Aids, it was also the most difficult.

Kgopolang Sekobe, head of the National Council of Trade Unions' education and health unit, called the compulsory testing of staff by some companies discriminatory.

Southern Life actuary Paul Truyens said industry was now beginning to accept that compulsory testing of existing staff served no useful purpose.

British shoppers rob bungling robber

Star Bureau

LONDON — A bungling robber made three disas-

ing a firearm. The "firearm" later turned out to be a water pistol

the equivalent of R1 075 by the teller. But as he fled, three shoppers took the law

Doctors turn down Aids patients

■ HIV infection feared

Sowetan 17/8/92 (92)

By Mokgadi Pela

DOCTORS at the Hillbrow Hospital were allegedly refusing to operate on an HIV-infected patient for fear of infection, an Aids seminar was told in Johannesburg yesterday.

Mr Oupa Motaung (30) of Soweto, who contracted the HIV-virus last year, made this claim at a Southern Life/City Press seminar in Johannesburg.

Dr James McIntyre of Baragwanath Hospital, said between 10 000 and 20 000 Soweto women were infected with the virus.

He said women were at a higher risk of becoming infected than men.

● The superintendent of the Hillbrow Hospital was not on duty yesterday to respond to the allegations.

Premiums set to rise sharply

LIFE insurance policy premiums particularly for young people will increase because of AIDS, a spokesman for Southern Life said at a seminar on AIDS yesterday in Johannesburg.

The insurance industry had recognised that the HIV virus, which can lead to full-blown AIDS, "is going to become a killer of young people in a big way", Paul Truysens said.

The industry's ability to provide life assurance to the average man in the street might become, 'endangered, he warned, unless it introduced changes.

Testing applicants for the HIV virus itself would become common.

"The second thing that will happen is that there'll be a steady increase in the premiums that young people will have to pay."

"Even though a young person might be tested negative and is given life assurance, the younger he is the more likely it is he might still become positive because he has not changed his (social) behaviour." — Sapa.

SACC probe into

ANCC under way

8 DAY 17/8/92

AN SA Council of Churches (SACC) team which plans to visit ANC camps to test claims of maltreatment and disappearances also wants to inspect government installations used in the covert war against the ANC.

SACC Justice and Social Ministries director John Lamola said the SACC had been given the go-ahead two months ago to begin interviewing people who claim family members had gone missing in ANC camps in Africa. The ANC had camps in Angola and still has a presence in Uganda and Tanzania.

Lamola said the SACC was planning to visit the ANC's camps once a full list of missing people had been drawn up. He said the SACC team had been in contact with a number of ANC dissidents who had returned from exile complaining of maltreatment.

"Our intention is to go with a list of names. The visit will involve international church figures," Lamola said.

He said the visit to the camps, permission for which was granted by ANC president Nelson Mandela last week, would probe alleged human rights violations committed by the ANC in exile.

"We have stood against human rights violations of the apartheid regime. We

should not overlook what has happened outside the regime," he said.

Lamola said the SACC wanted to visit government installations used during the undercover war against the ANC, in particular Vlakplaspas police camp, which renegade policeman Dirk Coetzee said was used as a base for attacks on anti-apartheid figures.

Meanwhile, the commission of inquiry appointed by the ANC to investigate conditions in its camps had not completed its report and would sit for another day, a source close to the commission said.

The source denied that the commission had named ANC administrative official Mzwai Piliso as being primarily responsible for abuses in the camps.

The source said the commission's terms of reference were limited to an investigation into conditions of detention, allegations of maltreatment and complaints about loss of property.

The ANC said a report would be submitted to Mandela and that there would be no comment on the issue until he had studied and made public its findings. The ANC said it had committed itself to publicising the findings when it set up the commission.



PATRICK BULGER

Buthelezi issues fresh appeal on peace to ANC

8 DAY 17/8/92

MSINGA — Inkatha president Mangosuthu Buthelezi yesterday issued a fresh invitation to ANC president Nelson Mandela to join him in a bid to end the carnage in the country.

Addressing the people of Msinga and neighbouring districts in Natal, Buthelezi also rejected the concept of a troika consisting of him, Mandela and President F W de Klerk ruling the country.

"I want no alliance with the ANC... All I have said is that unless Dr Mandela, Mr de Klerk and myself come together to combat violence, violence will flourish.

"I say today to Mandela yet again, act against the violence with me. I say to him, have the courage to go back to your very own suggestion that you and I should share platforms to combat the violence.

He also slammed the ANC's withdrawal from Codesa. "The going is going to get tough because of political tensions created by the ANC's refusal to go back to the negotiation process."

Meanwhile, eight people were wounded in Alexandra, north of Johannesburg, when attackers armed with AK-47 and R-1 rifles fired on the police but missed their target, wounding bystanders instead.

The wounded were treated at a clinic in the township. On Saturday, two bodies were found, police said in their daily unrest report. One had been shot and another hacked and stabbed to death.

On Saturday night a commuter was shot dead and another seriously wounded when they were attacked by unidentified gunmen on a train in Soweto between Phomolong and Dube stations.

No arrests were made. Two bodies with hack wounds have also been found at Ivory Park, Midrand, where a taxi war claimed four lives last week.



US AIDS report 'alarming'

GOVERNMENTS and political leaders have done very little to combat the spread of AIDS, Johannesburg's City Health AIDS prevention programme director Clive Evian said yesterday.

Responding to an alarming new US government report warning that sub-Saharan Africa would soon be devastated by the disease, Evian said it was no coincidence that the region was the worst hit by AIDS.

The report said few African political leaders had put their full force into anti-AIDS campaigning and fewer still shared the medical profession's sense of urgency.

AIDS was linked directly to poverty and the breakdown of community and family life was responsible for the spread of the virus, Evian said.

"Wars and famines have played havoc on society and it is inevitable — particularly in SA with its migrant labour system — that AIDS will spread."

"Violence and unrest in SA had made people fatalistic about their lives, Evian said.

Industry was the most strategic place for preventing the spread of the virus, by providing education, creating a normal environment and encouraging people to live with their families, he said.

KATHRYN STRACHAN 92

Millions of South Africans would be infected within a couple of years, yet government had not put any real effort into combating the disease, he said.

The report, one of the bluntest and most alarming since the virus was first identified in 1981, claimed the disease was at its worst in sub-Saharan Africa, and was going to get far worse.

Among the consequences predicted were infection rates of up to 40% for young adult populations in urban areas, and a decline in regional trade as governments restricted the free flow of labour and Western investors saw AIDS as a reason to put their money elsewhere.

Higher education strategies would be in ruins as policymakers faced the grim question of spending money on young people who were likely to die before the cost of training could be recouped, the report said.

One study concluded that in five central countries, AIDS medical care and screening alone would consume all foreign aid, if foreign assistance remained at current levels.

DIY test kits available in SA soon?

Staff Reporter

A BRITISH dentist is due to announce today that a cheap "home test kit" for Aids should be available in South Africa from January — but local experts have their doubts.

Dr Marsh Midda, who is involved with the launch of the California-developed ORA Screen HIV test, says saliva is used for the 10-minute test, which is "as accurate as the Elisa

international standard test on blood".

A prominent virologist and spokesman for South Africa's Medicines Control Council said this body had the statutory duty of controlling diagnostic tests — "and that is a hurdle with which he (Dr Midda) has to cope".

He said criteria used by the US Federal Drug Administration would also be used in South Africa. The new test has not been approved by the FDA.

A pharmaceutical company had refused to distribute similar tests outside the system of pre-test counselling and quality controls.

"There was an unusually high rate of suicide in Cape Town initially (when HIV-positivity testing started), which we ascribed to the lack of proper pre-test counselling."

The virologist said indiscriminate testing by doctors and dentists was

not regarded as acceptable. CT17/8/92

"Buying such a test kit over the counter would be even more unacceptable," he said.

Mrs Trish van der Velde, Mayress of Cape Town and manager of the Aids Training, Information and Counselling Centre, said the Elisa blood test was not sufficient to show someone was positive.

"To get a positive, one always uses a Western blot test as well," she said.

High school pupils risk Aids virus

■ Study shows widespread reluctance to use condoms:

Sowetan 18/8/92.

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By Mokgadi Pela

HIGH school pupils run the risk of acquiring the HIV-virus because of their reluctance to use condoms, a study has shown.

The study was undertaken to identify barriers to the use of condoms among high school pupils in Natal.

These findings corroborated those conducted earlier in Cape Town. Phase One of the study focused on 50 pupils of all races in 10 schools and Phase Two comprised 36 group discussions involving 650 pupils.

Reasons cited for the reluctance to condoms included:

● Misconceptions about condoms: fear that they could slip into the vagina; that condoms restrict the blood flow to the penis; and condoms can be washed and re-used.

● Pupils complained that condom centres were unknown to them. Although some knew that condoms were freely available at hospitals and clinics, they complained that the institutions were far from their homes. It was not widely known that supermarkets and pharmacies sold condoms.

● The pupils said opportunities to have sex could present themselves unexpectedly when no condoms were

available. It was not considered reasonable to resist sex because a condom was not available. Further, students who knew condoms should be used once felt this limited the "rounds you can go in a night" unless many condoms were immediately available.

● The opinion that condoms reduce sexual pleasure was graphically described. "What's the use of eating a sweet still wrapped in paper while the taste is the sweet itself?" said a pupil.

● The use of condoms seemed incompatible with the notion of manliness held by the pupils.

The study said teenagers should be prime targets for Aids prevention programmes because of their high risk for HIV infection.

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Slain farmer 'knew his life was in danger'

PORT ELIZABETH — Murdered eastern Cape farmer Andre de Villiers was convinced his life was in danger and made MP Eddie Trent promise he would not divulge his name when inquiring about the alleged SADF Hammer Unit, Trent said yesterday.

The DP MP for Port Elizabeth Central said when he met De Villiers, the farmer had been extremely nervous.

The ANC has alleged that De Villiers — who was shot on his Addo farm on Monday — was killed for political reasons because he had information that could shed more light on the murder of eastern Cape activist Matthew Goniwe in 1985.

Trent said when the Goniwe inquest was reopened, he had contacted De Villiers and asked him to give further information or speak to the Attorney-General. "He refused to do so and again stressed that his life was in danger."

Trent gave him the name of a journalist to whom De Villiers is believed to have spoken.

De Villiers told Trent he had shared information on the Hammer unit with eastern Cape ANC member Valance Watson.

"During my discussion with Mr de Vil-

liars, I was always under the impression he was withholding information, but was unable to persuade him to give me further details," Trent said.

The shooting of De Villiers "provided strong circumstantial evidence that his fears were not unfounded", Trent said.

He said he would submit a memorandum to the State President's office containing the information he had received from De Villiers.

Meanwhile, Deputy Constitutional Development Minister Tertius Delport has denied receiving any information from De Villiers concerning the Hammer unit, as alleged by Watson earlier this week.

Delport said De Villiers had been a personal acquaintance and a member of his Sunday's River constituency but he had never supplied him with details of the alleged hit squad.

Eastern Cape police say the chances are slim that the murder was politically inspired. They said bags had been found at the scene of the murder, indicating that robbery had been the motive. — Sapa.

● Comment: Page 8

Draft AIDS and HIV charter released

CAPE TOWN — A draft AIDS charter setting out rights and duties of people affected by the disease, and also by the HIV virus, was made public in Cape Town yesterday, Sapa reports.

It is signed by more than 40 organisations and was released with the first issue of the Medical Research Council's AIDS Bulletin.

In a Bulletin article, one of the Charter's compilers, Prof Edwin Cameron of the Centre for Applied Legal Studies at the University of the Witwatersrand, said the document did not demand more for people living with HIV or AIDS than their

"basic human rights entitlement. But if demands they should not get less," he said.

A significant aspect of the charter is the clause stipulating that people with HIV or AIDS have the duty to respect the physical integrity of others and to take appropriate steps to ensure this where necessary.

"This clause may forestall the conventional reactionary response that such documents speak only of rights and not of duties."

It was hoped to launch the final version of the charter this year on or about World Aids Day on December 1.

Meanwhile, LINDA ENSOR reports that Medical Research Council (MRC) president-elect Prof Walter Prozesky said at the launch the magnitude of the AIDS threat had not been met with an equal magnitude by government.

He said there was a need to raise awareness among decision-makers about the AIDS threat, and appealed for private sector financial support for the Bulletin.

Prozesky said the MRC had estimated that by 2000 there would be about 4-million HIV positive people in SA, 250 000 AIDS cases and about 200 000 AIDS deaths.

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20/8/72
NIDA

SA is 'ideal' for Aids tests

By Mokgadi Pela

SOUTH Africa was well-placed to conduct Aids vaccine trials even though a cure was still years away, according to Dr Michael Becker of the Department of Medical Virology at Tygerberg Hospital.

He said there was a need for trials to

■ Need to try out vaccines for local strain of virus

Sowetan 20/8/92

test potential vaccines against an HIV virus peculiar to South Africa because a cure for a Western strain might not be effective here.

Becker said although large multinational pharmaceutical firms concentrated on the Western virus, South Af-

rica offered a favourable environment to do trials. The type of Aids epidemic occurring in the US was also slower than in South Africa and so answers could be found more quickly here. "We have the expertise and the medical infrastructure to do trials," Becker said.

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WEEK 2
Following seven practical steps:



ANCHOR SECRETARIAL COLLEGE

WILL PUT YOU IN TOP FORM FOR YOUR



NEWS *Kenyan expert tells those with HIV or Aids to 'come out of the closet'*



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“The more people are educated about Aids and the more infected people come out for the public to see, the easier it will be for the community to acknowledge the Aids crisis that faces the world”

Dr Lilian Kimani

First step in drive against Aids

Sizakele Kooma

FIRST IT WAS HOMOSEXUALS, now HIV-infected people are being urged to “come out of the closet” in an attempt to curb the Aids epidemic. Kenyan Aids expert and psychologist Dr Lilian Kimani contends that the first step in a country’s campaign against Aids is the public declaration of infected people.

Kimani, who works for the International Red Cross, said the tactic had worked in her native Kenya and the United States.

She asserts it could also be the answer in South Africa where about 300 people are infected daily with the HIV virus through heterosexual (male-to-female) intercourse.

“There is still a lot of ignorance among South Africans about Aids. Most people still believe it does not exist,” Kimani said.

“The more people are educated about Aids and the more infected people come out for the public to see, the easier it will be for the community to acknowledge the crisis that the world faces with Aids.”

She said victims of the disease should not be exposed in the media as a “show off”.

“They should be comfortable with going public and given prior counselling and enough information about the disease.

Sowetan 20/8/92

■ MANY IGNORANT *Plan to spread the light of knowledge through the community:*

“They also do not need to be prostitutes. They could be ordinary citizens, couples. The strategy is to shock people into realising that if it happened to the people they see in the media, it could happen to them,” Kimani said.

She said the exercise could also be therapeutic to the Aids sufferers who may feel better after being relieved of the burden of their secret.

“It is emotionally and mentally stressful to sit with a secret you can’t share with anyone out of fear of being rejected. We encourage patients to tell someone. By sharing the secret they get relieved of the emotional burden and mental stress which affects the immune system.”

Every household has an HIV infected member

The level of Aids infection in Kenya is such that every household has an HIV infected family member or one who has died from the Aids disease, Kimani said.

In South Africa Aids and HIV infected support groups like the Red Cross and Safo have reported increased

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rejection and isolation of the patients by the public. According to Kimani, the situation was the same in Kenya during 1985/86 when people died more out of neglect by both medical staff and their families than from the disease. Some did not claim the corpses in the mortuaries. They had to be buried by the local town councils.

“Counselling and education have made the campaign an overnight success. The World Health Organisation, the Red Cross and government and non-governmental bodies have contributed a lot of money over the past five years for research and communication.

Employment provided for victims

“Kenya is also actively involved in addressing the consequences of the epidemic. Employment is provided for victims who have been fired from their jobs and assistance is given to bereaved families who have lost breadwinners,” said Kimani.

The local Red Cross is to start a support programme for Aids victims after they were approached by individuals who were fired from their jobs or rejected by their families.

Some regions have also initiated support groups like the Eastern Cape’s “Buddy System”.

Other organisations that have been supportive to Aids patients and their families are the Salvation Army and Safo which takes care of 33 families of infected people in Soweto.

THE African National Congress and the government announced yesterday that they would be participating in an "Aids Codesa" — at a time when they are not discussing any other specific joint policy and when constitutional negotiations are at an all-time low.

The two parties will meet, along with representatives from business, the trade unions and the churches, at the National Aids Convention of South Africa (Nacosa) in late October. Leaders of the stature of the ANC's Nelson Mandela and President FW de Klerk are

Where Codesa fails, Aids wins

The Aids epidemic is bringing together Codesa's silent rivals and forcing them to set aside their parochial interests. By MARK GEVISSER

expected to attend.

"The Aids epidemic cannot be put on hold until an interim government is formed," said Dr Ralph Mgijsma, ANC secretary for health and chairman of Nacosa's steering committee. "This is why, with Aids, the ANC has decided to make an exception to its rule about not negotiating with the government

about specific policy until the constitutional deadlock is resolved."

While negotiations remain deadlocked, about 400 South Africans are infected every day with HIV, the Aids virus.

In a media statement issued yesterday, Nacosa's steering committee commented that "Aids is too important to allow

parochial interests to intervene". The convention's objectives will be to "provide a platform for South Africans to come together to formulate strategies for the prevention of Aids" and to "obtain the commitment of all South Africans to become involved in the fight against Aids".

Most important, added Mgijsma, is that "Nacosa will high-

light the magnitude of this epidemic by enlisting the support of South Africa's most prominent leaders and will pool the resources of the government, business and the ANC/Congress of South African Trade Unions alliance to create a unified strategy".

The steering committee includes representatives from

the Department of National Health, the ANC health secretariat, Cosatu, the South African Chamber of Business, the National African Chamber of Commerce and the South African Council of Churches. A further 34 organisations have been invited to attend an interim conference next week.

The Department of National Health has provided a preliminary R250 000 for the initiative and, in a true reflection of the changing nature of South African bureaucracy, Nacosa's secretariat has been seconded from the foreign affairs departments of South Africa and the "independent TBVC states".

Nathalie Stockton, new head of the Aids Unit in the Department of National Health, said that "we would be perfectly willing to take our orders from Nacosa, for this fits in with our new policy, which is to be consultative and community-based in our efforts to stem the pandemic".

Acknowledging the dilemma of working with a government department at this time of negotiations breakdown, Mgijsma explained that "we have recognised that National Health has resources at its disposal, which it has been misusing. It is imperative, given the scope of this epidemic, that the department's energies be redirected".

The truth is that both the ANC and the government have been laggardly in confronting Aids. South African policy-makers of all stripes have done little, even though they have been aware of the encroaching epidemic and of the fact that it has already infected one in four people in other parts of Africa.

The ANC alone does not have the resources necessary to combat the epidemic; the government alone does not have the popular support necessary. Business remains hesitant about pouring resources into Aids-prevention campaigns and while some unions in Cosatu, like the National Union of Mine-workers, have confronted the epidemic head on, others remain unmoved.

But if there is not a national effort, the Nacosa statement warned, "the socio-economic impact of rampant infection will be disastrous for the whole country and will have a negative impact on the reconstitution of a 'new' South Africa".

NEGOTIATE FOR PEACE AND DEMOCRACY



Matter of fact

THE Krisjan Lemmer column of July 31 alleged that guests to a housewarming party hosted by Nelson Mandela had been asked for, and had given, expensive gifts, including carpets. Mr Mandela's representative, Ismail Ayob, has objected to this, saying the carpets were not gifts but were purchased and paid for by Mr Mandela. There was no housewarming party, only a small dinner at which guests were not asked nor expected to buy gifts.

40 000 cases
so far in Zim

HARARE. — The number of people suffering from Aids and Aids-related diseases in Zimbabwe has risen to nearly 40 000, a cabinet minister said here on Saturday.

Addressing the Zimbabwe National Students' Union annual congress, Health and Child Welfare Minister Mr Timothy Stamps said Aids had become one of the greatest challenges facing Africa.

By the end of July 14 023 cases of Aids had been reported, and 23 400 cases of Aids-related diseases. A third of these had already died. — Sapa

No law to halt carrier

LONDON. — An HIV-carrier infected women with Aids while health officials helplessly looked on because of a legal loophole, an inquiry has found.

Roy Cornes, of Kings Heath, Birmingham, was said to have infected at least four women even though doctors knew of his lifestyle.

But health officials claimed there were no grounds for action.

South Birmingham Health Authority's health laws allowing infected persons to be detained if posing risks to others do not cover HIV — although they do cover full-blown Aids. — Telegraph

'Aids at its worst South of Sahara'

From NEIL LURSEN

WASHINGTON. — In a grim new report on the worldwide Aids epidemic, the United States government says the disease is at its worst in sub-Saharan Africa — and will get far worse in the region.

Among the consequences for Africa could be:

- Infection rates up to 40% for young-adult populations in many urban areas, with life expectancy at birth reduced by 15 years or more.

- A decline in regional trade as governments restrict the free flow of labour and Western investors see Aids as a reason for putting their money elsewhere.
- Higher education strategies in ruins as policy-makers face the grim question of spending money on young people who are likely to die before the cost of training can be recouped.

- The decay of leadership groups as elites with greater access to travel and multiple sex partners are afflicted in growing numbers — wiping out many with job skills who could contribute to national economic productivity.

- An impact on national security and the ability of leaders to keep a hold on power as soldiers continue to turn up high rates of HIV infection.
- The spread of political instability as key officials succumb to the disease.

Young are to pay more

JOHANNESBURG. — Life insurance policy premiums particularly for young people will increase in future because of Aids, a spokesman for Southern Life said at a seminar on Aids here yesterday.

The insurance industry had recognised that the HIV virus, which can lead to full-blown Aids, "is going to become a killer of young people in a big way", Mr Paul Tryvrens said. "Therefore, unless the insurance industry changes certain aspects of its business, its ability to provide life assurance to the average man in the street will become endangered," he warned.

"The kind of things the life insurance industry is going to be doing is increasingly testing applicants for the HIV virus itself."

The one-day meeting, hosted by City Press newspaper and Southern Life, was titled: "Aids in the townships; the present and the future."

Dr James McIntyre, of Soweto's Baragwanath Hospital, said South Africa was "at the edge of the explosion of the Aids epidemic".

At Baragwanath Hospital and the Soweto clinics, an average of one in 30 pregnant women tested HIV-positive in June this year. — Sapa

The report, released by the US State Department, is one of the bluntest and most alarming public documents to be issued on the global impact of Aids since the viral infection was first identified in 1981.

It says the number of Aids cases worldwide will increase rapidly during the 1990s from about two million in early 1991 to more than 10 million full-blown cases by the turn of the century — the great majority of the new cases occurring in Africa.

"At least seven million Africans have been infected with the HIV virus," the report says, "and by the mid-1990s, the cumulative total probably will exceed 20 million."

The report says few African political leaders now put the full force of government into the anti-Aids fight and fewer

still share the medical profession's sense of urgency.

"For example, in one African country with high and rising infection rates, the Minister of Health downplayed the threat. Only after his replacement last year — and subsequent death from Aids — did the government embark on an aggressive prevention programme.

"In a country with one of the world's worse epidemics, the president has been under considerable pressure not to encourage condom use, despite awareness of their efficacy."

However, the unanimous decision at the June meeting of the Organisation of African Unity to accept an action plan suggested that African leaders were accepting the need for prevention programmes.

Botswana, Malawi, Zambia and Zimbabwe were among the African countries that had HIV rates exceeding five percent of the population.

Some African economies would be stunted by Aids. "In particular in Africa, now only a tiny fraction of world investment, investment may dry up entirely later this decade in countries where Aids is widespread.

"Foreign companies may substantially reduce their operations out of fear for the health of their personnel and (because of) worsening African economies."

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AIDS threatens more women ⁹²

AMSTERDAM — A top world health official predicted yesterday that the AIDS virus would infect more women than men by the end of the decade.

Dr Michael Merson, head of the World Health Organisation's global programme on AIDS, said that close to half of the 1-million adults worldwide who had become infected this year were women.

Women catch the virus more easily than men through heterosexual intercourse. Assuming that homosexual men continued to practice safer sexual habits, "by the year 2000 more than half of all newly infected adults may be women", he said.

He also said the virus was spreading deeply into rural areas.

More than 10 000 scientists, policy-makers, activists and AIDS-infected patients have gathered this week for the eighth International Conference on AIDS.

On Sunday, experts denounced restrictions on AIDS-infected people trying to enter the US. The international conference was originally planned for Boston and was switched to Amsterdam as a result.

Experts appealed for global co-operation to fight the disease.

A recent report has suggested that a new, undetectable strain of the disease might have emerged.

At least 11 people had developed AIDS without testing positive for the AIDS virus, Newsweek reported this week. — Sapa-AP.



THE GAME... Dr Marius Pienaar of Tygerberg Hospital with the game he invented to teach people about Aids. Picture: JACK LESTRADE

Aids game teaches via fun

By EVE VOSLOO

A YOUNG Cape Town doctor has developed a board game to teach people — especially teenagers — about Aids.

"Aids — the Game" will be in the shops next month, said its inventor, Dr Marius Pienaar, 32, this week.

Dr Pienaar, a gynaecological registrar at Tygerberg Hospital, said the game had the backing of the Department of Health and various research organisations and would retail at about R40.

"About a year ago I came into contact with a pharmacist's wife who said she did not want her children to visit their grandmother in hospital in case they came into contact with an Aids patient," Dr Pienaar said.

"It made me realise that even educated people did not read pamphlets or other information on Aids and that there was still widespread ignorance about it."

Alive

Dr Pienaar took about a year to devise his game.

It involves each player getting cardboard "people" who are involved in different sexual relationships, depending on where a counter lands on the board. The object of the game is to keep the "people" alive and Aids-free by avoiding unsafe sexual contacts or using intravenous drugs.

Players are also issued

with money at the start of the game, which they can spend on condoms or on Aids research. There is a separate board to score a player's spending on research, and another way to win the game is to reach the top rung of this board.

"The game is a lot of fun," said Dr Pienaar. "Even the most conservative and inhibited person gets involved and openly discusses sex and Aids."

The "people" each player tries to keep alive go through various stages of the disease — they become infected, sero-convert, get clinical Aids and die.

On their way around the board, the players land on

blocks which include risks like drug overdoses, unprotected sex with prostitutes, sex with multiple partners and taking part in an orgy, which infect their "people".

Burst

They also have options like refusing intravenous drugs, having social contact with Aids patients or discussing sex and Aids with teenagers, for which they collect money — with which they can buy condoms or invest on research.

"The game teaches people that you cannot get Aids from social contact with Aids sufferers and contains lots of other information —

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New forum to replace Codesa if PAC joins?

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The irony is that the much-demonised — and self-marginalised — Pan Africanist Congress (PAC) could emerge as the facilitating force in such a new alignment, as evidence grows of a more pragmatic approach by the movement to a negotiated settlement in South Africa — and hopefully an end to the debilitating violence.

The PAC's secretary for publicity and information, Mr Barney Desai, who was part of its delegation in bilateral talks with the government this week, said the issue of an alternative forum and venue for further talks still remained "unresolved".

Mr Desai said Codesa was "a cumbersome body of motley participants" — some self-appointed and others "elected" on ethnic tickets — "many of dubious credibility".

Even the government now appears to agree that Codesa must be replaced by a more streamlined body. So the PAC vows to continue boycotting Codesa because it feels it is a discredited forum "that cannot deliver true freedom".

Deputy president of the PAC, Advocate Dikgang Moseneke, says that, ideally, if an alternative forum to Codesa is created, the PAC would prefer to have all liberation movements — including the ANC and Azapo — speaking with one voice to expedite the democratisation of the country.

But the PAC is sticking to its demand that "real negotiations must take place at a neutral venue under a neutral chairman". As non-negotiable as that might seem, in the inexact "science" of politics, "non-negotiables" are often replaced by "win-win" compromises.

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The ANC will have nothing to lose if it reacts to the PAC with a reciprocal gesture, resulting, once more, in a true Patriotic Front of liberation movements.

Catalyst

What has spurred the PAC to become part of the talks about talks at this point, Mr Moseneke says, is that many of its previous demands have become part of the present political currency. One of these is that a sizeable group of international UN monitors are on their way to South Africa and the UN is set to play a key role in monitoring moves towards a peaceful transition.

And the prospect of Mr De Klerk calling a "summit" next month of like-minded parties who all favour a federal solution for South Africa — including the Inkatha Freedom Party — seems to present the right catalyst for the Patriotic Front to regroup.

This may mean that instead of a round table at which numerous groups would sit, there seems to be a growing possibility of a future square table with only two sides.

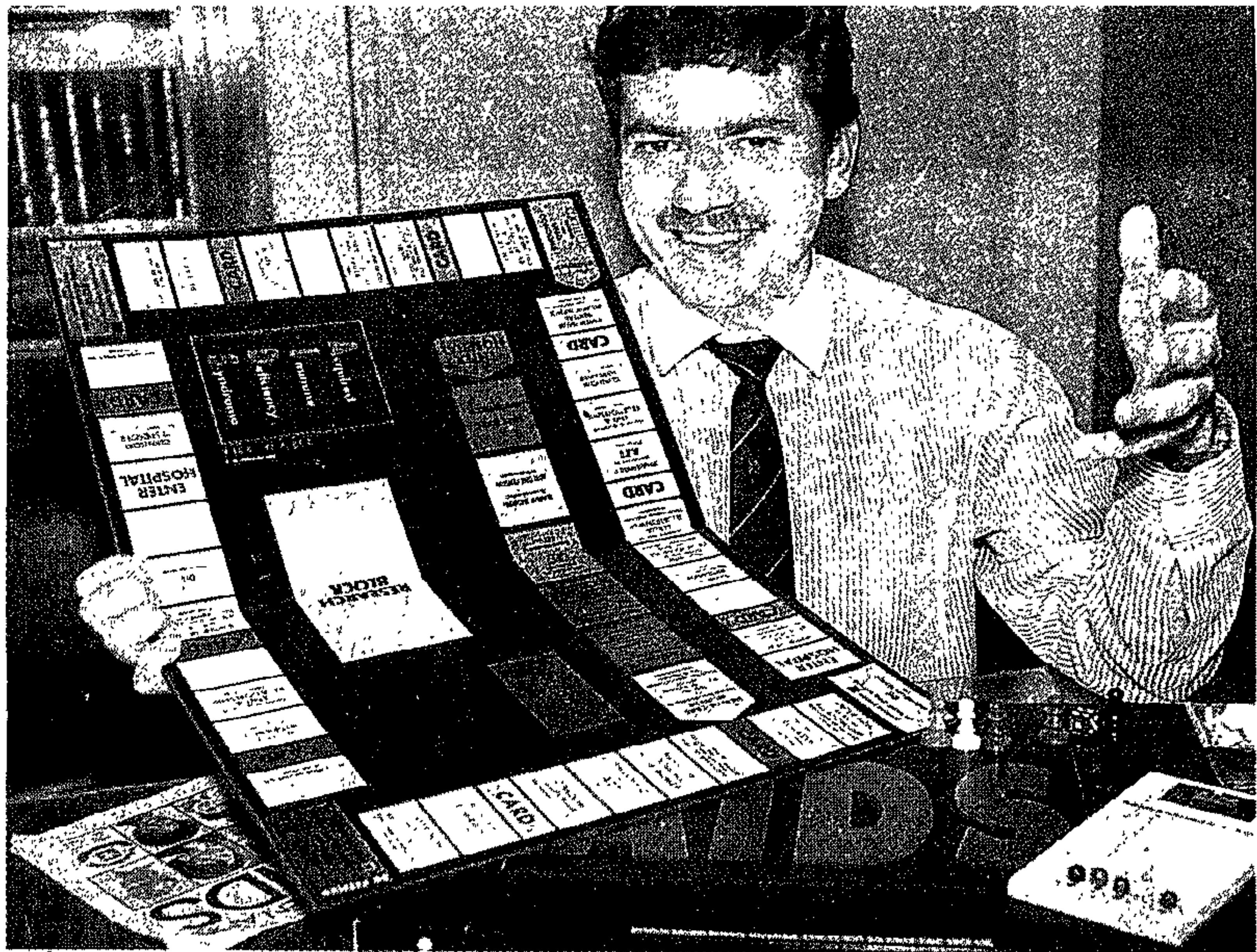
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While the PAC and the ANC call it an elected Constituent Assembly, Mr De Klerk and his summit partners may, for reasons of political expediency, call it something else — but, semantics aside, it seems everyone could now be heading in the same direction.

All agree that the motivation of groups on either side of the table must be to legitimise the structures that rule the country with a colour-blind vision and a racial unconsciousness, instead of black or white divisions.

According to Mr Moseneke, the reason the PAC is perceived to have changed from hardline non-negotiable demands to full participation in "preparatory talks" is because the government has changed its stance. He claims it has agreed to a basic PAC demand — to jettison "convoluted concepts" of caretaker interim executive structures as proposed at Codesa — for the reality of one-person, one-vote elections for a Constitutional Assembly.

The "modalities" of such a body, they agreed, would have to be negotiated in a "more representative forum".



THE GAME . . . Dr Marius Pienaar of Tygerberg Hospital with the game he invented to teach people about Aids
Picture: JACK LESTRADE

Aids game teaches via fun

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A YOUNG Cape Town doctor has developed a board game to teach people — especially teenagers — about Aids.

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Dr Pienaar, a gynaecological registrar at Tygerberg Hospital, said the game had the backing of the Department of Health and various research organisations and would retail at about R40.

"About a year ago I came into contact with a pharmacist's wife who said she did not want her children to visit their grandmother in hospital in case they came into contact with an Aids patient," Dr Pienaar said.

"It made me realise that even educated people did not read pamphlets or other information on Aids and that there was still widespread ignorance about it."

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with money at the start of the game, which they can spend on condoms or on Aids research. There is a separate board to score a player's spending on research, and another way to win the game is to reach the top rung of this board.

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S/Times (CM) 23/8/92

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Govt 'done little to ^{CT18/8/92} stop Aids'

Own Correspondent

JOHANNESBURG. — Governments and political leaders have done very little to combat the spread of Acquired Immune Deficiency Syndrome (Aids), Johannesburg's City Health Aids prevention programme director Mr Clive Evian said yesterday.

Responding to an alarming new United States government report warning that sub-Saharan Africa would soon be devastated by the disease, Mr Evian said it was no coincidence that the region was the worst hit by Aids.

Millions of South Africans would be infected within a couple of years, yet the government had not put any real effort into combating the disease, Mr Evian said.

The spread of the Aids virus was directly linked to poverty and the breakdown of community and family life, he said.

"Wars and famines have played havoc on society and it is inevitable — particularly in SA with its migrant labour system — that Aids will spread."

Industry was the most strategic place for preventing the spread of the virus, by providing education, creating a normal environment and encouraging people to live with their families, he said.

Among the consequences predicted in the report were infection rates of up to 40% for young adult populations in urban areas, and a decline in regional trade as governments restricted the free flow of labour and Western investors saw Aids as a reason to put their money elsewhere.

Rural whites get lion's share

THE average income of whites in rural areas last year was more than five times higher than that of blacks, according to an incomes and expenditure study by Unisa's Bureau for Market Research.

The study results, released yesterday, show the average income for white households was R63 844 and for blacks R10 785.

It was found young whites tended to leave the rural areas after the age of about 19 but many returned after the age of 30-34. **B10A4 25/8/92**

The pattern was different for blacks. Food accounted for 36,8% of black households' spending compared with only 11,9% for white households.

The biggest chunk of whites' budgets went to housing and electricity (20,8%) income tax (14,2%) and transport (13%). Blacks spent 9,6% on housing and electricity, 9% on clothing and footwear and

GERALD REILLY

8,6% on furniture and household equipment.

In metropolitan areas, black households spent 38,6% on food and whites 22,8%.

White households spent 19,6% and blacks 5,2% on housing and electricity but on fuel and lights blacks spent far more than whites — 5,7% of total expenditure compared with 0,4%.

There were also big differences in spending on clothing, footwear and accessories (9,6% for blacks and 5,3% for whites) and furniture and household equipment (11,2% and 4%).

In 1990 black metropolitan households spent 26,7% of their budgets on food compared with 38,4% by rural blacks in 1991. Cash expenditure on housing was 25,5% of whites' budgets in metropolitan areas and 15,4% in rural towns.

Move to chart AIDS strategy

Own Correspondent

DURBAN — A steering committee aimed at establishing a National AIDS convention to formulate a strategy to combat the disease has been set up.

It is estimated that every day 400 people in SA are infected by the HIV virus. The establishment of a national AIDS convention was critical in formulating actions to combat the spread of the disease, the committee said. **B10A4 25/8/92**

On the committee are the Department of Health, the ANC, Cosatu, Nactu, Nafcoc, the SA Council of Churches, Saccola and the SA National Civics Association.

Shady developers fleece home buyers

LOW-INCOME home buyers were losing millions of rands every year to unscrupulous and fraudulent property developers, Housing Rights Unit (HRU) director Brian Leveson said yesterday. **B10A4 25/8/92**

"There is a major rip-off going on in the industry. For every person who manages to get a house through one of these low-income schemes, nine people are losing out," said Leveson.

Much of the money was being lent to employees by companies, with pension fund monies as security. When the so-called developers did not deliver on promised housing or disappeared overnight, the prospective buyers were left owing several thousand rands, he said.

An HRU spokesman said summonses had been issued to more than 50 development company officials in the past two years while the Harmful Business Practices Committee was investigating a further 40 cases.

Leveson said the HRU, started by a group of attorneys in 1990 and now part of the Lawyers for Human Rights organisation, was receiving about 25 complaints a day from people who had lost their deposits to fraudulent development companies.

"There is actually very little township development going on at the moment, which makes the number of complaints all

ADRIAN HADLAND

the more surprising," he said.

The HRU had more than 4 000 people on its books who had been taken for a ride by "fly-by-night developers" promising cheap housing. "These companies make use of door-to-door salesmen, who also go around factories to dupe low-income workers. More often than not, even the land availability for the proposed site has not been cleared with the authorities."

Leveson said there recently had been an alarming increase in swindle claims.

Leveson said the HRU encouraged prospective home buyers to discuss potential deals with the unit before paying deposits or signing documents. The organisation has also introduced seminars to alert personnel managers to dangers lurking in the property development field.

"Many employers grant housing loans, or housing subsidies, but experience has shown that most employees also require further practical education," he said.

He said several agencies including the Urban Foundation, trade unions, the Estate Agents Board and the Harmful Business Practices Committee, had called for more information to be communicated to the public about the problem.

"We are convinced that an active education campaign is essential to deal with what is becoming of crucial concern."

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intellectual property field and you could



Organisations to submit draft strategy on AIDS

92
KATHRYN STRACHAN

BIDAY 26/8/92
WIDELY divergent organisations which came together yesterday to begin the process of formulating the country's first national strategy against AIDS, demonstrated how daunting the task was.

Delegates from a range of organisations, including the ANC, Saccola, and the National Health Department — which also sought to form a steering committee for October's national convention — were locked in heated debates as to how to proceed in their attempt to devise a national strategy.

But convention organiser Adrian Woudstra said delegates had reached a "general consensus" by the end of the session which would make it possible to compile a draft report.

The report would be presented at the final convention and would provide participants with "departure points regarding their own concerns, ideas and ambitions", he said.

The objective of yesterday's meeting was for delegates to discuss issues such as how the programme should be co-ordinat-

ed, possible funding sources and which should be the most important elements of a national strategy.

Between 500 and 800 delegates from various institutions involved in fighting the spread of AIDS are expected to attend the convention, to be held at Nasrec outside Johannesburg on October 23 and 24 reports Sapa.

Dr Natalie Stochton of the AIDS Unit told delegates yesterday the AIDS pandemic was taking on "ominous proportions". As many as 500 people a month were being infected with the virus and this could rise to 12 000 by the year 2000.

This could mean 80% of the country's health budget would have to be used to combat the disease, she said.

Meanwhile, a national AIDS database is being compiled by Unisa's Institute for Behavioural Sciences to provide a reference index to assist sufferers, medical practitioners, support services and health authorities.

East Rand land auctions suspended

THE Department of Local Government, Housing and Works would postpone the sale of 53 properties on the East Rand, a department statement said yesterday.

This followed a meeting between representatives of the ANC's PWV local and regional government commission and a department delegation led by department head L C Koch.

The properties, in the Roodepoort, Boksburg, Springs, Kempton Park, Benoni, Germiston and Alberton areas, were due to go on public auction today.

Business Day Reporter

"These properties were transferred in terms of town establishment conditions free of charge to the state, and have not at all been acquired by way of expropriation," the department said.

An ANC statement said department officials had informed the ANC commission that they had decided to suspend the sale pending receipt of proposals from the ANC on alternative use of the land by September 1, 1992.

After this a forum would

be convened to discuss the issue further, it said.

The ANC delegation this week urged the department to suspend the sale and open negotiations on the matter.

BIDAY 26/8/92
The land in the relevant areas was originally earmarked for building educational facilities.

However, the department "unilaterally decided to put up the land in the areas for sale, regardless of the state of homelessness and landlessness of millions of people in the PWV region", the ANC said.

Travellers snap up anti-Aids kit

92 OCT 20/81 92

JOHANNESBURG. — Local businessmen visiting other African destinations are snapping up anti-Aids medical kits supplied by the SA Foreign Trade Organisation.

The kits are complete with surgical gloves, alcohol swabs, syringes, intravenous needles, skin tape, sutures, medical tubes and sodium chloride solutions. They also include a special device to prevent Aids or hepatitis infection when administering mouth-to-mouth resuscitation.

A Saffo spokesman said the kits, priced from R145, were particularly popular among businessmen trav-

elling to Zimbabwe, Zambia, Nigeria and Kenya.

Saffo has also issued a report on which countries businessmen should consider doing business with. Saffo executive Mr Parash Pandya said the Market Selection Guide to Africa noted that while many previously hostile countries now sought SA links, not all were necessarily worth pursuing.

The report ranks countries according to nine factors, including political, economic and infrastructural ones. It puts members of the SA Customs Union (Botswana, Namibia, Swaziland and Lesotho) at the top of the list, along with Zambia and Mauri-

tius.

In the next category, high- to medium-priority markets, are Malawi, Mozambique, Kenya, Zaire, Seychelles and the Congo. The report says these countries' potential should not be overshadowed by their political instability.

Several countries which have recently opened up to SA, including Angola and Madagascar, rate only as medium-priority markets. Ranking last are 14 countries, among them Tunisia, Liberia, Ethiopia and Chad, whose political instability and small, agrarian economies count against them.

Aids conference (92)

THE National Aids Convention of South Africa is to hold a conference in October to devise strategies to combat the disease.

This emerged at a preparatory conference held in Johannesburg yesterday attended by more than 30 organisations. Organisations represented in Nacosa include the Department of National Health and Population Development, Nactu, Cosatu and the Medical Research Council. Nacosa participants said South Africans would have to make bold decisions regarding: *Sweetan 26/8/92*

The impact Aids will have on the health care industry;

The loss of skilled workers and the impact on business; and

Whether or not prostitution should be legalised.

Charter of basic rights for victims

92
CT 20/8/92

AN Aids charter which sets out the rights and duties of victims of the disease was launched in Cape Town yesterday.

The draft charter — supported by more than 40 organisations — was released with the first issue of the Medical Research Council's Aids Bulletin at their offices in Parrow.

The bulletin identifies Natal as the most established point of the Aids epidemic in South Africa.

Different areas appear to be differently affected, with the Cape being the least affected, it said. Reported cases in the Cape indicated the epidemic there was up to four years behind that in Natal.

The editor-in-chief and leader of the MRC's National Aids Research Programme, Dr Malcolm Steinberg, said the bulletin would contribute to Aids prevention, control and research and would complement existing information resources.

In an interview in the bulletin, ANC health spokesman Ms Cheryl Carolus said Aids was a socio-economic disease.

"It is no coincidence that Aids is spreading more rapidly among the black population — they are more vulnerable not because they are more promiscuous, but because their socio-economic situation makes them more vulnerable to disease in general."

Education should be the first priority in dealing with the challenge of Aids, she said.

Included in the draft charter's clauses are:

- That HIV infection should not be a basis for pre-employment testing or grounds for refusing to employ any person. Aids and HIV do not in themselves justify termination of employment.

- That public education should be provided to eliminate discrimination against people with HIV or Aids. — Staff Reporter, Sapa

City Republic of South Africa
Bank assistant GM: group
credit Irene Willman.
Picture: ROBERT BOTHA

Urban planning in the spotlight

KATHRYN STRACHAN

A BREAK from apartheid town-planning traditions which distanced people from job opportunities was predicted at the "Housing on the Fringe" conference this week.

ANC housing spokesman Thozama Botha told the two-day seminar, organised by the SA Institute for Housing, it was vital that urban planning be focused closer to the heart of the PWV. **81044 2718/92**

Infraplan representative Nico Kriek supported the view that residential sites needed to be developed closer to the metropolitan core, but warned that this could not be done without affecting property values.

DBSA spokesman Glyn Davis said the current approach to housing — a little house on a little patch of land — meant about 50 000 ha of land would have to be found to tackle the PWV housing backlog.

Govt distributes millions of condoms in anti-AIDS battle

81044 2718/92

TIM COHEN **92**

PRETORIA — The National Health Department would be distributing 25-million condoms at 62 000 distribution points around the country in an effort to curb the spread of AIDS, the department announced yesterday.

A media information package released by the department yesterday said 3-million more condoms would be distributed in 1992/93 in comparison to 1991/92.

The report notes that in the past, major problems were experienced with the supply and distribution of condoms.

These arose from the fact that there was a lack of sufficient awareness about the importance of using condoms and a resistance to them by a large section of the community.

It is hoped the newly formed AIDS programme, through sustained efforts, will enable an increasingly

well-informed population to be able to obtain sufficient condoms on demand in future.

The report also states that about R20m was allocated to the programme for the 1992/93 financial year.

The AIDS prevention budget has therefore more than doubled since the 1990/91 financial year, and rose a further 55%, or about R8m, in comparison to the current allocation.

National Health Department director-general C F Slabber said that very little future expansion of the programme was likely at central level.

There was, however, a great need to strengthen the AIDS programme at regional and community levels.

Created for DOS, setting a new s

Move to combat Aids ⁽⁹²⁾

CT 25/8/92

Own Correspondent

DURBAN. — A steering committee aimed at establishing a National Aids Convention to formulate a strategy to combat the disease has been set up.

"Aids can only be effectively eliminated or controlled by adopting pragmatic actions and all available resources," the committee said.

It is estimated that every day 400 people in South Africa are being infected by the HIV virus which indicates that South Africa is on the brink of an epidemic of tragic proportions.

The establishment of a National Aids Convention was critical in formulating actions to combat the spread of the disease which if not implemented soon would

have an extremely negative impact on the reconstruction of a new South Africa, the committee said.

Organisations represented on the committee are the ANC, the Department of Health and Population Development, Cosatu, Nactu, Nafcoc, the SA Council of Churches, Saccola and the SA National Civics Association.

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news in brief

Reporter's home raided

POLICEMEN in plain clothes on Tuesday night raided the home of SA Press Association (Sapa) reporter Nhlanhla Mbatha, saying they had been tipped off about a weapons cache at his home in Soweto. *Soweto*

The incident could not be immediately confirmed by the police.

Mbatha said about 10 policemen arrived at his home in Mofolo, Soweto, about 11.45pm. *27/8/92*

"The policemen, all of them whites, banged on the door and ordered me to get up.

"They then demanded to search it, which I allowed them to do." - *Sapa*.

Unisa's Aids data base ⁹²

THE University of South Africa is to establish a national data base on Aids. *Soweto*

Spokesman Professor DR Griesel said the aim was to provide a reference index which could be used in assisting Aids sufferers, medical practitioners, paramedics, support services and the health authorities. *27/8/92*

Anyone interested is asked to contact the Institute for Behavioural Sciences at (012) 429-6409 or Box 392, Pretoria, 0001.

Groups unite to combat Aids

STAR 27/8/92

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Medical Reporter

The Government and the ANC have sat down — along with 32 umbrella organisations — to discuss a new national policy on Aids.

ANC department of health secretary Ralph Mgiijima yesterday described the initiative as unique and vital.

"This is the first time we have people working together to fight Aids," he said.

"In the past, people working alone on individual programmes often duplicated work, and we hope the National Aids Convention of South Africa (Nacosa) will bring them together to share ideas and identify priorities in fighting the Aids pandemic."

Fledgling details of the new Aids policy emerged from a conference held in Johannesburg on Tuesday — the first time any body other than the Government has been involved in setting

a national agenda for combating the disease. The conference findings are a precursor to a national Aids conference planned for October at which a formal, national strategy comprising aims, actions and a timetable will be adopted.

The newly formed Nacosa will replace the Government's Aids programme as a policy-making body for Aids.

ANC department of health promotion and Aids prevention director Natalie Stockton yesterday said the ANC's commitment to work with the Government in formulating a new national Aids policy, despite political reforms not having yet reached fruition, was a giant leap forward in the battle against the disease.

According to Dr Mgiijima the most valuable lesson learnt in the decade since Aids surfaced in South Africa was that all policy decisions taken

should have the approval of the communities they were imposed on.

"Aids programmes of the past have been largely ineffectual because it ignored this important lesson," he said.

The formulation of a new policy involving a broad spectrum of the community would ensure it survived political changes in the future, he added.

● The steering committee of Nacosa comprises delegates from the ANC, the Department of National Health and Population Development, the Congress of South African Trade Unions, the National African Congress of Trade Unions, the National African Federated Chamber of Commerce, the South African Council of Churches, the South African Consultative Committee on Labour Affairs and the SA National Aids Association.

Govt gears up to rub out Aids (92)

CT 27/8/92

PRETORIA. — The Department of National Health and Population Development is to make available 25 million condoms at 62 000 distribution points throughout the country.

The department said yesterday it is to intensify its prevention of Aids campaign. About R20 million has been budgeted for this purpose, of which R4m would be spent on a communication campaign.

The department's director-general, Dr C F Slabber, said any attempt by

government authorities to prevent the spread of Aids would be futile without the dedicated commitment of the whole community.

● Research by two UCT scientists working in the United States will lead to a better understanding of how the Aids virus enzyme works.

Dr Raymond Milton of the Chemical Pathology Department of UCT, Dr Saskia Milton, a former UCT PhD student, and American Dr Stephen Kent created the first mirror-image ver-

sion of a naturally occurring enzyme that could lead to the creation of a whole new range of drugs, said the head of the department, Professor M Berman.

● More women than men have become infected with the HIV virus this year, according to statistics released by the Department of National Health and Population Development.

● A national Aids database is being compiled by Unisa's Institute for Behavioural Sciences to provide a refer-

ence index to assist Aids sufferers, medical practitioners, support services and health authorities.

Anyone interested can phone the institute at (012) 429-6409.

● The Department of National Health and Population Development said yesterday the findings of an inquiry into "internal problems" at its Aids Unit could not be published because an appeal against the findings had been lodged. — Staff Reporter, Sapa

R20m to prevent Aids 92

THE Department of National Health and Population Development yesterday announced a R20 million budget to prevent Aids.

R4 million of the money would be spent on a communication campaign, said Director-general Dr CF Slabber. *Sowetan 27/8/92*

Condom plan will flop — DP

THE government's massive condom distribution plan was likely to flop, the DP said yesterday.

DP health spokesman Mr Mike Ellis said that although the distribution of condoms was important, it had to form part of an Aids education programme.

He urged the resuscitation and extension of the schools Aids prevention programme. — Own Correspondent, Sapa



ILL-TREATMENT ...
Oupa Motaung speaks
of his ordeal.

Aids man tells of Hillbrow ordeal

By JETHRO SEREISHO

CIPres 30/8/92

A PRETORIA doctor says he will operate on 30-year-old HIV positive Oupa Motaung because Hillbrow hospital doctors refuse to do so.

After an Aids seminar organised by City Press and Southern Life in Johannesburg, Motaung told City Press the Hillbrow doctors were afraid of being infected.

Motaung said he went to Hillbrow hospital be-

cause his ankle was fractured. After a blood test he was told to come back later. A week later he was told he could not have an operation.

"I was put in a ward and left there for three days before the doctor in charge told me I had Aids. I was then taken to the Aids clinic," he said.

A Southern Life doctor later gave him a letter saying he should take it to a doctor in Pretoria who would operate on him.

Most babies in town HIV pos

GABORONE. — About 10 000 out of a population of 65 000 people (15,4%) in Francistown, Botswana, have been infected with the Aids virus, according to the town's Medical Officer, Mr Thandabantu Hlangabeza. (12)

Mr Hlangabeza said 22% of pregnant women were HIV positive and most of their babies would also be infected.

— Sapa

CT 31/8/92

Battling the Aids epidemic

By THEMBA KHUMALO

30/8/92

THE plight of people suffering from Acquired Immune Deficiency Syndrome in SA has once again caught the attention of influential people who have rolled up their sleeves in preparation for an all-out battle against the epidemic.

For the first time in the history of the fight against the deadly disease, South Africans of all races across the social and political spectrum gathered this week under the auspices of the National Aids Convention of South Africa (Nacosa) to chart the way forward.

The meeting, under the chairmanship of Dr Ralph Mqijima of the ANC's health department, was held at a Johannesburg hotel to decide the agenda for a planned two-day month convention on October 23 and 24 at Nasrec near Johannesburg.

Academics, trade unionists, government officials and church representatives sat side-by-side and deliberated for nearly 10 hours trying to draw up a list of prominent community figures to speak at the forthcoming convention.

A representative from the Department of National Health and Pop-



DIRE WARNING... Baragwanath Hospital's Dr Robert McIntyre making a point at the recent AIDS conference hosted jointly by City Press and Southern Life. Standing next to him is HIV-positive Oupa Motaung. Pic: THULANI SITHOLE

ulation Development told delegates that the government had put aside R250 000 to foot the bill for next month's meeting.

The convention will be a watershed for traditional healers and sangomas who feel left out by medical doctors in the fight against Aids. Some traditional healers have claimed to have healed Aids sufferers, a claim hotly disputed by medical doctors and researchers.

Mqijima emphasised the non-partisan nature of

the convention, and said South Africans would put aside whatever differences they might have to fight the country's "enemy number one".

An Aids seminar organised by Southern Life and City Press was told that women and children in Soweto and Johannesburg face an Aids epidemic within the next 10 years, reports NOMVULA KHALO and JETHRO SERREISHO.

"Aids will become one of the major problems

facing medical staff dealing with these groups. Prevention is our only hope, and the usage of condoms is our only hope. We need to empower women to control their own sexual lives," said Dr Robert McIntyre, a Baragwanath Hospital gynaecologist and specialist obstetrician who studies the disease in the townships.

He continued: "In South Africa we are at the edge of an explosion of the epidemic. The only advantage that we have

over other African states is that we can learn from their mistakes."

National Council of Trade Unions (Nactu) head Kgopolang Sekobe said his federation had a two-pronged approach to Aids and the worker - to use education, and to avoid marginalising the issue.

He said Nactu fought as much as possible for medical and pension schemes to accommodate

HIV positive workers.

Traditional Healer's Organisation of South Africa president Horatius Zungu called for the role of traditional medicine to be respected.

In Zambia a report states that nearly 25 000 Zambians have died of AIDS-related illnesses since 1986, while in Dar es Salaam deputy health minister Zakia Meghji confirmed AIDS was now Tanzania's leading killer disease, having overtaken malaria.

Casual teenage sex 'worrying'

THERE was a "worrying risk of casual and unprotected sex" among Cape Town adolescents, according to a study done in 16 local high schools and involving 7 000 pupils.

Professor Brian Robertson, head of the departments of psychiatry at the University of Cape Town, Grote Schuur, Valkenberg and Red Cross hospitals, was talking at the 33rd annual general meeting of the private welfare organisation, Family

Marriage SA (FAMSA) yesterday.

Prof Robertson described adolescence as "temporary madness" and on the topic of teenage sex he said the study had shown that Xhosa pupils took more sex risks than English and Afrikaans pupils.

Xhosa teens became sexually active earlier and boys and girls started in-teract at the same time. Among English-ans pupils girls be-

came sexually active later than boys and boys in general were more likely to take risks.

He said the researchers defined casual sex as taking place when partners knew each other for less than seven days. This was worrying, especially with the possibility of Aids infection.

Regarding drugs, he said Xhosa girls had "a very low use" of dagga.

Heavy use was mainly by boys in the same group.

A small percentage of pupils used dagga regularly. A number of them experimented but did not persist and hard drugs were rarely used.

Alcohol use was more common and led to dangerous behaviour on roads. Both of these were more common among boys.

The study had also shown a knife to be the most common weapon carried.

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Research 'losing' AIDS virus battle

BIDAM 31/8/92
KATHRYN STRACHAN (92)

THE world was rapidly losing the AIDS battle, delegates from the Amsterdam eighth international conference on the virus said at a report-back in Johannesburg.

At a briefing for health organisations on Friday, Johannesburg City Health spokesman Dr Clive Evian said researchers were no closer to finding a vaccine against the virus. "Every year the virus is winning the battle by a much larger margin," he said.

The emergence of a variety of virus sub-strains had also made the infection more difficult to treat, he said.

Evian said the pharmaceutical industry had been the target of heavy criticism and "very aggressive" protests at the conference, with organisations accusing pharmaceutical companies of exploiting the epidemic.

He said it was clear from the conference that another battle had emerged — the conflict between the economic power of pharmaceutical companies and the interests of people infected with the virus. Evian quoted the example of a US company which supplied a drug at the cost of \$75 000 for a year's treatment.

Other issues were: governments worldwide were being slow to respond to the epidemic; and a lack of legislation to protect the infected from discrimination.

Evian said the global impressions gained from "the conference were that biochemical knowledge and technology came far short of providing a solution and the only way forward was to address the socio-economic causes of the spread of the disease.

The rapid spread of AIDS in Africa, and the high incidence of infection among blacks, hispanics and the homeless in First World countries, indicated the spread of the virus was rooted in social problems, he said.

Evian said 13-million people worldwide were already infected with the virus, and AIDS was on the increase, particularly among women and adolescents.

Hospital design criticised

KATHRYN STRACHAN (92)

HOSPITALS designed by First World architects were often not equipped to meet the needs of developing countries, a recent international congress on hospital engineering heard. BIDAM 31/8/92

The congress of the International Federation of Hospital Engineering in Bologna, Italy, highlighted the need for suitable technology for Third World countries, said Ken Howie, a partner of FGG Architects who attended the congress.

Howie said the point had been raised by delegates at a previous congress two years ago, but never acted on. It had been reported then that three quarters of equipment supplied to developing countries broke down within a year.

He said delegates reported that unsuitable equipment had been supplied, with no consideration given as to how it would be maintained.

"It was proposed that hospitals for Third World countries should be low-level structures which are simple to build and maintain..."

Howe said a hospital designed for Mogadishu, Somalia, with the aid of the Italian government, would be three times the cost of a European hospital, and was a prime example of "over-engineering" for Third World conditions.

President Nelson Mandela was de-
nounced as a sellout and stooge.

several very senior black officers and their
addition to the general staff would be for

MEET/INTERVIEW ASSERS
"functional stream" of the force over the
next two years.

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AIDS inquiry appeal

KATHRYN STRACHAN

92

THE SA Law Commission yesterday appealed to the public to submit evidence for its investigation into the legal and ethical aspects of AIDS.

The investigation was appointed by Justice Minister Kobie Coetsee in March.

Matters that would receive attention include legal questions concerning HIV testing, notification of infection, and discrimination against infected people.

Meanwhile, DP Health spokesman Mike Ellis yesterday criticised the "debacle" within the government AIDS unit in recent months.

"With 400 new cases occurring daily, every day that the prevention programme fails to operate fully means the lives of more South Africans are threatened," Ellis said.

R1084 28/8/92
National Health director-general Dr Natalie Stockton said the department could not comment on the findings of an independent investigation into "internal problems" because former AIDS unit head Dr Manda Holmshaw had appealed against the findings. Stockton said the AIDS unit had been dissolved as a separate entity.

Violence kills 6 229 study

RAY HARTLEY

NEARLY 6 229 people — about 8.5 a day — died in 5 700 incidents of political violence since July 1990, says a new study released today by the Human Rights Commission (HRC).

The HRC says vigilante actions were responsible for 5 060 of the deaths while 352 died as a result of security force action.

The report names 126 people killed by hit squads during the period. "Hit squads are characterised by the clear possession of expertise in the use of weapons, explosives and chemicals.

"They are highly focused in their objectives, which are to eliminate identified and designated political opponents," the HRC says.

Right-wing violence claimed 44 lives in 207 incidents.

"An extraordinary feature of right-wing attacks has been the diligence with which the state has investigated them, and the extremely high rate of

success it has had in making arrests and obtaining convictions.

"What is clear is that the capacity and ability exists for the solution of crimes of political violence."

Of those killed, 346 were commuters, 295 of whom were killed on trains, the HRC says. About 16 936 people were arrested.

The study lists 49 "major massacres" in which more than 10 people had been killed at one time.

Of the 5 700 incidents analysed in the report, 1 790 were security force actions, 2 782 vigilante attacks, 225 hit squad assassination attempts and 207 right-wing attacks.

The organisation says the political affiliation of about half of those killed since July 1991 could be determined. Of these 274 were ANC supporters while 234 supported Inkatha.

Zimbabwe freezes SA taxi services

THEO RAWANA

THE Zimbabwean government had put a hold on all cross-border operations by both its own and SA taxis following feuds between the two sides, National African Federated Transport Organisation (Naflo) president Peter Rabali said yesterday.

Rabali said 50 of his association's minibuses, which operated between Johannesburg and Harare and Bulawayo, had been badly affected by the decision.

In the meantime an arrangement will be followed whereby Zimbabwean bus operators will drop passengers on their side of the border and SA taximen will pick them up on the SA side.

The reverse will apply on the SA side of the border and the arrangement will stay in place until Zimbabwean and SA operators reach an agreement.

Safcor

SAINTU AFDIRAN EDEIRIUT

Minister de

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Mrs van Zyl when she would be
 19. Later he had arrived in the lift to
 get her out of the building.
 Palm allegedly lured Mrs Van Zyl out
 of the lift on the eighth floor on the pretext
 that he should witness him dealing with a
 man who was lying drunk in one of the
 toilets.
 She realised the accused had allegedly
 lured her into a trap when she found the
 man deserted but before she could flee

discovered her and she was rushed to hos-
 pital.
 Mr Palm is accused of removing Mrs Van
 Zyl's from her finger a gold wedding band,
 which was allegedly found at his home.
 Mr J Kudo, appearing for Mr Palm, said
 he had no intention of reviving a further
 application for bail and requested that
 pro-deo counsel be appointed.
 The magistrate was Mr H Muller. The prosecutor was
 Mr P Burger. Mr J Kudo appeared for Mr Palm.

malia later this month.
 'Arrogance' by
 SAAF denied
 Staff Reporter

THE Department of Foreign Affairs denied yesterday that reportedly "arrogant" behaviour by SA Air Force personnel assisting in the Angolan elections had strained relations between the two countries. Reports have claimed the SAAF tour of duty in Angola was cut short after airmen were "enormously insensitive". But a Foreign Affairs spokesman said the SAAF presence had been extended rather than curtailed.

'Unreliable' HIV test raises risks

THE HIV test is unreliable — and every patient should be considered a potential Aids victim, delegates at the annual congress of the SA Orthopaedic Association were told during an Aids symposium at the Cape Sun yesterday.
 Professor Deon Knobel, the head of the Department of Forensic Medicine at UCT and chief specialist for the Department of National Health, said the HIV test was totally ineffective for 18 months during the "window period" preceding acute infection. Often it would be impossible to test patients such as those in trauma or those who did not consent, he said, making "universal safety precautions the only way to ensure the doctor was protected from infection".
 These precautions include special protective clothing and prescribed ways of handling blood and sharp instruments.
 Professor Einhard Erken of the Department of Surgery at Wits Univers-

Anthony Perkins goes home to die

Own Correspondent
 LOS ANGELES. — Aids victim Anthony Perkins, the actor who starred as the killer in "Psycho", has gone home from hospital here to die.
 Looking skeletal, the 1,8m actor left hospital here weighing just 54kg after a two-month stay.
 Perkins (60), who is married and has two teenage sons, left holding on to the arm of his wife, Berry.
 The disease was diagnosed two years ago. Perkins, who has admitted he had homosexual "encounters" in the past, recently told a friend: "I've finally accepted the fact that I'm dying."
 The star has not worked for more than a year and his family have struggled to keep his battle against AIDS a secret.

ity said most provincial hospitals in SA were "a long way from achieving these standards" owing to a lack of funds.
 He recommended that no elective surgery be performed if no HIV test was forthcoming.
 According to Medical and Dental Council guidelines no doctor may refuse to treat an infected patient.

T'kei, SA in border talks

PRETORIA — South Africa and the Transkei yesterday agreed to defuse the tension following incidents along the border of the countries. This was said in a joint statement by Transkeian ruler Major-General Bantu Holomisa and Deputy Foreign Affairs Minister Mr Renier Schoeman and Law and Order Deputy Minister Mr Gert Myburgh after a meeting in Umtata. The meeting follows suspected acts of arson in the north-eastern Cape region in which almost 1 000 people were left homeless. — Sapa

As pressure mounted... DISQUALIFIED... MS GIOVANNA FANELLI, 27, who was diagnosed... protection officers... the Mice... mounted

Unisa's Aids database

THE University of South Africa is to establish a national database on Aids.

Spokesman Professor DR Griesel said the aim was to provide a reference index which could be used in assisting Aids sufferers, medical practitioners, paramedics, support services and health authorities. Anyone interested is asked to contact the Institute for Behavioural Sciences at (012) 429-6409 or Box 392, Pretoria, 0001.

Sowetan 3/9/92 (92)

THE SPREAD of Aids, now at epidemic proportions, its at risk South Africa's people, its resources and its economy.

The law and 'modern-dach'azine,

Sam 7/19/92.

(92)

In a paper entitled "Public health and human rights — the crisis in South Africa" in the latest issue of the SA Journal on Human Rights, Professor Edwin Cameron and visiting American researcher Edward Wanson argue that the law has a very limited role to play in curbing the HIV epidemic.

In fact, its main function would be to protect people with HIV from discrimination.

The HIV epidemic, they say, is about to hit South Africa with full force. According to a recent study more than 5 million South Africans will be infected by the HIV virus by the turn of the century and 666,000 people will have died from Aids.

"Aids also poses a serious economic and financial threat to the country. The cost in health care expenses and lost productivity will be enormous. The emotional toll will also be high.

"If the spread of the virus is not checked and a vaccine or a cure not found, the epidemic could shred the already fragile fabric of South African society," they warn.

Under close scrutiny is how the spread of Aids will challenge South Africa's legal system. Many are demanding that the law be employed for protection. The isolation and quarantine of HIV carriers, compulsory notification, calls for the names of such people to be made public and even the branding of carriers — all of these highlight severe social discrimination.

"Aids," an American court observed, "is the modern-day leprosy."

The threat to individual rights posed by the calls for coercive legal action is clear. The calls imply that respect for human rights stands in the way of strong and decisive action to curb the transmission of HIV.

"But a prior question is whether restrictive legal measures can in fact help society to contain the threat of Aids."

The law can be used indirectly or directly. Direct coercive measures include criminalising HIV carriers, and indirect measures include targeting the movement and conduct of these

people. All these measures affect an individual's civic or social status or limit his or her freedom.

The advocacy of coercive measures to combat Aids seems to present human rights advocates with a dilemma. Do the rights of the individual to liberty and privacy compete with the needs of society to protect itself from Aids?

No, argue Professor Cameron and Mr Swanson. The dilemma posed is false: "The protection of individual human rights and the preservation of the common good are not in fact antithetical.

"Our conclusion, supported by the experience and authority of those most closely involved in the fight against HIV worldwide, is that respect for human rights is an ally in the containment of Aids and that discriminatory measures harm rather than help."

By contrast, as a means of securing people's rights and protecting them from discrimination — in furnishing a shield rather than acting as a blind-geon — the law might yet prove an important ally of public education in combating the crisis."

Coercive legal measures, however, serve the politics of blame and do nothing to advance understanding of the epidemic or slow down its spread, they say.

The law is a blunt and often brutal instrument. In the field of social policy it is one that should always be applied with caution. □

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In dealing with a public health crisis, the law's resources are limited.

The temptation to resort to invoking the law in applying coercion is strong, but "sober consideration shows that the temptation should be resisted".

The world — and South Africa in particular, to which the epidemic has come slightly later than elsewhere — is better equipped to deal with the crisis than in the past. This is an opportunity for policymakers to grasp, they argue.

This does not mean that the law has no role in Aids prevention, but that coercive measures trampling on civil liberties have been shown to be counter-productive.

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**11 Aids cases
in SA prisons**

PRETORIA. — There are 11 prisoners with full-blown Aids and 209 infected with the HIV virus, Correctional Services Minister Mr Adriaan Vlok said at a seminar on Aids in Prisons. (92)

In South Africa 0,173% of the prison population of 109 000 are HIV-infected, speakers said.

In New York city 17,4% of the prison population were HIV sero-positive and in Spain it was believed the incidence had reached 67%. — Sapa

Strategy to combat AIDS in prisons

9/9/92
BLOOM 9/9/92
92 25
A STRATEGY for dealing with AIDS in prisons was announced by the Department of Correctional Services at a conference in Pretoria yesterday.

A report by the World Health Organisation said there were only nine other countries in the world which had adopted a national policy for managing AIDS in prisons.

Health Minister Rina Venter said while prisoners were incarcerated they were exposed to rape and assault, or they could have homosexual sex by consent — all of which could expose them to the virus.

Venter said the problems associated with the medical management of AIDS patients were exacerbated by the nature of the prison community and the concentration of people with

KATHRYN STRACHAN

high-risk behaviour, such as intravenous drug use, in prisons.

She said the new strategy — which was aimed at managing HIV infection in prisons with regard to testing, counselling, education and the training of prison staff — would reduce the risk of HIV-transmission.

Leading AIDS expert Prof Ruben Sher advised that prisons should consider supplying condoms to prisoners. AIDS Support and Education Trust spokesman John Pegge pointed out that condoms were now provided in some prisons overseas.

Prof Jan Nesor of Unisa's Criminology Department said a review of other country's policies showed a major split and intense debate on the

distribution of condoms and clean needles to combat the risk posed by intravenous drug use and unhygienic tattooing known to occur in prisons.

But Correctional Services spokesman Gen Henk Bruin responded that it was not policy to supply condoms.

Correctional Services Minister Adriaan Vlok told delegates that prison was not a breeding ground for AIDS. At present there were only 209 HIV-infected prisoners and 11 prisoners with full-blown AIDS, out of a prison population of 109 000. Statistically, those outside the prison walls were far more likely to be infected.

"It is therefore a pity that some people have the misconception that prison is a favourable breeding ground for AIDS and that the situation is out of control," said Vlok.

Beloved comforter of Aids families

By Sizakele Kooma

A GROUP of toddlers huddle around the driver's door, pounding at it and calling at the driver to come out.

She, smiling, eases her bulky mass out and lifts the youngest to her ample bosom.

The woman is Claire Fleming, coordinator of Support for Aids Families and Orphans (Safo), and the toddlers are some of the members of a family in Rockville, Soweto, who recently lost a breadwinner to the Aids epidemic.

Olga (not her real name) died suddenly from dementia, leaving two children of primary school age, five nephews and nieces and an elderly mother.

In another home in Mofolo, Fleming is grabbed at the door by two teenagers and an older woman who give her a warm hug. The family is in mourning. The mother of the two teenagers, a boy and a girl, has just died from cervical cancer which was Aids-related.

The warm reception given this white woman by these black families is not hypocritical.

Fleming and colleague Nana Ntuli have been their lifeline. The two women who run the two-person show that is Safo have offered them, and 31 other families of Aids-infected people in the township, both emotional and material support.

They go to these homes every day, holding counselling and educational sessions with them to help them cope

Soweto 17/9/92
EMOTIONAL SUPPORT *Helping*

those left behind when no one else will:

All efforts are concentrated on helping patients cope with their infection but no one is helping their families adjust to the change

Claire Fleming

with the impending death of their relatives. They also offer them food and clothing.

Families who have lost breadwinners are helped to set up self-sustaining businesses like the vegetable vending stall that is run by the Rockville family.

"All efforts are concentrated on helping the patients cope with their infection but no one is helping their families adjust to the change that is brought into their lives by the news," said Fleming.

"Aids is a family disease. It means that a parent is going to die, and more often, that a breadwinner will be lost. The people on whom the death is going

to impact need to know what it means and how they can protect themselves against it. Above all, they need society's help and care.

"Safo was formed because no one would do anything. At first we thought we would just go with the education. But we discovered we couldn't divorce the caring."

It was in January this year that Fleming and her husband, a doctor at Baragwanath Hospital, launched the project. She, and later Ntuli, would get referrals of HIV-infected people from the hospital's ante-natal and HIV clinic.

Once they got the details of the patients they would visit them in their homes, offer counselling to the whole family and give food and clothing to those who needed it.

Safo operates from the Flemings' home garage in Fairlands. Except for a van donated by Operation Hunger, the project does not receive any funds from the Government or private sector.

"My husband and I have put about R25 000 into the project to date. We need cash and more donations to cope with the demand. At the moment we concentrate on Soweto only because we can't afford to go to other areas. We need a workshop where women can come and work."

STAR 9/9/92

Jail 'not breeding ground for Aids'

Medical Reporter ~~253~~ 92

There are at present 11 prisoners with full-blown Aids and 209 with HIV, out of a prison population of 109 000, according to Correctional Services Minister Adriaan Vlok.

Speaking at an "Aids in Prisons" seminar in Pretoria yesterday, he said prison was not a breeding ground for Aids.

The reason for this was apparently because prisons were viewed as communities in

which homosexuality was practised. Statistically, those outside prison walls were much more likely to be HIV-infected.

"Despite continued attempts to provide more information on the prison milieu, there is still much ignorance regarding the conditions and way of life in a prison," Mr Vlok said.

The seminar was organised by the Aids Programme of the National Health and Population Development Department in collaboration with the Correc-

tional Services Department.

Since 1983 — when the first prisoner died of Aids — the department has been working closely with National Health, and Population Development, according to Major R C Greyling, director of nursing services at Correctional Services.

Currently 0,173 percent (about one in 532 people) of the general South African prison population was HIV-infected — against 0,8 percent (one in 40) among the general population.

Aids warning (92)

NAIROBI, — Ethiopian
Health Minister Ms
Adanech Kidane has
warned that unless the
country's Aids epidemic
is checked, more than
45 000 Ethiopians will
have Aids and 800 000
will be HIV positive by
the end of next year.

She said that six per-
cent of the sexually ac-
tive urban population
and 50% of prostitutes
had become HIV carriers
this year. — Sapa-AFP

Aids and ⁽⁹²⁾ the law

South 1919-23/9/92

THE SOUTH African Law Commission recently began an investigation into all aspects of the law relating to Aids.

Matters that will get attention include legal questions around Aids testing; the publication or notification of test results; and discrimination against HIV-positive people within the law of persons, family law, employment law, insurance law, forensic law and human rights law.

11 Aids cases behind bars

By SOPHIE TEMA

SOUTH African prisons are not Aids breeding grounds, Correctional Services Minister Adriaan Vlok told delegates to a recent seminar held in Pretoria.

He said statistically those outside prison walls are more prone to be HIV-infected.

Vlok said out of a total prison population of 109 000, there are presently only 209 HIV-infected prisoners and 11 with full-blown Aids.

"People have the misconception that prison is a favourable breeding ground for Aids and that the situation is out of control," he said.

"The reason is apparently because prisons are viewed as communities in which homosexuality is practised."

Department of Correctional Services nursing director, Major RC Greyling, told the seminar her department had been working closely with the

Department of National Health and Population Development on an Aids strategy since 1987 — when the first prisoner died of the disease.

She said that currently one in 532 people of the general SA prison population is HIV-infected against one in 40 among the general SA population.

Delegates heard that prisoners terminally ill with Aids were being released on compassionate grounds.

HIV-infected prisoners were not segregated or discriminated against — though they slept in separate quarters because to house a group of these prisoners in a common cell was inviting trouble.

In prison they were not robbed of recreation or work opportunities, nor did they have to use separate toilet or ablution facilities as mandatory screening had been decided against as it violated individual rights.

HIV could lead to region's economic and political collapse

Socio-economic distinction and even political collapse are feared as a result of the epidemic's selective impact on young and middle-aged adults,"

LINDA ENSOR

SOUTHERN African countries, which face enormous problems of poverty and underdevelopment, are also plagued by the spread of the HIV infection which is predicted to have catastrophic economic and financial effects.

Soaring health care costs, maintenance of orphanages, spread of associated diseases such as TB, loss of production and death of the most productive members of the workforce are some of the likely consequences of the pandemic.

World Health Organisation (WHO) Global Programme on AIDS director Michael Merson wrote in the book 'AIDS in Africa'.

Doctors Peter Lamptey and Gail Goodridge made a call for international support to combat AIDS in Africa as the critical lack of resources of African governments meant a low

number of interventions.

Another contributor said the overwhelming majority of Africans with HIV infection "remain deprived not only of therapy but also of treatment of many opportunistic infections and sometimes of the most basic care".

Merson said the epidemic had been most dramatic in sub-Saharan Africa. The WHO estimated there had been about 6-million HIV infections and 800 000 AIDS

cases in adults as well as 900 000 HIV infections and almost 500 000 AIDS cases in infants and children in sub-Saharan Africa.

WHO also estimated that during the 90s 10-million to 15-million children in sub-Saharan Africa would lose their mothers to AIDS.

"What these dry statistics mean in human terms is almost unimaginable for those who have not seen the African pandemic at first hand," Merson wrote.

Elderly people were being left without support as their grown children died. What remained of the extended family struggled to take care of the growing number of orphans, but many were abandoned.

"Health services are overwhelmed; in some places up to 40% of all hospital beds are occupied by people with HIV-related diseases, especially tuberculosis."

The publication said there were more than 1-million infected adults with

HIV in Zambia. In 1990 up to half of hospital beds in most Zambian hospitals were occupied by AIDS-related cases.

Statistics compiled by life assurer Metropolitan Life at the end of 1991 showed 1.49% or 300 000 of the SA population was HIV-infected, with predictions of 900 000 being infected by 1995.

The WHO has estimated by the year 2000 half of the 30-million to 40-million people with HIV worldwide would be in Africa.

WITH ITTS STINDS



AIDS deaths in Natal

A TOTAL of 157 people have died of AIDS at the Egwelezane Hospital near Empangeni in northern Natal this year. (92)

Medical superintendent Dr Peter Haselau expressed concern yesterday at the number of patients who had tested HIV positive, and confirmed that 423 patients were being treated at the hospital. BIRAM 23/9/92

the nation in brief

Tariff hikes

THE Atteridgeville Council is facing a deficit of more than R33,3 million for this financial year and the Pretoria City Council, which administers the township, is set to approve tariff increases.

The Pretoria City Council was due to meet last night to debate the proposed increases.

Last week it announced it would increase rates in Atteridgeville to reduce the shortfall and prevent the total collapse of services in the township. *Sowetan 23/9/92*

"It is proposed that tariffs be increased from the R103,30 flat rate to R220 a household a month," the deputy chairman of the management committee of the Pretoria Council said. He said the R33,3 million accumulated deficit did not even give the full picture of arrears.

Summit is on

THE much talked about summit on peace between Mr Nelson Mandela and President FW de Klerk will be held this weekend. *(23/9)*

This became clear yesterday but both Government and ANC officials refused to confirm this before top level meetings today to ratify the decision. *Sowetan 23/9/92*

The ANC's National Working Committee (NWC) and the Cabinet assembled early today for their respective Wednesday meetings where agreements reached between their top negotiators are expected to be ratified.

The meeting would have to take place before next Wednesday when Mandela is scheduled to leave on a two-week visit to Asia.

No motive murders

A Mamelodi, Pretoria, businessman was gunned down at his home this week while relaxing in his

lounge.

Mr Peter Mopeloa of Mamelodi Gardens, owner of a hair salon in Mamelodi West, died instantly after being hit by five bullets from a 9mm pistol.

Police said the motive for the attack was unknown and nothing was taken from the house. No arrests have been made.

In Soshanguve the body of a 25-year-old woman was found at Wallmansdal Secondary School by a pupil. She had two head-wounds but police believe she was throttled.

HIV on the increase

A total of 157 people have died of Aids at Engwelezane Hospital near Empangeni in northern Natal this year. *Sowetan 23/9/92*

The hospital's medical superintendent, Dr Peter Haselau, yesterday expressed concern at the number of patients who tested HIV positive and confirmed 423 patients were being treated at the institution.

He said about 60 percent of the women and 40 percent of the men who had visited the hospital this year had been infected with the killer disease. *(92)*

Foreign observers

A five-person ecumenical eminent persons group arrived in South Africa yesterday to observe the country's difficult transition period to a democracy. *(SAPA)*

They are the first church-based organisation to visit South Africa in this capacity. *Sowetan 23/9/92*

Earlier observers were from international organisations such as the OAU and the UN.

Meanwhile, a group of OAU observers arrives in Cape Town today. The PAC announced yesterday that the group would meet its regional leadership and that of the ANC. - *Sowetan Reporters and Sapa.*

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Aids kills hundreds

A TOTAL of 157 people have died of Aids at the Engwelezane Hospital near Empangeni in northern Natal this year, SABC radio news reported. (92)

The hospital's medical superintendent, Dr Peter Haselau, on Tuesday expressed concern at the number of patients who tested HIV positive and confirmed 423 patients were being treated at the institution. Dr Haselau said that about 60 percent of the females and about 40 percent of the males who had visited the hospital this year had been affected by the killer disease. - Sapa
Sowetan 24/9/92

AIDS ignored by Health Department, say doctors

30/9/92
 B/DAY 92
KATHRYN STRACHAN

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DOCTORS treating patients with AIDS at Baragwanath Hospital have accused the Department of Health of ignoring the pandemic in Soweto.

Prof Alan Fleming, head of the haematology unit at the SA Institute of Medical Research (SAIMR) at Baragwanath, said that despite repeated pleas for government intervention in Soweto, almost nothing was being done to educate people about the disease.

According to Fleming the Baragwanath AIDS committee had, over the past year, repeatedly asked the department to set up an AIDS centre in the area — but the only response was that a centre for Soweto was “under consideration”.

In the meantime AIDS centres were being set up in white areas, Fleming said.

The department's AIDS programme focuses on creating awareness of the disease through the establishment of AIDS training, information and counselling centres throughout the country.

The department, responding to the allegations, said the schedules for erecting centres depended on local authorities. Consideration was being given to establishing centres in So-

weto and Vanderbijlpark.

The department statement said “the mere fact that the department intends to establish two (centres) such a short distance from each other, shows the department's commitment to addressing the pandemic in all communities”.

Fleming said during the month of March 86 new AIDS patients were admitted to Baragwanath, and the figures increased every month.

The hospital was battling to deal with the extra burden placed on it by the AIDS pandemic, and no financial provision had been made to cope with the disease.

Baragwanath community clinics and Soweto City Council clinics were responsible for treating AIDS outpatients, and for counselling and testing, but nothing was being done to educate Soweto residents on how to prevent the spread of the disease, said Fleming.

AIDS patients were admitted to general hospital wards, but facilities for the testing and treatment of outpatients were limited, he said.

Although a new haematology outpatient facility, funded largely by the

SAIMR, would soon to be opened at the hospital, all blood testing, examinations and counselling of HIV positive patients had been done up to now in one small room.

The room — which was provided by the SAIMR and which was used as an AIDS clinic one day a week — allowed for no privacy or confidentiality. For the rest of the week the room was used for treating leukaemia patients.

Dr James McIntyre, a doctor specialising in gynaecology and obstetrics at Baragwanath, runs an HIV clinic for pregnant women as part of the ante-natal care.

Every day an average of two women tested positive at the clinic, he said, and one infected baby was born. But the resources fell far short of providing the necessary care.

There was also a discriminatory approach to the provision of medicines. The department was prepared to give expensive treatment for cancer, but not for AIDS, said McIntyre.

The department needed to focus more on the population at risk, which was the black sector, rather than on middle class whites. Even pamphlets put out by the AIDS programme were not available in African languages, he said.



HEALTH

How Aids dramatically changed her lifestyle

The Ugandan couple, Noerine and Chris Kaleeba, were married in December 1975. They had four daughters. Noerine looks back on their marriage before she found out Chris had Aids.

Family planning was a problem. The pill did not agree with me and I was cared to use an intrauterine device (IUD).

We used condoms; Chris did not like them. He would see them but become sulky afterwards, as if he was not satisfied.

Then Chris had an affair with another woman because she wanted a boy. The results of Chris's boy-seeking was another little girl who looked

just like him.

I've thought a lot about the arguments, the other woman, there never being enough money — the ups and downs of life. Early marriage is difficult.

The babies are always crying. You are tired from work. You have to prepare food.

Then your husband goes out when he should be there to hold the baby while you cook. Our arguments were about this, but the real problems ended by the time Marion was born.

In 1985 the family was full of hope for the future when Chris went to England for further studies at Hull University. Our hopes were shattered by the news that Chris

was seriously ill.

I left Uganda to see Chris on June 12 1986. I hardly remember the journey.

At the hospital the doctor explained that Chris was so ill I might not recognise him

and I needed to be very strong when I went into his room. When I saw what was left of my handsome young husband, I thought of two things.

First, I did not have a husband any more — he was dying. Second, I would have to be very strong for myself, for what was left of Chris and for the girls.

I moved towards his bed like a zombie. He lifted his

arm, the one which was not strapped with tape and tubes, and tried to smile.

As I write this I am having to fight hard to keep the tears back. I don't know how I did not cry in front of Chris, then or ever.

Though we were the only black couple on the ward we were treated with such care and love, I will never forget it. On Chris's birthday, the hospital staff made a big cake and sang "Happy Birth-

day".

Although Chris wasn't happy at all, he managed a smile. This, his 36th birthday, was to be his last. I was so touched I went to my room and cried forever.

The doctors asked me if I knew where Chris could have got the HIV infection. I couldn't think. They asked me if Chris had ever had a blood transfusion.

I remembered Chris had been given blood in 1983 after

losing a lot of blood when he was hurt in a road accident. One of the people who gave him blood was his younger brother, Godfrey.

At the beginning of 1984 Godfrey became ill. He had a skin rash and fever. He had lost a lot of weight.

In the end he died of meningitis. We did not know then that Godfrey had probably died of Aids.

I realise now that Chris was never the same after the accident. He was tired all the time.

We were only having sex about once in two months. He would say "I'm not feeling well. I'm not sick, but I'm not strong."

The doctors told me Aids is a sexually transmitted disease and I might have caught it from Chris. Up to that time all I could think about was Chris dying, and how I would cope with the children on my own.

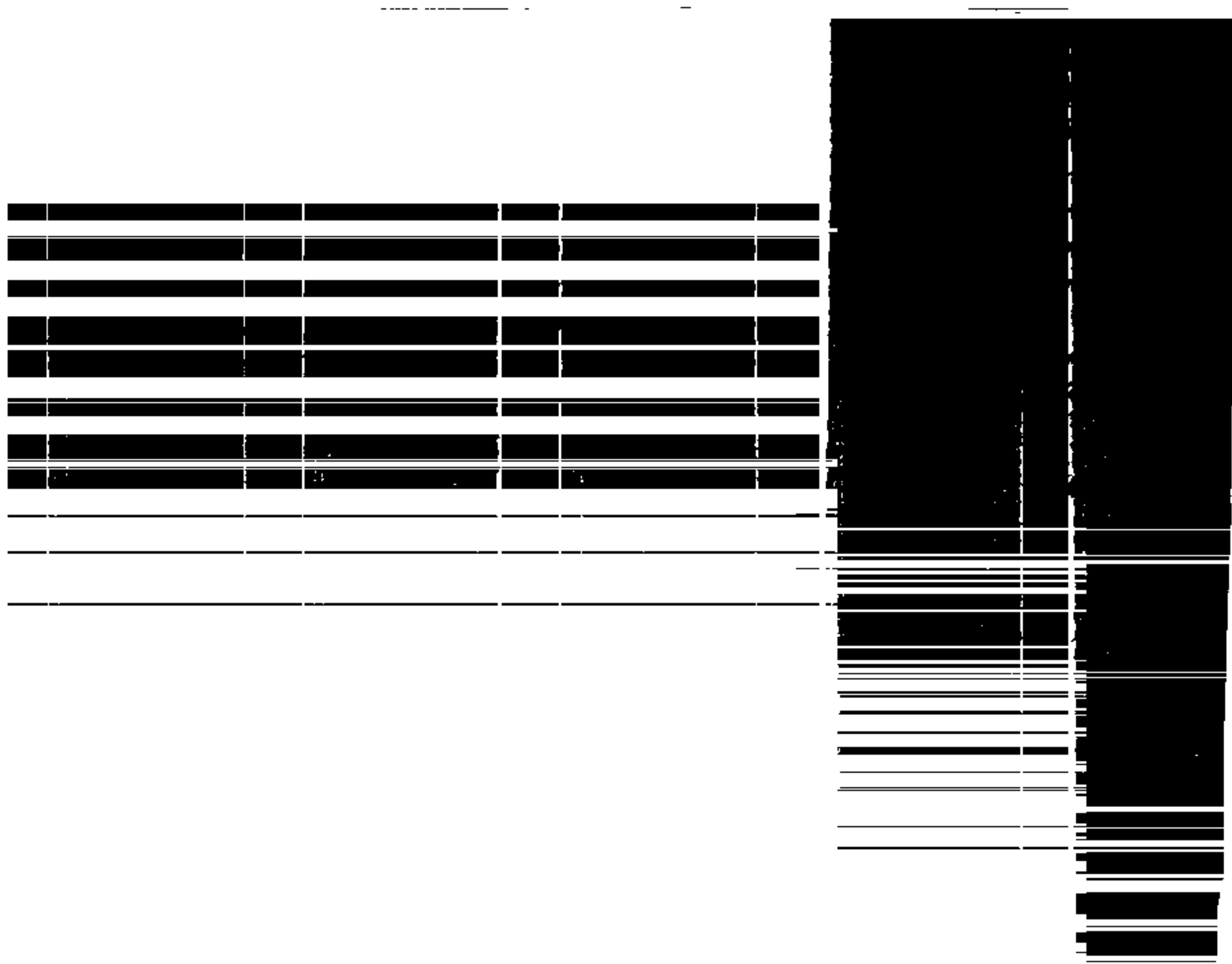
But after my blood was tested for HIV I had to think about myself. Six days later they told me my tests were negative.

They said this might change and I would have to have another test six weeks later. When I told Chris the

with no one.

In September 1986 Noerine had to go back to Uganda. At home she noticed people's attitude towards her had changed. Some of her neighbours and people she worked with avoided her. Her children suffered at school because other children had a bad attitude towards them because their father had Aids.

Mark and Johnny, two homosexual friends she met in England had warned her of the bad attitude towards people with Aids. Noerine had not been prepared for the



Aids cases double in E Cape

Weekend Argus Correspondent

PORT ELIZABETH. — The number of Aids-related deaths in the Eastern Cape has doubled each year since 1989.

The Regional Health Co-ordinating Committee (RHCC) said yesterday that statistics proved this trend was continuing.

The RHCC consists of repre-

sentatives from all state health departments, the SA Medical Services, Transkei, Ciskei and the Regional Development Advisory Committee. (92)

ARG 3/10/92
The RHCC said there were 261 newly-identified HIV positive cases to September this year. For the same period last year, there were 119 cases.

85 Western Cape Aids deaths

Municipal Reporter

92 ARG 6/10/92

REPORTED deaths in the Western Cape caused by Aids totalled 85 by the end of July.

Medical officer of health Dr Michael Popkiss said Aids cases totalled 157 in the same period.

The number of HIV-positive cases reported by August this year was 1 870, compared to 1 061 in August last year.

NEWS IN BRIEF

B/D.A. 7/10/92 (92)
'No' to request on AIDS

HEALTH Minister Rina Venter yesterday turned down pleas for AIDS to be made a notifiable disease.

She said such a move would not help to prevent the spread of AIDS but would drive it underground.

CT 7/10/92

Aids: No notification

HEALTH MINISTER Dr Rina Venter yesterday turned down requests for Aids to be made a notifiable disease.

She told NP Cape congress delegates in East London that such a move would not help to prevent the spread of Aids.

Dr Venter said there was only one rule that should be followed by hospital staff: "Handle each patient as if they were HIV-positive."

She said a disease was declared notifiable to enable health authorities to control and monitor it.

"Neither of these is possible with Aids," she said.

● Routine pre-operative HIV screening in South Africa was "inap-

propriate" because of the limitations of the test, according to an editorial in the Aids Scan newsletter.

The cost involved in the testing and the time required to get informed consent from patients were also deterrents to routine pre-operative HIV screening, it said.

The editorial was compiled by Dr Gary Maartens from Groote Schuur and Somerset hospitals and Professor John Knottenbelt of Groote Schuur.

There was no evidence that the injury rate of health care workers would be reduced if the surgeon were to know that the patient was HIV-positive, they said. — Staff Reporter, Sapa

AIDS expert quits SA unit in disgust

SI Times 11/10/92. 92
A BRITISH doctor has quit the South African government's AIDS Unit in disgust, describing scenes of infighting, threats of violence and general ineptitude among officials.

From his home in England this week, Dr Wilson Carswell also accused the government of doing nothing to combat the disease, which is reaching pandemic proportions in the country.

Dr Carswell, who came to the country to help devise a national AIDS awareness campaign, resigned from his post as medical adviser to the Pretoria-based AIDS programme at the end of July and returned to Britain in August.

He had held the post of deputy director of the unit.

He and the former director of the unit, Dr Mañda Holmshaw, were removed from their posts in June after they questioned the transfer of millions of rands from the AIDS budget to another department.

After lodging a complaint about the curtailment of the AIDS education programme in July, both doctors were confined to their offices.

The new director of the unit, nursing sister Natalie Stockton, "told us to do nothing because it was therapeutic", Dr Carswell said. "For three weeks we were office-bound."

By PETER MALHERBE and HEATHER ROBERTSON

In an exclusive interview from his home in Kent Dr Carswell said he had been "hauled over the coals" by the deputy director-general of health, Mr Hans Steyn, for expressing unhappiness about developments at the unit.

"Things did not improve, so I decided to leave. It was very messy," he said.

Dr Holmshaw, who is on sick leave, said this week that she was perturbed that the results of an independent investigation into allegations of mismanagement of the AIDS Unit were not disclosed to the public.

There have been two inquiries into the affairs of the unit, both instigated by Dr Holmshaw and Dr Carswell.

The first concerned the transfer of R3-million from the unit's budget of R14-million to another department. Neither Dr Carswell nor Dr Holmshaw was consulted.

Dr Carswell asked the unit's administrator, Mr Lood Visagie, for a copy of the unit's budget a number of times between January and March this year, but he never received a full budget.

Dr Carswell said that in March matters came to a head and Mr Visagie told him: "Get out of my hair or I'll give you the biggest beating of your life."

Dr Carswell said this week: "I could not believe that he was threatening to beat me up. I asked him to repeat it and he did. We never got our budget."

Dr Carswell and Dr Holmshaw eventually asked the health department's director-general, Dr Coen Slabber, to have the auditor-general investigate the financial affairs of the department.

The second investigation concerned a formal complaint sent to Dr Slabber by Dr Carswell and Dr Holmshaw concerning Mr Steyn's virtual closure of the department.

A senior magistrate, Mr Peet Wessels, was appointed to conduct the inquiry in July, with the Public Servants Association representing the doctors.

Mr Wessels handed the report to Dr Slabber on July 10.

Denies

This week Dr Slabber said the findings could not be made public because Dr Holmshaw had appealed against them — but she denies having seen the report.

Both doctors openly criticised the government for appointing unqualified staff to the AIDS programme.

Dr Holmshaw said the department refused to advertise posts and appointed inexperienced graduates who had been refused appointments in other government departments. She claims that Mr Visagie resisted employing black people.

"We felt that half the staff should have been black because the black community in South Africa faces the highest risk," she said.

Dr Slabber this week admitted that there were "a number of personal problems in the AIDS unit".

He said that, while he recognised that Dr Carswell and Dr Holmshaw were very knowledgeable in their field, "they had problems in dealing with the bureaucracy".

Dr Carswell, who formulated an AIDS prevention programme in Britain before coming to South Africa in December 1990, said the situation in South Africa was five times worse than that in the United Kingdom.

"It is potentially disastrous," he said. "The SA government is simply not prepared to do anything effective to combat the disease."

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Need for AIDS education

ANDREW KRUMM (92)

COMPANIES should offer AIDS education before sick and dying employees strained the cost of employee benefit programmes, Old Mutual AIDS consulting manager Andre Fuchs said yesterday.

He said a growing number of terminally ill people — from the most productive 16-45 age group — would force a dramatic increase in costs, or a reduction in the level of employee benefits. *BIDM*

AIDS deaths would also affect group life assurance claims severely. *15/10/92*

Fuchs heads one of two AIDS education units launched recently by insurers Old Mutual and Southern Life. The aim of these units is to create awareness of the disease in the workplace.

"Statistics vary, but even the most optimistic view estimates that nearly one in five South Africans will become infected with HIV — the virus that causes AIDS — by the year 2000."

He said with no cure in sight business

would have to play an increasing role in preventative education. "Given budgetary restrictions and the need for expenditure in a variety of social areas, it is unlikely the state will be able to provide comprehensive funding assistance."

The idea of a consulting unit had come from a successful education campaign conducted internally at the Old Mutual. "We have also seen first hand the effect of AIDS on business activity through our operations in a number of African countries."

Fuchs added that the bottom-line was not the only reason companies should invest in AIDS education. "Organisations will also have to learn to deal with HIV-positive employees in the workforce, and trade unions are already expressing their concerns with company policy — or the lack of it — towards AIDS."

Rhodes makes pollution breakthrough

SA SCIENTISTS have come up with a cheap and effective method to combat a major pollution problem.

Yeast residues — by-product of the beer brewing industry — which have been thrown away until now are being used to remove toxic heavy metals from industrial effluent.

According to a statement from the Water Research

Commission (WRC) yesterday, the breakthrough is the result of intensive research at Rhodes University.

Heavy metals dumped in waterways adjacent to mines, plating plants and tanneries have always posed a material pollution threat. *BIDM 15/10/92*

According to the WRC, which is financing the research, substances like

lead, copper, mercury, chrome, cobalt and nickel are toxic substances which can be harmful to human beings as well as animals.

It had now been found that yeast was not only an effective means of selectively collecting heavy metals, but was cheap because it used a by-product that otherwise would have been thrown away. — Sapa.

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By CIARA CARTER

THE Stellenbosch University campus is in an uproar over claims by an unidentified student that he contracted AIDS after being raped by two male students during a drunken game that went too far.

The claims were published in the campus newspaper, Die Matie, last month, but all attempts to

AIDS-rape scandal rocks campus

STAFF

18/10/92

trace the student and his two alleged assailants have failed.

University authorities said they had been unable to investigate the claims as they did not know who had been involved in the alleged incident.

The student claimed he had laid assault charges after a party towards the end of last year, but Boland SAP liaison officer Major Jolene Steyn said she could find no record of this.

Die Matie's deputy editor, Marius Visser, said the student — whose identity he knew — had "left and gone to London".

Many students interviewed on campus this week said they had heard about the incident, but had no idea who was involved. Some said they were convinced the claims were true, but many said they doubted the incident ever happened.

In the interview in Die Matie, the 20-year-old student said he was tied to burglar bars as his assailants "played a game to see how far they could go, who could be the most disgusting".

One of his ribs was broken during the assault, he claimed.

He discovered he was HIV-positive when he received a telephone call from the Blood Transfusion Service three weeks after donating blood.

Baby dies of AIDS in Natal (92)

A toddler, aged 2, has died of AIDS at the Assisi hospital near Port Shepstone, Natal.

Superintendent Dr Frank Nobels said both of the baby's parents had tested positive for HIV.

SITimes 18/10/92

Haemophiliacs up in arms over fund

Staff Reporter

92
21/10/92

HAEMOPHILIACS who have been given infected blood and developed the HIV-virus are up in arms over the "paltry sum" that the Department of National Health is investing in a trust set up for their benefit.

The Department of National Health and Population Development and the South African Haemophilia Foundation are to launch the fund with an initial deposit of R100 000 next week.

The department is prepared to match all public contributions to the fund to the tune of R1 million — but the foundation is not counting on the sympathy of the public.

The national chairman of the foundation, Mr Paul Scott, said that "times were hard" and the public had not shown themselves to be terribly sympathetic.

"There is an uproar about the fund. The patients themselves believe this is a paltry sum," he said.

Many of the haemophiliacs who were HIV-positive were virtually destitute after losing

their jobs because of sickness, said Mr Scott.

The chairman of the Western Cape region of the South African Haemophilia Foundation, Mr Jan Glazewski, said that there were about 100 haemophiliacs nationwide who had the HIV-virus after receiving infected blood.

"I think the government is divesting itself of its responsibility because it supplied the infected blood to the public," he said.

NEWS 400 South Africans contract HIV virus daily ● Age-old remedies cause of poisoning

Battle against Aids

■ De Klerk, Mandela and top epidemiologists from Africa speak at conference: *Southern* 23/10/92

By Mokgadi Pela

(92)

AN important conference on Aids starts this morning at Nasrec.

It will be addressed by State President FW de Klerk, ANC leader Nelson Mandela and top epidemiologists from Africa.

Organised by the National Aids Convention of South Africa, the conference is a sequel to a meeting which planned a national strategy against Aids in Johan-

nesburg on October 23 and 24.

The conference takes place amid claims that over 400 South Africans contract the HIV virus daily. More than 1 300 have died of Aids since the first case was diagnosed in 1982.

The organisers said it took years of discussion and research to achieve a national strategy on Aids. Many interest groups will also present their views and allocate responsibility for the funding of relief programmes.

1 742 in Cape have Aids (92) CT 19/10/92

EIGHT-FOUR people tested HIV-positive last month, bringing the known number of sufferers in the Cape Province to 1 742, the Department of National Health and Population said.

AIDS threat to insurers

THE AIDS epidemic sweeping through southern Africa is infecting insurers as well as the insured.

Dave Johnson, Southern Life's assistant general manager, life marketing, points out: "Obviously, no one could have foreseen the AIDS epidemic, so all the insurance companies have thousands of policies on their books that were issued years ago without an exclusion clause for HIV-related death or illness."

"Claims on some of these policies have already made a major impact on insurance company finances and have emphasised the need to have adequate funds in reserve to cover AIDS-related claims."

WRONG

Johnson also talks of suggestions that future legislation should prevent insurers demanding HIV tests or inserting clauses excluding payment for HIV-related claims.

"It is said that this would be discriminatory, but is it any more so than the currently accepted policy discriminations between male and females or smokers and non-smokers?"

In Johnson's view, the black community — which is most affected — has been and is still being given the wrong perception of AIDS.

"They are being told," he says, "that all the AIDS pro-

paganda is just another attempt by the whites to control black social activity — to spoil their fun.

"Until their own publications tell them the full truth about the epidemic we cannot expect them to approach the problem in a responsible manner."

In full agreement is Chris Newell, assistant general manager, employee benefits, with Old Mutual.

"AIDS has already had a significant impact on the cost of medical, disability and death cover," he says. "One only has to look at Zimbabwe and Malawi where the problem — at the moment — is far greater than in South Africa. The cost of some policies has literally doubled."

"There is a macabre balancing factor, in that less policy holders live to draw their retirement pension, which obviously saves money, but this again is offset by more pensions going to widows."

"Education is our only hope, the only way to engender safer habits and lifestyles, and I don't think the government can do it on its own. It is a social responsibility and the private sector must lend its strong support."

"Old Mutual is running a major internal educational programme. This has been so well received that we are now offering a consulting service to other companies."

Time (BUS) 25/10/92 (92)

SHOCK Natal AIDS deaths

AT least 43 people have died of full-blown AIDS and another 158 have died of AIDS-related complications in a single Natal hospital this year (92)

Staff at the Ngwezane hospital near Empangeni have diagnosed nearly 500 people as HIV positive this year.

st. time 25/10/12

Convention to plan fight against Aids

CT 22/10/92

(92)

Own Correspondent

JOHANNESBURG. — Senior ANC, government, trade union and business delegates are to meet this weekend to finalise a national strategy to combat the spread of Aids.

The conference will be held at Nasrec, in Crown Mines.

Dubbed the National Aids Convention of SA (Nacosa), the conference is being billed as an event to rival Codesa in importance.

According to ANC spokeswoman Ms Cheryl Carolus, both ANC president Mr Nelson Mandela and President F W De Klerk will speak at the conference.

Ms Carolus said experts from all over Africa will present papers.

"We have wasted three years dilly-dallying... and have reached the point where, if we do not act decisively together, we probably cannot stop the spread of Aids," she said.

"Nelson Mandela will open the conference because we believe that our leaders, in their capacity as role models, must stand up and publicise the disease."

By publicising Aids issues the disease would eventually be "demystified and destigmatised," she said.

The start of the Nacosa conference will also mark a new phase of the ANC's own internal fight against Aids.

NEWS Natal hardest hit by Aids ●

Aids virus 'rife'

Sowetan 26/10/92

92

THE AIDS-LINKED virus HIV is spreading rapidly in South Africa with Natal being the most affected province.

The virus is most prevalent among women, blacks and in the 15-24 age group.

This was said by Natal medical researcher Mrs Quarraisha Karim when she addressed the Conference on National Aids Convention of South Africa at Nasrec near Soweto at the weekend.

She said HIV was in an early stage and had only begun affecting heterosexuals since 1987.

The prevalence of HIV had doubled in one year from

■ Women found to have

more infections than men:

1990 to 1991, among ante-natal clinic attenders around the country.

In Natal, the prevalence among rural people doubled in six months from December 1990 to July 1991.

Women were found to have four times more infections than men but there were twice as many women as men in the area. - Sapa.

FW, Venter miss Aids talks

CT 24/10/92
92

From GLYNNIS UNDERHILL

JOHANNESBURG. — The absence of The State President and the Minister of Health from the largest Aids conference ever held in South Africa caused a stir here yesterday.

The two-day conference, which was opened by ANC president Mr Nelson Mandela, was attended by more than 500 delegates from 60 organisations fighting the battle against Aids around the country.

The object of the Conference of the National Aids Convention of South Africa (Nacosa) is to devise a national programme and strategy to prevent the spread of the disease.

President F W de Klerk was expected to open the second day of the conference this morning and was originally billed on the programme.

Government representative Miss Natalie Stockton, who is director of health promotion and Aids prevention at the Department of National Health, said cabinet commitments had prevented Mr De Klerk and Health Minister Dr Rina Venter from attending.

Mr Mandela said in his address that apartheid's legacy had

Disease may hit premiums

By DANIEL SIMON

INSURANCE companies — who have already paid out R19 million in Aids cases — will have to take a hard look and revise their underwriting policies following grim predictions that Aids cases are to rocket over the next five years.

This was disclosed by Mr Don McKay, general manager of Mercantile & General, who addressed an Aids workshop hosted by the Planned Parenthood Association of SA in Cape Town yesterday.

Statistics supplied by Metropolitan Life showed there were about 185 000 adults who were HIV-infected in South Africa at the end of 1991.

Mr McKay said the impact of Aids on the life insurance industry would

“vary from company to company” and they would have to rethink their underwriting policies, particularly those companies dealing primarily in the black market.

“We have underwritten business in Malawi and Zimbabwe for years and in these territories life insurance premium rates have been increased significantly. The range of policies has also been severely curtailed. That scenario could well develop in South Africa.

“What we require is a co-ordinated Aids protection programme which will avert this nightmare scenario.”

Mr McKay added that the life insurance industry had a responsibility towards combating Aids by educating people.

played a great role in the high incidence of Aids in urban areas “particularly in the black communities where overcrowding in homes does not provide for privacy; where the creation of informal settlements as well as the lack of recreation facilities makes the black community even more susceptible to the sex-related virus”.

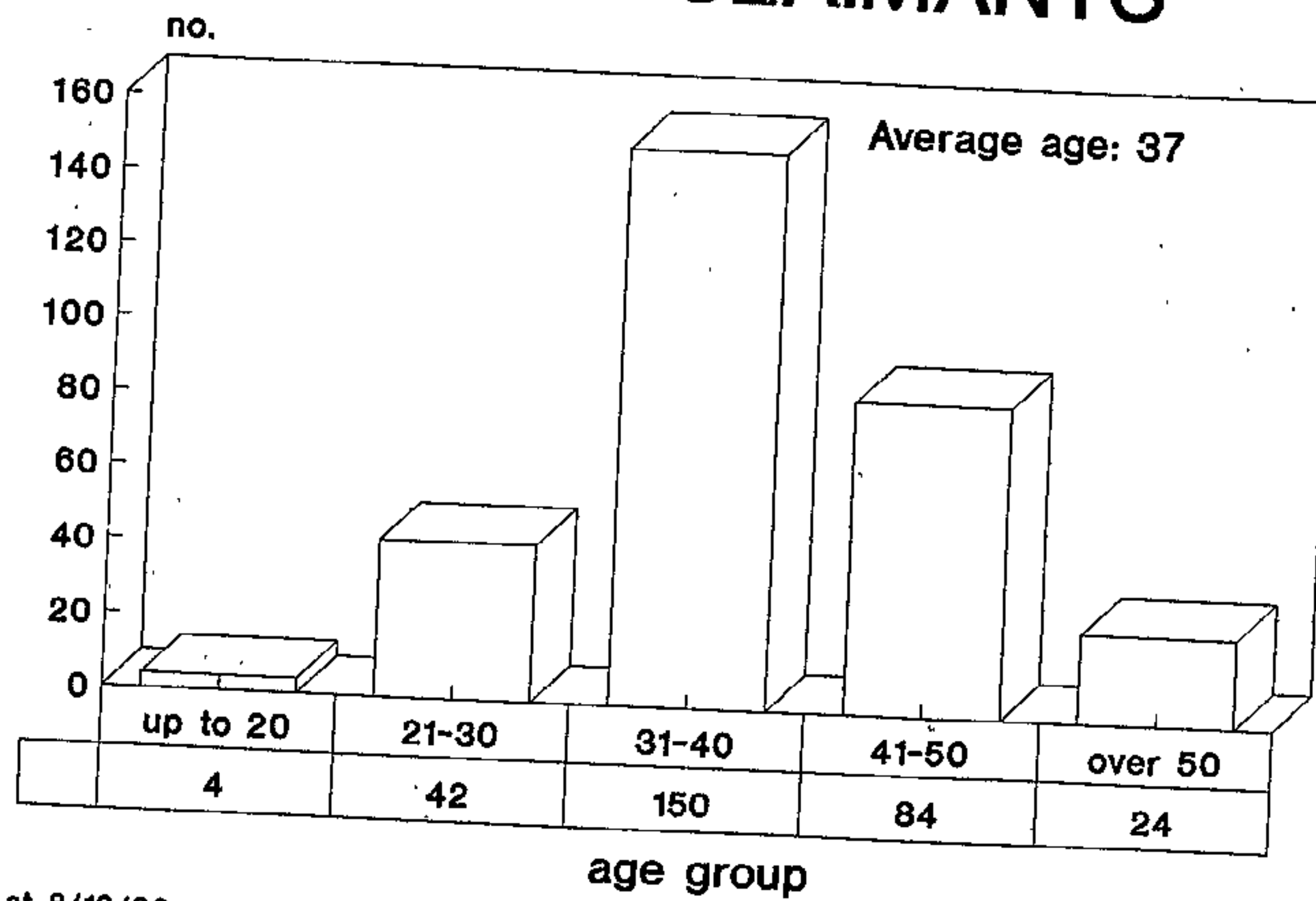
Single sex hostels led to the disintegration of family units in rural areas, said Mr Mandela. Hostel-dwellers were forced to have casual relationships as they could not live with their families.

He said the efforts by the government to introduce preventative measures were viewed with suspicion and as a ploy to control the population.

It was necessary to adopt a broad front approach to the problem, he said. “All sectors of our community must become engaged in this battle and resources available from the government must be distributed to our communities.”

This problem did not allow anyone the luxury of political bias, he said.

AGES OF CLAIMANTS



As at 8/10/92

Aids: R19 m paid out on claims 92

ANDREA WEISS
Health Reporter

THE insurance industry has paid R19 million in life policies for Aids-related claims.

This figure was released by Mercantile and General which collates all Aids statistics for the industry.

There have been 84 Aids-related claims this year and an

estimated 53 more are expected in the next three months. Last year, there were 177.

Most claimants are in the category of below R200 000, a cut-off figure before compulsory testing was applied by insurance companies.

Single men were the largest group to date, 144 compared with nine single women. Ninety married men compared with 15

married women were among the cases listed.

The average duration of policies taken out by claimants was five years and the average age at time of death, 37.

According to the Department of National Health and Population Development, heterosexual transmission of Aids is the commonest with 1 316 cases recorded by the end of June 1992.

AUG 26/10/92

Playing it bloody safe

92
ARG 7/11/92
7/11

ANDREA WEISS
Health Reporter

INCREASING numbers of people in the Western Cape are storing their own blood if they know they are going to have surgery, because they are afraid of picking up the Aids virus.

Dr Jane Pearce, deputy medical director of the WP Blood Transfusion Service, said she got between 30 and 40 queries a week from people wanting to store their own blood (autologous donation), or to get their relatives to donate blood for them (designated donation), for planned operations.

Apart from reducing the risk of infection, patients also benefit because there is no risk of incompatible reactions to the blood they may be given.

The disadvantages are that the procedure, which requires a dona-

■ The Western Province Blood Transfusion Service has expanded its service to allow people to donate their own blood if they know they are going to have an operation.

tion a week for up to five weeks before the operation, is time-consuming and more expensive because of the extra administrative costs involved. And patients are liable for service charges, even if the blood is not used.

According to Dr Pearce, a unit of blood costs around R150 if drawn from a volunteer source, but autologous blood will cost about R200.

The most common reasons for which people donated their own blood were orthopaedic, gynaecological, urological, obstetric and plastic surgery.

The most important requirement for autologous donations was reasonable health because patients would have to be able to withstand the frequent donations over a five-week period.

The reason for this was that red blood cells expired after 35 days, making earlier donations useless.

People with severe heart disease, respiratory illnesses, high blood pressure, a history of convulsions, cancer, diabetes and other disorders could not go on to the programme.

The age limit is 17 to 65 years, but older and younger patients can qualify if a blood bank physician approves. Donors also have to weigh more than 50kg or opt to donate smaller amounts.

Dr Pearce said the demand for autologous blood was increasing because people perceived themselves to be at a higher risk of getting Aids — even although this risk was minimal.

Battle for power at Aids talks

CT 26/11/92

By GLYNNIS UNDERHILL

A POWER struggle among more than 60 organisations fighting the spread of Aids in South Africa surfaced at the weekend at a conference set up to devise a national strategy to fight the epidemic.

The conference of the National Aids Convention of South Africa (Nacosa), which ended in confusion at Nasrec (near Soweto) on Saturday, had been billed as an event to rival Codesa in its importance.

The battle for positioning among Aids workers and other interested parties caused a rumpus as organisations vied for representation on a steering committee.

Only the interjection of an emotional HIV-sufferer, Mr Shaun Mellors, brought the squabbling to a halt. "While we argue, thousands of people are becoming infected with HIV," he said.

Dr Ivan Toms, national co-ordinator of the non-governmental national Progressive Primary Care Network, said the conference had been vital to improve the networking of organisations fighting Aids.

"Aids can become big business. The topic is fundable at the moment. We must be careful not to become Aids careerists," Dr Toms said.

The convention was attended by

health and political organisations, government and non-government bodies, unions, churches and civic associations involved in the fight against the epidemic.

The conference drew up a strategy to try to control and prevent the epidemic and to ensure appropriate care for affected people and their dependants.

Miss Natalie Stockton, director of health promotion and Aids prevention in the Department of National Health and Population Development, said the government would accept responsibility for ensuring that the Aids/HIV control programme was implemented.

Many delegates at the two-day conference felt that resources had in the past been badly directed with the lack of national unity among Aids organisations.

"It is common knowledge that money has disappeared over the past two years and never reached the target group," said Dr Zweli Mkhize of the ANC health secretariat.

While delegates stopped short of pointing fingers, there was consensus that future talks would have to be held to discuss the distribution of local resources and overseas funding.

Cape Town Red Cross worker Mr Duma Mazwai said he believed that the rivalry between organisations came from the battle for resources.

Few WP blood donors show HIV-positive

Health Reporter

ONLY 68 people out of about a million who have donated blood in the Western Cape since 1985 have tested HIV-positive.

Dr Jane Pearce of the Western Province Blood Transfusion Service said 44 were first-time donors and 22 were repeat donors.

She said all blood donated was tested for Aids and other viruses transmitted through blood, and this year 11 came up HIV-positive.

Patients given blood donated by repeat donors had been traced, but none had been found to be infected, she said.

The WP Blood Transfusion Service estimates that the risk of getting Aids from a transfusion today stands at one in 500 000, compared with the risk of death from normal childbirth of one in 10 000.

● People who donate blood this Christmas will be given a frisbee by the WP Blood Transfusion Service as a token of appreciation.

Donors have been asked to help build up the blood stocks — especially if they are O-positive, the most commonly used blood group — in case last year's blood shortage is repeated.

The theme for the campaign is "Avert a crisis, donate blood". Blood stocks often reach critically low levels during Christmas when many donation points are closed.

Diverse forum sets guidelines for fight against Aids 92

TWO days of discussion by 500 participants, followed by an hour of backstabbing: so what came out of Nacosa (the National Aids Convention of South Africa)?

The advance publicity promised that Nacosa "will put a final outline on South Africa's strategy for Aids". With hindsight it seems over-optimistic to have expected a concrete plan of action to emerge from such a diverse collection of people in such a short time. Delegates included politicians,

doctors, paramedical workers, community health workers, educators, administrators, all with their own interests and priorities.

What did emerge were a number of principles around which there was an encouraging degree of consensus. These principles will be used as guidelines for whatever work Nacosa undertakes.

Its new role as a strategy planning body is reflected in the change of name adopted at the end of the conference: What used to be the National Aids Convention of South

Africa is now the National Aids Co-ordinating Committee of South Africa.

There was agreement on the premise of the conference: Yes, we do need a national strategy to combat Aids, came the chorus of opinion from the delegates.

Delegates from the health sector, the ANC, the government and the unions were unanimous that an Aids strategy must take its cue from health workers dealing with Aids patients. Aids education was identified as

a priority. Cosatu president Mr John Gomomo summed it up by saying that earlier reactions to the Aids epidemic, by authorities and by individuals, had been based on "misconceptions, misinformation and discriminatory attitudes which existed even before the disease was discovered".

Less predictable, but equally necessary, was the conference's resolution to redress the imbalances of power that make it more likely for members of particular groups to become infected with the HIV

virus. Gomomo gave a thorough account of the obvious, and covert ways in which the migrant labour system has helped the spread of Aids, and said housing, land allocation and employment must form part of a strategy against Aids.

Women were identified as a group that needed to be addressed in education campaigns. Illiteracy must also be addressed, the conference decided — in the meantime, Aids education must not automatically assume a literate audience. — **JUSTIN PEARCE**

South Africa's largest conference on Aids ended in chaos. But **Justin Pearce** argues that it laid the ground for a united strategy against the epidemic:

A BANNER hanging from the ceiling of the conference room read "South Africa united against Aids". But on the floor, "united" was not a word that sprang to mind.

Verbally going for the jugular would have been a more apt description of the final session of the National Aids Convention of South Africa (Nacosa) conference.

Up until the final session the conference had been a quiet one. Talking heads from the ANC, Cosatu, business and the church had been heard patiently. Then delegates split into working groups where ideas were shared with a high degree of consensus.

It was only at the final session, in which a couple of hours had been allocated to transforming all the talk into action, that the conflicts of interests emerged.

The point of contention was the plan of action drawn up by the conference steering committee, a body comprising representatives of the ANC, the Department of National Health and trade union and business groupings — but no non-governmental organisations working directly with Aids patients.

The committee recommended an extension of its mandate, with the addition of NGO representation, until such time as a new steering body could be elected.

First a trickle, then a flood of speakers from the floor voiced their dissatisfaction with this arrangement. They said that even with the addition of NGO representatives, the committee had no democratic mandate to carry out any work

Conference chaos reigns in face of deadly epidemic

SOUTH AFRICA 7/11 - 11/11/92



beyond organising the conference.

Further rifts became apparent among the various NGOs.

Organisations that were not connected to the National Progressive Primary Health Care Network (NPPHC) objected to a proposal that the network represent all NGOs on the committee.

Delegates who pleaded for co-

operation in the face of a deadly epidemic were applauded, then promptly ignored.

Eventually ANC Health Secretary Dr Ralph Mgiijima, chairperson of the meeting and of the steering committee, declared the meeting closed, shouting down delegates who were still trying to speak from the floor.

Mgiijima later described the conference as "very successful, because we were able to bring together more than 160 organisations in looking at a national strategy to combat Aids".

"Local, regional and national co-ordinating structures will be put into place as soon as possible. This will involve bringing together community organisations and all those

bodies who are working together to prevent the spread of Aids."

His remarks seemed to ignore the anger of those very same organisations whose representatives felt that Mgiijima had been high-handed in his chairing of the meeting, and that he was asking them to participate in a structure dominated by people who could quite easily go through life without ever seeing an Aids patient.

NPPHC national co-ordinator Dr Ivan Toms expressed reservations with the way the conference had been planned and chaired, but added: "Nacosa had to happen. We needed somewhere where activists could give a mandate to the group."

Toms said he was encouraged by the level of agreement that had emerged between certain traditional adversaries.

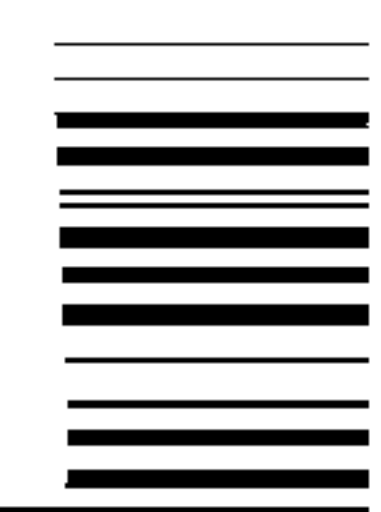
He referred in particular to consensus between unions and business on issues such as HIV testing and the confidentiality of test results.

He said that once the NPPHC and the other NGOs were represented, it would be possible for Nacosa to start doing something concrete about Aids.

"We are now in a position in which we could get the epidemic under control. But it means everyone must support each other rather than fight. There's more than enough work for all of us to do," Toms said.

Mr Adriaan Woudstra, secretary of the Nacosa steering committee, said Nacosa's mandate would be carried out by a council with regional representation. The immediate task of the present steering committee was to set up "regional Nacosas" to send representatives to the national council. He did not put a time limit on this.

92



Eyebrows raised at empty seats for Rina, FW

SOUTH 7/11/11-11/11/192

SO, WHERE was Rina? And where was FW? The absence of the Minister of National Health and Population Development from South Africa's biggest-ever discussion of the world's biggest-ever epidemic caused more than a few raised eyebrows at the National Aids Convention of South Africa (Nacosa) conference.

So did the absence of the state president, who according to the programme sent out before the conference, was to open the second day's proceedings.

Mr Adriaan Woudstra, secretary of the Nacosa steering committee, said Health Minister Dr Rina Venter had been invited to the conference. She gave no indication that she would not attend.

A spokesperson for Venter's office, Mr Coenie Oberholtzer, said he was under the impression that the conference was "more of a work-related occasion" and that as such it would not be appropriate for the minister to attend. He could not confirm that Venter had been invited to the conference.

Regarding the absence of President de Klerk, Woudstra said the steering committee had insisted that both De Klerk and ANC president Mr Nelson Mandela address the conference on the first day.

When the emergency session of parliament made it impossible for De Klerk to attend the first day, the conference planners rescheduled his appearance for the second day of the conference, a Saturday.

After the provisional programme had been issued, the steering committee learnt that De Klerk's schedule was booked up six months in advance and that he was unable to attend. — JUSTIN PEARCE

Widow of the violence

Mrs Clementina Shezi, standing in front of her razed house in Umhlati, is one of hundreds of women made a widow by the ongoing violence in Natal. Sowetan last week sent an investigation team to find the truth behind the province's unending saga of death. Today we start a series of articles on the pain and agony of Natal's people.

See pages 6 and 7



Baragwanath's Aids Shock

^{Sowetan 9/11/92}
KILLER DISEASE Hospital fears the Aids virus

is spreading rapidly as infected mothers increase:

THE killer Aids disease has hit Soweto with a vengeance with doctors at Baragwanath Hospital estimating that at least 20 000 women could be HIV positive.

At least two HIV-positive women deliver babies daily at the hospital, according to Dr James McIntyre of the department of obstetrics and gynaecology at the hospital.

He said about 200 women had been identified as being HIV-positive in the first eight months of this year.

"One of our research projects has shown that an even greater percentage of pregnant women living in the Johannesburg CBD and Hillbrow are HIV-positive," said McIntyre.

HIV attacks a person's natural defence system, leaving them vulnerable to a host of opportunistic diseases and leading to Aids. Aids has no cure.

He said research at Baragwanath Hospital had further shown a link between HIV and syphilis.

Statistics had further shown that 33 percent of Baragwanath's HIV-positive mothers were also suffering from syphilis.

It had been suggested that syphilis might be more aggressive in HIV-positive individuals. Statistics from the Department of Health show that heterosexual transmission accounts for most new infections.

See story page

3

Join the swing to Bell's choice

BELL'S Scotch Whisky

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NEWS Women are a greater HIV risk than men ● TPA warns Soweto council

2 HIV mums

deliver daily ^{Soweto} ⁹¹¹¹⁹² (92)

■ Soweto could have as many as 20 000 HIV positive women:

By Mokgadi Pela

AT LEAST two HIV-positive women deliver babies daily at Baragwanath Hospital, according to a top gynaecologist.

Dr James McIntyre of the department of obstetrics and gynaecology of Baragwanath Hospital, said about 200 women had been identified as being HIV-positive in the first eight months of this year.

McIntyre said recent figures had indicated that about 20 000 Soweto women could be HIV-positive.

HIV attacks a person's natural defence system, leaving them vulnerable to a host of opportunistic diseases and leading to Aids. Aids has no cure.

"One of our research projects has shown that an even greater percentage of pregnant women living in the Johannesburg Central Business District and in Hillbrow are HIV-positive," said McIntyre when addressing a multi-disciplinary conference marking the hospital's 50th anniversary at the World Trade Centre in Kempton Park at the weekend.

He said research at Baragwanath had further shown a link between HIV and syphilis. Statistics had further shown that 33 percent of Bara's HIV-positive mothers also suffered from syphilis.

It had been suggested that syphilis might be more aggressive in HIV-positive individuals.

Statistics from the Department of Health show that heterosexual transmission accounts for most new infections.

Estimates are that there are 400 new infections in South Africa daily.

McIntyre said women appeared to be at greater risk - perhaps 20 times.

This is thought to be due to anatomical reasons, length of exposure to infected fluids during sexual intercourse and repeated bleeding during intercourse.

He said HIV had been linked to higher rates of stillbirths and premature labour.

Some early reports showed a rapid progression of HIV during pregnancy. This has however not been confirmed by later research.

McIntyre said transmission rates to the foetus varied in studies from as low as 10 percent to 60 percent.

The differences were thought to be due to the stage of the disease and multiple pregnancies during the time of infection.

The timing of transmission is controversial. The virus may be transmitted during pregnancy, at birth or by breastfeeding.



Meshack Mkhabela, of Katlehong, created the trophies to be presented to the Community Builder of the Year Award tomorrow evening. For a preview of the occasion, tune in tonight at 7.30 to GCV-TV and listen to Sowetan's Aggrey Klaaste and GCV's Madala Mphahlele. See page 7.

Fig: FANIE MAHUNTSI



Councils face axe

■ Ultimatum to get financial affairs in order:

THE Transvaal Provincial Administration has warned it may dissolve the Soweto and Diepsmeadow councils if they fail to get their financial affairs in order.

Both councils have been given until December 15 "to execute specific instructions set out in directives issued out to them", the TPA said at the weekend.

Reacting to this, Soweto Council spokesman Mr Mojalefa Moseki said the TPA was aware of what was happening in Soweto. "They know that black councils have never been financially viable."

Aids epidemic puts latex industry in the big-time

Health Reporter

92 AAT 9/11/92

A COMPANY that makes latex surgical gloves has more than quadrupled its production because of the Aids epidemic and expects to double its output again by next March.

The company, Rosstex, recently won the SABS mark and tenders worth R5 million a year from the SA Medical Services and the SA Universities Buying Consortium.

According to group chairman Mr Robert Ross, production of gloves increased from 75 000 a month to 400 000 a month.

Mr Ross said the company expected to double this figure by March.

AIDS epidemic 'at crisis levels'

KATHRYN STRACHAN

THE AIDS epidemic had reached crisis proportions in SA, but health authorities had failed to respond effectively, a Baragwanath Hospital doctor said recently.

Haematology Department head Prof Alan Fleming told the Township Aids Project that SA was seven years behind other African countries in the spread of the epidemic, but, he added, health authorities had wasted the "period of grace".

Fleming said more than 4% of women in antenatal clinics were HIV positive and the epidemic had now reached the stage where figures would increase dramatically.

The only effective responses to the epidemic locally had been the national surveillance programme and the universal screening of blood.

Important measures which were presently not in place included AIDS information and education centres in black townships, and a national strategy for health care delivery.

This was essential because the predicted numbers of the sick would overburden the existing health care system.

Fleming said government had established its AIDS training and information centres only in locations where they would serve almost exclusively the white population.

The highest priority should have been given to an AIDS educational programme in primary and secondary schools, he said.

Budget problems behind jail releases

RAY HARTLEY

BUDGETARY difficulties had prompted government to announce the early release of 7 000 prisoners during the first six months of 1993, Correctional Services spokesman Lt Bert Slabbert said yesterday.

Correctional Services Minister Adriaan Vlok announced yesterday that the prisoners — none had committed violent crimes such as rape and murder — would be released at a rate of about 1 000 a month.

Slabbert said the prisoners would be drawn exclusively from those whose release had already been approved by the Prisons Release Board.

He did not elaborate on the extent of the department's budgetary difficulties, but said the freeing of the 7 000 prisoners would not "solve the problem on its own".

Other mechanisms had to be developed to deal with the overcrowding of prisons, which would, according to the department's figures, still hold 19 000 prisoners too many.

Sapa reports Vlok will consult police before finally authorising the releases.

Prisoners already selected for release would be given their freedom a few months earlier to ease the overcrowding.

"I want to make it clear that this process of additional releases will definitely not be implemented during the remainder of this year.

"We foresee that it could be applied

during the first half of 1993," he said.

Vlok said the question of imprisoned children would be addressed urgently.

There were 2 656 convicted juveniles between the ages of 14 and 18 years in prison, and 6 485 between the ages of 19 and 22 years, he said.

Meanwhile, government and the ANC are expected to meet today to draft a final list of political prisoners who will be released by Sunday in terms of agreements they have reached.

A short list of 48 prisoners, 10 of whom had been disputed by Vlok, had been drawn up for discussion at the meeting, ANC legal department official Matthew Phosa said yesterday.

He said additional motivation had been faxed concerning the 10 disputed prisoners and there were "a few" other names that could still be added to the list.

The release of the 48 would bring the total of ANC-aligned prisoners released this year to 339, with 141 being released prior to the September summit on violence and 150 as a result of the record of understanding agreed on at the summit, Phosa said.

Originally, the ANC submitted a list of 520 political prisoners for release.

Slabbert said a process of identifying further political prisoners with other political parties would begin in weeks.

SA told to do more for health

KATHRYN STRACHAN

THE spending of 6% of GNP on health in SA was a great achievement, but considering that SA's GNP was about seven times higher than China's or Sri Lanka's, SA still had a life expectancy of less than 80% of those two countries, says a health expert.

Speaking at a conference of the National Association of Pharmaceutical Wholesalers in Bophuthatswana yesterday, the head of the University of the Western Cape's School of Pharmacy Peter Eagles said SA's lower life expectancy could be attributed to the unequal distribution of health resources locally.

To improve health care significantly and to eliminate poverty over the next few decades, SA would need an annual economic growth of about 10%.

Since that was impossible, attempts would have to be made to improve health

care provision by other means — particularly in the field of pharmacy.

The training of health professionals in SA had almost no bearing on the health needs of the country.

It had also not taken into account the emergence of a massive peri-urban settlement and its implications for health, Eagles said.

There was an urgent need for more information on factors such as access to sanitation and water supplies, and the disadvantages of rapid urbanisation. Innovative new health promotion strategies focused on those who exhibited "risk-taking behaviour" — violence, alcohol and substance abuse, and unsafe sex — were also needed, he said.

France to host management trainees

GAVIN DU VENAGE

THE French government would host six South Africans on a two-week visit to France, French embassy cultural councillor Georges Lory said yesterday.

The six are top participants in the French government's joint management development programme, which it co-sponsors with the Paris Chamber of Commerce and Industry, and several SA organisations including Nafcoc, the Urban foundation, the Black Management Forum and Clive Acton and Associates.

Since the programme was launched in 1985, French financial involvement has risen to R600 000, and this year eight additional bursaries were given to participants from non-profit organisations such as Operation Hunger.

Participants from SA companies study towards a diploma which leading French

business schools, including the Paris School of Business and the European School of Management, endorse and award.

Lory said the increased involvement was a result of the positive results achieved so far, and that a recent survey of more than 300 candidates had shown that 74% had received promotions and advanced in their jobs.

Each year participants received training from senior professors drawn from French and local academic institutions.

Surveys had shown that trainees were instrumental in building bridges between management and the shopfloor, and had improved management quality in general, said Lory.

ANC acts against rogue elements

ADRIAN HADLAND

INDIVIDUALS claiming to be members of the ANC in the Vaal Triangle had ignored the policies and mandates of the organisation and were involved in violence, rapes, killings, harassment and extortion, it was announced yesterday.

At a news conference in Vereeniging, regional leaders of the ANC, Cosatu and the SACP, and civic representatives, said a code of conduct "to end all undisciplined acts" would be developed by the end of the month.

A monitoring committee was created to end conflict between organisations in the region, facilitate reconciliation and draw up a binding code of conduct.

An ANC PWV region statement said rogue members had "found their way into legitimate community structures such as the self-defence units", where they had caused havoc, chaos and dissension.

This situation had been exploited by "criminal elements", the statement said. Primary blame for the escalation of violence, however, was placed at the feet of government.

"Through its low intensity conflict strategy, the state has unleashed a number of proxy forces to visit violence on our people in an attempt to undermine and discredit the ANC in particular and the democratic movement in general," the statement said.

"We distance our organisations from acts of criminality meted out against members of the community by elements who claim membership of the ANC, SACP and Cosatu".

Bara doctor stands by his Aids report

Soweto

2/11/92

Sowetan & Radio Metro

Talkback

By Isaac Molede



with Tim Modise

TOP Baragwanath Hospital gynaecologist, Dr James McIntyre, yesterday stood by his earlier report that people who were HIV-positive were doubling every nine to 12 months since 1987.

McIntyre said on the Sowetan/Radio Metro Talkback Show on Tuesday night reports which appeared in Sowetan on the increase in the HIV-positive cases, were correct and this would help conscientise people.

The research was started in 1987 and it has revealed rapid growth of HIV-infected people especially women. He said there was a bigger danger of transmitting the virus from a man to a woman than from a woman to a man.

About 200 of the women had been identified as being HIV-positive in the first eight months of this year, though they could be more.

"This means that about 20 000 women could be HIV-positive," he said.

Though McIntyre's research concentrated mainly at Baragwanath, he however, said other research projects in the Johannesburg central business district especially in Hillbrow and Joubert Park, showed higher percentage of HIV-infected women.

"It looks like the inner city is more at risk than the people in Soweto," he said.

"These HIV results are always confusing and frightening us because they always concentrate on blacks. Why was the research done at the Baragwanath Hospital and not Groote Schuur?" Raymond, Johannesburg

"HIV virus is not only in Soweto but it's all over the country. The research in Cape Town has shown a reasonable increase, unlike in Natal where the virus is higher" McIntyre

"The media is mishandling the whole issue of Aids. Why should they spend more time scaring people about the disease than finding the solution?" Nathaniel, Berea, Johannesburg

"The media response in the whole issue of the virus is irresponsible." Anton, Yeoville

"One should look into the population ratio in the country. Blacks are more than whites, that is why their higher proportion in Aids infection than whites." Kevin, Durban.

next Talkback topic

IN A major breakthrough on the labour front, domestic and farm workers are to be covered by the provisions of the Labour Relations Act. But what are the implications?

Dial the hotline (011) 714-8063

Daily Aids births on increase in SA

THE spread of Aids has reached crisis proportions in South Africa and top Baragwanath Hospital gynaecologist Dr James McIntyre has warned of further deterioration unless something is done soon.

An average of two HIV-positive women are giving birth daily at the giant Soweto hospital, Dr McIntyre said yesterday.

"It is almost too late to prevent South Africa going the same way as

other African countries such as Uganda and Malawi," he said.

Dr McIntyre said the real figure for infected women was probably much higher because only women who attended Baragwanath's antenatal clinic were tested.

At least half the women who gave birth at Baragwanath, which serves Soweto and surrounding areas and handles about 50 births every day, were never tested, he said. Between 30 and 40% of babies from

HIV-positive women are infected and will develop full-blown Aids.

A Western Cape Aids doctor said two recent surveys at antenatal clinics of 1 000 women each had found only one mother HIV-positive. However, women attending clinics "were less likely to be HIV positive".

Head of the Aids Centre Dr Ruben Sher said the public had failed to grasp the seriousness of the disease. He said education projects were largely aimed at the black heterosexual

community because it was regarded as most at risk.

"But people are not changing their lifestyles. People are denying the danger of the disease and regard it as an exclusively white, homosexual problem."

South Africa had lost the battle as far as prevention of the disease was concerned and could only try to control it, Dr Sher said. — Staff Reporter, Sapa

92

Aids kills doctors

HARARE - Five Bulawayo doctors have died from Aids-related diseases in the past two years.

Zimbabwean Health Minister Timothy Stamps yesterday confirmed the deaths but could not say how the infections were contracted. *Swollen 12/11/92*

He said he did not have figures for countrywide deaths of medical

brief

92

personnel from Aids-related diseases. *Swollen 12/11/92.*

The National Aids Council estimates that 800 000 people have been infected by the Aids virus in Zimbabwe.

Political stresses add to spread of AIDS

B/DAM 13/11/92.

92

KATHRYN STRACHAN

SOUTHERN Africa is at special risk from the AIDS epidemic and the disease will have a serious effect on economic development in the region, says a leading economist.

Alan Whiteside of Natal University's economic research unit told the Institute of World Concerns AIDS conference in Midrand yesterday that the economic effects were inevitable because so many people were already infected with the virus.

SA would have to start planning immediately if the consequences of the epidemic were to be managed, he said.

World Bank analysis showed that if AIDS care was financed out of savings it would reduce funds available for investment, and if the short fall was not made up by foreign investment then future growth would suffer, said Whiteside.

The World Bank concluded AIDS would reduce the annual growth rate of GDP by between 0,56% and 1,08% in 30 African countries, and 0,73% and 1,47% in the 10 worst affected countries depending on the level of skilled people infected and the amount of AIDS care funded from savings.

Southern Africa was at particular risk

because the spread of the virus was aided by social and political stresses which lead to a breakdown of societal norms and a greater incidence of risky behaviour.

The movement of people across borders in search of work, refugees fleeing conflicts in Angola and Mozambique, and the migrant labour system all left the area more vulnerable to the epidemic, he said.

A major impact of the epidemic would be on the health care service, with AIDS absorbing up to 40% of the total health care expenditure at the end of the decade.

Whiteside predicted that the life insurance and medical aid industry would be "a thing of the past", because AIDS would make the cost of insurance prohibitive.

But Metropolitan Life spokesman Peter Doyle said careful planning by life insurers in Zimbabwe had shown the industry could cope with the problem by increasing premiums, reducing benefits and pre-screening for HIV. However, life insurers in Zambia and Malawi were caught unawares and their business had folded.

Winds of change in state strategy

By Justin Pearde

SOUTH 14/11-18/11/92 (92)

GOVERNMENT strategy on Aids has done an about-face. At least that's the message that seemed to be coming from the Department of National Health and Population Development at the recent conference of the National Aids Convention of South Africa (Nacosa).

In the absence of health minister Dr Rina Venter, it was left to Ms Natalic Stockton, the recently-appointed head of the Aids Unit, to take the flak — which was considerable.

Stockton sat stony-faced as Cosatu president Mr John Gornomo and other speakers laid into the government's record on Aids prevention work.

Yet she was quick to acknowledge the mistakes made by her predecessors in their attempts to educate the nation on the subject of Aids and HIV infection.

Her words were borne out by the government's initiative in setting up Nacosa and providing half the conference funding while taking only a minor role in the planning the event. This seems to indicate a new willingness on the part of the state to take the direction from non-governmental organisations and other bodies.

"I believe the Aids programme should be totally community driven," Stockton said. "The less you hear of 'National Health', the better."

While this year 70 percent of the state's Aids budget has been spent at national level, next year most of the money will be redirected towards spending on regionally-based programmes.

"It is impossible to prioritise on a national level. The department must react to recommendations from regions and communities," Stockton said.

She added that there would be no increase on the R8 million budgeted for Aids work this year, but that the same sum would be spent more effectively in the coming year. A working group from Nacosa has been set up to advise the Aids Unit on its future educational strategy.

In particular, she admitted that Aids Education Package aimed at pupils had been produced misguidedly. The development of the package cost roughly R1,5 million. Certain teachers and parents, both black and white, objected to the mention of sex in the educational material — even though the package was far from sexually explicit.

"There were strong feelings that by talking about safer sex we were encouraging sex rather than abstinence," Stockton said.

Others said the package was too moralistic and denied the realities of people's sexual behaviour.

Stockton said the package was "not a total flop" and that the Aids Unit would continue to distribute it.

"One also needed a cheaper

package," Stockton added. "In a way we were reinventing the wheel — the World Health Organisation, among others, had excellent material we could have used."

She said that with hindsight, the Aids Unit had realised that the first step in taking Aids education to school pupils was training teachers.

"We didn't do enough of that. If we had trained the teachers, they would have been able to develop their own material."

This approach would also enable teachers to work with material that they and their communities felt comfortable with.

"Teaching abstinence in these times is denying a reality. Children are pressured by their peers and the media into thinking that premarital sex is normal," said Stockton.

"We have to teach them that the ideal is abstinence, but also how to make responsible decisions on whether and how to have sex."

'It was admitted that the R1-million Aids Education Package aimed at pupils had been produced misguidedly'

A national advertising campaign, largely via radio, will take the Aids education message to adults. Aids messages will also zoom around the country on 800 taxis.

Prisons are an area in which the government has received particular criticism for its handling of Aids.

Stockton said the Department of Correctional Services was represented on the government's inter-departmental committee on Aids and had started an Aids prevention programme in prisons.

The programme so far consists of educating prison staff about Aids and accepting the principle of non-discrimination against HIV positive inmates.

It falls down on one crucial point: the department's failure to issue condoms to prisoners. This would amount to an official admission that there is sexual activity in prisons.

But Stockton claims that South African prisons are "way ahead of the United States" in this regard.

The Aids Unit seems to have attuned itself to the way Aids workers are trying to fight the epidemic.

Whether the Department of National Health and Population Development will give its backing to the unit's commitment remains to be seen. The failure of minister Rina Venter to make even a token appearance at the Nacosa conference caused some delegates to have severe doubts.

'I left him because he used a condom'

By Violet Maraisane

WHEN the Basotho realised that Aids sufferers in their country were African foreigners, they sat back and relaxed. That was six years ago.

Today, the disease is killing more Basotho than foreigners, known here as *Makoerekoere*.

"Basotho! Aids is here. It kills and we have to change our attitudes," urges a government advertisement on the radio and in newspapers.

Sixty-four Aids cases have been recorded since 1986 in a country of one million people.

Yet despite this reality, both men and women continue to shy away from the use of condoms. They say condoms affect their sexual excitement.

Teacher Mr Robert Mohale says

South 14/11-18/11/92
the mere knowledge that he is using a condom makes him uneasy. He says he is aware of the risk one takes by engaging in unsafe sex.

Waitress Ms Lerato Ntsekhe says she feels uncomfortable when a man flicks out a condom.

"I even left one man because he used condoms when he was with me. I felt he was using them because he didn't trust me."

The migration of Basotho men to South African mines makes women more vulnerable. There are more women in Lesotho than men. Women have to share partners and this explains why for every one male Aids sufferer, there are seven women.

Mosotho men blame women for spreading Aids. But while this blaming goes on, the disease is spreading

even faster.

Doctors here have estimated that unless attitudes change, 550 people will have contracted the Aids virus by the end of the year.

There are currently 17 reported Aids cases in Maseru, a city of 180 000.

But the World Health Organisation estimates that the real figure is probably twice that of reported cases. It predicts that if people do not change their attitudes soon, Lesotho will have 4 438 people with Aids by 1996.

Dr Tlhabi Moorosi at Maseru's Queen Elizabeth II hospital says the number covers only officially reported cases.

"The disease is prevalent, even among healthy people," he says. —

AIA

AFRICA VS AIDS:

It's time for war

SOUTH 14/11 - 18/11/92

Ignorance is the biggest killer in Africa. **Justin Pearce** looks at the issues faced by educators trying to combat the Aids epidemic:

THERE is no such thing as Aids. It is a means of propaganda used by governments to promote smaller families through the use of condoms.

This is one of the false and dangerous rumours that are encouraging the spread of Aids in Africa, says Dr Elizabeth Ngugi.

Ngugi, of the University of Nairobi in Kenya, is one of Africa's leading authorities on Aids and on how to prevent it. She was speaking recently at a conference in Johannesburg of the National Aids Convention of South Africa (Nacosa) on the topic of "Aids — the African perspective".

Of the 10 million people infected with HIV worldwide, six million are in Africa. This means that one in every 40 adults in Africa is infected. In addition, 750 000 children are infected with HIV. Given the poor health services that exist in Africa, most of these children will die before their fifth birthday, says Ngugi.

Another serious problem for Africa is that the age group that is most economically productive is worst hit by Aids.

Ngugi calls for "speed and dedication" in tackling a fast-spreading epidemic. She suggests four steps to be taken in developing a programme to counteract the virus:

- Assess the current state of the epidemic and develop a surveillance system to monitor its spread.
- Identify and prioritise the risk



AT RISK: African children stand a higher chance than most of being born with the HIV virus

factors, such as sexual practices or intravenous drug use.

- Have a policy of screening donated blood for HIV.
- Establish a good working relationship between the providers of health care and those who receive it.

If the hospitals can be relieved of the burden of Aids patients, so much the better.

She says that more and more people infected in the eighties will start getting sick. Eventually, 80 percent of hospital beds in adult medical wards could be occupied by patients with HIV-related diseases.

"Thus there is an urgent need to build the capabilities of individuals and families so that sufferers can be cared for by the community."

Ngugi endorses the "bottom up" model of Aids care that emerged from discussions at the Nacosa conference. In terms of this model, Aids strategy is driven by the needs of communities and health workers, not by the dictates of government.

"This approach will give you greater success if you take into account right from the beginning the general population and those with special needs," Ngugi says.

Among people with special educational needs, Ngugi identifies young people. In Kenya, drama, music and print media have targeted school pupils. In Uganda, Aids education is a compulsory examinable subject in primary schools.

"This is aimed at eight to 14 year

olds to save the next generation," Ngugi says. "The youth out of school are in a far more difficult situation. They are not organised."

She said non-governmental organisations in Kenya have had some success in mobilising youth, using drama and other culture-based programmes.

Women are particularly threatened by Aids because the inequalities they face make them powerless to protect themselves from Aids, Ngugi says.

Economic and educational inequality, with the fact that "women do not have negotiation power for safer sex" make them a vulnerable group.

Poverty can drive women into prostitution, making them more vulnerable still. Education can produce results here, says Ngugi. She says that in parts of Nairobi, half the prostitutes have started using condoms after an educational programme.

But men also need to be targeted in Africa, as they are more likely than women to have multiple sexual partners. In cultures that tolerate polygamy, educating men is all the more difficult.

Educational programmes need to be addressed to particular groups of men such as long-distance truck drivers, who tend to have many sexual partners.

Looking at the various means of transmitting Aids education, Ngugi identifies electronic media as the most important.

In Kenya, radio reaches far more people than television but, she says, "television is still important because the people who watch it are the policy-makers who will influence funding and political support".

The print media are also important in reinforcing the message of the electronic media.

Aids information, unlike the disease itself, is also orally transmitted. Ngugi says that over half the Kenyan population has acquired knowledge of Aids from talking to friends. Merely creating a climate in which people feel comfortable about discussing Aids can help educate people about the epidemic.

Kenya, like South Africa, regards tourism as an important source of income. This had made governments reluctant to speak out about Aids for fear of scaring away tourists and investors.

"These industries must be protected by all means, but not at the expense of our communities," says Ngugi.

"After all, what we are supposed to promote is the history and beauty of our countries rather than sex tourism."

"Let South Africa emulate the concept of 'action today' rather than 'wait and see'. Tomorrow will be too late to save millions of men, women and children."

"Be bold and implement the Aids control models that have worked elsewhere, as well as developing new ones," she says.

HIV prisoner dies after fire in cell

(92) By AYESHA ISMAIL (92)

A PRISONER infected with the HIV virus died of burn wounds in hospital last week after setting his cell alight at Pollsmoor Prison.

Shane "Pietie" Maans, also known as Toni Kelly, died in Somerset Hospital on November 5 after spending more than two weeks in hospital, the Department of Correctional Services have confirmed.

Maans, who was serving three years for theft, recently wrote to newspapers highlighting the plight of prisoners suffering from Aids or HIV-infected.

In a letter published in a weekly newspaper on October 10, he accused gay activists and Aids support groups of discrimination.

"It seems that only people with a certain social standing qualify for help," he wrote. *S Times (Cape Metro)*

Maans was cremated and buried this week. A reliable source at Pollsmoor Prison said this week that Maans had complained to him that the medication AZT had not been given to him on request because the prison authorities had said it was too expensive.

Problems 15/11/92.

"Toni told me that white gay prisoners were given AZT which is believed to slow the progress of the disease," the source said.

He believed Maans set his cell alight to draw attention to the problems he was experiencing in prison.

A relative told the Sunday Times that Maans's family was still puzzled by his death.

"He used to write to me often. In a recent letter he said he was experiencing hell at Pollsmoor but did not explain why."

A spokesman for the Department of Correctional Services, Lieutenant-Colonel Barry Eksteen, confirmed Maans's death and said the department and the police were investigating.

He said all prisoners received medical treatment of a high standard.

"Prescriptions by district surgeons and specialists, including the medication AZT, are strictly adhered to by qualified medical staff.

"The allegation that certain medication is limited to a specific race group is devoid of all truth."

Factors

Col Eksteen said that to assist in the identification of Aids cases, a variety of factors have been identified with the Department of Health to serve as criteria to identify prisoners who should be regarded as falling within the high-risk category.

Blood tests are taken by qualified nursing staff employed by the Department of Correctional Services.

"All confirmed sufferers and carriers of the disease are segregated with regard to their sleeping quarters to prevent possible further contamination."

Col Eksteen said 28 prisoners at Pollsmoor were HIV infected but none had full-blown Aids.

Sowetan 16/11/92 (92)

Educate kids about Aids

By Mokgadi Pela

AIDS education should be introduced into schools before children became sexually active, a survey of opinion makers has shown.

The survey, involving 30 opinion leaders, was conducted by the Medical Research Council (MRC) in Natal to find the best Aids prevention programme for South Africa.

Addressing an Aids seminar in Midrand at the weekend, Dr Nkosazana Zuma of the MRC said it was difficult to change people's behaviour once established - hence the emphasis on school-children.

The survey showed that 63 percent of the leaders suggested women take a lead in the programme; while 33 percent felt men had to be targeted.

Fifty percent of the leaders expressed concern that people had not accepted that Aids was a reality. Some people believed it was a white man's disease.

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...AND EASY!

Political turmoil spreads Aids

CT 19/11/92
JOHANNESBURG. — On an average day in Soweto, several men and women and a newborn baby test positive for the Aids virus.

Young, black and dying; they are the victims not just of disease, but of political turmoil that has allowed the epidemic to spread through black society and, Aids activists say, set the stage for catastrophe.

Given the country's many problems, Aids experts worry that black leaders as well as white will rank the deadly disease lower in priority than rewriting the constitution and establishing a multiracial government.

"There are going to be people dying in the street," said Mr Warwick Allan, head of the South African chapter of the Aids group ACT UP.

South Africa has about 2 000 cases of Aids but an estimated 250 000 people carry the HIV virus that causes it and the number is growing by at least 400 a day.

All groups agree on the need for home and community health care to prevent HIV carriers from flooding hospitals as they become ill. No such programs exist, even in hard-hit areas such as Soweto, and the government has not appropriated funds for them. — Sapa-AFP

HIV 'survives disinfectants' ⁹²

CF 2111192

LONDON. — The viruses that cause Aids and Hepatitis B can survive in dental tools that are washed with disinfectant but not heat-sterilized, posing a rare, but potential risk of disease transmission, according to a new study.

The recent case of a Florida dentist who transmitted the virus to five patients ignited widespread fear about catching Aids from dental procedures. One of his patients died of Aids.

The new study, published in the current edition of the British medical journal the Lancet, compared tools exposed to the viruses which were cleaned chemically and those that were heat-treated.

Other experts said the study findings are plausible but the risk of catching Aids from dental tools is considered low because no such cases have been reported. The infected dental patients in Florida got the virus from the dentist, not from

equipment contaminated by another patient, investigations by the US Centre for Disease Control concluded.

Responding to fears of Aids transmission during dental procedures, the US Food and Drug Administration sent a letter to American dentists in September advising that "reusable dental handpieces and related instruments be heat-sterilized between patients", said Ms Sharon Snider, an FDA spokeswoman.

news in brief

Big Aids congress

A SOUTHERN African Aids congress, billed as the largest of its kind, is being planned for the end of August next year.

Organisers said its aim was to enable South Africans dealing with the epidemic to link up with the experience and expertise of key individuals working elsewhere in Africa. - Sapa

2/11/92
Southern

Luxury car markets shrinking

LUXURY car manufacturers are offering low-interest finance packages to lure buyers back to shrinking markets.

Audi's claims its latest finance package challenges those launched recently by its rivals, BMW and Mercedes-Benz.

BMW's new finance plan has an interest rate pegged at 15% with a residual value of 80% — if another of the same make is purchased in future — for its 5 and 7 Series models. *B/DAY 20/11/92*

Mercedes-Benz's latest finance package offers a 7,5% interest rate for a year on Mercedes-Benz W124 and W126 models, as well as other packages with interest rates of between 11,75% and 15,75% and with repayment periods varying between one, four and eight years.

Audi's package involves a 15% interest rate fixed over four years. It also offers a

EDWARD WEST

warranty on variable ownership which does not lock buyers into certain brands when they wish to buy a new car.

Very low interest rates often hid high subsidies or discounts which could negatively affect future resale values. High residual values usually materialised only if supported by subsequent purchases of the same make, Audi said.

Mercedes-Benz said many of its customers were delaying normal replacement of their cars because of uncertainty about the economy in the next four to five years, the normal replacement cycle.

Finance packages offering low interest rates and high residual values allowed the manufacturer to take the risk on behalf of its customers, Mercedes-Benz said.

New system needed to fight AIDS

IT WAS only through finding alternative ways of dealing with the AIDS epidemic, and by changing the structure of health care provision in SA, that the country would be able to deal with the costs of the disease, a US AIDS expert said yesterday.

Dr Pat Greenfield said the US had managed to contain the exorbitant cost of AIDS through a "managed health system" which dealt with the problem in a more comprehensive way. *B/DAY 20/11/92*

The controversial Medical Schemes

KATHRYN STRACHAN (92)

Amendment Bill — which is expected to be tabled in Parliament next year — will pave the way for the establishment of health management organisations in SA. The system has been in operation in the US for nearly 50 years.

The system of managed health care allows medical schemes to run their own hospitals and clinics and to employ health professionals — a move which has lowered costs by up to 40% elsewhere.

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Local govt proposals for Sandton

B/DAY ADRIAN HADLAND *20/11/92*

NEW proposals for the future of local government will be presented to Sandton residents tomorrow.

The proposals, published by the Central Witwatersrand Metropolitan Chamber last week, will be explained by chamber chairman Van Zyl Slabbert and chamber CEO Vic Milne in the Sandown Hall from 9am.

"This is the start of a public participation exercise that will continue until at least mid-February next year," the council's news sheet *The Sandtonian* said.

The proposals set out municipal election procedures as well as guidelines for newly constituted, non-racial local authorities.

All parties to the chamber — including the councils of Sandton, Johannesburg, Alexandra and Randburg and civic associations and government bodies — have been given until the end of February to respond to the document.

If ratified, the proposals are expected to have a significant influence on the future of local government.

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Foundation seeks ⁽⁹²⁾ common front

SOUTH 21/11-25/11/92

THE Aids Foundation of South Africa (Afsa) was set up in 1988 to afford the private sector an avenue to contribute to the fight against Aids.

Afsa is a non-racial, non-sexist and non-governmental body. It is based in Cape Town, but increasingly operates throughout South Africa.

Afsa's objectives are:

- to educate people about Aids and HIV infection;
- to increase public awareness of Aids and HIV infection, how to avoid becoming infected with the HIV virus and relief;
- to spread propaganda and take necessary steps in regard to prevention of Aids and HIV infection;
- to act as trustees for any particular purpose or special grant or fund;
- to raise and distribute funds.

The funds that the foundation raises come from donations and legacies. With the increasing spread of the disease Afsa needs to be more pro-active in seeking funds and to this end the foundation is appointing a full-time fundraiser.

Membership of the foundation is drawn from all sectors of society and Afsa has an active board of directors.

The foundation's contacts with the organisations it funds and inputs made by members and directors put Afsa in a unique position to recognise and address issues of public policy.

The foundation believes the fight against Aids can only be won if all organisations advance on a common front, irrespective of political outlook or philosophy.

Station Aids show derailed

ARG 21/11/92 (92)

DALE KNEEN

Weekend Argus Reporter

AN AIDS-awareness display featuring condoms and books about sex has made Cape Town railway station's superintendent see red.

An angry Mr Gerrit Vermeulen told Passion House director Mr Peter Hughes his contribution to the anti-Aids campaign was offensive.

Sexual paraphernalia, books about sex and lingerie in the window display on the station concourse had to go.

Window dresser Mrs Myra Bloomberg, who is "almost 60", had amused scores of people while she packed the goods into the display on Monday.

"In the olden days we never had such sophisticated, stylish underwear and I was fired with ambition, energy and motivation (to make a nice display).

"I spent a sleepless night trying to

hit on a gimmicky idea of how to show condoms.

"The idea came to me about cutting out fabric into the shape of hands and covering the middle finger with a coloured condom.

"I nearly died of sheer embarrassment at having to unroll them while members of the public walked past."

People had congratulated her on the eye-catching display.

Mr Hughes said he was using shock tactics to make people aware of safe sex practices because the government had done "precious little" to promote the correct use of prophylactics.

Among Spoornet passengers to comment, Mr Louis Gouws, 60, of Vredehoek said: "I don't think there is anything wrong with it. We're living in the 20th century.

"I'm going to bring my grandchildren around to see the display. They need to learn about these things."

Mr Vermeulen refused to comment.

Empower people, is message from network

South 21111-2511192

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THE National Progressive Primary Health Care Network (NPPHCN) Aids programme is a nationally co-ordinated, non-governmental organisation that focuses on preventative and educational work around HIV infection and Aids.

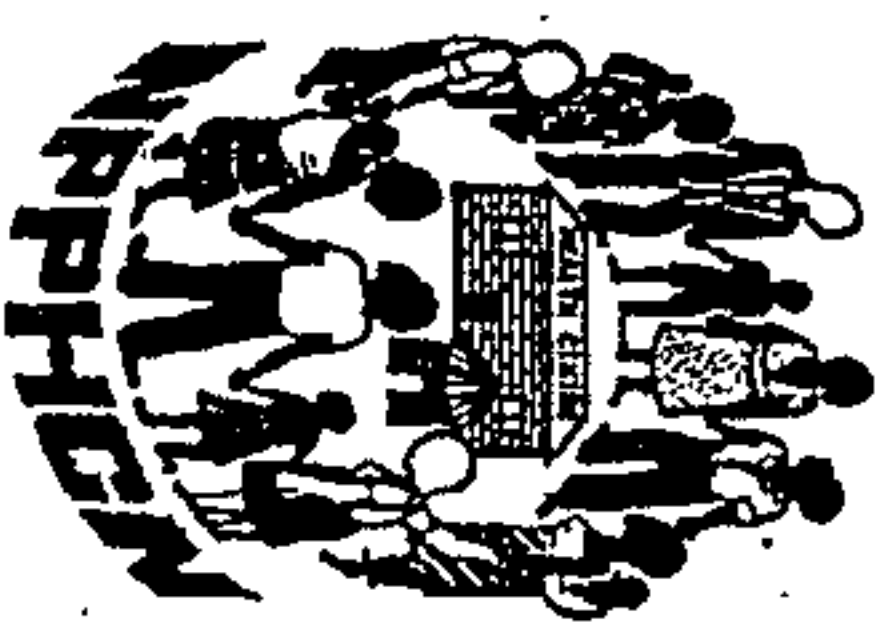
The programme also attempts to address the socio-political components of the disease, and is committed to ensuring support for those infected as well as those affected by the disease.

The NPPHCN is committed to empowering people to be active in preventing the spread of the HIV virus by promoting awareness and initiating or facilitating effective, credible community-based education, training and media programmes.

This work is done by community Aids workers in consultation with existing community structures, progressive and educational organisations.

The Western Cape PPHCN Aids programme has community Aids workers in Khayelitsha, Guguletu, Ravensmead and Stellenbosch.

They can be contacted at their office on the 5th floor, Ledger House, Aden Avenue, Athlone.
Tel: (021) 696-4154.



Experts draw up charter to protect Aids victims

92

ARC 26/11/92

JOHANNESBURG. — A Charter of Rights for Aids patients and HIV-carriers has been formulated by three Witwatersrand University legal specialists to ensure non-discriminatory treatment for victims.

The charter, drawn up by Professor Edwin Cameron, Edward Swanson and Mahendra Chetty of the Centre for Applied Legal Studies, is to be launched on November 30 to coincide with World Aids Day.

Its aim is three-fold:

- To encourage companies to use the charter's 12 non-discriminatory principles in the formulation of their employment policies.
- To influence parliament to inter-

vene in any discriminatory or unjust treatment that would infringe on an individuals rights.

● To persuade government to adopt the charter's principles in its national health policy to combat the spread of the disease.

The document has been approved nationally by more than 50 organisations, including political organisations and churches.

It draws on international documents such as the Montreal Manifesto of Universal Rights and Needs of People Living with HIV Disease and the United Kingdom Declaration of the Rights of People with HIV and Aids. — Sapa.



Gerard (31) kisses
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Full agenda for World Aids Day

STAR 26/11/92
Medical Reporter (92)

Aids awareness teams will take to the streets in a wide range of activities around World Aids Day, on Wednesday, to highlight the pivotal role the community can play in tackling the HIV and Aids crises.

The week will be marked by the launch of a Charter of Rights on Aids and HIV — setting out 12 basic non-discriminatory principles dealing with fair and just treatment of those affected by the virus — on the eve of World Aids Day.

In Johannesburg, World Aids Day will be highlighted by a Red Ribbon Procession when hundreds of people are set to join hands to carry a 2 km red ribbon from Pieter Roos Park in Empire Road to the Civic Centre in Braamfontein.

The ribbon, at present being specially made for the procession, will be taken to the finishing point at the Hospice Tree of Light, which will be switched on at a celebrity programme that evening.

The African Research and Educational Puppetry Programme has already launched its World Aids Day tours simultaneously in the Transvaal, and the south-western Cape.

One of the Puppets Against Aids teams are touring in the southern Transvaal for four weeks until December 5, with the highlight being performances in Soweto and Johannesburg on December 1.

RAINFALL:

Patients to get help from Red Cross

SOUTH 21/11 - 28/11/92

92

THE RED CROSS has agreed to co-ordinate a comprehensive home-based programme for Aids patients in the Western Cape.

This follows an approach by Cape Town Mayoress Mrs Trish van der Velde, manager of the Aids Training, Information and Counselling Centre (Aticc).

She said the Red Cross would use a model of home care for Aids patients and their families, established by Aticc with hospitals and 23 other community organisations.

An 18-month pilot scheme with the two HIV clinics based at the Red Cross Children's War Memorial Hospital and Somerset Hospital will start in January next year.

Mrs Colleen Jacob of Red Cross, said the Aids project will be an extension of the health education and home care programmes. The health education programme, for geriatrics and chronically ill patients mainly in the townships, is run by Red Cross volunteers.

The second element will be to research the home care needs of

HIV/Aids patients and investigate the needs of the patient for medical, psycho-social and nursing care.

This will become an integral part of a comprehensive primary health service.

"Such a community-based home care project requires extensive education, networking, liaison and involvement to gain the support of the various communities and organisations, and also to obtain the necessary public funding," Jacob said.

"There is a big need for more lifestyle Aids education in schools.

Last year we reached 2 500 children and 500 adults, and we hope to increase these numbers dramatically during 1993.

"Another necessity is a food bank for HIV/Aids patients and families waiting for disability grants. Red Cross is to approach the churches and other service organisations for help in this regard."

Since 1987, the Federation of National Red Cross Societies has urged members throughout the world to include Aids prevention messages in their programme.

They also urged humanitarian support to people infected with HIV and Aids and to their families and action to prevent Aids-related discrimination.

At a recent workshop on Aids, the regions of the South African Red Cross agreed to explore different facets of the problem.

The Eastern Cape will continue with its "Buddy" programme in which volunteers agree to befriended and support people with the HIV virus or Aids who have to come to terms with dying.

Big plans for World Aids Day

JOHANNESBURG. — Elaborate plans to mark World Aids Day next Tuesday, which commemorates all those affected by the HIV/Aids epidemic, were announced by several non-governmental organisations.

"On December 1, countries around the globe will highlight their prevention and care activities, while all communities are spurred to take on new initiatives," Miss Nontsha Nciza said in a statement on behalf of the Progressive Primary Health Care Network, the SA Health and Social Services Organisation and the Aids Consortium.

"There is no excuse for complacency. We need to unite against this deadly disease. Communities must ensure that everybody is educated about

Aids," she said.

Pointing to statistics that Africa had about 60 percent of the world's population infected with the HIV virus, Miss Nciza said more than 300 000 people in South Africa were HIV positive, with 450 new infections each day.

She also rejected the R50 million allocated by the government for Aids awareness, saying that the campaign was misdirected.

"This is shown by an inadequate national media campaign and the paucity of available HIV services. Government-run clinics regularly run short of condoms, clinic staff receive inadequate training and this lack of training has led to unethical practices and numerous cases of blatant discrimination in hospitals." — Sapa.

92 ARG 27/11/92

New hope in fight against Aids

ST 1972 28/11/92

WASHINGTON — A harmless virus carrying an engineered genetic pattern has been found in test tube experiments to be capable of keeping the deadly Aids virus from reproducing inside its favourite blood cell target, researchers report.

In a study published yesterday in the journal Science, three scientists said the experiments showed that Aids resistance could be inserted into the blood cells using another type of virus that carries altered genes.

In a laboratory experiment, the scientists inserted into an infection particle, called adeno-associated virus or AAV, a gene that would stick

AS the world prepares for World Aids Day on Tuesday, a group of researchers claim they have hit on a way of programming viruses that can halt the spread of the deadly HIV virus. PAUL RECER reports.

(92)

to a specific part of the genetic pattern contained in the human immuno-deficiency virus, or HIV, which causes Aids.

Healthy blood cells, called CD4 cells, that are the favoured target of the HIV, were then infected with the AAV virus. This caused the new gene to be incorporated into the genetic pattern of the CD4 cell.

When the HIV virus

was then exposed in laboratory culture to the altered CD4 cells, only a few of the viruses could grow or reproduce. In unaltered CD4 cells, cultured for comparison, the HIV was able to replicate, the study says.

Untreated CD4 cells reproduced about 1 000 times more HIV virus cell than the CD4 cells with the altered genetic pattern, the study said.

The researchers said

the work showed that the AAV virus was an effective way to carry a new gene into blood cells. The AAV is taken up by the blood cells and the virus then inserts the new gene into the nucleus of the cell.

When the HIV virus enters the cell and tries to take over the nucleus, it is met by the new gene. The researchers said the new gene acts like a shield that blocks key processes that the HIV must perform in order to reproduce.

Work is under way now to test the technique in animals. No human trials will be planned until the animal experiments are completed, the researchers said in a statement. — Sapa-AP.

By Justin Pearce

Who will be with me when I die?

SOUTH 21/11 - 25/11/92

92

FACING death is never easy. But for people who discover that they have been infected with the HIV virus, there are more complex issues to be dealt with, says UCT psychologist Ms Nomasa Ngqakayi.

"The greatest shock is the realisation that your life is to be shortened, and that death will come sooner than you anticipated," Ngqakayi says.

"This is especially difficult for young people who had never thought about death before."

Fears centre around the future, with uncertainty being the most difficult feeling to cope with. People with Aids have no way of knowing what will happen to their bodies next, or how long they have to live.

Other fears relate to other people's reaction to the news that one has Aids.

"Will I lose my job?", "How am I going to face people?", "Will people support me or will I die with no one at my side?" These are the questions that go through the mind of someone who is HIV positive.

Guilt is another irrational emotion that infected people experience, owing to the myth that only promiscuous people contract the HIV virus.

"Women always end up getting blamed. If a woman gets the virus, it's because she's promiscuous; if a man gets it, it's because he's been sleeping with the wrong woman," Ngqakayi says.

In South Africa, discrimination in the health services can add to the psychological trauma of HIV infection.

Ngqakayi says that black people

who are forced to use public health services are sometimes tested for HIV without giving consent.

"Consequently the result of the test comes before the person even knew that he or she had been tested. Apart from the shock, there is a sense of the body having been violated."

Poor people often have no access to counselling, especially if they do not speak English or Afrikaans.

For people who face losing a loved one because of Aids, the issue of impending loss is the first one to face. Then they have to face the fact of taking responsibility for a terminally ill person.

"How well they can do this depends on their own life circumstances," Ngqakayi says.

"If you do not have the means to

support the sick person, you can end up feeling guilty."

Then there is the fear of becoming contaminated by looking after an HIV infected person — a fear which is largely unfounded, but nevertheless real for many people.

Counselling is vitally important to help people through the fear and uncertainty, Ngqakayi says.

"Dealing with psychological trauma is a process, which depends on the circumstances of each individual. You may have to deal with a drastic change in lifestyle, you have to face up to sexual relationships not staying the same. You have to come to terms with dying.

"It is unrealistic to think one can totally eliminate feeling," Ngqakayi says, "but one can help to maintain the person in a functioning mode."

Here are some organisations that offer free counselling to people with Aids and HIV, and to their friends and relatives.

- Aids Service Group Tel: (021)438-8368
- Aids Training, Information and Counselling Centre (Aitco) Tel: (021) 400-3400
- Bellville Community Health Project Tel:(021) 951-5928
- Body Positive Tel: (021) 21-5420, ask for page 45686
- Houtentots Holland HIV Support Centre Tel: (024) 51-2257
- Life Line Tel 0800-012322 (toll free)
- Sacla Health Project Tel (021) 31-1451 or 34-6313. Can refer you to community health workers in townships throughout the Western Cape
- Shawco Tel 59-32170 (head office), 932-6326 (Elsies River), 361-1118 (Khayelitsha), 638-5131 (Mannenberg)

Fight against Aids ^{Sowetan}

27/11/92

SOUTH Africans have been urged to join in the fight against Aids, starting on World Aids Day next Tuesday. (92)

The call was made in Johannesburg yesterday by several organisations involved in the fight against the disease. In Johannesburg, the day will be marked by a "Red Ribbon Procession".

Hundreds of people are expected to join hands and carry a 2km-long ribbon from the Pieter Roos Park in Empire Road to the Civic Centre in Braamfontein.

Other activities will include street processions in Vosloorus, Sharpeville, Soweto, and Winterveldt.

Aids spreading 'unchecked'

(92)
CT 30/11/92

GENEVA. — Aids is spreading virtually unchecked worldwide and money for prevention programmes would have to be increased 20 times to slow its progress, the World Health Organisation (WHO) says.

In a report to be published today, the UN health agency calls for money for prevention campaigns in developing countries to be increased to \$2,5 billion (about R7bn) from the \$120 million (about R336m) spent last year.

"Global spending on prevention is dangerously inadequate and is allowing the virus that causes Aids to spread virtually unchecked in many parts of the world.

"Prevention through encouragement of safer sexual practices is the key to slowing the pace of the epidemic," it says.

It urges communities to step up the fight against Aids through media campaigns, large-scale distribution of condoms, treatment of sexually-transmitted diseases and the education of youth.

WHO estimates that up to 40m people will be infected with the HIV virus by the end of the century. The number of infections rises by one million every six months.

Zim awareness campaigns failing

HARARE. — Despite the huge awareness campaigns in Zimbabwe over the last few years, more new Aids cases are being diagnosed here with the number of full-blown cases having risen to 16 882 by September this year.

However, a co-ordinator of the National Aids Control Programme, Mr Everisto Marowa, said in a recent report the figure was an underestimation and there could be as many as 40 000 Aids cases.

National Aids Council chairman Dr Macleod Chitiyo believed that for every one Aids case reported, five go

unreported. It is believed some of these cases seek treatment from traditional healers rather than hospitals.

The number of people infected with the HIV-virus rose from 54 000 in 1990 to 676 000 this year. However, the health ministry has estimated that, of a population of 10 million people, about 800 000 people in Zimbabwe are HIV-positive.

The cases surfacing now, some experts believe, are a result of infections that occurred five to 10 years ago.

About 5 000 people become infected daily, with a new infection every 18 seconds, according to WHO figures. An estimated 10m children will be orphans because of Aids by the end of the century, the UN group says.

The director of WHO's global programme on Aids, Dr Michael Merson, said at a news conference here at the weekend Aids is spreading at an alarming rate in Asia.

"We are seeing increases in parts of Asia the same as we had in Africa eight to 10 years ago," he said.

There were about 1,5m people infected with the HIV virus, which causes Aids, in Asia compared with virtually none as recently as 1987.

He said there were 14 experimental vaccines, but none ready for large-scale trials. — Sapa-Reuter

Help for Aids prisoners

By ALEX DODD

W/mail 27/11-3/12/92
92

THE Department of Correctional Services could be confronted with a huge bill for Aids drugs, following a ground-breaking ruling in the supreme court last week.

On an urgent application by a Pretoria Central Prison inmate with full-blown Aids, Cecil van Biljon, the court ruled that the department should allow the prisoner to be examined by an Aids specialist of his choice and supply whatever drugs are prescribed.

The drug most likely to be recommended is AZT, which costs between R40 000 and R100 000 a year for a single patient. According to the department, there are 215 HIV-infected prisoners in South Africa and 12 with full-blown Aids.

However, it is unclear whether the department or the patients themselves will foot the bill. Department spokesman Colonel DJ Immelman said: "The undertaking given at the supreme court was only to allow access to prisoner Van Biljon to a medical examination by a consultant of his choice."

Van Biljon's attorney Craig Snoyman believes payment is the responsibility of the state: "These people are in the custody of the state, therefore it is the state that must bear the cost," he said.

He also stressed that the ruling by Mr Justice J Mahomed was "ground-breaking. It will make the next person's application easier," he said.

Van Biljon, whose condition deteriorated into full-blown Aids in April this year, is suffering from white sores in his mouth, blisters in his ears, swollen glands, weight loss and sweating and vomiting.

To date, he has only received the standard treatment allotted to other prisoners who complain of weight loss or those who do gym — vitamin supplements of the kind readily available at supermarkets.

According to Dr Steven Miller, one of South Africa's foremost experts in the research and treatment of Aids, AZT is internationally recognised as the standard care for people with HIV infection, meeting specified clinical and immunological criteria.

City to mark World Aids Day

92

SOUTH 28/11-2/12/92

CAPE Town will mark World Aids Day with a carol service, videos and a play.

Since 1988, December 1 has been observed worldwide as a day of action to raise public awareness of Aids and to encourage new commitment to fighting the epidemic.

The date was chosen at an international summit of health ministers in 1988. It was called to establish a spirit of social tolerance and a greater exchange of information on Aids.

In Cape Town the following events have been organised:

- A carol service will take place at St George's Cathedral at 7pm on November 30.

- Videos in English and Xhosa will be shown on December 1 by the Planned Parenthood Association and the Sanlam Aids Education Unit. The venue is Unit 8A, The Waverley, Dane Street, Mowbray. Phone 448-7312.

- An educational play will be performed at the Ulwazi Centre, Njoli Street, Langa, at 2.30pm on December 2. The play, featuring Puppets against Aids, is aimed at the youth.

As of April 1992, more than 484 000 adult Aids cases had been reported to the World Health Organisation. But the WHO estimates that the total figure is closer to 1,5 million cases worldwide. There are also half a million cases of Aids among children, giving a world total of two million Aids cases.

Nine million adults and a million children are thought to have been infected since the beginning of the epidemic.

World Aids Day is supported by the World Health Assembly, the United Nations and governments, communities and individuals throughout the world.

Government takes lead in Aids effort

The Argus Correspondent

92 ARG 30/11/92

JOHANNESBURG — Organisations countrywide are geared up to mark World Aids Day tomorrow with activities to highlight Aids awareness.

At the weekend the government committed itself to the establishment of an "affordable, equitable and appropriate" Aids programme.

Health and Welfare minister Dr Rina Venter said the goal of the Aids programme was "to prevent — and lessen the impact of — HIV/Aids on the South African community and to ensure appropriate care for infected people and their dependants".

Aids awareness commemorations will run throughout December in the form of fun-runs, street processions, talks, music, poetry readings, dramas and puppet shows.

In Cape Town the focus this year is on the community.

This evening, a mass choir of pupils from Cape Town schools will take place in a Christmas Carol service dedicated to the people who help those with Aids.

The mass choir will be led by choirmaster Professor Barry Smith and Bible readings by prominent religious leaders will underline the need for community support in the fight against Aids.

A commemorative service is to take place at St George's Cathedral at midday tomorrow, followed by a procession down St George's Mall headed by the giant-sized Puppets Against Aids.

In Site C, Khayelitsha, health workers at Nolungile Clinic have organised a fun run.

The theme for this year is the need for the community to stop the spread of Aids.

Aids: Govt efforts are 'a failure'

■ Drive slammed:

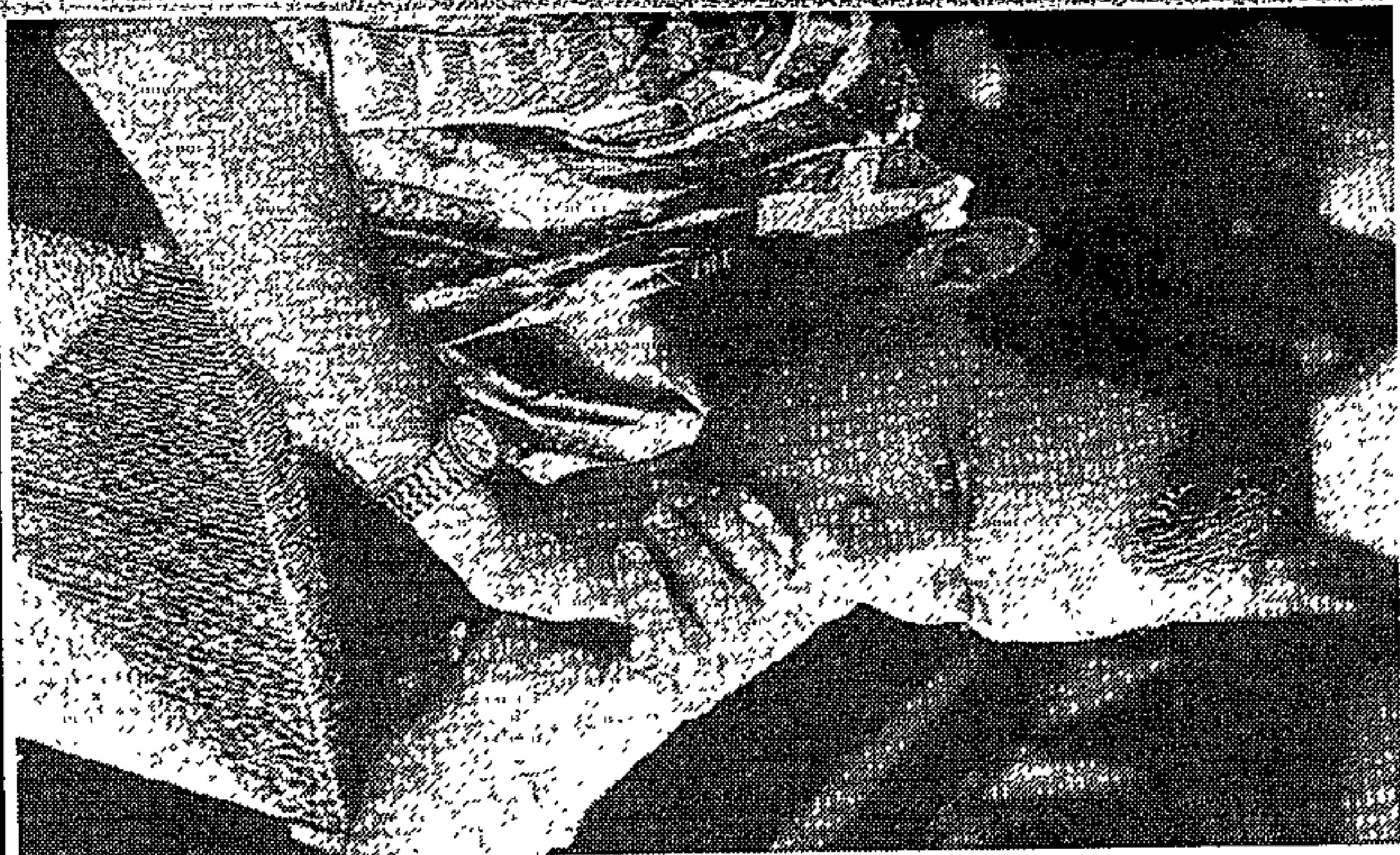
Sowetan 30/11/92
Health organisations have slammed the Government and health authorities for lack of concern in creating Aids awareness in the public.

The organisations, represented by Aids Consortium, South African Health and Social Services Organisation, the African National Congress and the Progressive Primary Health Care Network said the Government has failed to promote the Aids campaign among the poor.

In a statement issued on the eve of World Aids Day (December 1) the organisations accused the Government of misdirecting funds.

The agony that is Aids . . .

92
ARC 30/11/92



JOHANNESBURG. — At the age of 21, Shaun Mellors received an unwanted Christmas gift. He was told he was HIV-positive.

"That was in 1986, when there was not much being written about HIV and Aids. I was so shocked, I didn't believe the doctor at all. I thought: 'What a Christmas present . . . if it's true,'" he recalled.

But, it was true. "I was very scared, I became a little child again and HIV and Aids became my second parents."

Ignorance was rampant. After the initial diagnosis he was sent off for X-rays. The radiologists were reluctant to work on him. They emerged wearing "space suits" — but, Shaun admits even he believed then they would be infected by merely coming into contact with him.

He told his parents only four years later, says Shaun.

He became physically and emotionally controlled by HIV — every cough, hiccup or mark was scary: was this the beginning of the end?

By 1988, when he was 23, he had seen 14 friends die because of the disease: "I've seen people who've become terminal. It's

SHAUN MELLORS is a handsome, strong, sensitive 27-year-old who is described as hardworking and dedicated. He is also HIV-positive. He spoke to ARGUS Correspondent PAULA FRAY about life and love, discrimination, HIV and the need for an Aids Charter.

very degrading for them. It's scary when you are seeing a 34-year-old man wearing nappies which are being changed by his 76-year-old mother.

"Every time I see that, I have to examine my own mortality. If and when it is going to happen to me . . . how is it going to happen?"

If anything, Shaun wants the disease to be brought out into the open and for the public not to treat HIV-positive people as Aids sufferers or victims.

"I don't want that. I just want to be treated as a normal person with just as many feelings and emotions: just as many opportunities as anyone else. I don't want to lose my identity purely because of the HIV diagnosis."

Tags likes 'victims' and 'sufferers' deny HIV-positive people

"the right to be ordinary citizens".

He has faced ostracism and blatant discrimination. He was fired after telling his employer he was HIV-positive and he soon discovered the difference between quantity and quality friendships.

Shaun now serves on the regional executive committee of the Progressive Primary Health Care Network's southern Transvaal Aids Programme and is a co-ordinator of Friends for Life. Soon, he will leave for America to complete a four-month Aids counselling training course.

Shaun believes a public stand by leading politicians would go a long way into making the public aware of the disease.

"I believe there is a lack of commitment, support, caring and an effective and equal support programme."

However, Shaun believes each person needs to take responsibility in protecting themselves against HIV and Aids. They need to practise "safer sex".

The Aids Charter, to be launched today, will go a long way to making people aware of the rights of Aids and HIV persons

Doctors' orders: a health system that's free of profit

By Justin Pearce 3/10 - 7/10/92

ONE SOLUTION — total revolution. That is the only way to create a health system that serves the needs of the people, say two Cuban doctors now visiting South Africa.

"The statistics speak for themselves," said Dr Carlos Zahala in his address to the first general meeting of the South African Health and Social Services Organisation (SAHSSO).

His colleague Dr Felipe Bustillo read a list of figures which document Cuba's remarkable record in the prevention and cure of disease.

Cubans have a life expectancy of about 76 years, the country has an infant mortality rate of barely one percent, and there is one doctor for every 250 people.

Other gains include the virtual eradication of tetanus, polio, diphtheria and German measles and the decline in cases of tuberculosis from 65 cases per 10 000 people in 1965, to 5.1 cases per 10 000 people in 1991.

Health care, whether it involves a headache or a heart transplant, is free. Even face-lifts have been provided by the state health system, though not without controversy.

The health system is partly financed by very heavy taxes on cigarettes and alcohol. Smokers pay the equivalent of R20 for a packet of cigarettes in Cuba — but the state won't charge you anything to



REVOLUTIONISING HEALTH: Cubans Dr Felipe Bustillo (left) and Dr Carlos Zahala who are visiting South Africa

treat your bronchitis or lung cancer. Also important, Zahala said, is that no profits are made from health care.

These developments have taken place in a country where before the 1959 revolution the services of a doctor were scarce and where half the doctors emigrated to the United States after the revolution.

Zahala maintained that such a record could not have been achieved without an integrated

health system operated by the state, with the needs of society rather than profit as its priority.

He said an efficient disease prevention policy can help to eliminate 70 percent of diseases. Such a policy can never be implemented through a medical system that is privatised and profit-making.

"It is very difficult to sell lifestyle. How do you sell occupational or environmental health?" Bustillo described the Cuban

Integral to the health care system is a highly efficient hygiene and epidemiological surveillance system. Regional surveillance centres collate information from doctors, nurses, schools, workplaces and old age homes.

The team of health workers includes insecticide specialists who help to eliminate the insect-borne diseases that are common in a tropical country like Cuba.

HIV infection, which causes Aids, is handled with an efficiency that borders on the totalitarian. Testing is compulsory for "high risk" groups, including foreigners who spend more than three months in Cuba. This also includes Cubans who have spent more than three months abroad and "people near the harbours".

People found to be HIV positive are admitted to special "sanatoria" where they are isolated from society and educated about lifestyle. If they seem responsive to the education programme they are allowed home at specified intervals.

The result is an alleged HIV infection rate of 0.006 percent. The means used to achieve this startling result would probably horrify Aids activists in Western countries, where the emphasis has been on protecting the human rights of people with HIV and Aids.

Zahala also admitted that the Cuban approach to HIV infection would be impractical in Africa, where the virus is already widely prevalent.

Aids was already known in other countries before it reached Cuba, and the country's island position restricts the flow of people across its borders.

Cuba implemented a preventative strategy typical of the way its health system works, and a systematic HIV monitoring programme began even before Cuba's first HIV case had been discovered.

BENCHMARKS

CARMEL RICKARD'S weekly look at
the law, the lawyers and the courts



HIV: Cause to lose your job?

W/Mant 28/8-3/9/92

AIDS-related problems have started to come to court in South Africa and the legal profession is having to wrestle with a number of difficult questions.

Now one of the most central issues is about to be canvassed in the industrial court: can an employee be dismissed purely on the grounds of testing positive for HIV?

The landmark case concerns Ms Z from Mahlabtini in northern Zululand who worked for Zululand Anthracite Colliery, a subsidiary of Gencor.

She began working for the colliery in 1987 as a general worker and cleaner. However, after several years as a full-time worker, she was asked to agree to a medical examination including an HIV test. Her permanent status with the company depended on the result. She claims she signed the document with her thumb print, although she had no idea of what it meant. It was written in English, and no one interpreted it for her.

Ms Z tested positive and was subsequently told to leave. Pleas on her behalf by a doctor from whom she asked a second opinion did not help. The doctor told the company that although she had tested HIV positive, she was quite capable of doing her job and could not infect anyone by doing laundry work. According to Ms Z her employers said they were not prepared to help her, and that she should leave the premises at once as she would infect the whole colliery.

Her problem came to the attention of Durban's Legal Resources Centre (LRC). Director Richard Lyster decided to take it as a test case to the industrial court in Ulundi on the grounds that the company's actions constituted an unfair labour practice.

The LRC argues that the instruction by the colliery that all staff had to pass a medical to ensure they had the necessary physical capability and health requirements discriminated unfairly against existing employees or new workers who tested HIV positive.

The instruction was also unfair in that employees were required to submit to mandatory testing without their consent. It also unilaterally changed the conditions of work without the knowledge or consent of staff.

The LRC also says the doctor who told the human resources manager at the colliery the results of Ms Z's tests breached the confidential client/doctor relationship.

Her dismissal was also unfair in that she was not allowed a hearing to establish whether, despite testing positive for HIV, she still had the "necessary physical capability and health requirements" for the job.

Now she has been stigmatised because she was sacked for having HIV. She has no income and although she is suffering stress because of her dismissal she cannot afford any counselling or treatment. She is capable of doing her work, but the effect of being sacked is that her capabilities have been "unfairly and unscientifically undermined".

Ms Z is now waiting for a date for the case to be argued. If the industrial court rules there was an unfair labour practice, LRC want her reinstated with pay from the date of her dismissal in March last year.

The issue of coercive measures to prevent the spread of Aids is the subject of an important article in the latest edition of the *South African Journal on Human Rights*. In their essay, "Public health and human rights — the Aids crisis in South Africa", authors Edwin Cameron and Edward Swanson examine various attempts by health and other authorities to control the spread of Aids by for example, compulsory testing for HIV. They conclude such testing is not justified: it is counter-productive, expensive, misses most cases, drives the problem underground and is an unwarranted infringement of individual rights.

ght potential of increased disease transmission to newborns



Mrs Quarraisha Abdool Karim



Dr Jacques Kriel

Females main victims

Sowetan 13/11/92

(92)

By Mokgadi Pela

RESEARCH FINDINGS Delegates at conference

told of the incidence of HIV infection in Natal:

HIV infection is more common in women than men in rural Natal, an official of the Medical Research Council told an Aids conference yesterday.

Mrs Quarraisha Abdool Karim told about 100 delegates at the Eskom conference in Midrand, north of Johannesburg, that figures for 1990 showed that 3 155 females had contracted the virus while 1 657 males had the virus.

Karim said the high incidence of HIV infection among women in the 15-44 age group highlighted the potential for transmission to newborns.

She said HIV was seven times more efficiently transmitted from males to females. Other reasons cited for the higher prevalence among women included:

- Increased frequency of exposure to HIV;
- Higher incidence of untreated ulcerative

sexually transmitted diseases; and...

Many HIV infected males are economically active and live in the urban areas and are therefore mistakenly under-reported in rural areas.

Karim said the situation had serious consequences for the future of social and medical services in terms of caring for the sick since many rural families were dependent on women for welfare.

Karim said the disempowerment of women was a barrier against protective behaviour. Interviews with rural women in the region indicated that several factors influenced their ability to adopt HIV protective methods:

- Most knew that HIV was spread sexually and from an infected mother to her unborn child;

While two out of three thought that her partner had other lovers, only one out of three thought this increased her risk of getting HIV;

One out of 10 thought that she was at risk of being infected HIV;

And 67 percent said that they did not have the right to insist that their partners use condoms.

The research concluded that HIV infection was a recent phenomenon in Natal affecting all race groups. The study showed that the incidence of the disease was increasing. Karim said individuals and organisations in the province were eager to become involved in anti-Aids strategies.

Earlier, Dr Jacques Kriel of the Sacred Heart said Aids prevention required both a community and medical response.

Cosatu strikes out against Aids prejudice

By Justin Pearce

N O M O N D E Maluleka, a worker at a mine in Natal, lost her job this year. The reason was that she was infected with the HIV virus — the virus that leads to Aids.

Maluleka's doctor informed her employers that she was quite capable of doing her job and that she could not possibly infect anybody in the course of her work. They refused to listen.

Maluleka (not her real name) did not even know that she had been tested for the HIV virus. She had to have a medical examination before being appointed to the permanent staff, after five years as a "temporary" employee.

She had to sign a form of consent with a thumbprint as she is illiterate, and said that no one read the document to her before she signed.

Instances like this have prompted trade unions to take up the issue of Aids as a matter of urgency.

With so much ignorance surrounding Aids, workers who are found to be infected with the HIV virus face discrimination from their bosses and their colleagues.

Trade unions are well-placed to educate workers about Aids because they have credibility among workers that the bosses lack.

Addressing the National Aids Convention of South Africa (Nacosa) conference in Johannesburg last month, Cosatu president Mr John Gomomo told how workers who tested positive for the HIV virus had lost their jobs or been denied health care, housing and pension benefits. Many workers refused to work with fellow workers who had Aids or HIV, he added.

"Cosatu is very concerned about Aids and we have made it clear that Aids is a disease that can affect

everybody.

"We believe that the vital weapon that we have is education and training. The most difficult area is trying to change the attitudes and habits of individuals. Hence we encourage the use of condoms in our educational campaigns."

But Aids is a political issue as much as an educational one, and Cosatu's Aids work includes fighting for a fair Aids policy in the workplace.

Cosatu's demands are:

- Workers should not be tested for the HIV virus before employment to assess fitness to work, since HIV infection does not impair a person's ability to work.
- If employers know that a worker is HIV positive, this information must be regarded as confidential.
- Workers affected by HIV or Aids must be protected from discrimination and stigmatisation. Information and education are essential in creating a climate where this is possible.
- Workers and their families should have access to information, education and counselling.

Business organisations have pledged to take up the issue of Aids, several such organisations participating in the Nacosa conference.

"Business, as the largest employer of labour, recognises that it is well placed to play a constructive role in addressing the issue," South African Chamber of Business (Sacob) president Mr Hennie Viljoen said at the conference.

"In a sense it has a captive audience in the form of its workforce."

Viljoen outlined the role that employers have played in combating Aids, which includes "identifying employees with high-risk behaviour and offering them counselling on the dangers of contracting and spreading the disease".

He did not elaborate how one would monitor an employee's sexual



GETTING IT ACROSS: Cartoons form part of Cosatu's Aids education programme

behaviour to see whether the person could be classed as "high risk", and stopped short of making a commitment to a non-discriminatory policy as outlined by Cosatu.

Some of the largest and wealthiest employers such as Southern Life and Old Mutual have researched and produced their own material for Aids education.

• For smaller businesses which do not have the resources to research and produce their own educational material, a new training course is aimed at educating their management.

The Aids Training Course offered by the Aids Education Unit of the Planned Parenthood Association intends to make participants

aware of the needs of people infected with HIV or Aids, and teaches them to teach others about the disease. It is aimed at shop stewards and human resource trainers.

The course will run from Monday, November 23, to Friday, November 27. Anyone interested in participating can call Ms Aloma Foster at (021) 338-7312.

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Detailed in-house programme focuses on AIDS awareness

8 DAY 1989 2

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THROUGH a combined approach, AMA is addressing HIV/AIDS and its impact on healthcare provision. Its approach includes an internal policy and regular briefing and training, as well as the development of a medical protocol, dental protocol and a care centre.

and not be detectable. Also, the employee may contract AIDS after employment and because not all HIV positive people will develop full-blown aids, this could be considered discriminatory.

Where employees choose to disclose their HIV positive status, the policy lays down strict guidelines on how this information will be treated.

Although considered extremely unlikely, the policy makes specific provisions to counter the spread of AIDS in the workplace. For instance, bleach will be available and accessible at all times for sterilising tools and clothing and guidelines are laid down for people involved in first aid.

Despite some staff's misgivings about the programme, Gresak is determined that the company and its staff should be prepared to meet the challenges which are already starting to manifest themselves from the AIDS time bomb.

A committee comprising staff members is responsible for planning AMA's in-house AIDS programme and regular information and discussion meetings involving all staff, including the top echelons, are held.

The idea is that once staff members are properly informed and equipped to deal with AIDS situations they should take the message into the broader community and involve themselves with counselling and other AIDS action groups.

Misconduct

"It is considered to be gross misconduct for an employee of manager to give out this kind of information without the individual's informed written permission and they will be subject to summary dismissal pending a disciplinary hearing."

The policy also provides for company-assisted counselling and requires that all infected workers be treated "with respect, dignity and compassion — as would any other employee."

Meaningful

In consultation with society, committees and other administrators, AMA's intention is to agree on meaningful, practical and cost-effective management of this illness.

"Because information-based education programmes have largely proved to be ineffective, we have assumed that people will contract the virus and that we need to maintain their condition as HIV-well as against HIV-ill."



GILLIAN GRESAK

The policy provides that an employee infected with HIV/AIDS will not be ostracised by the company.

"An HIV/AIDS infected employee of AMA has his/her dignity as a proud human being and is respected in the same way as any other employee in the company," it states.

It does not recommend pre-employment screening because the virus may be in the window period

"The obstacle is still whether or not people will sufficiently trust the society/administrator to identify themselves with confidence.

"But, we believe that the policy, philosophy and

medical protocol will encourage people to come forward so that we can assist them to achieve quality of life and, at the same time identify and contain real costs — as against perceived costs."



Watershed AIDS meeting

KATHRYN STRACHAN (92)

THE ANC, government and various business, trade union and community organisations announced yesterday they would be holding a joint convention to develop SA's first national strategy to combat AIDS.

ANC health secretary Dr Ralph Mgijima said at a news conference efforts to fight AIDS had been stunted by the lack of a co-ordinated national programme.

With more than 400 people infected daily with the HIV virus in SA, organisations needed to pool their resources and co-ordinate their efforts. They could no longer allow parochial interests to intervene, he said.

The convention, to be held on October 23, will be organised by a steering committee which includes Saccola, Nafcoc, Cosatu, Nactu and the SA Council of Churches.

Health Department AIDS unit head Dr Natalie Stockton said the political climate had previously prevented groups from discussing a joint programme. The convention comes more than a decade after the virus was identified.

A steering committee statement said SA was on the brink of an epidemic of tragic proportions and it was critical that a national strategy be formulated.

BIDAY 21/8/92

Political turmoil spreads Aids

CT 19/11/92
JOHANNESBURG. — On an average day in Soweto, several men and women and a newborn baby test positive for the Aids virus.

Young, black and dying, they are the victims not just of disease, but of political turmoil that has allowed the epidemic to spread through black society and, Aids activists say, set the stage for catastrophe.

Given the country's many problems, Aids experts worry that black leaders as well as white will rank the deadly disease lower in priority than rewriting the constitution and establishing a multiracial government.

"There are going to be people dying in the street," said Mr Warwick Allan, head of the South African chapter of the Aids group ACT UP.

South Africa has about 2 000 cases of Aids but an estimated 250 000 people carry the HIV virus that causes it and the number is growing by at least 400 a day.

All groups agree on the need for home and community health care to prevent HIV carriers from flooding hospitals as they become ill. No such programs exist, even in hard-hit areas such as Soweto, and the government has not appropriated funds for them. — Sapa-AFP

HEALTH & DISEASES — V.D.

1993

JANUARY — JUNE

Plant scientists seek Aids drug

STML 5/1/93.

(92)

WITHIN the peaceful surroundings of the Royal Botanic Gardens at Kew, scientists are searching for a drug to combat the Aids virus, HIV.

Plants and herbs grown at Kew, and many more species shipped in from jungles, forests and gardens around the world, are being screened for chemicals which inhibit the virus.

Dr Linda Fellowes, a biochemist at the Kew laboratories, said she was "quietly optimistic" about the work done so far: "At this stage nobody can talk about a cure for Aids. What we are looking at is maintenance of health in infected people."

Following infection with the virus, there is an incubation period of eight to 10 years on average, when a person is healthy.

LIZ HUNT reports from London.

After this there is a reduction in the number of white blood cells, vital components of the immune system, and the onset of Aids.

Some plant chemicals, known as sugar alkaloids, appear to stop HIV infecting more cells by bringing about changes in the viral coat. The virus can no longer "lock on" to white blood cells and is prevented from infecting them.

The involvement of the laboratories at Kew in Aids research began after alkaloids that showed anti-insect activity were sent to St Mary's Hospital, London, for further investigation.

"We had some alkaloids which

appeared to have some anti-viral activity against the flu virus and so we threw those in too," says Fellowes. They were ineffective against flu but in large doses did appear to reduce the infectivity of HIV. Now Fellowes and two colleagues are looking for similar chemicals in other plants and are trying to develop more potent forms.

They are also analysing reports on herbal medicines used in HIV disease. Finding a treatment among plants and herbs may seem unlikely, but about a quarter of modern drugs are derived from plants. They include the heart drug digoxin; reserpine, which is used to treat high blood pressure; aspirin; and vincristine, used in treating cancer. — The Independent News Service. □

Japan reels as Aids cases proliferate

Sowefan 6/1/93

92

Most Japanese thought they were immune from Aids:

TOKYO - Although he frequented gay bath houses and didn't use condoms, poet Yutaka Hirata didn't worry much about Aids.

Now he knows he was dead wrong, and so does the rest of Japan. Hirata caused a national sensation when he became the first Japanese to publicly acknowledge he caught the Aids virus through sex.

Hirata - who used only his pen name - made his announcement in October, long after the first Aids cases surfaced here in the mid-1980s. But those cases were linked to foreigners, causing a false sense of security.

That complacency has been replaced by dread as the number of confirmed cases starts to soar. In the first 11 months of 1992, 424 cases of Aids or infection with HIV, the virus that causes Aids, were reported - almost double the number reported in all of 1991.

In all, some 500 cases of full-blown Aids and 2 500 cases of infection with HIV have been confirmed in Japan. Health officials estimate there are at least 10 undiagnosed cases for every person known to be infected.

But the fatal illness is still treated at arm's length, even though secrecy and the belief it is a foreigners' disease has helped spread Aids.

Officials still stress that many people infected with HIV in Japan are prostitutes from Southeast Asia. Sufferers can face social ostracism and medical neglect.

Hirata withheld his real name during his remarkable news conference, which made the nightly news and was featured in major newspapers and magazines. Although he wanted to help other Aids sufferers, he said he did not want to cause embarrassment for his family.

A World Health Organization expert on Aids predicted in mid-December that the nations of Asia will soon replace Africa as the region with the most new HIV infections each year.

The Government is widely blamed for failing to educate the public about Aids. It is trying to make up lost ground with warnings that casual sex is risky and exhortations that Aids sufferers not be subject to prejudice.

New government programmes to fight Aids are announced almost daily. The media has jumped on the bandwagon with a barrage of Aids-related television programmes, including documentaries, game shows and sex education shows.

Part of the crusade includes the first feature film by a major studio on the issue.

Tearful audiences cringe as the docudrama *Hug Me, Then Kiss Me* drives home its message that Aids is not a foreign disease and that its victims must be treated with compassion.

But it is American basketball star Magic Johnson - not a Japanese celebrity - who introduces the movie. A foundation established by Johnson, who retired from playing after testing positive for HIV, provided money for the movie, along with the

government.

The plot centres around Keiko, an office worker who discovers she got the Aids virus from a college boyfriend. Desperate for comfort, she goes to bed several times with a new boyfriend without telling him she is infected. As he sleeps beside her, she turns on the gas in an unsuccessful attempt to kill them both.

Keiko also faces hospitals that do not accept Aids patients and co-workers who joke about the disease - as many Japanese do. The mother of the man who infected Keiko says her son, who lies dying in a back room, is "travelling overseas."

Few Japanese know people who have tested positive for the Aids virus, but doctors say that is only because sufferers are afraid to make their condition public.

Japanese traditionally view serious illnesses or disabilities as sources of shame and signs of sin in a previous life.

Some families investigate the background of potential in-laws for undesirable qualities they think might damage their reputation, such as an ancestor belonging to the former "burakumin" outcast community. Such undesirable traits now include a relative with the Aids virus.

When Aids first surfaced here, it was invariably traced to foreign sources. Since intravenous drug use is rare and the homosexual community keeps a low profile, many Japanese believed there was little risk of contracting Aids.

"In those days, we thought that if we avoided anal sex and stayed away from foreigners we'd be all-right. I didn't worry at all," Hirata wrote in the popular weekly *Shukan Bunshun*.

He only discovered he had the virus after being hospitalised for a lung disease common among Aids patients.

Teishiro Minami, founder of the volunteer group Aids Action, says sufferers are justified in fearing they will be ostracised by friends, co-workers and family if they are infected with HIV.

"Many believe people who are HIV-positive, drug users and homosexuals should be exterminated from society," Minami says. "Japanese will reject any relative or friend to keep their reputation or 'face'."

Fewer than half of all Japanese hospitals knowingly accept Aids patients for treatment. Doctors and nurses at hospitals that reject Aids patients say that they are not properly equipped to handle them or that hospital administrators fear other patients will be scared away.

The suicide of an Aids patient at Tokyo's Komagome Hospital brought the issue of such ostracism out into the open.

Another Aids patient who spent several days in the same hospital complained that the staff did not allow visitors, provided no counselling and tended to neglect even such basics as keeping the rooms clean.

"Those were the worst four days of my entire life of 52 years," the man wrote in an anonymous letter to the newspaper *Yomiuri*. "Isolating Aids patients is BAD MEDICINE." - *Sapa-AP*.

Officials still stress that many people infected with HIV in Japan are prostitutes from Southeast Asia

A three-year investigation by the United States's Federal Office of Research Integrity (ORI) has found that the American Dr Robert Gallo, who is credited with being the co-discoverer (with Professor Luc Montagnier of the Pasteur Institute in Paris, France) of the cause of Aids, has been guilty of "scientific misconduct" in the matter.

The investigation found that Dr Gallo deliberately misled the scientific community by claiming to have grown an Aids virus in his laboratory and not to have utilised or examined a similar strain of the virus grown by Dr Montagnier and his associates at the Pasteur Institute.

Guaranteed w/ Lu w/ mail 8/1-14/1/93. (92)

Aids scientist 'at fault'

THE FRENCH Research Ministry has reacted immediately to what it describes as the "first official condemnation of Dr Gallo". In the light of the US findings the French government now wants the US administration to make a statement "officially acknowledging that the paternity in developing the Aids diagnostic test belongs to French scientists", which means "the US government renegotiating the agreement signed by Messrs Reagan and Chirac".

The agreement between France and the United States on sharing the earnings from marketing the Aids

virus test was signed on March 31, 1987 by US President Ronald Reagan, and French Prime Minister Jacques Chirac. It provided for 20 per cent of the income derived from sales of the test to be turned over to the French and American holders of the patent, the remaining 80 per cent (about \$8 million a year) to go to a Franco-American foundation set up to fight Aids.

The foundation, established in December 1987; was expected to earmark 25 per cent of its funds for use by research teams worldwide and split the remainder equally between the French and Americans.

"It is this division that the Pasteur Institute wants to see amended and for this there's no

need to renegotiate the agreement," points out the Pasteur Institute's legal director.

When the agreement was signed in 1987, it appeared to settle the dispute between the Pasteur Institute in Paris and the National Institute of Cancer in Bethesda, Maryland, over who first discovered the Aids virus. But the Chicago Tribune began publishing on November 19, 1989 a long series of articles by John Crewdson which cast serious doubts on Dr Gallo's claims and accused him of trying to

take credit for the discovery.

By Laurence Folléa

The Tribune's revelations were

followed by an article in the journal Science which mentioned in particular the findings of the Office of Research Integrity. This led Hubert Curien, then France's research and technology minister, to publish an article in Le Monde where he complained that the 1987 agreement appeared to be "abnormally favourable to American interests".

Six months later when the translator of Dr Gallo's works into French disclosed in the Paris daily, Libération, what he claimed to be was the final version of the ORI report (where only Dr Mikulas Popovic, who was Dr Gallo's chief collaborator, was accused of "scientific misconduct"), Curien threatened to revoke the agreement.

(January 2)

Insurers tighten claims control

(92) KATHRYN STRACHAN
WITH the AIDS pandemic and the recession causing a dramatic increase in ill-health and disability claims, the insurance industry has tightened claims control.

A new organisation, the Association of Insurance Medical Officers of SA (AIMOSA), affiliated to the Medical Association of SA, has been formed to ensure medical evidence required by the insurance industry conforms to stringent standards.

"The need for such a body has become particularly acute in the face of recent developments in the health profile of the country," association chairman Dr Len Myers said.

"Of great concern is the escalating incidence of HIV infections, the increase in TB and a worsening economy, which has driven up claims on ill-health and disability.

"Claims have also been affected by less obvious considerations such as an increase in policy sales among the relatively more affluent, but higher HIV-risk population and the influx of some questionably qualified doctors from eastern Europe and Africa, whose services have been used for medical evidence."

Another spokesman, Dr Jack van Nitrrik, said the recession and consequent retrenchments had resulted in a large number of fraudulent disability and even death claims. **12/1/93**
"It is a lot easier for a company to persuade an employee that he is too disabled to continue working than it is to retrench him," he said.

Black teachers threaten to strike

(925) KATHRYN STRACHAN
BLACK schools, which reopened yesterday, could be in for a repeat of last year's disruptions with teachers affiliated to the SA Democratic Teachers' Union (Sadtu) threatening possible strike action.

Sadtu assistant general secretary Thulas Nxesi said yesterday his union would protest against plans by the Department of Education and Culture to retrench about 3 200 teachers at 40 coloured schools.

But teachers would not strike before consulting all parties concerned, including pupils and parents. Plans to retrench the teachers were suspended late last year when Sadtu teachers threatened to disrupt exams. But negotiations with the department failed to extract a guarantee that teachers would not be retrenched in the new year.

Black schools were desperately short of teachers, said Nxesi, and rather than retrenching teachers government should transfer them to schools where they were needed.

All the problems which triggered last year's "chalkdowns" still existed, he said. Teachers were still victimised for participating in union activities, despite the union being officially recognised, and the poor conditions at schools continued.

Nxesi said the most important task for the year ahead was to revive a

KATHRYN STRACHAN
culture of learning and to develop a code of conduct.

Meanwhile, Judge Richard Goldstone yesterday announced that his commission was considering investigating violence and intimidation in schools, and requested people to submit any relevant information.

"In recent months the commission has received disturbing information concerning a number of incidents of violence and intimidation committed against members of the teaching profession and even in some instances on scholars," he said.

Sapa reports from Pietersburg that Azapo northern Transvaal spokesman Mantle Phasha yesterday called for an end to the disruption of education through teacher chalkdowns and the involvement of pupils in campaigns during school hours.

Department of Education and Training (DET) director-general Bernhard Louw said textbooks and prescribed books valued at more than R80m had been provided to black schools this year.

He said on the first day of the new school year, 2 374 public schools and 5 648 farm schools had registered with the DET, and more than 2,5-million pupils would enroll in public and state-aided schools.



DP leader Zach de Beer signs an autograph for Soweto member Dominic Moyo at yesterday's opening of a new DP office in Kerk Street, Johannesburg. De Beer said the office was an early step on the road to massive voter contact by the DP. **Picture: BRIAN HENDLER**

Govt, ANC wash their hands of exiles

(92) KATHRYN STRACHAN
GOVERNMENT and the ANC yesterday denied responsibility for non-ANC exiles in Zambia who had been declared illegal immigrants by the Zambian government.

Both were responding to reports that 700 SA exiles had been declared illegal immigrants after failing to meet a UN High Commissioner for Refugees deadline to leave Zambia. **12/1/93**

ANC spokesman Carl Mthembu said there were "at most" between 150 and 200 ANC staff in Zambia, either because they were legitimately winding up ANC business in Lusaka or awaiting clarification of their indemnity status. Others were students. "Our chief representative in Zambia is dealing with the Zambian government and

LOYD COURTS

pending the outcome of that, (the matter) will be taken up by the ANC head office." Asked about the non-ANC South Africans in Zambia, Mthembu said: "In that instance it is something for the government to deal with."

However, Foreign Affairs spokesman Jacques Malan said his department had not been approached for assistance, and that the matter was between the ANC and the Zambian government. **12/1/93**
"How can the state be involved if the people don't want to come back?" he asked. The reluctant exiles said they feared township violence in SA.

Your blood can be a gift of life

(92) (2007)

SMZ 12/1/93

IN JOHANNESBURG and Pretoria alone, at least 600 units of blood are needed each day for people undergoing operations. There is often no alternative but to give the patient donated blood.

This week — National Donor Week — the SA Blood Transfusion Service (SABTS) aims to create awareness of regular donations and honour regular donors countrywide.

If you have never donated blood, now is the time to overcome your fear, says the SABTS. If you have previously given, it's time to consider becoming a regular donor.

The SABTS, which has 16 branches in the southern Transvaal, Free State and northern Cape, has about 270 000 donors — less than one percent of the total population. Each year about 485 000 units of blood are given.

"Our keyword is that it is safe blood that saves lives," says SABTS deputy director Dr Robert Crookes. "It is the donor giving blood regularly — up to six times a year — who is the safe donor."

People who have a lifestyle that exposes them to Aids should not donate blood, says Crookes — nor should those seeking a free Aids test.

Because there is a "window period" in which the HIV antibody is not detected, it is possible for contaminated blood to slip through, but any sample positive for HIV, Hepatitis B and C and venereal disease is quickly destroyed.

"Anyone over the age of 16, in good health, can become a donor," he says. "We need new donors, but there are people who haven't donated for a long

Every time you donate blood, you could save the life of a cancer patient on chemotherapy, a bleeding haemophiliac, a burn victim, an accident case or someone needing emergency surgery . . . it could even be yourself, reports PAULA FRAY.

time and we are appealing to them to return."

At the SABTS Hillbrow centre, volunteers trickle up to the sixth floor to give blood. At least 50 units of "emergency blood" — Group O — are needed each day, as well as about 250 units of platelets.

"The need is continuous," says corporate PR Diane de Coning.

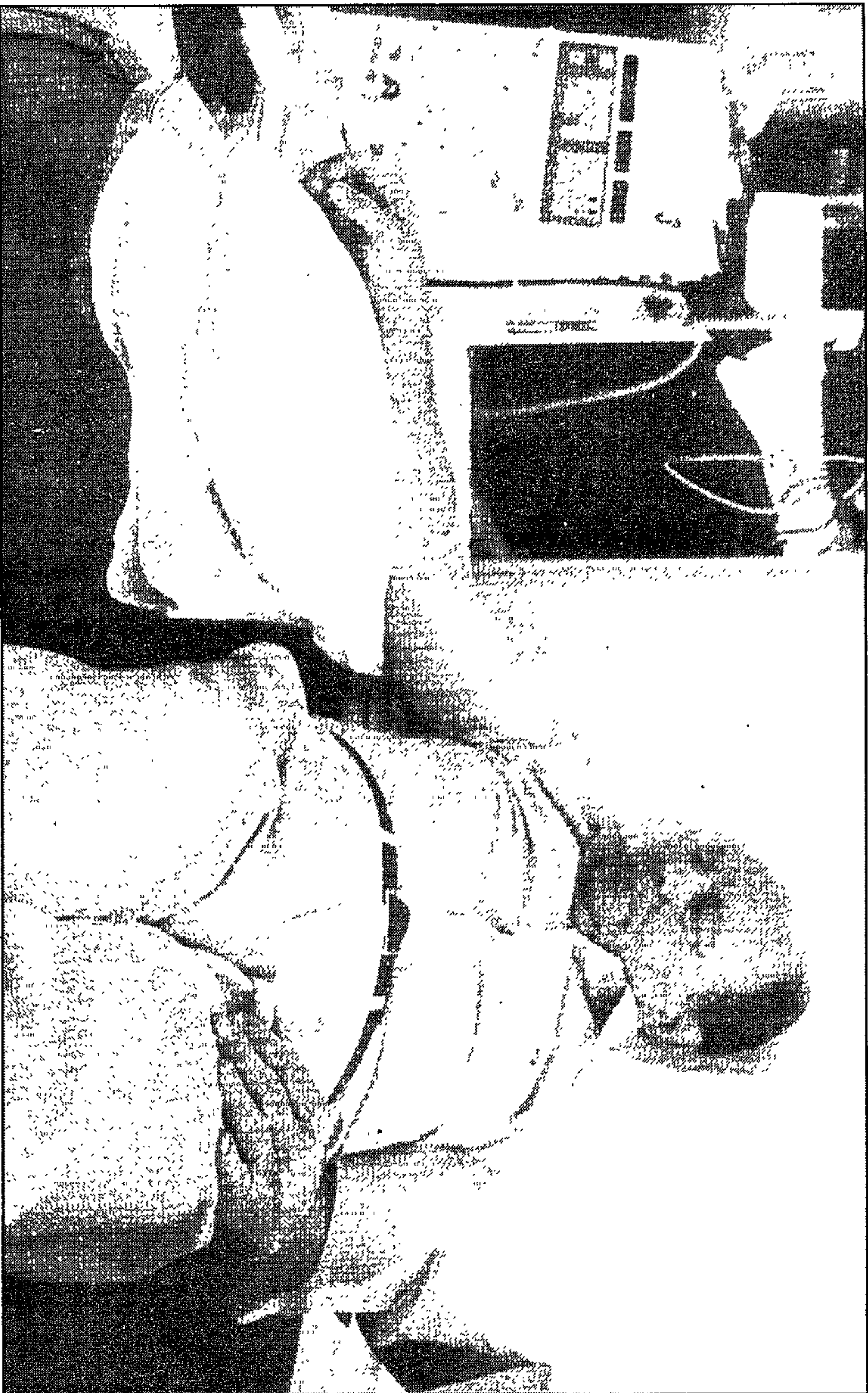
Each donor is asked to fill in a form on his or her recent activities and illnesses. Some volunteers are asked not to donate — for health or other reasons — and some blood might be marked for separation.

A finger prick and a splotch of blood into an iron-determining solution decide whether the prospective donor can, in fact, give blood.

Finally, blood pressure is checked and then the donor is ready for 10 minutes of blood-giving. There is little other discomfort after the initial prick.

"Whole" blood is quickly becoming a thing of the past. Blood is now broken up into components and patients are given the constituent they specifically need.

Plasma is separated, frozen and later divided into albumen



Helping another in need . . . platelet donors at the South African Blood Transfusion Services offices in Hillbrow give 2½ hours of their time and their precious blood to help cancer patients undergoing unpleasant chemotherapy.

Factor 8 is given to haemophiliacs to help the blood coagulate: "Every month we save the lives of at least 1 000 haemophiliacs on the Reef," says De Coning. Platelets are also drawn from the blood for cancer patients undergoing chemotherapy. They could, literally, bleed to death. White platelets can be separated from normal donations, they could, literally, bleed to death. White platelets can be separated from normal donations, they could, literally, bleed to death. White platelets can be separated from normal donations, they could, literally, bleed to death.

some donors specifically provide platelets. They must sit for 2½ hours while a machine draws out the blood, separates the platelets and then returns the red blood cells.

Most platelet donors began by helping a friend with cancer with many of them continuing their generosity after the patient went into remission.

Peter and Kathleen Thomas of Kempton Park are two such donors. Every six weeks they make an appointment for the long stint on the separation machine.

"We started when a friend of ours, Timothy Pike, had leukaemia. That was two years ago, and he is now in remission," says Peter.

"I come here for a break," jokes Kathleen. "I don't feel uncomfortable. You feel that you are helping someone . . . I would advise people to do the same."

In the cell separation division — also known as apheresis — four donors, including a man giving plasma for anti-rabies serum, sit patiently. Thanks to the Lions Club, they have a television set and headphones to keep them entertained.

Cell separation unit head Diane Sawyer says the department cannot get enough donors or machines to meet the demand. Prospective platelet or antibody donors undergo pre-testing before they are taken for their first session.

SABTS medical director Professor Anthon Heyns has the last word: "Blood is a cornerstone of medical treatment that we will always need. Our mission is to procure sufficient safe blood from the community to supply sufficient safe blood to the best of our ability." □

Do-it-yourself Aids kit slated by expert

CT 14/93

Staff Reporter

92

A LOCAL Aids expert has slated a 10-minute home HIV test kit because it may prompt suicides.

The portable saliva test for the HIV and hepatitis viruses, which has caused controversy in Britain and the US, may soon be sold here.

But Dr Ruben Sher, head of the Aids Centre at the South African Institute for Medical Research, said the test "is a very dangerous commercial venture, as uncontrolled private testing without the benefit of counselling could lead to suicides.

"We never pronounce a person HIV-positive before doing more than one test," he said.

Ministers in blood/Aids scandal may escape prosecution

IT IS the first and perhaps the last dramatic development in the High Court's investigation into the infected blood scandal. Even before getting down to examining the subject, the five Court of Cassation judges forming the commission investigating the matter to decide whether there is a case to answer are beginning to question the legal soundness of the proceedings that parliament has instituted against former prime minister Laurent Fabius, former minister of social affairs Georgina Dufoix, and former health minister Edmond Hervé. If that is not a shattering surprise, it is still huge one nonetheless.

At its very first session a few days ago, the investigating commission raised the issue whether time had not run out on the issue it was expected to examine. The three former Socialist ministers' lawyers and the public prosecutor have been called for an examination in chambers on January 22 of the procedure's legality.

After all the high drama that preceded the decision, reluctantly agreed by the Socialists, to send four former Socialist ministers before a specially constituted High Court, on charges arising from the scandal over the distribution of HIV-infected blood, it now turns out that there may be no trial at all. The preliminary commission examining the parliamentary

Two courses are possible at this stage. The commission can either examine the matter after due hearing of the parties concerned as the first step to the investigation proper, or a finding that further action has been prescribed is in the pipeline, if it is not imminent. In one case the question raised could be described as preliminary. In the other case, the investigating commission will raise, not without courage, a problem ignored until now by members of parliament or too cursorily examined by them. The resolution voted by the National Assembly and the Senate on December 19/20 is aimed at the

resolution to establish whether there is a case against the defendants may decide that the acts allegedly committed are prescribed. All because the parliamentary resolution proposed to charge the three ministers with failing to assist a person or persons in danger, but this is a charge which cannot be brought three years after the alleged offence.

By Laurent Greilsamer

three former ministers "in connection with interdepartmental orders dated July 23, 1985... making it mandatory to test for Aids in blood donated after August 1, 1985 and ruling that unheated blood products (given to haemophiliacs) would not be reimbursed after October 1, 1985". Those are the facts. But what could legally invalidate the charges is this: the accusation that the members of parliament decided to proceed on was the failure to assist a person or persons in danger, which

is Article 63 of the penal code. On the face of it, there is nothing very tricky about this Article. Dr Jacques Roux, former general manager of health, and Dr Robert Netter, former head of the National Health Laboratory, were charged and convicted under Article 63, well within the three-year period of prescription the offence carries. The three former ministers are reacting in different ways to the possibility that the offence with which they might be charged is perhaps prescribed. Edmond Hervé is apparently trusting the good sense of the commission. Georgina Dufoix, on the contrary, could argue that the matter is prescribed. Laurent Fabius is, however, anxious to have his name cleared and could be tempted to support the contention that the offences imputed to him are not covered by the law of prescription. But already nobody can rule out the possibility that the commission, after hearing how the three former ministers plan to defend themselves and what the public prosecutor has to say about it, might decide the charges voted by parliament are inadmissible. If that happens, it would mean that three years after former minister of co-operation Christian Nucci, accused of embezzling public funds, was spared a trial when parliament passed a law granting amnesty for such offences, three of his fellow Socialist ministers would also benefit — this time without the legislative or the executive seeking it — from another kind of legal safe-conduct.

(January 10/11)

'2,5m

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have

CT18/1/93

Aids'

GENEVA. — The World Health Organisation said the number of reported Aids cases worldwide rose to more than 600 000 by the end of 1992 — but the real total was likely to be four times as high.

WHO said about 13 million people had become infected with the human immunodeficiency virus, or HIV, which leads to Aids. There had been about one million new HIV infections in the past six months.

The United Nations health agency said that by the end of December, 611 589 cases of full-blown acquired immune deficiency syndrome had occurred since records started in 1981, about 10 000 higher than in its last report in June.

It said the United States reported 242 146 cases, more than one-third of the world's total.

The Centres for Disease Control and Prevention, the United States agency monitoring the disease, predicted more than 500 000 Aids cases in the US by 1995, with 385 000 deaths.

WHO reported big increases in the number of recorded cases in Africa. It said the Kenyan government had informed it of 31 185 cases — 22 046 more than the previous report in May 1990. Uganda reported 34 611 cases, up from 30 190 in its previous report at the end of last year. Tanzania had 34 605 cases, a rise of 7 209 since July 1991.

The agency said that in the Americas, Brazil had the second highest toll, with 31 364 cases reported, 24 704 higher than the previous report.

In Europe, France had the highest total with 21 487, followed by Spain with 14 991, it said.

WHO stressed that the reported number of cases was a "relatively crude indicator" of worldwide trends because of poor diagnosis and under-reporting, particularly in developing countries.

It said the real number of Aids cases was likely nearer to 2.5 million.

WHO officials said an estimated 7.5 million HIV infections had occurred in sub-Saharan Africa. An estimated two million people in the Americas had contracted the virus; more than 1.5 million in South and South-East Asia; 500 000 in Western Europe; 25 000 in East Asia and the Pacific, and 25 000 in Australasia, it said.

It takes about on average 10 years for people infected with HIV to develop symptoms of full-blown Aids. — Sapa-AP

**1,5m infected
with HIV virus**

HARARE At least 1,5 million people in Zimbabwe are infected with the Aids virus, according to an estimate by the Commercial Farmers Union (CFU).

The farming industry employs 127 000 workers of whom 17 percent are HIV positive, according to surveys carried out by the union. - *Sowetan Correspondents and Sapa-*

Reuter-AP-AFP (92)

Sowetan 19/1/92

Govt 'not giving true Aids facts'

(92) CPT 9/11/93

Staff Reporter

A BI-MONTHLY South African news bulletin, Aids Analysis Africa, has criticised the government for failing to supply accurate figures on the number of Aids-related deaths in the country.

Aids Analysis Africa claims in its latest newsletter that the statistics released by the authorities reported only 26 Aids-related deaths during the first nine months of 1992.

"Aids Analysis Africa established that during the same period there were 153 Aids deaths recorded at a single hospital in Empangeni in Natal," the publication said.

A spokesman for the Department of National Health and Population Development, Dr Horst Kustner, said yesterday the department was trying to verify this information.

"We can only report what is reported to us," he said.

Dr Kustner said that as Aids was not

1,5m Zimbabweans 'infected with HIV'

HARARE. — At least 1,5 million Zimbabweans, a sixth of the country's population, have the HIV virus that causes the killer disease Aids, according to a survey published here yesterday.

The survey, commissioned by the Commercial Farmers' Union (CFU), said Zimbabwe's economy could face serious skilled labour shortages if infection rates continued at present levels.

Some commercial farmers are reportedly turning away from labour-intensive crops because of fears over the workforce.

Officially, Zimbabwe has 40 000 confirmed Aids cases in a population of 10,2 million.

But between 30 and 50% of hospital admissions here are now reported HIV positive, with infection thought to exceed 50% in the Zimbabwe army. — Sapa-Reuter, Own Correspondent

a notifiable disease, the department was reliant on people, organisations and hospitals to supply figures.

"But volumes have caught up with us. It is time the department moved in directly," Dr Kustner said.

Aids Analysis Africa is compiled by former practitioner and medical writer Dr Jack van Niftrik, with the assistance of Natal University economic researcher Mr Alan Whiteside.

15/01/93 22/1/93
**AIDS lesson
travels well**

THEO RAWANA

THE taxi is the best vehicle to carry the AIDS message because it reaches further than any newspaper, radio or television, says Hennie Meyer of the National Health Department. (92)

Meyer, officially launching the taxi-borne AIDS advertising campaign yesterday, made a tour of taxi ranks on the Reef with Trans Ad, the advertising arm of the National Information Bureau for Taxi Associations. (92)

Trans Ad had been commissioned to run the four-month campaign, for which nearly R1m had been allocated, said Trans Ad director Damian Boyce.

Boyce said the campaign was running on 700 taxis. "Information huts" had been placed at 10 major ranks around the country.

Boyce said trained drivers were able to hand out information and condoms, and had a basic knowledge of their adverts' message.

Meyer said cassettes were played carrying the message of AIDS.

HIV in women 'means more orphans'

(92) CT 22/1/93

Staff Reporter

Rapidly increasing rates of HIV infection in women of child-bearing age will ensure an increasing burden of paediatric HIV and Aids orphans in South Africa, says Dr Malcolm Steinberg of the Medical Research Council National Aids Research Programme.

Dr Steinberg was addressing a primary health care strategy

conference in Cape Town yesterday.

"Better-than-expected survival of HIV-infected children will place an increased burden on already stressed health and welfare services," he said.

Common childhood diseases, such as malnutrition, will be exacerbated by HIV/Aids, said Dr Steinberg.

HIV/Aids had the potential to

reverse the positive trends in under-five and infant mortality rates achieved through development programmes.

Preventive solutions to the problems of paediatric Aids would necessitate prevention of HIV infection in women.

This gave the government and society an obligation to empower women to protect themselves against HIV infection

and to offer them options for self-esteem and achievement "independent of reproduction," said Dr Steinberg.

"The only real solution to the Aids epidemic is to embark on and increase programmes which pursue sustainable development in co-operation with communities — and ones which aim to keep the levels of social disruption as low as possible."

SA plants 'may hold Aids cure'

Staff reporter

SOUTH AFRICA'S 24 000 indigenous plants may hold the secret of the cure to Aids and cancer says pharmacologist Dr Carl Albrecht.

Speaking at the launch of an indigenous plant programme at Kirstenbosch this week. He said that while people were desperately grasping for "magic molecules" for these incurable diseases few had exploited South Africa's plant kingdom.

This was despite the fact that modern research had shown that

the majority of plants used in folk medicine did have pharmacological uses. 920723/1/93

"It is a sad fact that South Africa has not explored the wealth of scientific information that our indigenous plants hold."

Furthermore, it was especially important for South Africa to tap this resource because 15 million South Africans used traditional remedies at a cost of R500m a year.

Dr Albrecht said scientists needed to change their attitudes

toward traditional healers who were technically still operating illegally in South Africa.

Mr Tsedins Rakolota, a consultant for the Traditional Medical Practitioners Association, said many healers would welcome increased interaction between themselves and medical doctors.

The Indigenous Plant Use Programme, which aims to promote the cultural, socio-economic and scientific benefits of Southern African flora, will launch their first project next month.

Armies lead charge

in the spread of Aids

SOUTH

23/1-27/1/93

92

COLONEL Patrick Lumumba was a civil war hero in Uganda and was one of the victorious National Resistance Army's (NRA) top officers.

In 1987, Lumumba was due to be posted to the Soviet Union for military training. But he needed to test HIV negative before he could go. Lumumba tested HIV positive. Four years later he was dead.

Lumumba's story is not unique. Worldwide, many thousands of soldiers are infected with HIV, many hundreds, perhaps thousands, have already died from Aids.

In terms of manpower, Aids has decimated some armies in Africa. One sub-saharan country's airforce has lost so many expensively trained pilots that it has had to recruit pilots from Yugoslavia to fly its MiG jets.

Combat soldiers also have a life and death interest in the HIV status of their comrades-in-arms. On the frontline, it is normal practice to give a wounded soldier a blood transfusion on the spot — from the nearest available soldier.

Because the HIV virus can be transmitted during a blood transfusion, the HIV status of the blood donor is crucial.

Generals in armies like that of Ghana, whose soldiers are often used on UN peace-keeping forces, worry about sending troops who are HIV positive abroad. Instead of

Soldiers are meant to bring about peace

where there is conflict, but now they may also be bringing with them a killer disease:

bringing peace to a highly-charged political situation, they could be accused of bringing disease.

Many civilians regard the military as agents for the spread of the HIV, virus. For many civilian women, it is hard to refuse sex to a soldier wielding a gun.

War has become a harbinger of Aids. The former chief medical officer to the British government, Sir Donald Acheson, warned that war — "particularly the slow-burning anarchic disturbances currently so prevalent" — was an important factor in the spread of HIV in Africa.

According to Dr Andrew Cliff of Cambridge University, Aids in Uganda demonstrates that the "classical association between war and disease substantially accounts for the present geographical distribution of Aids cases in Uganda."

War promotes the spread of Aids

through the large-scale uprooting and displacement of civilian populations. There were an estimated 1.8 million refugees in southern Africa during the 1980s.

Armies the world over are worrying about recruiting and keeping their soldiers free of HIV infection. But whether military authorities will publicly disclose their policies on HIV and Aids is another matter.

Kenya, for example, a country with a rising HIV rate, has tended to deny the military problem until recently but now, army officers have opened dialogue with Aids Programme officers.

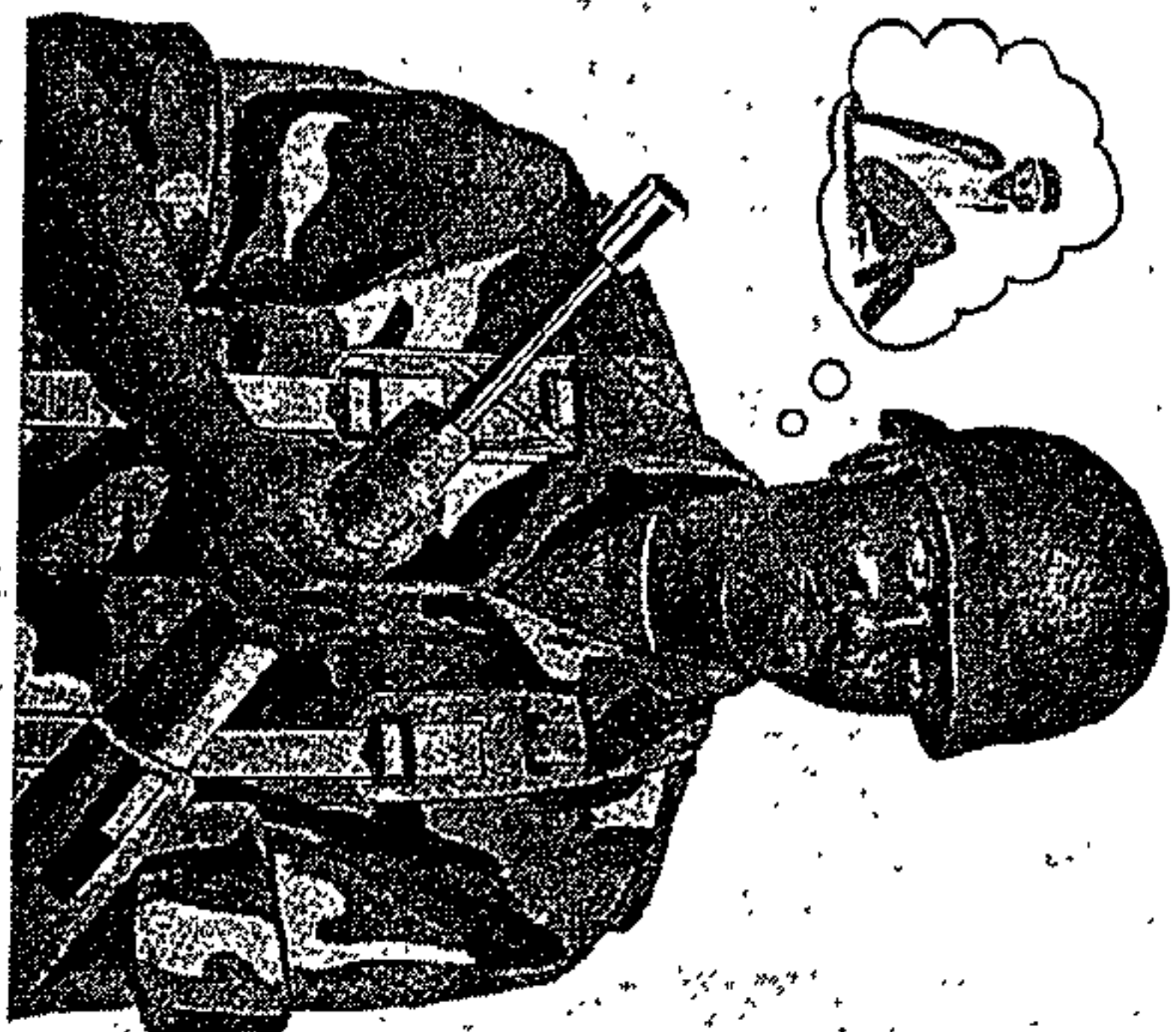
There is a startling contrast between the openness of the United States army and the secrecy of the British armed forces about HIV infection and Aids issues.

The US army pioneered an open policy on HIV among its soldiers and published numerous medical studies on the ramifications of HIV in its ranks.

Uganda has one of the highest rates of HIV infection in the world, and its army, the NRA, recognised as early as 1987 that it had a serious and probably unique problem with Aids. The NRA estimates that HIV prevalence in its ranks could be as high as 20 percent.

Irrespective of the ethical and medical dilemmas surrounding mass testing for HIV, the military is in a

COMBAT READINESS



CONDOM READINESS

strong position to enforce mass testing.

In the United States, for example, all soldiers on active duty have to be routinely tested for HIV infection every 16 months. Potential recruits are also tested.

In Ghana, each soldier has a compulsory yearly medical check-up which includes an HIV test. If a soldier is found to be HIV positive he is told and restricted from overseas postings, which is a severe

penalty in terms of promotion prospects and lucrative allowances, but they are kept on active service in Ghana for as long as they are fit.

The military can play a crucial role in developing Aids control programmes and be a tool for educating the public about HIV and Aids. But where there is war and conflict, soldiers can take on a more sinister aspect as the agents of death, disease and disruption. — **Panos.**

Illustration by Sir Ian Hogg, ACTON HEALTH ORGANISATION OF GUYANA. ARTIST'S CONCEPT.

'Religion is ⁹² abetting Aids'

KUALA LUMPUR - Religious opposition to promoting condoms to check the transmission of the Aids virus is stifling the battle against the disease in Southeast Asia, experts and social workers said.

Church leaders and Muslim elders have distanced themselves from widely publicised condom dispensation campaigns.

Social workers have accused religious leaders of going against the spirit of a World Health Organisation (WHO) resolution calling for the large-scale distribution of condoms as a shield against Acquired Immune Deficiency Syndrome. - *Sapa-AFP*.

SO wetan 28/1/93

Epidemic may kill 400 000⁽⁹²⁾

CT 27/1/93 GENEVA. — The UN health agency yesterday warned that up to 400,000 people could die from an epidemic of an Aids-like disease that has already killed tens of thousands in Sudan.

The agency appealed for \$1 million (about R3m) to buy and transport drugs to patients in the isolated area. The disease, carried by sandflies, is estimated to have killed up to 60 000 people in southern Sudan, which has been cut off by civil war from outside medical help.

Kala azar or Visceral leishmaniasis is spread by parasite-infected sandflies. The disease destroys the body's immune system. — Sapa

multi-vehicle accident between Harrismith and Van Reenen's Pass at 2.40am.

The names of the two dead men have not yet been released and the injured are being treated in hospitals in Bloemfontein, Harrismith and Bethlehem.

R60 000 donation

Sowetan 28/1/93 (92)
THE DEPARTMENT of National Health and Population Development has boosted the coffers of the Churches Aids Programme with a donation of R60 000.

The money is a contribution towards the work by the 1 000 churches in South Africa which are responding to the challenge and crisis posed by Aids, a statement from the department said.

Trial is postponed

THE FRAUD trial of a Pretoria businessman, Mr Albert Vermaas, was again postponed yesterday.

The hearing will resume in the Pretoria Supreme Court on March 1.

Vermaas is facing 154 charges of fraud in connection with an alleged illegal investment scheme that led to members of the public losing millions of rands.

Mr Justice S Kirk-Cohen yesterday warned Vermaas the case had been postponed several times already and he would have to defend himself if his advocate, Mr Piet Oosthuizen, withdrew from the case. - *Sowetan Reporters and Sapa.*

of Bloed Street

Sowetan 28/1/93
Taximen give vent to their feelings: (258)

By Josias Charle

THREE taxi drivers were arrested yesterday in Pretoria during a picket by scores of taximen protesting against high traffic fines and the lack of sufficient ranking facilities.

Pretoria's chief magistrate had earlier given permission for the blockade to take place. He gave the drivers up to 1.30pm to disperse.

Taxi drivers blocked Bloed Street in front of the taxi rank between Van der Walt and Prinsloo streets, while scores of other taxis were cramped into the rank in an attempt to prove that the Bloed Street rank was too small to accommodate all taxis.

Taxi drivers organised by the South African Taxi Drivers Union started to block the street just after 10am.

Police and traffic officers came out in force to monitor the situation. Also present were a group of United Nations observers.

At about 11.15am scuffles broke out at the corner of Bloed and Prinsloo streets when a group of taxi drivers who were part of the protectors tried to enforce the open "keys down" action. Police moved in and arrested three drivers for intimidation.

A spokesman for the SATDU said their action was prompted by "exorbitant" fines imposed by the Pretoria Traffic Department.

He said repeated requests for more stopping places had been ignored by the traffic authorities. Shortly before 1pm drivers started to move their vehicles and went about their business. No further incidents were reported.

Star 3/2/92
(92)

400 infected daily with HIV - Venter

By Paula Fray
Medical Reporter

More than 1 500 South Africans have developed full-blown Aids and about 400 people are being infected with the HIV virus daily, Minister of Health and Population Development Dr Rina Venter said yesterday.

Since the beginning of last year, 47 764 HIV positive cases had been reported and by October, 1 517 South Africans had developed full-blown Aids.

It was estimated that 400 000 South African were already HIV positive.

She said Aids and tuberculosis would be the major health priorities this year.

According to Venter, the Aids Modelling Group had projected that by 2010, one in five people would be infected with HIV if there were no intervention.

The best scenario projected by the group was that, with education programmes, a 40 per cent partner reduction and active condom promotion programmes, only one in 12 persons would be HIV positive.

During the present financial year, the national budget for direct Aids intervention was more than R37 million, she said.

Linked to the spread of Aids, said Venter, was the incidence of TB. "Tuberculosis remains one of the major health problems of South Africa. The prevalence will increase even more as HIV infection increases."

In 1991 there were 73 906 notified cases of TB.

The Department of National Health had reorganised its priorities to ensure additional funds would be made available to fund a TB programme.

South African National Tuberculosis Association public relations manager Julia van Heerden said the organisation welcomed the priority TB had been given.

"Personally I believe it is long overdue," she said.

The rationalisation of health departments — from 14 to 11 — would also assist the fight against TB. "We should have had one health department long ago," said Van Heerden.

Venter said own affairs and national health departments would be amalgamated by April 1. However, South Africa's expensive hospital and curative-based model was a far greater financial strain on the State's purse than the three own affairs departments, she said.

AIDS awareness campaigns 'must be more aggressive'

B/DAM 4/2/93

92

SELLING a product the public did not necessarily need was difficult; getting them to buy an idea that frightened them was nearly impossible, AIDS consultant Chris Avent-Smith said last week.

Avent-Smith, who works with Muse International, a corporate entertainment company, said getting the message across about a product synonymous with death was a major challenge.

He said present AIDS projections showed how ineffective marketing the concept of safe sex had been. "More than 500 people a day are contracting the disease — that means seven years down the line, we will have 500 deaths a day."

He said marketing should become much more aggressive, even shocking. "We have to go beyond worrying about people's Calvinist sensibilities in the kind of advertising we produce."

Campaigns tended to be quite bland, with weak warnings of AIDS being a killer, but details on the transmission of the disease were usually avoided.

Another difficulty was that the wrong medium was being used. Television and print had little affect on the poor and

GAVIN DU VENAGE

illiterate, whereas radio would be a far more effective way of getting the message across, he said.

High-cost TV campaigns had limited value and the money could be spent on more productive marketing.

The SABC was hamstrung in that it was viewed with scepticism, and AIDS awareness campaigns lost their effect through association, he said.

There was also a reticence among black people to use condoms. "Blacks know that condoms were promoted to control numbers," Avent-Smith said. People saw how government efforts at birth control failed, and suddenly AIDS was used as a selling point for prophylactics.

Avent-Smith said the new generation of AIDS awareness campaigns had to look towards effectiveness and be more conscious of target markets.

There was no point in telling people AIDS was bad, he said, when what they needed were details.

AIDS cases soaring — govt

MARIANNE MERTEN

92

AT LEAST one out of 10 South Africans were infected by the AIDS virus, National Health AIDS directorate head Natalie Stockton said yesterday.

She appealed for solidarity between government and non-governmental organisations dealing with AIDS.

There were 1 500 known AIDS sufferers in SA. A further 250 000 to 300 000 were infected with the virus and this figure was increasing daily by about 400, National Health figures indicated.

AIDS Coalition to Unleash Power Warrick Allan said government's inaction and indifference had contributed to the large pool of infected people. It was only in 1991 that government initiated a mass HIV information campaign, but by then prejudice was deeply entrenched.

"The SA public has failed to grasp the enormity of the endemic," he said. This year's Budget set aside only R21m for AIDS, none of which went towards specialised care for AIDS sufferers.

Muse International hoped to establish community support and care centres in rural areas.

● See Page 10

SA should empower UN monitors to stop carnage

DURBAN — The UN mission monitoring violence in SA must be given a strong mandate to intervene in a meaningful way to stop the carnage, International Confederation of Free Trade Unions (ICFTU) general secretary Enzo Friso said yesterday.

He told a media conference that in spite of the belief abroad that President F W de Klerk was a democrat "his government continues directly and indirectly to perpetuate violence".

Friso claimed "security forces were exploiting political differences to destabilise democratic forces in the black community".

An ICFTU delegation visited the main flashpoints of violence in Soweto, Cape Town and Durban.

Friso slated government and homeland leaders for their "direct and indirect

Own Correspondent

involvement in the on-going carnage in SA" and attacked employers for "exploiting the situation in a bid to weaken the trade union movement".

Sapa reports that a delegation from three Dutch police unions had been refused visas to visit SA to research patterns of violence at a township near Johannesburg, according to the Foundation of Middle and High-ranking Policemen (VMHP).

VMHP executive member Gert van Beek said in Amsterdam the delegation was also hoping to investigate the manner in which complaints about violence were handled. "In this way the unions wanted to contribute to the debate about violence and violence control in SA."

● See Page 12



New comic tells the (92) Aids story as it is

HOW do you overcome the embarrassment of a classful of adolescents when you want them to talk openly about sex? Get them to think of every word they can for penis and vagina, and write them all up on the blackboard.

This was one of the successful approaches adopted by researchers and writers who have compiled an innovative photo-comic on Aids for South African teenagers.

Titled "Roxy, or Life, Love and Sex in the Nineties", it tells the story of Roxy, an adolescent girl who is in torment after the death of her friend Tina, and who sets out on a quest for "life" and love. The turning point comes when she discovers that Tina had, in fact, committed suicide because she was HIV-positive.

The 40-page comic was developed by Cape Town's Story Cir-

cle, a group of artists and writers, on commission from the Medical Research Council (MRC) and the Progressive Primary Health Care Network. An initial printing has been done, but the comic will be tested on a limited number of school pupils before being distributed more widely.

Workshops

In an edition of the MRC's Aids Bulletin, MRC researcher Kathy Everett says workshops with youngsters from Cape Town schools provided authentic material for story and character development, and a script rich in "colloquial language and iconography".

In one scene, Roxy visits a shebeen and listens to a group of men and women discussing the use of condoms. Later she has a frank discussion with Solly, a homosexual friend, about Aids and safe sex.

"I'm feeling skaam talking about this!" she says at one point.

Everett says many teachers felt apprehensive about a comic portraying their students in a "bad light", revealing that their students were sexually active, smoked and drank alcohol. They also felt concern about the comic containing explicit information about Aids prevention that might offend parents and school staff.

But teachers finally accepted they could not unduly censor the comic if the story was to be effective. It needed to be based on the real experiences of teenagers, even if these were not condoned by teachers and parents.

Everett says the photo-comic format was chosen partly because strong identification with the characters has the potential of increasing the reader's perception of personal risk.

SAPA



al ● SA needs an Aids programme

Aids toll could rise to 500 a day

Sowetan 5/2/93. (92)

By Mokgadi Pela

BETWEEN 300 and 500 people could die from Aids every day at the turn of the century, latest figures have shown.

The Muse International Aid Foundation claimed at its launch yesterday at Kyalami that South Africa had 500 new HIV infections every day. The Department of National Health and Population Development believes there are more than 400 000 HIV-positive people in the country.

■ Aids could destabilise the country more than violence:

The chief directorate of Primary Health Care, Mrs Natalie Stockton, said Aids had the potential of destabilising South Africa more than the current violence.

Another speaker, Mr Warrick Allan, said South Africans should demand a more empowering Aids information programme.

News in Brief

Farmer kills 'intruders'

EAST LONDON. — An farmer shot dead two men he claimed he caught red-handed in his chicken enclosure on Thursday night.

BA chairman resigns

LONDON. — Businessman Lord King stepped down as chairman of British Airways yesterday in the wake of the "dirty tricks" campaign against Virgin Atlantic Airways.

Widespread rainfalls

BLOEMFONTEIN. — Widespread rain yesterday brought relief to the Southpansberg in the far northern Transvaal, the Free State and to Venda.

Walvis Bay agreement

JOHANNESBURG. — South Africa and Namibia have agreed in principle that a Namibian customs presence can be established immediately in jointly administered Walvis Bay.

Muslim leader in SA

JOHANNESBURG. — World Muslim League secretary-general Mr Abdullah Omar Naseef arrived in South Africa yesterday.

Mobutu sacks premier

GBADOLITE. — Zaire's President Mobutu Sese Seko sacked reformist Prime Minister Mr Etienne Tshisekedi yesterday, blaming him for riots which killed at least 80 people.

Gqozo's condition stable

City club workers form union

CITY casino workers have organised themselves into a union called the Cape Town Casinos Employees Association and agreed unanimously to accept the support offered by the ANC to win their fight for legitimacy.

Staff Reporter

The union was formed yesterday at a meeting of all major casino operators at which members were asked to heighten public awareness of the plight of the industry. This followed the launch of the Natal Casinos Employees Association in Durban on Thursday.

Police said yesterday the figure of 62 000 casino employees nationwide was grossly exaggerated, and that it was closer to 10 000.

About 100 people in Durban yesterday protested against the closing of informal gaming clubs.

Grant for Knysna road revives row

Own Correspondent

PORT ELIZABETH. — A R7,2-million grant to ease traffic flow through Knysna has sparked a new row. The latest spark in the long-running controversy was a letter to the town council this week from Minister of Transport Mr Piet Welgemoed confirming the decision to build the road through the town centre.

Residents opposed to the plan still insist that an arterial by-pass is what Knysna needs to stay alive. Mayor Mr Deon Boshoff agrees, but adds: "We haven't got R100m to pay for a by-pass."

While protesters are planning a public meeting to whip up support, the council has appointed consultants to design the road.

The Knysna By-Pass Support Committee wants the plan reviewed and is demanding a public meeting.

Aids vaccine goes on trial

MERIDEN, Connecticut. — A vaccine that has been shown in tests to spur an immune response against the Aids virus is going through its first large-scale clinical trial.

The vaccine VaxSyn is being tested on about 1 500 people in the United States, Canada and Sweden.

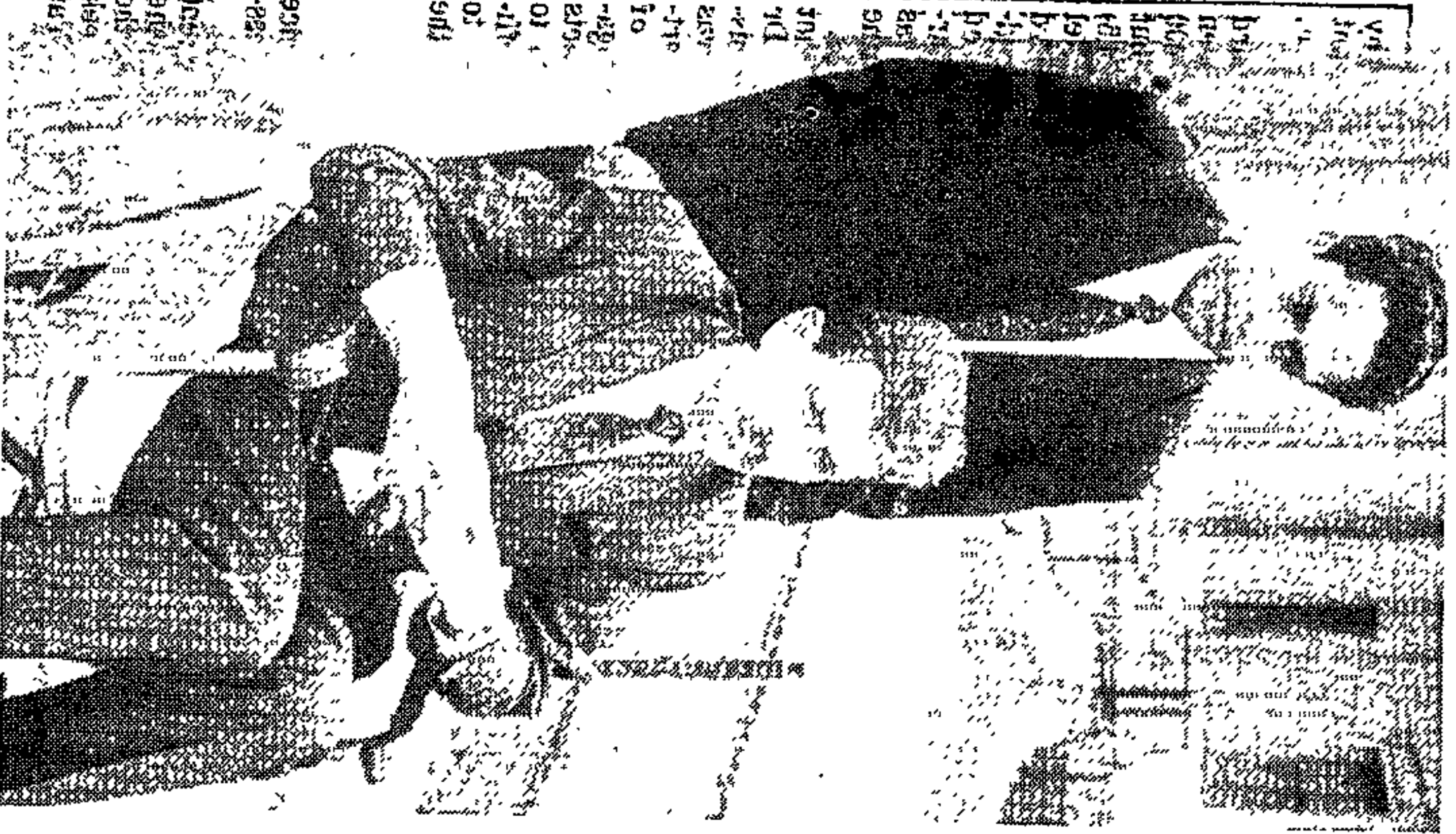
The clinical trials of VaxSyn, developed by MicroGeneSys Inc, which has started in Sweden, are the last

hurdle that MicroGeneSys must clear before it can start commercial production of its vaccine, which will be used to treat people already infected with the virus.

The latest test will include 1 000 infected Swedes who have white blood cell counts that are lower than those in the current trials. It will be the first test that reveals whether VaxSyn affects the course of the disease. — Sapa-AP



FISH GALORE ... Gn search Centre staff Charles Ferreira and Kim Maclean fish cornered in Robinso V & A Waterfront.



Barry McGearry pictured outside the Rand Supreme Court in 1991 with lawyer Mervyn Joseph

World watches as AIDS case drags on

THE case of a Brakpan businessman who died of AIDS could establish an international legal precedent on whether doctors can disclose that a patient has the killer disease.

In 1991, world attention focused on the case in which Barry McGearry sued his doctor, Thys Kruger, for telling two people he was HIV-positive.

It was the first medical confidentiality case to go to court in South Africa. It is also the first to go on appeal, and the first AIDS case to be tried in this country.

World interest in the case grew because confidentiality is a largely untested area of the law in many countries.

If there is no local precedent for a case, the precedents of other countries are considered, making South

By CHARMAIN NAIDOO

African findings important internationally.

Mr McGearry died during the Rand Supreme Court trial, but his lawyer, Mervyn Joseph, and lover, Johan van Vuuren, were allowed to substitute for him as the plaintiff and continue with the case.

The judge found for Dr Kruger, but Mr McGearry's team was granted leave to appeal.

This week, Mr Joseph

ST/1993

7/2/93

92

and advocate Edwin Cameron filed 80 pages of legal argument at the Appellate Division of the Supreme Court in Bloemfontein.

"Our deadline to file our heads of argument was January 30. We have now done so," said Mr Joseph.

"The documents we have filed reflect our analysis of the trial record and the judgment, and show reasons why we believe the court was incorrect in its findings."

Dr Kruger has until the

end of March to file his heads of argument, and Mr Joseph expects that they will go to appeal between August and November.

Already, months away from an outcome, an Australian chief justice has asked that the judgment be sent to him "as soon as it is available."

Mr Joseph said he had met the Honourable Justice Michael Kirby (Court of Appeal, Supreme Court of New South Wales) at an AIDS conference in South Africa recently.

"The case will be of major influence internationally. It will regulate the treatment of people with HIV or full-blown AIDS," he said.

"The judgment will curb unlawful practices of medical people. It will provide a code for their future behaviour."

He added that Mr McGearry had sued his doctor — a good friend before the incident — because he felt control had been removed from his hands.

6/10/93
8/2/93
300 000 HIV positive (92)
BY ABOUT the year 2000 between
300 and 500 people will die each
day in SA as a result of AIDS,
National Health Department fig-
ures show. An estimated 300 000
people are HIV positive and 400
new infections occur every day.

Commercial crime unit outlines its successes

STEPHANE BOTHMA

COMMERCIAL crime unit detectives have arrested 62 people countrywide on charges ranging from fraud to possessing forged banknotes with a face value of about R26,7m. 8/10/93 9/2/93

Police said the arrests took place over three weeks.

Yesterday East Rand police arrested two men allegedly in possession of fake R50 notes with a face value of R164 000. They will appear in the Benoni Magistrate's Court today. 9/2/93

Detailing the commercial crime unit's successes, the SAP public relations division in Pretoria said a man was arrested in Johannesburg for allegedly committing fraud by depositing an empty envelope into an ATM. An amount of R790 000 was involved.

Other arrests included that of a Johannesburg man for the alleged theft of R1,3m in company funds.

Bloemfontein police arrested four men for allegedly trying to sell fake R50 notes with a face value of almost R1m. They also arrested four other men who had forged R50 notes amounting to R980 000.

Pretoria detectives arrested three men on charges of fraudulently depositing cheques worth R1,6m. Another man allegedly deposited stolen cheques and withdrew R1,5m in cash.

Another three men, allegedly in possession of forged R50 notes with a face value of R5m, were arrested by the Pretoria police.

In Cape Town, a man was arrested for fraud after appropriating investments involving R8,7m from clients for his own use, police said.

'Few worried about AIDS'

WILSON ZWANE

IN SPITE of efforts to create awareness about AIDS, South Africans are not doing much to protect themselves from contracting the disease, a study has found. 9/10/93 9/2/93 (92)

A five-year Markinor survey shows 40% of whites and 20% of blacks are not worried about contracting AIDS.

The survey, published in this month's issue of Cosmopolitan magazine, is based on a sample of 2 300 urban dwellers. It shows only 20% of blacks and 7% of whites have changed their behaviour because of the AIDS risk.

The survey also found that about eight out of 10 blacks think it likely that the disease will be a white epidemic, whereas 94% of whites think the disease will plague blacks. About 72% of whites and 68% of blacks think that AIDS will become epidemic among lesbians. 9/2/93

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BTT research

HIV likely *Sowetan 12/2/93* to spread

■ Results of survey in Bop:

THE potential for HIV transmission exist in Bophuthatswana, results of a recent study have shown.

The study covered 11 hospitals and three prisons in the homeland. Between January 5 1987 and December 31 1989 specimens from 19 941 people of all ages were tested for HIV.

Overall 34 subjects were found to be positive. (92) ~~(107)~~

'No new Aids virus'

BOSTON. — Scientists have dismissed claims that a new Aids virus or infectious agent causes a mysterious and apparently rare immune system disorder.

CT 12/2/93 (92) The research was initiated after fears were raised earlier this year that a number of reported cases of an Aids-like disorder could mean that a new Aids virus had emerged.

US government researchers at the Centres for Disease Control in Atlanta

said they examined 47 cases of unexplained immune suppression but could find no evidence to support the claim of a new Aids virus.

They could not say what caused the syndrome and suggested the patients might be suffering from unrelated disorders. No known virus or microbe had been identified as a likely cause, they said in a report in the New England Journal of Medicine. — UPI

'Elderly not immune to Aids virus'

ANDREA WEISS
Health Reporter

92
ARC 11/2/93

SEXUALLY active elderly people also risk getting Aids. This warning comes in a letter in the latest edition of the SA Medical Journal.

Dr Cato van Wyk, medical superintendent of the Hottentots Holland Hospital, said a 72-year-old woman had recently died there from Aids.

The woman, who was initially treated at the outpatient department for weight-loss and an ear infection, died later from cerebral Aids. It was only when she became demented and displayed "bizarre neurological symptoms" that Aids was diagnosed.

Her death was followed by the diagnosis of a 65-year-old woman the following week.

"Our medical colleagues must bear in mind that the aged are not immune — as they may well still be sexually active."

Dr Van Wyk said about 50 patients had developed full-blown Aids since January 1992, many of whom had died.

She also pointed out that the figures for Hottentots Holland Hospital accounted for 29 percent reported Aids cases in the Western Cape — indicating that colleagues elsewhere were not aware of the "epidemic in our midst".

● In the same edition of the SAMJ, parents are warned of the danger of infants drowning in nappy buckets.

"Although the dangers of unsupervised swimming pools, rivers and the sea area are fairly well recognised, the possibility that infants will drown in a nappy bucket in their own homes is almost never considered," said a SA Resuscitation Council letter.

It is estimated that three people a day drown in South Africa.

HIV-related⁽⁹²⁾ Star 17/2/93 TB greatest health threat

By Paula Fray
Medical Reporter

The incidence of tuberculosis, which already kills 36 people in South Africa each day, is expected to escalate as a result of Aids and HIV.

HIV-related TB is the world's biggest health threat since the bubonic plague, according to the head of the Department of Microbiology at London University's National Heart and Lung Institute, Dr John Grange.

Concern

Grange, an international authority on TB, was recently in South Africa to address the Tuberculosis Update conference in the Cape as a guest lecturer of the Department of Paediatrics and Child Health Care at Tygerberg Hospital.

His concern echoed that of Health Minister Dr Rina Venter, who has said TB remains one of South Africa's major health problems.

"The prevalence will increase even more as HIV infection increases," said Venter, naming TB and Aids as her department's major priorities for 1993/94.

"Ironically, the advent of HIV-related TB has resulted in a reawakening of interest in TB," said Grange.

"People who have been infected with tubercle bacilli are highly prone to developing reactivation tuberculosis.

"Once infected by tubercle bacillus, the patient has a one percent or less chance of developing active TB every year. But, if infected with HIV and tuberculosis, the chance of devel-

oping TB rises to about 10 percent.

"There are currently about 4 million infected people worldwide — 3 million or more of them in Africa," he said.

According to the South African National Tuberculosis Association (Santa), TB is still the major infectious disease in South Africa.

"One South African dies every 40 minutes as a result of TB," said Santa public relations officer Julia van Heerden. "We already have people in our hospitals with TB and Aids."

According to Santa, there were more than 80 000 notified cases of TB last year.

Latest Department of National Health and Population Development statistics showed that the number of notified cases of TB in South Africa rose from 51 874 in 1971 to 77 652 in 1991.

Educate

"If 10 percent of the TB-infected worldwide go on to develop TB every year, it will place an enormous burden on many countries' health-care resources," Grange warned.

"What is really needed is an international focused public-education programme on the nature of TB and its symptoms, and on the fact that if the condition is diagnosed early, thousands of lives can be saved."

The five-week visit by Grange, associate editor of the international specialist publication Tubercle and Lung Disease, was made possible by a R15 000 grant from Pretoria-based Noristan Holdings Limited.

establishment on the (a) first and (b) last day of the above-mentioned period? B88E

THE MINISTER OF LAW AND ORDER:

- (1) (a) 14
- (b) 9

(2) Yes.

- (2) (a) 46
- (b) 37

Note: Four (4) resignations during this period.

Aids: deaths

44. Mr M J ELLIS asked the Minister of National Health: **(92)**

- (1) How many persons died of Aids in the Republic in 1992;

(2) whether she will furnish information on the number of persons who died of Aids in the (a) self-governing territories and (b) TBVC countries in that year; if not, why not; if so, how many in each such territory or country? B10ME

THE MINISTER OF NATIONAL HEALTH:

- (1) 72 up to 27 October 1992: **(92)**
- (2) (a) and (b) no deaths were reported.

Own Affairs:

Port Elizabeth metropole: renting of houses

4. Mr E W TRENT asked the Minister of Housing and Works:

How many houses being rented in the Port Elizabeth metropole were owned by the (a) Government, (b) Port Elizabeth Municipality, (c) Uitenhage Municipality and (d) Despatch Municipality as at the latest specified date for which information is available? B75E

THE MINISTER OF HOUSING AND WORKS:

(a) Houses	209
Flats	1 332
(b) Houses	346
Flats	615
(c) Houses	100
Flats	36
(d) Nil.	

HOUSE OF REPRESENTATIVES

QUESTIONS

Indicates translated version.

For oral reply:

General Affairs:

THE CHAIRMAN OF THE HOUSE: Order! I put Question No 1

THE CHAIRMAN OF THE MINISTERS' COUNCIL: Mr Chairman, I have just received a note in which I am informed that the hon the Minister of Defence has been delayed and that he should be here shortly. [Interjections.] I therefore wish to request that his question stand over provisionally.

THE CHAIRMAN OF THE HOUSE: Order! I accordingly put Question No 2.

THE CHAIRMAN OF THE MINISTERS' COUNCIL: Mr Chairman, the same request applies in respect of Question No 2.

THE CHAIRMAN OF THE HOUSE: Order! I consequently put Question No 3.

Arrest of three persons in May 1985

*3. Mr M A HENDRICKSE asked the Minister of Law and Order:

- (1) Whether three persons, whose names have been furnished to the South African Police for the purpose of the Minister's reply, were arrested by the Police in Port Elizabeth on or about 8 May 1985; if so, (a) under what circumstances, (b) where were they held, (c) when were they released and (d) what are their names; if not,
- (2) whether the Police have any knowledge as to their present whereabouts; if so, what are the relevant details? C4E

THE DEPUTY MINISTER OF LAW AND ORDER:

- (1) No.
- (a), (b), (c) and (d) Fall away.
- (2) Falls away.

Mr M A HENDRICKSE: Mr Chairman, arising from the hon the Deputy Minister's reply, may I just ask him . . .

THE CHAIRMAN OF THE HOUSE: Order! Does the hon member want to ask an additional question? Then he will have to get permission first. The hon the Deputy Minister has indicated that he is prepared to take an additional question. The hon member for Schauderville may proceed.

Mr M A HENDRICKSE: Have the names and activities of the three activists, namely comrades Godolozzi, Galela and Hashe, ever been a subject of discussion by the State Security Council, and if so, who were the serving members of the council at the time, and what was said in relation to these comrades?

THE DEPUTY MINISTER: Mr Chairman, that is not related to the question on the Question Paper, and I would suggest that the hon member for Schauderville table a question in that regard.

Mr M A HENDRICKSE: Mr Chairman, may I ask the hon the Deputy Minister another question?

THE CHAIRMAN OF THE HOUSE: Order! The hon the Deputy Minister is prepared to take another question.

Mr M A HENDRICKSE: Mr Chairman, can the hon the Deputy Minister then give us the assurance, after in-depth investigation by the SA Police, that these three persons are not being detained by any agents of the State, and that they have not been assassinated by any agents of the State, or on the instruction of any State-funded organ or body?

THE DEPUTY MINISTER: Mr Chairman, the particular question relates to the SA Police and I have given the answer on behalf of the SAP that we have no record of these persons ever having been detained.

THE CHAIRMAN OF THE HOUSE: Order! Questions 1 and 2 stood over until the hon the Minister of Defence entered the Chamber. I now put Question 1 to the hon the Minister of Defence.

International propaganda network

*1. Mr I T LANDERS asked the Minister of Defence:

- (1) Whether he will furnish particulars on whether the Government secretly funded

HOUSE OF REPRESENTATIVES



AIDS expert warns of 'biological holocaust' ⁽⁹²⁾

THE soaring incidence of AIDS in SA had set the stage for a "biological holocaust", SA Institute of Medical Research spokesman Prof Ruben Sher said yesterday. *BIOM*

Sher said there were about 300 000 people infected with the HIV virus in SA, and about 1 600 cases of full blown AIDS. *18/2/93.*

Between 11-million and 13-million people were infected worldwide, and predictions were that the figure would treble by 1995. More than 1-million children were found to be HIV-positive, and half had already developed AIDS.

Speaking at the launch of a Mac-Millan Boleswa Publishers and Old Mutual AIDS awareness programme for schools, Sher said: "The question is what can be done to prevent this holocaust." In the absence of a vaccine or a cure, the only feasible way of preventing the spread of the

KATHRYN STRACHAN

disease was through education.

But, he said, there was controversy over implementation of awareness campaigns, and the fact that 300 people were contracting the virus every day in SA was an indictment of local education efforts. New creative approaches were needed to reach the population, especially the youth.

Sher said AIDS organisations had been battling for years to get into schools to educate children about AIDS, but the education authorities had thwarted their efforts.

The authorities' eventual decision to allow books on AIDS into schools had to be seen as "a milestone in our endeavours to empower our children to defend themselves against this scourge of the 20th century".

Sher suggested that AIDS education be made a compulsory subject on which pupils would be examined.

Spracklen 'modern St George who (92) battled Aids dragon'

ANDREA WEISS
Health Reporter

AMG 18/12/93
DR. Frank Spracklen, the Cape Town physician who dedicated his last years to helping people with HIV, was a "modern St George doing battle with the dragon of Aids".

This was said by the Very Reverend Colin Jones, dean of Cape Town, at the memorial service for Dr Spracklen yesterday.

Dr Spracklen, a haemophiliac, died in a car accident near Leeu Gamka in the Karoo last week. He was 59 years old.

He was one of the first doctors in South Africa to treat Aids patients and established the HIV/Aids clinic at Somerset Hospital in Green Point.

Among the many who gathered to pay their last respects were the mayor, Mr Frank van der Velde, and mayoress Mrs Trish van der Velde, colleagues from Somerset Hospital, Aids counsellors and patients.

Dean Jones said Dr Spracklen had been a champion of truth about Aids and had turned the tide of ignorance, fear and hatred.

As a haemophiliac he had lived with the constant threat of death, which had made him all the more sensitive to the pain of others.

A friend, Mr Errol Heyns, described him as a man who "had a mission in life to serve his fellow human beings".

Although he had not been one for the limelight or accolades, he was highly respected by doctors and the community.

Professor Roy Keeton, head of medicine at Somerset Hospital, said Dr Spracklen had not only graduated from UCT with honours but had also been the top student in several disciplines.

He had been recognised by the American Cardiac College, the American Physician's College and the Royal College of Physicians.

Dr Spracklen had shown great courage throughout his career by not allowing his disability to hold him back, in spite of the physical pain he frequently suffered.

His loss was a "tremendous void" which would be felt by many of the patients he had been treating at the time of his death.

"They will be wondering who is going to care for them in the future."

Professor Keeton paid tribute to Dr Spracklen's wife Rikki for the way in which she had helped him with his achievements.

TB expected to rise due to Aids, HIV

The Argus Correspondent

JOHANNESBURG. — The incidence of tuberculosis, which already kills 36 people in South Africa each day, is expected to increase as a result of Aids and HIV.

HIV-related TB is the world's biggest health threat since the bubonic plague, according to the head of the department of microbiology at London University's National Heart and Lung Institute, Dr John Grange.

Dr Grange, an international authority on TB, was recently in South Africa to address the Tuberculosis Update conference in the Cape as a guest lecturer in the Department of Paediatrics and Child Healthcare at Tygerberg Hospital.

His concern echoed that of Health Minister Dr Rina Venter, who has said TB remains one of the major health problems of South Africa.

"The prevalence will increase even more as HIV infection increases," said Dr Venter, naming TB and Aids as her department's "major priorities" for 1993/94.

Ironically, the advent of HIV-related TB has resulted in a reawakening of interest in

TB," said Dr Grange.

"People who have been infected with tubercle bacilli are highly prone to developing reactivation tuberculosis.

"Once infected by tubercle bacillus, the patient has a one or less percent chance of developing active TB every year. But, if infected with HIV and tuberculosis, the chance of developing TB rises to about 10 percent.

"There are currently about four-million infected people worldwide — three-million or more of them in Africa," he said.

According to the South African National Tuberculosis Association (Santa), TB is still the major infectious disease in South Africa.

"One South African dies every 40 minutes as a result of TB," said Santa public relations officer Ms Julia van Heerden. "We already have people in our hospitals with TB and Aids."

According to Santa, there were more than 80 000 notified cases of TB last year.

Latest statistics showed that the number of notified cases of TB in South Africa rose from 51 874 in 1971 to 77 652 in 1991.

Professor warns of Aids holocaust

Medical Reporter (P2)

The stage was set for a "biological holocaust" as the HIV-Aids epidemic relentlessly increased internationally and locally, South African Institute for Medical Research head Professor Ruben Sher warned yesterday.

Sher was speaking at the launch of an Aids awareness programme which aims to reach out to almost 1 million primary and high school pupils in southern Africa through the use of a comprehensive range of well-researched stories in booklet form.

STAR 19/2/93.
The programme, which involves the distribution of about 700 000 books and 7 000 teachers' guides, was launched by publisher Macmillan Boleswa and Old Mutual in Johannesburg last night.

Sher said about 13 million people were already infected worldwide while the estimated number of HIV-infected people in South Africa had reached the 300 000 mark with up to 300 people being infected daily.

"In South Africa we currently have about 1 600 Aids cases, and 40 000 to 45 000 people who have been tested (HIV) posi-

tive in laboratories. It is estimated that the total number of people infected in this country is about 300 000.

"It is obviously clear that the stage is set for a biological holocaust," said Sher, adding that the only feasible and practical way to prevent this was by preventing infection through education.

"Aids is a preventable and avoidable disease; no one needs to get it," he said.

Sher said the best way to empower children against Aids was to make education about sex and Aids compulsory.

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Clinton 'wrong' about SA Aids ban

92 APR 20/2/93

AMERICAN President Bill Clinton's claim that South Africa was the only other "industrialised" country to ban Aids-infected people from entering the country was incorrect, said the Department of National Health and Population Development.

Mr Clinton lifted a US ban on people with Aids entering America last week.

A department statement said the 1987 Act prohibiting people who had Aids or were HIV-infected from entering South Africa was repealed in September 1991.

The statement said the repeal of the ban was in line with the World Health Organisation's policy to propogate a rational, informed approach to Aids. — Sapa.

Epidemic runs

rampant

■ The Aids epidemic is increasing relentlessly both internationally and at home and fears are growing that this incurable disease will devastate economies around the world unless it is checked.

WILLEM STEENKAMP
Weekend Argus Reporter

THE world is facing a "biological holocaust" with the HIV/Aids epidemic running rampant and an estimated 13 million people already infected worldwide.

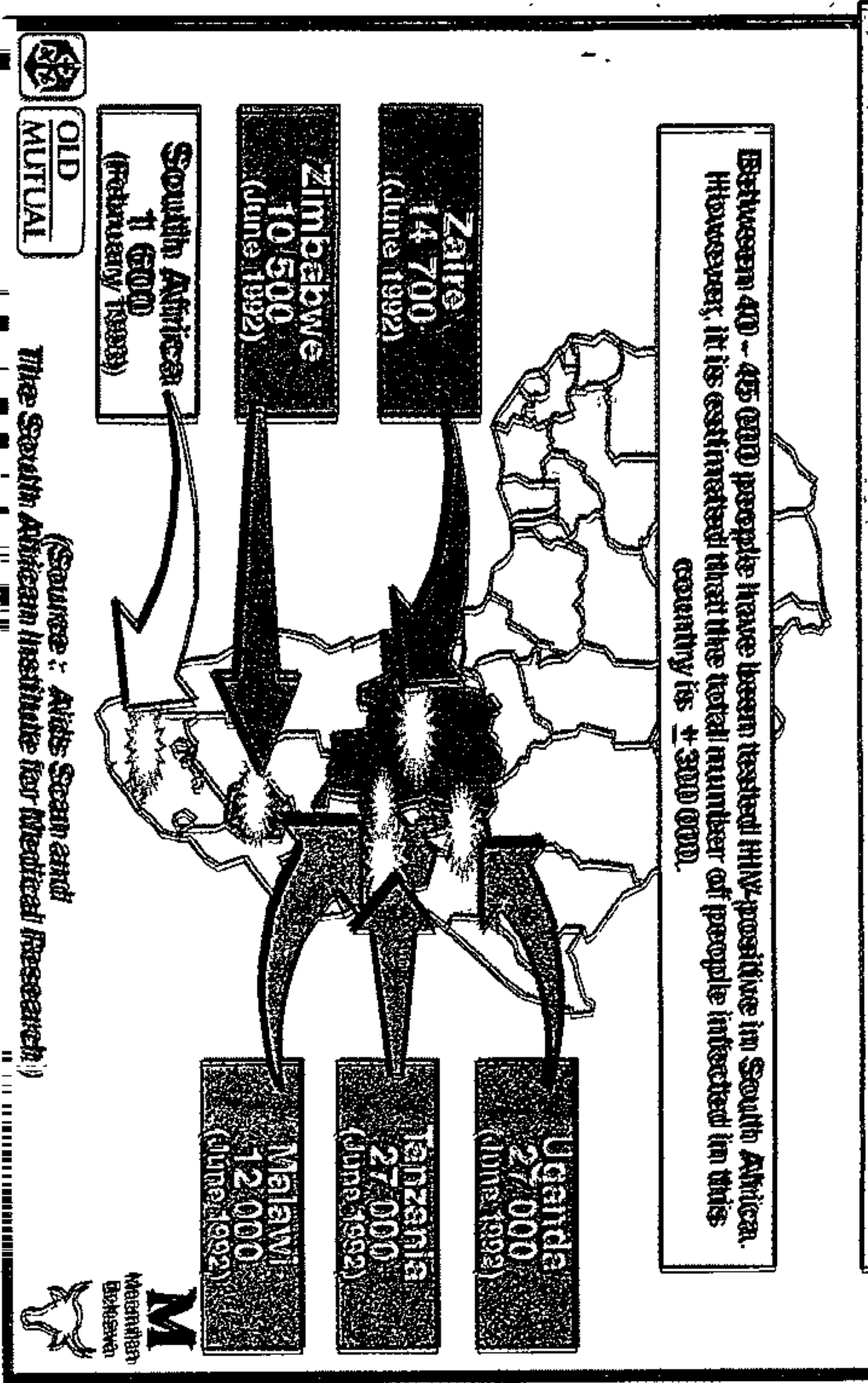
In South Africa, the estimated number of HIV-infected people already has reached the 300 000 mark with up to 300 people being infected with the virus every day.

Worldwide, between four and five million women are infected and more than two million cases of clinical or full-blown Aids have been reported among them. More than a million children are HIV-positive — half of them with full-blown Aids and many have died.

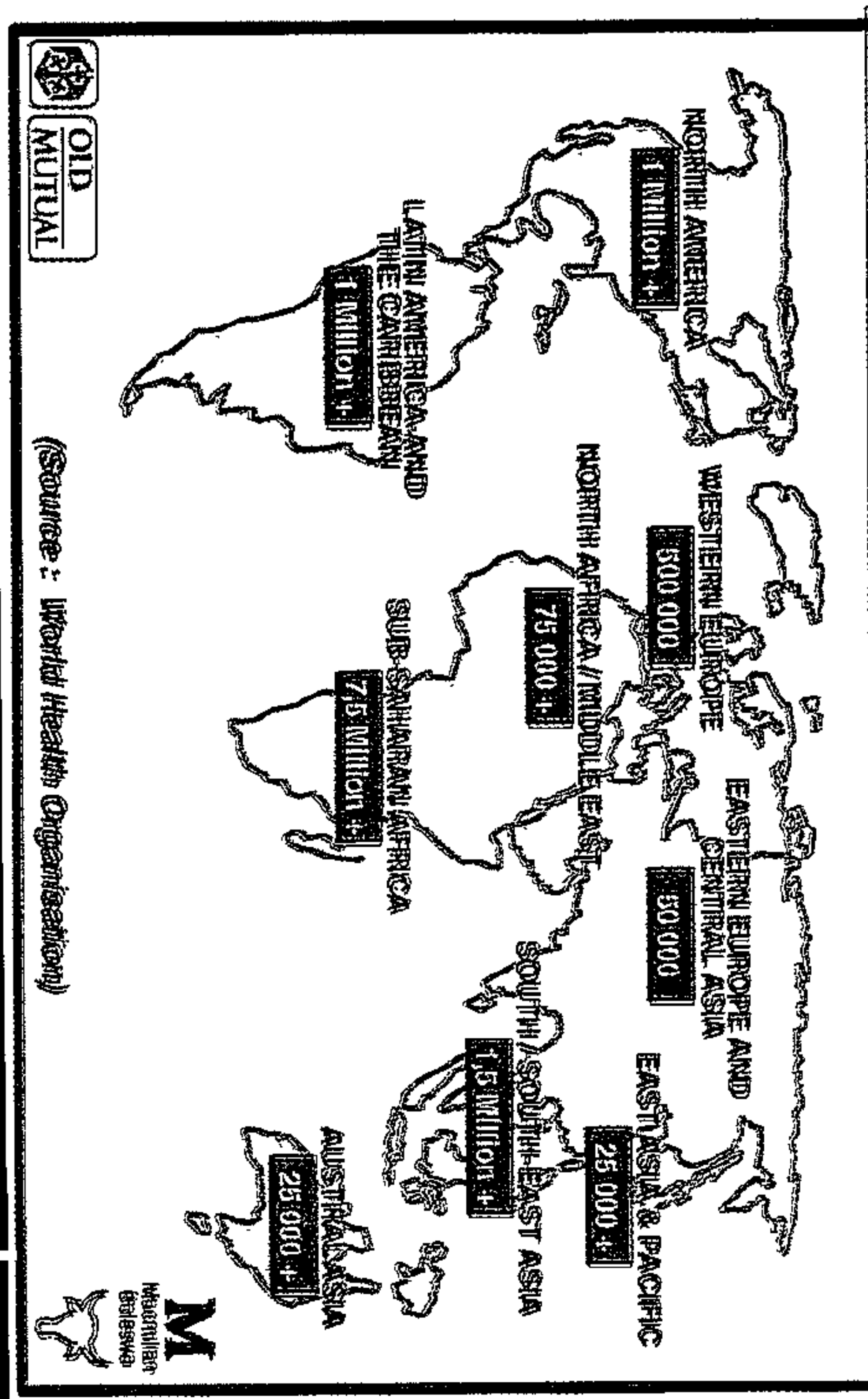
"This figure will treble in 1995," said Dr Ruben Sher, head of the South African Institute for Medical Research, this week.

Dr Sher was speaking at the national launch of an Aids awareness programme for schools. The programme will distribute about 700 000 booklets in primary and high schools.

Reported Aids Cases in Africa



Estimated Distribution of Cumulative HIV Infections in Adults, by Continent or Region, Late 1992 (World Health Organisation)



Dr Sauer said the world was becoming increasingly holocaust with the Aids epidemic relentlessly increasing locally and around the world.

In South Africa, there were already 1 600 cases of full-blown Aids with between 40 000 to 45 000 people having tested HIV-positive. But, it was estimated that the total number of infected people in South Africa was about 300 000.

Dr Sher said that, as there was no preventative vaccine or cure for Aids, the only feasible and practical solution to prevent the "holocaust" was the prevention of infection through education aiming for a change in sexual behaviour.

"The fact is that 300 people are becoming infected daily in South Africa. This is surely an indictment. Our education is not working.

"Perhaps, the number would have been even greater if it were not for our efforts in education.

"We have tried unsuccessfully for years to get into schools to educate our children on sex and Aids matters, but we were thwarted by the powers that be.

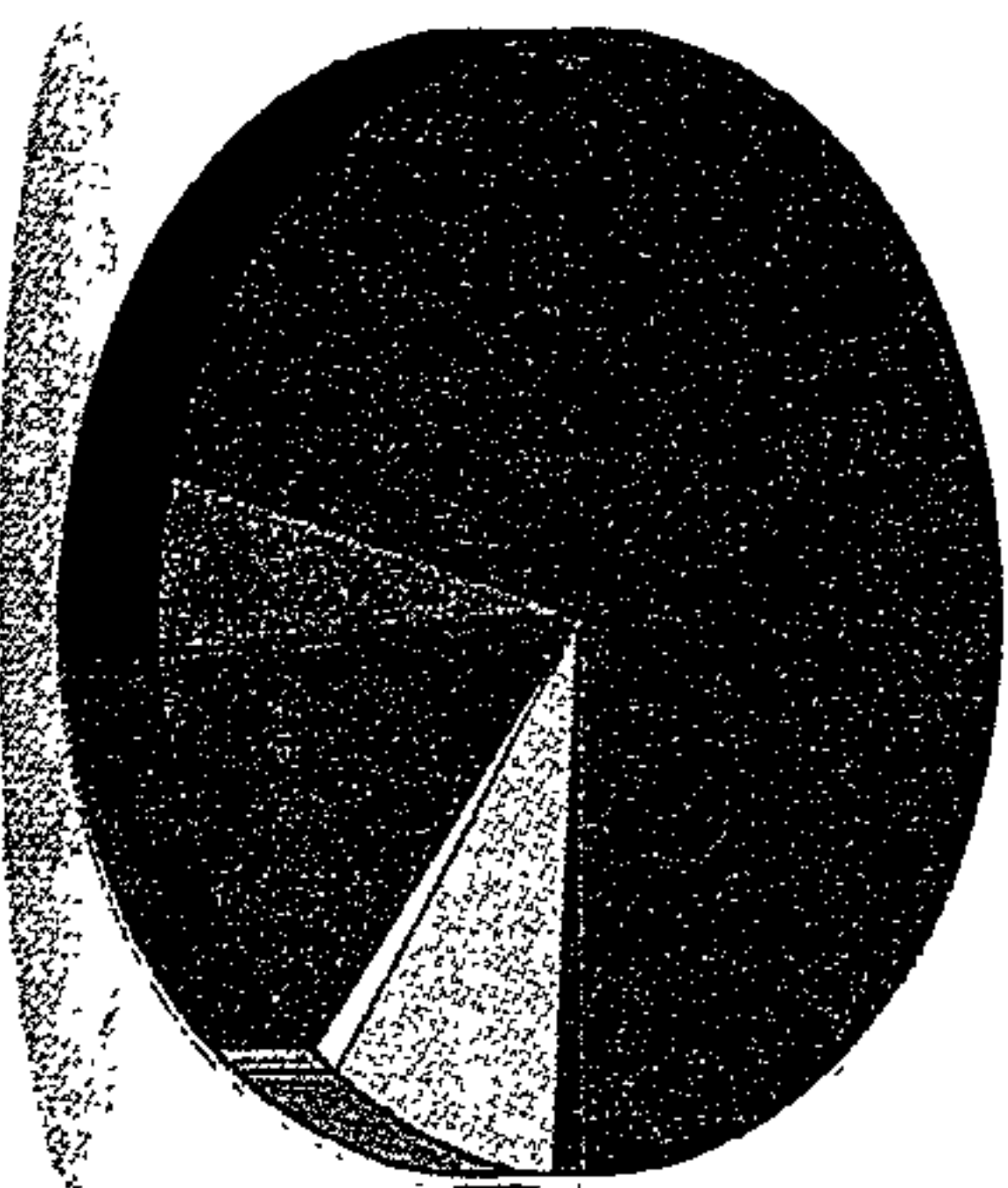
"The acceptance of these books into our schools must be seen as a milestone in endeavours to help children defend themselves against the scourge of the 20th century."

Dr Sher said the best way to empower children against Aids was to make sex and Aids education compulsory, with an exam in the subject.

"Hand in hand with sex and Aids education must go the restoration of the family unit. Future generations will judge how civilised we were by the way we handled the Aids epidemic."

Worldwide AIDS cases in Men, Women, and Children,

Estimated : 2 500 000



	Africa	71%
	Europe	5%
	USA	13%
	Asia	1%
	Americas *	9%
	Other	1%

(Source: World Health Organisation)



Reviewing the art of safe sex

DALE KNEEN

Weekend Argus Reporter

CONTROVERSIAL safe-sex videos, paintings, photographs and explicit literature on Aids and HIV infection are to be displayed at an exhibition at the innovative Artsstrip Gallery next week.

Well-known artists including Barend de Wet, Wayne Barker, Malcolm Payne and Beezy Bailey, also will be exhibiting works which show their response to the Aids crisis.

The Artsstrip's Mr Stefan Antoni suggested an exhibition be held to promote safe sex when the gallery was opened in the SA Association of Art's Metropolitan Gallery late last year.

Various artists organise exhibitions at the Artsstrip, which has gained the reputation of showing unusual works which are seldom seen

at more established galleries.

The exhibition *How Safe Sex Can Be Good Sex* was organised by Mr André Foster, of the University of Cape Town, and Ms Liza Littlewort, both of whom have been involved in Aids education.

There was no selection process for the works which means "everyone's artistic response to the Aids crisis is legitimate", according to artist Mr Andrew Putler.

Well-known artists also were invited to take part and works by Tracey Payne, Julia Swane-poel and Sue Williamson are among the many which will be on show in the gallery and foyer of the SA Association of Arts Gallery from Monday until March 13.

A collection of safe-sex posters, pamphlets and videos has been assembled and these will be shown during the exhibition.

■ Artists, both known and unknown, will be showing their works to illustrate their reactions to the Aids crisis and to help educate the public in an exhibition promoting safe sex.



AFRICAN BOUNTY: Paarl artist Sara Michele Redelingshaus' work, African Afflu-

Aids package in story form

A COMPREHENSIVE Aids awareness programme to reach close to one million schoolchildren in more than 7 000 schools throughout Southern Africa has been launched in Johannesburg.

The programme, co-sponsored by Macmillan Boleswa publishers and Old Mutual, has the backing of the South African Council of Churches, the ANC's department of health affairs and Women's League, the South African Institute for Medical Research, the Department of Health, the South African Democratic Teachers Union and the National Education Coordinating Committee.

About 700 000 booklets and 7 000 teachers' guides on Aids and HIV infection have been printed for pupils from Standard 4 to matric. The booklets, which transmit information through stories, highlight the effects of Aids simply but directly.

After each story, the key facts about Aids/HIV are given, followed by a series of questions and answers aimed at hammering home the message. The idea is to make each pupil identify with the characters in the booklets, highlighting the idea that he or she also could run the risk of contracting the disease.

■ An Aids awareness programme aimed at schoolchildren as young as 11 has been launched by businesses in Johannesburg at a cost of more than R2 million.

WILLEM STEENKAMP
Weekend Argus Reporter

The programme was developed for, and accepted by, ministries and education departments throughout southern Africa.

The national distribution of the booklets and guides was launched this month under the auspices of the Department of Education and Training.

Several African countries indicated interest in the programme. The booklets already have been translated into Swahili for use in Tanzanian schools.

The programme is in use in Botswana, will shortly be introduced in Zimbabwe and Ugandan authorities also are expected to take a decision soon on whether to use it.

The programme for schools is aimed at three different education levels.

The first, for Standard 4 and 5 pupils, consists of four booklets and a teacher's guide. The books are titled *Silver Roses* and *Ten Rand And A Yellow Dress* by Gladys Ngunya, *The Breadwinner* by Patricia Barnard and *The Wise Dreamer* by Nulufefe Ndaba.

Level two, for Standards 6, 7 and 8 also consists of four booklets and a teacher's guide, while Level 3 for Standards 9 and 10 has booklets for self study.

A spokesman for Macmillan Boleswa said the new programme was very different from most other Aids packages which usually focussed on medical facts about the virus and its effects, leaving the reader with the detached belief that Aids was something that happened to others.

It was decided the new programme should engage the reader and persuade him or her that they, too, could be at risk.

To achieve this, the African tradition of conveying wisdom through story-telling was chosen.

Results of the use of the programme in Botswana, monitored by the Red Cross, were so positive that similar programmes for other countries including South Africa were developed.

Former exile gets AIDS campaign job

A DIMINUTIVE former political exile and mother of four has been given the daunting task of co-ordinating South Africa's anti-AIDS strategy.

She is Durban's Dr Nkosazana Zuma, wife of ANC deputy secretary-general Jacob Zuma and formerly one of South Africa's most wanted women.

Dr Zuma, 44, has been appointed convenor of the strategy committee of the National AIDS Co-ordinating Committee of South Africa.

Formed last October by organisations frustrated by state inadequacy in dealing with the pandemic, Nacosa has the support of employee and employer organisations, the government, TBVC and homelands

By ROY RUDDEN

92
authorities, the Medical Research Council, universities, the Chamber of Mines, Nafcoc, the SA Council of Churches and the Red Cross.

STW 21/2/93
The strategy committee which Dr Zuma now chairs has been given the huge task of raising public awareness of AIDS, changing people's sexual behaviour, co-ordinating health care and involving all sections of the community in the battle to prevent the spread of the disease.

She and her committee believe that AIDS-awareness campaigns by the authorities are inadequate and hopelessly underfunded.

Dr Zuma said the first step would be to

hold talks with the departments of health, welfare and education to organise a concerted, unified plan of action.

She said it was vital that AIDS education was made part of the health curriculum in schools throughout the country.

The danger of AIDS had to be driven home to children even younger than was at present the case — before they became sexually active. Parental resistance to this had to be overcome.

"We need to make greater use of pamphlets, posters, videos and plays in schools, hostels and health-care centres," she said.

"We need to go directly to high-risk people like prostitutes and get their full co-operation in the interests of themselves and their clients."

Prostitutes and people working in illicit

massage parlours and escort agencies had to be reached individually and in groups.

"The legalisation of prostitution might have to be a consideration of a future government. But that's a can of worms that I don't think can be opened now," she said.

"We need to encourage a public atmosphere in which sex practices can be discussed much more openly. Apart from pressing the advantages of condoms, we need actively to promote the vital necessity of monogamous sexual relationships. People must be made aware of the terrible dangers of not staying with one HIV-free sexual partner.

"Even in this relatively permissive society there are taboos about the open discussion of sex, and these taboos need to be broken as a matter of urgency."



READY FOR BATTLE ... Dr Zuma, who wants to increase AIDS awareness

Picture: HORACE POTTER

Aids lover accused of poisoning

Sowetan 22/2/93

(92)

French legal system thrown into confusion by Aids case:

PARIS - Charges of poisoning against a woman who infected her lover with Aids by concealing that she was HIV-positive has France in an uproar about its legal system.

The case has also opened up a grey area of how to deal in legal terms with the implications of a devastating disease. France has 21 487 registered cases, the worst hit country in western Europe.

If the tribunal in Metz can try the woman for poisoning, critics are asking why were only much lesser charges of fraud brought against senior health officials who knowingly distributed Aids-tainted blood to haemophiliacs - an exercise that has claimed 300 lives.

According to testimony in the Metz case, the 30-year-old woman told her lover that she found out she had the human immunodeficiency virus after a 1990 pregnancy test. The man at first thought she had only just found out about her condition, but sought legal action after he discovered that she had known since 1984, three years before they met.

"His motive is not revenge," said the man's lawyer, Marie-Laurence Palmer. "He simply wants to get the message across to HIV-positive people that they must inform their partners."

Speculation on the woman's reasons vary from the pressures of a conservative small town, shyness, fear of losing a companion, to "lying to forget you have the disease," as one newspaper wrote. *Sapa-APF*

AIDS insurance claims up

BIDAY 22/2/93

CAPE TOWN — Life assurance companies had received a total of 548 AIDS-related life and disability claims worth R23,7m by end-December 1992 — 267 more than noted in the same period the previous year.

Statistics compiled by reinsurer Mercantile & General showed that 453 were life claims, 48 were lump sum disability claims and 47 permanent health insurance (PHI) claims worth R88 921 a month.

The number of claimants increased over the year to 338 from 168, with the average age remaining at 37 years. Of these, 176 were single people and 114 married.

Mercantile & General's report noted that the proportion of single claimants fell to 52% from 61% and that of married claimants increased to 34% from 26%.

This was in line with the trend in SA of an increase in the spread of AIDS through heterosexual contact.

Possible evidence of anti-selection — the practice of applying for life assurance in the knowledge that one is presently sick — was the fact that 61% of the number of claims were made within five years of inception of the policy; 83% of individual

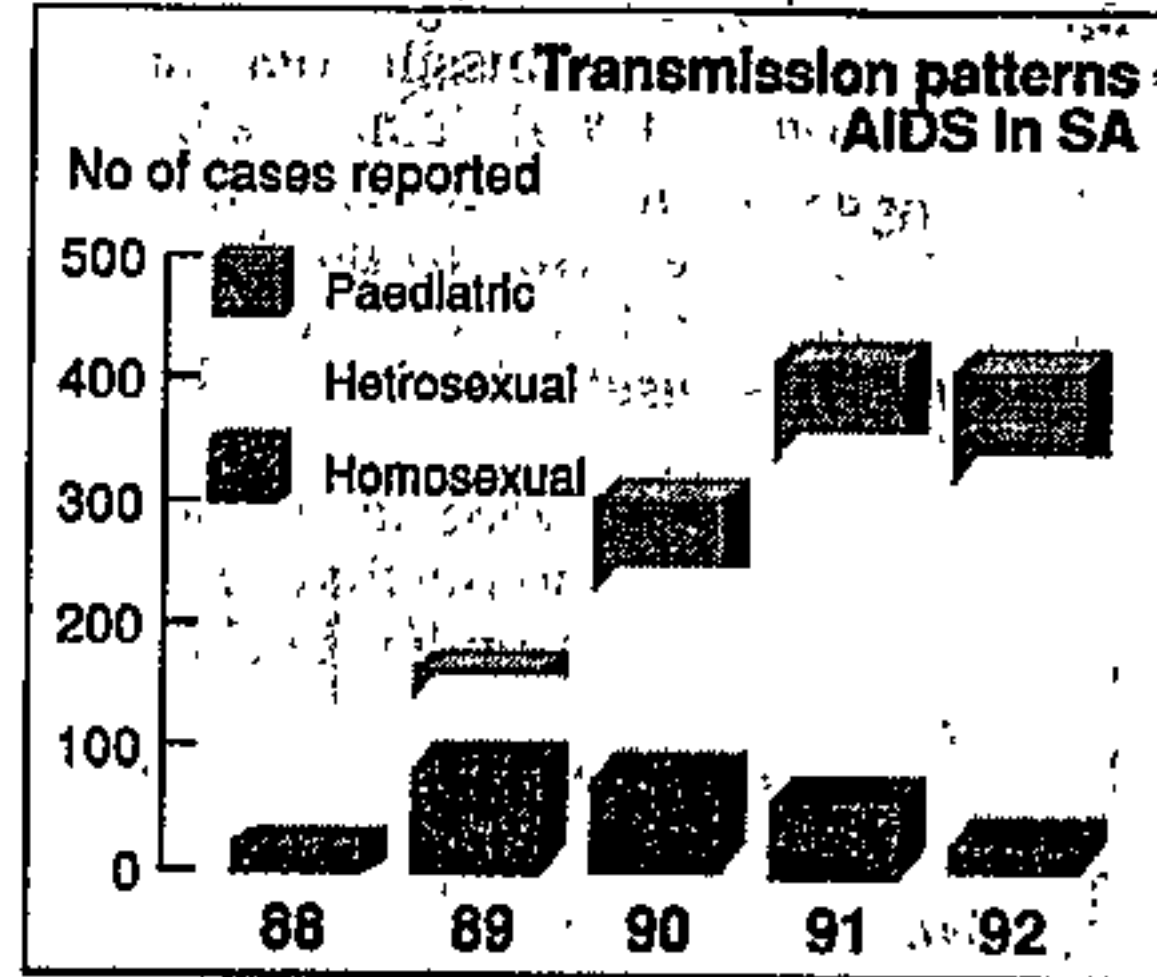
LINDA ENSOR

(92)

life claims by sum assured had a policy duration of less than five years; and 72% of group PHI claims arose within five years of a member joining the scheme.

A total of 78% of policies were for below R200 000 and of those, 74% were for below R50 000.

Of the individual life claims 10,4% were in dispute and of the disability claims 20%.



Graphic: LEE EMERTON Source: MERCANTILE & GENERAL

STAR 22/2/93.

Aids sufferers can enter SA 92

South Africa did not bar persons who were Aids or HIV-positive from visiting the country, since the Act prohibiting their entry was repealed in September 1991, the Department of National Health and Population Development said at the

weekend.

The department was reacting to a statement from President Bill Clinton who, in lifting the ban on Aids-positive persons from entering the US, justified his decision on the grounds that South Africa was the

only other "industrialised" country to have such a ban.

"This, however, is incorrect," said a department spokesman. "In September 1991 the old Act was replaced by the new Aliens Control Act."
— Medical Reporter.

AIDS centre is forced to close down

THE SA Institute for Medical Research's AIDS centre — the organisation which has spearheaded the battle against the virus since it first appeared in SA — said yesterday it would have to close down next month because of a decline in private sector support. *8/10/93 24/2/93*

The centre's director Prof Ruben Sher said his organisation's budget this year had fallen far short of its target of R800 000, and it could not afford to continue its operation on the present funding.

With an estimated 400 people in SA contracting the virus each day, it was imperative that efforts to prevent its spread be sustained, he said.

There are 1 803 AIDS-sick cases in the country at present, and it is estimated that up to 350 000 people were infected with the HIV virus.

KATHRYN STRACHAN (92)

Sher said the centre depended on private sector contributions, and, although it had always battled to get funds, there were only five companies still prepared to lend their support.

Several other companies said they would be supporting other concerns, or had set up their own in-house AIDS training units. But many companies had declined altogether, he said.

"AIDS still carries a stigma, and people don't want to be associated with it," said Sher.

The AIDS Centre was the first of its kind to be established in SA. It has not only pioneered AIDS research and education, but has also served as a "prototype for government's AIDS programmes.

affiliated membership of approximately one million. During the sanctions debate of 1986 the organisation was largely responsible for ensuring that a ban on the importation of hunting trophies from South Africa to the United States of America was not included in the United States of America's federal sanctions legislation against South Africa. A substantial number of members of the Safari Club International have over recent years spent millions of rands in South Africa on hunting safaris. The Safari Club International has also built a museum in Tucson, Arizona, housing a South African exhibition which displays South Africa's wildlife, thereby promoting tourism to South Africa.

At the time when the contribution was made, it was the task of all South African missions abroad to counter trade sanctions. The contribution that was made by the then South African Ambassador in Washington, Dr P G J Koomhof, to the Safari Club International, occurred in this context.

Government Service Pension Fund: investments

*12. Mr R M BURROWS asked the Minister of Finance:

- (1) Whether there has been any change in the policy regarding the investment of accumulated funds of the Government Service Pension Fund; if so, (a) what change and (b) what effect has the change had in financial terms in regard to increased interest and/or dividends;
- (2) whether it is the intention to extend any investment policy to utilize most or all of the accumulated funds of other State pension funds; if not, why not; if so, (a) in what manner and (b) over what period;
- (3) whether he will make a statement on the matter? B168E

The MINISTER OF FINANCE:

- (1) No;
- (2) all the accumulated funds of other State pension funds are managed by the Public Investment Commissioners along similar lines as the funds of the GSPF;

HOUSE OF ASSEMBLY

- (3) whether he will make a statement on the effectiveness of the various television programmes aimed at assisting Black pupils broadcast in 1992? B170E

The MINISTER OF EDUCATION AND TRAINING:

- (1) Yes.
- (2) No. An initial version of the report was recently submitted to the Committee of Heads of Education Departments. The Committee, of which the Director-general of National Education is the chairman, is considering the report, as well as the question concerning the publication thereof.
- (3) The project is at present being evaluated by an independent consultant. A final report in this respect is expected by March 1993, after which it will be decided whether a statement will be made.

Smoking: legislation

*15. Mrs C H CHARLEWOOD asked the Minister of National Health:

- (1) Whether she intends introducing legislation in respect of smoking during the current session of Parliament; if not, why not; if so, (a) when and (b) what will be the nature of this legislation;
- (2) whether she will make a statement on the matter? B171E

The MINISTER OF NATIONAL HEALTH:

- (1) Yes,

(a) it has been put on the legislative agenda for the current session of Parliament and will be tabled as soon as possible and

(b) the Bill envisages the control of the use, sale and advertising of tobacco products.

It also empowers the Minister by regulation to —

- regulate the health warning and particulars regarding the hazardous constituents of a tobacco product which must appear on the packet and an advertisement thereof; and

— prescribe the claims which may not be made in the said advertisement.

Provision is also made for a prohibition on the sale of tobacco products to persons who are under the age of 16 years;

- (2) no.

Aids: orphans of victims

*16. Mr M J ELLIS asked the Minister of National Health:

Whether any provision is being made for assistance to orphans of Aids victims in (a) urban, (b) rural and (c) peri-urban areas; if not, why not; if so, what is the nature of this assistance? B172E

The MINISTER OF NATIONAL HEALTH:

- (a) Yes,
- (b) yes and
- (c) yes, Children who are orphaned as a result of the HIV/AIDS phenomenon are handled the same as any other orphans within the existing welfare structure. If necessary the children are legally placed in substitute care.

Rights of Child: UN/RSA

*17. Mr L FUCHS asked the Minister of Foreign Affairs:

- (1) Whether, with reference to his reply to Question No 19 on 19 February 1992, the South African Government will now consider becoming a signatory to the United Nations Convention on the Rights of the Child; if not, why not;
- (2) whether he will make a statement on the matter? B173E

The MINISTER OF FOREIGN AFFAIRS:

- (1) South Africa signed the UN Convention on the Rights of the Child of 1989 in New York on 29 January 1993.

- (2) The Minister of Justice, Mr H J Coetsee, MP, issued a press statement on 29 January 1993 and the media reported on the matter.

HOUSE OF ASSEMBLY

Aids Centre to shut

The Aids Centre of the SA Institute for Medical Research will close at the end of March due to a lack of funds, SAIMR director Professor Jan van den Ende said yesterday. (92)

Aids Centre head Professor Ruben Sher said it was now up to other organisations to continue the Aids programmes at grassroots level.

Sapa.

STAR 24/2/93

No funds for Aids centre (92)

JOHANNESBURG. — The Aids Centre of the South African Institute for Medical Research will close at the end of March owing to lack of funds, SAIMR director Professor Jan van den Ende said yesterday.

07/24/92

New Aids plan launched

Staff Reporter

(92) 0725/2/93

THE Red Cross Hospital's home-based Aids programme will relieve hospitals and clinics of the ever-increasing numbers of HIV-positive patients and train Aids-care volunteers.

This was said by the Mayoress of Cape Town and manager of the Aids Training, Information and Counselling Centre, Mrs Trish

van der Velde, at the launch this week of the South African Red Cross Society's Aids-care programme.

Mrs Van der Velde, who handed over a cheque for R120 000 made up of donations from various artists, insurance companies, and charity organisations, said there was a growing need for an Aids care programme

as the health care system would not be able to take care of the growing numbers of HIV-positive patients.

She said the Red Cross would also try to make young people more aware of Aids. A computer system and technical equipment was also donated to the centre by Mr Francis Maytham, regional manager of the Old Mutual.

Truck with HIV kits hijacked

Staff Reporter

92

An urgent appeal has been made to the public to be on the lookout for a pharmaceutical truck — containing potentially dangerous imported HIV testing kits — which was hijacked in Johannesburg yesterday.

The Hoechst South Africa truck, containing pharmaceutical products worth about R120 000, was hijacked outside the Industria post office at about 11 am, according to a statement from Hoechst.

Two attackers armed with 9 mm pistols held up driver Anderson Rudizani before forcing him to drive to Riverlea. There he was thrown from the truck before the robbers drove off.

STAR 25/2/93

The truck was carrying a large number of imported HIV testing kits which, if not used correctly in a laboratory, could be potentially dangerous. The components of the testing kits were produced from human serum. Furthermore, the kits contain a highly concentrated

acid solution and a further chemical component, both of which could be hazardous if they come into contact with metal or water.

The company warned members of the public who see the truck (registration PWP245T) to stay away from it and either contact Hoechst on (011) 314-1881 or at 922-4000 code 99-599, or contact the nearest police station.

Police could not confirm the incident last night.

By FAROUK CHOTHIA
PATIENCE Kholoko is an unusual woman — she uses her influence as a traditional healer to spread the gospel of safe sex.

Based in Hammarsdale near Pietermaritzburg, Kholoko is one of the few traditional healers who is prepared to break the taboos in the African community around condom-use — and the need to see Aids as a killer disease.

W/mar 26/2 - 4/3/93
**Sangoma joins
the Aids battle**

“We must spread the gospel — take the message to those who don’t know anything about Aids,” Kholoko said. She believes traditional healers are ideally placed to perform this task. “They are powerful in communities. People come

to them first and then go to hospitals and clinics.” (92) (92)

“The community doesn’t like people with Aids. They don’t want contact with them. I am saying this is not correct. They need to be reassured — to be loved,” Kholoko said.

“Medical doctors and traditional healers need to work hand in hand. Together we can do wonders.” The result, she said, “would be hope — love for all our people”.

AIDS - an important decision

Suppl to CPress 28/2/93

Having an HIV blood test is an important decision to make. The result could affect your life in many ways.

If the result says you are HIV positive, it means you have become infected with the HIV virus. The virus is in your body and you can spread it to others during sex. You can also spread it to others if your blood mixes with their blood.

The HIV test cannot tell when you got infected or whether you will get Aids. However, most people who are HIV positive develop Aids within 10 years. Once people have Aids, they usually die within three years.

BE PREPARED

Because Aids is a disease without a cure, you may need to make plans for your future. You may find it hard to accept

the news of an HIV positive test. Some people become angry, depressed or upset.

Some people get confused after they get their results. They wrongly think they have already got Aids and fear they may die soon.

Some people who have told their employers about their HIV positive results, have been dismissed from work. However, this is illegal. You must know your rights.

If you are HIV positive, it will also affect your sexual activities. You will need to have sex in a safer way so you do not infect your partner. You will need to talk about it with your partner.

YOUR RIGHT TO KNOW

No one is allowed to do an HIV test on you unless you give them permission.

DICTIONARY

HIV: Human Immuno-Deficiency Virus
Aids: Acquired Immuno-Deficiency Syndrome. This sickness destroys the body's ability to fight disease.

Care: to get better
Illegal: Unfair labour practice against the law
Permission: to say yes to
Confidential: secret or private information

Before you have a test, there are many things you should understand, and your health worker must answer all your questions.

- Why does the health worker want you to have the test?
- What does the HIV test really test for?
- What does an HIV positive or negative result mean?
- Where will you go for follow-up care if you are HIV positive?
- What does being HIV positive mean for your life, your family and your work?
- You will need to know why you may have to keep the HIV test result secret, and only discuss it with trusted family or friends.

- You must be sure the health workers will keep your result confidential and will not tell others unless it is important for your health care.

YOUR DECISION

Having an HIV test is a decision only you can make. Sometimes a doctor may need to know if you are HIV positive as this may explain why you have become sick. However, the doctor must explain the reason for doing the test. Then you can decide if you want the test done or not.

YOUR RIGHTS

A health worker has no right to give your test result to anyone else without your permission. The result may only be given to another health worker if she is directly caring for you.

The result should be given to you in private, and you should be allowed to ask questions.

Next week we will give you information on the HIV test and look at what the result will mean to you.

Adapted from Learn & Teach. On sale at cafes, CNA's and street corners at R1.95.

Starting your own business

-- Part 3 --

If a business is really doing well, it is very important to expand at the right time and in the right way.

If your business is a success

invoices and payments.

It is very important that you keep records in an orderly way. This can protect you against claims of wrongful supply or non-

1803 Aids cases in SA since '82

CT 1/2 93

Staff Reporter
ALTOGETHER 1 803 Aids cases were recorded in South Africa since the start of the pandemic in 1982, the Department of National Health and Population Development said at the weekend.

Of these cases, 659 were diagnosed last year and 100 of the sufferers had

died by February 19 this year. The department said these statistics confirm its estimates.

"The heterosexual population was the most seriously affected. About 64% of the cases diagnosed last year were adults who developed Aids through heterosexual contact, and about 31% were infants who contract-

ed Aids through HIV-transmission from the mother during the pregnancy, or at birth."

The department said transmission in the homosexual population has levelled around five percent.

In the Transvaal, 768 Aids cases were recorded and in Natal and Kwa-Zulu, 669 cases. The Cape had 262

cases and the Free State 104.

The department said the fight against Aids and TB would enjoy priority this year. The Aids budget for the present financial year is R37 million.

National Health Minister Dr Rina Venter warned last month that without serious intervention, one in five people could be HIV-positive by 2010.

Aids-related claims hit insurance firms

Health Reporter

92 ARC 1/3/93

AIDS-related insurance claims doubled last year.

The latest statistical record produced by Mercantile and General on behalf of the insurance industry said that notified claims increased from 281 to 548 last year.

Life insurance claims have amounted to R20,5 million while disability and permanent health insurance claims amounted to R3,2 million and R88 000 respectively.

Not all this money was necessarily paid out as some claims were in dispute.

The number of female claimants increased by 300 percent — although this figure may be exaggerated because of the relatively low numbers of women, according to the report.

"The relative increase in the number of female claimants as well as the increase in the married claimants' category, is representative of a change in the South African epidemic," stated the report.

The majority of claimants fall in the 31-40 year age group.

Star 313193

DP appalled at sentence

The DP was appalled that a Pollsmoor prison warder who engaged in sexual activity with an HIV-infected prisoner was only fined R100, DP spokesman Lester Fuchs said yesterday. He called on the department to take the appropriate action to dismiss him.

(92)



MoH: 157 city Aids cases

Municipal Reporter

ALTOGETHER 157 people had Aids in the Cape Town municipal area by June last year, and there were 1 701 known cases of people infected with the HIV virus. 25313/93

City Medical Officer of Health Dr Michael Popkiss also said in his annual report, released yesterday, more people were making use of the counselling service run by the Aids Training Information and Counselling Centre.

In the year up to June, the number of TB cases had increased from 4 614 to 4 628. Guguletu residents were worst affected, with 11,8 cases per 1 000 people. 92

ARE safer-sex videos vital Aids prevention tools, or are they pornography masquerading as educational material? While Aids educators — including the director of the government's own Aids Unit — think the former, South Africa's censorship apparatus has decided upon the latter.

In a ruling this week banning South Africa's first two homegrown safer-sex videos, the Publications Appeal Board confirmed an earlier Committee on Publications decision that the gay *For Men Who Have Sex With Men* and the straight *A Lover's Guide* were "undesirable" because "long, drawn-out scenes of sexual activity ... do not in any way contribute to information about Aids or safe sex, but act merely as provocation of lust and sexual stimulation".

Nathalie Stockton, director of the government's Aids Unit, feels that "the videos could be construed as pornographic by a large proportion of the community", but thinks they should have been simply restricted rather than banned. She says even government Aids education programmes would have found them highly beneficial for work with "specific target-groups".

Professor Reuben Sher, head of the Aids Centre at the South African Institute for Medical Research, agrees that "of course, the videos are not appropriate for everyone. But it is a sad, retrogressive step that they have been banned when they do the crucial life-saving work of encouraging safer-sex practices. It seems completely irrational when we are allowed to see the explicit sex in movies like *The Lover* and *Basic Instinct* on our screens."

Aids activist group Act-Up uses much stronger language: in the face of 500 new HIV-infections a day in South Africa, it says that "to deprive people of this kind of information is no different from infecting them; preserving the archaic, hyper-moralistic attitudes of a handful of people is no excuse for genocide".

But the South African censorship apparatus is presented, by the Aids epidemic, with a difficult dilemma: if a society has rules forbidding pornography, does the extraordinary circumstance of an Aids epidemic justify stretching these rules? How do we educate about Aids if we cannot talk bluntly about sex, and how do we talk about sex in societies where such talk is officially taboo?

Aids educators argue that, for as long as sex-talk remains taboo, it is almost impossible for people to negotiate behaviour change, and that videos like these serve the vital function of opening up the discussion. But, while other countries have resolved the dilemma by allowing explicit Aids prevention messages, the board chose to perceive the videos as the thin edge of the wedge; an attempt to use Aids as an excuse for pornography and titillation: "Both films go way beyond that which they pretend to be."

Safer-sex videos: Is morality worth the cost in mortality?

W/Mail
5/3-11/3/93
92



This week's Publication Appeals Board decision to ban two safer-sex videos was more than just another retro ruling against tits and bums, argues
MARK GEVISSER.

The board does acknowledge, in its ruling, that the videos have educational value. But it feels that "a substantial number of (reasonable) viewers would find the films grossly offensive" — because "a lot of time is spent on prolonged sequences that go beyond the instructional and educational ... (and) border on the realms of soft pornography"; because of "instances of rather crude and unsophisticated language", and, most revealingly, because "the films are devoid of moral message".

Clearly, the board was unable to accept what was put before it by expert witnesses like Sher: that, in the face of a burgeoning Aids epidemic, educational material that provokes risk-free lust and stimulates safer sex is really the only moral option we have.

"We regard sex as a basic requirement of life, like eating or drinking," said Sher at the hearing. "We educate people what to eat and

drink, so I think we should educate people about how to have sex properly too."

The problem comes, perhaps, in different definitions of what "having sex properly" entails. "I can't tell people how to run their sex lives," said Sher, "but it is my duty as a public health worker to provide them with the means to protect themselves."

But the board has a different opinion, and is concerned that, in the videos, "loose sexual relationships ... are discussed as if they were quite normal" and that "homosexual relationships are portrayed as normal, satisfying and right". In the face of this, the board invokes its habitual *raison d'être*, that moral majority who "still regard sex as reserved for monogamous heterosexual couples", and the Bible, which condemns "loose sexual relationships, fornication and the practice of homosexuality". It also reminds us that sodomy is still a crime in South Africa.

This ruling validates the approach of state prosecutor C Malan during the hearing, who inferred that "keeping morality" rather than "provoking lust" was the surest way to end the Aids epidemic, and that videos showing homosexual acts and wanton masturbation would thus only serve to spread the virus.

He was particularly concerned with a scene that showed a woman having phone-sex and then masturbating herself while rubbing the receiver all over her body. Clearly, the problem was not just this smearing of the good name of Telkom: "I think about the masturbation scenes and so forth. Won't they lose information by focusing on these scenes?"

The point of the filmmakers and their expert witnesses was that "the masturbation scenes and so forth" were needed precisely to assist viewers in retaining information; that, in fact, without "provoking lust", the videos would be ineffective safer-sex tools.

"The erotic depictions," said advocate Edwin Cameron, "illustrate and reinforce the medically and educationally responsible safe sex message which is the videos' primary purpose."

From the witness stand, Johannesburg Municipality Aids educationist and programmer Mary Crewe elaborated upon this point: "You can't have an effective safer-sex video," she said, "without putting it into the pleasurable and erotic context. People say safer sex is not real sex, so you need to seduce people into the notion that safer sex is pleasurable ... and fun!"

Fun? Using videos to seduce people? No wonder the Publications Appeal Board banned them.

But this is more than just another retro ruling over tits and bums: it is a disturbing indicator that this government, and its moral guardians lurking in the censorship apparatus, will not do what it takes to safeguard our society against an epidemic that has already devastated other parts of Africa.

Aset defends stand on Aids

92 ARG 6/3/93

ALLEGATIONS that the Aids Support and Education Trust (Aset) persuades "heterosexuals to engage in homosexual experiences" have been angrily rejected by the organisation which emphasises that its task is to empower people to resist HIV infection.

Aset chairman advocate Mr Edward de Beer said the provision of Aids education and the information to help sexually active people resist HIV infection, must be done factually and "free from moral overtones and judgmental attitudes".

Mr De Beer was reacting to a letter from Mr D Roberts, Aids counsellor of the Goodwood Fire and Rescue Service, recently published in Weekend Argus.

In the letter, Mr Roberts wrote that Aset was run by a section of the gay community. He expressed concern that "Aids education in Cape Town is conducted mainly by organisations who are sympathetic to the gay cause".

Mr Roberts claimed the "ultimate" goal was "to get heterosexuals to engage in homosexual experiences, to progress towards the ultimate — acceptance of the possibility of adult sexual relations with children and to encourage sexual activity in children".

Mr Roberts warned that parents should be alert to any education programme that promoted, however subtly, homosexual experiences to heterosexual children.

Reacting, Mr De Beer said Aset provided comprehensive prevention and care services to its clients and never promoted any particular form of sexual expression; neither did Aset discriminate on the grounds of sexual orientation. It viewed

■ The Aids Support and Education Trust (Aset) defends its stand on the Aids fight.

WILLEM STEENKAMP
Weekend Argus Reporter



□ **GRAPHIC MESSAGE:** One of the advice cards handed out to gays at gay bars and clubs by the Aids Support and Education Trust.

paedophilia as morally reprehensible.

He said the marginalised people targeted by Aset included male and female sex workers (prostitutes), disadvantaged women, lesbians, street children, injecting drug users and gay men.

Among the pocket-sized advice cards distributed by Aset were those which described safe-sex practices, how to put on a condom, how to inject drugs safely and the dangers of combining drink, drugs and sex.

The cards carry graphic photographs on one side and use explicit — some would say crude language — in the advice on the other.

Mr John Pegge, a trustee of Aset, said the cards were aimed at gay men and men who had sex with men.

"We hand these cards out at gay bars and clubs. The cards are written in the language these people use and are intended to meet the specific needs of that community.

"We should not confuse this with the moral codes and values which are commendable and important in society. It is important to get the message across and to keep people alive. The right to life is surely more important than pandering to lesser human rights."

Mr Pegge said the education and work Aset did in preventing HIV infection and the spread of Aids, was handled differently according to the needs of the different marginalised groups with which Aset worked.

So, for instance, the Karate Kid video was used in sessions with street children, and the cards intended for gay men would under no circumstances be handed to children.

The HIV test and your result

Press
7/13/92

Last week we discussed your rights with regard to an Aids test. This week we look at the results of the Aids test.

People can be infected with the Aids virus but look and feel healthy for up to 10 years. Aids is caused by the HIV virus. When a virus enters your body, your body will make antibodies that will try to kill the virus. These antibodies stay in your body for life.

The HIV test does not show if you have the HIV virus. It shows if there are HIV antibodies in your blood. If there are, you are HIV positive. That means you have come into contact with the Aids virus.

NEGATIVE HIV TESTS

A negative test means that no HIV antibodies were found in your blood. A negative HIV test may mean one of three things:

1. You have not come into contact with the HIV virus.
2. You have come into contact with HIV but luckily it did not enter your body.

3. The HIV virus has entered your body but your body has not had enough time to produce enough antibodies to show up on the test. This may happen if you take the test within three months of getting the infection. In some unusual cases, it may take up to six months for the test to become positive. So wait at least three months after you think you may have been infected, before you take the test.

STAY HIV NEGATIVE

1. Make sure that you and your partner are HIV negative and not sleeping with anyone else.
2. Use a condom every time you have vaginal, oral or anal sex.
3. Never share a needle or syringe with anyone. Make sure that any sharp instrument that may have blood on it and that can cut your skin, like a needle or razor blade, is completely clean and sterile.
4. If you get drunk or use drugs, you may be less careful about taking precautions to avoid catching the Aids virus.

POSITIVE HIV TESTS

If your test is positive, it means there are HIV antibodies in your blood. This shows that the virus is in your body.

However, being HIV positive does not mean that you have Aids. It is not certain that you will develop Aids in the future. You can lead a normal, healthy life for many years. But most people develop Aids within 10 years of being infected with the HIV virus.

SOME TIPS

- Use these hints if you are HIV positive.
- Do not pass the HIV virus to your sexual partner. You can help prevent the spread of the HIV virus by always using a condom for vaginal, anal and oral sex.
 - Try to eat healthy foods and reduce alcohol intake and smoking. This makes you stronger and helps to fight diseases.
 - Do not share needles, syringes or razor blades.
 - Do not donate blood.

- Think very carefully about becoming pregnant. Remember the HIV virus can be passed on to your baby during pregnancy or childbirth.
- Have any sore or discharge on your penis or vagina treated at a clinic.

At first it may be hard for you to accept that you are HIV positive and to make the necessary changes in your life. It is important to try to think positively about the problem. It is a good idea to get advice and counselling from your nearest clinic or hospital. All the information is kept secret so people will not find out that you are HIV positive unless you tell them.

DICTIONARY

Syringe: tube which draws in and lets out liquid.
Sterile: free of germs.
Precautions: to take some action to stop something dangerous happening.

UNINSURABLE people — including HIV victims — can now obtain a financial package to help alleviate the financial burden which causes so many sufferers additional stress.

Because HIV positive and those with AIDS are predominantly young high-earners and skilled people, it is vital to find ways for them and their families to meet all the expenses. The question of tax relief and contributions also becomes important.

Steve Jackson, of the Johannesburg-based firm O'Hanrahan and Associates, which specialises in pensions, insurance and tax, has developed a plan with the cooperation of two of the leading life underwriters in South Africa.

Relief

The plan consists of three sections: a pure endowment contract, a unit trust contract and a non-life retirement annuity.

Put together, the policyholder can obtain certain tax relief on his contributions and have cash available in a relatively short period to provide some form of income.

"For example, if a male aged 28 diagnosed as being HIV positive starts contributing R300 monthly to the Medsave plan, by the time he develops full-blown AIDS seven years later and can no longer work he would receive, at a projected annual growth of 15%, R29 000 to pay for medical treatment plus a monthly pension of R250 and R25 000 paid to his dependants on death.

Benefit

"His contributions would be made up of R125 to the pure endowment, R75 per month, increasing at 15% annually, to the unit trust and the balance of R100 per month, increasing at 15% per annum, goes into the retirement annuity contract.

"The latter payment is fully tax-deductible and it is from here that a substantial proportion of the income emerges when the man is unable to continue working."

In terms of the Income Tax Act, it is not permissible to draw a benefit from a retirement annuity before the age of 55 unless the Commissioner considers the person to be totally disabled and unable to carry out a productive occupation.

The development of full-blown AIDS is treated as a total disability.

By ANTHEA DUIGAN

Mr Jackson has negotiated with the insurance companies whereby the terminally ill person is deemed to have attained the age of 65 and, therefore, the annuity payable is much higher than normally would be paid for a person at the normal age.

In addition, he has negotiated with the insurers that the annuity will be payable for life only and that there will exist, without medical evidence provided, a back-to-back policy which will provide, on death of the annuitant, a full return of the capital used to purchase the annuity.

Capital

The annuity quoted has taken into account the cost of this cover. This ensures the dependants of the deceased receive a capital sum to tide them over an extremely difficult time.

Where the victim is a high earner there is no limit to the monthly contributions payable, apart from the limits laid down by the Income Tax Act.

NEW package
can insure
STI (Buss) 7/3/93
AIDS victims

MONEY

DP wants
action on
jail sex

92
2/13/13
THE Democratic Party was appalled that a Pollsmoor prison warder who engaged in sexual activity with an HIV-infected prisoner was only fined R100 by a Correctional Services Department internal inquiry, DP spokesman Mr Lester Fuchs (MP Hillbrow) said this week.

Reacting to a report in the Cape Metro last weekend, Mr Fuchs said it was quite clear from the department's action that it did not regard the assault in a serious light.

713113
TIMES (Cape Metro)



Helpline for patients of Aids doctor

28/3/93 (92)

Own Correspondent

LONDON. — A confidential helpline was opened yesterday to advise thousands of women treated by a gay gynaecologist who is dying of Aids.

A government spokesman called for calm, saying that the Aids risk faced by up to 6 500 women operated on by the doctor, out of 17 000 he treated in the past 10 years was extremely remote.

At the same time, free and confidential tests were offered to any woman treated in any way by consultant gynaecologist and obstetrician Dr Terence Shuttleworth, who practised mainly at All Saints Hospital, Chatham, Kent. He was diagnosed as having the Aids virus on Friday.

The helpline, to be staffed by fully trained counsellors, offers confidential reassurance and advice to any concerned patients.

District general manager Mr Ken Hesketh said preparations were under way to make confidential testing available to all who wanted it.

He added: "This is a sad occasion for all of us. Dr Shuttleworth is a highly respected colleague and he has performed great service in Medway. We are all very sorry."

Dr Ann Palmer, the health authority's director of public health, said Dr Shuttleworth had seen up to 1 700 patients a year but only a fraction of those would have been operated on by him.

Tory MP Mr Terry Dicks yesterday called on the government to insist all medical staff took HIV tests.

in pupil numbers, the availability of classrooms, the number and qualifications of serving teachers as well as the facilities available at each college of education must be considered.

(b) Projections made by the Department itself are based on studies done by the Department of National Education and the Research Institute for Education Planning of the University of the Orange Free State.

(3) No. There is no general shortage of teachers, but there is a shortage of posts and fully qualified teachers in subjects such as Mathematics, Physical Science, Accountancy, Biology, Technical subjects, English and Afrikaans.

Free air-time for anti-Aids advertisements

67. Mr M J ELLIS asked the Minister of Home Affairs:

- (1) Whether any representations concerning free air-time on radio and television for anti-Aids advertisements of any form and/or Aids information or education programmes have been made to him; if so, (a) by whom, (b) when and (c) what was (i) the purport of and (ii) his response to these representations; if not,
- (2) whether he will give consideration to the matter?

The MINISTER OF HOME AFFAIRS:

(1) No. (a), (b) and (c) fall away.

On the other hand, the SABC has received requests for and has broadcast as requested, free Public Service Announcements on Aids on Television (none for radio) during 1992. Particulars are as indicated below.

On 5 November 1992 the advertising agency Hunt Lascaris TBWA (Pty) Ltd requested the SABC on behalf of the Department of National Health and Population Development's Aids programme, that four television spots be broadcast in terms of the SABC's policy on National Public Service Announcements. These four spots were broadcast

on an ad hoc-basis as Public Service Announcements between 27 November 1992 and 27 December 1992.

Earlier in the year Public Service Announcements on Aids were also broadcast ad hoc between June and September 1992. This was a campaign which was requested by Dr Manda Holmslaw of the Aids Unit. The theme of these television spots was "Experts Explain".

(2) Should such a request be received it would be considered, as in all other cases, in accordance with the guidelines for such programmes and advertisements.

Education Renewal Strategy: effect

114. Mr R M BURROWS asked the Minister of National Education:

- (1) Whether, with reference to the reply to Question No 110 on 19 March 1992, he or his Department, in finalizing the Education Renewal Strategy, has made any calculation regarding the likely effect on teacher personnel of the application to all education departments of a ratio of 1 college/school educator (CS educator) per 35 pupils in primary schools and 1 CS educator per 32 pupils in high schools; if not, why not; if so, what are the likely effects of the application of such ratios;
- (2) whether he will make a statement on the matter?

The MINISTER OF NATIONAL EDUCATION:

(1) Yes. The financing plan contained in the ERS was developed within the context of a restructured education system which differs fundamentally from the present one. The plan will be gradually phased in over a period of ten years. The likely effect on teacher personnel of the appli-

cation to all education departments of the envisaged ratio of 1 school educator per 35 pupils in primary schools and 1 school educator per 32 pupils in high schools within the total framework of the financing plan in the ERS, will be that 337 140 school educators will be required by the total education system by the year 2003. It is, however, foreseen that 20% of the learners who would normally have completed their last three school years by means of contact education will do so by means of distance education by the year 2003. It is also foreseen that by the year 2003 a further 20% of the learners who in the past would have completed their last three school years within the school system, will move on to the vocational training system, thus leaving formal education. This in all probability will influence the number of school educators required by the total education system.

(2) No.

Van den Heever Commission: steps against persons

132. Lt-Gen R H D ROGERS asked the Minister of Education and Training:

Whether, with reference to his reply to Question No 10 on 4 February 1992, any action has been taken against persons named in the Fourth Report of the Van den Heever Commission; if so, (a) what action, (b) against whom, (c) when and (d) with what result?

B302E

The MINISTER OF EDUCATION AND TRAINING:

No.

The Attorney-General examined the report and resolved that he would take no further action. Since the officials whose behaviour was investigated, are either deceased or have resigned from the Department of Education and Training, and because the Government had suffered no losses, no departmental action had been taken against individuals.

(a), (b), (c) and (d) Fall away.

Star 10/31/93

Former members of Koevoet have Aids

Crime Reporter

A number of former members of the disbanded Koevoet unit, now part of the SAP's Crime Support Unit in the northern Transvaal, have tested HIV positive, police said yesterday.

The SAP declined to say how many members of the unit, stationed at Rooiberg in the northern Transvaal, had tested positive.

Some cases had already developed into Aids and these people were receiving support from social workers, a police public relations spokesman confirmed.

Police could not release the particulars of the men because this

would "prejudice the trust ... between the individuals, the social workers and the medical staff involved", the spokesman said.

The Koevoet unit worked with the SAP during the Namibian war of independence. When Namibia became independent in 1989, the men streamed into South Africa looking for jobs with their former ally, the SAP.

They were incorporated into the SAP and are still used in the Crime Support Unit.

Police said yesterday that pamphlets on Aids written in the Owambo language, would be distributed to former Koevoet members.

Star 10/31/93

Question time makes debut

Political Staff

CAPE TOWN — President de Klerk is expected to face tough questions from MPs today when the cut and thrust of parliamentary politics is broadcast in the first of a fortnightly slot.

This brings South Africa in line with countries abroad, but opposition MPs say the way it has been introduced is cause for concern.

The debate will begin at about 4.45 pm and will be broadcast later on the TV1 programme 6 on 1.

One of today's questioners, DP national chairman Ken Andrew, said: "In principle, the

idea of having the president available to answer topical questions on regular basis is a sound one. However, the way is being implemented makes one wonder whether it is geared more to giving the president additional TV coverage than to providing greater accountability in Parliament."

Eighty-five MPs put their names forward for today's list, of whom nine were chosen randomly by computer.

Question time lasts 15 minutes and each questioner will be allowed only one follow-up question. There is no limit on De Klerk's replies.

AIDS centre is to close down

Sowetan 11/3/93

92

STAFF LOSS *The Department of Health says funds have all dried up:*

By Mokgadi Pela

THE END OF THE MONTH marks the end of an era in the health sector when the Aids Training and Information Centre (Atic) closes shop. The reason is financial.

The Department of National Health and Population Development has confirmed that funds have dried up.

The closure of the centre on March 31 means the institute will lose some of the best qualified people in the fight against Aids.

The centre was the force behind the establishment of similar projects countrywide.

The centre, an offshoot of the South African Institute for Medical Research, has trained hundreds of Aids educators in South Africa and neighbouring countries.

Atic staff have delivered lectures to trade union members, businessmen, traditional healers, students and the public in general.

The centre has hosted meetings to mark World Aids Day as part of its programme to encourage a more compassionate attitude towards people with Aids.

Atic worked closely with the Press to keep reports about the epidemic factual.

Among the leading figures on Atic's staff are Professor Ruben Sher, psychologist Mrs Girama Christie and educator Mrs Musa Zazayokwe.

200 000 infected

More than 200 000 South Africans are HIV positive. The latest figures show that 400 people catch the virus daily.

As Sher once said: "The virus is winning the war against time."

The lack of money to sponsor this worthwhile project happens amid scandals that have revealed taxpayers' money being abused by bureaucrats.

It also happens while the Government continues to sponsor bantustans and structures such as Codesa.

Instead of its ill-equipped education programmes, the Department of Health should have put more money into Atic.

The closure happens at a stage when knowledge about Aids and attitudes towards the disease are abysmal.

It is necessary to have a continuous source of education -- something Atic was doing quite well.

It takes time to develop a credible structure.

There are many structures mushrooming in this country claiming to be experts on Aids. Time will tell whether they can achieve Atic's status.

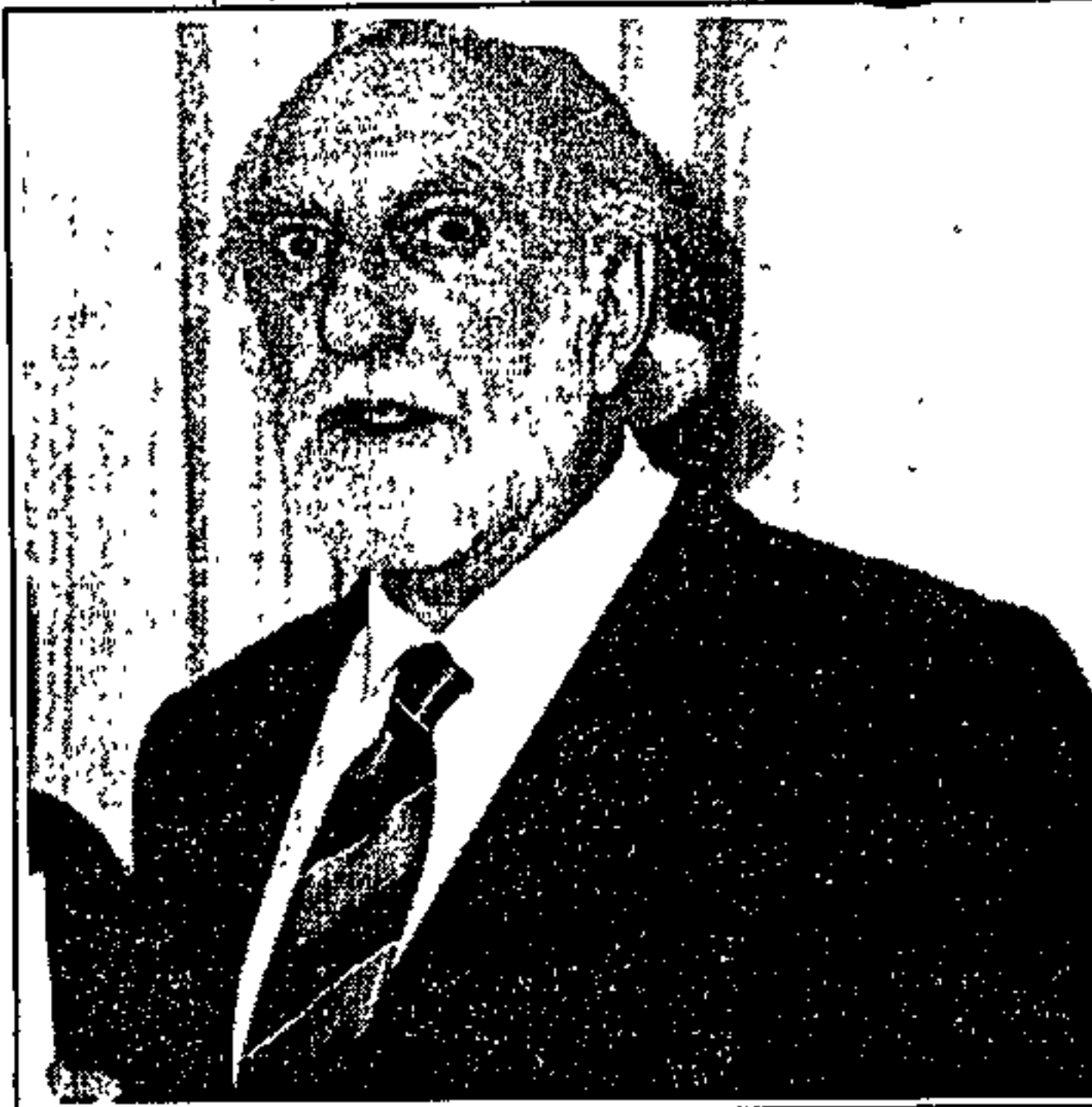
Sher said Atic's efforts were not motivated by money but by concern and care for the community.

It is common knowledge that myths about Aids continue to haunt the medical profession. Some health care personnel still refuse to touch HIV-positive patients for fear of getting the virus. This clearly shows the need for the continued education of the people in the health profession.

Experts have predicted that whereas the '80s saw the emergence of HIV, the '90s will be dominated by Aids as the immune systems of carriers collapse. Sher's words that the virus is winning still holds true.

Sher this week told *Sowetan* that 10 percent of the skilled personnel involved in Aids will be lost.

He said this painful fact had led the Atic staff to consider



Professor Ruben Sher ... concern for the community.

regrouping or relocating somewhere so as to continue the noble task.

"We shouldn't create a void in the Aids field. Out of the ashes of Atic will arise a new structure that will continue from where we left off."

"We are even more determined to empower people to protect themselves. We will resort to the private sector for funding," Sher said.

Sher thanked the community for supporting the Aids centre during the past seven years. This support had earned the centre respect around the world, something that is not easy to achieve.



An Aids educator (right) explains the information contained in pamphlets on Aids.



That small scratch made the wheels turn for me

To all the people who gave a scratch, we say thank you.
To Ithuba who made it possible, we say thank you.
For the ten million rand raised for health, welfare and education, we say,

**Thanks a million South Africa
Keep on scratching**




THE POWER OF OPPORTUNITY FOR ALL SOUTH AFRICANS GAMES

AIDS centre is to close down

STAFF LOSS *The*

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Star 12/3/93

Scratched policemen in Aids scare

Crime Reporter

Four policemen, scratched by a suspect during an arrest in Braamfontein, Johannesburg, on Tuesday, have been advised to undergo HIV tests in the wake of an Aids scare involving two Randburg officers on the same day.

Witwatersrand police spokesman Warrant-Officer Andy Pieke said the four — scratched by a "hobo" when they arrested him — had refused to undergo Aids tests, agreeing to receive only anti-tetanus injections.

"It is the members' own responsibility to undergo the tests," said Pieke. "However, they were advised to go for the tests even though they only received a few scratch wounds."

The advice to undergo the tests came after the disclosure that two Randburg policemen may have been infected with the Aids virus on Tuesday after resuscitating an HIV-positive suspect who was bleeding from the mouth.

Lance-Sergeant Paul Colley and police reservist Detective-Constable De Waal Louw saved the suspect's life after he had an epileptic attack during questioning in a cell.

The man had apparently bitten his tongue before the policemen gave him mouth-to-mouth resuscitation. A police spokesman said it took about 20 minutes to revive the man, who was rushed to hospital.

Colley and Louw's nightmare began when a doctor from J G Strijdom Hospital, where the suspect was admitted, called the policemen and told them they could have contracted the virus.

Although initial tests done on the two were negative, doctors said they would have to undergo tests every two weeks for the next three months to ensure they were not infected.



AIDS Fm 12/3/93
Claims disputed

92

Aids-related claims faced by life assurance offices are mainly on policies that have existed for five years or less and the sums assured

Fm 12/3/93

92

are on average well below the R200 000 level where, by industry agreement, HIV tests become obligatory. Life assurers are at present disputing 16,7% of the total sums assured under individual life policies.

Mercantile & General Reinsurance, which compiles the statistics from all life offices, says the total number of claims notified rose by 267 since its last report in January 1992. Statistics show there have been 548 claims, some of which are being disputed. Of these, 453 were life claims, 48 lump-sum disability claims and 47 were for permanent health insurance.

The amounts claimed so far, taken over the industry, are insignificant: R20,5m on life claims, R3,3m disability and R89 000 a month for permanent health insurance.

The average age of claimants is 37 but the sexual profiles in the study are changing rapidly. The proportion of single claimants fell from 61% to 52% in the past year, while the proportion of married claimants increased from 26% to 34%.

Though numbers are still small, M&G warns:

- 61% of claims occurred within five years of inception;
- 83% of individual life claims, measured by sums assured, have a policy duration of less than 5 years; and
- 72% of group permanent health insurance claims arise within five years of a member joining the scheme.

The highest single payout under an individual life policy was for R1,5m. ■

Sher to head AIDS centre for blacks

St Times 14/3/93

92

By CAS St LEGER

AIDS, expert Professor Ruben Sher is to move his headquarters to the black community, with the support of the ANC's Steve Tshwete.

Mr Tshwete has already accepted a position as a trustee on a new body — the National AIDS Training and Outreach Programme — to be launched by Professor Sher.

The trust plans to set up a new AIDS unit in Spruitview, Vosloorus, in the Transvaal. It will also serve the communities of Katlehong, Thokoza and neighbouring squatter camps.

As well as counselling and treating AIDS patients, Natop will provide AIDS education to the community, commerce, industry and schools.

Those trained or treated at the centre who can afford to pay will be charged a fee.

"We are going to regroup some members of the SA Institute for Medical Research AIDS Centre to start again where we are really needed, in the black community," said Professor Sher.

Although estimates run to far higher figures, there

are about 55 000 HIV-positive South Africans, 90,2 percent of whom are black. Of the 1 803 reported AIDS cases, 1 305 are black people.

Only days into his campaign to raise funds for the new programme, Professor Sher has already been promised some of the R500 000 a year he needs to run Natop by the private sector.

Those who have already agreed to be trustees are: Mr Tshwete, Bongani Khumalo, formerly of the SA Red Cross, and Musa Zayokwe, who ran the SAIMR centre in Johannesburg. There may also be trustees from Barlow Rand and SA Breweries.

Link

Mr Tshwete became involved "in the first instance, to lend my little support to the victims".

He said there was a close link between sport and AIDS because of close physical contact.

Professor Sher's role as head of SAIMR — which costs R1-million a year to run — ends on March 31 when the centre will be closed due to a shortage of funds.

Warning to carriers⁽⁹²⁾ of Aids-linked viruses

PHILADELPHIA. — Persons carrying either of two viruses related to the HIV virus that causes Aids should take precautions to prevent the spread of the infectious agents.

2/16/83
An article in yesterday's issue of the journal *Annals of Internal Medicine* said carriers of both HTLV-I and HTLV-II should avoid donating blood, sharing needles or breast-feeding children, and should consider using condoms to prevent sexual transmission.

It was important to determine which of the two viruses a person was carrying as initial blood tests did not distinguish them.

While the HTLV-I virus could cause fatal illnesses, HTLV-II had not clearly been associated with any disease. — Sapa-Reuter

Only no sex is safe sex

By DALE GRANGER

AN ALARMING three-year study of safe sex in the USA revealed that 17% of people using condoms with HIV positive partners also contracted the virus and abstinence of sex was the only reliable safeguard against Aids and sexually transmitted diseases.

Professor John Young of the University of West Virginia said that random sampling of condoms found that

(92) CT 9/3/93
almost 20% were defective and in one test of 100 condoms 75 had leaked.

"More schools are now teaching abstinence of sex before marriage as the only way to stay healthy," he said.

"We're finding in the school system that if you give a high school kid a condom they become more sexually active and subsequently the rate of sexually transmitted disease and teenage pregnancy almost doubles.

AFRICA BRIEFS

14/12 - 25/13/93 (92) ~~13~~

Aids on the rise
■ MBABANE — Nearly 0,5 percent of Swaziland's population has been infected by the Aids virus, the Health Ministry said this week.

A ministry report, describing the situation as "extremely serious", said 25 000 of the kingdom's 700 000 people were HIV-positive. At the end of 1992, 248 Swazis had full-blown AIDS. The number of people with the HIV virus may double by 1997, it added. — Sapa-Reuter

tion and Culture would address a meeting in the school hall of the Laerskool Hartswater;

- (4) no, there was no instruction, but as the Minister responsible for Education was to address the meeting the school principal in question in good faith conveyed the information via the pupils to the parents. The principal was unaware that it would be a closed meeting of the National Party;

(5) no.

†Mr A GERBER: Mr Chairman, arising out of the hon the Minister's reply, we should like to know whether it is his standpoint that NP meetings should be publicized by means of children at schools?

†The MINISTER: Mr Chairman, that is not my standpoint.

Afrikaans universities: Africanisation

*3. Mr H D K VAN DER MERWE asked the Minister of Education and Culture:

- (1) Whether a commission has been or is to be appointed with the assignment to Africanise or to make Africa-orientated the University of Pretoria, the Potchefstroomse Universiteit vir Christelike Hoër Onderwys, the University of Stellenbosch, the University of the Orange Free State and the Rand Afrikaans University; if so, what are the relevant details;
- (2) whether he will make a statement on the matter? B315E

The MINISTER OF EDUCATION AND CULTURE:

- (1) I am not aware of such a commission having been appointed or to be appointed;
- (2) no.

†Mr H D K VAN DER MERWE: Mr Chairman, arising out of the hon the Minister's reply, we want to know whether he is aware that lecturing staff and students at some Afrikaans universities are campaigning for the Africanization of Afrikaans universities?

†The MINISTER: Mr Chairman, I am well aware of that.

HOUSE OF ASSEMBLY

†Mr H D K VAN DER MERWE: Mr Chairman, further arising out of the hon the Minister's reply, we are asking whether he approves of that.

†The MINISTER: Mr Chairman, it does not fall within the area of my powers. Anyway, I should never be so presumptuous as to interfere with dialogue taking place on academic grounds at tertiary institutions.

For written reply:

General Affairs:

Criminal trials in magistrates' courts

56. Mr A J LEON asked the Minister of Justice:

- (1) How many criminal trials were conducted in (a) regional and (b) district magistrates' courts in South Africa in 1992;
- (2) in how many such trials was the accused not legally represented? B149E

The MINISTER OF JUSTICE:

(1) and (2).

The hon member is referred to my reply to Question 7 on 10 March 1993 (see col 431).

Prisoners: Aids/sexually transmitted diseases/TB

128. Mr A J LEON asked the Minister of Correctional Services:

- (1) How many prisoners in prisons under the control of his Department were infected with (a) Aids, (b) other sexually transmitted diseases and (c) tuberculosis as at the latest specified date for which information is available;
- (2) whether his Department is undertaking routine screening programmes in prisons in respect of (a) sexually transmitted diseases and (b) tuberculosis; if not, why not; if so, what are the relevant details in respect of each specified disease;
- (3) whether his Department is taking steps to (a) prevent, (b) control and (c) manage the diseases referred to in paragraph (1) above in these prisons; if not, why not; if so, what steps in each case;
- (4) whether his Department has promoted or is promoting so-called safe sex pro-

grammes amongst prisoners; if not, why not; if so, what are the relevant details;

- (5) whether his Department makes condoms available to prisoners in these prisons; if not, why not; if so, on what basis? B298E

The MINISTER OF CORRECTIONAL SERVICES:

Before replying in detail to the respective questions, I refer the hon member to the Colloquium on AIDS in prisons which was held in Pretoria on 8 September 1992. During this conference the AIDS handling strategy of the Department of Correctional Services was discussed in public by interested parties. A copy of the mentioned strategy is enclosed for the hon member's information.

The media gave wide coverage to the Colloquium and the comments received by the Department of Correctional Services were generally positive.

For the hon member's information it can be mentioned that on 31 January 1993, 108 299 prisoners were detained in South African prisons.

- (1) (a) Particulars as on 31 January 1993.
HIV infected prisoners—249 = ± 0,229% (1 : 434) of the prison population
Prisoners with AIDS—9 = ± 0,0083% (1 : 12033) of the prison population
The statistics for these conditions in the general population (32 million) are as follows (as on 9 February 1993):
HIV infected persons—± 1 094 per 100 000 (1,09%)
Persons with AIDS—± 6 per 100 000 (0,00563%)
- (b) Prisoners with other sexually transmitted diseases for example gonorrhoea and syphilis, as on 15 February 1993—472 = ± 0,435% (1 : 229) of the prison population
The statistics for this condition in the general population (32 million) are as follows (as on 6 January 1993):
— ± 9 375 per 100 000 (9,37%)

- (c) Prisoners with tuberculosis as on 15 February 1993—763 = ± 0,704% (1 : 141) of the prison population
The statistics for this condition in the general population (32 million) are as follows (as on 6 January 1993):
— 194 per 100 000 (0,194%).

(2) Yes.

(a) and (b)

Each prisoner is examined medically as soon as possible after admission to prison and regularly subjected to medical examinations when necessary thereafter. The purpose of these examinations is *inter alia* to identify any diseases which a prisoner may have. When necessary prisoners are referred for tests and/or X-ray examinations by external medical services. All instructions issued by the responsible medical practitioners are meticulously carried out by the Department of Correctional Services.

(3) Yes.

(a), (b) and (c)

A medical officer (medical doctor) for each prison is appointed by the various provincial health authorities in co-operation with the Department of National Health and Population Development. These medical officers are assisted by trained and registered nursing staff of the Department of Correctional Services.

As the hon member knows, the diseases mentioned in the question are not peculiar to prisons. The national health care strategy already makes provision for the combating of the mentioned as well as various other contagious diseases wherever they may occur. Preventative health care is just as important a component of the national health care system as curative health care.

The medical services which are rendered in prisons in respect of prisoners are a continuation of the national health care system. The national policy with regard to the control of AIDS and other conta-

HOUSE OF ASSEMBLY

gious diseases is thus also applicable in prisons.

If possible and where necessary the Department of Correctional Services implements all national strategies which are aimed at the prevention of diseases.

(4) Yes.

Special attention is given to safe sex programmes by medical and specialist personnel, *inter alia*, during prerelease programmes.

Prisoners are also continuously warned of the consequences of homosexual practices.

(5) No.

In accordance with section 23 of the Correctional Services Act, 1959 (Act No 8 of 1959) male and female prisoners may not have any contact with each other.

It is also necessary to point out that homosexual activities are regarded as *contra boni mores*. In addition hereto sodomy is a schedule 1 offence in terms of the stipulations of the Criminal Procedure Act, 1977 (Act 51 of 1977).

HANDLING STRATEGY: AIDS IN PRISONS

1. INTRODUCTION

The Department of Correctional Services, on account of its main function, viz. the safe custody of each prisoner, has a distinct responsibility in the prevention of AIDS. The incidence of this disease in SA is increasing at an alarming rate, compared to the incidence in other countries.

The first HIV-infected prisoner in detention in a South African prison died in 1987. The number of HIV-infected persons admitted to prisons has increased annually to the present situation whereby on 31 May 1992 there were 184 HIV-infected prisoners in SA prisons.

If the present trend continues, by the year 1995 1 in 15 prisoners will be HIV-infected. In order to counter this trend, various campaigns have been launched to combat AIDS in SA prisons.

HOUSE OF ASSEMBLY

is at all times considered strictly confidential.

3. PRE- AND POST-TEST COUNSELLING TO PRISONERS WHO WERE INVOLVED IN HIGH-RISK BEHAVIOUR PRIOR TO ADMISSION

Informed consent is obtained from a prisoner prior to an AIDS test being administered, where such test is prescribed by the Medical Officer. Counselling must be conducted in accordance with paragraph 12.

4. EXAMINATION BY NURSING STAFF ON ADMISSION

At the time of admission to a prison, a member of the nursing staff must ask the prisoner the following questions to ascertain the possibility of HIV-infection:

- Loss of mass of at least 7 Kg or 10% of total body weight accompanied by one or more of the following symptoms.
- Continuous or recurring fever of 38°C or higher with night sweats.
- Oral thrush or herpes zoster.
- Diarrhoea for at least two weeks without interruption.
- Tender or enlarged glands in the groin and/or armpit.
- A variety of upper respiratory-tract infections (chest ailments) uninterrupted for approximately three weeks with new or dry cough and shortness of breath.
- Fatigue or a loss of energy lasting for at least two weeks.
- The presence of any venereal disease in the past three years or genital ulcers in the past (one) year.

The above problems must also be taken into account when screening for sick parades. If any of the symptoms present themselves, the prisoner must immediately be referred for possible blood tests.

It should be noted that the symptoms outlined above are useful for detecting not only possible HIV-infection, but also a host of other diseases.

5. INFORMATION TO PRISONERS

Information must be given to prisoners regarding the combating of AIDS, not

only in prison but also on release into society.

Information brochures must be handed to prisoners on admission and must be available at prison libraries for prisoners at all times. These brochures are obtainable from the Department of National Health and Population Development, Section: AIDS Programme, Private Bag X828, Pretoria, 001.

The "INFORMATION PROGRAMME: AIDS IN PRISONS" must be presented in sessions on a continuous, consecutive basis to all prisoners in prison. This includes videos and the use of posters.

6. SENSITISATION OF PERSONNEL

Every member involved in the care or guarding of prisoners who may be HIV-infected or who tends towards high-risk behaviour, must act in a highly professional manner towards such prisoners. Negative behaviour could lead to an intensification of the prisoner's already emotionally-changed trauma and a deterioration of his physical condition.

Against the background knowledge of modes of transmission for AIDS, it is important to note that searching of prisoners and cells, as well as other daily routines regarding the handling of prisoners, holds scant danger for any member.

If members so request, they should be provided with disposable gloves for use during physical handling of persons displaying high-risk behaviour or who are confirmed as HIV-positive. The greatest care must be taken to ensure that during physical handling of prisoners, members do not transfer blood or other body fluids from one prisoner to another or to themselves. Members must be continuously informed on AIDS at staff meetings, in accordance with the "Information Programme".

Members are encouraged to carry on with their specified tasks with the customary dedication and seriousness, knowing that the entire situation is being monitored at all times and that the De-

HOUSE OF ASSEMBLY

partment of Correctional Services will intervene timeously to prevent the interests of their members from being compromised.

6.1 Injuries sustained by members, which may result in HIV-infection

In the event of a member sustaining a flesh wound (no matter how minor) during physical contact with an HIV-infected person, the prescribed specifications regarding injuries sustained by members on duty must without exception be applied. An HIV-antibody test must be administered immediately after the injury and repeated 12 weeks thereafter.

Although it is unlikely that a member will contract AIDS in the above manner, the member should not be exposed to such a risk, as it cannot be discounted.

7. SENSITISATION OF NEXT-OF-KIN OF PRISONERS

In the event of prisoners' next-of-kin requesting information regarding AIDS in prisons and/or the separation of HIV-infected persons or persons with AIDS, the following guidelines should be followed:

— Next-of-kin must be assured that the handling of all HIV-infected persons takes place in consultation with the Department of National Health and Population Development.

— The Department of Correctional Services regards the health of every prisoner as being of the utmost importance, so it is therefore necessary to institute measures for separating those prisoners who are or who are thought to be, infected with an infectious disease.

— Because of the confidential nature of the issue, no information on a specific case may be disclosed, except for the purposes of handling the disease situation (to next-of-kin only with the permission of the prisoner).

8. REPORTING OF HIV-INFECTED PERSONS

If tests done on a prisoner indicate a positive result, reporting must take place as follows:

8.1 Department of National Health and Population Development

The visiting physician (district surgeon) must report the prisoner anonymously to the Regional Director of the Department of National Health and Population Development.

8.2 Commissioner of Correctional Services

Commanders/Heads of Prisons must report all HIV-positive prisoners to the Commissioner via their Regional Commissioner (For Attention: The Director: Physical Case).

All reporting must be done in the strictest confidence.

8.3 Reporting on release/transfer of prisoners

On release of an HIV-infected prisoner, the Commissioner (Correction Services: Director Physical Care) must again be informed.

8.4 Transfer to central prisons

Regional Commissioners have the authority to decide whether HIV-infected persons will be detained in a central prison.

9. SEPARATION OF PERSONS POSSIBLY INFECTED WITH HIV, HIV-INFECTED PERSONS AND PERSONS WITH AIDS

Prisoners (including those awaiting trial or sentencing) who, according to the specified norms, are identified as persons exposed to high-risk behaviour, must be accommodated in quarters apart from the rest of the prison population, as well as from those persons who are HIV-positive, until such time as the Medical Officer has provided written exemption regarding their condition.

Prior to such segregation, a nursing

official/social worker/psychologist or an authorised member appointed by the Head of the Prison, must hold discussions with the prisoner(s), during which attention must be paid to the following:

— Comprehensive information regarding the disease;

— providing the reason for the separation, especially against the background of the Department of Correctional Services' responsibility to the entire prison population;

— informing the prisoner that this separation, depending on the results of the blood test, may be only temporary and that everything possible will be done to ascertain his health status as soon as is practicable; and

— making reading materials on AIDS available to prisoners.

All persons who were or are exposed to high-risk behaviour are potentially HIV-infected persons

— It is accepted that the above instructions are difficult to execute given the present level of prison occupation. Under proper supervision and control persons who were exposed to high-risk behaviour can have organised social contact with other prisoners; they may also go ahead with normal activities (also in teams) as long as their physical and psychological abilities allow for this. The necessary caution must be exercised to prevent contact with blood and other body fluids. Potentially HIV-infected prisoners must therefore only be separated from HIV-positive prisoners, persons with AIDS and the rest of the "health" prison population when it comes to dormitories.

— Should the medical officer find that the prisoner no longer needs to be regarded as potentially HIV-positive, he must be instated without delay into the standard prison

structure. Should blood tests indicate that he is HIV-positive, he must be placed with other HIV-positive prisoners and/or prisoners with AIDS.

— Once a convicted prisoner has tested positive for HIV-infection, he must forthwith be placed in separate sleeping quarters. Persons who are HIV-infected and persons with AIDS may be detained together, in other words, apart from the rest of the "health" prison population as well as from prisoners where infection is suspected.

— In the case of prisoners awaiting trial, those who are HIV-infected, must, as with convicted prisoners, be detained in separate sleeping quarters. Arrangements for the removal of such prisoners must be made with the SA Police, should there be insufficient accommodation at the prison in question for such separate detention.

— Keeping standard separation procedures in mind, all HIV-positive prisoners may be detained in one communal cell.

— It is important to note that continued segregation/continued detention/hospitalisation will be determined by the prisoner's physical and psychological condition.

10. HANDLING OF LEGAL REPRESENTATIVES AND FAMILY (VISITS)

Visits

— The existing prescriptions which are applicable to legal visits and general visits are also applicable in the case of HIV-infected or potentially HIV infected prisoners and prisoners with AIDS.

— It remains the responsibility of the prisoner to inform legal representatives and family of his/her HIV-infection.

— The prisoner must therefore decide whether he/she wishes to impart

Hansard

- this knowledge to the respective persons or not.
- There is no risk of transmissions of the HIV-virus through verbal communication or social contact.

11. RECREATION AND LABOUR

Recreation

- Special care is taken to provide constructive recreation for all potentially HIV-infected prisoners and/or HIV-infected prisoners (persons with AIDS included), e.g. all games, radio's, TV's, library facilities, etc.
- Contact sport must be judiciously arranged so that injuries where blood is lost can be avoided.
- The compulsory exercise periods as prescribed in Regulation 113 (1) are also applicable in these cases and must be strictly adhered to.

- In cases where potentially HIV-infected prisoners are allowed to interact with the so-called "healthy" prisoners, personnel must be sensitive to potential conflict situations, with a view to stepping in and removing such prisoners before the situation erupts.
- Prisoners with AIDS may be allowed to participate in recreation insofar as their physical and psychological condition allows them to do so.

Labour

- Prisoners who are potentially HIV-infected are included in normal washing activities, with the necessary caution, control and supervision being exercised to prevent contact with infected body fluids.
- Persons with AIDS engage in the usual working activities in prisons, keeping in mind their physical and psychological condition as indicated by the Medical Officer. Precautionary measures must be taken to ensure that contact with infected blood and body fluids is avoided.

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12. COUNSELLING TO PRISONERS

12.1 *Pre-test: Potentially HIV-infected persons*

- A prisoner may experience anxiety if he believes he may be HIV-infected. The purpose of pre-test counselling is to ensure that the prisoner is aware of:
 - What HIV-infection means and is prepared for the course of the infection;
 - modes of transmission of the disease and that high-risk behaviour must be avoided;
 - the nature of the test and that his/her consent is required before the test can be administered;
 - the social, psychological and legal implications of the test; and
 - what is to be expected should the result of the test prove positive.

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12.2 *Post-test counselling: Negative blood test result*

- Should the blood test return a negative result, the prisoners will most likely feel relieved and happy. This is a crucial stage at which to inform the prisoner:
 - that he must understand that prior to the test he was engaged in high-risk behaviour;
 - that a second test will have to be administered after 3 months to ensure that the result remains negative; and
 - that he may need the help of a psychologist or social worker to help him change his behaviour.

12.3 *Post-test counselling: Positive blood test result*

- Comprehensive counselling to prisoners who are informed that their blood tests have proved positive, is vitally important. Psychologists, social workers and nursing staff should be at hand to support the prisoner and provide advice so that the result can be worked through. Counselling must therefore be geared towards:
 - helping the prisoner accept the result;
 - giving the prisoner guidance as regards breaking the news to relatives;
 - giving advice as to the persons to whom the prisoners should disclose his condition;
 - conveying the implications of any further pregnancies;
 - convincing the prisoner that he/she can carry on with a normal life as they are only HIV-infected and do not as yet have AIDS;
 - signs and symptoms can take up to 10 years to become manifest; and
 - convincing the prisoner to avoid high-risk behaviour, thus preventing further spreading of the disease.

12.5 *Counselling prior to release from prison*

- Pre-release counselling must be geared towards:
 - improving the prisoners' self-confidence in changing behaviour patterns and maintaining these changes;
 - helping the prisoner to make decisions individually, with relatives, and on a social level;
 - developing a plan of action whereby the prisoner can manage his illness;
 - arranging measures for follow-up visits at one of the AIDS Education and Information centres or at a doctor or at a hospital which has an AIDS clinic; and
 - preparing the prisoner's family in such a way that their fears, attitude and anxiety does not have a negative effect on the prisoner.

92

12.4 *Counselling: Persons with AIDS*

- Once a prisoner starts to display symptoms of AIDS, he/she will again require intensive counselling. Support from psychologists, social workers, nursing staff, family and friends is necessary at this stage of the disease. With the development of AIDS the prisoner now enters a new critical time period. Progressive development of the disease results in social and financial implications for the prisoner and his family, especially with regard to release from prison. Counselling must be geared towards:

13. MEDICAL TREATMENT PROGRAMME

13.1 *Objectives of the Medical Treatment Programme*

- To maintain the utmost confidentiality in the patient's diagnosis.
- To teach the nursing staff how and when it is justified to separate the patient.

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— To take sufficient preventive measures against the transmission of the disease.

— To undertake counselling with the patient as well as his family.

— To take specific precautionary measures in destroying disposable hospital items, especially syringes and needles.

13.2 The course of the disease (AIDS)

Attention must be paid to four specific signs and symptoms of the disease. When a prisoner starts complaining of the following symptoms, he/she must be referred to a medical doctor:

- night sweats;
- continuous diarrhoea for longer than two weeks;
- 10% mass loss, for no particular reason, in the presence of one or more of the other symptoms; and
- oral thrush.

13.3 Health education

In fulfilling the high standard of nursing of prisoners with AIDS, the nursing staff are duty-bound to educate prisoners with regard to the spread of the disease, as well as with regard to persons engaging in high-risk behaviour who could possibly contract the disease.

13.4 Personnel protection

The risk of contracting the disease in the case of nursing staff, other personnel and prisoners (e.g. cleaners) must be kept to a minimum by exercising precautionary measures to their fullest. The simplest precautionary measure is to regard each prisoner as a potentially HIV-infected person and to handle them as such.

13.5 Nursing procedures

— Certain HIV-infected pris-

Hausard

Hausard

— open lesions on the skin;

— displaying concomitant infections such as pulmonary ailments; and

— psychologically disturbed or disoriented.

13.7.2 Protective clothing

— In the case of normal contact between nursing staff, other staff, co-prisoners and HIV-infected prisoners, protective clothing is not necessary.

— Disposable gloves and plastic aprons are worn when there is a possibility of contact with blood or other body fluids. This could be in the following situations:

— the collection of specimens for analysis;

— setting up of infusions or the administering of intravenous injections;

— during dressing of wounds or inserting catheters;

— when handling linen which has been soiled with body fluids;

— when handling contaminated instruments; and

— during cleaning of body fluids which have been mopped, say on floors.

It is important that those prisoners assisting with care of patients, cleaning of floors and linen, etc are also provided with disposable gloves and plastic aprons.

13.7.3 Use of theatre appliances and facilities

— Cutlery/crockery/medicine glasses

The same eating utensils/medicine glasses are used for HIV-infected persons, except in the presence of oral bleeding. In this instance separate utensils/glasses must be used.

— Baths/showers/toilets

Prisoners being nursed in the hospital can use the same facilities. However, in the presence of perianal bleeding or bleeding from the genitals, the prisoner must be provided with a bedpan or urinal. Baths and showers are washed out after each use with a disinfectant

13.7.4 Disposable items (needles, syringes, etc)

The following prescriptions with regard to the destruction of disposable hospital items are also applicable in the case of all other nursing programmes executed for any other disease condition in the prison:

— Disposable needles are used for the administering of injections

— Used syringes and needles are placed without delay, directly after use into a specific container marked "Bio-gevaarlike afval—Versigtig/Caution—Bio-hazardous waste".

— The containers, when full, are innurated in toto (the container plus its contents). Used needles are under no circumstances to be broken by hand.

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— All used needles, syringes and other disposable items used by patients during nursing care are burned in incinerators.

13.7.5 *Cleaning of contaminated linen*

Linen soiled with contaminated body fluids is soaked in a 1 to 10 solution of Sodium Hypochlorite, before being sent to the laundry for washing.

13.7.6 *Cleaning of contaminated instruments*

Instruments are washed in a disinfectant and are then sterilised in an autoclave according to the normal procedures.

13.7.7 *Cleaning of floors where infected body fluids have been mopped*

Where blood or any other body fluid has been mopped, the floor must first be left for 30 minutes with a covering of disinfectant prior to be cleaned with disposable cleaning materials.

13.8 *Accidents or needle-stick injuries*

All possible precautions are taken to ensure that no member of the Department of Correctional Services or any prisoner pricks himself with a used needle.

It is important to keep in mind that the majority of needle-stick injuries occur between the time that the patient is injected and the needle and syringe are destroyed.

Should a needle-stick injury occur, the wound must immediately be cleansed with running water and soap or preferably a disinfectant such as Iodine and alcohol. The wound should be allowed to bleed freely for some time before it is bound. An HIV-antibody test must immediately be taken and a repeat

test administered after 12 weeks, irrespective of the result of the first test. Injury-on-duty procedures must be followed further.

13.9 *Therapeutic treatment: AZT*

There is at present no cure or vaccine to cure or prevent AIDS. Some studies indicate that AZT delays the multiplication of the HI-virus. There is minimal indication that it actually lengthens the person's life expectancy. The use of AZT gives rise to a variety of side-effects which demand immediate withdrawal of the drug. Other side-effects include inter alia bone marrow depression, anaemia, anorexia, nausea, vomiting and sleeplessness. As a result of these side-effects continuous laboratory monitoring is necessary during administration of the medication.

Within a year or so there will be approximately 1 000 new AIDS cases per month. If AZT was to be administered to each of these patients, costs would run into the region of R1 500 000 per month.

14. **PREVENTING REPRISALS**

The AIDS disease by its very nature creates a fertile breeding ground for conflict, not only between prisoners, but also between members and prisoners. With this in mind, Commanding Officers and Chiefs of Prisons are reminded that "revenge behaviour" cannot be discounted, and that specific precautions must be taken to prevent this type of reprisal.

15. **VISITS TO HIV-INFECTED PERSONS AND PERSONS WITH AIDS IN PUBLIC HOSPITALS**

Existing prescriptions with regard to family and other visits remain in effect. Keeping in mind the life expectancy of such prisoner, it is left to the discretion of the Chief of the Prison to allow unlimited additional visits, provided that the medical officer agrees to this.

16. **CONFIDENTIALITY**

All information regarding a prisoner

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who has been diagnosed as HIV-positive, must at all times be regarded as strictly confidential.

17. **SUMMARY**

The Department of Correctional Services is currently involved in combating HIV-infection. Information and counselling

ling relating to the condition are made available to members and prisoners. Prisoners who have been engaged in homosexual and bisexual relationships are admitted to prisons but because all prisons are continuously under supervision and strict control of competent personnel, it can be confidently accepted that these practices will not increase in the prison.

18. **ADDRESS LIST: AIDS EDUCATION AND INFORMATION CENTRES**

P O Box 3704, Bloemfontein 9300 Tel: (051) 405-8544	P O Box 2443, Durban 4000 Tel: (031) 300-3104
17 Esselen St, Hillbrow 2001 Tel: (011) 725-6710	P O Box 2815, Cape Town 8000 Tel: (021) 210-3400
P O Box 293, Port Elizabeth 6000 Tel: (041) 506-1911	P O Box 234, Pretoria 0001 Tel: (012) 313-7911
P O Box 111, Pietersburg 0700 Tel: (01521) 91-4962	P O Box 134, East London 5200 Tel: (0431) 34-2383
P O Box 89, Pietermaritzburg 3200 Tel: (0331) 42-7031	Private Bag X1004, Richards Bay 3900 Tel: (0351) 3111

Cyclists: deaths/injuries

138. Mr R F HASWELL asked the Minister of Transport:

- (1) How many cyclists (a) died and (b) suffered (i) serious and (ii) minor injuries in cycling accidents in South Africa in 1992;
- (2) whether he is considering the introduction of legislation to make the wearing of cycling helmets compulsory; if not, why not; if so, what are the relevant details? B3326E

Figures for 1991 are nevertheless furnished for the sake of convenience.

- (a) Fatalities — 331
- (b) (i) Serious injuries — 781
- (ii) Minor injuries — 3 842

The MINISTER OF TRANSPORT:

- (1) No official statistics are available regarding cycling accidents for 1992 at this stage.
- (a) Falls away.
- (b) (i) Falls away.
- (ii) Falls away.

At present there are approved specifications set by the South African Bureau of Standards (SABS) (report SABS 1542: 1991) for protective headgear for cyclists. These standards are not compulsory.

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(b)	(c)	Finding/Action
20 May 92	Assault	Member awaiting trial.
20 May 92	Assault	Member awaiting trial.
20 May 92	Assault	Members awaiting trial.
04 Jun 92	Assault	No grounds found for complaint.
19 Jul 92	Murder	Member awaiting trial.
19 Jul 92	Murder	Charge withdrawn.
03 Aug 92	Rape	Case still under investigation.
18 Aug 92	Murder	Charges withdrawn.
15 Oct 92	Misconduct	Member tried, found guilty and disciplinary action taken.
06 Dec 92	Shooting incident	Case still under investigation.
21 Dec 92	Shooting incident	Case still under investigation.

Aids: HIV-positive statistics

184. Mr M J ELLIS asked the Minister of National Health:

- (1) How many (a) White, (b) Black, (c) Coloured and (d) Indian persons in the Republic tested HIV-positive in the latest specified calendar year or 12-month period for which statistics are available;
- (2) whether she will furnish the House with corresponding statistics in respect of each of the (a) independent Black states and (b) self-governing territories; if not, why not; if so, what are the relevant statistics? B369E

The MINISTER OF NATIONAL HEALTH:

- (1) (a) 230,
 - (b) 18 201,
 - (c) 368 and
 - (d) 78
- for the period 31 January 1992 to 6 January 1993;
- (2) (a) yes, Transkei 0
Bophuthatswana 1
Venda 0
Ciskei 0 and
 - (b) no, furnishing of statistics is voluntary and no statistics have been received.

199. Mr R M BURROWS asked the Minister of National Health:

- (1) (a) How many places of safety other

HOUSE OF ASSEMBLY

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Immunization programmes: money allocated

216. Mr M J ELLIS asked the Minister of National Health:

- (1) (a) What sum of money was allocated to immunization programmes in the 1992-93 financial year and (b) what immunization programmes were undertaken;
- (2) whether these programmes could be implemented fully out of the sum so allocated; if not,
- (3) whether additional funds were allocated for this purpose; if so, from what source? B452E

The MINISTER OF NATIONAL HEALTH:

- (1) (a) R5 818 000 [vaccines only] and
- (b) — the Expanded Programme on Immunisation [EPI] makes provision for vaccination of children against tuberculosis, poliomyelitis, diphtheria, whooping cough, tetanus and measles. It also makes provision for the vaccination of pregnant women against tetanus in order to prevent neonatal tetanus [protection of the newborn]
- the prevention of yellow fever in order to comply with the International Health Regulations Act, 1974 [Act 28 of 1974]
- post-exposure prophylactic treatment against rabies
- prevention of typhoid epidemics;

- (2) yes;
- (3) falls away.

Own Affairs:

Additional staff at schools

22. Mr R M BURROWS asked the Minister of Education and Culture:

- (1) Whether he or his Department has agreed to supply additional staff, according to existing staffing quotas, to Model B, C and D schools whose 1993 enrolment is greater than that of 1992; if not,

why not; if so, how many additional teachers were made available;

- (2) whether he will make a statement on the matter? B280E

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes, 739 additional posts were allocated;
- (2) no.

Loss of permanent/temporary teachers

23. Mr R M BURROWS asked the Minister of Education and Culture:

- (a) permanent and (b) temporary teachers did his Department lose in each province in 1992 (i) on account of (aa) marriage, (bb) retirement, (cc) ill health, (dd) termination of service, (ee) death, (ff) the acceptance of non-teaching posts and (gg) further study and (ii) for other reasons? B281E

The MINISTER OF EDUCATION AND CULTURE:

	Cape	Natal	OFS	Transvaal
(a) (i) (aa)	38	7	7	62
(bb)	209	71	29	325
(cc)	74	18	21	228
(dd)	1 121	216	118	3 695
(ee)	8	4	2	31
(ff)	345	24	47	101
(gg)	9	4	2	34
(ii)	48	134	22	769

(b)	(i) (aa)	(bb)	(cc)	(dd)
(i) (aa)	1	2	0	3
(bb)	47	7	3	5
(cc)	0	0	7	0
(dd)	0	91	40	161

HOUSE OF ASSEMBLY

Insurers' HIV

Star 26/3/93

screening pays off

Finance Staff

Life assurance companies who have adopted stringent HIV testing requirements for new policy applications are protecting policyholders against cross-subsidising infected clients in the future, says Paul Truyens, general manager of Southern Life.

Southern Life reports that since the company first introduced testing in August 1990 it has identified 348 HIV positive applicants, representing total life assurance cover of R36,3 million.

In all these cases, life cover was declined.

The rate of HIV infection was 1,01 percent of all applicants for the six months to December 1992, a staggering 80 percent increase over the corresponding period in the previous year.

"Southern Life's firm stance on HIV testing appears to have paid hand-

some dividends," says Truyens. "By declining life cover to infected people, we are protecting the interests of our current policyholders."

Before July 1991 the total sums assured of HIV positive applicants who were declined life assurance by Southern Life was R4,7 million.

92

Increasing

This figure has increased rapidly, rising from R6,4 million (July to December 1991) to R10,3 million (January to June 1992) to R14,9 million (July to December 1992).

Infection is most prevalent in the 25 to 35 age group, where 1,2 percent of applicants tested are HIV positive.

"Infection rates show a marked decline after the age of 40, and only three Southern Life Applicants over 47 have tested HIV positive," Truyens says.

Assurer finds 80% HIV rise

CAPE TOWN — Southern Life had identified 348 HIV-positive applicants for life assurance, representing assurance cover of R36,3m, since it began testing in August 1990, GM Paul Truyens said yesterday.

Human immunodeficiency virus, or HIV, is the precursor to AIDS.

The rate of HIV infection was 1,01% of applicants for the six months to end-December 1992 — a “staggering” increase of 80% over the same period the previous year. Prior to July 1991, the total sum assured of HIV positive applicants who were denied life cover by Southern Life was R4,7m. This increased rapidly to R6,4m in the six months to end-December 1991, R10,3m to end-June 1992, and R14,9m in the six months to end-December 1992.

Truyens said infection was most prevalent in the 25 to 35-year-old age group where 1,2% of applicants tested HIV posi-

LINDA ENSOR

tive. “Infection rates show a marked decline after the age of 40 and only three Southern Life applicants over 47 have tested HIV positive. Female applicants have a higher HIV incidence than their male counterparts — 1,17% versus 0,8%.”

He said Southern Life's firm stance on HIV testing appeared to have paid handsome dividends.”

He said life companies that adopted stringent HIV testing requirements for new policy applications protected new and existing policyholders against cross-subsidising infected clients in the future. Uninfected policyholders had the right to this protection and should not have to face rate increases or reduced payouts because of cross-subsidisation.

8/10/93
26/13/93
92



Star 26/3/93

50 a day test HIV-positive

Political Staff

92

CAPE TOWN — More than 50 people a day tested HIV-positive in South Africa last year, Minister of National Health Rina Venter said yesterday.

She was replying to a question in Parliament by Mr Mike Ellis, DP spokesman on health.

Dr Venter said from January 31 1992 to January 6 this year, 18 201 blacks tested HIV-positive, 368 coloureds, 230 whites and 78 Indians.

The six self-governing states' returns were not included. Of the TBVC states, one person tested HIV-positive in Bophuthatswana.

Law Commission

Star 26/3/93

studies Aids, HIV

Political Staff

(92)

CAPE TOWN — The Government's top law advisers, the eminent South African Law Commission, has launched an urgent investigation into the law relating to Aids.

The commission's annual report for 1992 says there are "differences of opinion and uncertainty" on legal and ethical aspects of Aids and believes an investigation is "necessary and urgent".

The rapid spread of Aids through southern Africa is widely regarded as one of the most pressing challenges of the coming decade.

Among the details the commission will be studying are:

Rights

- The rights of HIV carriers.
- The rights of health-care workers.
- The role of testing for HIV.
- HIV and employment, abortion and rape.
- Aspects concerning confi-

dentiality and information.

The report says that the most important issues that will have to receive attention are the publication or notification of information on testing and the discrimination against people who have tested HIV positive in the fields of "the law of persons, family law, insurance law, labour law, forensic law and human rights".

Investigating

The Law Commission is also investigating:

- Euthanasia and the artificial preservation of life.
- Ways to simplify criminal procedure.
- Ways to make common law more readily available.
- Various ways to create a more accessible statute book.
- The legal consequences of having a sex change.
- The legally problematic issue of surrogate motherhood.
- Reform of the South African law of bail.

'Staggering increase in HIV cases' — insurer

92 CT 26/3/93

Business Staff

A TOTAL of 1,01% of new applicants for policies with Southern Life in the six months to the end of December had tested positive for the HIV virus.

This represented a "staggering" 80% increase over the corresponding period the previous year, according to Mr Paul Truyens, general manager of Southern Life.

He said since Southern Life first introduced testing in August 1990 it had identified

348 HIV positive applicants, representing total life assurance cover of R36,3 million. In all these cases, life cover had been refused.

According to Mr Truyens, infection is most prevalent in the 25-35 age group where 1,2% of applicants tested were HIV positive.

"Southern Life's firm stance on HIV testing appears to have paid handsome dividends. By declining life cover to infected people we are protecting the interests of our current policy holders.

"We believe uninfected policy holders have a right to this protection and should not have to face rate increases or reduced payouts because of cross-subsidising HIV-infected lives."

Mr Truyens said insurers with less stringent underwriting requirements were effectively forcing their existing policy holders to share the cost of excess claims, although this problem would only become an issue in about five years' time when claims start arising.

Crack of dawn



While we're protesting against exam fees, I've decided to protest against train fares.

Praise for FW

Political Staff

AS International praise for President F W de Klerk's "coming clean" on South Africa's nuclear bomb programme poured in yesterday, the country received an unexpectedly warm response from one of its arch critics.

Australian Foreign Minister Mr Gareth Evans, who repeatedly locked horns with his South African counterpart Mr Pik Botha, said the new-found willingness to provide full information on the country's nuclear activities was "a welcome step". "This and South Africa's submission of its nuclear facilities to international inspection under the Non-Proliferation Treaty provide an important degree of reassurance," he said.

Atomic team to visit SA — Page 2

SA 'appears poised to act on Transkei'

92 CT 26/3/93

Political Correspondent

SOUTH AFRICA appears poised to act against Transkei following sharp exchanges between President F W de Klerk and Major-General Bantu Holomisa yesterday.

But in an angry reaction last night Mr De Klerk stopped short of announcing any specific actions, saying the government was preparing its response to allegations made yesterday by the Transkei ruler.

This follows blunt warnings by the State President that if Transkei failed to respond positively to a Goldstone Commission report suggesting links between Apia and the homeland government then "firm steps" could be taken.

Yesterday the Transkei military ruler flatly rejected the Goldstone Commission findings and alleged that Mr De Klerk personally had ordered the elimination of Apia members in Transkei.

A six-page diplomatic note sent by Gen Holomisa to Mr De Klerk yesterday said: "I would like to alert you to the fact that our intelligence is aware of the order personally given by you to the effect that certain persons deemed to be Apia members resident in Transkei be wiped out as a matter of urgency."

He described the Goldstone Commission as "illegitimate" and its findings as "hearsay from the regime".

PAC president Mr Clarence Makwetu last night claimed that Mr De Klerk's announcements on violence in Parliament on Wednesday were a bid to isolate the PAC and "play up to a section of the community, namely the whites".

Mr De Klerk's office last night slammed Gen Holomisa's response as "unsatisfactory and inadequate".

To page 2

BUSINESS BRIEF
Gold (Ldn) (close) \$332.15
Gold (NY) (close) \$332.55

'Welcome to HIV'

92

SOUTH 27/3 - 31/3/93
KILLERS who stalk innocent youths with Aids-infected needles feature in the latest rumour to grip Cape Town's imagination.

Three unconnected people approached SOUTH reporters with similar stories: Someone is dancing in a nightclub, when he/she suddenly feels a sharp pain, as though stabbed with a needle. The victim looks round just in time to see a man holding a needle. "Welcome to the world of HIV," he says before disappearing into the crowd.

Two of the reports came from the same city-centre nightclub and the third from a club in Athlone. One of the claimed victims is said to have tested positive for HIV (the virus that causes Aids) after the incident.

But none of the people who spoke to SOUTH experienced or witnessed this bizarre assault. All of them reported that it happened to friends, or to friends of friends.

The management of the club mentioned in most of the stories put up a sign calling on the person who spread the rumour to "Come

forward, so we can beat the fuck out of you".

"We suspect that it was spread by one of our rivals," a club spokesperson said. "The rumour appeared just as one rival club was about to go out of business."

Police spokesperson Major Attie Laubscher dismissed the rumour as "nonsense". Deliberately infecting someone with a deadly virus like HIV constitutes murder, yet police have received no reports of the mystery stabber.

In any case, it would be almost impossible to contract HIV in this way, said a nurse from the Aids Unit at Somerset Hospital. The HIV virus cannot survive very long outside the human body.

In short, it's the stuff of which urban legends are made. Nobody ever reports having seen the mystery needle-stabber first hand.

Remember the story of the ghostly hitchhiker who vanishes from the back seat of a car, and the rottweiler-owner who gets home to find a burglar's fingers on the floor?

— Justin Pearce

against dominant warlord group force was sent to Kisma-
yu aboard the USS Wasp as-
later said he had completed.
However, last week Mor-
hamed Siad Barre — Morgan's
father-in-law. — Sapa-Reuter.

New vaccine may spur cure for TB and Aids

BOGOTA. — The leader of a team that developed an effective new anti-malaria vaccine says his work may lead to breakthroughs against other deadly diseases such as tuberculosis and even Aids.

"The malaria vaccine is the world's first chemically produced vaccine and it opens up an immense gateway for the development of new vaccines and the improvement of exist-

ing ones," Dr Manuel Elkin Patarroyo said.

He said that "obviously a very good candidate to develop a vaccine using this method is Aids". He gave no details and did not say when new vaccines might be ready to test.

Dr Patarroyo and his team at San Juan de Dios Hospital here reported in the British medical publication *The Lan-*

cet last week that their vaccine helped prevent the most common and lethal strain of malaria.

The disease is one of the Third World's biggest killers, infecting 300-million people a year and killing more than three million, mostly in Africa.

"We have already vaccinated 41 135 people around the world, mainly in Colombia, Venezuela, Ecuador, Peru and Tanzania,"

Dr Patarroyo said, adding that there were plans to start inoculating people in Cambodia, Thailand, Gabon, Senegal, Gambia and the Central African Republic.

Even as Dr Patarroyo and his team of 65 researchers refined the vaccine, they were already working on the next step — applying similar techniques to find a vaccine against tuberculosis. — Sapa-Reuter

92 May 27/3/93

‘Welcome to HIV’

SOUTH 27/3 - 31/3/93

92

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forward, so we can beat the fuck out of you". "We suspect that it was spread by one of our rivals," a club spokesperson said. "The rumour appeared just as one rival club was about to go out of business."

Police spokesperson Major Arrie Laubscher dismissed the rumour as "nonsense". Deliberately infecting someone with a deadly virus like HIV constitutes murder, yet police have received no reports of the mystery stabber.

In any case, it would be almost impossible to contract HIV in this way, said a nurse from the Aids Unit at Somerset Hospital. The HIV virus cannot survive very long outside the human body.

In short, it's the stuff of which urban legends are made. Nobody ever reports having seen the mystery needle-stabber first hand.

Remember the story of the ghostly hitchhiker who vanishes from the back seat of a car, and the rotweiler-owner who gets home to find a burglar's fingers on the floor?
— Justin Pearce

Strike ballot delay

SOUTH 27/3 - 31/3/93

A STRIKE ballot which would have been conducted by the South African Democratic Teachers' Union (Sadtu) in the Western Cape on Wednesday and Thursday this week, was postponed until next quarter.

Last week, more than a thousand teachers who attended a rally organised by Sadtu on a National Day of Action, voted to hold a ballot to decide whether teacher would strike.

The union's action follows unsuccessful negotiations with President F.W. de Klerk on salaries, the restructuring and rationalisation of education.

However, because there was not enough time, the Western Cape region decided to postpone the ballot until next quarter, which starts on April 14.

"We also had to take into account that Eid was on Thursday and schools needed time to schedule parent meetings to consult," a Sadtu spokesperson said. — Rehana Rossouw

aimed initiative union action
called summer board dir



New findings alter view of 'latent' HIV

CT 29/3/93 (92)

LONDON. — Scientists have reached a crucial new insight into the life cycle of the Aids virus which suggests that treatment should be given to infected individuals earlier than previously thought.

Individuals infected with HIV may apparently suffer no ill effects for many years before the symptoms of Aids-related opportunistic infections appear.

It was thought that the virus was inactive or latent but two papers in the current issue of Nature show this vastly underestimates the behaviour of the virus since it has been found to actively replicate in the lymph nodes, accumulating in large quantities.

The find is reported by teams led by

Dr Anthony Fauci of the National Institute of Health and Dr Ashley Haase at the University of Minnesota.

"The new findings demonstrate that significant viral activity occurs, even during the prolonged period of apparent disease quiescence when patients feel well and damage to the immune system is not yet severe," said Dr Fauci.

The study helps explain a central enigma in Aids research: Why patients with HIV infection progressively lose crucial immune cells, even when the amount of virus and level of virus replication in the blood stream is low.

"This information may prompt a rethink of the optimum time to start treatment of HIV-infected patients," Dr Fauci said. — The Telegraph, plc

Henward

Henward

intends taking any steps to prevent (a) South African citizens and (b) other persons resident in South Africa from participating as mercenaries in hostilities in Angola; if not, why not; if so, what steps;

(2) whether he will make a statement on the matter? B573E

THE MINISTER OF DEFENCE:

(1) and (2) The stipulation in section 121 (A) of the Defence Act (Act No 44 of 1957) is very clear concerning members of the South African Defence Force and the Reserve, viz that these persons may not enlist or serve as mercenaries.

I made a statement in this regard on 26 February 1993 and the hon the Minister of Foreign Affairs issued a further statement on 5 March 1993.

Steps to restrict the freedom of movement of South African citizens and other persons resident in South Africa does not fall within my jurisdiction.

Namibia: RSA citizens deported

*15. Mr C W EGLIN asked the Minister of Foreign Affairs:

- (1) Whether any South African citizens were deported from Namibia recently; if so, (a) how many, (b) when and (c) for what reasons;
- (2) whether he or his Department has made any representations to the Namibian government in this regard; if not, why not; if so, what was the (a) nature of these representations and (b) response of the Namibian government thereto? B574E

THE MINISTER OF FOREIGN AFFAIRS:

(1) No. A number of South African citizens were, however, requested by the Namibian authorities to regularise their permanent residency status from outside the borders of the Republic of Namibia in accordance with Namibian immigration laws.

- (2) Yes.
 - (a) I requested the South African Representative in Windhoek to establish

Henward

Henward

best possible clinical care. Such persons will, in most instances after diagnosis, receive appropriate care, counselling and support from health workers. (92)

(2) no.

Registrar of Patents and Trade Marks: appointment

*17. Mr A J LEON asked the Minister of Trade and Industry:

- (1) Whether he recently appointed a certain person, whose name has been furnished to the Minister's Department for the purpose of his reply, as the new Registrar of Patents and Trade Marks; if so, when;
- (2) whether, in making this appointment, he took into account that this person had been found guilty of misconduct by the Pretoria Bar Council, had been expelled from the Society of Advocates and is currently facing a Supreme Court application by the General Council of the Bar for the removal of his name from the roll of advocates; if not, why not; if so,
- (3) whether he will comment on this appointment in the light of the Government's stated commitment to promote integrity in the public service;
- (4) whether he will reconsider this appointment; if not, why not; if so, when? B578E

THE MINISTER OF TRADE AND INDUSTRY:

- (1) Yes, the person assumed office on 22 February 1993.
- (2) The Department of Trade and Industry was aware of the findings of the Pretoria Bar Council. The fact that the General Bar Council of South Africa had brought an application to the Supreme Court for his removal from the roll of advocates after his appearance before a selection committee of the Department of Trade and Industry which considered applications for filling the vacancy came to the Department's notice at the middle of March 1993.
- (3) Press statements regarding the matter

were made by the Department of Trade and Industry.

(4) This matter will be considered in the light of the judgment in the opposed court application.

Bophuthatswana: aid

*18. Mr P G SOAL asked the Minister of Foreign Affairs:

Whether, with reference to the reply to Question No 1 on 22 April 1992, any additional specific assistance was given to Bophuthatswana in the 1992-93 financial year; if so, what assistance? B579E

THE MINISTER OF FOREIGN AFFAIRS:

- Yes.
 - A. *Direct Financial Assistance*
 - Budgetary aid R1 023 510 000
 - Incentive scheme for industries 14 703 153#
 - (# claims are being prepared for payment before 31 March 1993)
 - B. *Transfer payments*
 - Tax compensation R 147 000 000
 - Customs-union share .. 1 087 471 000
 - Common monetary area 16 421 340

C. Project aid

(i) <i>Loans</i>	
Temba cell block	R 61 210
Odi Prison Agricultural Project	62 467
Community classrooms	1 648 830
Police housing	574 062
Bophelong Hospital ... (X-ray unit)	11 642
Supreme Court	438 320
Police Stations	2 158 511
Thaba Nchu Magistrate's office	99 764
(ii) <i>Grants</i>	
Kgomotso police station and housing	R 1 375 232

NEWS IN BRIEF

Govt AIDS decision ⁽⁹²⁾

GOVERNMENT will not be making the HIV infection and AIDS notifiable, in line with the AIDS advisory committee's advice, National Health Minister Rina Venter has told Parliament. She says HIV infection should be made notifiable only if linked to mass screenings, which are not feasible in SA.

MP defects to Inkatha

INKATHA gained its second MP in the House of Delegates yesterday when Tongaat representative Michael Abraham left the NP to become the fifth Inkatha representative in Parliament. Abraham is also a former DP member.

Homeland assistance

THE four independent homelands received R6,12bn in assistance from SA during the 1992/93 financial year, Foreign Affairs Minister Pik Botha said yesterday. Bophuthatswana received R2,3bn, Transkei R2,2bn, Venda R665,6m and Ciskei R914,1m.

SA gains doctors ⁽⁹³⁾

SA GAINED a large number of professionals last year, particularly in the medical field, Home Affairs Minister Danie Schutte said yesterday. Last year 289 doctors immigrated to SA against 35 who emigrated.

REPORTS. Political Staff Political Correspondent

Govt changes stance on VAT rate dates

TIM COHEN

CAPE TOWN — Government has announced that the old VAT rate will still apply for goods supplied before April 7 but delivered before April 28, reversing its previous stance.

The provision of a 21-day period of grace follows urgent public representations, particularly from Sacob, which argued that applying the new VAT rate to goods delivered after April 7 was administratively complex and unjust.

Opening debate on the VAT Amendment Bill in Parliament yesterday, Deputy Finance Minister Theo Alant said urgent representations had been received in the last few days from vendors, whose commercial practice it was to deliver goods to their clients a few days after the sale transaction had been concluded.

They argued the present provision in the VAT Amendment Bill resulted in friction between vendors and their clients, Alant said. An amendment would be introduced later in the session in terms of which the supply of goods which took place before April 1, and where the goods were delivered within 21 days, would be subject to the lower rate of tax.

Similar representations had been received concerning lay-buy sales, and an amendment would also be introduced on this issue.

The legislation would also provide that the old VAT rate would apply where the agreement had been entered into before

April 7 even though the goods were delivered at a later date.

DP MP Geoff Engel said during the debate his party would not support the Bill because government was steadily bastardising a fine system of tax collection into one that would become unmanageable.

Sapa reports he said government was shifting a greater portion of the tax base onto the poor. In addition, VAT on medicine and medical services taxed misfortune and misery, he said.

ANC-supporting Independent MP for Simon's Town Jannie Momberg said the VAT increase from 10% to 14% was unacceptable to the ANC.

It represented an attack on the living standards of workers and the poor because it shifted the fiscal burden onto their shoulders. The increase was not only inflationary, but would dampen economic growth by reducing consumer spending when manufacturing production levels were critically low because of the recession.

The ANC supported progressive taxation which differentiated between taxing on the capacity to pay, such as a progressive PAYE system.

The organisation welcomed the exemption of basic foodstuffs, but believed there should be more relief.

Essentials, including medicine and medical services, electricity and water, should also be exempted.

General affairs expanded further

CAPE TOWN — Agriculture, health and local government became general affairs yesterday, ending an expensive, fragmented and race-based system of own affairs management, House of Assembly Ministers' Council chairman Adriaan Vlok said yesterday.

The own affairs aspects of welfare, housing and works were receiving attention, and would be transferred to general affairs early in the second half of the year, he said in a statement.

An education co-ordination service had been implemented on April 1 to transform the prevailing system into executive regional departments as quickly as possible.

Functions carried out by own affairs administrations would be executed by the equivalent general affairs departments.

The old own affairs dispensation was being replaced by a more efficient, cost-effective and decentralised system.

About 10 500 members of the House of Assembly administration were affected by the transfer of functions and were being posted with the least possible disruption.

Funds for the newly transferred services had already been included in the 1993/4 budgets of the recipient departments.

The Cape Provincial Administration announced yesterday that two own affairs functions, local government and health, had been handed to the CPA.

The effect of the transfer of own affairs functions to the CPA means that 2 600 officers and posts of the administration of the houses of Assembly and Representatives now fall under the CPA.

All former own affairs Cape hospitals, some of which had been run on an agency basis up to now, and all oral hygiene services, have been transferred to the CPA. — Sapa.



Aids cuts a path through SA

By Wilson Carswell
WorldAids

92

AIDS in South Africa is set to follow the devastating path taken by the disease in the rest of the continent.

As in other parts of the world, the Aids pandemic is made up of several small epidemics. The first was as early as 1982 and affected white men who had sex with men. The number of reported Aids cases among gay men has now reached an all-time low, suggesting the number of new HIV infections is dropping, probably in response to community-generated Aids education.

But the heterosexually-acquired Aids epidemic is increasing.

There is little evidence that HIV was present among heterosexuals before 1987. Since then it has spread at a rate similar to that in

other eastern and central African countries.

South Africa shares some of the conditions which have led to the explosive spread of Aids in the continent, such as a high prevalence of sexually-transmitted diseases (three million cases a year) which facilitate HIV transmission.

Because of the time lapse between HIV infection and Aids, the current number of Aids cases (1 295) only represents the epidemic's past.

The present is determined by extensive surveys from a number of groups — from blood donors to pregnant women — and the results are sobering. By the end of 1991, about 180 000 people were infected with HIV, increasing by about 400 people a day.

There are wide variations, depending on gender, ethnic group and geographical location.

In Natal, over 2,8 percent of young adults had HIV infection in

1991, while in the Cape Province the corresponding rate was under 0,4 percent.

Among women attending municipal clinics in Johannesburg, more than one in seven have HIV. One in eight newly-diagnosed female tuberculosis patients are HIV-infected.

Generally, as in other African countries, women are infected more readily and at an earlier age than men. Among prospective blood donors in 1991, 1,06 percent of black women had HIV against 0,71 percent of black men.

By contrast, only two out of 22 400 prospective white female blood donors had evidence of HIV infection. This ethnic disparity is also visible in the results of a 1991 survey of 17 000 pregnant women attending antenatal clinics. Overall HIV prevalence was 1,49 percent, but among African women the rate was 1,84 percent and among white women nil.

Short-term projections suggest that the number of HIV-infected people is doubling every 14 months; the figure of 250 000 will have risen to nearly 750 000 by mid-1994. After that, the rate of increase will depend on behaviour, chance and other interventions.

Initial scepticism was followed by a programme to monitor the epidemic and to ensure the safety of donated blood. Since 1985 over five million potential donors have been screened. But these early responses have had no significant effect on the pandemic.

People at all levels have difficulty accepting the enormity of the Aids pandemic hanging over the country.

Time is running out — the short time gap still available for effective interventions is shrinking. If it is ignored, the reality of the pandemic will eventually catch up with society. But by then it will be too late for the new generation of adults.

Sault 3/4-7/4 193.

Health Day

to focus on

violence

Sault 3/4-7/4 193.

"HANDLE life with care — prevent violence and negligence" is the theme for World Health Day next Wednesday, April 7.

The World Health Organisation issued the slogan to raise public awareness of the impact accidents and violence have on health.

Throughout the world, health organisations will be looking at how people can make their lives healthier simply by taking more care.

Preventative health measures, such as immunisations, are part of the initiative. But lifestyles are equally important: Driving carefully, eating sensibly, and cutting down on smoking, drinking and drugs are contributions we can all make to our own well-being.

This page is made possible by the support of Warner-Lambert



Aids not notifiable in SA

THE government has decided not to make the HIV infection and Aids notifiable, the Minister of National Health, Dr Rina Venter, has said.

Dr Venter said it would be logical to make HIV notifiable only if this were linked to mass screening of the population.

This was not feasible in South Africa.

Dr Venter's comments came as a major study reached the shock finding that there was no evidence that the world's first approved anti-AIDS drug, AZT, delayed onset of the killer disease.

However, a senior official of the British company which makes AZT cast doubt on the study. He said many patients had

dropped out of the study, whose results were published yesterday in the Lancet medical journal, and said he was not sure whether the report was representative.

The study dashed the hopes of many people infected with the Aids virus by showing there was no evidence that the world's first drug approved for treatment of the disease could

delay its onset.

This leaves no treatment on the market for those with HIV who do not yet have full-blown Aids.

The product manager for Retrovir, the brand name under which AZT is marketed, said other trials had shown the drug halved the rate of progress in Aids. — Political Staff and Sapa-Reuter

92

MEDICAL opinion is turning against the widely held belief that Africa is in the grip of a massive AIDS epidemic.

A growing number of experts now claim that predictions of death-sweeping the continent are wholly unfounded — a suggestion that is likely to outrage many Western researchers and AIDS workers.

The sceptics reject World Health Organisation figures showing that the disease will lead to the death of 500 000 people a year in Africa by the end of the century. Instead, they are warning that the millions being poured into AIDS prevention on the

Experts expose AIDS

SI Times 14/11/93

myth

continent is leading to a tragic diversion of funds, with scourges such as malaria, tuberculosis and malnutrition going untreated.

They say the reported escalation of the disease may be the direct result of the availability of funds to combat it.

The issue has been catapulted into the limelight by a hard-hitting television documentary screened in Britain. The programme was based on a two-month investigation in Uganda and the Ivory Coast, thought to be the continent's hardest-hit areas.

Flawed

Doctors, nurses and workers interviewed said the AIDS scare had led to a huge emphasis on counselling and distribution of condoms while basic health services suffered.

The documentary said predictions of millions dying because of HIV were not based on scientific evidence, but on unfounded assumptions about the extent of HIV infection in Africa and its links with AIDS.

It said many Africans deemed to be suffering from AIDS were, in fact, ill with malaria, tuberculosis, malnutrition and other diseases that had been prevalent in Africa for centuries before the advent of AIDS.

The documentary also claimed that the collection of AIDS statistics in Africa was flawed.

"Some of these tests are so non-specific that 80 percent or 90 percent of the positives that are picked up are, in fact, false," said molecular biologist Dr Harvey Bialy.

Trace

"I can find absolutely no believable persuasive evidence that Africa is in the midst of a new epidemic of infectious immuno-deficiency."

A study published in The Lancet found that, of a group of 227 diagnosed AIDS patients in Ghana, 59 percent showed no trace of HIV in their blood.

The documentary also claimed that the massive funding available for AIDS had resulted in an in-built incentive to classify people as AIDS-sufferers.

Many symptoms which are used to diagnose AIDS were said to be indisting-

uishable from the symptoms of other diseases.

"If they include pulmonary tuberculosis as an AIDS-defining case, then almost all the TB in Africa will be AIDS," said Dr Martin Okot-Nwang of Uganda's Old Mulago Hospital.

Mr Philippe Krynen, the director of Partage, a French relief agency operating in Tanzania, said the number of victims in his area had not increased in the past two years.

He arranged for an entire village of 842 residents

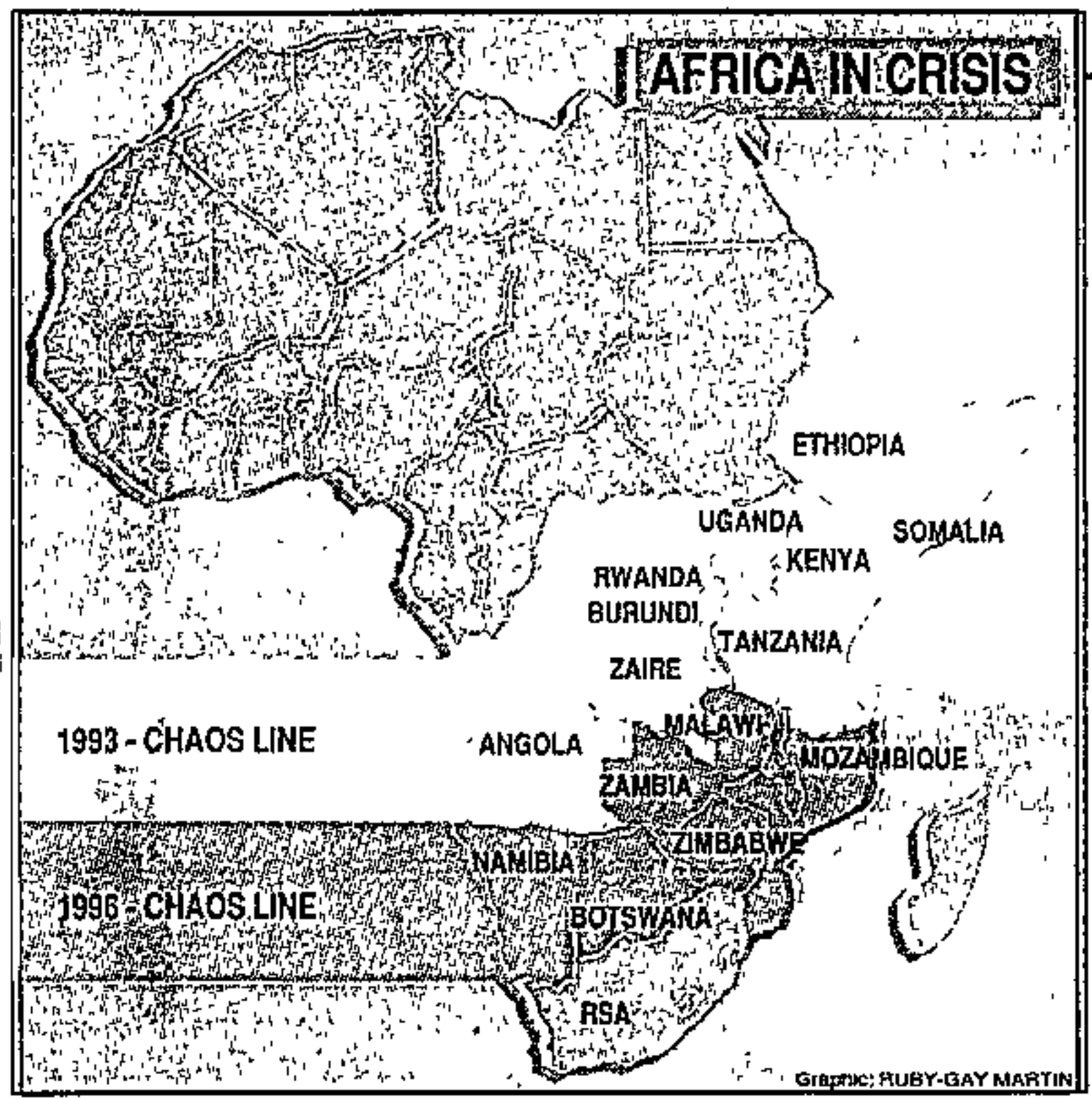
By PETER MALHERBE
London

to be tested for HIV. The result showed 13.8 percent were positive — higher than in Western countries, but five times lower than the WHO figure. Despite the new claims, there are still many who believe AIDS will devastate the continent.

Professor Lars Kallings, senior scientific adviser to the WHO's global AIDS programme, said it was easy to demonstrate a high proportion of AIDS patients — up to 70 percent — in the main hospitals of several African countries. He remained convinced that a substantial epidemic was taking place on the continent.

Dr Kevin de Kock, who said his study of changes in mortality rates indicated the scale of the impending epidemic. Medical hopes that the AIDS "wonder drug" AZT would save thousands of infected patients have been dashed by a three-year international study.

The study — the most comprehensive to date — found that the drug could not prevent healthy HIV-positive people from developing the disease. The finding represents a crushing blow to patients across the globe who have been using the drug in the hope that it would prevent them contracting AIDS. It had been believed that the Wellcome drug — which slows the progress of AIDS after it takes hold — could prevent HIV infec-



tion developing into full-blown AIDS.

Earlier studies in the United States showed that the drug, also known as zidovudine, was effective in fighting the disease, in some cases increasing life expectancy.

But doctors leading the study in France, Britain and Ireland said this week that tests had shown no benefit to healthy HIV-positive people.

IN THE US AIDS was an increasingly localised phenomenon, affecting a limited number of urban neighbourhoods and leaving the rest of the country relatively untouched, the National Research Council reported last February. Contrary to the conventional wisdom, the vast majority of Americans were not at risk. Prime candidates for infection continued to be homosexual men, and now more than at any previous time, drug addicts in inner city slums. "The public myth," said a member of the committee that produced the report, "is in trouble."

About time, say a small but growing number of heretics who believe that the established view of AIDS — that it is caused by a single, easily transmitted virus, HIV, which anyone may catch — is not only unwarranted by the evidence, but is also proving a serious obstacle to finding effective treatments.

One such heretic is Robert Root-Bernstein, a physiologist at Michigan State University and author of an extraordinary new book *Rethinking AIDS — The Tragic Cost of Prerequisite Consensus*. He makes a very simple point, but one with huge implications: if everyone is not equally susceptible to infection by HIV, then factors other than the virus itself must determine who is infected.

Empirically, susceptibility is most unequal. Were it not, one would expect to find large numbers of prostitutes and their customers testing positive for HIV. But in the US and western Europe, this simply has not happened. The number of cases in which there has been transmission either way is tiny — and in most of those instances the partner receiving the infection was a drug user or had some pre-existing venereal disease. Much the same applies to married couples where a spouse is infected. Absent of other factors, it would

New perspective on AIDS may point the way to prevention

BIDM 7/4/93

92

SIMON BARBER in Washington

seem that, in the West, HIV is almost impossible to catch heterosexually.

The story is much the same for medical workers who are exposed directly to HIV through skin punctures. The Journal of the American Medical Association has reported that the rate of infection in such cases as at most one in 1 000 and possibly as low as three in 10 000, and that is before controlling for other factors. By contrast, an unvaccinated surgeon who cuts himself while working on a patient carrying hepatitis B has a 25% chance of infection.

If the transmission of HIV is not as simple as the "public myth" suggests, nor is the onset of AIDS thereafter. There is a small but growing number of documented instances in which HIV appears to have left a patient altogether. Perhaps stranger still, however, is what appears to be the steady lengthening of the average expected latency period — from less than two years in 1986 to between 10 and 15 years in 1992.

Between 1981 and 1984, 15 000 haemophiliacs in the US — about 90% of the total — became HIV positive. A decade later, only 1 500 haemophiliacs, the great majority of

them older and more serious cases, have been recorded as having full-blown AIDS. The younger and fitter sufferers have fared far better. What is going on here?

Root-Bernstein advances the compelling argument that "healthy, drug-free people do not get AIDS. The people who do get both HIV and AIDS have many additional immunosuppressive factors at work on them that predispose them to disease." Since many of these factors are avoidable and, if not, treatable, this is a potentially revolutionary conclusion. It ultimately implies that AIDS can be dealt with without having to find a magic bullet for HIV.

Drug addicts are susceptible to HIV not simply because they use contaminated needles. Heroin, cocaine and other "recreational" drugs weaken the body's immune response. To combat resulting infections, including recurrent venereal disease, addicts tend also to abuse antibiotics obtained from their dealers. These, too, are immunosuppressive, as are the malnutrition and anaemia that

are part of the addict lifestyle. In short, the chronic drug user is likely to have made himself a defenceless target for HIV along with a host of other viral and bacterial diseases.

Semen also has immunological effects. For one thing, it contains substances designed to prevent a woman's immune system from attacking the sperm. These serve a less useful, indeed potentially devastating effect in the rectum, lower intestine and bloodstream if, as is generally the case, the seminal fluid contains harmful viruses and bacteria. Semen can also trigger an auto-immune response, causing the recipient's immune system to attack itself.

Blood transfusions, the third most common means of HIV infection, themselves imply immunologic risks. To need one, the patient must already be in an advanced state of disrepair.

If the transfused blood contains HIV or other viruses — such as Epstein-Barr, cytomegalovirus or one of the hepatitis viruses — he or she is not likely to be in shape to fight them off, especially if simultaneously undergoing surgery. Not only the

transfusion, but also the anaesthetics and subsequent painkillers, antibiotics and antivirals all suppress the immune system.

In this view, HIV is an opportunistic virus that found an opportunity in the kind of things Westerners started doing to themselves in the late '60s and '70s in the name of liberation — the Great Unlearning, as Tom Wolfe called it.

The virus strikes those whose defences are already down, for one reason or another, and even then may depend on other co-factors. However, there is mounting evidence, says Root-Bernstein, that, having struck, it can be kept at bay by restoring the very defences (and desisting from the behaviours) that let it in. The progressive extension of the expected latency period would seem to support this, as would the continuing decline in new cases of infection.

There are important implications here for the African epidemic, which is regularly treated as separate because transmission is seen to be largely heterosexual. Under Root-Bernstein's line of reasoning, the real difference lies in the degree to which the average African's immune system is under assault.

The general disease load is incomparably higher, nutrition, sanitation, and basic health care levels incomparably worse. Improve those things, and the march of African AIDS can possibly be contained. It is, alas, a tall order given the continent's social implosion.

The tragic cost Root-Bernstein refers to in his title is that which derives from spending billions on finding a "cure" for HIV when HIV alone is not the problem that needs to be solved. He concludes: "Controlling the factors that make one susceptible to HIV and AIDS may turn out to be easier and more effective than targeting HIV itself. This is the medical implication of differential susceptibility. It is time we recognise its importance."

causing concern

We need to understand STDs

■ SAIMR expert offers useful advice on a subject that has often been regarded as taboo:

By Musa Zondi
Health Reporter

Sowetan 8/4/93.

(92)

TALKING about sexually transmitted diseases has always been taboo in our community.

For one thing, society tends to look at people with these diseases as being punished for their wrongs.

But, says André Croucamp of the South African Institute for Medical Research, this silence is deadly.

The prevention of sexually transmitted diseases will also mean that a big chunk of the fight against Aids has started.

Croucamp says: "Sexually transmitted diseases are a major health problem that most people continue to ignore."

Punishment

"They are often seen as punishment for certain lifestyles and for this reason people are afraid of going for a check-up when they suspect they have an STD.

"It is true that STD's can be the source of great conflict in relationships — but the fear of speaking openly to your partner about any STD you may have can damage the relationship far more in the long run.

"Aids is a sexually transmitted disease. Other STD's make you more vulnerable to HIV, and HIV makes other STD's more difficult to treat," he says.

Rash or fever

If you go for an examination, the health worker will want to know your history.

The health worker will also have to check your private parts for sores, a rash or fever.

In most cases, this is not painful.

Women are examined for swelling, redness, sores or growths.

If a pregnant woman has one of these diseases, it can cause the baby to become blind — or even to die.

In men, if these diseases are not treated, they can lead to infertility and even death.

Symptoms vary

Symptoms vary between men and women. In men a disease like gonorrhoea (clap) may lead to constipation, discomfort, urgency to defecate, bloody stools and a discharge.

In women symptoms include difficult and painful urination, increased vaginal discharge, bleeding between menstrual periods, lower abdominal pain, pain during intercourse, fever, chills and weight loss.

There are various other diseases of this nature. In most cases they are easily treated. If you suspect anything, consult your doctor immediately.

Book warns of 'dark shadow' facing SA

By PETER MALHERBE: London

A NEWLY published book on AIDS in South Africa warns that the impact of the disease is likely to cast a "dark shadow" over the post-apartheid era.

Released in Britain this week, the book rejects predictions of a dramatic decline in the country's population followed by an economic collapse, but claims that the disease is becoming highly politicised.

Co-author Alan Whiteside, of the University of Natal, claims that white South Africans have portrayed AIDS as a solution to the problem of the black population explosion, while blacks regard it as an imperialist conspiracy to reduce their numbers and prevent them from enjoying sex.

The psychological impact of AIDS in South Africa "will cast a dark shadow over the era of post-apartheid reconstruction", Whiteside says in the book, *Facing up to AIDS: The Socio-economic Impact in Southern Africa*.

He argues that AIDS has to be lifted out of the political arena and a common approach agreed by all political leaders.

Fellow author Sholto Cross, of the University of East Anglia, says that whatever the human cost, there will be little economic impact from AIDS in the short term. However, the economy will be hit in the long term.

A new book spells out the spectre of the HIV virus, reports Stanley Uys from

Star 15/4/93

Aids in Africa underestimated

London

AFRICA is not in the grip of an Aids epidemic. Claims that the continent is being devastated by HIV are false and are leading to a diversion of resources from genuine scourges, such as malaria, tuberculosis and malnutrition.

Or so some medical heretics are claiming here — in print and on television. But it's bunkum, says Alan Whiteside, senior research fellow in the economic research unit at the University of Natal in Durban and currently Visiting Fellow at the University of East Anglia, England.

With another South African, Dr Sholto Cross, senior lecturer in the School of Development Studies at the University of East Anglia, he has just edited a book, *Facing Up to Aids, the Socio-Economic Impact in Southern Africa* (Macmillan, London, and St Martin's Press, New York). The work says that by the year 2000 and thereafter, Aids in Africa "will ex-

ceed all other factors as a cause of mortality (of people in their productive years)".

"Our book is particularly important as it concentrates on southern Africa. This part of the continent has the scientific and medical ability realistically to assess the epidemic," said Whiteside.

Quoting a chapter by Richard Hore, chief executive of CIMAS medical aid society in Harare, Zimbabwe, on *The Medical Costs of Aids in Zimbabwe*, Whiteside said: "This organisation has no axe to grind and must get the figures right."

Hore warns that in 1990 adult HIV prevalence was 7.5 percent and this was projected to rise to 24.7 percent by 2000. The life underwriting business of the insurance industry in southern Africa is in danger of becoming unprofitable.

Whiteside quoted further a chapter by Peter Hoyle, chief ac-

tuary for Metropolitan Life Association in Cape Town, who warns that by the year 2000 there may be as many as 4.1 million people with the virus in South Africa alone.

"We must conclude," said Whiteside, "that if people of this calibre and the organisations they work for regard the epidemic as real, then so should we."

Doyle believes the spread of HIV infection throughout South Africa has the potential to be worse than in other African countries because of the efficient transport system and the mobility of labour.

"The HIV epidemic will cause the sickness and death of many young adults in South Africa... many of those affected will be skilled and educated persons in the workplace and this will affect productivity and training."

The 14 chapters in the Whiteside-Cross book bring together the work of economists, political scientists, demographers and medi-

cal specialists. The editors comment: "The Aids pandemic now spreading throughout southern Africa is without parallel in modern times in terms of probable long-run impact."

Whiteside notes further: "The disease is set to be the single most important issue for the 1990s in much of the developing world."

Although Aids has been recognised for 10 years (WHO estimates that by April 1991 there were around 8 to 10 million adults and 1 million children affected worldwide, of whom 6 million were in Africa, 100 000 in South Africa), the book is a first attempt to look at the economic and social implications of Aids in Africa.

We can conclude, says Hilary Southall (Rhodes University, Grahamstown) "that South Africa has so far escaped the major impact of Aids."

"The good news is that the initial epidemic mainly among white male homosexuals appears to

have settled down. The bad news is that a new epidemic among black heterosexuals, of far greater proportions than the first, is taking off."

Warns Cross: "The economic consequences of the Aids epidemic in South Africa will be unique... the course of this disease will be without parallel elsewhere."

Conclusions reached by one of the book's authors are that the South African economy will be able to sustain the overall effects of the Aids epidemic for the next 15 years, but the effects are substantial and will expand rapidly.

This macro-economic view will hide "the devastating economic consequences for individuals and their families". South Africa already has a major social crisis with "street children" and the Aids epidemic will result in an increase in orphans.

"The Aids epidemic will be an awful and enormous human tragedy, through the potentially avoid-

able loss of hundreds of thousands, and ultimately millions, of lives," said the authors. "It is a tragic historical irony that just when South Africa is on the brink of a new political dispensation, it should also be facing the onslaught of the most devastating plague of modern times. "It is inconceivable that the course of the epidemic will not add fuel to an already fiery political debate." Said Whiteside: "Events in South Africa may provide a pointer to what is going to happen in Asia, Latin America and even Eastern Europe. The Aids epidemic sounds a warning from the rest of the world. "It will show what effect the disease can have on more developed countries. The tragedy is that it is unnecessary. We knew about Aids 10 years ago, but the Government, and indeed all other organisations, have not acted in a coherent, imaginative and united way to stop it." □

HIV-infected people take a tough stand

South 17/4 - 21/4/93

HIV infected people are adopting a tough stance against political parties whom they feel are ignoring their plight. JUSTIN PEARCE reports on a conference at the weekend:

(92)

POLITICAL groups should remember that people infected with HIV can still vote. Speaking at the Community Aids Conference in Kuils River, founder of the Johannesburg-based Living in Hope project, Mr Vincent Veal, said he was worried that a future government may lack as much imagination regarding HIV as the present one.

Veal, who is infected with HIV, urged HIV positive people to fight discrimination and "take back your power".

Living in Hope is a support scheme for Aids sufferers and people infected with HIV.

Organised by the Bellville Community Health Project (BCHP), the conference was attended almost entirely by workers, students and representatives of community organisations, with a small number of health professionals.

Focusing on the theme "Cam-

paigning against Aids and Aids prevention through safe sex", the more than hundred delegates discussed how best to tackle the Aids epidemic in their communities.

Conference organisers said people who were not health workers were brought together to find ways of spreading the message of the fight against the deadly disease.

The conference was held because it was realised that people within communities could get the message across more effectively than experts from outside the community.

BCHP chairperson Ms Josie Abrahams said the conference was a success.

"It was not an academic conference — it was the first of its kind in that it brought people together to share basic information and work out strategies to combat Aids."

Opening the conference, ANC Health Secretary Dr Ralph Mgiijima said: "The impact of Aids goes far beyond the statistics — it is a unique epidemic in that it affects young and middle-aged adults."

Mgiijima said a community response to Aids was possible only if information and education about the disease was available, if the community had adequate health and social services and if the community was supportive of Aids work.

A delegate from the Skills Training for Education Centre, Mr

Thando Wababa, said communities were ignoring Aids.

"They're saying: 'It wouldn't happen to me.' We have to eradicate that."

SA Municipal Workers' Union (Samwu) delegate Mr Ludfie Jetha urged unions to take up the Aids issue in the workplace to overcome the prejudices of workers and employers.

"It is difficult for people to organise in the workplace. Employers must provide colourful posters about Aids. We need to be able to hold discussions during working hours."

Mr Mahandra Chetty of the Johannesburg Legal Resources Centre said governments had a duty to protect the right to life of all citizens, including people with Aids.

"The most important human right is the right to life and governments have a duty to ensure that right."

He warned that attempts to shift the responsibility for Aids care onto communities could be used by governments to back out of their responsibilities.

He also condemned the authoritarian approach to HIV taken by certain Stalinist regimes.

"Countries like Cuba and Romania tried to isolate HIV positive people and impose mandatory testing. It was generally agreed that such an approach was incorrect."



LEFT ALONE: The Aids pandemic has left thousands of children without parental care. Photo: Yunus Mohamed

Namibian Aids orphans are long on struggling, short on help

By **Ebon Freedman**

MRS LENTINA Gowases, a 54-year-old domestic worker in Namibia, is restless because she suffers from high blood pressure.

She fears she may be admitted to hospital and there will be no one to look after her five grandchildren whose mother died of AIDS. Their father died a long time ago.

"I am a sickly person. I am a domestic worker and have to take care of my grandchildren," she said.

Her daughter died from Aids last year after testing positive during her third month of pregnancy. The baby died a month after birth.

The disease is claiming the lives of more and more working adults here, but the Namibian government appears unwilling to help the growing number of children left behind.

The National Aids Control Programme (NACP) said it does not know the number of orphans in Namibia and has not yet started to support them.

"The numbers are not big. They only go through the welfare department like all other orphans.

"It is difficult to say how many orphans there are but the numbers are rising fast," said Mr Abner Xoagub, the NACP programme officer.

Mr Amos Hardley, co-ordinator of the National Network of Aids Services Organisation (Nanaso), said most of the orphans were adopted immediately by relatives.

Hardley said Nanaso was trying to establish the number of Aids orphans. It also plans to set up care

centres in the rural areas.

"The situation is very serious in rural areas where relatives who are taking care of orphans rely heavily on subsistence farming. Some complain that they cannot continue to look after the orphans because of a lack of money," said Hardley.

Xoagub said the department of social welfare helped young victims of Aids, like other orphans, but Gowases said support did not come easily.

In her case, the department provided food for four orphans, but she must pay for education, health, housing and clothing. And she has to fend for the fifth child, who is mentally ill and was abandoned by her father before the mother died.

"They (the welfare department) have refused to give any allowances to the last-born, who is disabled, unless her father comes to sign the documents I must take the child to hospital every week, with the little money I earn," she said.

Gowases said despite the stigma attached to Aids, her neighbours gave the orphans some support. "Aids is killing and it is here to stay. What can we do? My appeal to the community is not to reject those who are suffering from Aids or their relatives," she said.

The SOS Children's Village, an orphanage in Windhoek, says although it took children referred by the department of social welfare, it had not received any Aids orphans.

Officially, 90 people died of Aids in Namibia. Without giving any details, the NACP says this is only the tip of the iceberg. — AIA

This page was made possible

Many children 'illegally tested for Aids'

JOHANNESBURG. — Many South African children are being tested for Aids illegally and for the wrong reasons, says Professor Edwin Cameron of Wits University's Centre for Applied Legal Studies.

Draft guidelines for the treatment of children with Aids, drawn up by Prof Cameron, are being distributed through the Medical Research Council's Aids Bulletin.

The guidelines say the rule for HIV testing a child is that proper and informed consent must always be obtained. "Children with HIV are vulnerable to many human rights abuses. If they are street children or abandoned orphans, their position is even worse. "Many are tested for HIV in defiance of the law and for the wrong reasons. Their HIV status is improperly disclosed and, most seriously, many children's homes are refusing

to admit or work with children who have HIV." If proper consent was not obtained, the workers giving the test and taking the blood were acting illegally. A test could only be justified if it was in the interest of the patient for proper diagnosis or treatment.

Testing all abandoned or street children, or all those entering children's homes or places of care or safety, was unjustified and unethical. Only those people whose treatment and care of the child required knowledge of the child's HIV status should be informed. — Sapa

Murder suspect

HEBETH

92 27 22 4/93

News

in brief

Sowetan 22/4/92
Aids is worse

HARARE — The Aids plague continues to take its toll in Zimbabwe, where latest figures show that in Bulawayo, the second largest city, nearly 20 percent of the deaths in February were from Aids-related diseases.

Countrywide Zimbabwe has 19 000 officially notified cases of full-blown Aids but authorities estimate the true figure is nearer 60 000.



Edward Mudau ... traumatised father.

Publication is doing well

■ Magazine sustains info on Aids

By Sizakele Kooma

Sowetan 22/4/93, 92

SPEAK magazine seems to be one of the very few that have realised their responsibility to provide continuous information on Aids awareness.

Since the beginning of the year, the magazine has carried stories about the disease and how it can be prevented.

The May issue contains 14 Aids stories aimed at school-children. Another article touches on sexual harassment. It advises women to:

- Speak out if someone offends them.
- Be firm and not apologetic about it.
- Approach the harasser in a group and tell him how you feel.
- Organise regular women's meetings to talk about their complaints.

The issue also has the success stories of two women. One was a domestic worker who rose to become president of the country's biggest domestic workers union, and the other a young woman who did not let disability deter her from achieving her dream. The stories on Victoria Motlasedi and Shanaaz Majiet are a worthwhile read.

Aids: What kids think

Staff Reporter

RESEARCH at a Cape Town correctional school for boys has revealed that many of the pupils believed that kissing or sitting near to an Aids victim could lead to HIV infection.

A report published in the Medical Research Council's Aids Bulletin showed that most of the pupils interviewed thought that they could ward off Aids by washing well and keeping far away from people with Aids.

Of the pupils, who ranged in age

between 13 and 21, 80,7% reported having had sexual intercourse.

While many pupils believed that only homosexuals could contract the HIV virus, the majority were "very worried" that they could contract Aids.

Thirty-two percent of the pupils claimed to have never used condoms, 20,1% "sometimes" used them and only 27% reported "always" using them. The study said Aids awareness must be improved among the pupils.

Condom use emphasised

WILSON ZWANE (92)

EMPLOYERS should take urgent steps to minimise the risk of their employees contracting AIDS, including providing condoms in the workplace, says the Institute of Personnel Management (IPM). *BIDM*

Employers should also put programmes in place to educate staff on the proper use of condoms. *27/4/93*

The institute has compiled guidelines for employers on how to ensure effective condom distribution. These are:

- Condom distribution should be carried out in relation to education so that all myths related to condoms can be dispelled;
- Condoms should be made freely available to staff and the supply should be easily accessible and unlimited;
- A full range of condoms should be kept in stock to allow employees to choose the ones they feel most comfortable with; and
- Certain staff members should become condom "distributors".

The IPM has stressed these guidelines will be ineffective unless employees are shown how to use condoms correctly.

**Aids plague
takes toll
in Zimbabwe**

ARG Africa (92)
News Service 27/4/93

HARARE. — The Aids plague continues to take its toll in Zimbabwe where latest figures show that in Bulawayo, the second largest city, nearly 20 percent of the deaths in February were from Aids-related diseases.

Zimbabwe has 19 000 officially notified cases of full-blown Aids but authorities estimate the true figure is nearer 60 000.

The co-ordinator of the national Aids control programme said recently that there were probably 800 000 people carrying the Aids virus, HIV.

Health Minister Dr Timothy Stamps yesterday called for the re-establishment of traditional norms and attitudes which protected people in ancient times from epidemic diseases.

Report:

400 get

HIV

daily

92

CT 30/4/93

Own Correspondent

DURBAN — About 400 people contract the Human Immune Deficiency Virus (HIV) daily in South Africa, the Department of Manpower this week said in its annual report.

The department said that from 1982 to October last year at least 400 000 people were infected and those in the age group 20-30 were most affected.

“Although 974 men and 525 women with Aids were recorded, more women are now being infected by the virus than men.

“During the above-mentioned period, the highest number of Aids cases occurred among blacks (1 043), followed by 420 among whites.

“However, it is difficult to determine how many people have been infected.”

Population growth

Coupled with the Aids problem was that of population growth, the department said. The country's population, including that of the TBVC states, increased at an annual rate of 2,4% from 29,2 million in 1980 to about 38m in 1991.

The average annual population growth rate among blacks (2,8%) was the highest during this period.

The rates for the other groups were: Indians (1,8%), coloureds (1,9%) and whites (1,1%).

The Human Sciences Research Council has estimated that the population, including that of the TBVC states, will increase at an annual rate of 2,3% to 64m in 2010. Altogether 83% of the population will then be black.

PEOPLE'S LIVES *New lead on killer disease might lead to vaccine, says French researcher*

BRUSSELS - Professor Luc Montagnier, the French discoverer of the Aids virus, is researching a new lead for a vaccine against the disease, the Belgian daily *Het Nieuwsblad* said on Tuesday.

Montagnier told the newspaper in an interview he was researching co-factors which, he said, apparently helped the Aids virus develop into fully blown Acquired Immune Deficiency Syndrome (Aids). Aids kills by attacking the body's immunity system.

"Contrary to what we thought a few years ago, it's not the Aids virus that kills the cells. We see that a big number of cells in an Aids patient - more than those affected by the virus - have a tendency to die spontaneously," Montagnier said.

"It's as if the immune system commits sui-

New light on Aids virus *Co-factors might help immune system commit suicide - professor:*

Montagnier added. "We think that co-factors are involved in that activation process," he said. "Compare the virus with a flame and the co-factors with oil thrown on the fire."

He said he could not give a precise date for a vaccine. "Some time ago I talked about five years but science evolves by leaps. Maybe some body will find something tomorrow. Maybe research for co-factors will be successful," he said.

"For the moment the best vaccine is informa-

tion and the condom," he said.

Montagnier said it was becoming increasingly difficult to stop the spread of Aids. "You can't stop the epidemic overnight. Calculations show that if we have a vaccine today, we could halve the number of newly infected people in five years time."

He estimated that the number of people infected with the Aids virus would grow from 10 million now to possibly 40 million by the end of the decade. — *Sapa-Reuter.*

Your Stars

ARIES March 21 — April 21

This patch brings new and difficult problems which will not pass of their own accord. You will have to gather your wits and your resources about you in order to stand up to difficulties.

TAURUS Apr 21 — May 21

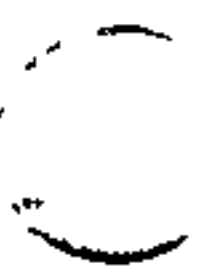
There is no point in being idealistic on the one hand and procrastinating on the other. However, there is every possibility of achieving your aims and overcoming problems.

GEMINI May 21 — June 22

Do not get carried away with admiration for certain people, especially not in the instances where such contacts are superficial. You may misread character badly at this stage.

CANCER June 22 — July 23

You may have to surrender a long cherished ideal around about now due to altered personal or social circumstances but that does not mean you cannot make a quick adjustment.



Insuring premiums against effect of AIDS

810M 20/4/93
ANDREW KRUMM

SOUTHERN Life yesterday launched a new life assurance product to protect healthy policyholders from sharp, but inevitable premium increases because of AIDS.

Southern Life director Chris Liddle said "Exclusive Life" was designed to prevent healthy policyholders from subsidising HIV infected clients, and required clients to undergo regular HIV testing.

The new product required HIV testing every five years to the age of 45. Should a policyholder test positive in a repeat test, or refuse to undergo the test, life cover would be reduced to 10% of the sum assured.

Exceptions would be made in cases of proven accidental infection, such as through blood transfusions or rape.

Although repeat testing appeared controversial to those outside the industry, it was the only solution.

"Current testing merely screens people who are HIV positive when taking out a policy, and does nothing to control the cost of benefits to those who are infected after they have been ac-

cepted for cover."

Liddle said existing policyholders would not be allowed to transfer their policies into the Exclusive Life scheme, but a R240m reserve had been made to protect them from premium increases resulting from AIDS.

Life cover costs for an HIV infected individual was at least 50 times that of an uninfected person. "If only 1% of the insured lives of an insurer were HIV positive, premiums of non-infected policyholders would increase 50%."

Rates of infection were increasing rapidly. "In the six months to December 1992, the rate of HIV infection increased by 80%, while 1.01% of all applicants tested were HIV positive," Southern GM Paul Tryuens said.

Taken with statistics that 2.3-million South Africans would die of AIDS by the year 2005, all life assurance would soon be sold this way, or the industry could be wiped out.

Our Durban correspondent reports that the Manpower Department's annual report, which

was released this week, disclosed that about 400 people contracted HIV each day in SA. The department estimated that 400,000 people were infected between 1982 and 1992.

Generally the 20-30-year-old age group was most affected by HIV infection and AIDS — encompassing one of the most productive and economically active parts of the population.

"The highest number of AIDS cases occurred among blacks (1 043 cases), followed by 420 cases among whites. However, because of the nature of the disease, it is very difficult to determine how many people have been infected already and how many could still contract the disease," the department said.

Coupled with the AIDS problem, was population growth. The population of SA, including the TBVC states, increased from 29.2-million in 1980 to about 38-million in 1991.

This represented a growth of 2.4% a year. According to estimates by the Human Science Research Council, the population of SA and the TBVC states will increase to 64-million in 2010, 83% of whom will be blacks.

Assurer now insists on regular tests for Aids

A MAJOR life insurer has taken the controversial step of requiring that all new life policyholders undergo Aids tests on a regular basis. If the policyholder tests HIV positive in any of these tests, his cover will be sliced to 10 percent of the original benefit.

Southern Life this week announced its new range of life and endowment policies, Exclusive Life. A core feature of these policies is that a holder will be obliged to undergo the HIV test every five years until the age of 45.

Southern Life executive director (life division) Chris Liddle says: "While repeat testing may appear to be controversial, it is the only solution." Southern Life's new product range highlights the problems the assurance industry faces on how to tackle the Aids threat.

Liddle believes consumer demand would cause the rest of the life assurance industry to follow Southern Life's stance once there has been public acceptance of periodic HIV testing. "If other companies do not do this soon, they will need to increase premiums to carry the extra risk, or ultimately face financial difficulties."

The new products will benefit those who adopt a "safe" lifestyle, or who are in the low-risk category, as the costs of cross-subsidisation will be limited. Cross-subsidisation is where healthy policyholders

SOUTHERN LIFE takes a bold move as HIV threatens to send premiums soaring. LEIGH HASSALL reports.

ers effectively support the HIV-infected holders.

In the new product range, the premiums of healthy holders will be protected, to a degree, from spiralling premiums caused by the increase in Aids-related death claims. Liddle says uninfected policyholders have a right to be protected and should not be faced

with high premium increases or reduced payouts.

"The cost of life cover for an HIV-infected individual is at least 50 times that of an uninfected person. If only 1 percent of policyholders were to become HIV positive, the premiums of the non-infected holders would have to increase by 50 percent."

Southern Life claims that, in limiting the effects of cross-subsidisation, its products are a world first in the assurance industry.

Liddle says existing policyholders will not be affected by the compulsory testing rule.

Southern Life estimates that 2.3 million South Africans will die of Aids by the year 2005, given the current trends in HIV prevalence, with the 25-35 age group bracketed as the high-risk sector — hence Southern Life's regular testing until the age of 45.

Making condoms easier to acquire

Savetani 4/5/93

■ Easy access to condoms is one way to fight aids

By Sizakele Kooma



AN efficient condom distribution network should be established in the workplace to ensure the safety of employees against Aids.

This is the message that came out of a recent Institute for Personnel Management network meeting.

The institute said Aids in the workplace was a reality and that education in the use of condoms was essential. The IPM has urged that the distribution of condoms be carried out in relation to education within companies so that all myths about condoms can be dispelled.

The following guidelines were provided to ensure correct and effective distribution of condoms:

- Condoms should be made freely available to staff and should be easily accessible and unlimited;

- A full range of condoms should be kept in stock to allow employees to choose the ones they feel most comfortable with;

- Staff involved in condom distribution should be trained to be discreet to facilitate the increased use of condoms;

- Condoms should be available freely where possible, alternatively at a minimal price;

- Condoms should be stored in a cool place and expiry date checked.

ment decision. When the matter was brought to my attention, it was felt that it certainly fell within the bounds of an ambassador's powers to take such a decision in respect of the embassy. Moreover, when I was consulted after Dr Treurnicht's death, it was also my standpoint that while the State would handle it in terms of the convention, there would certainly not be any objection if particular city councils were to feel that they wished to do so on account of their autonomy in respect of those particular premises.

Ministers
Press freedom

*1. Mr P G SOAL asked the Minister of Law and Order: Whether, with reference to the reply by the then Minister of Home Affairs to question No 7 on 18 March 1992 regarding legislation allegedly detracting from the free flow of information and restricting the Press from reporting, any steps have been taken or are being contemplated in respect of the repeal or partial repeal of certain Acts, particulars of which have been furnished to the South African Police for the purpose of the Minister's reply; if not, why not; if so, (a) (i) what steps and (ii) when and (b) what are the names of the Acts in question? B694E

The MINISTER OF LAW AND ORDER:

No. Of the various Acts referred to by the hon member, the reference to the Police Act, 1958 (Act No 7 of 1958) is applicable to the South African Police. Section 27A of the Police Act is at issue here. The provisions of this section aim to protect the interests of the accused as well as the interests of the State. The unauthorized publication of any sketch or photograph of an accused before a trial has been commenced with may be prejudicial to the interests of an accused with respect to an identification parade. Furthermore, the unauthorized publication of any sketch or photograph of a State witness may cause intimidation of such person's family and eventually prejudice the State's case. Viewed against this background it is not this Department's intention to repeal section 27A at this stage.

(a) (i), (ii) and (b) Fall away.
HOUSE OF ASSEMBLY

Mr R M BURROWS: Mr Chairman, further arising from the hon the Minister's reply, I would like to know, with regard to the date of 18 January which he indicated, whether it is not correct that there were other meetings of officials of his Department and members of the NEC before that date with regard to this particular matter of an education forum?

NEC: education forum

*4. Mr R M BURROWS asked the Minister of National Education: (1) Whether officials from his Department had any meetings with representatives of the National Education Conference to discuss an education forum; if so, (a) when did these meetings take place and (b) what was the outcome of the meetings; (2) whether he will make a statement on the matter? B729E

The MINISTER OF NATIONAL EDUCATION:

(1) Yes. (a) On 18 January 1993. (b) While there is consensus concerning the need for consultation and the participation in the process of education reform of a broad spectrum of stakeholders, no agreement was reached concerning the nature of and mechanism for this consultation and participation.

The MINISTER FOR NATIONAL HEALTH AND WELFARE:

(2) No. Mr R M BURROWS: Mr Chairman, arising from the hon the Minister's reply, is it not true that a meeting also took place on 1 April? Further to that, I wonder whether the hon the Minister would give an indication as to whether he would express a commitment to establishing an education forum on as inclusive a basis as possible. The MINISTER: Mr Chairman, the meeting that took place on 1 April was one between the NEC and me, not officials of the Department. It was a meeting in which I took part personally. With regard to the second part of the hon member's follow-up question, I want to reply that all I want him to do is to exercise a little more patience, perhaps only a few hours, and he will be able to read of my commitment in the newspapers.

Traditional healers

*5. Mr M J ELLIS asked the Minister for National Health and Welfare: (1) Whether, with reference to the reply to Question No 1 on 27 May 1992, she has given further consideration to including traditional healers in the restructuring of the health-care system; if not, why not; if so, what are the relevant particulars; (2) whether she will make a statement on the matter? B730E

The MINISTER FOR NATIONAL HEALTH AND WELFARE:

(1) Yes, co-operation has taken place for some time at grassroots level with regard to primary health care. The Interim Committee as well as the Traditional Healers' Council, the latter being a body which continued the activities of the Interim Committee, is now in a position to negotiate with the Department of National Health and Population Development. The proposed agenda includes a discussion of an organisational structure for the control of traditional healers; (2) no.

Aids unit restructured

*6. Mr M J ELLIS asked the Minister for National Health and Welfare: (1) Whether the Aids unit run by her Department had to be restructured in 1992; if so, (a) why and (b) (i) how was this unit restructured and (ii) what was the total cost of this restructuring; (2) whether the matter has been resolved; if not, why not; if so, to what extent; (3) whether she will make a statement on the matter? B731E

The MINISTER FOR NATIONAL HEALTH AND WELFARE:

(1) Yes, the Aids unit was restructured in 1992; if so, (a) why and (b) (i) how was this unit restructured and (ii) what was the total cost of this restructuring; (2) whether the matter has been resolved; if not, why not; if so, to what extent; (3) whether she will make a statement on the matter? B731E

Press freedom

*7. Mr P G SOAL asked the Minister of Correctional Services: Whether, with reference to the reply by the then Minister of Home Affairs to Question No 7 on 18 March 1992 regarding legislation allegedly detracting from the free flow of information and restricting the Press from reporting, any steps have been taken or are being contemplated in respect of the repeal of section 44 (1) (e) and (g) of the Correctional Services Act, 1959 (Act No 8 of 1959); if not, who not; if so, (a) what steps and (b) when? B733E

The MINISTER OF CORRECTIONAL SERVICES:

Sections 44 (1) (e) and (g) of the Correctional Services Act, 1959 (Act 8 of 1959) are Contd HOUSE OF ASSEMBLY

Council's Aids week Sat 5/5/93 to create awareness

By Zingisa Mkhumbane

There were already 100 000 Aids-infected people in the Greater Johannesburg area alone, the Johannesburg City Council's medical officer of health Professor Nicky Padayachee said yesterday.

He was speaking at the launch of the council's Aids awareness week which starts this Saturday and ends next Saturday.

However, Padayachee said that merely citing "scare" figures of people who were affected with HIV or just providing information was not enough.

"We are entering the second decade of the Aids epidemic and we have learnt many relevant lessons during the past ten years, particularly about Aids prevention and safe sex. Now we must build on what we have learnt and involve everyone."

Dr Eric Buch, director of the city council's community health department, added that one in five women and one in seven men who visited the Johannesburg Clinic for Sexually Transmitted Diseases were infected with the virus.

Events

The council's Aids awareness week will consist of the following events:

- An information stall will be opened at the Carlton Centre for the duration of the programme.

- Aids street theatre will take place during lunch time at the Library Gardens on May 10, at Highpoint in Hillbrow on May 12, at the FNB centre on May 14 and at the Market Theatre complex on May 15.

- A workshop for teachers will be held at Barnato Park School in Berea on May 10 and a workshop for teenagers will also be held at the same venue at 1.45 pm on May 11.

- A programme aimed at domestic workers will be held at St Mungo's Church in Bryanston at noon on May 13.

- A women's evening on safer sex practices will be held at Q's Supper Club on May 12 and a "Friends remember friends" memorial services will be held at 128 Eighth Avenue in Mayfair on May 13.

Foster mother fights for son

92
C6/S/93

Staff Reporter

FIFTEEN nursery and pre-primary schools in Cape Town have refused to accept a five-year-old boy as a pupil because he is HIV-positive.

And one foster family apparently forced the child to sleep under the table with their dog.

This was confirmed yesterday by the boy's foster mother, Mrs Val Kadalie, of Penlyn Estate, who said the reason for the boy's being subjected to such harsh treatment was probably because of ignorance about HIV-infection and Aids.

Mrs Kadalie, a matron at an old-age home, and her church minister husband took the youngster into their home "because nobody else wanted him."

"We gave him a home 10 months ago after he had been in several other foster homes. We appreciated that he was terminally ill, but believed that he had as much right to a decent life as anyone

15 schools rejected HIV-boy

else," she said.

It was only when she tried to enrol the boy at a nursery school or pre-primary school that she became aware of the stigma attached to the illness and widespread lack of knowledge and prejudice.

She said she applied to one school after another "but they all seemed to have an excuse when I admitted he was HIV-positive."

School officials had offered excuses from "we don't know if laws allow us to accept him" to "we'll have to discuss the matter with the parents' association".

"A few officials promised to come back to me with an answer... but none of them did," she said.

Mrs Kadalie, the mother of two daughters, aged 16 and 11, said her foster son had lived with a number of foster families "and was maltreated on several occasions".

"We understand that one foster family forced him to sleep under the table with the dog," she said. It was only by "pure chance" that it was discovered that her foster son was infected with the HIV virus.

"He was taken to hospital with head injuries and the doctor who attended to him was perturbed at his general condition," she said.

The doctor arranged for thorough tests to be carried out "and that is how it came to light". Mrs Kadalie said she recently managed to get her "lively and extremely active" foster son enrolled at a "progressively-minded play school".



I LOVE YOU . . . Mrs Val Kadalie hugs her foster-son who was refused school entry because he is HIV-positive. She did not want to name him, to save him from further prejudice.

Picture: ANNE LAING

Third world plants to fight Aids virus

By BEIL MCKENNA
Editor of World Aids

92

RECENT discoveries that plants from India, Africa and the Pacific Islands show potential for the treatment of Aids are raising hopes for those affected by the disease – but also spurring questions about whether the countries where the plants are found will share in the profits.

Worldwide, 12 million people are already infected with HIV, the virus that causes Aids, and experts estimate that 40 million will be infected by the year 2000. Unless a treatment is found, most will die of Aids.

Thus, as the global Aids pandemic accelerates out of control, scientists around the world are in a race against time to find a cure – or at least an effective treatment – for HIV.

Increasingly, scientists are turning their attention to the plant kingdom, which has been the source of many important new medicines.

India's National Institute of Immunology in New Delhi is currently investigating seven plants which have been used in the ancient Indian "ayurvedic" system of medicine. All the plants are known for their anti-stress, immune-boosting properties – and are free from side-effects.

In the US, the National Cancer Institute (NCI) natural products programme is the world's largest project to screen natural substances for anti-HIV properties. Since 1987, the programme has examined more than 41 000 natural products, just a tiny fraction of the world's plant population.

Nearly all the plants screened so far have come from tropical and sub-tropical areas, especially from rain forests, because of the rich diversity of flora to be found in those regions.

One of the NCI's most dramatic successes was announced earlier this year: a previously unclassified woody vine of the genus *Ancistrocladus* discovered by a British botanist in a remote corner of the rain forest in Cameroon. An extract from the vine called Michelamine B has shown strong anti-HIV activity in the test-tube.

But scientists caution against premature optimism.

They say it can take anything from five to 15 years before a promising substance in the laboratory can be transformed into a safe and effective drug for humans.

The NCI has signed agreements with the 25 African, South-East Asian, and Central and South American countries where it is collecting specimens. These accords give the countries a percentage of royalties on sales of drugs derived from their plants.

Some plants undergoing clinical evaluation for their anti-HIV properties have been prized for centuries for their medicinal properties. The Centre for Natural and Traditional Medicines (CNTM) in Washington DC has been advocating the use of plant medicines in the treatment of HIV since the 1980s.

Medical spokesmen point out that more than 80 percent of people throughout the world who are suffering from Aids turn to traditional remedies and healers because western medicines and drugs are either unavailable or unaffordable. – Panos

Aids awareness hits home

CP REPORTER

(92)

City Press 19/5/93

THE third Johannesburg Aids awareness programme, run by the Johannesburg City Council and Outreach, got underway yesterday and will run throughout the week until May 15.

Councillor Marietta Marx, Chairwoman of the Health and Housing Committee, explained that the week is designed to augment the council's extensive ongoing Aids prevention programme.

Professor Nicky Padayachee, Johannesburg's Medical Officer of Health, said that about 100 000 people in greater Johannesburg were infected with HIV, the virus that causes Aids.

The Aids Information and Outreach

team will stage a variety of entertaining events throughout the week:

■ An information stall will operate for the week at the Carlton Centre.

■ Aids "Street Theatre" will take place at lunchtime in the Library Gardens on May 10, at Highpoint on May 12, at FNB centre in town on May 14 and at the Market Theatre flea market on May 15.

■ Schoolteachers' workshops on May 10 and a workshop for teenagers will be held at Barnato Park School at 1:45 pm on May 11.

■ A programme targeted at domestic workers will be held at St Mangos Church in Bryanston on May 13 at midday.

HIV infection adds to TB misery

ABOUT one in five tuberculosis patients admitted to hospitals in SA were HIV positive, says the Department of National Health. *Cress 9/5/93*

The TB epidemic had greatly increased in Africa as a result of the Aids plague, putting increased pressure on health care services, the Department said this week. *92* *97*

At least 80 000 new TB cases were notified annually. Between 24 and 36 people died daily because of the disease, the statement said.



LIFE, LOVE AND SEX ... Nonsisa Budaza, Unathi Petu, Shannon Abrahamams and Gertrude Steenkamp, the actors

Raving Over ^{5 Times} ROXY ⁹¹⁵¹⁹³

BY GLENDA NEVILL

ROXY, the educational Aids awareness comic-strip, has been rejected by adults but welcomed by teenagers, the market at which it is aimed.

This week spokesmen for the Medical Research Council, the Progressive Primary Health Care Network and Story Circle, who developed and researched the publication, said field testing of the comic-strip "had found substantial alienation from the photo-comic among adults".

Many teachers, principals, school nurses and other "moral

custodians" had objected to the central character, Roxy's being sexually active, using slang and being exposed to gangsterism and drugs, the creators of the comic said.

The comic book was an important educational tool and it was made aware of the value of the Roxy approach so that their alienation from the "real sexual attitudes" of teenagers in their care did not impair its distribution, they said.

Roxy is just one part of an Aids education package developed for use in schools around the country.

So far 24 000 copies have been published. These are to be circulated through health-care networks, Upbeat magazine and, most effective of all, by word of mouth among teenagers.

"By neglecting to consider the subcultures in which young South African develop their attitudes towards love and sex, most Aids education material is unable to reach teenagers effectively," the creators said in a statement this week.

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AIDS policy deal in reach ⁽⁹²⁾

ERICA JANKOWITZ

AN AIDS policy for the mines, which the NUM and Chamber of Mines have been negotiating for about 18 months, will probably be signed shortly, according to a union spokesman.

Both parties agreed they were "very close to agreement" on the issue, but had yet to resolve two points of contention. *BIDM 10/5/79*

One involves certain categories of workers the chamber insists should be tested automatically "on medical grounds". The union maintains that automatic and pre-employment testing could be extended to all workers and is not acceptable.

Chamber medical adviser Dr Isaak Fourie saw this as "a procedural aspect" and said it was not a fundamental point. He said the parties had agreed employees had the right to refuse testing and were now thrashing out the extent of the agreement.

The second point is individual responsibility. The union is arguing for a lifestyle change, saying the hostel and migrant labour systems contribute to the spread of AIDS.

The chamber, however, says employees must accept co-responsibility for the spread of the disease as an individual is not going to become infected unless he has unprotected sex with an HIV-positive person.

Fourie said the two parties had gone a long way towards devising "broad guidelines to protect the rights of the HIV-positive worker in the mining industry". The whites-only Mine Workers' Union had been invited to discussions on the policy, but had "shown no enthusiasm".

Shoprite/Checkers warns against strike

BIDM 10/5/79
SHOPRITE/Checkers on Friday gave notice to the SA Commercial, Catering and Allied Workers' Union (Saccawu) that the union would be responsible for "whatever consequences may flow from strike action" planned to start this week.

In a hard-hitting letter to the union, group personnel manager Callie Burger said it was clear the union had a fixed intention to embark on strike action and would only abandon this when the company acceded to its demand for the unconditional reinstatement of the cancelled recognition agreement.

On Saturday, thousands of Saccawu members engaged in industrial action over the unilateral termination by management of its recognition agreement with Saccawu, the union said in a statement.

It said this followed a majority vote in favour of industrial action and the company not agreeing to mediation unless certain preconditions were met.

It said 14 workers were injured by police dogs after they had handed a memorandum to the management of Shoprite/Checkers in Hillbrow. A police spokesman said police had dispersed more than 200 workers because the march was illegal. He said one man was arrested.

In his letter, Burger said the company had given "proper and lawful notice" of the termination of the agreement which was "no longer

(21/152)
appropriate to the structure of the new and enlarged company".

Despite attempts, the union had been unwilling to negotiate a new agreement.

Burger said the company had requested a joint bargaining forum with the National Union of Distributive and Allied Workers in accordance with "the prevailing national tendency to accommodate and tolerate minority groups" and to promote orderly collective bargaining.

This had been rejected by Saccawu whose "failure to deal with the issue had led to an indefinite delay in granting the annual wage increases".

Burger said the two strike ballots conducted by Saccawu had "resulted in numerous incidents of illegal strike action, serious disruption to business and a large number of serious irregularities" and that any strike action embarked on would be deemed unlawful by the company.

Burger said as it was clear the union "is in an advanced stage of planning its industrial action and has devoted considerable time, energy and finance to this" the company would "take whatever practical steps it deems necessary to protect the interests of its employees, shareholders and the wider community".

He said strike action would have a detrimental effect on the company's financial recovery.

ERICA JANKOWITZ

Southern Life AIDS advert raises hackles

A ROW has erupted over Southern Life's new "AIDS free" life assurance product, with AIDS lobbyists claiming the company is exploiting fears of the epidemic.

A consortium representing 60 organisations has lodged a complaint with the Advertising Standards Authority against the product's advert on grounds that it is derogatory and misdirected.

Southern Life spokesman Graeme Lillie responded that the company was sensitive to the views expressed by the AIDS bodies and would be reviewing its advertising campaign in the next few days.

KATHRYN STRACHAN

The advert depicts a stuntman precariously dangling on the wing of an aircraft, and says "You wouldn't want to subsidise his life insurance. We don't think it right that you subsidise those who have contracted AIDS."

Wits Centre for Applied Legal Studies spokesman Edwin Cameron said the implication was that AIDS was acquired in a "frivolous and irresponsible" way.

Southern Life believes that with statistics indicating 2,3-million South Africans

will die of AIDS by the year 2005, all life assurance will soon be sold this way, or the industry may be wiped out. (92)

The product Exclusive Life is designed to protect healthy policyholders from sharp premium increases due to subsidisation of HIV-infected clients, and requires clients to undergo testing every five years to the age of 40.

Should a policyholder test positive in a repeat test, or refuse to undergo the test, life cover would be reduced to 10% of the sum insured. Exceptions would be made in

To Page 2

Southern Life *BLOM 1015793* *(92)* From Page 1

cases of proven accidental infection, such as through blood transfusions or rape.

It was accepted that life assurers had defensible interests, said Cameron, adding there was a legitimate debate of the role and responsibility of insurers in the SA economy.

But, he said, the question was where the line was drawn — and Southern Life had gone far beyond that line.

"The angle Southern Life has taken is derisive and derogatory, and it creates the wrong climate around HIV," he said. "It demeans HIV-positive people in a way it would not do to other groups."

Current testing merely screened people who were HIV positive when taking out a policy, and did nothing to control the cost of benefits to those infected after acceptance for cover, the company said at the launch of the product.

Lillie said the company did not believe the advertising campaign was discriminatory against people with HIV or AIDS.

"The central message of the ad implies that where individuals practise unsafe sexual behaviour, they are increasing their risk by at least the same level as the stuntman depicted in the ad," he said.



'Aids-free' life cover slammed

CT 10/5/93 (92) (18)

Own Correspondent

JOHANNESBURG. — A row has erupted over Southern Life's new "Aids-free" life assurance policy, with Aids organisations claiming the company is exploiting people's fears of the epidemic.

An Aids consortium — which represents 60 organisations — has lodged a complaint with the Advertising Standards Authority against the advert for the new policy on the grounds that it is derogatory and misdirected.

Southern Life spokesman Mr Graeme Lillie said the company was sensitive to the views expressed by the Aids organisations and would be reviewing its advertising campaign.

The advert depicts a stuntman precariously dangling on the wing of an aircraft, and says: "You wouldn't want to subsidise his life insurance."

It continues: "We don't think it right that you subsidise those who have contracted Aids."

Wits Centre for Applied Legal Studies spokesman Mr Edwin Cameron said the implication of the advert was that Aids was ac-

Company to review campaign

quired in a "frivolous and irresponsible" way.

Southern Life believes that with statistics indicating that 2.3 million South Africans would die of Aids by the year 2005, all life assurance would soon be sold this way, or the industry could be wiped out.

The policy, Exclusive Life, is designed to protect healthy policyholders from sharp premium increases due to the subsidisation of HIV-infected clients, and requires clients to undergo testing every five years to the age of 40.

Should a policy-holder test positive in a repeat test, or refuse to undergo the test, life cover would be reduced to 10% of the sum insured.

Exceptions would be made in cases of proven accidental infec-

tion, such as through blood transfusions or rape.

It was accepted that life insurers had defensible interests, said Mr Cameron, adding there was a legitimate debate of the role and responsibility of insurers in the economy, especially as it covered a major part of new investment.

But the question was where the line was drawn — and Southern Life went far beyond that line.

"The angle Southern Life has taken is derisive and derogatory, and it creates the wrong climate around HIV," he said. "It demeans HIV-positive people in a way it would not do to other groups."

The company said current testing merely screened people who were HIV-positive when taking out a policy, and did nothing to control the cost of benefits to those who were infected after they had been accepted for cover.

Mr Lillie said the company did not believe the advertising campaign was in any way discriminatory against people with HIV or Aids.

"The central message of the ad implies that where individuals practise unsafe sexual behaviour they are increasing their risk by at least the same level as the stuntman depicted in the ad," he said.

B/DAY 6/5/93

Insurers back policy
SOUTHERN Life will not ditch its new "AIDS-free" life assurance policy and ad campaign, which have drawn sharp criticism from AIDS organisations. It said last night the policy was designed to protect healthy policyholders from sharp premium hikes attributable to subsidisation of HIV-infected clients. (5) (92)



2 metro

Aids patients 'to fill 70% of beds'

Star 11/6/93

92

By Jacqueline Myburgh

Up to 70 percent of Johannesburg's hospital beds will be occupied by Aids sufferers by the end of the century, according to the head of the city's Aids Programme, Dr Clive Evian.

"Current medical facilities could never cope," he told The Star. "In 10 years you might have between 400 000 and 750 000 people requiring medical attention."

The city would not be able to afford the creation of more hospital beds, however, and would have to develop different levels of care,

Evian said.

"For example, we could develop home-based care — keeping people comfortable and clean ... and halfway houses for day care.

"We need to change our vision of kinds of care facilities," he said.

North of South Africa, in Malawi and Zimbabwe, between 60 and 70 percent of the hospital beds were already taken up by Aids victims, he added.

"They have been thrown into a crisis; Aids patients are stressing already overstressed hospitals.

"It's nothing new in Africa ... the quality of our medical care is going to go down," Evian said.


Private hospitals, too, would be treating many Aids sufferers.

Evian said South Africa had passed the critical point of creating a reservoir of infected sufferers, and the country's "epidemic curve" was climbing steeply.

Medical facilities could cope at the moment, he said. "But at the end, our hospitals are going to fill with people with Aids and tuberculosis."

● This week is Aids Awareness Week and the Johannesburg City Council has planned various events to keep the public informed about the epidemic. An information stall will be open at the Carlton Centre until Saturday.

'Aids-free' advert to stay

CT 11/5/93 (92) 

Staff Reporters

SOUTHERN LIFE is to keep its new "Aids-free" life assurance policy and its advertising campaign which has drawn sharp criticism from Aids organisations.

The "Aids-free" life assurance policy advertisement depicted a stuntman precariously dangling on the wing of an upturned aircraft and says: "You wouldn't want to subsidise his life insurance."

It continues: "We don't think it right that you subsidise those who have contracted Aids."

Southern Life executives met on the issue last night.

A spokesman said no decision to drop the advertisement had been made.

The policy was designed to protect healthy policy-holders from sharp premium increases due to

Southern to keep new policy

the subsidisation of HIV-infected clients.

Policy-holders were required to undergo testing every five years to the age of 40.

Should a policy-holder test positive in a repeat test, or refuse to undergo the test, life cover would be reduced to 10% of the sum assured.

A complaint about the advertisement had been lodged and would be investigated, said a

spokesman for the Advertising Standards Authority.

At present people are only screened for HIV/Aids when they take out a life assurance policy and there is no control over the cost of benefits to those who are affected after they have been accepted for cover.

Old Mutual's chief actuary Mr Theo Hartwig said he believed the Southern Life approach was "not an unreasonable one".

Deaths

"There is a movement towards selling life assurance to a person at special low rates as long as he or she undergoes periodic Aids tests," he said.

Southern Life believes that with statistics indicating that 2,3 million South Africans would die of Aids by the year 2005, all life assurance would soon be sold this way. Otherwise the industry could be wiped out.

people in Soweto HIV-infected

Big Aids awareness drive launched

Sowetan 12/5/93

By Mokgadi Pela

SEVERAL organisations are this week observing Aids Awareness Week to promote greater care about the dreaded disease.

The activities will culminate in a meeting at Vista University in Soweto on Saturday.

The organisers of the meeting include Dr James McIntyre of Baragwanath Hospital's department of obstetrics and gynaecology and Mrs Enea Motaung of the Township Aids Project.

Health authorities estimate that more than 20 000 Soweto residents are HIV-infected.

Saturday's event is scheduled for

■ Several organisations involved in campaign:

9am. The meeting also aims to establish contacts with all role players in the southwest of Johannesburg.

The head of the newly formed National Aids Training and Outreach Programme, Professor Ruben Sher, said the solution for Aids lay with the community.

"The community must be empowered to deal with the problem," Sher said.

It is also estimated that 500 South Africans are contracting the virus daily. More than 1 300 people have died from Aids since the first case was identified in 1982.

Southern Life drops Aids ad

Staff Reporter

SOUTHERN LIFE has decided to drop its controversial advertising campaign for its new "Aids-free" life insurance policy. (92) (2)

A company spokesman said it had been decided at a meeting of company executives on Monday night to drop the campaign but retain the policy. CT 12/5/93

The campaign, which featured an advertisement with a stuntman precariously dangling on the wing of an up-turned aircraft and the words: "You wouldn't want to subsidise his life insurance", drew sharp criticism from Aids organisations, and a complaint had been lodged with the Advertising Standards Authority.

Diagnosis with the Aids algebra

USING computer models to predict the ultimate size of the Aids scourge is nothing new. The World Health Organisation has global and continental projections for the next 10 years. But these figures often appear too overwhelming for individuals to relate to.

Now, for the first time, researchers at the Centre for Health Policy at Wits, in collaboration with Metropolitan Life and the Medical Research Council have used an SA-developed model to focus attention on a localised geographic area.

The picture which emerges is painfully specific. It shows that 24 percent of Soweto's sexually active population will be HIV positive by 2010. But this fearful figure could be reduced by a half or even two-thirds with successful interventions.

But what is computer modelling? Why have the researchers focused on Soweto? And what are these interventions which could make such a difference?

A Cape Town actuary, Peter Doyle, recently developed a computer model which has produced national predictions for the Aids epidemic which are widely accepted as the most reliable yet.

"And what we have done," says Professor Alan Fleming, chairman of the Baragwanath Hospital and Soweto Clinics Aids Committee, "is to ask the

people at the Centre for Health Policy to use the Doyle model on Soweto. To know in detail what is happening and what is going to happen with the HIV pandemic in our specific area is essential for planning."

Doyle's programme, described as "macro modelling of middle-level complexity", has been tuned by one of Doyle's colleagues, Thant Esterhuysen, to produce the Soweto-specific predictions. The model is well suited to localised use. But it must be fed with a number of facts and assumptions before the arithmetic can start.

Obviously, it wants to know the total population. In Soweto, 2.1 million. At what level is HIV prevalence in this population? Early in 1993, 3.1 percent. So far so good. But the real key is estimating how fast the virus will spread.

Penyson Lee, a researcher at the Centre for Health Policy, explains that "the Doyle model divides sexual activity in the population into four categories, the proportions of which are derived from existing data on sero-prevalence from antenatal clinics patients treated for sexually transmitted diseases, and an assumption of the number of people with a high degree of partner change".

The proportions of the four categories are based on national figures, due to the absence of specific figures for Soweto. The

New Soweto-specific research which is nearing completion at Wits University shows that three interventions could have a major impact on the size of the Aids epidemic in South Africa.
DAVID ROBBINS.

categories and their relative sizes are:

- The PHO group (including prostitutes and their clients), characterised by high levels of partner change — 100 to 180 new sexual partners a year, approximately 1 percent of the population.

- The STD group, characterised by a prevalence of other sexually transmitted diseases which suggests some promiscuity — between six and 10 new sexual partners a year: 17 percent of the population.

- The RISK group, characterised by stable sexual relationships within which partners are not always faithful — one new sexual partner each year: 49 percent of the population.

- The NOT group, characterised by monogamy or abstinence: 33 percent of the population.

Into the equation now goes all the standard characteristics

of the infection: the transmission rates of the virus, the five-fold increase in susceptibility to HIV among STD patients, an incubation period of just more than 12 years, a 90 percent chance of death after that, and so on. And out come the predictions (See graph).

Look at the top line as it sails off the graph. Nearly a quarter of all Soweto adults (15 to 59 years) HIV positive by 2010, already a quarter million dead, 137 500 Aids orphans.

Now for the interventions. Take the middle line first. That's what happens to the epidemic in Soweto if the number of new sexual partners is reduced by 40 percent over the next five years.

The bottom line, which hacks the scale of the epidemic by two-thirds, is the result of a 40 percent reduction in new sexual partners over the next five years, a 20 percent increase in the effective use of condoms and the successful treatment of all existing STD patients.

"If we can successfully treat the STD group," says Esterhuysen, "this would make the risk of HIV transmission per contact equivalent to that experienced in the RISK group, which would reduce the epidemic significantly."

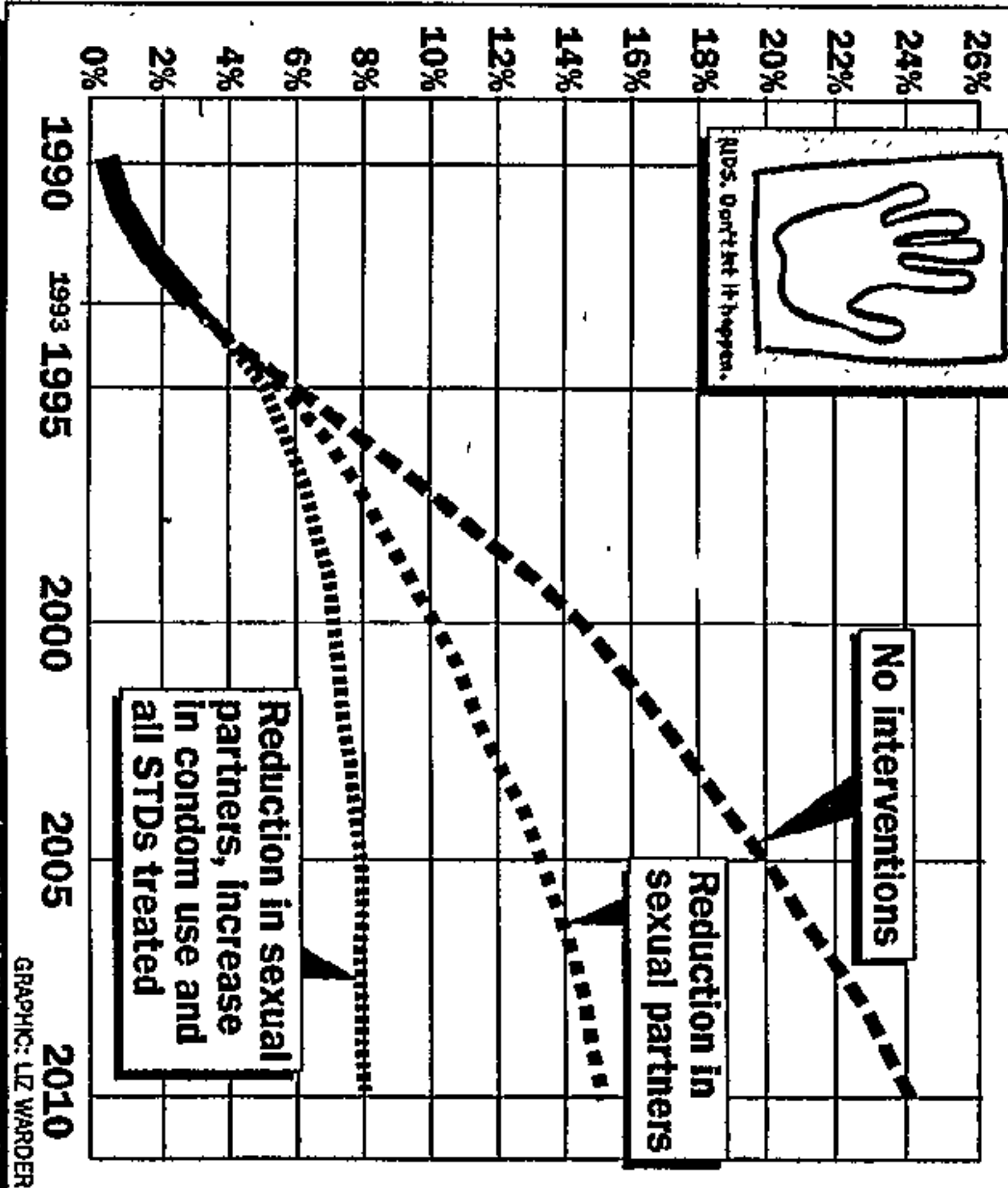
tion results generally, Lee says: "These interventions could make an enormous difference. But time is of the essence. Even by 1994, in eight months' time, the lines of the graph have begun to diverge."

"There's no magic bullet, but a great deal can be done," says Helen Schneider, co-ordinator of the Aids research project at the Centre for Health Policy. "Education is crucial. Aids education, especially in schools and to the youth."

"The health services for the treatment of STDs must be improved and made more accessible. Condoms just aren't sufficiently available. The family planning outlets aren't enough, and the commercial products are too expensive. People should be able to buy a pack of condoms at their local spaza (informal shop) for 50c. The cost could be reduced by removing the 15 percent duty on imported condoms, as well as removing VAT on these products," says Schneider.

"The reality is that a lot more money is going to have to be spent. A total of R21 million to R31 million is needed to fund a health budget of R11 billion isn't good enough. It's totally incompatible with the impact the epidemic is ultimately going to have on health spending." □

Predicted HIV prevalence in Soweto & the impact of interventions (Adults 15 - 59)



GRAPHIC: LIZ WARDER

No HIV figures for prostitutes

Political Staff

ALTOGETHER 1 789
prostitutes were arrested
by the police in 1992
but none had been tested
for sexually transmitted
diseases, the Minister
of Law and Order, Mr
Hernus Kriel, said yesterday.

(92) CT 13/5/93
In a written reply to
Mr Mike Ellis (Democratic
Party, Durban North),
he said the police had
no authority to subject
women to such tests and
therefore he could not
provide figures as to how
many were HIV-positive.

SOUTHERN LIFE has launched a life insurance policy that makes a virtue of excluding people with Aids. The company proudly vaunts the policy as a "world first", but its campaign has been slammed as "divisive" and "stigmatising" by people working in the Aids field.

The campaign's advertisement, printed in the Sunday papers over the weekend, shows a stuntman flying upside down in an aeroplane, with the text: "You wouldn't subsidise his life insurance. So why should you subsidise the premiums of those who run a high risk of contracting Aids?"

The Exclusive Life Series, launched last week, requires policy-holders to test for HIV every five years until they reach the age of 40. If a policy-holder tests positive — or refuses to undergo subsequent tests — then the life cover will be reduced to 10 percent of its original level.

Southern Life's executive director, Chris Lid-dle, explains that the company has "taken the view that it is not reasonable to expect policy-holders to cross-subsidise the cost of Aids-

Southern's stuntmen a risk to Aids sufferers

Would you take out life insurance that could be slashed to 10 percent?

Southern Life's controversial new policy flaunts the fact that it discriminates against people who are HIV-positive. By MARK GEVISSER

related death claims. Uninfected policy-holders have a right to be protected and should not be faced with exorbitant premium increases or reduced payouts."

Southern Life actuaries claim that, as South Africa sinks deeper into the Aids epidemic, this is the only way of protecting policy-holders' investments.

All life policies require a preliminary HIV test, but the company has gone a stage further by designing a policy that aims to create a pool

of uninfected policy-holders through regular testing.

Dr Clive Evison, head of Aids programming at the Johannesburg Municipality, finds the advertising campaign "very dangerous, as it fuels the fires of social prejudice against people with HIV. It implies that people with HIV are dangerous, and are a risk to society. It actually seems to blame people with HIV."

The account executive at BSB-Bates, which holds Southern Life's account, explains: "We

used a photo showing an aeroplane stuntman, because stuntmen engage in a lifestyle that does put them at higher risk. So they have to pay higher premiums. Likewise with people who engage in risky sexual behaviour."

But Edwin Cameon, of the AIDS Consortium, retorts that by depicting people with HIV as stuntmen, the advert implies that they have "voluntarily contracted the virus."

"This is incorrect, unacceptable and counter-productive."

"Rather than stigmatising people with HIV, the insurance industry would do well to pour its massive resources into helping those with Aids."

"There are rational arguments for wanting to limit the impact of HIV on the industry, but it would be better if they devised formulae that are socially responsible, rather than whipping up sentiment against people with HIV."

In response to the advertisement, the AIDS Consortium intends mounting its own campaign, including an official complaint to the Advertising Standards Authority and renewed pressure for legislation preventing discrimination against people with HIV.

HIV cases double in a year

THE number of people infected with HIV in SA has doubled in the past year to nearly half a million, according to statistics to be released today by the Health Department.

Medical experts said yesterday the figures could confirm fears that SA was headed for a "worst case AIDS scenario".

The assessment was compiled from the third annual serological survey of women attending state antenatal clinics.

Prof Allan Fleming of government's AIDS Advisory Group said the statistics were likely to show that at least 400 000 people had contracted the disease.

Estimates last year put the number of HIV infections in SA at around 250 000, with some experts predicting that the 400 000 mark would be reached only by the

GAVIN DU VENAGE

end of the century.

Recent surveys in Western countries have indicated that AIDS predictions were exaggerated and the disease would not reach the proportions once feared.

However, Fleming said that in SA only the "pattern one" group of homosexual men was showing a decline in the disease. The virus was steadily increasing among the "pattern two" heterosexual group.

He said studies had shown that 6% of pregnant mothers visiting antenatal clinics in Natal were infected, while the figure in Soweto was 5%.

Fleming said that despite dire warnings

□ To Page 2

HIV B10A 14/5/93

as far back as 1985, government had done "precious little" to prevent the looming disaster. He said the country could be burdened by as many as 500 000 AIDS-orphaned children by the year 2000.

Johannesburg City Council director of community health Dr Eric Buch said figures of around 2% HIV positive people recorded two years ago at the city's sexually transmitted disease clinics had climbed to 15% and 20% respectively for men and women.

He said an added complication was the link with tuberculosis. A large proportion of the population was infected by the or-

ganism at an early age, he said, but the disease was either defeated by a carrier's defence system or remained dormant.

However, once HIV manifested itself, the body's defences were weakened, allowing TB to assert itself. As TB was highly contagious, it would spread rapidly, creating a separate health hazard.

SA Institute of Medical Research spokesman Rubin Sher expressed caution about statistics drawn from pregnant women being extrapolated to the rest of the population. However, he acknowledged that AIDS was spreading rapidly.

□ From Page 1

AIDS

Southern discomfort ⁹²

Southern Life is firm that its new product, which distinguishes between clients who agree to or refuse repeat testing for Aids, stays on the market. But this week it stalled its advertising campaign and spokesman Graeme Lillie said the company was rethinking its marketing support for the new-style policy. **FM 14/5/93**

The policy offers low rates for life cover for people who avoid Aids. Up to age 45, they must undergo testing every five years for the HI virus. If tested positive during that period, the extent of their life cover is reduced to 10%.

It was inevitable, given the spread of Aids in Africa, that a drastic change in life assurance principles would come. The industry was surprised it came from Southern when some other life assurers have more exposure to the risk. Sanlam MD Desmond Smith said this week his organisation was watching the Southern initiative but would not follow suit. He pointed out that brokers earned their life policy commissions in the first two years and "they will have no interest in a policy that obliges them to haul their clients in for an HIV test every five years" — for no additional fee.

Old Mutual chief actuary Theo Hartwig considers periodic testing for Aids "not unreasonable."

Smith believes brokers will take a pragmatic approach. They stick with the current life industry discipline that, over a certain amount of life cover — currently R100 000 — all applicants must undergo an HIV test. If cleared, their life cover is intact for the duration of the contract.

Southern's controversial advertising campaign pointed up the risks of cross-subsidisation: would a normal policyholder cross-subsidise the life of a person who did stuntwork on the wing of an aircraft? The analogy was that policyholders who did not expose themselves to Aids were subsidising those who practised unsafe sex habits.

Lillie says the advertising was withdrawn and marketing support was being reconsidered after complaints that the advertising was insensitive and brash. It's possible Southern has not made enough of the issue

X Continued on page 41

FM 14/5/93 ⁹²

Continued from page 37

that Aids is — short of careless medical procedures or rape — a self-inflicted disease and, perhaps, deserves special consideration by life offices.

But the condition of repeat testing for the virus confronts two basic principles of life assurance:

A whole life contract is just that, for life; and

Cross-subsidisation of risk is what life assurance is supposed to be about.

The corollary might be that an admitted 18-year-old non-smoker and non-drinker should submit to a new medical test every five years and, later becoming addicted to either substance, have his cover reduced. A gout sufferer usually accepts that his premiums will be loaded by 5%-10% but would not expect to be loaded if he has been initially accepted as a normal risk. Southern actuary Paul Truyens says the degrees of risk and cross-subsidisation in such circumstances cannot be compared to those yielded by Aids.

Chris Liddle, Southern's executive director, Life Division, says the difficulties in the health industry, where the young members of medical aid schemes subsidise the infirm, has helped highlight the cross-subsidisation issue.

The sheer weight of the Aids dilemma compelled Southern to bring a new element into the offer of life cover. Truyens points out: "All this new policy comprises is a five-year renewable term assurance in which the investment income continues to build up."

The adverse publicity seems to have generated from the organisations trying to combat the Aids threat, who are alleging Southern is sending the wrong messages.

In 1895, Southern introduced separate portfolios for alcohol consumers, with lower rates for teetotalers. The scheme was scrapped when it was found that the life strain on the tea drinkers' portfolio was greater than that of the drinkers. ■

Aids advance by scientists

LONDON. — Scientists said yesterday they had made an important advance in unravelling the mechanism of Aids by mapping the complete structure of the molecule used by the Aids virus to enter cells.

In a paper published in the journal Science, the team from Britain's Medical Research Council said they had unlocked the remaining secrets of the CD4 antigen, a key protein present on the surface of white blood

cells.

With the complete structure now available, researchers will be able to construct models of the CD4 antigen, helping understanding of how the protein interacts with HIV and with other cells in the immune system.

● The World Health Organisation agreed yesterday to a complete review of its global strategy on Aids after major donors pressed for rival UN agencies to have a greater role.

② CTIS/5/13

Scientists map Aids molecule

LONDON. — Scientists said yesterday they had made an important advance in unraveling the mechanism of Aids by mapping the complete structure of the molecule used by the Aids virus to enter cells.

In a paper published in the journal, Science, the team from Britain's Medical Research Council (MRC) said they had unlocked the remaining secrets of the CD4 antigen, a key protein present on the surface of white blood cells.

Three years ago, US researchers mapped out the first half of the molecule, a receptor to which HIV, the virus that causes Aids, binds in order to enter and infect a cell.

"It will help our understanding of how the whole system is organised — it's another piece in the jigsaw," said Dr Neil Barclay of the MRC's Cellular Immunology Unit.

With the complete structure now available, researchers will be able to construct models of the CD4 antigen, helping understanding of how the protein interacts not just with HIV, but also with other cells in the immune system.

Scientists are investigating CD4's role in auto-immune diseases like rheumatoid arthritis, in which the body is attacked by its own immune system. — Sapa-Reuter.

TB 'must be tackled now' ⁹²

Staff Reporter

THE tuberculosis epidemic in South Africa must be tackled now as the risk of a TB sufferer becoming HIV infected is six times that of a non-TB sufferer, warned one of the world's top TB researchers at a Medical Research Council seminar this week.

According to researcher Professor Stefan Gryzbowski, a for-

mer consultant to the World Health Organisation on TB and Aids, the two diseases compound each other's effects.

While the world's spotlight has fallen on Aids, TB has become the "forgotton epidemic", with one South African dying of TB every 40 minutes.

The Western Cape is the worst hit area with 42% of the country's

total number of cases. ^{27/15/93}

● The Pharmaceutical Society of South Africa on Thursday resolved at a conference in Durban to pursue a system for community pharmacists to distribute free syringes, needles and condoms to drug-users so that addicts did not share infected syringes and thereby increase their chances of contracting Aids.

Appeal to businesses to support Aids fight

92 2/17/93
DAVOS, Switzerland. — Aids is costing businesses up to \$50 billion (about R150bn) a year and may seriously affect economic growth in developing countries like South Africa, a World Health Organisation official said here yesterday.

Dr Michael Merson, director of the WHO's global programme on Aids, launched a worldwide appeal for the corporate sector to help fight the disease, including making condoms available in the workplace.

"One of the best investments the global community can make is in Aids prevention," Dr Merson said at the World Economic Forum.

● The Swiss Red Cross sent 83 bags of blood products contaminated with Aids to the US, Saudi Arabia and Greece between 1982 and 1985, a spokesman admitted on Friday.

However, Mr Markus Haechler said hospitals had been warned and none had so far reported any patients becoming infected. — Sapa-AFP

SAC 1815143
Prison Aids figures

The number of HIV and Aids-infected prisoners had multiplied nearly four times in the 18 months up to the end of last year, the Department of Correctional Services said. At the end of December, 237 prisoners were HIV-infected and 11 had full-blown Aids. In July 1991 there were 67 HIV-infected prisoners and none with Aids. — Own Correspondent. (92)

Aids in SA prisons soars in 18 months

Political Staff

A TOTAL of 237 prisoners in South Africa were HIV-positive and 11 had full-blown Aids at the end of December last year, according to figures in the Department of Correctional Services report for 1992.

This compared with the figures in July 1991 when there were only 67 HIV-positive prisoners, and none with Aids.

The report claims, however, that only one out of 521 prisoners is HIV-positive, compared with one out of 40 among all South Africans aged 15 to 29.

Criteria had been established to identify possible HIV-positive prisoners on admission.

Such prisoners were isolated at night and allowed to mix with the rest of the prison population during the day.

The department reported prisoners were always supervised, "with the result that homosexuality does not occur in prisons as commonly as is believed".

HIV: Cases rise to 14m in world

GENEVA. — About 14 million people worldwide are infected with HIV, the World Health Organisation (WHO) said yesterday (92).

It said a "massive" commitment was needed to avoid a "catastrophe because of Aids" in some parts of the world.

Eight million HIV-positive people live in sub-Saharan Africa.

WHO said that by the year 2000 the total number of HIV-positive people in the world would jump to between 30m and 40m, with 5m of these cases coming from sub-Saharan Africa. — Sapa-AFP 0222/5/93

Aids message ^{South}boosts 22/5 - 26/5/98 demand for comic

By Justin Pearce

92

AS INFLATED condoms drifted through the Baxter foyer, hundreds of pupils raved to the rap sounds of Black Noise. The event was the launch of "Roxy", the photostory comic designed to teach young people about Aids and safe sex.

The book was designed by the Story Circle, and financed by the Medical Research Council (MRC) and Shell South Africa.

Ms Kathy Everett of the MRC explained that the comic was intended as part of a comprehensive Aids education package.

"We needed a component of the package to go straight to children."

And go to the children it has. The enthusiasm shown by young people was taken as a go-ahead to continue with the project, even when teachers and education authorities protested at the lifestyles led by the characters in the story.

Story Circle's intention was to portray accurately the lives of ordinary teenagers, and the story was devised on the basis of suggestions from young people.

In fact, the controversy has increased the demand for the photostory. The youth magazine Upbeat will distribute 15 000 copies with its next edition, and "Roxy" is also to be sold in corner shops.

(92) ARLT 22/5/73

14 million have HIV

GENEVA. — Some 14 million people worldwide are infected with the Human Immune-deficiency Virus (HIV), the precursor of Aids.


The World Health Organisation (WHO) said yesterday that 8 million of those infected live in sub-Saharan Africa.

In some towns in central and eastern Africa one in three adults is infected.

Meanwhile, the Aids epidemic is spreading in parts of southern and southeastern Asia as fast as in Africa. — Sapa-AFP.

HIV hitting
Star 22/5/93
sub-Saharan

Africa hard

GENEVA ⁽¹²⁾  Some 14 million people worldwide are infected with the HIV virus, the precursor of Aids, the World Health Organisation (WHO) said yesterday.

Eight million of those infected live in sub-Saharan Africa. In some towns in central and eastern Africa, one in three adults is infected, the WHO said.

The WHO calculated that within seven years the total number of people infected with HIV would reach between 30 and 40 million.

Deadly duo can be held in check

ARG 22/5/93

BY the turn of the century Aids will be the leading cause of death among adults in South Africa — but predictions that the disease would decimate the population are unfounded.

This is the view of Metropolitan Life actuary Mr Peter Doyle, whose forecasts regarding HIV and Aids are remarkably similar to recent figures released by the Department of National Health and Population Development.

"Aids is not going to wipe out the population, reduce the labour force to zero or collapse the economy, but it is going to be enough of a problem to affect us severely," he says.

Mr Doyle and colleague Mr Tjaart Esterhuysen have estimated that there are about 300 000 people infected with HIV in this country, including the TBVC states. They expect a further 200 000 people to become infected this year with about 550 new infections a day.

And they estimate that up to 7 000 people will become Aids sick this year.

These predictions overturn earlier views that the doubling time for HIV infection would get shorter and the disease would engulf the population.

On the contrary, Mr Doyle and his colleague say that as HIV spreads across the total adult population the doubling time will in fact begin to lengthen. But even though the total spread of infection will take longer than 12 months to double in size, total HIV in-

Aids and tuberculosis make a deadly duo in South Africa as epidemics sweep the country. Two experts suggest ways of coping. These reports by ANDREA WEISS, Health Reporter.

fections could still number about 500 000 at the beginning of 1994.

"The figures show that not millions of people will be infected by the year 2 000, but the number is still disconcertingly large."

Mr Doyle says South Africa probably has the best national data available in Africa — drawing from surveillance projects at ante-natal clinics throughout the country and in Johannesburg, Natal and KwaZulu.

The graph for HIV infection differs from other epidemics largely because the disease has a very different pattern to other diseases. The virus is not as virulent and has an extremely long incubation period, possibly 10 years or longer.

He thinks the disease should really be viewed as a series of epidemics taking hold of different groups at different times.

If HIV infection levels off, as most epidemics do, this does not mean it will then decline because the infected population would live on for a number of years while a new generation would become infected.

In Africa, it was thought that people with HIV would not live very long — probably no more than five to seven years. But Mr Doyle says more recent studies show that

people infected at a younger age tended to live longer.

Because infections in Africa tended to occur in the early 20s, those affected might live for 10 to 15 years. Estimates were that only 30 percent of people would be Aids sick in 10 years. Aids deaths would consequently occur when people were in their most economically active period in the age-group 30 to 40.

Ironically, intervention in the progress of HIV was currently aimed at prolonging life, which in itself prolonged the epidemic. In other words, the longer people stayed healthy, the more time they had to infect others.

But why did Mr Doyle feel it necessary to challenge the "doom and gloom" predictions of the early days of the epidemic?

Mr Doyle believes that accurate predictions are important for two reasons. Firstly, they are needed to inform policy decisions. If people, for instance, imagined that the housing crisis or population explosion would be nullified by Aids, they needed to be put right. Secondly, a "doomsday" scenario had the effect of paralysing people into inaction.

"People are inclined to throw up their hands and say: 'We can't do anything.'"

Also, the business of predictions was rather like the politics of South Africa. "When you're planning, you'll either say that everything will be hunky dory or it will be a total disaster, but you know neither is true."

And he points out that whatever the graphs may show, the chart they plot is not necessarily inevitable.

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'Insulting' Aids advert withdrawn

ANDREA WEISS
Weekend Argus Health Reporter

SOUTHERN Life has withdrawn a controversial Aids advertisement but the company plans to launch a new campaign to advertise the product which offers lower premiums for HIV-free clients.

The advertisement featured a "sky rider" standing upside down on an aircraft wing with the accompanying text: "You wouldn't subsidise his life assurance". Radio advertisements were also aired.

Dr Stewart Harris, administrator of the Aids Foundation, said the campaign had caused "great distress and offence" because of the tone of the advertisements.

Members attending the foundation's annual meeting said it portrayed people with HIV as a risk group who acquired the condition through frivolous and

voluntary conduct.

Dr Stewart said the meeting represented a broad spectrum of opinion including Cape Town Medical Officer of Health Dr Michael Popkiss, the managing director of a medical supply company, a representative of

R250-m treasure chest

Weekend Argus Reporter

SOUTHERN Life Association Limited had a special reserve of about R250 million to cover the cost of Aids-related death claims of policyholders who were not HIV positive when taking out life cover.

In the company's annual report, managing director Mr Jan Calliz said with the rate of HIV infection increasing "very rapidly" the life assurance industry could expect a sharp increase in Aids-related claims.

the pharmaceutical industry and pharmaceutical society and doctors.

Mr Jeffrey Taylor of Aticc, the city council's Aids project, said: "We are extremely distressed that Southern Life saw fit to place people with HIV and Aids in such a demeaning

"Already more than one percent of applicants for life assurance to Southern Life are found to be HIV positive. The infection rate has shown an 80 percent increase over the past year and we have declined more than R36 million in applications for life cover."

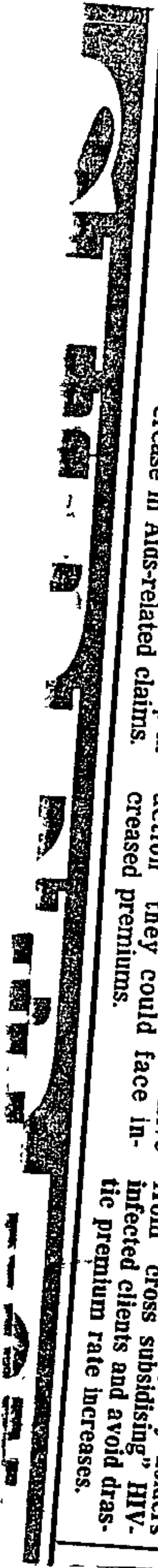
He added that the industry increasingly faced a situation where healthy policyholders were subsidising HIV-infected clients and without "decisive action" they could face increased premiums.

light, implying that they deliberately caught HIV in their love lives. What about people who are unwittingly infected by their partners?"

Southern Life said the company had decided to withdraw the advertisements because it had offended people concerned with Aids "be they people with Aids, those infected with the virus, their families or individuals involved in Aids education".

"This was obviously unintentional and as we did not want to cause harm to anyone, we withdrew the ad. As we have a strong belief in the Exclusive Life product, we will be developing a new campaign in the near future."

According to Mr Chris Liddle of Southern Life, the policy will protect healthy policy holders from "cross subsidising" HIV-infected clients and avoid drastic premium rate increases.



Reserve set aside for *Star 22/5/93* looming claims flood



OWN CORRESPONDENT

(92)

CAPE TOWN — Southern Life Association has a special reserve of about R250 million to cover the cost of Aids-related death claims of policyholders who were not HIV positive when taking out life cover.

In the company's annual report, managing director Jan Calitz says that with the rate of HIV infection increasing very rapidly, the life assurance industry could expect a sharp increase in Aids-related claims.

"Already more than 1 percent of applicants

for life assurance to Southern Life are found to be HIV positive. The infection rate has shown an 80 percent increase over the past year, and we have declined more than R36 million in applications for life cover."

The industry faces a situation where healthy policyholders are subsidising HIV-infected clients, and without decisive action, existing policyholders will have to face dramatically increased premium rates, or reduced benefits in future years, he says.

AIDS:

What are the possibilities of an alliance between doctors trained in the biomedical tradition and the practitioners of indigenous medicine? Are the attitudes and methods of these two categories in fact complementary, or do they differ so fundamentally that any form of co-operation is ruled out from the start? What are the factors that encourage (or discourage) an alliance between them? David Hammond-Tooke, Professor of Social Anthropology at the University of the Witwatersrand, asks these and other questions in his book *Rituals and Medicine*. Staffer BERENG MTIMKULU reports.



OPPOSED... Medical practitioner Dr Nthato Motlana says traditional healers have no idea what Aids is all about.

THE "incurables" - Acquired Immune Deficiency Syndrome (Aids), cancer, tuberculosis and various other killer diseases - continue to rob this country of its beloved sons and daughters.

But are they incurable as some would argue?

It is on this terrain which Western medical practitioners and traditional healers seem to be at loggerheads

African traditional healers have for many years argued: "We can cure the 'incurables'. We were doing it even before Western medicine."

Their practices are scorned and dubbed mumbo-jumbo or nothing else but superstition.

At the forefront of the debate and opposing traditional healers' attempts to make inroads into the medical profession, is Dr Nthato Motlana, a well-known Soweto civic leader and a qualified medico himself.

Opposed to the idea, Motlana argued in a TV programme recently that he would hate to see inyangas and traditional healers bringing their wares to Baragwanath Hospital.

"If Bara wants to debase medicine and the profession it can go ahead," he said.

In an interview with City Press this week, Motlana said he admits that by trial and error, some traditional healers had discovered useful herbs to cure some diseases. However, he added that the healers had not conducted research to determine why that particular herb was useful while the other was not.

Motlana said traditional healers made no attempt to diagnose a disease and hardly had names for diseases.

"They are harmful and would cause incalculable damage because they haven't got the slightest idea what Aids is all about.

"At hospitals we use X-rays and scanners to detect an illness, but when somebody goes to a traditional healer, bones of a monkey are thrown around in the hope of diagnosing a disease.

The GREAT

MUTI DEBA

"It really doesn't matter what you are suffering from, traditional healers will use 'snyt' (some form of syringe), *uphalaze* (vomit) and *qhaba* (ritual scarification) until you die."

However, Azapo publicity secretary Dr Gomolemo Mokoae, also a medical practitioner, told City Press that the inclusion of traditional healers in white medical institutions would be a "giant leap".

"Historically, traditional healers have worked as individuals. Thus, said Mokoae, medicine supplied by traditional healers to cure diseases should first be put to academic research before they could be accepted in hospitals.

Mokoae, however, said traditional healers should be given a chance to prove their expertise in curing "incurable" diseases - but this should start with "normal diseases" which are not as complicated as Aids.

Dr Motlana concurred. He said before these "untried" medicines could be used on people, there should be a scientific way to determine their merit.

"SA should follow the footsteps of China where traditional healers undergo two to three years training on primary health, hygiene, physiology and pharmacology before they are licensed to practice," said Motlana.

Renowned traditional healer Credo Mutwa has said traditional healers have proved themselves good in healing diseases dating back to years before Western civilisation. He stressed that they had the potential to cure diseases such as Aids and cancer.

"These western doctors treat us like rubbish. But circumstances will force them to recognise us one day," said Mutwa.

"Some diseases are contracted in hospital waiting rooms. There are no diseases in traditional healers' rooms.

"There should be mutual respect, less mud-slinging and traditional healers should be allowed to practice in hospitals," said Mutwa.

Motlana said traditional healers are known to be useful in curing psycho-mental diseases. But, he said, even a qualified medical practitioner should first be consulted about this.

He said mental diseases such as "fits", otherwise known as *Mafufunyana* in African circles, are often caused by a tumour of the brain and traditional healers would not be able to diagnose this.

Motlana said his conclusion stemmed from his own experience as an eight-year-old boy with a problematic knee.

"My parents took me to various traditional healers in the rural areas and they couldn't help me. It was clear they had no idea what they were doing," he said.

But, in Zimbabwe, spiritual mediums and traditional healers are being revered. In addition to being respected, they are recognised in the Zimbabwean statute books and are also protected by law.



CURE THE INCURABLE... Traditional healers believe they can cure should be allowed to practice in hospitals. Sangoma Lunga (insert)

TO BETTER RESULTS IN 1993

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EDUCATION EXPRESS

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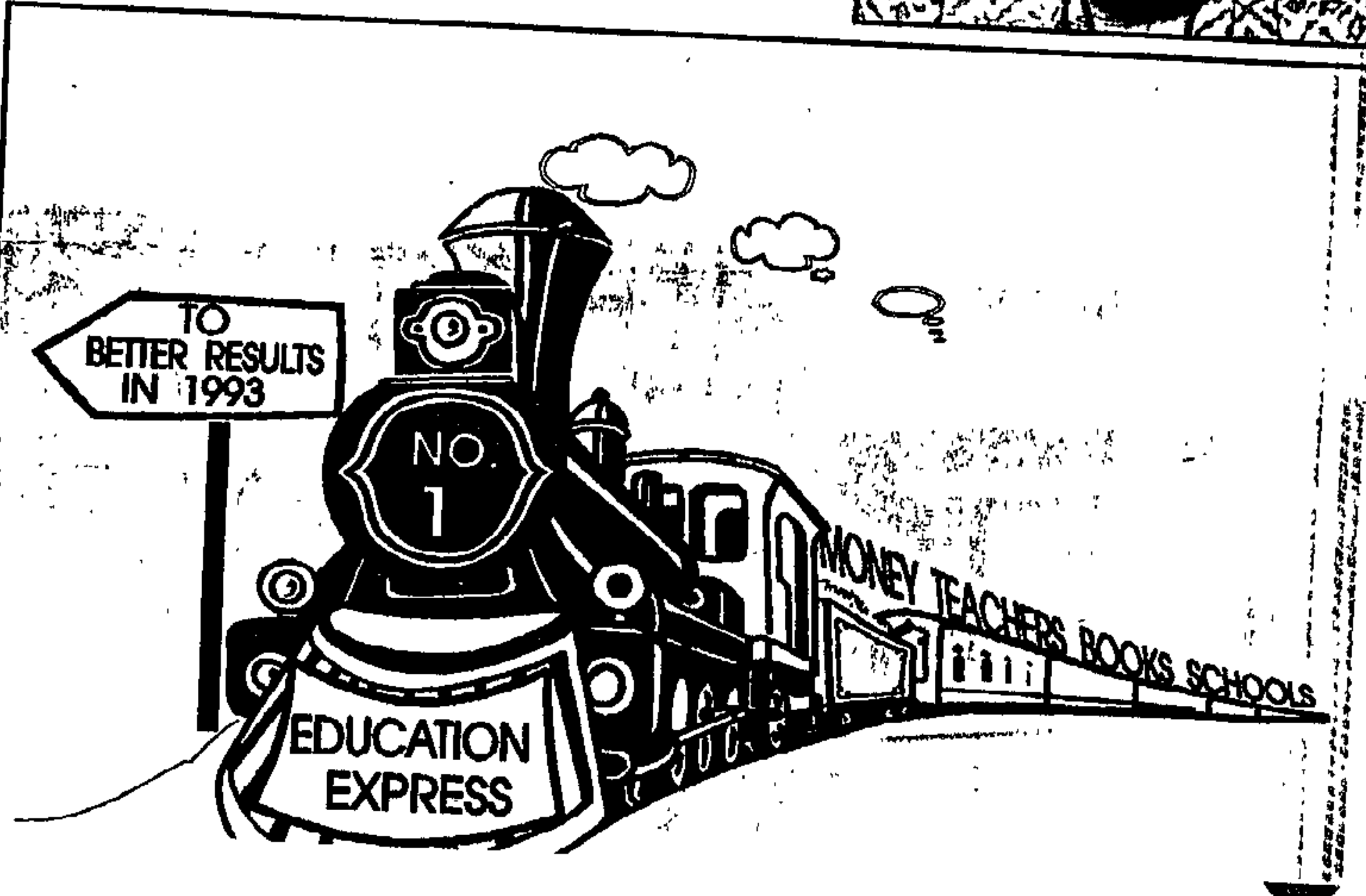


... Traditional healers believe they can cure most diseases and to practice in hospitals. Sangoma Lunga (insert) claims he has the Aids



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Rest will follow us on AIDS, says Southern

SI Times (Bus) 23/5/93

RESULTS from life insurers are predictable. So I won't dwell on yet another 19% increase in disclosed earnings and dividends from Southern Life for the year to March 1993.

116,3c a share, although the news release refers to a R78-million total tax bill.

Southern's major shareholders Anglo American Corporation and First National Bank will take 50% of the

dividend in scrip, details to be announced in June. The share price is R26, down from the February high of R28,50 but well up from the 12-month low of R18,75 last July.

What is interesting is the belief by Southern's executives that other life offices will copy its risk-reduced AIDS-free policy, Exclusive Life.

Director Chris Liddell believes they will have to.

"Years ago, there was one rate for everybody from most life offices. Then they gave women cheaper rates because they live longer. Then they got on to smokers. A company that charged rates of, say, 100 for everybody lost all its non-smokers to one which offered 95 to non-smokers and 105 to smokers.

"That company was left with all the smokers, carrying a bigger risk. It was forced to follow suit and we believe the pattern will hold for AIDS."

Southern's advertising campaign has come under fire, but Mr Liddell says brokers with whom Southern has done no business for years are now phoning with clients specifying Exclusive Life.

One reason behind its introduction is the fact that in the past year Southern declined to cover 348 lives — turning away R36-million of business — because 1,01% of applicants were HIV positive.

Southern has set aside a reserve of R250-million to cover the cost of AIDS-related claims of policyholders who tested negative when cover was obtained.

Southern has over several years decreased its stake in thriving African Life from 100% to 77% and is looking for ways to extend membership — already wide — across the black community.

It sees no need to respond to Sanlam's disposal to blacks of 10% of its black-based life group Metpol.

Southern's net premium income jumped by almost a third to R2,6-billion. But, investment income crept up to R1-billion.

The income statement is brief — next line gives taxed surplus of R196-million, or

How AIDS is hidden from medical schemes

SITINGS 23/5/93

92

By JAMES BRITAIN

DOCTORS in private practice throughout South Africa are circumventing medical aid scheme limits on the treatment of AIDS by submitting claims for the treatment of other ailments.

And AIDS is one reason why medical aid contributions are currently increasing faster than inflation, says Representative Association of Medical Schemes (Rams) chairman Stefanus Roodt.

Between 1985 and 1990, contributions rose by 34 percent.

The estimated average cost of treating an AIDS patient is R280 000 for a life expectancy of 8,5 years from diagnosis to death.

Most of South Africa's 186 registered medical aid schemes offer a maximum benefit of R600 a year for AIDS.

Former Johannesburg General Hospital HIV clinic consultant Dr Steve Miller said he knew of numerous doctors who hid the AIDS virus in their claims to medical aid schemes.

Treatment is disguised as being for AIDS-related illnesses like pneumonia and tuberculosis.

A GP, who may not be named for ethical reasons, said he "never" declared his AIDS patients to medical schemes "because it would destroy their chances of proper treatment".

No statistics are available for the number of "legitimate" AIDS patients who are members of medical aid schemes, but even a small number would inflate the cost of benefits to other members.

Mr Gary Taylor, chief executive

of Medscheme, which administers claims from 1,4-million patients, said that if one percent of any scheme's patients were treated for full-blown AIDS, monthly contributions for all other members would rise by 31 percent.

To solve the problem — which could threaten smaller schemes with bankruptcy — medical aid administrators are trying to devise new ways of approaching AIDS treatment.

Packages

A pilot project by a group of schemes — Affiliated Medical Administrators, Medicaid, Medscheme and Transmed — offers AIDS and HIV packages.

They cost considerably more than the average monthly contribution, but guarantee full cover to patients, including those who are

HIV positive but still healthy.

However, to qualify for the package, members must declare that they have the virus.

Mr Quentin Robinson, a director of Medicaid — one of South Africa's largest administrators — said a more open approach would not only ensure more effective treatment of AIDS, but could extend life expectancy to 14 years.

"Medical aid schemes are ignoring AIDS. If a member is HIV positive and the scheme knows it, patients cannot get the treatment they need.

"Most of our policies currently pay out between R600 and R2 500 a year, which is hopelessly inadequate.

"What we have to find is a way to provide proper benefits for AIDS patients without loading the subscriptions of other members," he said.

Nurses to ~~Star 2015192~~ sue hospital

GABORONE — Four nurses, fired by a private hospital because they were HIV positive, have begun proceedings to sue the hospital.

The four, all expatriates, were asked to undergo a medical checkup unaware that the check included an HIV test, they claim. When found positive, they were fired.
— Star Africa Service.

2 metro

Soweto to get Aids orphanage

Star 25/5/93

(92)

By Jacqueline Myburgh

The first "Aids orphanage" for babies abandoned by mothers who have been tested HIV positive is to be established in Soweto within the next few months.

Salvation Army workers who are involved in the project believe it is the first home for Aids orphans in Africa.

Speaking at the launch of National Salvation Army Week at the Johannesburg Civic Centre yesterday, commissioner Roy Olckers said the orphanage would be established in a four-bedroomed house in the Salvation Army compound on Klipfontein farm, Soweto.

It would accommodate 20 babies initially but would be expanded later as demand for the facility increased, he said.

Olckers said Baragwanath Hospital has reported that at least four babies born to HIV-positive mothers were abandoned each month.

"A mother who has been

tested HIV positive gives birth and can't cope with the thought that her child may also have the virus, so she abandons it."

A child could be tested for HIV only at 18 months, Olckers said, and the Salvation Army would care for the babies until then.

If they tested positive for HIV, they would remain in the orphanage until they died — probably at the age of three.

If the tests were negative, the child would be put up for adoption or transferred to the Salvation Army's children's home.

Olckers said a R100 000 donation from the Johannesburg Rotary Club would enable the establishment of the orphanage, and thereafter it would cost about R150 000 a year to run.

Qualified staff would be on hand to care for the babies, he said.

● The Salvation Army will hold a "Doorknock Day" this coming Sunday to raise money. The aim is to knock on every front door in the country and collect funds for future projects.

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Broadcast union to seek interdict

BY LLOYD COUTTS

THE SA Broadcasting Staff Association (Sabsa) is expected to seek an interdict this week preventing the SABC from retaliating against industrial action at the corporation by withholding members' May salaries.

Sabsa's industrial action began on Friday after a dispute was declared when SABC's management refused to move from its salary increase offer of 7,5%. Sabsa was demanding a 10,5% pay hike. *(BIDM)*

SABC group labour relations manager Christo Pretorius said yesterday the association could be in breach of a strike agreement, which could negate the protection granted the industrial action. *25/5/93*

Pretorius said the SABC was investigating the possibility that the disruption of Saturday's rugby final on TV1 had been "sabotage".

He said the SABC was awaiting a response from Sabsa by Thursday to its proposals for settlement, but was unsure of the significance of Sabsa's weekend announcement that it would suspend industrial action until legal steps against the corporation were formalised.

Sabsa spokesman Valerie Hopper yesterday refused to comment.

Seeff ties up with UK estate agency

BIDM 25/5/93

CAPE TOWN — Seeff International Properties has formed an association with UK-based real estate agency Hamptons International, a step which is expected to generate mutual referrals of business between the two companies.

Seeff Residential Properties chairman Samuel Seeff said yesterday that an estimated 300 families in the UK were looking to emigrate to SA once they were able to sell their homes. The Seeff group had recorded sales of about R150m to foreign investors during the past five years, he noted.

He said the Seeff group was optimistic about the future of the new SA and felt it was time to lay the foundation for a future association with Hamptons. Already Seeff properties had been marketed to Hamptons' exclusive client base by means of brochures.

Seeff International Properties MD Carmella Seeff also believed that there were a growing number of Brit-

LINDA ENSOR

ish people considering a property investment in SA. Adding impetus to this trend was the favourable exchange rate and the close historical ties between the two countries.

Hamptons' referral relationship with Seeff was the first of its kind with a foreign estate agency, Samuel Seeff said. Hamptons had more than 100 offices in 16 countries and territories including Jersey, the US, Guernsey and Hong Kong as well as associated offices in France, Spain and Portugal. It was represented throughout the UK and in Scotland, serving the upper end of the property market.

Hamptons was a separately managed subsidiary of a leading financial institution offering services such as lettings and management, surveying, relocation, and commercial services. The Hamptons International division offered advice on the financial, insurance and legal implications of buying and selling property overseas.

High incidence of rape in SA fuels the rapid spread of HIV

KATHRYN STRACHAN

THERE is growing concern among medical experts that SA's extraordinarily high incidence of rape — amongst the highest in the world — is fuelling the country's AIDS epidemic.

Panos WorldAIDS reports in its latest publication that in SA a rape is carried out every 83 seconds on average. Victims of sexual abuse are increasingly worried about the risk of contracting HIV.

Johannesburg AIDS Centre spokesman Melanie Sacks said the violence involved in rape meant that the threat of contracting the virus was greater. "As the prevalence of HIV in the population rises, people who are raped will be at increased risk of infection," she said.

About half the rape victims seen at Baragwanath Hospital's special abuse unit in Soweto were less than 15 years old, and 40% of them were very young children, unit district surgeon Dr Thamsanqa Bomvana said.

Patients attending the unit were not screened for HIV because the test was considered too expensive. However, staff were pressing for routine testing because the risk of contract-

ing HIV during rape was high and increasing steadily. The virus spread at a rate of 400 to 500 new infections a day.

A recent study by the National Institute for Crime Prevention and Rehabilitation of Offenders (NICRO) reached some stark conclusions: one in four SA women would experience rape; there were 380 000 rape cases in SA each year; and 95% of victims were black.

According to Wits Centre for the Study of Violence director Lloyd Vogelmann gang rape, known as "jackrolling", had become a cult in certain deprived communities. "In a society that condones violence, the more extreme the violence, the higher the status. And gang rape is the worst kind of violence," he said.

Refiloe Serote of the Alexandra AIDS action committee said child abuse was increasing in overcrowded townships as poverty, unemployment and despair undermined family life. However, it was widely denied and rarely challenged.

Arrest warrants for witnesses

SUSAN RUSSELL

A RAND Supreme court judge issued warrants for the arrest of two of Gary Beuthin's witnesses yesterday after they ignored warnings to be in court.

Soon after Judge M J Strydom issued the warrants, one of the pair, Edward Jacobs, arrived.

He said he had been delayed at a business meeting.

Meanwhile, the court was told the State and investigating officer had been unsuccessful in locating a number of people Beuthin wished to call as witnesses.

Beuthin had furnished the court with a list of more than 20 witnesses he wished to call.

He has pleaded not guilty to kidnapping and attempting to murder Jill Reeves, 33, on May 10 last year.

Beuthin admits assaulting Reeves at her Melrose flat, but claims he did so under the influence of steroids, cocaine and alcohol after she provoked him and took his car without his permission.

Govt to probe Aids, HIV testing

CT 25/5/93
By ANTHONY JOHNSON
Political Correspondent

COMPULSORY Aids tests at the workplace and the screening for the HIV virus of all job applicants was being investigated by the National Manpower Commission (NMC), the Minister of Manpower, Mr Leon Wessels, told Parliament yesterday.

He said during the the debate on his budget vote that the NMC had launched an urgent and comprehensive probe into the role of Aids in the workplace.

Mr Wessels said the commission would recommend how all relevant parties — employers, workers and the state — should handle the problem in the workplace.

Safety

"In this regard, the NMC has been specifically requested to give attention to the role played by migrant labourers in the spread of the disease and the question of whether there should be pre-employment examinations of workers," he said.

Mr Wessels said another issue that would have to be considered was whether "employers in general can compel their employees to undergo tests to determine their HIV status, particularly if this is in the interest of the safety of fellow workers."

As an example, he cited medical workers suffering from Aids who could pass on the virus to patients.

Schools crisis deepens

CT 25/5/93
By ANTHONY JOHNSON
Political Correspondent

THE government last night buckled to right-wing pressure to suspend white exam fees — but plunged the country deeper into crisis by saying taxpayers of all races, including blacks, would pay the R6-million shortfall.

Last week the government, in a deal with the African National Congress, said the R16,8m shortfall created by the scrapping of black exam fees would be canvassed from private sources and not from the budget.

DP education spokesman Mr Roger Burrows condemned the allocation as "racist".

ANC spokeswoman Ms Gill Marcus said the government had no problem finding money to solve "white issues — but with

blacks they never have the resources".

In further disruptions to schooling country-wide yesterday.

● Classes were mostly empty in the Western Cape and Boland when about 1 000 SA Democratic Teachers' Union (Sadtu) members went on strike.

Some non-union members also downed chalk while others continued lessons.

● Black education was sporadic throughout the country as hundreds of teachers debated a tentative agreement between Sadtu and education authorities.

● Sadtu general secretary Mr Randall van den Heever said a decision on whether to continue the strike would be made today.

ANC education spokesman Mr Lindelwa Mabandla said that in the agreement between Sadtu and the government, teachers were to return to school yesterday.

● Several company trucks and bakkies were stoned on Lansdowne Road in Cape Town yesterday

afternoon by a group of about 50 pupils, mostly from Guguletu Comprehensive High School, who had just returned from a march to the Guguletu police station.

The new crisis over exam fees emerged after an urgent meeting between the government and the Conservative Party yesterday, which the party demanded that 67 000 white matric pupils be granted the same fee concession as blacks.

After the meeting white Education and Culture Minister Mr Pie Marais said the Ministers' Council had decided to suspend the exam fees.

The minister said that all fee money which had already been paid, mainly in the Transvaal, would be returned "as soon as possible" but emphasised that the 1993 suspension did not mean that "the principle of payment for services rendered" had been sacrificed.

A similar announcement is now expected from the coloured education department.

HIV testing in workplace 'absurb'

ANDREA WEISS
Health Reporter

MANPOWER Minister Leon Wessels's announcement that the National Manpower Commission would be looking into pre-employment testing for HIV has been challenged by people in the health field.

Pre-employment testing had no advantages and numerous adverse effects, said Cape Town medical officer of health Dr Michael Popkiss.

"The whole thing is absurd. It would be a total waste of national resources. With the size

of the workforce, it would be impossible and would prove nothing."

Dr Popkiss said Mr Wessels's announcement during debate on his budget vote had once again demonstrated the "completely unsatisfactory state of legislation" in South Africa.

"The Department of Manpower is not the correct department to investigate this. The matter should be referred to the Minister of Health, who has already done a great deal in this respect."

Dr Popkiss said it was "very sad" that the Health Act was

excluded from any matters relating to the Machinery and Occupational Safety Act.

Dr Malcolm Steinberg, head of the Medical Research Council's Aids programme, said he commended the National Manpower Commission's efforts to establish guidelines — "albeit at a late stage" **ARC 26/5/93**

But screening in the workplace went against the weight of international opinion.

"This is an indication of the need for adequate information to be given to policymakers at the highest level concerning the Aids epidemic." (92)

Aids convicts sleep apart

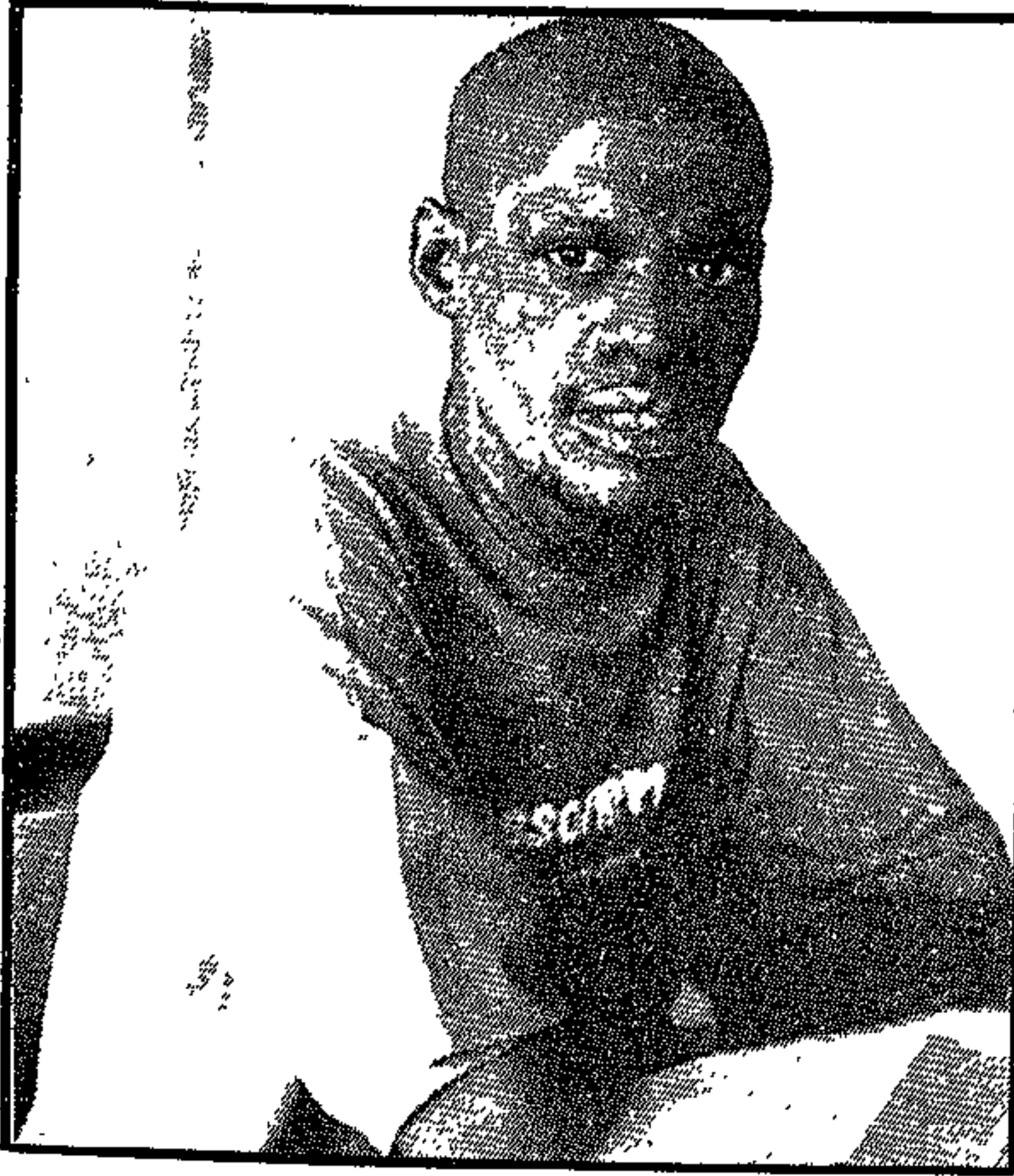
CAPE TOWN — Prisoners with Aids were kept separate from other inmates of South Africa's jails at night, Minister of Correctional Services Adriaan Vlok said in Parliament yesterday. He said they were permitted to join in programmes with other prisoners in the daytime and in the evenings. South Africa was a world leader in dealing with Aids in prisons, he added. — Sapa

SEP 24 15 93

(23) (92)

Counsellor Mandla speaks out on Aids

C Press 20/5/93



NEW LEASE ON LIFE ... Mandla Hlatshwayo assists Aids patients. ■ Pic: THULANI SITHOLE

By NOMVULA KHALO

MANDLA Hlatshwayo came back from exile in Zambia to die in SA after tests revealed he was HIV positive.

But the dark clouds of death have lifted because, after conducting new tests, doctors at Mofolo Clinic have told him he has tested HIV negative five times.

"I thought they were kidding," he said, "but after the last test it dawned on me that I was no longer in danger. I can now live a normal life. It was the best news I ever had.

"I was never ill in Zambia. I went for the test there because I had been sleeping around. The results did not surprise me because of the promiscuous life I was leading. I

had only myself to blame."

"When I told my wife Mirriam, she was upset. Her main worry was that I could have passed it on to our unborn child, and she suggested I become an Aids counsellor."

Since then he has never stopped working for people suffering from the killer disease.

He remains concerned about Aids in this country, saying most people diagnosed positive are too afraid to admit it to their family and friends.

"If they loosened up it would be better for all of us. My advice to my brothers and sisters in SA is to always use condoms and keep to one partner."

Hlatshwayo is employed by the National Progressive Primary Health Care Network.

Many doctors lax in handling HIV patients

SI Times 30/5/93

(92)

MORE than 2 000 doctors throughout South Africa are treating at least 29 000 HIV-positive patients — and half of them do little or nothing to avoid being accidentally infected by the deadly virus.

This has emerged from an authoritative survey which revealed that close on 1 000 doctors are seeing an average of eight HIV-positive patients each — and that 48 South African doctors are seeing “too many” HIV-positive patients to count.

The survey — conducted by Strategic Marketing Services on behalf of the SA Institute for Medical Research and the journal Modern Medicine of SA — also showed that hundreds of doctors do not wear protective gloves while conducting examinations, or wash their hands afterwards.

Neglect

Yet 89 percent of the 2 033 doctors who responded to the survey, conducted among 11 975 practitioners in urban and rural areas, said they would breach patient confidentiality to inform fellow health care workers that a patient was HIV positive.

The profile of the South African AIDS patient that emerges from the survey is a male adult heterosexual.

Only 12 percent of patients being treated by respondents are homosexual or lesbian, while three

By CAS St LEGER

percent are bisexual and 4,5 percent are children.

The highest incidence is in the Free State, where doctors report seeing an average of 37 HIV-positive patients each.

The majority of doctors — 87 percent — said AIDS should be a notifiable disease as a protective measure and to allow tracing of sexual contacts.

One doctor highlighted the dilemma faced by medical workers by commenting: “A gentleman showed up HIV-positive and refuses to and does not consent to my informing his wife. What do I do?”

Only 19 percent of respondents believed that notifiability would drive the disease underground, and a mere 16 doctors were concerned about victimisation of patients.

However, the survey showed that doctors themselves were less than meticulous about measures designed to prevent accidental HIV infection.

Half of those surveyed admitted they did not follow the recommended

practice for discarding “sharps” (needles), of not recapping or bending them and placing them in puncture-resistant containers for disposal.

Only 78 percent wore latex gloves during invasive procedures such as taking blood or surgery.

Eight percent of doctors said they did not wash their hands after surgery and nine percent neglect to do so after internal examinations. Fourteen percent do not wash after taking blood and 33 percent conduct general examinations without this precaution.

Five percent don't sterilise non-disposable instruments and seven out of 10 respondents do not use any form of eye protection.

Refuse

Three in five of the doctors surveyed are currently treating HIV-positive patients.

In total, 945 doctors reported an average of eight HIV or full-blown AIDS patients each.

Hospital doctors see more AIDS patients than general practitioners — 28 on average compared with five per family doctor.

Nine percent of the respondents would refuse to treat an AIDS or HIV-positive patient for fear of infection or losing other patients.

But four doctors admitted they would do so because of the risk and expense of treating someone “who is going to die anyway.”

Botswana 'hit hard by Aids'

GABORONE. — Botswana is one of the worst-hit countries in Africa affected by the Acquired Immune Deficiency Syndrome (Aids) pandemic, a local expert said.

The country had 60 000 Aids sufferers by 1992, with the rate of infection being "among the swiftest in the world", Dr Matshediso Moeti of Botswana's national Aids control programme said yesterday.

She said this was because Botswana was a thoroughfare between Southern African countries and many Botswana travellers a lot.

Truck drivers were particularly seriously affected, she said. — Sapa

CT 3/5/93

9242

Bus. day 2/6/92
HIV cases widespread

THREE in five doctors surveyed by Modern Medicine of SA in conjunction with the SA Institute of Medical Research reported having HIV-infected patients.

The survey found that AIDS patients were typically adult, male and heterosexual and that "an overwhelming number" of doctors felt there was an urgent need for greater education among their profession. (92)

Doctors ignore Aids guidelines

Staff Reporter

THE medical profession has expressed horror over a shock Aids survey which shows thousands of doctors in South Africa fail to wear gloves during examinations or even to wash their hands.

The survey, conducted by the Journal of Clinical Medicine among 2 000 medical practitioners in rural and urban areas, found that half the respondents did not obey recommended methods of discard-

ing used needles.

Only 78% wore latex gloves while taking blood or during surgery and five percent failed to sterilise non-disposable instruments.

Eight percent admitted not washing their hands after surgery, nine percent neglected to do this after internal examinations and 14% did not wash after taking blood.

Dr Ruben Sher, the director of the National Aids Training and Outreach

Programme, who was instrumental in drafting the survey, said he was "alarmed" that so many doctors were not practising infection precautions.

Dr Edoo Barker, who chairs the Medical Association of South Africa's education committee, said the committee had posted Aids guidelines to all doctors in January. **CT 2/6/93 92**

"The survey, coming six months later, is shocking and horrifying," he said.

Aids rife in Botswana

Sowetan 21/6/93

GABORONE — The spread of Aids in Botswana was among the swiftest in the world, making the country one of the four worst-affected countries in Africa, the Botswana Christian Council Executive Committee has been told.

Dr Matshediso Moeti, co-ordinator of the National Aids Control Programme, said that by last year more than 60 000 people had been infected.

She said the main causative factors were the high mobility rate of Botswana because of the three-site system which

Churches told 'all not well with attitudes to promiscuity'

requires people to have an urban house, a rural-agricultural lands house and a camp at the cattle post.

This, and the transfer of government officials and teachers to distant parts of the country, led to instability and the habit of people having multiple sex partners. She said another reason was the fact that Botswana lies on the main transport network between South Af-

rica and countries of Central and East Africa, and truck drivers are a high-risk group.

Poverty among many Botswana women and the disparities in wealth led to many women using their bodies to get income. She urged churches to "recognise that all is not well with our attitude to and acceptance of promiscuous behaviour". — *Sowetan Africa News Service*

Star 21/6/93

Aids spreads fast in Botswana

By Derek James
Star Africa Service

GABORONE — The spread of Aids in Botswana was among the swiftest in the world, making the country one of the four worst affected in Africa, Botswana Christian Council Executive Committee has been told.

Dr Matshediso Moeti, co-ordinator of the National Aids Control Programme, said that, by last year, more than 60 000

people had been infected. (92)

A main cause was a high mobility rate in Botswana society.

The three-site system in the country requires people to have an urban house, a rural/agricultural lands house and a camp at the cattle post.

This, and the transfer of government officials and teachers to distant areas of the country, led to instability in families.

And there was the habit

among the Batswana of having multiple sex partners.

Another reason, she said, was that Botswana lay on the main transport network between South Africa and countries of central and east Africa, and truck drivers were a high risk group.

Poverty among many Batswana women and the disparities in wealth led to many women using their bodies to earn money.

Firstly, the good news about AIDS

Star 5/16/93

PHIL MILLAN

BELIEVE it or not, we humans are lucky the HIV virus can be transmitted only sexually. Otherwise we'd be powerless to fight it.

Or so says visiting British biologist Dr Malcolm Potts, president of the International Family Health organisation. Potts is in the country as a guest of the Planned Parenthood Association of SA to deliver a series of lectures on issues such as family planning, abortion, contraception and AIDS.

"A lot of these issues are becoming synonymous. An AIDS prevention film is just the family planning film running at high speed," he says.

"As AIDS is sexual, it means we have some control over it. If it were airborne or waterborne like TB or cholera we'd all be dead by now.

"The condom is vital for combating AIDS and for giving people the means for controlling their lives by allowing them to have smaller families.

"We don't insist that small families are better but through our work we've found that, once people have been given all the necessary information and are given clear choices, the tendency is towards smaller family units."

This is where the availability of condoms becomes crucial.

"I'll bet we won't be able to find a single condom vending machine in this entire airport. You'll find them in supermarkets but not in spaza shops where they are really needed. South Africa is very lacking in this aspect," he says.

According to statistics, nearly 500 new cases of HIV are contracted in



AIDS EXPERT: Unlike TB and cholera, we at least have some control over the disease, says Dr Malcolm Potts. ● Photograph: MYKEL NICOLAOU

92

South Africa daily. By the year 2000 the number of people who will die of AIDS in Soweto will be the equivalent attrition rate of three atomic bombs the size of those dropped on Hiroshima.

"The figures for South Africa are frightening. A lot of it has to do with your political structures, which have created demographic patterns and the conditions in which sexually transmitted diseases thrive. I should imagine that, if you had hostels full of single, working men outside Wigan, you'd have the same problems," he says.

The crucial danger for South Africa, says Potts, is the particular burden AIDS places on an economy where the mean age of the workforce is already well below the global norm.

"If AIDS is not contained, the economy will have to contend with a relatively young and economically inert population drawing off medical resources which should be aimed elsewhere."

Africa turns to herbs for Aids cure

NAIROBI. — Frustrated by the world's inability to find a cure for the dreaded Aids, disease-ravaged East African countries are turning once more to local herbs in their search for a cure for the killer-disease. (97)

In Kenya, Uganda and Tanzania, researchers and traditional healers appear to have finally given up hope of a cure being found abroad, and have turned to nature for relief through grass-roots solutions.

Uganda, which is one of the first countries in Africa to acknowledge the presence of Aids in the mid-80s has already collected 400 different kinds of herbs for analysis. President Yoweri Museveni said recently that his country was collaborating with scientists abroad in herbal research for an aids cure.

ARG 5 16 73
**'Cure for Aids
lies in genetics'**

BERLIN. — Genetic engineering has become the most promising research field in the race to find a cure for Aids, according to the chairman of next week's ninth international conference on Aids.

Mr Karl-Otto Habermehl said that with no pharmaceutical antidote for Aids in sight, there has been a dramatic increase in emphasis on efforts to find a genetic cure.

Mr Habermehl said tests involving genetics had not been applied on human beings, but said that would soon change.

About 15 000 delegates from 166 nations will attend what is expected to be the world's largest Aids conference. — Sapa

Youth face 'next wave of Aids'

BERLIN — Aids is spreading rapidly among young people worldwide, a leading US specialist said at the weekend.

"Adolescents are the leading edge of the next wave of this epidemic," said Ms Karen Hein, director of the adolescent Aids programme, Montefiore Medical Centre, New York.

"Teenagers have the highest rate of sexually transmitted diseases, such as syphi-

lis. Why don't people see that this will be true of HIV — the virus that causes Aids — as well?"

Speaking at an American Medical Association briefing ahead of the Ninth International Conference on Aids which begins today, she said Aids cases in adolescents had risen 77% in the last two years in the US and girls were particularly at risk. Ms Hein said young people between the ages of 13 and 21 had been the "invisible

face" of the Aids epidemic, in part because few statistics had been collected on them.

Speaking at the same briefing, Dr Michael Merson, the director of the World Health Organisation's Global Programme on Aids, estimated that around 50% of HIV infections — or some six million people — had become infected when they were between the ages of 15 and 24. Sapa-Reuters

92 CT 7/6/93

Girl dying of Aids after rape

In a similar case to the Yeoville girl who has tested HIV positive after being raped (see page 1), an 11-year-old Cape Town girl is dying of Aids after being raped by two men.

A man and his uncle were last year jailed for eight and 10 years respectively in the Kuils River Regional Court for raping the girl.

Phillip van Rheede (23) and Martin Jooste (24) were acquitted on a further charge of attempted murder as the State could not prove that Jooste had known he was infected with the HIV virus when he raped the then 10-year-old girl in October 1990.

Both men had raped the girl on separate occasions while she was alone at her grandmother's home in Belhar.

Sowetan 7/6/93

■ Two men jailed after infecting 11-year-old girl with killer virus:

(92) ~~(128)~~
The state prosecutor said she doubted there could ever be a severe enough punishment for the men.

She said the child's family had no money for treatment and she just lay in hospital every day with a death sentence hanging over her. In passing sentence, the magistrate told the men: "It is a crime which disgusts the community and calls for the maximum. It is indeed a heartbreaking story. The child never had a chance."

Girl contracts HIV virus after rape

DEATH SENTENCE for 11-year-old

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Sowetan EXCLUSIVE

By Themba Molefe

A 11-YEAR-OLD GIRL is under sentence of death after her mother revealed yesterday that she had tested HIV positive.

The girl was abducted at a Johannesburg shopping centre last November and kept as a sex slave for three months, sleeping with at least three white men a night at a house in Jolly Street, Yeoville.

The girl may not be identified in terms of the Children's Act. Her ordeal was first published in *Sowetan* on January 19, a day after she was reunited with her mother. After a medical examination a uterine infection was diagnosed.

On March 5 the girl turned 11 and her mother threw a main-moth party.

The 29-year-old woman's worst fears were confirmed on May 7 when a letter from the Johannesburg Hospital said her daughter had tested positive for HIV.

"I could not believe it at the time; however, last Thursday I was devastated when doctors at the hospital confirmed the diagnosis," said the mother. The girl was admitted to hospital on May 24 for what the family believed were routine

gynaecological tests.

The woman said she intended petitioning the Minister of Law and Order, or "I will be forced to take the law into my hands". She claimed that police had known about the man behind the prostitute ring for years.

Speaking about her ordeal in January, the girl said she was kidnapped while she was buying a soft drink at the shopping centre. Her abductors took her to a house in Yeoville, Johannesburg. That night she was made to smoke a mixture of

dagga and Mandrax tablets, had her face made up and given new clothing and condoms.

From that night and afterwards she joined five other girls about her age in picking up white men at street corners.

She said about 15 girls stayed at the house and earned between R30 and R80 each a night for sleeping with the men. The money was collected by their pimps.

The girl said she recognised one policeman, whom she identified only as Steve, as being one of those who tre-



The house in Jolly Street Yeoville where the 11-year-old girl was held as a sex slave. See page 2.

The HIV statistics

- About 500 people are infected with HIV daily in South Africa.
- Already more than 200 000 South Africans are infected. Of these more than 20 000 who carry the virus are Soweto residents.
- Four out of every 100 babies a week acquire the virus at Baragwanath Hospital.

quented the Yeoville house.

Mr Bhonoto Mpungose (38), first appeared briefly in the Johannesburg Magistrate's Court on January 25 on charges of kidnapping and prostitution and was released on R1 000 bail. The case is continuing.

Test on sex slave girl ⁹² reveals HIV

Own Correspondent ^{Skur 7/6/93}

An 11-year-old girl, allegedly abducted and forced into prostitution for three months, has tested HIV-positive.

The girl was abducted at a Johannesburg shopping centre last November. As a sex slave, she slept with at least three white men a night at a house in Jolly Street, Yeoville.

The girl may not be identified in terms of the Children's Act. Her ordeal was first published in the Sowetan on January 19, a day after she was reunited with her mother. At the time a uterine infection was diagnosed.

The 29-year-old mother's worst fears were confirmed on May 7 when a letter from a Johannesburg Hospital said her daughter had tested positive for the Aids virus, HIV.

A 30-year-old man appeared briefly in the Johannesburg Magistrate's Court on January 25 on charges of kidnapping and prostitution and was released on R1 000 bail. The case is continuing.

New twist in ⁹² Aids victim case

■ Child kept as sex slave:

THE Attorney-General may be asked to add a count of attempted murder against a man facing kidnapping and prostitution charges after it was revealed yesterday that an 11-year-old girl had contracted the Aids virus. *Sowetan*

The girl's mother said the child had tested HIV positive after allegedly being kept as a sex slave at a house in Jolly Street, Yeoville, for three months since November last year. *86193*

Mr Bhonoto Mpungose (38), first appeared in the Johannesburg Magistrate's Court on January 25 on charges of kidnapping and prostitution and was released on R1 000 bail.

Move to halve new Aids infections

BERLIN. — An annual \$2.5 billion was needed to halve the number of people likely to be infected by Aids in developing countries by the end of the decade, the head of the World Health Organisation's Aids programme said yesterday.

"We can afford Aids-prevention. We cannot afford to neglect it," Dr Michael Merson said at the opening

of the Ninth International Conference on Aids.

The WHO has estimated that by the year 2000 there will be 30-40 million infections of the HIV virus that causes Aids, 90% of which will be in developing countries.

At present, 14 million adults and children are infected worldwide.

Dr Merson said a WHO study

showed that if \$2.5bn (about R7.5bn) a year were spent on prevention programmes starting now, new adult HIV infections to the end of the decade could be cut to 10 million from 20 million.

Senior World Bank official Mr Dean Jamison said the bank supported the proposal to increase spending on Aids to this amount.

German President Richard von Weizsaecker, who launched the forum, said African countries were already facing an Aids holocaust.

"In some parts of Africa up to 30% of the population is HIV positive. The 20- to 40-year-olds, the working population, are dying. In some villages only the grandparents and grandchildren are left." — Sapa-AFP

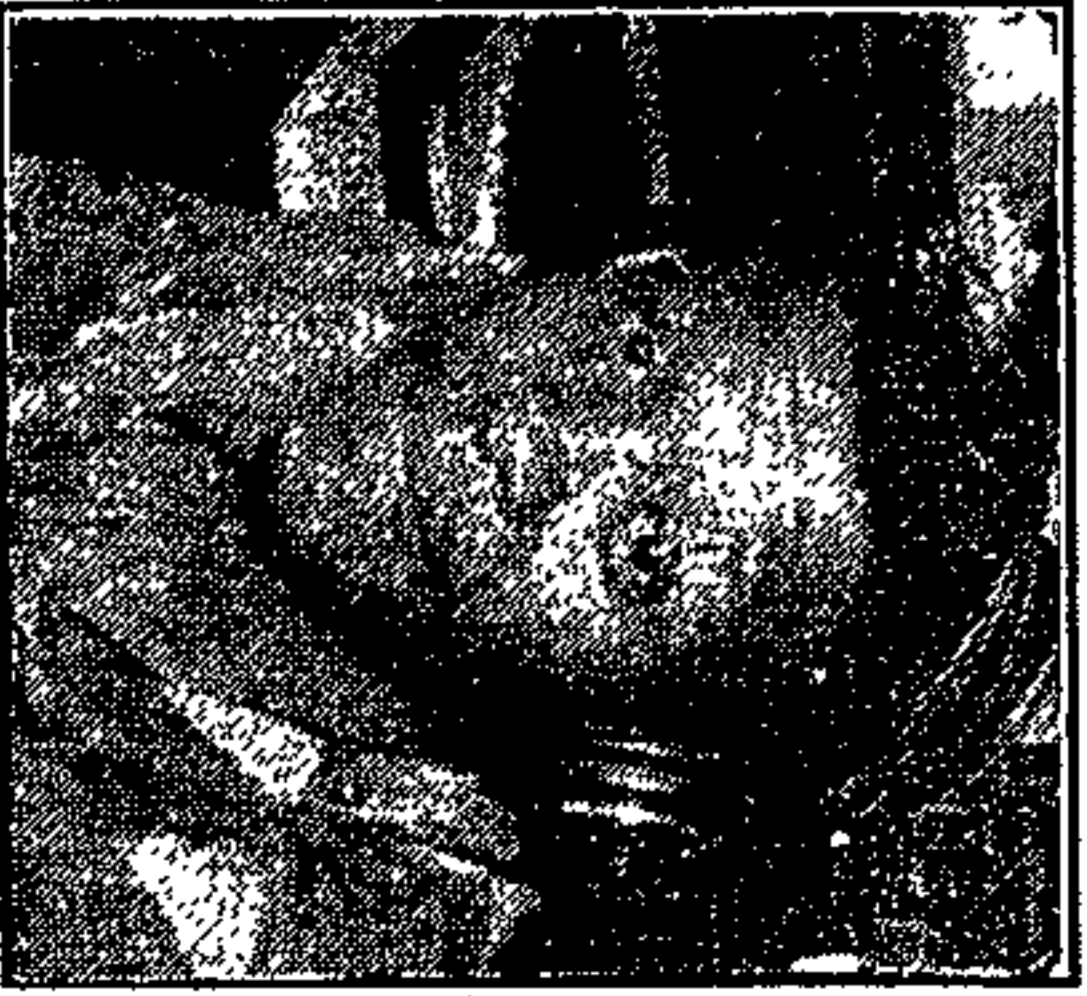
(92) 29/8/6/93

Callers voice concern over Aids girl

Sowetan & Radio Metro

Talkback

By Mzimasi Ngudle



with Tim Modise

YESTERDAY'S revelation that a young girl had tested HIV positive after being kept as a sex slave for three months was the main topic in last night's Sowetan/Radio Metro Talkback Show.

Angry callers told host Tim Modise that the man arrested in connection with the 11-year-old girl's abduction should not have been granted bail.

The girl, who cannot be named, was kept as a sex slave for three months at a house in Jolly Street, Yeoville. She tested HIV positive after she went for an Aids test, her mother said at the weekend.

Her alleged abductor is out on bail and the case is continuing.

A distraught parent of another girl,

who was abducted by unknown men and also kept as a sex slave for three days, said he was extremely concerned at his daughter's fate.

He said although initial Aids tests had proved negative, he was concerned that further tests could prove otherwise.

He appealed for help in case she tested positive.

"I don't know how I would handle it if she were to be HIV positive," the parent said.

"I would administer my own kind of justice if my daughter were to undergo the same ordeal," Lucky, Anon

“What kind of law is it that lets people like him (alleged abductor) into the streets? He should not be allowed to move around because he might commit the same offence.”

Anonymous

“That person is not normal. Such people should not be granted bail at all. He should be kept in prison.”

Temba, Cape Town

“Tribalism thrives in our commu-

“Mandela cries foul at Inkatha. Buthelezi plays hide and seek, demanding that MK should disband. I don't see their meeting yielding anything.”

Francols, Turnahole

“It is important that Mandela and Buthelezi meet. Tolerance is needed at grassroots level.”

Jacob, Hillbrow

THE Sowetan/Radio Metro Talkback Show will tonight look at initiatives by the Congress of SA Trade Unions to involve ordinary citizens in the transition leading to South Africa's first democratic election. Tune in to share your views with Tim Modise when he hosts Cosatu's Neil Coleman between 7pm and 8pm.

next Talkback topic

Dial the hotline (011) 714-8063

See page 416/192

AIDS is a major issue for life insurance companies, and Sanlam is no exception

Facing new challenges



OVER the past decade or so, the Sanlam cultural style has swung from that which is essentially Afrikaans to include a balance of English-speaking clients, and now black people.

The beguiling babies on the Sanlam television adverts wearing shirts, ties and nappies, now include two equally engaging black babies.

A new growth area for Sanlam, according to Desmond Smith, newly appointed managing director, is the black people investing in Sanlam policies.

However, the track record of the company to date is so impressive that it may be difficult to surpass.

Politically involved

Having worked with Sanlam for 25 years, this is the feeling I get from our staff members."

The role of the directors of Sanlam has included financial advice to government ministers over the years. This advice has not always been followed, but is still sought.

Dr Andreas Wassenaar was very outspoken on financial issues and he was followed by Dr Fred du Plessis. But this flow of information has been both ways.

"We have always had the ear of the government without being politically involved. Sanlam cannot be accused of currying favour. Its directors have often been critical of the government's actions. In fact both

Wassenaar and Du Plessis were two of the most outspoken critics of the National Party government.

"The contacts have been through the finance ministers, the Financial Services Board and Registrar of Insurance. Sanlam has been seen to be legitimate through its business dealings, its staff and the corporate social involvement programmes.

Form of socialism

Continuing to play this role in the future, in which we shall have to deal with new political and economic role players, will be a challenge.

"Mutual societies, of which we were one, actually smack of a form of socialism. There is nothing wrong with the concept as long as it is run on capitalist principles, which we at Sanlam strive to do. We don't do business which does not generate profit," says Smith.

"From an investment point of view, the major challenge in the years ahead is going to be to find areas to invest money.

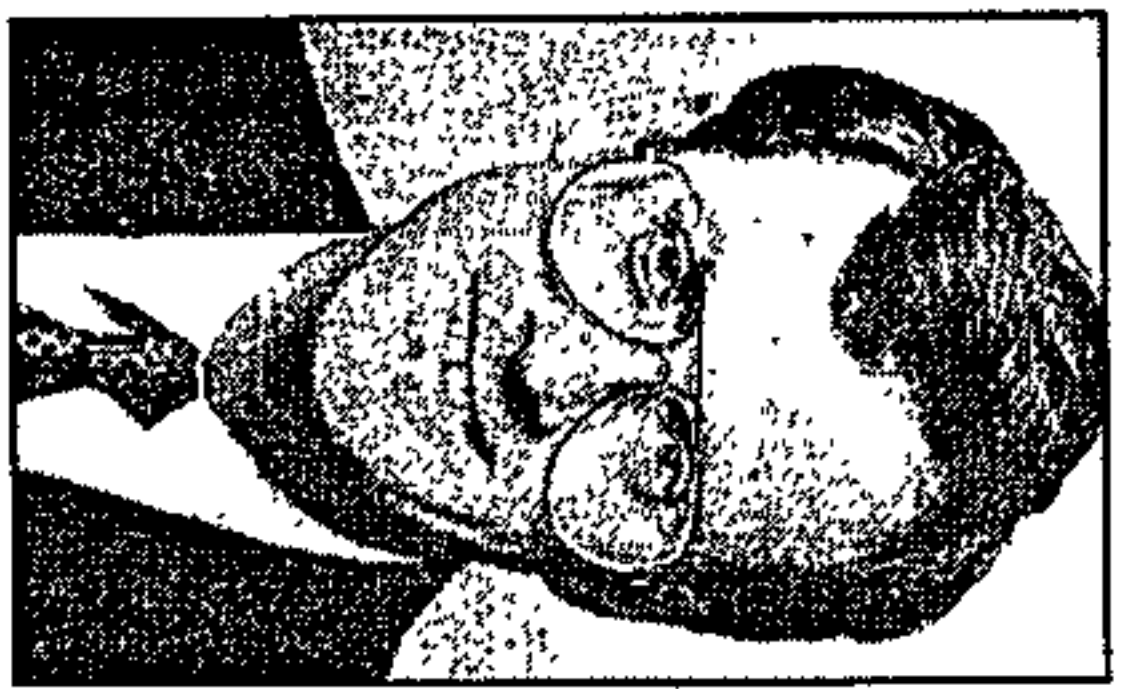
"Within the group, our companies are continuing to create new investment opportunities. For instance recently, Gencor, through Ahsat and Columbus and Sappi, have all created new opportunities. Our group companies might wish to invest overseas, but Sanlam itself is unlikely to do so," says Smith.

Discussing the Sanlam staff policy, he says: "We want our staff to reflect, as far as possible, the composition of our business. We believe that to be fair. It is the only way in which we can effectively service our clients. About 20 percent of our marketing staff is black.

"As far as women are concerned, we have too few male clerks and too few women man-

MOVING AHEAD:

Sanlam may originally have been founded to assist Afrikaners, but over the years clients have come to include a large number of English speaking South Africans. According to MD Desmond Smith a new growth area is black people investing in Sanlam policies.



Creating the future... MD Desmond Smith.

agers. Conversely, we have just appointed an English-speaking woman, Kate Jowell, to our board. I would like to see women in general managerial positions.

"I admit we have insufficient black administration employees, but we are taking active steps to redress the imbalance. Black people are being

encouraged to develop and grow within the company."

AIDS is a major issue facing life insurance companies and Sanlam is no exception. It has been said that healthy policyholders are paying for AIDS victims.

Smith says: "The incidence of HIV and AIDS sufferers is still not known with great certainty so it is difficult to plan a management strategy. For some years we have set aside reserves, in excess of R200 million, to cover our AIDS exposure. We were the first company to do so.

"Last year we increased our premium rates specifically to provide for AIDS. We will continue to increase our reserves and adopt a correct policy pricing in order to cater for future needs."

Three years ago, Sanlam's head office in Bellville in the Cape, decided to decentralise its regional offices.

Commenting on this move Smith says: "It has been a resounding success. The reason for this increase is twofold.

Competitive element

Firstly, the manager can see what business is coming in, plan the service of such business and manage it. Each region needs a different approach and by decentralising, we were allowing these differences to be implemented.

Secondly, the psychological aspect has been even more important to the staff in the regions. Giving the regions autonomy has been tantamount to providing an entrepreneurial business opportunity. This autonomy has generated a tremendous energy which was not there, to the same extent, in the past."

Smith added that decentralisation had also introduced a

competitive element amongst the regions.

Over the years Gencor developed into a massive conglomerate. This came as a result of specific investment opportunities that arose, such as the Mobil disinvestment and other opportunities.

Unbundling of Gencor

The result was that the group lost its specific focus as a mining house. Furthermore, shareholders did not enjoy the full value of their investment because of the large discount (around 20 percent, or R3 to R4 billion) at which the shares trade on the JSE.

"With unbundling a Gencor shareholder will receive his pro rata number of shares in each of Sappi, Engen, Malbak and Genbel. He will still retain his Gencor shares which will comprise all the mining and related activities," says Smith.

The net result will be that a meaningful portion of the discount to shareholders' value can be unlocked. A current Gencor shareholder will further hold shares in each of five totally focussed and independent groups operating in their own spheres of business. This can enhance their long-term prospects.

Smith says that the unbundling exercise will, to an extent, also address the problem of low tradeability on the JSE. It further addresses the problem of power concentration in the local economy.

The unbundling of Gencor can be widely acknowledged as a brave step to enhance shareholders' value and to address their investment needs.

Sanlam's clients will enjoy the greatest benefit from this because of Sanlam's current large investment in Gencor.

Blacks main rape victims

Sowetan 9/6/93

AT least one woman was raped every .83 seconds in South Africa and 95 percent of rape victims were black, an international conference was told yesterday.

According to a paper presented at the ninth International Conference on Aids in Berlin, Germany, victims of rape and sexual abuse in South Africa were increasingly worried about the risk of contracting the HIV virus.

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NEWS IN BRIEF

AIDS heads south

BERLIN — More than 600 000 people in Zimbabwe had been infected with the HIV virus, World Health Organisation AIDS programme director Dr M Merson told the international AIDS conference yesterday.

Merson said the AIDS epidemic, previously focused on eastern and central Africa, was extending southward and westward.

Tourists attacked

CAIRO — Two Egyptians were killed yesterday and eight foreign tourists injured when a man threw a bomb at a bus on the Pyramids Road in Cairo, police said.

Ostriches take off

WINDHOEK — The world's first ostrich exchange is up and running in Windhoek with 60 chicks on the market and plans to centralise the global ostrich industry.

The World Ostrich Exchange planned to establish an international database of breeding stock and commodities and to initiate quality control and market protection for buyers and suppliers, vice president Jan Behr said.

Behr said the exchange planned to set up quarantine stations at Walvis Bay and Windhoek airport and negotiate a change in US import laws.

REPORTS: Reuter, Sapa.

Bid to ease Russian tension

MOSCOW — President Boris Yeltsin met the leaders of Russia's autonomous republics yesterday to help defuse tension over a Kremlin meeting on the adoption of a new constitution.

Presidential adviser Sergei Stankevich told journalists the leaders of the 20 republics were unhappy that some of their suggested alterations to Yeltsin's draft constitution had apparently been ignored.

The assembly, which completed its first full day of work on Monday, is due at some stage to discuss the tricky question of how much autonomy to give the republics and the 66 regions, which currently have less power than the republics.

Stankevich said most of the 700 delegates favoured giving all constituent parts of Russia equal rights. This, he said, could spark protests from the republics.

Yeltsin's senior aides said the as-

sembly would work out a draft document despite a walk-out of opponents led by parliamentary chairman and arch foe Ruslan Khasbulatov.

Khasbulatov, who has already seen his deputy defect to the Yeltsin camp, suffered another blow late on Monday when a closed meeting of top deputies did not unanimously back his decision to leave the assembly on Saturday with some supporters.

Khasbulatov stormed out of the assembly on Saturday after Yeltsin refused to let him address the opening session. But Stankevich said there would be another session of all delegates on Thursday at which Khasbulatov would be given the floor.

Yeltsin has complained that his attempts to transform Russia and propel its ailing economy to a free market system are hamstrung by a constitution written for the disbanded Soviet Union. — Sapa-Reuter.

Namibian exchange records small move

WINDHOEK — Namibia's stock exchange moved offices yesterday and all that was needed was one car.

The entire exchange consists of a locally developed programme, running on a personal computer. It is linked by telephone to banks and other companies.

The move came shortly after the number of broking firms in Namibia doubled — to two.

Simpson McKie Inc opened a Windhoek office, which employs the coun-

try's only qualified broker Wikus Hanekom, while his former employer George Huysamer and Partners employs Werner Oehl who is expected to qualify soon.

The Namibia Stock Exchange Association consists of 36 private companies.

Deals on the exchange have been slow with the companies tightly owned. Nobody has yet tried to trade government loan stock, preferring to hold it until redemption. — Reuter.

Unpopular decisions ahead save IJK chancellor

BIDAY 9/6/93

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ANC bans its provocative chants

THE ANC's NEC would today issue a formal statement banning the chanting of provocative slogans such as "kill the farmer", ANC spokesman Carl Niehaus said yesterday.

Niehaus said it was likely to include a ban on similar slogans.

ANC legal adviser Mathew Phosa said the decision was taken on Tuesday.

The decision, he said, demonstrated how seriously the ANC objected to killing of farmers.

The slogan was first heard in public

shortly after the assassination of Chris Hani in April. It was subsequently used by ANC Youth League leader Peter Mokaba, unleashing a wave of disapproval throughout the country.

Reacting to the announcement, Law and Order Ministry spokesman Capt Craig Kotze said the emphasis should now focus on repairing the damage caused by such slogans.

The NP welcomed the ANC call to its members not to use the slogan, NP spokesman Marthinus van Schalkwyk said in Cape Town yesterday. — Sapa.

AIDS risk ignored by many — survey

HIGH-risk groups such as truck drivers and prostitutes are ignoring the dangers of contracting HIV, the virus which leads to AIDS.

This is one of the findings of a comprehensive National Health and Population Department survey released in Pretoria yesterday.

The study was carried out by the Human Sciences Research Council, and would be used to establish a national AIDS database.

The study showed that high-risk people were aware of the disease, and also that it was fatal. However, long-distance truck drivers regarded AIDS as "faceless", as none of those interviewed had seen a person die of the disease. Most still engaged in unprotected sex with prostitutes.

Prostitutes and their clients, generally believed to be high-frequency transmitters of sexual diseases, had less understanding of the disease. The study said that several thousand prostitutes worked in Johannesburg and Durban. It found that only a few of them knew what it meant to become infected with HIV.

Intravenous drug users had a general awareness of AIDS, but often lacked the ability to make rational decisions about protecting themselves.

The survey recommended urgent programmes to assist people with drug and alcohol problems.

A further study of homosexual and bisexual behaviour will be released at the end of the month.

The study found a perception of AIDS had not been well established among poorly educated people. Socioeconomic needs were seen as more urgent and threatening.

GAVIN DU VENAGE

A process to make people feel a more realistic concern was needed.

About 450 000 people were infected with the HIV in SA, according to departmental estimates released last month. The figure doubled every 12 months.

Information from the study will be used to set up a directory of people involved with AIDS education and research to promote co-ordination and to monitor the effectiveness of AIDS initiatives.

Projects have also been set up to monitor groups such as squatters, hostel dwellers, street children, pregnant women, homosexuals and people with sexually transmitted diseases.

Sapa reports that the department commissioned 15 projects to various researchers, who focused on a variety of target groups, for the study.

"These studies will provide the key that allows AIDS workers to communicate with those normally beyond the reach of the health care community," the department said in a statement.

The projects concentrate on attitudes, behaviour, knowledge, and perception.

"With this research it is envisaged to address the issue of influencing attitudes and changing behaviour on long-term basis, especially with regard to appropriate intervention programmes.

"With this vast project the department not only aspired to create a database with regard to AIDS information, but to create an atmosphere of co-operativeness between all parties who work together in the fight against AIDS," the statement said.

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AIDS Fm 11/6/93
Workplace dilemmas 92

The general perception that Aids is confined to rural areas and townships is shattered by a survey showing that more than half of GPs have HIV-positive patients. It also indicates that, as Aids and HIV infections are now pervasive, many doctors are struggling to cope with the implications on personal and ethical levels.

Results of the nationwide survey, conducted in March and April by Strategic Marketing Services for the monthly *Modern Medicine of SA*, are in the latest issue. Nearly 2 500 doctors responded to make the exercise the most comprehensive undertaken on the subject in SA.

Of the doctors polled 78% were GPs and the rest included specialists and hospital staff. Fifty-eight percent reported having an average of nearly eight HIV patients each. The 1 500 GPs each had an average of 4,65 HIV patients. Of these 48 doctors reported that they had too many HIV patients to estimate the number.

In another article the journal's medical editor, Dr Pete Vincent, says employers face mounting problems in dealing with Aids because it is expected to become increasingly prevalent at work. Some want mandatory HIV testing as a condition of employment. He adds that some employers paying for HIV tests tend to regard the results as their property but doctors need to ensure patients of confidentiality.

Vincent says his approach is to confirm that the test has been taken but leave it up to the patient to divulge whether the result is positive or negative.

A far more difficult dilemma facing doctors who treat HIV patients is summed up in a comment by an unidentified doctor on a

response form to the HIV survey: "In an Aids seminar I asked one of the professors from Bloemfontein what would be my situation if an HIV-positive patient of mine did not inform his wife and children. The reply was that the wife and children are legally entitled to sue me. I confronted my patient a week later and he said he would sue me if I told them. What is the solution?"

"However, I must thank Allah for helping me. The patient informed his wife and children and they tested negative. The question is: what if he had not?"

Survey responses show that Aids patients are overwhelmingly adult (95,5%), male (78%) and heterosexual (85%). Doctors in rural areas, contrary to expectations, did not report more HIV patients than those in cities and towns.

Though 91% of respondents say they will accept HIV patients 8% will not because they fear infection or loss of patients. Nearly 90% say they will tell other health-care workers about HIV patients and a similar percentage believe Aids should be a notifiable disease, mainly to allow contact tracing in an effort to control its spread. Most respondents (79%) say they do not believe notification will drive Aids underground.

Most respondents had no ethical problem with notifying other health-care workers of the dangers in treating patients but 86% say they will not break confidentiality in the patient/employer relationship. Another 80% of doctors say they advise patients when taking blood for HIV testing but only 21% have been on any course offering training in HIV counselling.

The analysis shows there appears to be no standard or approved way of protecting health-care workers against HIV infection. Many doctors say they do not take even the most basic precautions, such as wearing latex gloves when doing invasive procedures. There is an urgent need for medical protocols and an agreed, medically acceptable approach to prevent infection among doctors and health-care workers. It also points out that a crucial issue not covered by the survey is the extent to which doctors are covered by their insurance policies if they are infected by HIV patients.

Vincent, and SA Institute of Medical Research Aids Centre former head Prof Ruben Sher, in a separate article, indicate that the extent of Aids in SA is greatly underestimated. Vincent says only 26 Aids deaths were officially recorded in the first nine months of last year but at least 153 people died of the disease in just one Natal hospital. He warns that an HIV-related TB epidemic "looms on the horizon."

Sher notes predictions that one in four people will be HIV-positive in the next 10 years and that Aids deaths will rocket from an estimated 20 000 a year in 1995 to 300 000 a year by 2000 and 600 000 a year by 2005. He says it is estimated that about 250 000 people are HIV-positive though by July 10 last year only 29 696 had tested positive in various laboratories. ■

Aids conference offers little hope for those with disease

(92) AR 012/6/98

BERLIN. — The ninth international conference on Aids, which ended here yesterday, confirmed the darkest fears of those with the killer disease or carrying HIV, the virus that causes it.

Five days of presentations by some of the top names in medical research showed that many of the millions who had Aids would die before any cure was found.

Leading Australian immunologist Dr John Dwyer, who also heads the Aids Society for Asia and the Pacific, said: "I think this conference has consolidated our information. It's back to the drawing board as far as treatment is concerned."

Mr Michael Merson, director of the World Health Organisation's global Aids programme, agreed: "It's best to be frank: There have been disappointments in antiretroviral therapy... We must accept that our scientific advances today are coming in small steps, not in leaps and bounds."

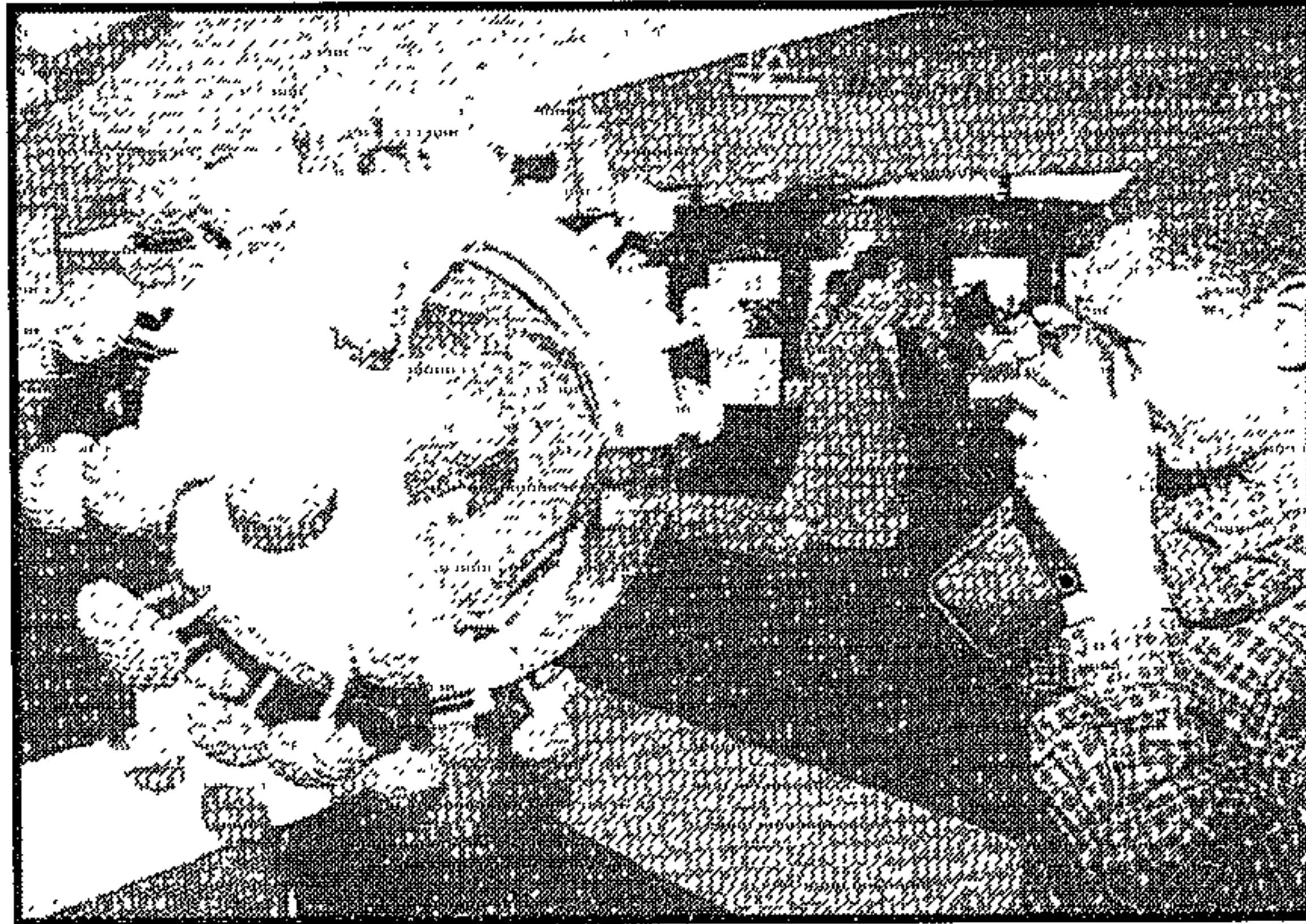
The conference's closing ceremony was punctuated by angry demonstrations by radical Aids activists, frustrated at the lack of progress.

These were the main points emerging from the forum:

■ AZT, the interferon drug that it was desperately hoped could be a cure, was worthless for preventing HIV from turning into full-blown Aids, according to an Anglo-French study of 1 700 patients;

■ However, AZT did boost the count of CD-4 cells, the key white cells that fought infection of the body and which were depleted by Aids. No one knows yet why this encouraging phenomenon did not translate into any clinical benefit;

■ Several vaccines to inoculate the body against HIV infection were making "encouraging" progress. They used genetically-engineered material to mimic the Aids virus and thus fooled the body into strengthening its immunity against it; and



■ **SNAP THAT:** An Aids congress visitor from Burundi takes photos of a model of the HIV virus exhibited at an information stand in Berlin's congress centre this week. About 2 000 people from the Third World have attended the international congress.

■ Two of the vaccines, codenamed RGP120 MN and RGP120 SF-2, were to enter broad clinical trials, involving thousands of participants, by 1995.

But, scientists cautioned, none of the substances developed so far was likely to be 100 percent effective against a disease notorious for developing wild, pernicious strains.

In the face of such gloomy news, the conference focussed more on Aids prevention and social issues, like campaigns to prevent the public from contact with HIV in the first place.

Twelve years ago, only about 50 000 people were believed to be infected around the world.

The latest infection figures show explosive growth, particularly in Latin America and south and southeast Asia. Throughout the world, about 14 million people are infected with the HIV virus, according to WHO figures, and another 2.5 million have developed Aids.

South 12/16-16/1/93

Rape fuels the Aids epidemic

By Sue Armstrong

VICTIMS of rape and sexual abuse in South Africa are increasingly worried about contracting HIV.

The incidence of rape in South Africa is one of the highest in the world. On average, a woman is raped every 83 seconds.

And there is growing concern among experts that South Africa's high rape figures are fuelling the

country's HIV epidemic.

In Cape Town last year two men were jailed for the rape of an 11-year-old girl who contracted HIV during the attack and subsequently died of Aids. And in Alexandra, Johannesburg, a sickly seven-year-old girl was diagnosed with Aids after being sexually abused by her grandmother's boyfriend.

A recent study by the National Institute for Crime Prevention and the Rehabilitation of Offenders (Nicro) reached some stark conclusions:

one in four South African women will experience rape; there are 380 000 rape cases in South Africa each year; and 95 percent of rape victims are black.

Gang rape, known as jackrolling, has become a cult. In Soweto, the declared aim of young jackrollers is to impregnate every woman under the age of 26 in the township.

Apartheid carries much of the blame. "In a society that condones violence, the more extreme the violence, the higher the status. And

gang rape is the worst kind of violence," says sociologist Mr Lloyd Vogelman of Wits University.

In the overcrowded townships where unemployment can be as high as 70 percent and families are under intolerable stress, child abuse — predominantly sexual — is becoming commonplace. But sexual abuse is widely denied and rarely challenged.

"The man abusing the child may be the mother's only source of support, so she's powerless to act," says

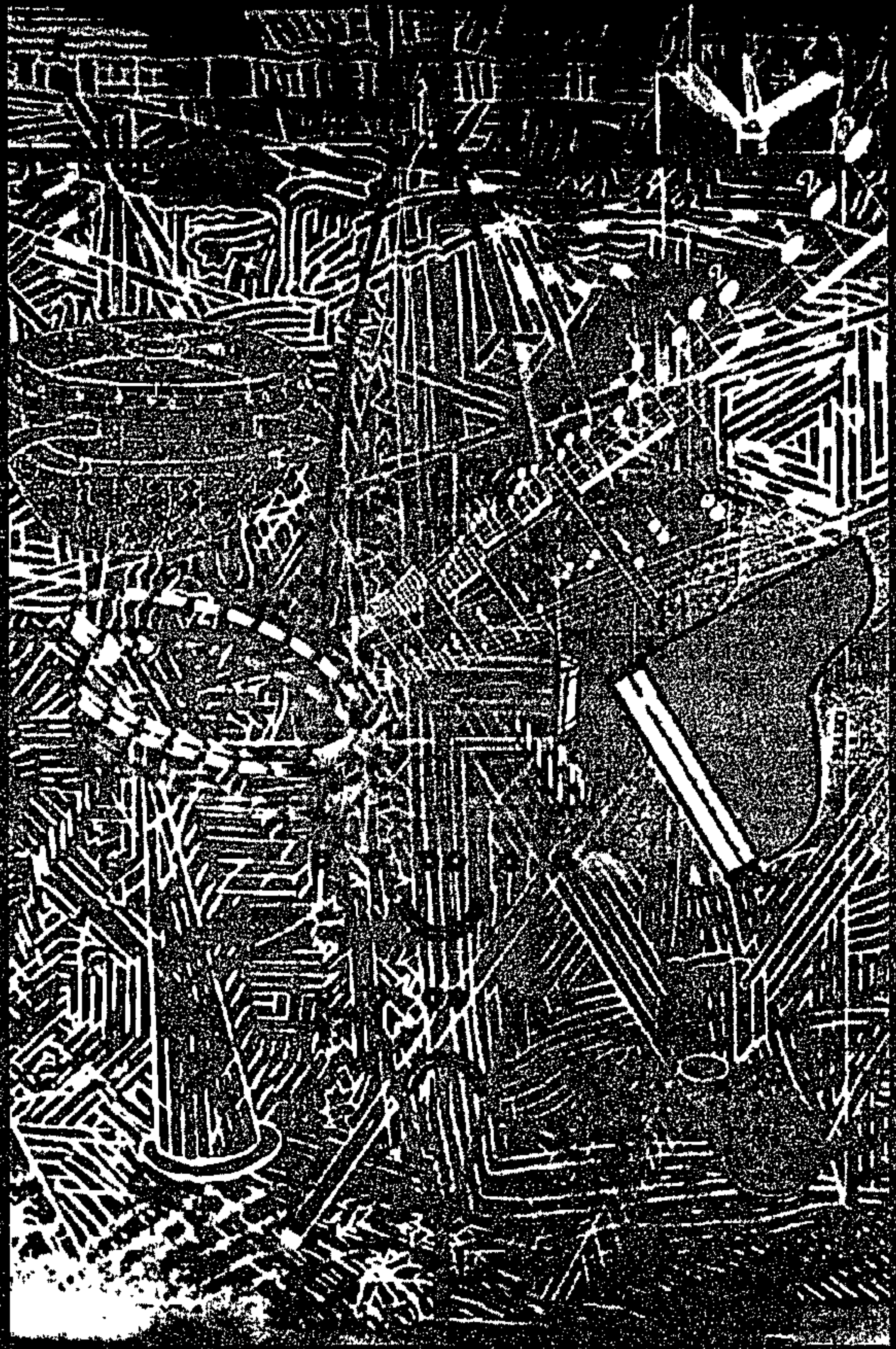
Ms Renée Scrote of Alexandra Aids Action and a member of a child abuse committee.

"The threat of contracting HIV during rape is great. There's no lubrication, more friction than usual, and possibly bleeding, all of which adds to the risk of infection," says Ms Melanie Sacks of Johannesburg's Aids Centre.

"And as the prevalence of HIV in the population rises, people who are raped will be at increased risk of infection." — Panoa

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Little sympathy for rape victims

IN 1990 "Sugar", the leader of a gang which raped a number of schoolgirls in Soweto, was killed by a man who impaled his severed head on a broomstick and paraded it round the streets

This anger against a rapist who had terrorised the neighbourhood is in marked contrast to the lack of sympathy so often shown to victims of rape.

Expressing a sentiment common in South Africa, the leader of the Inkatha Freedom Party's Youth League, Mr Musa Myeni said: "When women expose themselves to danger by knowingly moving around alone late at night, they are being reckless."

"Knowledge that they are indecently exposing themselves could be a contributing factor to rape."

A jackroller — gang rapist — said women who go to bars unescorted "want it rough and ready and know where to get it"

Until recently the law itself showed insensitivity to a rape victim's rights and feelings. In an identity parade a victim was required to touch the man she believed had raped her.

Her past sexual history could be brought up in court as evidence for the defence.

Rape is one of the most under-reported crimes in South Africa. The National Institute for Crime Prevention and the Rehabilitation of Offenders (Nicro) estimates that in urban areas one in 20 cases is reported.

In January last year, a special abuse unit was opened in the grounds of Soweto's Baragwanath Hospital. Here legal, medical and social services are integrated and female police officers and nursing assistants in attendance have undergone training in handling rape victims.

They see around 200 patients a month.

About half of the rape victims seen at Soweto's abuse unit are below 15 years old, and 40 percent of these are very young children, including toddlers.

Patients attending the abuse unit are not screened for HIV because the test is considered too expensive. However, staff are pressing for routine testing because they are concerned that the risk of contracting HIV during rape is high.

— Panoa

By CAS St LEGER

the horrifying myths uncovered about the disease by a massive Department of National Health and Population Development-commissioned research effort into 15 groups of South Africans as diverse as squatters, health workers, street children and school teachers.

In 1992/93, the department budgeted R2-million for the research, which was tendered for by groups ranging from the Human Sciences Research Council to Witwatersrand University and Markinor.

The results of the 15 surveys are consistent in that there is a good knowledge of Aids but a poorer recognition of HIV.

Infected

Most people know that Aids is sexually transmitted from an infected partner.

But 27 percent of 300 unbooked pregnant women at Baragwanath Hospital surveyed by Dr James McIntyre of the University of the Witwatersrand Department of Obstetrics and Gynaecology believe that Aids is caused by germs in the air.

While nearly 98 percent know that sexual contact is a cause, another three percent also think Aids comes from the use of laxatives. Two percent believe it is sent by ancestors and 10 percent that it is caused by jealousy.

Seven percent of the women believe Aids is a political ploy.

Of those women who believe more common misconceptions, there are many: using toilets — 70 percent, sharing utensils — 24 percent, insect bites — 54 percent.

Some of the more bizarre ideas about Aids (including that about 32 Battalion) come from the 141 street children from seven South African cities, including Cape Town and Durban, interviewed by Dr Linda Richter, a board member of Street-Wise.

Fifteen percent of them were adamant that

children could not get Aids. Others said there was a cure, placing their faith in sangomas.

The street children would mete out strong treatment to sufferers, such as "killing them" or isolating them.

Some of the children expressed the belief that people who got Aids deserved what they got, because they were rich and lived a decadent lifestyle or because they were "lower class people" and "criminals".

'Balloons'

Condoms were regarded negatively and "good for balloons only"

Two-thirds of the children said that one could not get Aids from a person who looked healthy

Nearly 300 long-distance truck drivers in Cape Town, on the N1 between Pretoria and Pietersburg and on the N3 between Warden and Harrismith, were interviewed by Lexetran.

Only 57 percent of drivers believed that traditional doctors were unable to cure Aids. More than 40 percent said infected people should be dismissed from their jobs and 60 percent believed they themselves would be fired if they developed Aids.

There were 57 percent of the drivers who admitted going to prostitutes.

Mrs Jill Kaicener of Markinor conducted research among 1 200 hostel dwellers at 240 hostels owned by mines, companies and the government in the four provinces.

Ten percent of the hostel dwellers believed Aids was a political move. A quarter believed protection could be gained from herbal remedies.

Touching (27 percent) and kissing (36 percent) an infected person were believed to cause Aids, as was using the same toilet seat (36 percent) and mosquito bites (36 percent).

Eight percent of hostel dwellers did not believe that Aids really existed. A quarter believe Aids can be cured — 40 per-

cent by Western medicine.

Squatters are among the highest risk groups for Aids.

Dr Ros Hirschowitz of the Community Agency for Social Enquiry and Nurse Matsie Ratsaka of the Medical Research Council interviewed 300 men from Alexandra squatter camps and found that four out of 10 admitted to having had at least one sexually transmitted disease (STD) in the past. Among these, 10 percent had an STD in the month prior to the interview and another 10 percent infected between one and six months and 25 percent between six months and a year before the interview.

Some had gone to the Alexandra Health Clinic for treatment but 18 percent had been treated by traditional healers or herbalists. Two percent had bought medication from pharmacies and one percent had gone to church or spiritual healers.

Ten percent had been treated for five or more infections.

Twenty percent of the squatters had more than three sexual partners.

Animals

Unlike the other sectors of South Africans covered by the Department of Health surveys, many did not know about Aids. One in five did not know anything about Aids.

Some believed Aids came from animals or from living in dirty surroundings. There were 41 percent who thought the disease came from being in overcrowded rooms, 68 percent from mosquito bites, 52 percent through sharing food, 51 percent through kissing and 50 percent from toilets.

There were 64 percent of the informal settlers who believed they were not at risk as they were not sleeping around, were keeping their homes clean or were God-fearing.

Only a third of the informal settlers had ever used condoms.

Bizarre wrong ideas on Aids are common in South Africa

STimes CC Imbrod 13/1/93 (92)

AIDS is caused by the 32 Battalion!
Aids is a germ introduced to wipe out the black population!
These are just two of the bizarre misconceptions about Aids uncovered by South African research.
Almost all South Africans have heard about Aids. Most know that condoms can help prevent it — but few use them. Most know that single partner relationships are safest — and stick to this.
But there is a dangerous lack of correct information on the disease, research has shown.
Among the misunderstandings:
● Aids is a political ploy, developed by the government to stop black people from having babies.
● Aids is caused when people of different races sleep together.
● Aids does not really exist
These are just some of

Cape Town 'most tolerant' of sex with many partners

St Times (C/metro)

13/6/93

By CAS St LEGER (92)

PEOPLE from Cape Town and nearby areas are the most tolerant people in South Africa of multiple sexual partners — while at the same time condom usage is amongst the lowest in the country.

This was one of the findings of a large survey of the general public of South Africa on Aids knowledge and attitudes undertaken by the Human Sciences Research Council (HSRC) as part of the Department of Health and Population Development's 15-sector research project.

The HSRC interviewed 5 360 South African men and women of all ages from all areas of the country.

Almost all (83 percent) of respondents knew that HIV could be transmitted by sexual intercourse — but Aids was not the major health concern for many. Problems such as tuberculosis were identified more frequently as a problem than Aids

Least informed

Blacks in the Orange Free State and the Transkei were the least well informed about Aids and HIV.

One in 14 respondents gave at least one inappropriate means of protection — from "living clean" to traditional healers, use of non-barrier contraceptives (such as the pill) or avoiding homosexual acts.

Those with the lowest levels of education were dangerously unaware of the seriousness of Aids.

Men found multiple sexual partners more acceptable than women. English-speaking respondents were significantly more tolerant of many sex partners than Africaans-speakers.

Those from Cape Town and nearby districts were most tolerant.

'Gay disease'

Nineteen percent of respondents admitted to multiple partner relationships and 22 percent were celibate, with 59 percent in single partner relationships.

Residents of the Witwatersrand, Cape and Ciskei reported a significantly lower use of condoms.

Two out of every 10 people would hide their HIV-positive status from others. Three out of 10 said Aids was a gay disease — particularly those on the Witwatersrand and in Cape Town, Ciskei, Pretoria, Bophuthatswana and Natal.

Less than half felt they had a chance of becoming infected because of safe sex, celibacy or condom use. Rape was included as a reason for being vulnerable to infection.

Researchers pool knowledge in data base for Aids fight ^{ARC 14/6/93} 92

PRETORIA. — The Department of National Health and Population Development has made known the results of recent nationwide research to establish an authoritative data base of Aids-related information in South Africa.

The results of these studies — conducted in 1992/1993 — were made available during a colloquium organised by the department at the University of South Africa.

In a statement, the department said 15 projects were commissioned to various researchers, who focused on a variety of target groups.

"These studies will provide the key that allows Aids workers to communicate with those normally beyond the reach of the health-care community," said the statement.

The projects concentrate on attitudes, behaviour practices, knowledge and perceptions among groups like squatters, people with sexually transmitted diseases, pregnant women, hostel dwellers, intravenous drug users, prostitutes and their clients, homosexuals, street children, and long-distance truck drivers.

"With this research, it is envisaged to address the issue of influencing attitudes and changing behaviour on a long-term basis, especially with regard to appropriate intervention programmes.

"With this vast project, the department not only aspired to create a data base with regard to Aids information, but to create an atmosphere of co-operativeness between all parties who work together in the fight against Aids," said the statement.

Meanwhile, The Argus Foreign Service reports from Perth that female divorcees and widows are far more in need of safe-sex education than their teenage daughters.

According to a university researcher here: "These women are taking too many chances because they do not fully understand the risks associated with Aids.

Miss Sharon McCoy said: "They are vulnerable and confused because they are trying to find love and a father figure for their children and, at the same time, want to look after their sexual health." — Sapa.

Preventing AIDS the focus in developing world

By Paul Abraham 15/10/93

PAUL ABRAHAM

(92)

gramme on AIDS. WHO estimates there are 1.5-million infected by HIV in southeast Asia, and 1-million in south Asia, mostly in India.

"The growth in south and southeast Asia can only be described as explosive," warns Merson. "In Thailand, for example, in early 1990 there were more than 50 000 infected people. By late 1992, there had been a tenfold increase with an estimated 450 000 infected," he says.

Studies in Thailand's northern districts show that 7% of military recruits are HIV-positive. In Bangkok, the Siriraj hospital reports the number of pregnant women infected increased by 60% between the last quarter of 1991 and the same three months in 1992.

In India, too, the rate of increase of

IN THE red light districts of Ivory Coast's capital, Abidjan, the virus that causes AIDS is running rampant. Among prostitutes on the city's streets, 88% are HIV-positive. Among their clients, who pay less than \$4 a time, only a quarter are willing to use condoms, the best method of preventing sexually transmitted diseases.

Such levels of infection among prostitutes are wreaking a devastating effect on Abidjan's more general population. One in six pregnant women is now HIV-positive. Most say they have slept only with their husbands.

Although HIV and AIDS remain a significant problem in the western world, delegates at the annual AIDS conference in Berlin last week were repeatedly told the epidemic would hit the developing world disproportionately hard.

About 90% of the 14-million people estimated by the World Health Organisation to be infected by the virus live in developing countries. It calculates most of the 40-million people

infected by the end of the decade will be in the developing world. The sheer scale of the problem in Africa, Asia and Latin America requires the world's attention.

Suggestions that the scale of the epidemic in Africa has been exaggerated were dismissed by the continent's health workers. "It is merely cynical to say there is no epidemic. In some villages in Uganda there are no people between 20 and 40, only children and their grandparents," argues Elhadji Assy, an executive of the international council of AIDS service organisations. "It is time to recognise that the virus, illness and epidemic exist."

But although the prevalence of AIDS is well documented in Africa, the most rapid increases in the disease are occurring in other developing regions. "While Africa suffers the explosion of AIDS cases as a result of infections 10 years ago, it is in south Asia and southeast Asia that we are seeing a rapid increase in infection," warns Dr Michael Merson, director of WHO's global pro-

infection is alarming. More than 30% of prostitutes in Bombay are HIV-positive, and the prevalence in the general population has increased from 1.67 cases per 1 000 in 1991 to 23.07 per 1 000 last year. "The epidemic has the potential to reach unprecedented levels in India," warns Dr Shiv Lal, a director of India's national AIDS control organisation.

The epidemic is striking hardest in those countries least equipped to cope with the disease. In many of these countries primary health care is minimal and services have been overwhelmed. WHO calculates that, in some African cities, up to 70% of hospital beds are taken up by patients with AIDS-related diseases. The Zambian health service, for example, has been engulfed by the demands of the country's 200 000 patients with AIDS or AIDS-related diseases. The annual cost of treating them is \$64.4m, money that the country can ill afford.

In some African states, lack of resources is assisting transmission of HIV. Delegates were told that in

Cameroon there were insufficient funds to establish safe supplies of HIV-negative blood. As many as a quarter of patients, unable to pay for the blood offered to them to be tested, accepted potentially contaminated blood.

Scientists at the conference admitted the chances of finding a cure or vaccine to combat HIV in the medium term were remote.

WHO believes the main priority must be to prevent the epidemics in the developing world spiralling out of control. It has called for \$2.5bn a year to be invested in anti-HIV programmes in developing countries — a tenfold increase on current spending. The organisation calculates this could bring \$90bn of savings in costs by the end of the decade, by preventing 4-million infections in Africa, a similar number in Asia and 1-million in Latin America.

Merson says: "The initiative would provide a significant return in financial terms, but above all an incalculable yield in diminished human suffering." — Financial Times.

Recent predictions indicate that the Aids epidemic will have left about 10 million children without parents in Africa by the year 2000. More than 500 000 of them will be living in South Africa.

In most sub-Saharan countries, the problem is extensive. As adults die, their children are left dependent on the aged, on themselves, and on collapsing community structures.

"In the rest of Africa they discovered the problem when it was already smothering them," says Support Aids Families and Orphans (Safo) co-ordinator Claire Fleming.

"Since South Africa is some years behind the rest of the continent in terms of the Aids epidemic, we are ideally placed to prepare ourselves. But very little is being done."

Safo, which was launched in Soweto in February last year, is the only organisation dedicated to offering practical assistance. Working with the HIV clinic

Too little too late?

Star 16/6/92

at Baragwanath Hospital, which refers the families of Aids sufferers to Safo, the organisation is assisting 54 Soweto families to cope with the manifold problems associated with the terminally ill.

"Children are often traumatised by seeing their parents die," says Safo's only field worker, Nana Nthuli. "They are different to normal orphans. They are undergoing pain and insecurity over a long period. Our work is to offer them support and love, so that it will not be too difficult for them to fit into society as adults."

At the moment, Safo stands virtually alone against these difficulties. But it's a small organisation — a committee and two part-time workers — which has met with a lukewarm re-

sponse from the authorities. Safo applied for a fund-raising number in November 1991. While the authorities considered the application, the fledgling organisation received support from the British government, and later from the Americans and Australians.

Prompted by an inquiry from The Star last week, the Directorate of Fund Raising has now issued Safo with a fund-raising number valid for two years.

"We're thrilled," says Fleming, "but concerned that no one is paying much attention to this vitally important aspect of the epidemic. Even the minutes of the Aids Advisory Group (AAG) reveal no urgency."

Professor Alan Fleming, chairman of Baragwanath Hospital and the Soweto Clinics

Many children are being caught up in the Aids crisis as orphans, and they will remain long after the epidemic has subsided. Health writer DAVID ROBBINS looks at the scale of the problem in South Africa, and at what is being done to prepare for it.

Aids Committee, warns that the pressures which will be placed on these Aids orphans will be enormous.

As communities collapse because of the death of breadwinners and leaders, children will be forced prematurely into the adult world of work and decision-making, often to the detriment of their educational and emotional development.

"So far," he says, "little has been done to plan for the social consequences of this premature

entry into adult life.

"Failure to adequately prepare could expose the young to the influences of the unscrupulous, who may encourage socially disruptive behaviour including substance abuse, prostitution, urban violence or even banditry and civil war."

Claire Fleming adds: "As if the existing problems of our street children and marginalised youth aren't enough. But I think sometimes the authorities are hoping the problem won't

materialise. Look at the minutes of the AAG meeting held on February 5 this year."

The minutes refer to the projection that more than 531 000 children will soon be orphaned by Aids, then continues: "If it is accepted that 10 per cent of these children will require care and other social assistance, by the year 2000 approximately 53 000 more children will be the responsibility of the welfare system."

"How is that for reducing the problem by 90 percent?" asks Claire Fleming. "I simply can't understand where they get that 10 percent to make their calculation. All these orphans are going to be the responsibility of the welfare system, but we certainly don't advocate that they all be institutionalised."

Both Claire and Alan Fleming emphasise that the experience in the rest of sub-Saharan Africa should be examined to formulate a policy for South Africa. Most of the work with children bereft of their parents through Aids has been left to a few dedicated non-governmental organisations, with State authorities doing little to assist.

Asked what Safo would do if it had access to funds, Claire Fleming said immediately: "An office in Soweto; a workshop where the families and children of the terminally ill can generate income and build up a sense of belonging; a few salaries for full-time staff; training programmes for volunteers to work in the community."

"We admit we have a lot to learn," she added. "And we need all the help we can get. It would be terrible if South Africa learnt nothing from the countries to the north."

Telephone (011) 678-9908 for further information on Safo. □

Sangomas could help to fight Aids, says doctor

92 APR 18 1993

ANDREA WEISS, Health Reporter

TRADITIONAL healers should be brought into the Aids prevention programme and supplied with condoms for their clients, says an article in the SA Medical Journal.

Dr Salim Abdool Karim, of the Medical Research Council, says that after a series of interviews with an insangoma who trains other healers he concluded that the isangoma had a good understanding of how HIV was transmitted.

The woman accurately identified prostitutes and sexually active teenagers as being high risk and asked for a supply of condoms to give to people who went to her for help, he says.

But he was concerned to find that she believed Aids was spread by "soldiers from Hitler's wars" who were

given the disease "by injection".

Another worrying factor was that she believed she could cure Aids — something that could create "a false sense of security that Aids is not invariably fatal".

Dr Abdool Karim says this belief will not stand the test of time as more people become sick.

He points out that traditional healers are already involved in Aids strategies in Botswana, Kenya, Zimbabwe, Tanzania and Uganda.

He recommends that efforts be stepped up to incorporate traditional healers into the formal health services.

"Tackling the Aids epidemic requires maximum mobilisation of a country's resources," he writes.

AIDS Conference Offers New Data But Few Leads

(92)

Guardian/W in W/MAIL 1/16-24/6/93

David Brown

WHEN future historians of the AIDS epidemic look back at 1993, they may conclude that now was the time when medicine, science and society were deep in the tunnel, with no light visible at either end.

True, the tunnel itself is well lit, there are signposts of a sort, and the travelers, as a whole, are not panicked. Nevertheless, nobody knows how long it will take to get to the other end.

That is the abiding impression left by the Ninth International Conference on AIDS, which ended on Friday in Berlin, after 800 lectures and 4,500 poster presentations with an attendance of more than 15,000 researchers, clinicians, administrators and activists whose work, one way or another, is dedicated to stanching the epidemic of human immunodeficiency virus (HIV).

As the numbers would suggest, there is no dearth of information on AIDS, which was first described in 1981. The mountain of data, however, has not yet jelled into a full understanding of the disease, an adequate treatment, the prospect of a useful vaccine in the foreseeable future. Without those, no easily applied strategy of prevention is likely.

"We may feel tired, and I don't mean just from this conference," said Michael H. Merson, head of the World Health Organization's AIDS program, in a closing speech that was more a homily than a scientific summation. "At times our progress seems desperately slow. . . . But we go on, often drawing our strength from the courage of others."

It is now clear that HIV infection is extensive soon after contact. The "latent" period before AIDS-related symptoms appear — about 10 years on average — represents the immune system's successful dampening of virus replication rather than an extremely slow march of the microbe through the body. This insight is both bad and good news.

It is bad because even if a useful "morning after" pill were ever developed (considered quite unlikely), almost nobody would know when to take it, as most infections are not

identified until they are months or years old. It is good news, however, because it suggests the immune system has powerful, if impermanent, ways of preserving health even when HIV has infected trillions of cells.

As a "retrovirus," HIV splices its genetic information into an infected cell's DNA, where it remains until the cell dies. During the long symptom-free period, something dampens the virus's ability to replicate and spread further. Eventually, though, the control is lost. Reproducing in unimaginable numbers, the virus infects many of the remaining healthy cells of the immune system, generally with a more lethal version of itself that has arisen, since initial infection, through the process of natural selection.

The "something" that checks HIV for so long, scientists now believe, is the action of a class of white blood cells, called CD8 lymphocytes, or their close relatives, CD4 lymphocytes, the cells actually infected by the virus. In a complicated feedback loop characteristic of many biological systems, subclasses of CD4 cells regulate the CD8 cells. The traffic occurs via cytokines, the ever expanding list of chemical messengers employed by the immune system.

The new level of understanding raises the possibility of someday treating HIV disease with cytokines — using the body's own language to order the virus not to reproduce. The goal would not be to block HIV replication directly (as drugs such as AZT attempt to do) or to extirpate infection (which may be impossible), but to maintain the period of latent — and symptom-free — infection indefinitely.

Such an elegant form of medical therapy, however, is far off.

The epidemic has now been around long enough that people who are rare exceptions to the normal course of infection exist in large enough numbers to be studied.

One of the more unusual presentations in Berlin last week was about a study of 24 prostitutes in Nairobi who have remained HIV-negative for more than two years (and in some cases more than eight), de-

spite having an average of 32 exposures to HIV a year. The researchers found no difference in the sexual practices of these women compared with their infected co-workers. They did, however, find that many of the uninfected women shared HLA haplotypes, which are forms of genetic identity that establish the tone of a person's immune system in the way that a key sets the tone for a piece of music. Other haplotypes were associated with increased risk of infection.

Similarly, researchers at the National Cancer Institute's laboratory in Frederick, Md., found that certain HLA haplotypes favor rapid decline from symptom-free infection to AIDS. A small group of gay and bisexual men — part of a 5,000-member study group — whose CD4 cell counts have barely dropped since 1984, are now the subjects of intense research.

By the same token, variations in the virus's genetic identity seems to have a major effect on how long a person stays healthy.

Specifically, people who have viruses that cause cells to fuse in culture dishes — "syncytium inducing" (SI) strains — have more rapid downward declines than others. Often a patient's virus mutates from a non-SI to an SI strain during the course of illness. Most troubling, there is indirect evidence that some AIDS drugs, notably AZT, may hasten the deaths of persons with SI strains.

AIDS treatment now is a blunt instrument, with only a few drugs and little customizing of treatment. In the future, both microbe and human may be tested, with therapy tailored not only to how each relates at diagnosis but how the relationship changes over time. Such a strategy would be expensive, and it would take a long time to learn whether the effort (and anguish it might produce) was worth it.

The current menu of AIDS drugs, however, leaves much to be desired.

In one plenary session, Joep M.A. Lange of the World Health Organization, mentioned the need for any really good AIDS medicine to be affordable for people in developing nations. Then, in one of the more frank statements at the conference, he said, referring to AZT, ddI, ddC and other substances that were the subject of so much discussion: "To be honest, I'm not sure they have lost a lot by not having these drugs."

It is now quite unclear how a physician should treat a person with symptom-free HIV infection, other than by prescribing an antibiotic to

help prevent pneumocystis pneumonia. (In 1984, HIV patients on average survived less than 12 months after a diagnosis of AIDS. Now survival on average is more than two years, mostly because of better treatment and prevention of this pneumonia.)

AZT took a battering in Berlin, and none of its alternatives looks much better. The drugs early in development, which do not even have names yet, seem to show the same slight effects on CD4 cell counts as the others. Even the use of those cell counts as a yardstick of benefit is in question.

Vaccines, which offer the only realistic hope to stop the disease, are midway between fantasy and reality. Many are being tested for their physiological effects, and by 1995 some will be tested in live populations. Really useful vaccines — cheap, oral, one-dose, highly effective, and not requiring refrigeration — are decades away.

In the meantime, the major modes of prevention remain the use of condoms, the treatment of venereal disease and the use of clean needles by drug users. In some places, these strategies appear to be working.

In Zaire, the AIDS epidemic has stabilized, according to a paper presented in Berlin, apparently because of high rates of condom use, relatively low rates of venereal disease and the fact that most men are circumcised.

One researcher reported on "prevented epidemics" in drug users in Glasgow, Scotland; Sydney, Lund, Sweden; and Tacoma, Wash., citing early outreach programs to addicts (some as early as 1986), and clean needles available either through exchange programs or over-the-counter sales. Another speaker catalogued the increase in safer sex practices in many epidemic areas, citing one non-profit organization's increase in condom sales in Africa from 1 million to 41 million between 1988 and 1992. In other places, aggressive treatment of venereal diseases (which increase risk of HIV transmission 3 to 5 percent) appears to have slowed the spread of the virus.

Mostly, however, the epidemic is unabated, and affecting women in rapidly increasing numbers. The need for an effective, woman-controlled form of protection was a nearly universal call in Berlin. Because an infant has roughly a 30 percent chance of becoming infected from an HIV-positive mother, either before birth or through nursing, the numbers of children with AIDS in the next few years is also expected to rise.

Close examination of the medical kind

BEFORE Mahendra Chetty started working at the Johannesburg LRC as an attorney, he never dreamt that he would become so well-informed about the medical problems of Aids patients. And Matthew Walton in the Cape Town office never thought he would get to know so much about the disfigurement skin lighteners can cause.

But clearly, if a man comes to the LRC after having been bitten in the groin by a dog and having become impotent as a result, or a woman arrives with a needle left in her uterus after having had a Caesarian operation, the lawyers handling their cases need to co-operate closely with medical experts when assessing claims for damages. Unlawful shootings are another area leading to many damages claims.

In all these cases, the LRC has to work closely with medical specialists — neurosurgeons, psychiatrists, orthopaedic surgeons, pathologists. Expert medical opinions do not come cheap, but the importance of the evidence in a damages case can make an enormous difference to a client's life.

The LRC deals with a considerable number of cases where close co-operation with medical experts is necessary. Aids is a relatively new

LRC Review in
15/6 - 24/6/93

Lawyers' work often demands co-operation with medical specialists on a wide range of topics — from a dog bite to health problems arising in the workplace

One important Aids-related issue is whether an employee may be dismissed purely on the grounds of testing HIV-positive. Lawyers increasingly encounter people who were tested for Aids by their employers, often on a false pretext such as being asked to donate blood, and were then dismissed when found to be HIV-positive.

Reinstatement actions in the Industrial Court have produced favourable settlements in some cases, usually in the form of retrenchment packages. To sue each time deals with the individual case, but the practice needs to be addressed and the LRC aims to help educate employers.

Many domestic workers have approached the LRC on this issue recently. Their employers require them to have an Aids test, and they are generally advised to have the test as those who refuse are usually dismissed.

Workmen's Compensation Act cases inevitably draw in the medical profession. The Cape Town office has brought cases to challenge exclusions from the Act and the Occupational Diseases schedule. Objections are also made against low assessments of permanent disability. The

office has called for the publication of important case decisions in order to give guidelines, and has submitted proposals regarding the new draft Bill.

In the case of *Bruus Nyaka v Everie*, a worker died of lung cancer as a result of exposure to asbestos for 25 years at the factory where he worked. There is a considerable body of evidence linking his illness to his occupation, but in terms of South African law, a worker cannot be compensated for contracting lung cancer at work. His compensation application was therefore unsuccessful, but a summons on behalf of his widow has been issued for damages.

The Durban office has worked with clients who suffered occupational illnesses due to contact with chrome dust at the Chrome Chemicals factory, a subsidiary of the German Bayer group.

The workers suffered nasal septum perforations and chronic sinus problems. The LRC worked closely with the Industrial Health Unit at the University of Natal and met with support groups from Germany who are attempting to extract an ex-gratia payment from Bayer.

Workers are limited to the Workmen's Compensation payouts, which were initially assessed at three per cent, calculated on the workers' wages as at the date of first diagnosis — which for many of the Chrome Chemicals workers was over 20 years ago.

Claims were lodged on behalf of a large number of these workers, as well as applications for increased compensation. The compensation was increased to 15 per cent, though calculated on the same basis. Appeals have been lodged against the degree of compensation as well as the basis for calculating it.

Clients who suffered health problems after working at the Western Platinum Refinery received settlement payments of R5 000 each and a company undertaking that it would help them to obtain the statutory compensation available in terms of the Occupational Diseases in Mines and Works Act.

The Pretoria office was instructed by over 100 workers at a vanadium mine in Bophuthatswana. Vanadium is linked to numerous medical problems. The National Centre for Occupational Health concluded in its report that a more comprehensive approach to occupational health and safety was required at the mine.

The real solution to these issues lies in enforcing strict safety measures in the workplace, rather than in dealing on a case-by-case basis.

While on the one hand needing their input, the LRC is also sometimes required to sue the medical profession. The Cape Town office succeeded in getting a contribution towards emotional shock in the cases of the deaths of two babies who were given a poisonous fluid instead of one to combat dehydration. The hospital was held to have been negligent and clients' claims were settled for R20 000.

In a case handled by the Johannesburg office, a woman's baby died of cerebral asphyxia 18 hours after birth because the delivery was held back by a nurse who feared the doctor's wrath if the child was born before he arrived. An inquest is to be held into the cause of death and an action for damages may be instituted.



Teachers in court

TWENTY SA Democratic Teachers' Union teachers appeared briefly in the Cape Town Magistrate's Court yesterday in connection with attending an illegal march in the city on Wednesday. No charges were put and they were not asked to plead.

CT 19/6/93

Truckers high Aids risks (92)

JOHANNESBURG. — Government research into the spread of Aids indicates long-distance truck drivers, 60% of whom visit prostitutes, are a high risk group for the disease.

CT 19/6/93

Aids virus 'spreading rapidly' in SA

Staff Reporter

92

SOUTH AFRICA has entered a period of "rapid spread" of the HIV epidemic with a recent survey indicating the rate of infection had almost doubled in one year.

Dr Malcolm Steinberg, leader of the National Aids Research programme, speaking at a health conference yes-

terday, said the figures were obtained from a survey of women attending antenatal clinics in October/November last year.

"During the 12 months preceding this survey rates of infection had approximately doubled from 1,49% to 2,69%." The survey confirmed the country was in the period of rapid spread of the HIV epi-

demic.

"Current projections of the future spread of the epidemic predict that by the year 2005, between 16% and 25% of the adult population may be infected."

A Johannesburg "family of surveys" conducted by the Aids Virus Research Unit of the MRC at the National Institute of Virology showed that

14,6% and 20,4% of black males and females respectively were infected with HIV, Dr Steinberg said.

This was in comparison to 4,2% and 1,8% of white males and females respectively.

The research unit would work with individuals and organisations responsible for HIV prevention, he said.

Star 22/6/93
HIV 'spreading rapidly'

South Africa has entered a period of rapid spread of the HIV epidemic with a recent survey indicating the rate of infection has almost doubled in one year, says Dr Malcolm Steinberg of the Medical Research Council. — Sapa. 92

HEALTH FEATURE *More than 13 million people infected since the start of the epidemic*

Sowetan

23/6/93

New way needed to fight Aids

(2)

By **Musa Zondi**
Medical Reporter

■ HUMAN RIGHTS Call for respect for those with HIV and Aids infections:

WHILE THERE has been a significant reduction in new HIV infections in the industrialised countries, the reverse is true in developing nations.

According to the World Health Organisation the largest number of new infections is still in sub-Saharan Africa where more than eight million infections have been recorded.

The biggest increase in the past year has been in Latin and South America and South and Southeast Asia — each with 1.5 million infections or more.

However, the World Health Organisation believes that effective HIV prevention programmes in developing countries could reduce the number of new adult infections during the rest of this decade by 9.5 million. This is the view of the director of the

WHO's Global Programme on Aids, Dr Michael Merson. He was speaking at the IX International Conference on Aids in Berlin, Germany.

Prevention programmes

This view represents a shift from the WHO's emphasis on pouring money into research at the expense of investing in prevention programmes. For developing countries, this is welcome. While the North (rich countries) has the infrastructure and resources for research, the South does not.

But the reduction in new infections could be achieved if the affected countries implemented a basic prevention package immediately, he said.

Dr Merson emphasised the need for education in Aids awareness. "We must dispel the myth that condoms don't

work," he said, adding that they are still the only reliable form of prevention, especially since there is no cure for Aids.

"The (negative) impact on development will be more profound in the next decade if we do nothing now. One of the best investments any country can make is in an Aids prevention programme," Dr Merson said.

Worldwide, more than 13 million people have been infected since the start of the epidemic.

Implementing these programmes effectively would cost at least R4,5 billion to R6 billion. But this investment in human life would mean a huge saving in the long run. "The WHO calculates that investing this amount from now to the year 2000 would save close to R270 billion in direct and

indirect costs of Aids by the turn of the century. The main impact of prevention will be seen later.

Infected youths

One of the disturbing new trends has been the rise in the number of youths who are infected. "Young girls are especially vulnerable to sexually transmitted diseases, including HIV infection. As receptive partners, females run a great risk (of being infected)," Dr Merson says.

Dr Merson called for respect of human rights for people who are infected

with HIV and Aids. They "should receive dignified, humane care and have access to currently available drugs at affordable prices".

Opening the congress, the President of the Federal Republic of Germany, Dr Richard von Weizsacker, called on societies and individuals to examine moral judgments in the face of Aids. "This illness is often linked to immorality or even interpreted as an allegedly just punishment. This is a terrible and inhumane exclusion of sick people under the guise of supposed morality," he said.

Condoms for Africa

WASHINGTON. — The World Bank has announced its biggest loan for fighting Aids and other sexually transmitted diseases in Africa — \$64,5 million (about R193,5m) to Zimbabwe. (92) of 23/6/93

The project's first aim is to secure enough condoms, on which it will spend over \$12m (R36m).

In Africa the bank's biggest contribution so far on sexual diseases was \$10m (R30m) to Tanzania in 1990.

The bank estimates that by the middle of 1992 seven million adults in Africa were infected with HIV.

"The disease's economic impact will be a major constraint to development well into the 21st century," the bank predicted.

For the Zimbabwe project, an additional \$14,8m (R44,4m) from Britain's Overseas Development Association, and \$8m (R24m) from the Zimbabwe government itself, will provide a total of \$87,3, the announcement said.

The loan is repayable in 35 years, starting with 10 years in which only interest at about one percent a year will be collected. — Sapa-AP

**R42m spent to
prevent Aids**

CT 25/6/93 (92)
Political Staff

THE government spent more than R42 million on Aids prevention programmes during the 1992/93 financial year.

Replying to a question from the DP's Mr Mike Ellis, Health Minister Dr Rina Venter said the department's Aids budget of R20,9m had been increased by R21,2m, mainly by the provinces.

PEOPLE'S LIVES *With eyes wide open and her heart on a limb, Refiloe reaches out*

Easing others' hardships

Soweto 25 July 1983

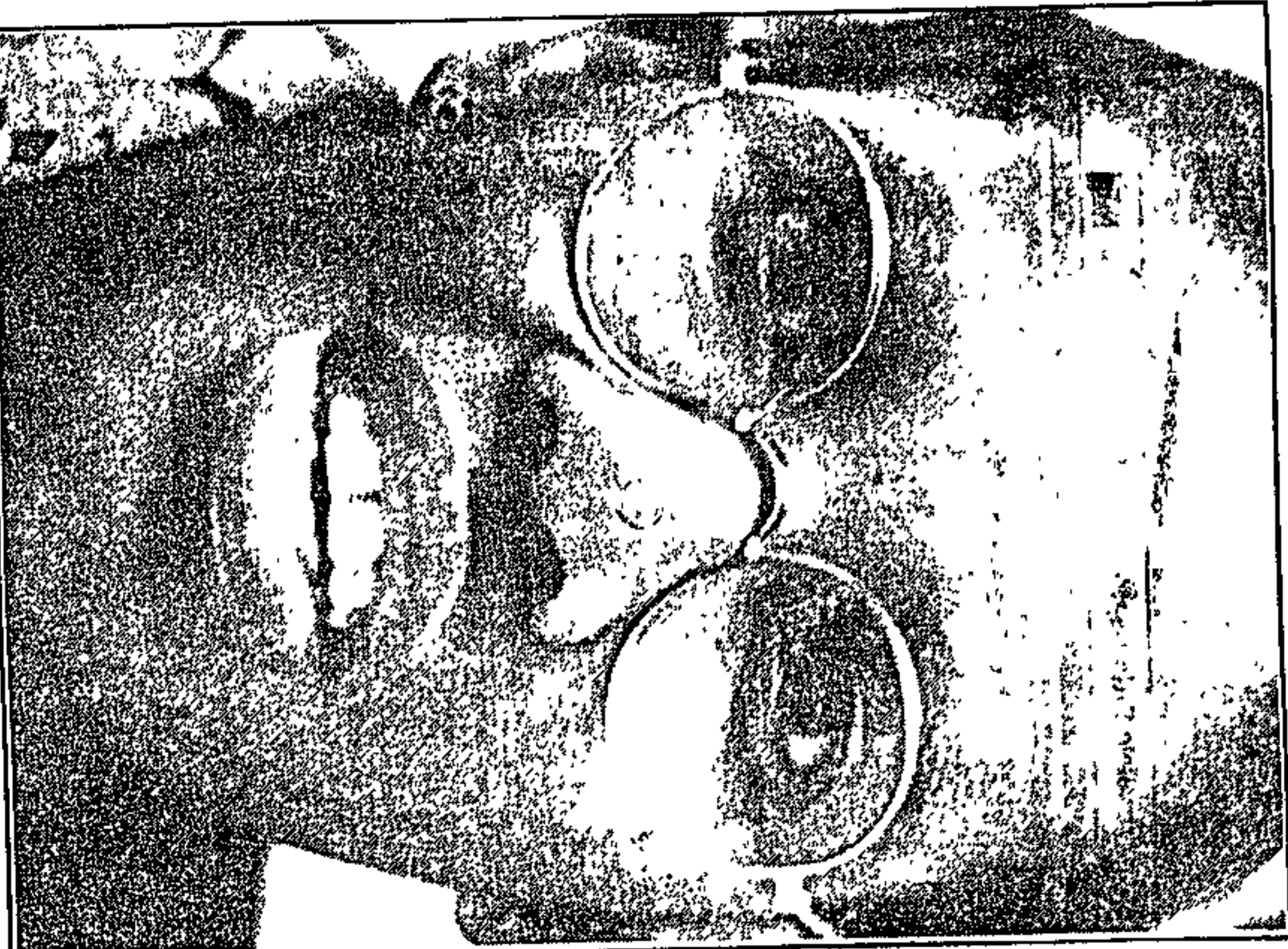
Woman of the month

DECISIVE ACTION *Wading in where*

By Sizakele Koona

angels fear to tread:

In 1989 there were 300 reported cases of Aids in Alexandra. Today the number has risen to 6 000. There are weeks when I see a new case every day. There is nothing we can do when they have been infected. The only thing I can do is help those who are not infected take care of themselves



Refiloe Serote

I targeted the squatter community because information was not reaching them. Most were illiterate and couldn't read media reports that provided information. They could also not hear about it on TV because they did not have electricity

REFILOE Serote's protected and privileged upbringing meant she was never aware of the hardships other people faced in life.

It was not until she went to university and eventually got married that her eyes were opened to a world full of poverty and disease.

In her quest to find out why and how people live in deprivation she wound up working as a volunteer for the South African National Council for Alcohol and Drug Dependence and Nicot in 1983.

Four years later she had established a sexually transmitted diseases clinic called Sex Health Education at the Alexandra Clinic where she worked as a public relations officer. She had also taught herself about Aids and homosexuality.

An invitation by the World Health Organisation to an Aids conference in Cameroon in 1989 exposed her to alternative education programmes she could adopt in setting up an Aids project in South Africa.

In 1990 she established the Township Aids Project in Soweto — the first "pure" Aids organisation.

The TAP, she says, started in the boot of her car. Within a year it was operating from five offices at Ipelegeng, Soweto. Serote, the director, was working with a social worker and three educators, who were giving workshops to young people, women and gays.

had grown and could function without her she went back to her own township, Alexandra, where she set up another Aids project.

"I targeted the squatter community because information on the disease was not reaching them. Most of them were illiterate and couldn't read media reports or pamphlets that provided information on the disease. They could also not hear about it on TV because they did not have electricity in their shacks," she said.

When she is not educating people on Aids awareness, Serote counsels Aids patients and HIV-infected people referred to her by clinics. She also provides food parcels and clothing to the needy and finds scholarships for children. Occasionally she fights for someone dismissed unfairly or helps people find employment.

"In 1989 there were 300 reported cases of Aids in Alexandra. Today the number has risen to 6 000. There are weeks when I see a new case every day. There is nothing we can do when they have been infected. The only thing I can do is help those who are not infected take care of themselves," she said.

Serote hopes to set up a service involving the whole Alexandra community in the campaign for Aids awareness. The programme will have counsellors and care-givers in every area with education and information provided in the vernacular.

AIDS added to dread disease list

LINDA ENSOR

CAPE TOWN — Metropolitan Life has included AIDS to the list of diseases covered by its dread disease product and has introduced new HIV testing criteria which take into account the regional differentiation in the spread of AIDS.

The effect of the new testing system would mean that more people would be tested in high risk areas such as Natal, Transkei, Namibia, Lesotho, Swaziland and Ciskei, Metropolitan Life said yesterday. More important than regional factors, however, in determining whether a test was required were age, the term of the policy and the level of cover.

Metropolitan said yesterday its dread disease policy would pay out the sum assured in five annual instalments on diagnosis of full-blown AIDS as defined by the World Health Organisation, with any balance being paid should death occur before payment of the fifth instalment.

All applicants for dread disease policies would be tested for HIV and would not get a policy if found to be HIV positive. Premiums on Metropolitan's dread disease policies had been increased to cater for the inclusion of AIDS, Metropolitan marketing actuary Riaan van Dyk said.

Van Dyk said the dread disease benefit aimed to ease the financial problems which arose from living and medical expenses at a time when the policyholder needed it most.

Aids: spend more to win the war

Star 29/6/93

92

More cash may be on the way

MORE money for the State-driven Aids prevention programme might soon be made available. This is suggested in a statement from the Department of National Health and Welfare when asked to respond to the Aids Consortium memorandum.

"The Minister of National Health has always been very supportive of funding for Aids prevention," the statement says, "and the door has not been closed on further funds being made available in this financial year."

In response to the consortium's suggested areas of increased spending, the statement says: "The consortium is echoing statements made by this department on where money should be spent, and we are pleased that they support the priorities set by this department."

The statement points out that:

- Health Promotion (a department within the Department of National Health) is spending R3 million of its budget on Aids.

- A further R2,5 million has been given to the STD programme.

- "The Aids Consortium states that only R3 million is being spent on condoms; this is R2 million more than was spent in the previous year." □

THERE can be no doubt that the HIV/Aids epidemic is the most serious health threat yet faced by South Africa. But it need not all be inevitability and doom. Something can be done, if it's done quickly.

Because of the nature of the disease, especially its long incubation period, the impact of what is done today, or what is not done tomorrow, will remain with us for at least 20 years. In a nutshell: intervention now could make a huge difference to the eventual size of the epidemic.

Yet the State is merely tinkering with the problem, and should be spending seven times more on Aids prevention programmes than it is. This is the view of the Aids Consortium, a national affiliation of about 60 HIV/Aids organisations.

In a memorandum to Minister of National Health and Welfare Dr Rina Venter, the consortium notes "with alarm and concern" that the State's 1993/4 Aids Programme budget has been increased by a mere 1 per cent over the previous year. This shows the pending epidemic is hardly a priority for the Government.

The consortium memorandum, drafted by Dr Helen Schneider of Wits University's Centre for Health Policy, demands that dealing with Aids becomes a priority, and demands that Government's seriousness be reflected in an appropriate budgetary allocation.

Just more than R21 million in a public health budget of R11 billion simply is not enough. That's less than 10 per cent of

Is South Africa spending enough money on Aids prevention and care? Health Writer DAVID ROBBINS discovers that the answer is a disconcerting "no".

the budget of one academic hospital, say Johannesburg Hospital, which costs around R300 million a year to run.

"In our opinion," says the memorandum, "the response of Government has been half-hearted and lacking in appreciation of the seriousness of the problem facing the country."

What would an appropriate Aids budget be? There are two ways of answering the question, says the memorandum.

Compare South African spending with that in other countries. Describe what is necessary and estimate the costs involved.

South Africa compares poorly with other African countries. In a study which groups South Africa with Zimbabwe, Zambia, Botswana, Senegal, Tanzania, Namibia and Ethiopia, only Ethiopia spends less per capita on comparable government-driven Aids control measures, though South Africa is by far the wealthiest of the eight.

The memorandum pinpoints four areas where South Africa's Aids spending should be substantially increased.

- Education. The allocation is R7 million, of which 60 per cent is used on a mass media cam-

paign. "The remaining R2,7 million is totally inadequate to implement targeted education programmes."

- Condom provision. R3 million has been allocated. Again, not enough. The memorandum urges introduction of "non-profit condom social marketing programmes", which use commercial distribution systems, and marketing principles, and hold down the cost to the consumer.

- STD management. Since the presence of sexually transmitted diseases (STDs) greatly enhances the transmission of HIV, the consortium urges the immediate extension of the subsidies for the treatment of STDs.

- Voluntary HIV testing. More money needs to be spent on making these services more widely available in South Africa.

More money is the theme of the Aids Consortium memorandum. But how much more?

Using figures from a consultancy to the World Health Organisation, it has been calculated that South Africa's Aids budget should be at least R143 million, nearly seven times the present R21 million.

The consortium criticises the allocation for treating the 2 000 Aids cases and 300 000 HIV positive people expected in the country by the end of 1993. The allocation by the four provincial health administrations is less than one 20th of the costs.

"Despite predictions that Aids will consume between 18 and 40 per cent of total health expenditure by the year 2000, there appears to be no forward planning or budgeting for Aids within the curative services," the consortium says. □