

HEALTH AND DISEASE - V.D.

1989

JAN - MAY.

**Aids book**

92

HARARE — The first ever resource book on the Aids problem in Zimbabwe is now on the market. *Sowetan* 3/1/87

Entitled simply *Aids Action Now*, the book was written by Helen Jackson, a lecturer at the school of social work in Harare. *Ziana* news agency reports.

# Focus . . . on Women

THOUGH Aids has generally proved to be a death sentence within a few years of contracting the disease, many victims in Cape Town have managed to extend the deadline and improve their quality of life. They have done so by having a positive attitude.

# Positive attitude may benefit Aids victims

*Carl Tush 6/1/89 92*

Scientists are studying whether resistance to the disease hinges on the emotional state of patients. In a study at the New York State Psychiatric Institute, 450 people infected with the Aids virus are being studied for five years to determine this.

"Most people would like to believe they are in control and, if they remain optimistic and cheerful, that it will help," said Jack Gorman, associate professor of clinical psychiatry at Columbia University College of Physicians and Surgeons in New York City and principal investigator in the study.

"And we certainly want to encourage people to remain optimistic and cheerful, but we don't really know if it makes a difference or not, and that's what we're trying to see," Gorman said.

Gordon Isaacs, head of UCT's Department of Social Work and the deputy director of an Aids counselling service in Cape Town, believes that lifestyle-psychosocial factors such as having a positive attitude and emotional support are definitely keys to prolonged survival.

"Many of the people who have come for counselling are living happier lives than they did before and have ex-

tended their life expectancy," he said. Aids is caused by a virus that damages the body's immune system, leaving victims susceptible to infections such as pneumonia and cancer.

It is spread most often through sexual contact, needles or syringes, shared by drug abusers, infected blood or blood products and from pregnant women to their offspring.

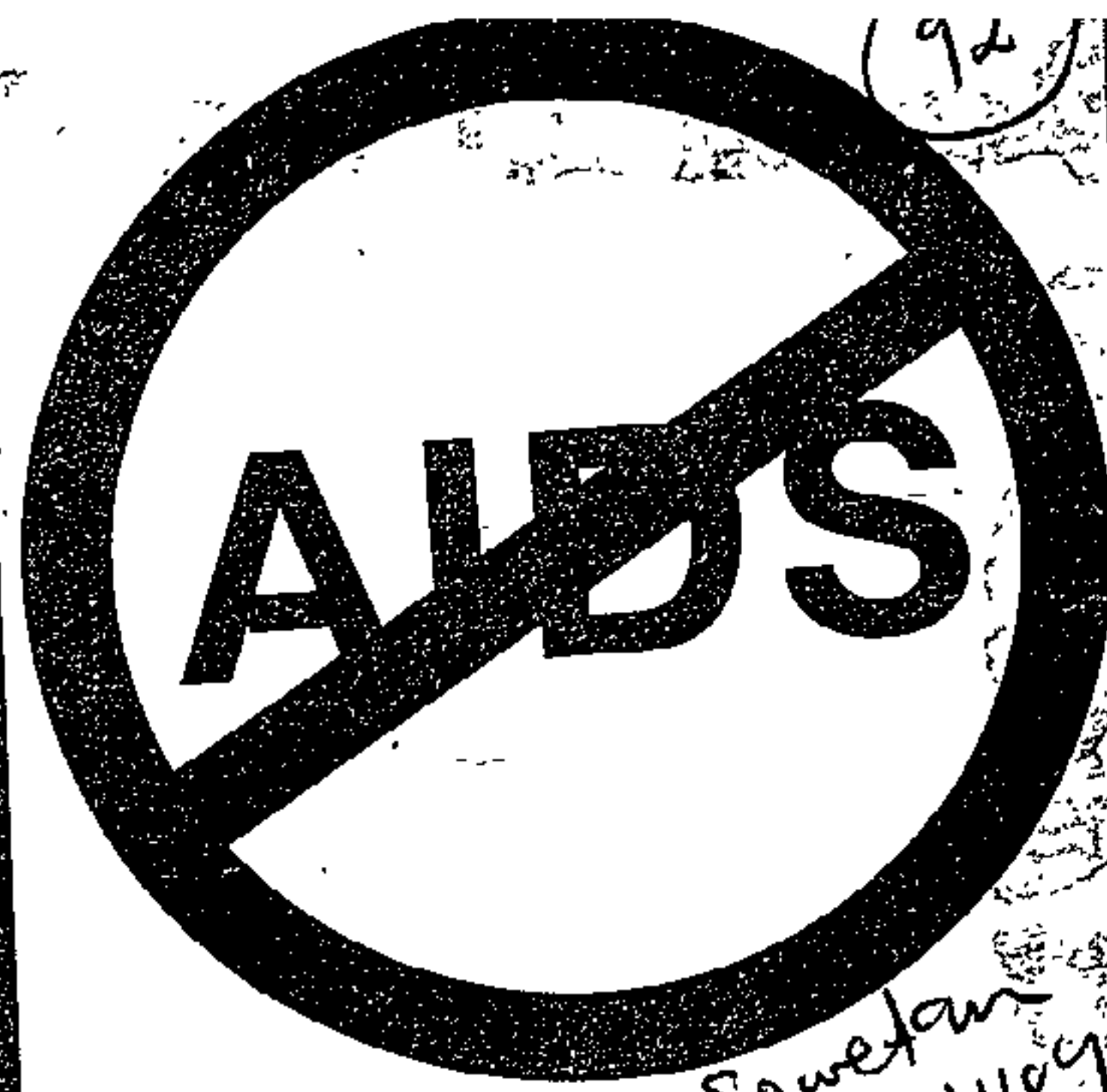
"A positive attitude cannot get rid of the virus but it can reduce stress which is a known factor in decreasing the body's immune system," Isaacs said.

"The crisis that Aids precipitates when it is diagnosed often brings out new strengths in victims which have until then been dormant. I know people who are living more active and fulfilling lives than they did before they contracted the disease.

"Psychological help and meeting other sufferers are keys to tapping these strengths. Remission obviously depends on the course of the virus but when people are living happier lives they undoubtedly have more strength to recover more quickly.

"One of my patients was in hospital with pneumonia and two days later was climbing the mountain," he said. Judith Wiker, a Chicago holistic therapist who counsels people with Aids or Aids-related problems, believes "there is a certain kind of person that is a survivor with Aids."

"That kind of personality is one that starts living in the moment, a person that is letting go of their past feelings and fears . . . and they're letting go of future projections about death," she said. Regardless of any psychological factors, survival prospects are continually improving, thanks to discoveries of medications such as an aerosol form of pentamidine, which fights a rare type of pneumonia that has been fatal to Aids patients and AZT (also called zidovudine) which prolongs the life



# A ray of hope

*TODAY'S article by Sowetan medical reporter MOKGADI PELA deals with a drug called Azidothymidine or Zidovudine (AZT). It has proved to be of clinical value in the treatment of Aids patients. However, it does not cure the disease, it merely controls its progression.*

THE ADVENT of Aids has prompted medical scientists to work round the clock in search of a cure for this deadly disease.

A number of drugs are being produced and tried in an effort to destroy the Human Immunodeficiency Virus (HIV) with limited or no success.

Finding a cure for Aids has for a moment been shelved and most research groups are looking into ways of stemming the progression of the virus. The best known drug in the treatment of the virus is AZT. It has been used on many patients and has proved to be of clinical value.

AZT is a blue-and-white oral medication in a capsular form.

It is normally prescribed for the symptomatic management of Aids patients, normally when the disease has reached an advanced stage. Some doctors order AZT once the patient has severely decreased white blood cells (body soldiers).

However, because people do not belong to the same blood group, the drug cannot be administered to everybody.

Patients with known or a potential life-threatening allergic reactions to any of the components of this drug are not treated with it. Pregnant women can only be put on AZT if it is absolutely necessary because it has not yet been established whether the drug can affect the unborn child or not.

The recommended dose for an average adult is two capsules every four hours. It is also very expensive. For instance, a month's supply costs a little over R2 000 and many patients cannot afford it.

We earlier stated that AZT was of great clinical value.

However, it has severe side-effects which make it unacceptable in the long-term sense. Blood problems like anaemia, dizziness, headaches become observable.



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 WWW  
 20-26/1/89

# Here lies the chimp. Victim of Aids Test

By NICHOLAS COLE

CHIMPANZEES, already an endangered species, face a new threat: Aids. Not the disease, rather the desperate human quest for an Aids cure.

The extinction of humanity's closest animal relative is "inevitable unless immediate action is taken", warns Frame, the Fund for the Replacement of Animals in Medical Experiments, whose members include scientists working on the problems of animal research.

The group is concerned about attempts by United States-and-Europe-based laboratories to win support for using thousands of wild chimps in tests of new vaccines against Aids.

Tests would mean the slaughter of every chimpanzee used so that researchers could do post-mortem examinations.

The chimpanzee population of West Africa has already dropped from two million to 17 000 through habitat destruction and animal trading. Last month, the World Health Organisation (WHO) placed chimpanzees on the endangered species list.

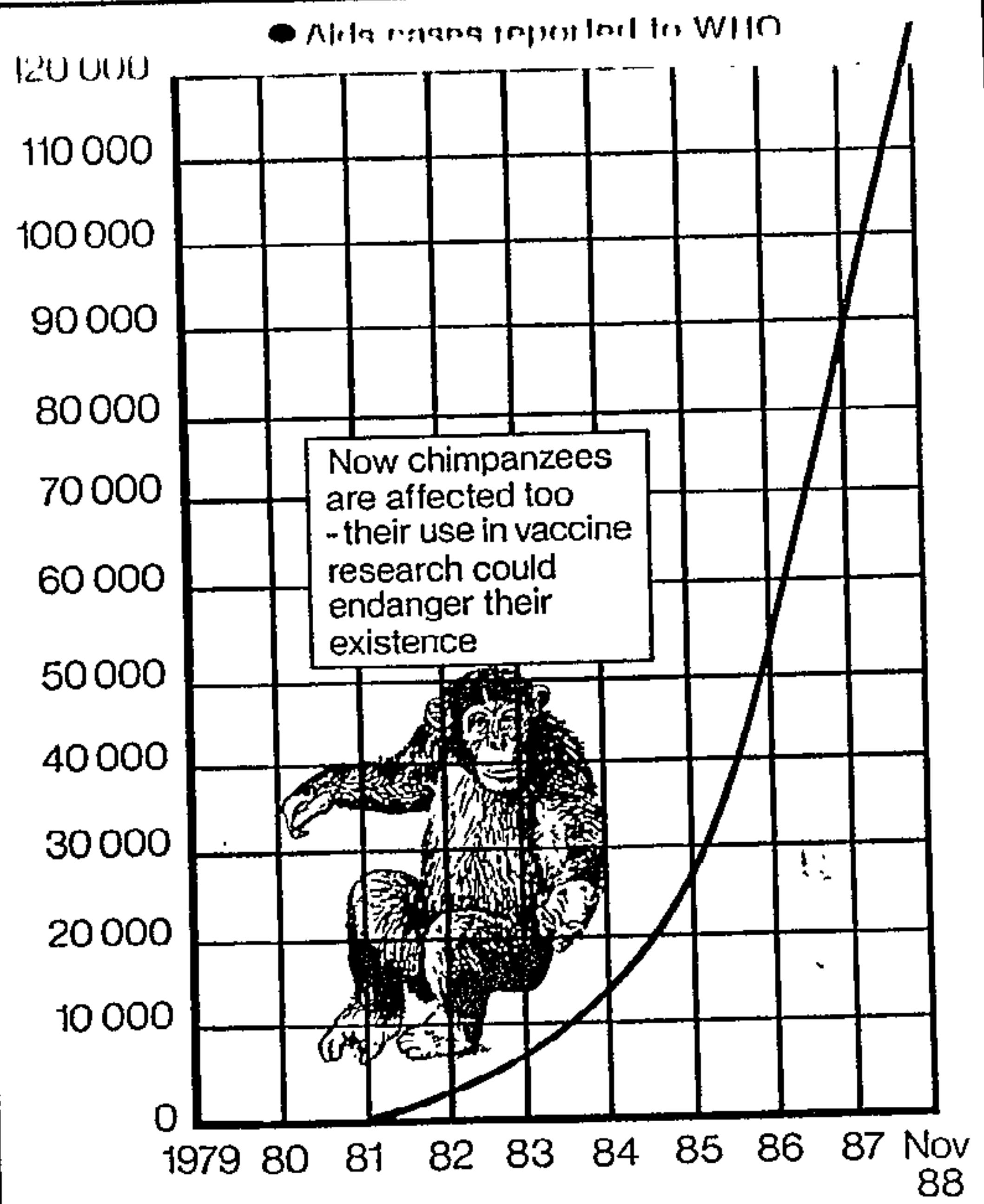
Frame points out that although the human Aids virus survives in chimpanzees, the animals do not develop Aids or any Aids-related complex. Because the immune system of the ape is "substantially different" from that of humans, drugs or vaccines which appear safe in the animals cannot necessarily be assumed safe or effective in humans.

The US' national Academy of Science has also voiced concern, saying testing should proceed "only if there is a broad consensus among the interested scientific community that the proposed experiment is critically important to the development of vaccines or antiviral agents".

Agreement, however, is anything but unanimous.

Private institutes in the US and Europe have expressed interest in chimpanzee testing. Several universities are also considering such research.

Dr Peter Fischinger, Aids co-ordinator of the US Public Health Service, says chimpanzees provide "an excellent model" for human Aids.



## The rising toll ... man, and now apes, are dying from Aids

Sections of the biomedical community continue to argue that chimpanzees are essential to research. The implication is that if supplies cannot be obtained in legitimate ways, they will be acquired on the black market.

Others say that large numbers of captive apes already in biomedical laboratories are sufficient to meet the needs of Aids researchers. The US alone has 1 600 laboratory chimps.

The experiments Frame so bitterly oppose chiefly include toxicity tests on drugs being developed for both human and animal treatment. These tests require millions of live creatures each year — cats, dogs, monkeys, rats, mice, birds, frogs and fish.

Although Frame's target since its inception 20 years ago has been the eventual elimination of animals from research, it accepts that this will not happen, until "valid and reliable" al-

ternatives are developed. Alternatives to animal research include:

- Computer modelling of the way drugs react on cells and bodily functions. Micro-processor technology, for instance, was of "great value" in determining that paraquat weedkiller was lethal because it solidified the lungs.
- Lower organisms, such as bacteria, algae, plants, insects and shellfish. The genetic material in bacterial and human cells is similar.
- *In vitro* techniques — the use of animal or human cells or organ tissue in the test-tube. These tests are more sensitive, less costly and quicker than *in vivo* methods, which involve an entire living organism.
- Human volunteers. Frame advocates Aids drug testing on volunteer patients.

— Gemini News

W.M.A.C. 20-26/89

# 'Sexually active' Soviet Aids victim jailed under new law

By CHARLES WALLACE

A SOVIET woman has been sent to prison under a new law aimed at stopping the spread of Aids.

Identified only as Olga L., of the Ukrainian city of Kakhovka, she was sentenced to four years in prison after ignoring a "categorical order to abstain from sexual activities".

The case was brought under a law enacted in August 1987 that calls for imprisonment of anyone who knowingly exposes another person to the human immuno-deficiency virus that leads to acquired immune deficiency syndrome. The penalty is more severe if the person infected with the virus actually develops the disease.

The woman apparently contracted the disease while married to an African student she met in the Soviet Union. She moved with her husband to his home in central Africa and later returned to the Soviet Union. Her condition was discovered when she was examined after being involved in an accident.

The woman was restricted to her hometown and ordered to refrain from sexual activity but "she was far from inactive", and that prompted the local disease-prevention services to open a criminal case against her.

Soviet press coverage of Aids has been expanded under the government's policy of *glasnost*. In the past, the Soviet Union had sought to project an image of itself as a nation with no drug addicts, prostitutes and male homosexuals, the groups considered as high risk to Aids.

The Aids problem in the Soviet Union is generally regarded as tiny compared to what it is in the United States and Western Europe. Still, concern is on the rise here.

Last July, the Soviet weekly, *Ogonyok*, quoted VI Pokrovsky, president of the Soviet Academy of Medical Sciences, as saying that 64 Soviet citizens had been found to be infected with HIV, along with 300 foreigners, most of whom were deported.

— Los Angeles Times



# Other aspects of the killer


Sowetan 20/1/89

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SOWETAN, Friday, January 20, 1989

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**Health Guide**



BY MOKGADI PELLA

THE effects of the Acquired Immune Deficiency Syndrome are felt not only by patients but also hospitals, insurance and almost every sphere of life.

A very real area of concern for Aids sufferers is the discrimination and fear in medical circles.

If a patient is refused health care on grossly

**TODAY'S article by the Sowetan medical reporter, MOKGADI PELLA, covers three aspects of Aids: the refusal of access to hospitals, life and health insurance and the patient's legal risks.**

unreasonable grounds and it can be proved that he would have been saved had he been admitted to the hospital

then his dependants can sue for damages. However, it may be difficult to bring such an action in respect of Aids

patients because of the lack of a cure for the deadly virus.

The rising incidence of Aids will also have major financial implications for insurance companies and medical aid schemes.

Insurers may tend to be more selective and to insist on strict testing to determine insurability

## Tests

Already some states in the USA have passed laws prohibiting insurers from using blood tests as a condition of insurability — something to which insurers take strong

exception.

When we talk of the patient's legal risks we refer to those transferring the disease to others. They may incur civil and criminal liability.

A person who knows that he is suffering from HIV and has sexual

intercourse with someone who is unaware of his condition will in South Africa be guilty of criminal injury — but an eventual charge of culpable homicide, attempted murder or even murder is not altogether inconceivable.



# Video gives lesson on Aids

Sowetan  
24/11/89  
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THE Pharmaceutical Society of South Africa has produced as a public service an educational video to heighten awareness of the risks of Aids infection.

The video was designed to communicate a straightforward message to all levels of factory and office workers. In so doing, it also dispels certain myths that have grown up around the disease.

In addition, to dramatically illustrating relevant lifestyles, the

production features such authorities as Professor Reuben Sher of the South African Institute of Medical Research; Dr Buks Lombard, director of the contagious diseases section of the

Department of National Health and Population Development; Sister Musa Zazayokwe of the Aids Training Centre at the SAIMR, and Mrs Grania Christie, the head of the SAIMR's Aids

Training Centre.

The video is now available for a nominal hire charge at larger pharmacies throughout the Republic or it can be hired directly from the society by telephoning Mrs Amanda Winstanley at (011) 339-1752. — Sapa.

## Shortage of gloves

HEIGHTENED awareness of Acquired Immune Deficiency Syndrome has led to a worldwide temporary shortage of sterilised rubber gloves, which are in demand by medical and related staff.

Doctors in Cape Town have complained that they were unable to buy the latex gloves and had not been given any reason for the shortage.



# 115 die from AIDS 92

12/27/89 SYLVIA DU PLESSIS  
LATEST figures released by the Advisory Group on AIDS put the number of SA deaths since 1982 at 115, indicating a mortality rate of 59%.

The group said AIDS was definitely on the increase, with 86 cases being diagnosed last year compared with only three in 1982. A total of four cases had been diagnosed this year.

Most cases have been in Johannesburg (93), followed by Cape Town with 30.

Of the 170 South Africans who had contracted the disease, 155 were male and 126 were homosexual or bisexual. Seven people had contracted the disease through blood transfusions.

By MOKGADI



PELA

# Aids counselling: relief for both

Sowetan 27/1/89

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THE counselling of Aids patients provides relief for both the receiver and the supplier of information, reminiscent of the Shakespearean message on the quality of mercy contained in "The Merchant of Venice".

In the famous book, William Shakespeare stated that the quality of mercy was twice blessed: "It blesses he who gives and he who takes". This message was also contained in the World Aids Day speeches where people were urged to show compassion towards the infected masses.

Briefly, counselling is a process that can help people understand better and deal with their problems and communicate easily with those with whom they are emotionally involved.

## Facing problem

It can provide support in times of crises, it can also help the HIV victims face up to their problems and reduce their anxiety.

Educational centres such as the Aids Training and Information Centre use counselling to ensure that individuals, considering undergoing Aids tests, appreciate the technical, social and legal implications of a positive diagnosis.

Counselling is also a means of helping people to avoid discrimination against HIV victims and of ensuring their continued integration in society.

Advising of Aids patients is imperative in the light of these features: 1) Once a person is infected, he remains so for life; 2) An infected person may be quite unaware for years and show no symptoms. However, he can transmit the virus to others.

Aids has also invoked fear, confusion and misconceptions among the medical fraternity and no wonder, the rank and file.

By DICK USHER  
Business Staff

**SOUTH Africa's R3,5-billion medical aid industry faces crucial decisions to cope with the spread of Aids.**

Some experts said that medical aid schemes faced "astronomical" costs allied with the spread of the disease, while another opinion was that it would have to be treated in the same way as other problems and the costs built into medical aid payments on a historical basis.

At present medical aid societies are protected from some implications of Aids because many patients are treated at provincial hospitals.

But there is a belief that if the disease spreads as projected this may become too expensive for the State to bear and other measures may have to be found, which could throw the burden on to medical aid schemes.

Insurance companies have already taken measures, which industry spokesmen describe as

"interim", to protect themselves by requiring new policy holders to take an Aids test or accept an exclusion clause for cover over certain limits.

But many medical aid schemes have no limits on benefits and treatment of the disease, for which there is no cure, is extremely expensive.

An infected person can take up to five years before displaying early symptoms, and death can take between two and five years from the development of "full-blown" Aids, depending on the victim's general health.

Because Aids lowers and finally destroys the body's ability to resist infection, those infected become prey to a wide range of illnesses. Members of medical aid schemes would expect their societies to pay benefits in respect of these.

Drugs alone for treatment in the later stages of Aids could cost up to R1 000 a month, and the average length of time spent in hospital by an Aids victim in the United States is 168 days.

Mr Bob Speedie, director of the Representative Association of Medical Schemes (Rams), said the association had considered the question of protection in great detail some time ago.

He said the financial implications of Aids were quite serious for medical aid schemes and it had been decided that each scheme should decide for itself what steps to take.

He pointed out that schemes were controlled by members and it was quite feasible for them to place limits on benefits for people with Aids.

Mr Les Hollis, deputy managing director of Medscheme, which administers about 30 schemes for about 300 000 members, said the costs of Aids were potentially astronomical.

"The concern comes when there is no annual maximum on benefits. It may be necessary for schemes without limits to consider placing a limit on benefits for Aids sufferers," he said.

#### Gradual increase

"But at this stage the feeling is one of compassion, that a person is desperately ill and the scheme has to make life reasonable within the limits the scheme can afford."

Mr Rod Hallowell, MD of D & E Administrators, said nobody really knew what the situation with Aids was.

It was not a problem at this stage and had not started "denting budgets".

"We have to live and learn with this problem and in the end members will have to decide what to do.

"I think there will be a gradual increase in the incidence of Aids and schemes will build in their costs on a historical basis."

## Bargain-hunters go over the top

Business Editor

**BARGAIN-HUNTING** frenzy often drives bidders into paying too much, says Wynberg auctioneer Robin Mills.

Some items, such as old hand tools, now fetch practically the same as new tools.

One seller handed in 10 attractive knife sets he bought retail at R29,95 each and the prices were bid up to R70 a set.

"People could have gone across the road the bought them in a supermarket," said Mr Mills. "People pay big prices if the goods look good."

There is now a huge demand for electrical appliances and a shortage of supply because of the high cost of new appliances.

"It is now difficult to value goods before an auction. Something we believe is worth R50 could go for R100."

# Aids pincer for med schemes

W/L Mews 28/1/89

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SATURDAY JANUARY 28 1989

# Schemes



CAN Tit 30/1/89

# Aids cases <sup>92</sup> 'to double in next 2 years'

Own Correspondent

LONDON. — During the next two years almost half-a-million new Aids cases are expected to appear, says the World Health Organisation — more than the total number reported since 1981 when the epidemic was first discovered.

This is why the health watchdog has set a budget of \$95 million (R275m), up a third on last year's spending total, to fight the spread of Aids on a global scale.

The Aids pandemic has yet to be brought under control, says the WHO, and there is clear evidence that behaviour still exists in some countries which is allowing the virus to spread rapidly.

Dr Jonathan Mann, director of the Global Programme on Aids for the WHO, said studies of the epidemic had made the organisation much more confident that its estimate of five to 10 million people infected with the Aids virus across the world was accurate.

Some areas such as Africa, parts of the Caribbean, Latin and North America, Western Europe and Australia, would experience a marked increase in the number of Aids cases over the next few years, he said. So the \$95 million was only part of the budget the WHO needed to continue its offensive against the virus, he added.

"That amount will have to be supplemented many times over, by individual countries themselves and by support agencies."

Africa, which according to some estimates has as many as five million people who are HIV positive — those who possess the Aids anti-body in their blood and are likely to go on to develop the full-blown syndrome, and Asia will benefit most from the funds.

These will be channelled into education, the creation of laboratories to test blood, counselling for victims and basic necessities such as structural repairs to ramshackle medical centres.

A coterie of 17 donor nations, including the two superpowers Britain and Japan and a clutch of Scandinavian countries, contributes towards the 1989 budget.

In some parts of the world, such as sub-Saharan Africa and parts of the Caribbean, the dominant pattern of Aids transmission remains heterosexual and infection rates among prostitutes and the men who visit them continues to rise.

Earlier this month, a WHO meeting of health chiefs from 21 countries concluded that other sexually transmitted diseases, particularly those that cause genital ulcers, like syphilis, chancroid and genital herpes, could increase the likelihood of spreading Aids.

Thailand, where the flesh markets continue to flourish, last month started its own national Aids programme with a cash donation of \$5 million from support agencies.

At the same time, 13 Caribbean countries received \$15 million for national projects.



# Firms offered condom machines

A CONDOM vending machine company is offering free dispensers to 100 corporations to promote AIDS awareness.

Vend-o-pak marketing director Ross Piest said the main criteria of the scheme were companies should be large and have a sense of social responsibility.

"The government has exhausted its budget in the anti-AIDS campaign and it is now over to private enterprise," Piest said.

CHARLOTTE MATHEWS

He added: "I don't think much has been done in the corporate scene to stimulate AIDS awareness." *S/D/M 30/1/87*

He added: "It is an issue that has direct financial and moral aspects to employers of AIDS victims."

The machines cost up to R130 000 and can be operated by coins or tokens for companies that want to issue free condoms to workers.

# 500 000 new AIDS cases likely

LONDON — Almost 500 000 new AIDS cases are expected to occur over the next two years — more than the total reported since 1981 when the epidemic was first discovered, says the World Health Organisation (WHO).

This is why the health watchdog has set a budget of \$95m, up a third on last year's spending total, to fight the spread of AIDS on a global scale.

Own Correspondent

The AIDS epidemic has yet to be brought under control, says the WHO, and behaviour still exists in some countries which allows the virus to spread rapidly.

A WHO spokesman said studies of the epidemic had made the WHO confident that five to 10-million people were infected with the AIDS virus across the world.

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# Aids

ALGIERS — Algeria will set up six clinics this year to combat the deadly disease Aids which has claimed 14 lives in the country.

The head of the National Committee Against Aids, Professor Ait Ouyahya, said 100 out of 50 000 people tested for the virus registered positive.

Sapa-Reuter.

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# Asia's rubber tappers are smiling again. And it's all thanks to AIDS

*The more the fear of AIDS spreads through the West, the more the once flagging economies of rubber-rich Eastern countries boom.*

**MICHAEL KROLL reports**

ONE man's pestilence is another man's prosperity. In the wake of Aids, the international rubber industry is soaring after more than a decade at near-depression levels.

Behind the surge is an unprecedented demand for rubber gloves created by the Aids scare.

Each day in the United States new categories of workers decide that wearing rubber gloves is now indispensable for their occupations: dentists and their helpers, emergency medical teams, food handlers, tattoo parlour operators, hairdressers, toll takers and more.

On the other side of the world, the results of that demand are already visible in the world's major rubber producing countries, Malaysia, Thailand and Indonesia.

In the rubber-rich Tawau district of North Borneo, half-finished housing developments, near-vacant office buildings and modern roads ending abruptly at the jungle's outskirts testify to a once-booming economy brought to a sudden halt by the collapse of rubber prices in the early 1970s. The culprits were the advent of synthetics and radial steel tyres.

But today one hears a strident new optimism about the future. "You're going to see all these projects resumed this year," a smiling construction engineer says. "It's the end of the burst. Rubber is king again."

"Rubber prices are undergoing their most dramatic changes since the Korean war," says Joe Cornell, commodities expert for Southeast Asia's largest non-banking company, Sime-Darbe of Malaysia, the world's largest rubber exporter. The price of raw liquid latex shifted from about \$1 a kilogramme just two years ago to triple that last year, finally settling just below \$2 a kilogramme today.

One bit player in the price rise has been a growth in demand for latex rubber condoms. Since 1986, when the US surgeon general first addressed the burgeoning Aids epidemic head-on by advising that "the best protection against infection right now, barring abstinence, is use of a condom," Americans have doubled their use of condoms. Even then, only 13 percent of the population reports regularly using condoms.

The real spurt in rubber demand comes from another source — latex rubber gloves. Following the first wave of public hysteria over Aids, the demand for rubber gloves in the US was unprecedented. In 1985, for example, when New York City schools learned they were to get their first acknowledged Aids admission, the school board ordered 50 000 pairs of rubber gloves in response to union demands.

While nobody seems to know in which closet those gloves languish today (no new gloves have been ordered), the board's response was typical. The number of occupations now regularly requiring the use of gloves is growing steadily.

Though dentists have known for a long time that they are at great risk from the hepatitis B virus, it is the fear of the Aids virus that has prompted widespread glove use. According to surveys by the American Dental Association, in 1986 only 23 percent of dentists always wore gloves, and 16 percent never wore them. By 1988, just under 80 percent always wore them and only 2.5 percent never did.

The dramatic increase in the demand for gloves caught the rubber industry off guard. Six months ago, there was a serious shortage of surgical gloves causing delays of up to three months in filling orders.

The resulting surge in rubber prices has lured entrepreneurs into the rubber glove manufacturing business.

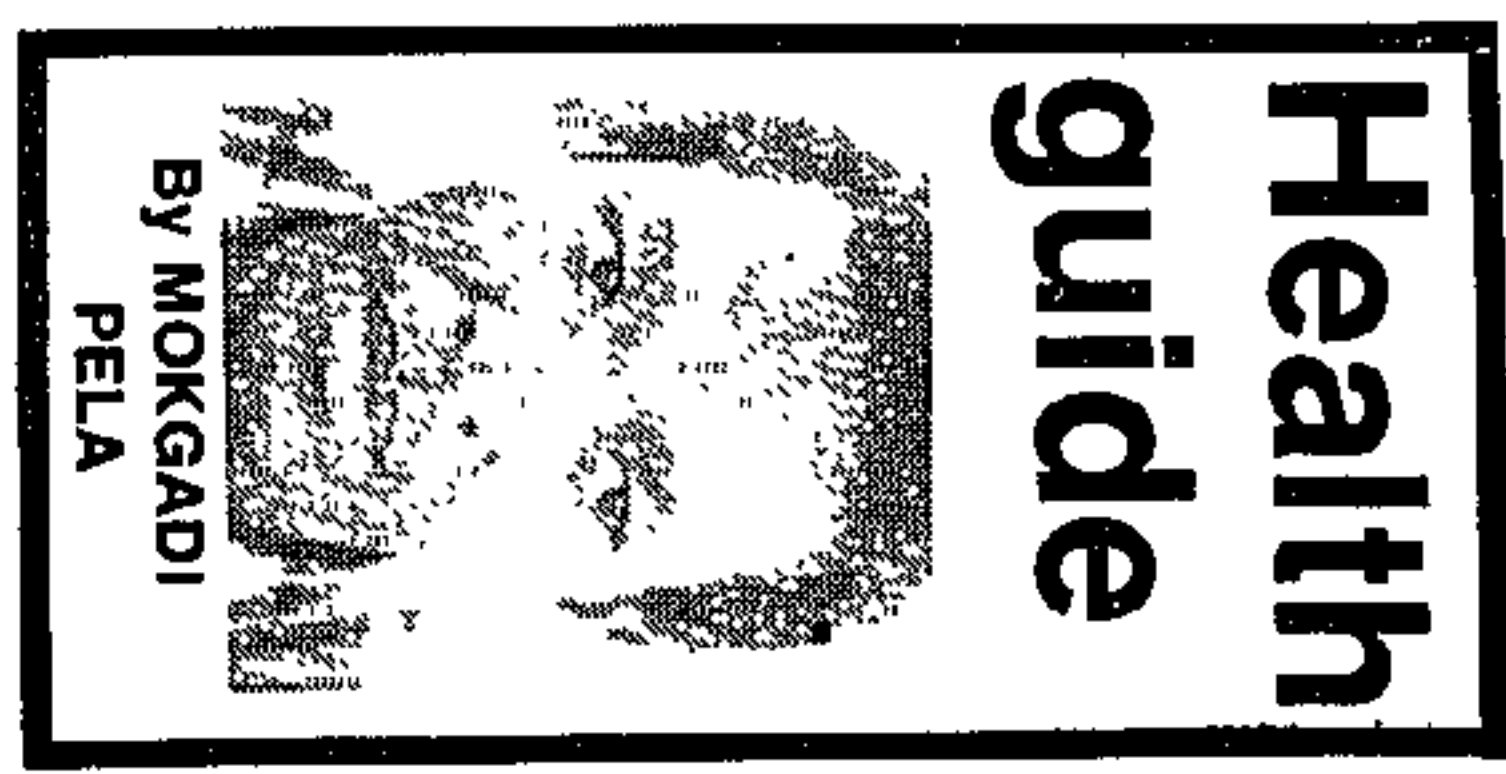
Gloves that cost \$42 to \$44 a thousand to make sell for \$70 a thousand, prompting new companies to spring up in Thailand, Taiwan, China and elsewhere.

Nobody foresees an end to the demand for latex. The world glove demand, now estimated to be a trillion pieces a year, is primarily a US phenomenon. Other parts of the world, especially Europe, are expected to follow suit. — Pacific News Service



# The need for empathy

92



## Health guide

THE ABILITY to put oneself in someone else's boots, thereby sharing his feelings, is described as *empathy* by the Longman's Dictionary of Contemporary English.

On World Aids Day (December 1, 1988), the World Health Organisation urged the international community to show compassion towards Aids victims. WHO also challenged people to tell the world what they had done in the war against the killer disease.

### War

"The world should make war against Aids and not against people



## Hate the disease, not the person

with the disease," said the United Nations Secretary-General, Javier Perez de Cuellar.

If someone has this quality of empathy he will be able to communicate information about HIV accurately, consistently and objectively.

He will also gain the trust of people needing help with their psychological and social difficulties. He should also listen to the patients sympathetically, especially those who are afraid, anxious,

distressed and possibly hostile.

### Censure

A very important aspect is to understand other person's feelings, to accept them and their expression without criticism or censure. The need for counsellors with such an understanding will be needed for many years globally as there are many people whose behaviour undermines worldwide efforts to combat Aids.

# Aids hits Durban prostitutes

Own Correspondent

DURBAN. — About 20 prostitutes operating in the Durban area were infected with Aids, Professor Denis Pudifin, a member of the Aids advisory group, said yesterday.

Speaking to the Rotary Club of Durban South, he said there could be as many as 1 000 positive cases of Aids in South Africa in two or three years. He estimated that 10 000 people in South Africa were infected

with the disease.

There were 300 infected people in Natal at present and, of these, 19 or 20 were prostitutes in the Durban area.

Of the 196 cases of "full-blown" Aids in South Africa so far, 110 had died. Twenty-six of these cases had been from Natal.

Professor Pudifin said two years ago a few hundred women had been tested at King Edward VIII Hospital in Durban

for Aids. None of these tests had proved positive.

In the past three months of 1988, however, 1 158 women had been tested at the same clinic. Five positive results had been picked up.

"The problem is unquestionably spreading," he said.

Professor Pudifin said there were 150 000 cases worldwide on the books of the World Health Organisation. Of these, 100 000 were in North America.

He said more white people than black people had been infected with Aids in South Africa but the situation would change quite soon.

There was a drug in use which made life more bearable for Aids sufferers. However, the pills cost R2 000 a month for one person.

Sufferers from this infection needed a great deal of sympathy and understanding. They exhibited a high prevalence of suicide and depression.

CAH Times 7/2/89

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# Attack on AIDS policy — Van Niekerk hits back (92)

BB on 8/2/89  
**RICHARD BARTLETT**

GOVERNMENT faced a dilemma with its AIDS policy, Health and Population Development Minister Willie van Niekerk said yesterday.

If government deported migrant workers infected with AIDS, it was blamed for victimising workers. If it did not, it was blamed for not taking steps to prevent the spread of the disease.

Van Niekerk was responding to a

Business Day report this week in which government's AIDS policy was sharply criticised.

He said the policy did not make SA a threat to world health because, unlike SA, "the countries where the disease originated have no such policy".

The accusation that a form of geno-

cide was being implemented through not informing black haemophiliacs of AIDS was "ridiculous", he said. Of the eight haemophiliacs with AIDS, seven were white. Such numbers were "hardly of value in an attempt to eradicate 26-million people", the Minister said.

"The black people of SA are not spineless beings whose moral norms and sexual behaviour can be manipulated at whim" as the article implied, he said.



# Aids clamp by assurers

S/Times 12/2/89 (92)

NEARLY R1-million of the R3,5-million claims for deaths caused by Aids are being disputed by life-assurance companies.

Mercantile & General senior underwriter Jakes Greyling is collating information on Aids for the Life Offices Association (LOA). Since 1984, 30 policyholders have lodged 48 Aids-related claims totalling R3,496-million.

In accordance with an LOA agreement reached in October last year, assurers have put an Aids exclusion clause in new policies of more than R200 000.

People who find the exclu-

## By Robyn Chalmers

sion clause unacceptable will have to undergo a blood test to determine if they have the Aids virus or not.

Life assurers are sticking to their guns and disputing or repudiating claims on the grounds of early suicide and/or non-disclosure of facts material to the assessment of risks.

## Largest

Mr Greyling says: "My research shows there are eight policies in dispute. The amount involved is about R744 000, the largest being for R500 000.

"The number of disputes and repudiations, especially with assurers implementing the LOA agreement, will increase. One company has applied exclusion clauses on all its policies."

A Business Times survey of the bigger assurance companies showed that most have paid Aids-related claims

Old Mutual has received eight claims relating to Aids.

Three have been paid, one repudiated and four are being processed. Sanlam has paid nine Aids claims - seven death claims and two disability.

Sanlam senior general manager of administration and personnel Johan Sohngé says the company has not disputed or repudiated any claims.

Liberty Life has paid seven claims and repudiated three because of non-disclosure. Southern Life has met five claims - three death and two disability and like Sanlam has had no disputes or repudiations.

## Term

Southern Life general manager, life actuarial department, Paul Truyens says all five claims were met more than two years ago. Southern has not noticed an increase of Aids-related claims in recent months.

"We will put an exclusion clause into our policies from March 1, but prospective policyholders will be able to have the choice of such a

clause or undergoing a blood test."

Commercial Union general manager John van der Linde says the company has paid three Aids claims for small amounts and repudiated a large one.

"The claim we repudiated was a term assurance, and we did so on the grounds that the person knew he was HIV positive when he took the policy out."

LOA public relations officer Jurie Wessels says the criteria for life policies have been tightened.

"Policyholders will find it far more difficult to defraud a company now than 18 months or two years ago."

Figures from the Advisory Group on Aids show that 115 people have died of the disease since 1982. In 1988, a total of 86 Aids cases was diagnosed in SA compared with three in 1982.

The World Health Organisation indicates that almost 500 000 Aids cases are expected in the next two years, and that between 5-million and 10-million people are infected with the disease.



MINI... Top...



92 WMMU 17-23/2/89

**THE WORLD**

# Aids in the dock: Which partner takes the blame?

A NEW YORK court last year dismissed a case filed by a woman who accused her husband of increasing her risk of Aids because he had a homosexual relationship. The court ruled that since neither contracted the disease, there was no basis for her lawsuit. The couple got divorced.

In Minnesota, a woman filed a lawsuit against a man who she contends did not tell her that he had Aids before they had sex. It will be a difficult case to prove: they slept together in a hospital where the man was receiving treatment for the disease.

The lurid content of the cases has masked a problem faced by courts in the United States, increasingly expected to make judgements in cases involving the sexual transmission of Aids. Legal experts are debating whether a courtroom is the best place to make judgements about personal decisions reached in the bedroom.

"I have a problem with these types of cases because they discourage people from taking steps to protect themselves," said Ben Schatz, an attorney with National Gay Rights Advocates in San Francisco.

"We're trying to move people away from the notion that as long as they know they haven't got the Aids virus they can act in an irresponsible way. The real question is, do you want to put your life on the line because of promises whispered in the dark?"

In Los Angeles, a jury is being asked to make that decision in a case that, until now, has focused on the sensational details of Rock Hudson's love life. Hudson's former lover is suing the late actor's estate, claiming he suffered extreme emotional distress because Hudson and others allegedly concealed the actor's illness from him.

What makes the Hudson case unique is that his lover, Marc Christian, says they engaged in frequent, high-risk sex for eight months after Hudson was diagnosed as having the disease. Yet he does not have Aids. Lawyers are awaiting the outcome of the trial, noting that if Christian wins, it could prompt a wave of lawsuits from others involved in relationships with Aids sufferers.

Although lawsuits over sexually-transmitted diseases date back several decades, in recent years there has been a marked increase in the number of cases. Lane Porter, an attorney compiling data on Aids lawsuits for the US Department of Health, said there may be more than 1 000 cases

*Can a court decide who is to blame if one partner is infected with Aids by the other?*

*Can a gay man rightly sue if he's failed to take precautions, despite all warnings by health authorities?*

**By KENNETH GARCIA**

involving job discrimination, testing and disease transmission.

Christian's lawsuit has generated criticism from lawyers, gay activists and counsellors of people with Aids, who say that the case sends a dangerous signal to the gay community. Rather than taking steps to stop the spread of the disease through safe sex practices, they contend that the suit showcases an example where an individual refused to take responsibility for his own actions and then painted himself as a victim.

Scott Barry, a founder of Being Alive, a Los Angeles support group for people who have been exposed to the Aids virus, said any two people who engage in sex have to be aware of the risk and take adequate precautions to protect themselves.

"People can charge that this person infected me with a virus but they were just as responsible for getting involved," said Barry, who has Aids. "I think it's a moral responsibility to tell someone you have the Aids virus if you intent to engage in sex. But at the same time, people know that this virus is out there and the ways of transmission are very clearly defined and you just need to protect yourself.

"I wouldn't want to have it on my conscience that I infected somebody else. It was very difficult to tell my lover after I found out I had Aids. It was extremely emotional. But it was the right thing to do."

Gary Wood, an attorney with Aids Legal Consultants in San Francisco, said: "What do lawyers and judges and juries really know about this? Not only do you have to question whether these suits should be considered at all, but you have to wonder whether the legal system is equipped to deal with the issue.

"Because Aids education has been so successful, gay men have learned it takes two to tango and they should be engaging only in safe sex. I mean, who are you going to sue if you've slept with 200 people in the last year?" — The Los Angeles Times





## Strings pulled to alert people to Aids

Enter "Sick Joe" the Aids sufferer (centre), his best-friend Harry (right) and "Sympathetic Mary", the giant puppets set to alert people to the dangers of Aids through a public-awareness campaign launched during the Mayor of Johannesburg, Mr David Neppe's, Share Care Week.

Mayoress Mrs Jeanette Neppe helped "Dr Mike" to "take blood" from Joe when the puppets were introduced to the media at the Civic Centre yesterday.

The Aids-awareness programme recently at-

tracted huge crowds to its performances during World Aids Day in and around Johannesburg.

"Dr Mike" and the human beings who man the masks are all trained Aids educators and are prepared to answer questions from the audience after the show.

The Aids Puppet Theatre will hold three daily shows at seven different venues from February 19 to 25 at Gold Reef City, the Zola, Senoane and Nancefield clinics, the Johannesburg Library, Highpoint (Hillbrow) and at Shareworld.

● Picture by Stephen Davimes.



compatible with the demands of his  
new post.

has every confidence in him.

## Scientists' strategy for AIDS <sup>AP-DJ 1/17/89</sup> 92

NEW YORK — Scientists say they have come up with a promising strategy to defuse the virus that causes AIDS.

Merck scientists said in a technical paper yesterday the technique targeted an enzyme, called protease, which the AIDS virus used to replicate itself.

So far, they have succeeded in drawing a three-dimensional structure of protease. The molecular picture is considered a major step, for it shows it

may be possible for a drug to make the enzyme inactive, and thereby jam the virus's reproductive machinery.

"It is the first (three-dimensional structure) of any of the proteins of the virus," says William Haseltine, a top virus researcher at the Dana-Farber Cancer Institute in Boston. "It marks an important development not just in AIDS research, but also in the whole field of drug discovery as it may speed that process up." — AP-DJ.

1702/22/2/89 (92)

## Mounting cost of AIDS in SA

PRETORIA — Projections on the incidence of AIDS in SA indicate that treatment will cost the country between R71m and R1,3bn in 1993, says the Deputy Director of Medical Services of the Department of National Health, Dr Retief Geldenhuys.

Geldenhuys told the Pretoria Afrikaanse Sakekamer that between 1 187 and 22 016 SA AIDS cases were expected by 1993.

Treatment of each patient could cost R80 000, plus disability allowances. There were also indirect costs, relating to the loss of manpower.

There had been a total of 166 AIDS cases in the country since 1982.

From the beginning of the year until January 17, four cases were reported, he said.

A total of 1 410 South Africans had been tested HIV-positive. — Sapa.

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## High black death toll in chilling Aids message

DURBAN. — Forty five percent of South African blacks will have died of Aids or be dying from the disease by 1996, while six per cent of whites will have died from it by the turn of the century, a leading economist claims.

"It's quite possible that there will not be significant numbers of blacks working by 1996," said Mr Keith Edelston, a member of the National Aids Economic task group formed last year by the Medical Association of SA to study the impact Aids will have on the country's economy.

Mr Edelston delivered his chilling message to businessmen and health care workers at a seminar in Pinetown.

"In the next century we can expect 12 percent of whites in this country to die from Aids."

Promiscuous communities would be far worse.

Mr Edelston, author of the book *Aids, Countdown to Doomsday*, said the picture was more bleak for blacks.

"Forty five percent will be dead or dying from Aids by 1996. Infection will be worse near the Zimbabwe and Mozambique borders."

Also, if being proven Aids-free was made a condition of employment, there might be very few employable blacks by the end of 1994. — Sapa.

# Aids figure rockets

THE number of Aids cases in South Africa is rocketing with the latest figures standing at 170, since the first person was diagnosed as a carrier of the virus in 1982. *Sowetan 17/2/89*

According to the information supplied by the Advisory Group on Aids, the deadly virus has already claimed 97 lives with 73 surviving.

<sup>(92)</sup>  
The provincial breakdown: Transvaal 104 cases; Cape 31; Natal 29; and the Free State six. The homosexual/bisexual breakdown stood at 126, heterosexual 24, transfusion seven, haemophiliac nine and paediatric four.

There were 138 white people infected by the virus and 32 blacks. The male-female ratio was 155 men and 15 women.

Monday 22/2/89 92

# Mounting cost of AIDS in SA

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# Aids disaster looms in South Africa

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**Staff Reporter**

**SOUTH AFRICA** is facing a potential economic and social disaster because of the increase in Aids cases — and authorities are not doing enough to counter the threat, according to a member of an investigative group appointed by the Medical Research Council.

“According to my projections over 12 million people could have Aids in eight years’ time, and by playing it low key the authorities are being counter-productive in combating a potential crisis,” says Mr Keith Edelston.

Mr Edelston, a Johannesburg-based investment consultant, was a member of the now defunct Aids Economic Group. Mr Edelston claims that a section of the medical fraternity backs his stand on making the nightmare predictions public.

“According to my earlier projections, 2,58% of our black population will be infected by 1996,” he said. “But that figure has had to be revised since.”

“By that year, 35% of the black population will have Aids, and with an estimated population of 37m, that means 12,9m people among blacks alone,” he said.

The Aids Economic Advisory Group was appointed by the Medical Research Council to investigate the effects of Aids on the economy.

Their report was completed in November and has not been made public.

The nine-year-old disease will have wiped out 70% of the population in the worst-infected parts of Africa, he said, and closer to home, Zimbabwe will be 45% depopulated in three years’ time.

Mr Edelston said that as for South Africa’s whites, 6% will have died by the turn of the century — just 11 years away — peaking to 12% next century.

“Not enough is being done to inform people about the disease,” he said. “Authorities are taking the optimistic view and this will cost us dearly.”

● Up to December last year there were 191 cases of Aids in South Africa. The first case was reported in 1982. According to Mr Alan Whiteside of Natal University’s Economic Research Unit, 11 420 Aids cases were projected for the end of 1995.

Mr Whiteside said his projection was based on the premise that Aids doubled every 18 months.

“Mr Edelston, however, bases his projections on certain very dubious assumptions,” he said.

“But we all could be wrong. There is no reason to be complacent,” he said.

● A Cape Town member of the National Aids Advisory Group said: “Projections can be classed as a best, middle or worst scenario. These figures are obviously the latter.”

THE EFFECT OF  
CORPORATION

# AIDS CAMPAIGN HAS BEEN A SUCCESS SURVEY

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## DIANNA GAMES

THE AIDS advertising and publicity campaign launched by the Department of National Health last year had succeeded in making South Africans of all population groups aware of the dangers of the virus, a survey has found.

The department said the survey, conducted by Market Research Africa, showed that before the campaign whites were generally well aware of the danger presented by the virus and, thus, the campaign did not significantly change their awareness level. *5104 23/2/89*

But awareness among blacks rose from 75% to 93%.

Blacks and whites interviewed showed an increased awareness that the virus was not confined to homosexuals but was spread through sexual promiscuity in the community at large.

It said there remained a level of suspicion about condoms among black respondents, 30% of whom believed that a man who used a condom had "something to hide".

Transvaalers were the most worried about contracting AIDS, followed by Natal, the Free State and the Cape.

Many respondents still believed AIDS could be contracted through donating blood and there was still ignorance about how the virus could be contracted.

The survey showed that, unlike the UK, whites in SA did not believe newspapers were sensationalising the threat of AIDS.

The researchers concluded there was still a need for education and information on AIDS, especially among less-educated people which would be tackled by a future public advertising and publicity programme.

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## America drops its guard on Aids and condom sales slip

AFTER soaring two years ago in response to the Aids crisis, condom sales in the United States have unexpectedly levelled off in recent months, catching manufacturers by surprise and worrying some health officials.

Despite an aggressive public and private campaign over the past year to promote the use of condoms, sales fell well below projections in 1988.

"We expected to have another year in 1988 like we had in 1987," said Eugene Free of Ansell Americas, the maker of Lifestyles condoms. "Instead we got an increase that was basically flat. The (Aids) problem continues to get attention, but it just isn't resulting in more condom use."

The slide in sales growth leaves the United States with a level of condom use below that of other Western countries. According to health officials, it is inadequate to contain the spread of Aids and other sexually transmitted diseases.

It has also led to speculation that public concern about Aids, once at fever pitch, is now on the decline and that steps taken to promote safer sexual practices may not be adequate.

This concern is fuelled by the rising incidence of other sexually transmitted diseases in the country.

"I think denial has resurfaced in the heterosexual community," said Mervyn Silverman, president of the American Federation for Aids Research. "We have to be explicit if we are going to get the job done." — The Washington Post.



# Personnel managers gear up to fight AIDS

THE Institute of Personnel Management (IPM) has produced guidelines for South African managers when dealing with the problem of AIDS.

The IPM, which has about 6 000 members from companies, believes all organisations should develop a corporate policy on AIDS. It says in its guidelines:

"It is estimated that the hospital costs of AIDS patients in SA could amount to R94-million a year within the next few years. The total loss of production as a result of AIDS could be in the region of 230-million man-hours a year.

"Production losses in the next few years could cost SA more than some major strikes in industry. If AIDS cannot be controlled, it will severely test the



Willie van Niekerk...  
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must adapt a  
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reserves of insurance companies as well as the national economy." Department of National Health deputy director of medical services René

Geldenhuis says projections about the incidence of AIDS indicate that medical treatment will cost SA R71-million at best in 1993 - or R1.3-billion at worst. Dr. Geldenhuis says that in the worst instance SA could be faced with 22 016 AIDS cases by 1993.

The treatment of each patient could cost R30 000 to R80 000, plus disability allowances and indirect costs related to the loss of manpower.

National Health and Population Development Minister Willie van Niekerk puts the figure of South Africans who have so far been tested as HIV-positive at more than 2 000. Last year, 174 of these had started to

manifest clinical symptoms of the disease. The figure was two in 1987. From the beginning of this year until January 17, four cases were reported. We believe more than 20 000 people could be infected with the AIDS virus."

Dr. Van Niekerk urges companies and individuals to take preventative action against the spread of the disease before it gets an even more serious grip on SA. One response to his plea is the IPM guide, which will have a far-reaching effect if companies adopt the suggestions now.

The IPM believes managers need to be aware of the potential effect of AIDS on their organisation and productivity. It says AIDS needs to be faced on two fronts "An education programme is required

to reduce the potential incidence of and reactions to AIDS. In industry there is a particular need to put various groundless fears at rest by providing the facts about AIDS and to prevent discrimination against individuals."

"AIDS is an employment issue and cannot be ignored. Besides the legal, ethical and economic considerations, employers need to recognise that they are going to have to deal with prejudice, ignorance and fear and so it is important to be proactive and to formulate a policy on AIDS prior to being faced with the problem of an employee who has been exposed to HIV."

It says a corporate response to AIDS in the work place requires a multifaceted approach. It includes a policy for dealing with victims and HIV-positive employees and clear guidelines for managers and supervisors on how to handle workers suffering from the disease. Extensive in-house education of management and employees at all levels is also needed.

The development of a corporate strategy depends on, among others, obtaining visible support from top management, involving all relevant departments and trade unions in joint formulation of strategy and establishing a multidisciplinary task force.

In addition, medical benefit coverage must be reviewed to ensure that appropriate AIDS-related services are paid for. A task force co-ordinator should be ap-

pointed and a policy and action plan developed. The Chamber of Mines is one of the organisations which has implemented an education programme about AIDS. The migrant labour system makes people in the mining industry particularly susceptible to the disease.

Chamber spokesman Olaf Martiny believes such a campaign should become an integral part of every corporate responsibility programme.

"It is vital to implement pre-employment medical examinations and regular tests should be conducted on employees."

\*Mr N ISAACS: Mr Chairman, I should like to know more about the system—the hon the Acting Minister mentioned this—in cases in which the price is not acceptable and they have a system which they call the *ad hoc* system. The hon the Acting Minister must please tell me for how long a period the *ad hoc* tender is valid, and when another advertisement for tenders has to be placed?

Secondly I should like to agree with the hon the Acting Minister. The other question concerns the following: One finds that a person submits tenders, for example, and obtains the ten tenders, but has only a certain number of vehicles. He then sells some of those tenders in a way which cannot be proven and gives the tenders to another contractor with so-called up-front money, because he does not have the necessary vehicles to render this service.

\*The CHAIRMAN OF THE HOUSE: Order! There is an hon member who wants to put a question. [Interjections.] The hon the Acting Minister will get an opportunity to speak.

\*The ACTING MINISTER: Mr Chairman, . . .

\*The CHAIRMAN OF THE HOUSE: Order! I am trying to help the hon the Acting Minister, but he does not want to give me an opportunity to do so. He is going to get the last turn to speak, but there is another hon member who wants to ask something. I want to give him an opportunity to do so, and then the hon the Acting Minister can reply to all the questions at the same time.

\*Mr P A S MOPP: Mr Chairman, hon members must not make vague statements. If they know of a person who is involved in a certain matter, they must mention his name so that the matter can be investigated.

\*The ACTING MINISTER: Mr Chairman, I want to refer to the hon member for Border who replied to my one question. If we know about such cases, we as the representatives of the people—they are the ones who help to identify that need and help us to transport their children to the nearest school—must draw attention to those matters. I can give hon members the assurance that we shall work to this end. If the hon member has not received assistance, he must tell the relevant Minister. He must come to me and tell me that these are the cases, that he is drawing them to my attention and that I must do something about them.

I can tell the hon member for Maccassar that we had similar cases in the Outeniqua constituency, and the problem was resolved immediately. We drew it to the attention of the relevant Minister, and it was sorted out.

I also want to tell the hon member that the *ad hoc* cases are only for the interim period. We try to advertise as quickly as possible. I cannot tell him offhand what period of time is involved, but we try to advertise the existing *ad hoc* cases as soon as possible. [Time expired.]

Debate concluded.

### QUESTIONS

+Indicates translated version.

For oral reply:

Own Affairs:

Computers in schools: supply/maintenance

\*1. Mr C J KIPPEN asked the Minister of Education and Culture:

- (1) Whether his Department has reached any decision on the supply of computers to and maintenance of computers in all secondary and primary schools falling under its control, if not, why not; if so, (a) what decision has been reached and (b) what time-table regarding supply has been set;
- (2) whether he will make a statement on the matter? C4E

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes.
  - (a) That
    - (i) all secondary schools be supplied with at least 30 micro computers for use by pupils for the purpose of computer assisted learning;
    - (ii) all primary aschools with an enrolment of at least 200 pupils, be supplied with computer equipment (hardware and software) for learning purposes; and

- (iii) computer equipment be maintained by the schools themselves.
- (b) A programme for the supply of computers to schools, is receiving attention.
- (2) A statement is not deemed necessary.

Aids: committee appointed to investigate/report

\*2. Mr C J KIPPEN asked the Minister of Education and Culture:

- (1) Whether he or his Department has appointed a committee to investigate and report on the question of Aids in relation to (a) teachers and (b) instruction to pupils; if not, why not; if so, (i) when was the committee appointed and (ii) what are the names of its members;
- (2) whether the committee has reported; if not, why not; if so, what are the main elements of the report;
- (3) whether he will make a statement on the matter? C5E

The MINISTER OF EDUCATION AND CULTURE:

- (1) (a) and
  - (b) No. The Department is represented on the National Health and Population Development Committee which is, *inter alia*, concerned with the question of Aids on a national level. Over and above this involve-

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ment, Aids is fully addressed under the Department's programme for Family Guidance because of it being a sexually contagious disease. In addition to this the Department has also issued an information brochure to secondary schools and primary schools with secondary classes in connection with the dangers and prevention of this feared disease.

- (2) No applicable.
- (3) A statement is not deemed necessary.

Eastern Province: drought-stricken areas

\*3. Mr W DIETRICH asked the Minister of Local Government, Housing and Agriculture:

- (1) Whether any areas in the Eastern Province have been declared drought-stricken areas; if so, (a) which areas and (b) when in each case;
- (2) whether he will make a statement on the matter? C12E

The MINISTER OF LOCAL GOVERNMENT, HOUSING AND AGRICULTURE:

- (1) Yes
  - (a) Magisterial districts of Alexandria and Port Elizabeth.
  - (b) Both with effect from 1 February 1989.
- (2) No. The declaration was made by the Minister of Agriculture (House of Assembly).



CHRIS CAIRNCROSS

CAPE TOWN — Insurance giant Sanlam has laid aside a special contingency reserve — an initial R200m — to cater for future AIDS claims, according to its 1988 annual report, released yesterday.

The contingency reserve of R200m would be increased yearly on the basis of interest earned at between 14% to 16% annually, said Sanlam chief actuary Jan Pretorius. *B/Dm 3/31 87*

He said the decision to establish this specific reserve and the base amount was made on a prediction that the incidence of AIDS in SA was destined to climb rapidly over the next 20 years,

## Sanlam: R200m for future AIDS claims

with the number of claims-related cases doubling every year. *(92) (88)*

Sanlam had set down new guidelines which demanded that any person taking out life assurance policies of more than R100 000 either agree to an AIDS test or sign an exclusion clause.

Business Day was unable to ascertain whether other major life assurance groups had adopted similar policy approaches and contingency reserves in respect of AIDS, or were planning to follow the lead of Sanlam.



# Dangers if no cure found

By TYRONE SEALE  
Weekend Argus Reporter

**FAILURE** to find a cure for Aids will not only see the possible death of over 100 000 South African victims by 1995, but will also pose an economic disaster.

While scientists battle for an answer to the Acquired Immunity Deficiency Syndrome (Aids) and the virus causing it, the bill for research, the protection of blood transfusion recipients and care for Aids carriers keeps mounting.

In South Africa, the increased need for treatment of Aids sufferers could lead to a decline in ordinary health services.

And, says Dr Buks Lombard, director of medical services of the Department of National Health and Population, there is no way the country can foot the bill.

He told a seminar this week that direct Aids-related expenses included

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blood testing, surveys, health education, the distribution of condoms and the treatment of sufferers.

Statistics in the United States showed about 15 months passed between a patient's diagnosis and death.

"This can mean a cost of R60 000 for AZT (a drug which has prolonged some sufferers' lives) and hospitalisation besides the cost of other medicines," he said.

AZT treatment could be as high as R1 800 a month for one patient.

"Aids also leads to early retirement and to increased death and pension payments. Indirect consequences include the loss of trained workers. This leads to reduced production and increased training costs to fill the shortfall."

He highlighted the latest available statistics which suggest that, at worst, there would be more than 176 000 Aids cases in South Africa by 1995. The best scenario is 3 600 cases. Experts hope the rate at which Aids is spreading will change as people change their sexual behaviour patterns.

"Sixty percent (roughly 100 000) of these patients would have died by 1995, but that still leaves a serious problem. There is no way the medical services can cope with this number of patients."

Although medical aid funds had al-

ready paid out significant benefits to Aids patients, most of the funds now set limits on Aids-related expenses, Dr Lombard said.

"Some funds provide no cover at all for Aids. Most of those medical aid schemes which have not yet taken these measures will probably amend their rules accordingly soon.

"Needy patients remain the responsibility of the State while private patients pay for themselves. It is still difficult to determine whether all medical aid funds pay claims for Aids.

"If the limits of benefits have been exhausted, application can be made in provincial hospitals for reclassification."

Dr Lombard stressed the importance of single-partner relationships.

"The basic problem is loose morals. The message is that a faithful single-partner relationship is safe. Multiple partners are risky."

He said researchers expected it would take several years before an effective and safe serum was developed.

There were no plans in South Africa to develop measures such as the Swedish guarded "colonies" for Aids sufferers.

"The isolation of (infected) people cannot be scientifically and sensibly justified."

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**CP Correspondent**

THE people in ANC and Swapo camps in Africa were lumped with prostitutes by a speaker at an Aids media seminar in Port Elizabeth this week.

PE Aids Committee chairman AP Alberts said the incidence of Aids among prostitutes was 60 percent to 80 percent the same as in ANC and Swapo camps.

He could not say what proof he had of this or who had told him.

# Aids: ANC lumped with prostitutes

"It was someone at a conference," he said.

The PE Medical Officer of Health, EF du Plessis, stressed that the PE Aids training and information centre would only train personnel who were convinced that Aids was a "modern disease", with a

modern cause and had to be treated with modern care.

This statement effectively rules out the positive role that herbalists could play in combating or controlling the disease.

He further stressed that

nursing personnel would not be trained as counsellors, because they were too compassionate and sympathetic.

The nurses were told they would be struck off the roll if they refused to treat an Aids patient.

The National Medical and Dental Association, formed at the time of the Steve Biko inquest, was not invited to the seminar, thus excluding hundreds of doctors and nurses. - PEN



Fury over

# ver AIDS doomsday

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S/Times 26/2/89



A prostitute with AIDS strips for the camera

A ROW erupted this week over astonishing claims that AIDS could wipe out half of South Africa's blacks.

AIDS experts have slammed Mr Keith Edleston for spreading doom and dismay and "distorting the facts".

They were shocked by reports of Mr Edleston's address at a conference in Durban last week when he said 45 percent of black South Africans could be dead or dying from AIDS in several years.

His projections, taken from his book, AIDS - Countdown to Doomsday, have been shot down in flames by academics and AIDS consultant Dr Jack van

## Experts slam author's claims that killer virus will wipe out millions

By TERRY van der WALT

Niftrik, who was so unimpressed he refused to attend the book launch last November

But the bad blood between the two appears to have stemmed from a dispute over a possible joint venture

Both claim they turned down the other's proposal to combine their efforts in one book

Particularly puzzling says the doctor, is Mr Edleston's reference to him in the acknowledgements as the "canny Dutchman"

"I can't see why he called me canny and it upset me," Dr Van Niftrik said

But what has really got him steamed up is that the economist and writer took his data and used it in isolation, projecting an apparent

over-the-top scenario of almost half of blacks in the country being wiped out in eight years

The controversy started after Dr Van Niftrik, who is director of the AIDS policy research centre (Africa) in Johannesburg, gave Mr Edleston access to his substantial data base on AIDS

"In the book he based his figures on a retrospective study done by two Norwegian epidemiologists on the 'gay'

community in the United States in the early '60s that AIDS cases were doubling every eight months he said

"Unfortunately the author did not take into consideration that sexual practices have changed and are still changing and that medical knowledge and blood screening have improved

The future shock projections did not take into account genetic differences which affected the incidence

of AIDS among different race groups, he said

"Viruses mutate constantly and the HIV virus is particularly known to mutate rapidly which throws any projection off course," Dr Van Niftrik said

"I dissociate myself from the book which lacks credibility as there are no sources of reference on which he bases his figures"

There are epidemiologists particularly those at the Centre For Disease Control in Atlanta who have been working on AIDS since 1979 who have nothing to hide

If his figures are correct how come they have not come up with similar projections?

### 'Wild'

"I am not minimising the problem but he can't make wild predictions that are way out

AIDS expert Dr Dennis Sifris, head of the HIV clinic at Johannesburg Hospital said the AIDS figures in the book were "blatant"

The figures are a bit overdone and ignore a great many considerations," he said

Dr Sifris said, however, that the book was probably serving a purpose by shocking people into changing their behavioural patterns

Mr Edleston is one of four

## IS PICTURE ... BUT THE PRICE WAS DEATH



race towards the barrier while spectator Adrienne May, who was also killed, is seen crouching on the left

## Obsession with the car led to last bid to catch it on film

THIS is the dramatic picture that cost amateur photographer John Rittman his life

Seconds after he clicked the shutter he was killed by a flying piece of barrier at Killarney racetrack in the Cape last week

It was John's obsession with photographing the powerful Audi of ace driver Sarel van der Merwe that led to his death

Against warnings he entered the danger zone of the lane leading from the track into the pits

And he got his picture Sarel van der Merwe's Audi in the foreground But as it whizzed by, two of the cars behind, the Ford Sapphire of Ian Scheckter and the Nissan Skyline of Hannes Grobler - both partially obscured in the picture

collided and smashed through the barrier Both cars were travelling at over 180km/h and were fiercely contesting third place

By EUGENE ABRAHAMS

Merwe was driving and wanted to take just one more picture

The mother of an 18-month old son David has also demanded that justice be done

"I don't want John to have died for nothing If by his death other lives can be saved I'll be satisfied

The barrier at the track and not the cars - killed John and someone whose name must answer for it she said

With the inquiry into the two deaths moving at a snail's pace - the Automobile Association Motor Sport Control Council is waiting for the findings of a State inquest - a grieving Ian Scheckter, who drove one of the death cars, is pondering his future in motor-racing

It was Scheckter's 'come-back' race after he retired from the sport four years ago

Shock

He said "I don't want to point any fingers, but I hope something will be learnt from this tragedy"

About his racing future, Scheckter said "We'll be rebuilding the car and testing it in about a fortnight But I don't know whether I'll be racing again I must still get over the shock"



JACK VAN NIFTRIK Consultant

members of the AIDS economic group formed by the Medical Research Council last year to study the impact the disease will have on the country's economy

In his address last week - which made front page news in daily newspapers - he told the delegates AIDS was spread through Africa by truckers who satisfied their sexual desires along the route with prostitutes "for the price of a cup of tea", leaving behind a trail of death

The problem could be curbed by a swing from road to rail transport in the future

Fewer people were needed to transport greater tonnages through the rail network than by road he said in his address based on the book

Commenting this week, Mr Edleston said he had not used any of Dr Van Niftrik's data and could not understand what all the fuss was about

He said his "pessimistic" projections could be compared against the more optimistic and somewhere between would be the eventual truth

## Philip gives a 'doorman's nod' farewell to Hirohito

WITH a curt nod of his head, Prince Philip bade farewell to



### Besotted

The collision caused the cars to virtually take off They struck the barrier at a kink near the pits and went crashing into spectators

A piece of barrier fencing struck Mr Rittman and he died instantly Miraculously his camera was flung to one side, survived the crash and was later retrieved

Spectator Adrienne Mays - seen in the left of the picture - died of his injuries in the Tygerberg Hospital

Mr Rittman, a Pinelands computer engineer and a "fanatical race-goer", was obsessed with Audi and Volkswagen cars, his wife Sharon said this week

It was also because he



## Aids centre seeks funds for education

As 6/7/89 Medical Reporter (92)

Demand for Aids education is outstripping the resources of Johannesburg's Aids Training and Information Centre, and additional courses and workshops have had to be arranged.

A Centre spokesman said that to meet the demand for training and information additional support, both financial and voluntary, was needed.

The Centre, funded by private enterprise in conjunction with the Department of Health, was fully booked until October.

It runs courses aimed at health care professionals, employers and teachers, and Centre staff will address clubs, schools, management groups and associations at special meetings.

It also offers assistance to companies in drawing up an Aids policy and implementing employee education.

According to Dr Ruben Sher, the head of the Centre, the courses were adapted to the specific requirements of the participants.

He said the flexibility and constructiveness of the courses were the reason for the Centre's success. (92)

## WHO team on visit to Angola to study Aids problem

LISBON — World Health Organisation specialists are visiting Angola to study the problem of Aids, the Angolan newsagency, Angop, reported.

The Angop report, monitored in Lisbon, said the four-man team were working with Angolan authorities on a medium-term plan to combat the virus. Star 6/3/89

Mr Mark Szczeniowski of the Geneva-based WHO Global Programme on Aids said the plan would cover all aspects of the fight against the virus including educational, clinical and laboratory work. (92)

Finance for the anti-Aids plan will be sought from international health institutions.



# Better the devil Aids you know

Sowetan 9/13/89

92

## Centre provides vital service

By MOKGADI PELA

THE Aids Training And Information Centre is doing a valuable work for society — training people to teach others about the killer disease.

The centre, on the corner of De Korte and Hospital streets in Braamfontein, Johannesburg, is a hive of activity.

It was established by the South African Institute for Medical Research in January last year and the aim is to open similar structures countrywide.

The programme will soon be realised in Port Elizabeth because the medical officer for health in that area, Dr E F du Plessis — who himself attended a training course a week ago — expressed satisfaction with the training provided by the centre.

### Power

Opening a five-day course which was held at the centre last week, the head of the department of immunology, Dr Ruben Sher, called on the trainees to do all in their power to ensure a success in the battle against Aids.



GRANIA Christie . . . Aids psychologist.



MUSA Zazayokwe . . . education officer.

### FOCUS

Then the educational psychologist of Atic, Mrs Grania Christie explained the role a psychologist can play in Aids counselling. She said the stages at which counselling was required include: coping with a positive test of having the HIV antibody test. She listed severe emotional reactions to knowledge of infection — shock, guilt, anxiety,

depression and obsessional thinking.

Participants on the course are drawn from companies with health divisions, hospitals and society in general. Applications are directed to: The Aids Training and Information Centre, PO Box 1038, Johannesburg.

The centre also conducts a hotline service for callers wanting information on the Aids virus. Their telephone number is (011) 725-0511 or 725-3009.

Another person who provides valuable education on the HIV virus is Mrs Musa Zazayokwe, an education officer at the centre.

### Reality

At last week's course she lectured the participants on some cultural barriers against Aids. As part of the Aids training, the use of audio-visual facilities was made. Tear-jerking videos of HIV infected people were shown. This, according to Mrs Christie, is to assist in creating a clearer and more lasting impression on the viewers about the reality of Aids.

One can think that it is

easy to use a condom, but presence at the centre opens your eyes, said one participant.

Mrs Christie and Mrs Zazayokwe have addressed various gatherings, both local and international, on Aids.

The job load had been increasing all the time and recently the centre has engaged the services of a social worker, Ms Suzan Hyde. She said some of her outside jobs include providing such lecture at Western Deep Levels, Carletonville.

### Patients

Nurses were also lectured on psychological perspective in the care of Aids patients.

Hospitalisation can add to problems overwhelming an Aids patient.

The hospital is often a cold, sterile and an authoritarian environment. This imposes more stress on patients whose ability to adapt and cope has already been severely impaired.

A way in which nurses can help patients to adjust to their environment is by providing comfort, orientate patients and very importantly to make visitors

feel welcome, one paper delivered at the course stated.

Judging the role the centre plays in Aids education one can safely say that if everybody heeds the warnings, South Africa can be saved from the Aids holocaust.

### Pulpits

Dr Sher once said: "Aids has influenced sexual behavioural patterns far more than all the pulpits in the world have done." But he stressed that the role of the centre was important when one considered that there were still many people whose behaviour undermined world-wide efforts to combat Aids. Those are the type Dr Sher referred to as sexual athletes.

This week it was disclosed that the demand for Aids education was outstripping the resources at Atic, which is fully booked until October this year.

### Policy

Part of the information work done by Atic's staff is to address clubs, schools, management groups and associations.

Consultancy and advice are provided to companies, many of which are assisted in drawing up an Aids policy and implementing employee education.

The importance of Aids education at the centre may not be realised now but in the long term South Africa may sigh in relief when she realises that many people have been saved from this catastrophe.



# AIDS may hit employee benefits <sup>92</sup>

CAPE TOWN — Employee benefits could be adversely affected with the spread of AIDS, according to a "practical guide" to AIDS in the workplace, issued by Old Mutual.

The manual is the product of an intensive AIDS information and education drive initiated in February 1988 by the Old Mutual.

It said the number of AIDS cases will increase 15 times by 1991, and by 1995 there will be about 90 000 cases.

The cost of group life cover will rise as the claims rate rises. There could also be a reduction in terms for which premiums are guaranteed.

Medical aid cover will cost more as

B/Dam 8/3/87  
Own Correspondent

the price of extended hospitalisation required by AIDS sufferers is high, and although treatment is available in provincial hospitals, private care could cost more than R50 000.

While the manual does not dictate a specific strategy, it is a useful guide stressing the implications of AIDS and how to cope with it in the workplace.

On the question of a possible escalation in AIDS-related claims, Old Mutual's chief actuary, Theo Hartwig, said reserves built up by Old Mutual were adequate to provide for a steep increase in claims arising from AIDS.

# Aids has killed 105 since 1982

Medical Reporter

More than 100 South Africans have died of Aids since it was first noted here in 1982. (92)

According to a report released yesterday by the South African Institute for Medical Research, 105 South Africans have died of Aids, seven since the beginning of the year.

Last year 41 people died. 10/3/89

Records kept by health authorities show 209 cases of Aids since 1982 but 26 of these were not of South African origin.

# Insurance call to back city Aids campaign

MR645  
10/3/89  
92

By MICHAEL DOMAN  
Staff Reporter

A FIRM of insurance brokers has challenged insurance companies to support Cape Town City Council's Aids awareness programme in the wake of the Rembrandt tobacco group's refusal to do so.

Independent Broker Associates (IBA) said insurance companies should also contribute money to the Cape Town Symphony Orchestra, amid speculation that the council's anti-smoking stance might prompt Rembrandt to withdraw its R50 000 sponsorship of the orchestra.

The orchestra is still heavily subsidised by the city.

IBA directors Malcolm Clark and Carrol Rodwell said in a statement that insurance companies which had acknowledged the dangers of smoking by giving discounts to non-smokers and which had more claims arising from Aids, should "fill the gap" in the orchestra and Aids campaigns.

The IBA directors said it

would appear that Rembrandt, in a multimillion-rand industry, was not above using its substantial clout to protect its place in the market.

They said Rembrandt and Dr Anton Rupert had to accept that smoking was a "Third World practice" and that the South African market would shrink "as the country moved closer to First World status".

● The Tobacco Board has alleged that the "social costs" label is being used unfairly more and more to influence people's private lifestyles by "forcing them to strive after somebody else's idea of a perfect society".

The "social costs approach" suggests that certain habits cost the person in the street a fortune — rather than costing the individual who has the habit.

This related especially to smoking, the board said in a statement.

It quoted American research that no direct burden was placed on non-smokers by

smokers. Since medical and productivity costs were carried by the smoker, there was no need for government action.

The research claimed that anti-smoking groups, not being economists, had made glaring and fundamental errors.

A Professor Dwight Lee of the University of Georgia claimed that costs normally described as "social" — for example, more frequent absenteeism by smokers — were really private.

He said most economists would agree that it would be the smoker who would pay for such behaviour through lower salary increases and slower job advancement.

According to the Tobacco Board, Professor Lee said absenteeism was related more to the fact that smokers were younger, used more alcohol and were employed in more transitory occupations.

In addition, more smokers were blue-collar workers who worked in less attractive environments than white-collar workers.



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# Aids a certain killer



By LULAMA LUTI

WHILE many people believe Aids is not their problem, the deadly disease is potentially the greatest world epidemic of the 20th Century.

This warning was given by Aids expert Dr Ruben Sher at an Aids seminar organised by the Black Housewives' League and Women Under Apartheid in Soweto at the weekend.

Sher emphasised that Aids is a killer. "Once you get it there's no turning back. Nobody is known to have recovered."

He told women that they should not be misled because the disease is more prevalent in men. Of 155 men who carry the HIV or Aids virus, only 15 women carry it.

"Don't think you are immune to this disease. It is present in all communities. It cannot differenti-

ate between people, male or female, adults or children. It does not belong exclusively to any particular group," said Sher.

Asked which age groups the disease attacked, Sher said Aids mainly attacked those in their 20s and upwards, because they were the population's most sexually active.

"It attacks the cream of the population. These are the people who are dying from the disease,

They are the dangerous people who can carry and pass it on to others," he said.

According to Sher, although Aids is a sexually transmitted global epidemic, it is avoidable. "You don't have to get it."

He said Aids was the greatest challenge of the 20th Century. People might well ask how many had to die before something was done.

FIGURES from the South African Institute for Medical Research show a continuing increase in the number of AIDS cases.

By March 6 this year, 15 AIDS cases of South African origin had been reported. In 1988, 89 cases were diagnosed

S/Tues 12/3/89  
92  
**More fall to AIDS**

in SA.

Statistics from the World Health Organisation show that the total number of cases stood at 141 894 on February 28 — an increase of

2 000 over the previous month.

From only three reported in 1982, cases of AIDS in SA have risen each year. The total now stands at 209.

## Monkeys bring hope of AIDS immunity

15 Day 4 (3/89)  
CAPE TOWN — The discovery that an AIDS virus found in monkeys does not cause illness has raised hopes that humans will eventually become naturally resistant, if not immune, to the human AIDS virus. (P)

Scientists at Stellenbosch University's medical school have isolated the SIV (Simian immuno-deficiency virus) and found strong similarities between it and the HIV (human immuno-deficiency virus).

Virology Department head Professor Wally Becker said: "We might find that the virus has a gene which inhibits its growth. If we find the reason, it might help us to develop a vaccine or a method of speeding up human resistance." — Sapa.



## Police in Mntonga death case lose bid to appeal

BISHO — Six senior Ciskei security policemen yesterday lost their application for leave to appeal against their conviction and sentencing on various charges, following the death of Eric Mntonga, a Border co-director of the Institute for a Democratic Alternative for South Africa.

Their application was refused by Ciskei's Chief Justice, Mr Justice Pickard, in the Bisho Supreme Court.

Mr Justice Pickard also turned down their application for bail pending the appeal.

The six policemen were convicted and jailed to an effective 33 years imprisonment.

Two of the convicted policemen were the second-in-command of

the Ciskei police elite unit, Witness Ngwanya, and the head of the security branch, Mountain Ngcanga. Each was jailed for two years.

Rejecting the application, Mr Justice Pickard said there was no likelihood of another court reaching a different decision.

□ Ciskei Attorney-General W J Jurgens yesterday confirmed he was contemplating prosecution of two policemen who testified in the Mntonga murder trial.

The policemen, who were not indemnified by the court, are Warrant-Officers Zamikile Bojana and Peter Swenlindewo.

Jurgens said he was also considering the position of the head of the Mdantsane security branch, Col Louis Nonhonho. — Sapa.

### Monkeys bring hope of AIDS immunity

<sup>13 Day 14/3/89</sup>  
CAPE TOWN — The discovery that an AIDS virus found in monkeys does not cause illness has raised hopes that humans will eventually become naturally resistant, if not immune, to the human AIDS virus. (92)

Scientists at Stellenbosch University's medical school have isolated the SIV (Simian immuno-deficiency virus) and found strong similarities between it and the HIV (human immuno-deficiency virus).

Virology Department head Professor Wally Becker said: "We might find that the virus has a gene which inhibits its growth. If we find the reason, it might help us to develop a vaccine or a method of speeding up human resistance." — Sapa.

# 'Monkey Aids' virus finding fuels hopes of human resistance

92  
APR 13/3/89

By KAREN STANDER  
Medical Reporter

THE discovery that an Aids virus found in monkeys does not cause illness has raised hopes that humans will eventually become naturally resistant, if not immune, to the human Aids virus.

Scientists at the Stellenbosch University medical school have now isolated the SIV (Simian immunodeficiency virus) and have found strong similarities between it and the HIV (human immunodeficiency virus).

In co-operation with laboratories in the United States, West Germany and Japan, which have also isolated SIV, the South Africans are studying the virus in the hope of finding a clue to the monkeys' natural resistance.

Finding this clue would help to fight human Aids.

Professor Wally Becker, head of the department of virology, said the principle of evolutionary change in a virus could be illustrated by an example from the animal kingdom.

Wild rabbits from Europe introduced into Australia in 1859 bred rapidly in the southern part of the continent and became a major pest to farmers.

A virus similar to smallpox was introduced in 1950 to control the rabbit population. It was spread by mosquitoes and other insects, and was enormously effective.

The virus originally introduced was lethal to European rabbits, with 99 percent of infected animals dying. Later, a process of natural selection occurred.

A characteristic of some viruses, including the Aids virus

and the virus causing influenza, is a tendency to mutate, which is why it is so difficult to develop a vaccine against Aids.

Within a year of the pox virus being introduced to the rabbits, a modified and less lethal virus appeared, and in three or four years this was the dominant strain.

Rabbits which recovered from the disease were immune to re-infection and immune mothers transferred some degree of immunity to their young.

This is what scientists speculate could happen with the human Aids virus — if no cure is found in the meantime. It could take decades, or even a century, but they believe that eventually, many people will be infected with an Aids virus which will not make them ill.

## Inhibits growth

The theory is apparently supported by observers of the progress of the disease. Many US doctors are reported to have become convinced that human resistance had started to develop.

Statistics show that many Aids patients are today living longer than patients who developed Aids a few years ago.

In three years the average time from diagnosis of fully-fledged Aids to death has increased from 10 months to 15 months, according to figures disclosed in San Francisco.

Scientists have also now isolated HIV2, a mutant of the original Aids virus. HIV2, which is found mainly in Africa, is believed to be less virulent — and shows the greatest similarities to the SIV.

Professor Becker said there had been speculation that the

human Aids virus originated from a mutant of the monkey virus.

Since the SIV was first isolated, scientists had found that although monkeys carrying the virus did not become ill, other species of monkeys did develop monkey Aids if SIV was introduced to them.

"What all this seems to say is that humans will probably come to terms with the human Aids virus over a long period.

"In monkeys it is possible to study why the virus does not make them ill, whether it is a feature of the virus or the monkey, or both.

"We might find that the virus has a gene which inhibits its growth. If we find the reason, it might help us to develop a vaccine or a method of speeding up human resistance."

# Sher calls for 'war' on AIDS

PRETORIA — A pre-emptive strike against the growing AIDS problem was essential while there was still time, SA Institute for Medical Research authority Ruben Sher said yesterday. *BIDAM 1513187*

Speaking at the Industrial Health symposium at the CSIR he said: "In five years time it could be too late. The opportunity must not be lost. War should be made against the disease, not against its victims."

In SA there were 183 cases — the majority males — and 60% of those

92  
GERALD REILLY

who contracted the disease died.

Sher said cases were being grossly underestimated for political and economic reasons. The true figure in Africa was probably close to 200 000 — "and we are part of Africa" — with more than 300 000 worldwide.

He said there were major problems in the way of finding an effective vaccine, including the fact it was a new virus which was changing the whole time.



92  
16/3/89  
**Funds to beat  
Aids welcomed**

The government has earmarked R5,16 million for the establishment of Aids advisory centres.

Dr Ruben Sher, head of the Johannesburg Aids Training and Information Centre, said the money was welcome as education was the only weapon against Aids.

The centres will be set up in Cape Town, Durban, Bloemfontein and Port Elizabeth.

CNN Transcript  
16/3/89

## Resistant strains <sup>92</sup> found to Aids drug

Own Correspondent

LONDON. — Strains of the Aids virus have been discovered which are resistant to the only drug licensed for use to treat the disease, it was announced on Tuesday.

The announcement by Wellcome of the resistant strains knocked nine pence off its shares but it said that a panel of independent experts still believed Retrovir — also known as AZT or Zidovudine — was an effective treatment for Acquired Immune Deficiency Syndrome and that no alterations in the treatment should be made.

Retrovir, which has been licensed for two years, has prolonged Aids victims' lives by up to two years and has been approved for use in 60 countries.

The company said laboratory tests had shown that some samples of the HIV virus which causes Aids, showed drug resistance in a small group of Aids patients whose immune systems were stricken by the disease.



# Vital period in taking care of patients

92

**N**URSING an Aids patient in a private ward is a vital period that can be used to educate his associates about the disease.

It is also a time when he should be shown that he is as human as anyone around. There are several ways of doing this:

- Firstly his consent is needed before he is removed to a separate ward. In explaining to the patient why he should be moved to a

private ward mention must be made of the fact that his immune system has been destroyed. This means that he can be easily infected by other patients and diseases.

- Secondly nurses have to be mindful of the patient's needs. Because he is still alive, he must make his own decisions.

He should be allowed to have visitors and his

loved ones.

- Nurses must keep the patient occupied. The can be ensured by providing him with TV and radio sets, books and magazines. The sister in charge should also see to it that the patient's religious needs are satisfied.

- This is also a stage that his visitors can also receive counselling. Whoever visits an Aids infected patient must be

advised as to the dangers and ways of avoiding contracting the disease.

Education would also remove the misconceptions prevalent about Aids.

It may be suitable at this stage to point out certain things that should not be done when barrier-nursing an HIV patient:

1. He should not be isolated.

Being told that you are Aids infected is like a judge pronouncing a death sentence on you. A patient will eventually go into a state of depression. He will blame others for his condition. That is when emotional support from nurses and health care workers is vital.

- Health care workers can show the patient that he is still part of society by not wearing masks when dealing

with him except when handling secretions, in that case gloves should be used.

Nurses should also not bar themselves from patients, but from only what can infect them as health care workers.

**HEALTH GUIDE**



**BY MOKGADI PELA**



15/2/89  
Aids III  
SA: 209<sup>92</sup>

# diagnosed

JOHANNESBURG. — A total of 209 cases of Aids have been diagnosed in South Africa since 1982.

The latest figures released by the Aids Information Centre in Johannesburg indicate that 183 of these cases were South Africans, while 26 were citizens from neighbouring and foreign countries, SABC radio news reports.

Most of the South African cases, a total of 99, were seen in Johannesburg. Cape Town had 32 cases, Durban 25, Pretoria 9, Bloemfontein 7 and other towns and cities smaller numbers, the radio said.

Only 78 South Africans with full-blown Aids are still alive.

Most of the Aids patients were in the age group 30 to 39 years.

A total of 127 carriers are white homo-bisexual males, while in the heterosexual group nine black males and 11 black females had so far contracted the disease.

No cases of Aids contracted by way of injecting drugs have been reported in South Africa.

— Sapa

News in Brief

*Cape Times 20/3/89*  
**Diplomat ordered out** *(20)*

MAPUTO. — The government ordered a Portuguese diplomat to leave the country within four days, apparently in retaliation for Portugal's expulsion of a Mozambican diplomat suspected of involvement in an assassination. Mozambique's Foreign Ministry said Jose da Silva Pereira, commercial consul at the Portuguese Embassy in Maputo, has been declared persona non grata and must leave by midnight on Tuesday.

**6 Arab protestors killed**

JERUSALEM. — Israeli forces in the West Bank and Gaza Strip shot dead three Arab protestors on Sunday, bringing to six the number of dead in a weekend of bloody clashes.

*Cape Times*  
**New political party** *20/3/89* *(20)*

A NEW political party called Aksie Christelik Nasionaal (National Christian Action) was formed in Namibia at the weekend. The SWA National Party announced at its national congress in Windhoek that the party had been formed to take part in the election under UN supervision in November this year and that the SWANP will be the nucleus of the ACN.

*Cape Times 20/3/89*  
**R5m for Aids campaign** *(92)*

JOHANNESBURG. — The Department of National Health and Population Development plans to spend R5-million on an Aids awareness campaign which will include the establishment of advisory centres in larger cities. The department said in a memorandum on its budget Aids was spreading rapidly among all races and sexes. The economic implications of this for the country were enormous.

**Demarcation deals**

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# Aids rife in Venda - report

SHOCK greeted the announcement last Friday that "several" people had been diagnosed as Aids sufferers in Venda.

The announcement was made by Venda President Headman F N Ravele, in a speech during the official opening of the territory's Legislative Assembly.

Mr Ravele said: "The Department of Health remains very concerned about Aids which is spreading rapidly in Southern Africa and which has been diagnosed in several Venda patients."

By MATHATHA TSEDU

### Alarm

He said that the homeland could have 20000 Aids patients by the year 2000 if the spread of the killer disease was not halted by changes in behaviour.

Several people spoke to *Sowetan* after the speech and expressed alarm that the existence

of the disease in the area had not been disclosed before. Most of the people wanted to know the regions where the patients come from and where those patients were now."

"We were told that there was no Aids here. Now they just tell us that several people have been diagnosed as Aids carriers. This is causing a lot of confusion and panic. They must tell us more," one woman said.

GET YOUR

*Sowetan*  
*20/7/89*

92





Fidel Castro

## Castro isolates Aids victims

The Argus  
Foreign Service

PARIS. — Fidel Castro is treating Cuba's registered 240 Aids sufferers as lepers in an isolated village.

Men and women inmates of Santiago-de-las-Vegas Aids colony, south of Havana, are banned from any contact with the outside world, it was reported here today.

They include soldiers who were members of the Cuban military contingent in Angola, where Aids is rife.

A French journalist who managed to visit the colony said it was heavily guarded by police and troops.

He managed to approach Aids sufferer Oscar Licea, 25, who told him: "I have been here 18 months. It is like a prison. But we are allowed to have sexual intercourse amongst ourselves on condition there are no pregnancies."

"UNJUST"

"I don't know what happens to Aids sufferers in other countries, but I think what is happening in Cuba is unjust.

"After all, we are not criminals. I am still able to work and dance."

The Cuban population is tested twice annually for Aids, he said.

Oscar was found to be a carrier in 1987 and soldiers came to his house and took him away to the village.



# Plan to combat killer disease

MCW  
7/13/89  
92

LISBON. — Guinea Bissau will stage a four-year anti-Aids pilot programme costing more than R8-million, the Portuguese news agency, Lusa, has reported.

The programme, which would focus on educating Guinea-Bissauans about the dangers of Aids and ways to prevent its transmission, was being organised by Bissau's Ministry of Public Health and the World Health Organisation (WHO).

The R8-million intended for use before 1993 would be spent mainly on boosting supplies of condoms, compiling data on the extent of the Aids epidemic and reducing transmission by sexual contact and by pregnant women to unborn children, the agency reported.

Health experts in Bissau estimate that between five and eight percent of the country's almost one million inhabitants are carriers of mainly the HIV-2 Aids virus, but only 58 people are now being treated.

## Carriers

"We seem to have a lot of carriers here, but there's still no sign of masses of people coming down with the disease," one health worker said.

The former Portuguese West African colony would be a pilot country to test new WHO methods of combating Aids, Lusa said.

Aids is a viral disease that attacks the body's natural defences against illness, usually resulting in death. The virus is spread through sexual contact and through the exchange of body fluids. — Sapa-AP.

*CALL TIMES 22/3/89* **Prostitution cause of Aids** **92**

DAR ES SALAAM, Tanzania. — More than half of Tanzania's 4 158 Aids victims have died, and prostitution has been primarily responsible for the virus's spread in this East African nation, government-run Radio Tanzania reported yesterday.



# Few Aids patients receiving AZT drug

921  
F.V. 29/3/89  
Medical Reporter

Not all Aids patients being treated in provincial hospitals are being given AZT — the only drug available for Aids treatment.

Dr Buks Lombard, the director of medical services in the Department of National Health and Population Development, said yesterday AZT was "still in the experimental stage" and was being used only on certain patients.

He did not elaborate on which patients were being treated with AZT and insisted there were no specific criteria for choosing who would get the drug.

The Department of Health has pointed out that in South Africa AZT has been evaluated on a limited scale only, and 27 patients have been treated with it. The drug is widely used in the United States and Britain.

The cost of the treatment, says the department, is about R1 850 a patient a month. If Aids patients were in hospital for just over five months, this would mean a cost of about R60 000 for AZT and hospitalisation alone.

Dr Lombard said it was up to the head of the department of internal medicine of each hospital to decide who would get AZT.

The head of the Johannesburg Aids Training and Information Centre, Dr Ruben Sher, said there were drugs being used for other terminal illnesses which were as expensive as AZT, yet this was the only drug being discriminated against.

"Aids should be treated like any other disease and AZT given like other drugs," he said.

Pattern of 92

**Aids differs**

A CHANGING pattern of people affected by Aids is indicated in the latest figures on the number of cases reported in South Africa, according to a statement released by the Advisory Group on Aids.

Of 15 new cases reported this year, five are the result of transfusion of blood or blood products which took place in the days before all blood for transfusion was tested. Of the remaining 10 patients, five are blacks who acquired the disease heterosexually.

21/3/89  
S. Gordon

92

# ONLY A FEW GET AIDS DRUG

NOT all Aids patients being treated in hospitals were being given AZT available for Aids treatment.

Dr Buks Lombard, the director of medical services in the Department of National Health and Population Development, said this week AZT was "still in the experimental stage" and was being used only on certain patients.

He did not elaborate on which patients were being treated with AZT and insisted there was no specific criteria for choosing who would get the drug

**SOWETAN**  
Reporter

live for about 15 months after becoming sick and are hospitalised for just over five months.

This can mean a cost of about R60 000 for AZT and hospitalisation without counting the cost of other medicines.

Dr Lombard said all South African Aids sufferers were being looked after in academic hospitals and it was up to the head of the department of internal medicine of each hospital to decide who would get AZT.

The Department of Health has pointed out that in South Africa AZT has been evaluated on a limited scale only and 27 patients have been treated with it so far. The drug is widely used in the United States and in Britain.

The cost of the treatment, says the department, is appreciable — about R1850 per patient per month. The department says that in the United States it has been found that on average, Aids patients

The head of the Johannesburg Aids Training and Information Centre, Dr Ruben Sher, said there were drugs being used for other terminal illnesses which were as expensive as AZT yet this was the only drug being discriminated against.

"Aids should be treated like any other disease and AZT given like other drugs," he said.



# Fear of mass Aids disaster

92  
2/4/89

By SOPHIE TEMA

ALTHOUGH there is uncertainty about the scale of Aids in Africa, a belief persists that almost half the continent's inhabitants will have died of the disease by the end of the century unless an effective vaccine is discovered.

Meanwhile, in a bid to control the spread of the disease, South Africa has drawn up a strategic plan of action to counter the spread of the HIV infection.

The Department of National Health and Population Development is also involved and responsible for the control of the disease.

The department is expected to work in close co-operation with a committee able to communicate with the black population to formulate a strategy to educate target groups.

An Aids Advisory Group, which is to advise the department on steps to counter Aids and limit the transmission of HIV, is also responsible for determining the extent of the disease in countries with which South Africa has contact and to keep national records on HIV infections.

In terms of the strategic plan some of the steps taken are:

- Private organisations have become involved in positive activities to observe the disease and set up educational programmes. For instance, the Chamber of Mines has provided a counselling centre;

- Legislation for the control of infectious diseases is

## SA plan to fight spread of virus

geared to restricting the number of individuals able to spread the disease to a minimum;

- There are also plans to institute laws to prevent the entry of HIV-positive immigrants and employees;

- Contact with neighbouring states has been instituted to promote co-operation, purposefully co-ordinated action and the provision of help;

- Educational programmes aimed at highlighting the danger of promiscuity teach communities that sleeping around is risky and that single-partner relationships are safe.

The use of condoms has been recommended, especially where there is doubt about bedmates who cannot or do not wish to change their risky sexual practices.

These facts were released at a seminar on Aids at the Johannesburg Civic Centre this week, where the guest speakers included the head of the Aids Information and Training Centre, Dr Ruben Sher.

In a paper presented to the seminar, Dr Sher said although the full scale and geographic distribution of

the HIV virus in Africa was unknown, reports claimed that up to December last year a total of 132 976 Aids cases had been reported to the World Health Organisation - of which 20 905 were from Africa.

The highest incidence in Africa is in Uganda, where 5 508 cases have already been reported.

African countries closest to South Africa with the highest number of reported Aids cases are Zambia with 1 056, Zimbabwe with 119 cases and Tanzania with 3 055 cases.

Of the 170 South African patients, 138 are white, 24 black, six coloured and two Asian. Of the total, 155 are male and 15 female.

According to the paper, Aids was identified in 1981 but the origin of the virus has not yet been determined.

The virus was identified in eight countries in 1981 and since then it increased dramatically - from an initial eight countries to more than 100 in 1987.

The paper says it is virtually impossible to spell out the precise history of Aids, but it can be generally accepted that it has been present in Central Africa for several decades.

The paper said by January 31 this year 139 886 Aids cases in 144 countries had been reported to the WHO. However, many countries did not report the disease, making it difficult to get precise figures on its distribution.

Most of the cases occurred in the Americas and Europe.

collectors is asked to report the matter to us at 403-7650," Miss Scott said.

## Aids victims turn away from hospitals

Star 3/13/89  
Medical Reporter

International researchers believe the future cost of Aids treatment may not be as high as expected.

Studies conducted by Swiss scientists have shown there is a greater trend towards caring for the Aids patient at home, thus cutting down on hospitalisation and nursing costs.

Original American projections that authorities would be spending in excess of \$40 billion (about R102 billion) annually on Aids patients, are being rejected.

A study at Lausanne hospitals has revealed a marked switch from in-patient to out-patient services. The study showed that while the number of Aids cases was doubling annually, the average number of days spent in hospital per patient was falling and the number of out-patient consultations soaring.

# Aids kills 2 women in Natal

Sowetan 4/4/89

92

AIDS has claimed the lives of two more women in Natal, while a third woman has been identified as having the disease.

A member of the National Aids Advisory Group, Professor Dennis Pudifin, said yesterday one of the women had died of meningitis in a Durban hospital.

She was aged 24 and

was from the Durban area.

The other woman, aged 25, died in a hospital near Empangeni.

A third woman, aged 32, from the Durban area, had been identified as having full-blown aids.

Prof Pudifin said she had been treated at a hospital and discharged.

"Although she definitely has Aids, she is not ill

at the moment," he said.

Doctors have told her to warn her sexual partner or partners that she has the disease.

Professor Pudifin said the latest cases show how the disease is spreading among heterosexuals in the black population. "We are concerned about this as we are certainly seeing an increase in cases in Natal." — Sapa.



# Row over selective use of Aids drug

SELECTING certain Aids patients in South Africa for treatment with the only effective drug available has come under scrutiny and could cause a public outcry, say medical experts.

The imported drug, Azido Thymidine (AZT), which "buys time for Aids victims", is derived from fish eggs and manufactured in the United States and Britain. Distributed by Wellcome, it first arrived in South Africa in early 1987, according to the company's medical division general manager, Mr N Ashington.

## Experimental stage

This week a statement by the director of medical services in the Department of National Health and Population Development, Dr Buks Lombard, saying that AZT was "still in the experimental stage", came under fire from Mr Ashington and president of the Sexually Transmitted Diseases Society of South Africa Dr Steve Miller.

"The AZT drug is accepted standard therapy for Aids sufferers internationally. It has also been discovered that a lower dosage of AZT than what was initially recommended is effective and the cost is then drastically reduced," said Dr Miller.

Dr Lombard's statement that only 27 Aids patients in this country were being treated with the drug has raised queries on how they were selected.

"There are at least 20 ad-

vanced Aids sufferers based in Johannesburg who should be on it," said Dr Miller.

He added that a number of patients were paying for the drug themselves.

Dr Lombard insisted there was no specific criteria for choosing who would get the drug.

However, medical experts said doctors treating Aids patients had to submit a motivation as to why their patient should be given the drug. The ultimate decision then rested with the provincial authorities.

Treatment, says the Health Department, costs a patient about R1 850 a month. If an Aids patient was in hospital for just over five months, this would mean a cost of about R60 000 for AZT and hospital fees.

Head of Johannesburg Aids Training and Information Centre, Dr Ruben Sher, said there were drugs being used for other terminal illnesses which were as expensive as AZT.

"Aids should be treated like any other disease and AZT given like other drugs," he said.

"The reason AZT is not used extensively is not because it is unavailable or that it is too costly but because provincial hospitals (which are on the brink of bankruptcy) are expected by the Health Department to budget for it themselves," said another medical expert, who asked not to be named.

PAT DEVEREAUX

Stev 11/4/87

92



NATIONAL

## New fear of 'hetero' Aids <sup>11/15/89</sup> spreading

The Argus  
Correspondent

DURBAN. — Aids has claimed the lives of another two women in Natal while a third woman has been identified as having full-blown Aids.

Professor Dennis Pudifin, a member of the National Aids Advisory Group, said one of the black women had died of meningitis in a Durban hospital.

She was aged 24 and from the Durban area.

The other black woman, aged 25, died in a hospital near Empangeni.

A third woman, aged 32, had been identified as having full-blown Aids. She was from the Durban area and had been treated at a hospital and discharged.

"Although she definitely has Aids, she is not ill at the moment," said Professor Pudifin.

Doctors had advised her to warn her sexual partner or partners that she had the disease.

Professor Pudifin said the latest cases showed how the disease was spreading among heterosexuals in the black population: "We are concerned about this as we are certainly seeing an increase in HIV-positives in Natal."

But he said it was still too early to make comparisons with other provinces to see whether the situation was more serious here.

News in Brief

*CHL Times 12/4/89 (92)*  
**Aids kills 2 Natal women**

DURBAN. — Aids has claimed the lives of two more women — aged 24 and 25 — in Natal, while a third woman has been identified as having the disease.



92 (32)

# Zimbabwe warned of 'Aids for all'

Argus Africa News Service

HARARE. — Instead of health for all by the year 2000, it will be "Aids for all", the Herald newspaper warned today in urging the Zimbabwean government to "stop pussy-footing around the issue".

The paper said an initial lack of openness by the health authorities had not helped although it believed official concern was now real.

This concern had to be turned into action to bring the promiscuous to their senses.

Aids is spreading rapidly in Zimbabwe and according to many authorities the officially confirmed figure of 321 cases at the end of last year bears little resemblance to reality.

One mission hospital alone has disclosed that it has dealt with more than 100 cases.

Sexually transmitted diseases in Zimbabwe increased 10 times over the past five years to reach nearly one-million cases last year.

The blood transfusion service says it has to throw away 19 percent of blood donated by first-time donors because of

hepatitis, syphilis and HIV-related viruses.

Half of the antibiotics dispensed at municipal clinics in Harare are used to treat sexually transmitted diseases.

Attacking the government for not hammering home the concern over Aids, the Herald said the soft-peddalling might have been out of concern for the tourist industry.

But, it said. "Tourists know full well that Aids is a risk anywhere and are likely to be far more impressed visiting a country which admits to an Aids problem but is seen to be vigorously tackling it."

At a special seminar on Aids last month, the Deputy Health Minister, Dr Swithun Mombeshora, said Aids was increasing in proportion to the increase in other sexually transmitted diseases, which had gone up from 103 000 reported cases in 1984 to 971 000 last year.

Zimbabwe, he said, had a sophisticated blood transfusion service and was one of the first countries to carry out internationally accepted tests for the Aids virus.

### PAC president, wife granted passports



● MOTHOPENG

PAC president Zephania Mothopeng and his wife, Urbania, have been granted passports and plan to travel overseas soon.

Mothopeng said in Orlando West yesterday he was happy because he now had an opportunity to receive medical treatment overseas. The passports were valid for three months.

Mothopeng, who was released from jail last November, said he would travel to Britain and the US at dates still to be decided on by the family. *B/Dam 13/4/89*

He said: "I feel happy although it is a right for every South African to have a passport and not a privilege."

Mothopeng, who has been ill for a long time and underwent an operation, was nominated for the UN's Human Rights Award together with jailed ANC leader Nelson Mandela.

He was expected to address a special session of the UN, which paid tribute to him as leader of the PAC in New York at the weekend. — Sapa.

### R5,1m for AIDS centres

DIANNA GAMES *(92)*

ABOUT R5,1m would be spent this financial year to set up AIDS advisory centres in four main cities, excluding Johannesburg, to provide information and training about the virus, and to launch another awareness campaign, the Department of National Health said yesterday.

It said the R5,1m had been added to existing activities such as blood screening, epidemiological surveys, education campaigns and supply of condoms.

This is an increase on the amount spent in the previous year of R2,5m.

Department medical services director Beks Lombard said the centres would be located in Cape Town, Durban, Port Elizabeth and Bloemfontein.

He said although they would be financially subsidised by the department, they would fall under the jurisdiction of the relevant local authorities who would decide on what programmes they would run and what training they would offer.

Johannesburg had an AIDS Training and Information Centre administered by the SA Institute of Medical Research.

Lombard said government needed to promote the awareness that the transmission of AIDS was primarily a social and not a medical problem and was one which the state could not address by itself.

### Dispute over cricketer's luxury car

SUSAN RUSSELL

AN R84 000 second-hand Mercedes-Benz is at the centre of a Rand Supreme Court dispute between cricketer Ray Jennings and the House of Sports Cars.

Jennings is suing the motor dealers for R5 000 repairs done on the 280SL Mercedes-Benz immediately after the sale in May 1987. He is also asking for interest and costs.

He claims House of Sports Cars undertook to pay for the correction of any defects to the vehicle after it

had undergone an AA inspection.

House of Sports Cars claim they undertook to pay the costs of removing two dents on the left-hand rear fenders, obtaining a road-worthy certificate, cleaning under the rear valence and a minor lubrication service.

They deny they were under any obligation to pay for anything else. The case continues today.

# 'Wonder' disinfectant ready for SA market

By Toni Younghusband Medical Reporter

The only disinfectant proven effective against all known viruses, including Aids and Hepatitis B, is to be introduced in South Africa.

Developed in Britain, the disinfectant acts against all 17 virus families and has been hailed as a major breakthrough. *Star 5/4/87*

"No other disinfectant is effective against all viruses and a lot of those already on the market have toxic or corrosive side effects," said Mr Ralph Auchincloss, managing director of the firm which developed the disinfectant.

He said many of the substances used to disinfect hospitals irritated the skin, eyes or lungs of the employees and patients. The new disinfectant had no side effects. It would be introduced to hospitals, doctors and dentists before being sold to the consumer.



# Aids campaigns

CHC Times 15/4/89  
'not successful' 272

**MBABANE.** — Participants at a two-day Aids-prevention conference organised by the Swaziland Ministry of Health and the World Health Organisation at Pigg's Peak were told yesterday that mass media campaigns in several countries aimed at changing people's sexual behaviour had failed.

They were told that the media campaigns served to make people more aware of Aids, but then they just carried on doing their own thing anyway.

The Swazi Minister of Health, Dr Fanny Friedman, said results from small intensive educational programmes targeted at individual communities and schools were proving far more effective.

● Natal doctors are fighting an uphill battle in trying to keep control over black Aids patients as the disease continues to spread in the black heterosexual community at an alarming rate, delegates at the MASA Indaba in Maritzburg were told yesterday. — Sapa

CAPE TOWN 12/4/89

# R5m aside for Aids steps

Own Correspondent

92

JOHANNESBURG. — The Department of National Health is to spend R5,1m this financial year on measures to address the Aids threat, including setting up Aids Advisory Centres in four main cities.

The department said the R5,1m embraced existing activities such as blood screening, epidemiological surveys, education campaigns and the supply of condoms.

The department's director of medical services, Dr Buks Lombard, said the Aids advisory centres would be set up in Cape Town, Durban, Port Elizabeth and Bloemfontein. Johannesburg already has an Aids Training and Information Centre.

Dr Lombard said that although the centres would be financially subsidised by the department, they would fall under the jurisdiction of local authorities.



A sangoma gives a dance.

## Sangomas fight Aids

ABOUT 300 traditional healers from a number of Southern African states attended an Aids conference organised by the South African Institute for Medical Research in Johannesburg at the weekend. (92)

According to an expert on the disease, Professor Ruben Sher, the aim of the convention was to convey all the facts about Aids and to make sangomas aware of their role in the fight against the virus.

"Through them, we hope to reach a large section of the population which might not be aware of the dangers posed by promiscuity," Prof Sher said.

The SAIMR personnel expressed pleasure at the attendance.

The president of the SA Traditional Healers Council, Dr Chief Zungu, told the audience that time was ripe for orthodox and traditional medicine to come together in the fight against Aids.

Sowetan 17/4/89



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... study on disease proposed

B/Dum 17/4/89 (92)

# Sangomas and doctors meet on AIDS issue

DIANNA GAMES

SA'S traditional healers are looking at setting up a Pan Africanist Traditional Healers' association to deal specifically with the issue of AIDS in their communities.

This was revealed at the weekend by SA Traditional Healers Council president Horatio Zungu at a conference for traditional healers (sangomas), hosted by the SA Institute of Medical Research in Johannesburg.

Zungu said sangomas had not yet treated anyone positively diagnosed as having AIDS, but they were being alerted to the symptoms for possible referral to orthodox doctors.

## Referred

It was hoped the weekend conference would foster co-operation between the traditional and orthodox doctors at the institute.

Prof Ruben Sher, head of the institute's AIDS information and training centre, said the traditional healer was likely to be the first person to come across an AIDS case in the black community, but suspected AIDS cases had to be referred to the institute for definitive diagnosis.

Religious and political beliefs and traditional norms had to be considered in advising the community, he said. Where people refused to use

condoms, alternative approaches would have to be looked at.

Zungu said healers would be prepared to advise people to use condoms even where there might be resistance to it.

He said many healers believed a cure for AIDS would be found in Africa, possibly from traditional medicine. Sher said the institute was prepared to test such cures.

Meanwhile, John Groenewald, a spokesman for government's proposed new AIDS awareness campaign to be launched later this year, said the new campaign would take into account areas where the last had failed, particularly in black areas.

He said a new brochure on AIDS had been sent to homelands' health departments for approval.

□ Sapa reports that Natal doctors are fighting an uphill battle to keep control over black AIDS patients as the disease continues to spread in the black heterosexual community at an alarming rate. "The doubling time for Aids in young blacks in this country is now six months," said National AIDS Advisory Group member Professor Dennis Pudifin.

... eastern Kavango.

# Sangomas to join fight against Aids

92

Own Correspondent

92 17/4/89

JOHANNESBURG. — The traditional healers of SA are looking at setting up a Pan Africanist Traditional Healers' Association to deal specifically with the issue of Aids in the communities in which they serve.

This was disclosed at the weekend by the president of the SA Traditional Healers' Council, Mr Horatio Zungu, speaking at a conference for traditional healers (sangomas) hosted by the SA Institute of Medical Research in Johannesburg.

Mr Zungu said the sangomas had not yet treated anyone that had been positively diagnosed as having Aids, but they were being alerted to the symptoms for possible referral to orthodox doctors.

8-2-18/4/89

# Rules for doctors on treatment of Aids cases

92

The South African Medical and Dental Council has drawn up ethical guidelines for doctors on the treatment of Aids patients.

The guidelines, which are subject to revision, address issues such as confidentiality, a doctor's refusal to treat an Aids sufferer and the duties of a doctor who is himself infected with Aids.

The guidelines state that private practitioners are under no obligation to treat Aids patients, but doctors employed by the State may not refuse.

However, the SAMDC said it expected all doctors to extend to Aids patients the same high standards of medical care offered to any other patients.

The SAMDC said doctors may not test a patient for Aids without the patient's consent.

However, when it came to testing a child for Aids the issue was more complicated. The council pointed out that a parent, who was normally required to give consent for testing, might refuse if the parent was afraid of exposure.

"If the child himself is not able to give consent, then it would not be unethical for the doctor to perform such a test without parental consent."

Doctors who discover their patients have Aids have a duty to discuss the issue with the patient.



GERALD REILLY

PRETORIA — The rising incidence of AIDS would soon have major financial implications for insurance companies and medical aid schemes. Unisa law professor S A S Strauss said here at the weekend.

Speaking at an AIDS seminar, he warned the insurance industry had never been faced with the uncertainties posed by AIDS.

Insurers could become selective and insist on strict testing to determine insurability and to set appropriate premium rates. There was a need, he said, for insurers to "pool" information on people with AIDS.

Strauss also warned that people with AIDS who transmitted the disease through sexual contact could incur civil as well as

Prof warns AIDS will hit insurance firms

criminal liability. On employment, Strauss said it was highly unlikely a court would uphold the right of an employer to fire an employee merely on the grounds that he was diagnosed as suffering from an incurable disease which could not be communicated to fellow employees in the work situation. However, a very real concern for AIDS patients was the discrimination and fear within medical facilities themselves.

In SA there was no absolute duty on the part of hospital authorities, state or private, to admit patients

Ris commi...

# SANGOMAS CAN HELP AIDS VICTIMS, SAYS SHER

By PK DEVEREAUX

Weekend Argus Correspondent

JOHANNESBURG. — Spearheading a fresh campaign to educate South Africans on the killer disease, Aids, is the man who has been dubbed the 'prophet of monogamy' — Professor Ruben Sher.

There can be few people world-wide who have so dedicated their lives to fighting the

scourge of Acquired Immune Deficiency Syndrome (Aids).

Heading the Aids Training and Information Centre at the Institute for Medical Research, Professor Sher addressed a recent convention to give the true facts about Aids to about 300 sangomas (traditional witchdoctors) whom he believes are a major conduit to creating awareness of the disease in the black population.

Emphasising the need to educate South Africans not to treat Aids sufferers as outcasts of society like lepers, Dr Sher said: "Sangomas have played an important role in Africa as the custodians of the health of black people for centuries. They are the health care workers and have a lot of influence in the community".

He added that the sangoma, as a respected community

member, could be most capable when dealing with the psychological problems of a black Aids patient — who has been dealt, in fact, the death sentence.

"Another reason we approached sangomas on Aids is because they are more likely to be the first to see Aids sufferers in the rural areas, and they must be able to recognise the symptoms," he said.

Not entirely dismissive of the idea that traditional healers could come up with a cure he said: "So far there is no cure in sight in America or Europe, who are way ahead of us. Even the most optimistic see a cure as at least 10 years away. Only sexual abstinence, cautious sexual practices, such as establishing a partner's track record and using condoms, or monogamy will prevent the spread of

the disease".

However, the 60-year-old twice-married professor added with a twinkle in his eye: "Man is not and never has been monogamous. We are fighting a biological urge."

According to Johannesburg-born Dr Sher, who sees his role as educative, there are at present in South Africa 200 people, mainly white, who have Aids.



# '60% of Aids cases died'

APR 1989 19/4/89 Political Staff

0 92

OVER 60% of the 209 identified cases of Aids in South Africa had already died by March 6 this year, Mr Sam Bloomberg (NP Bezuidenhout) said yesterday.

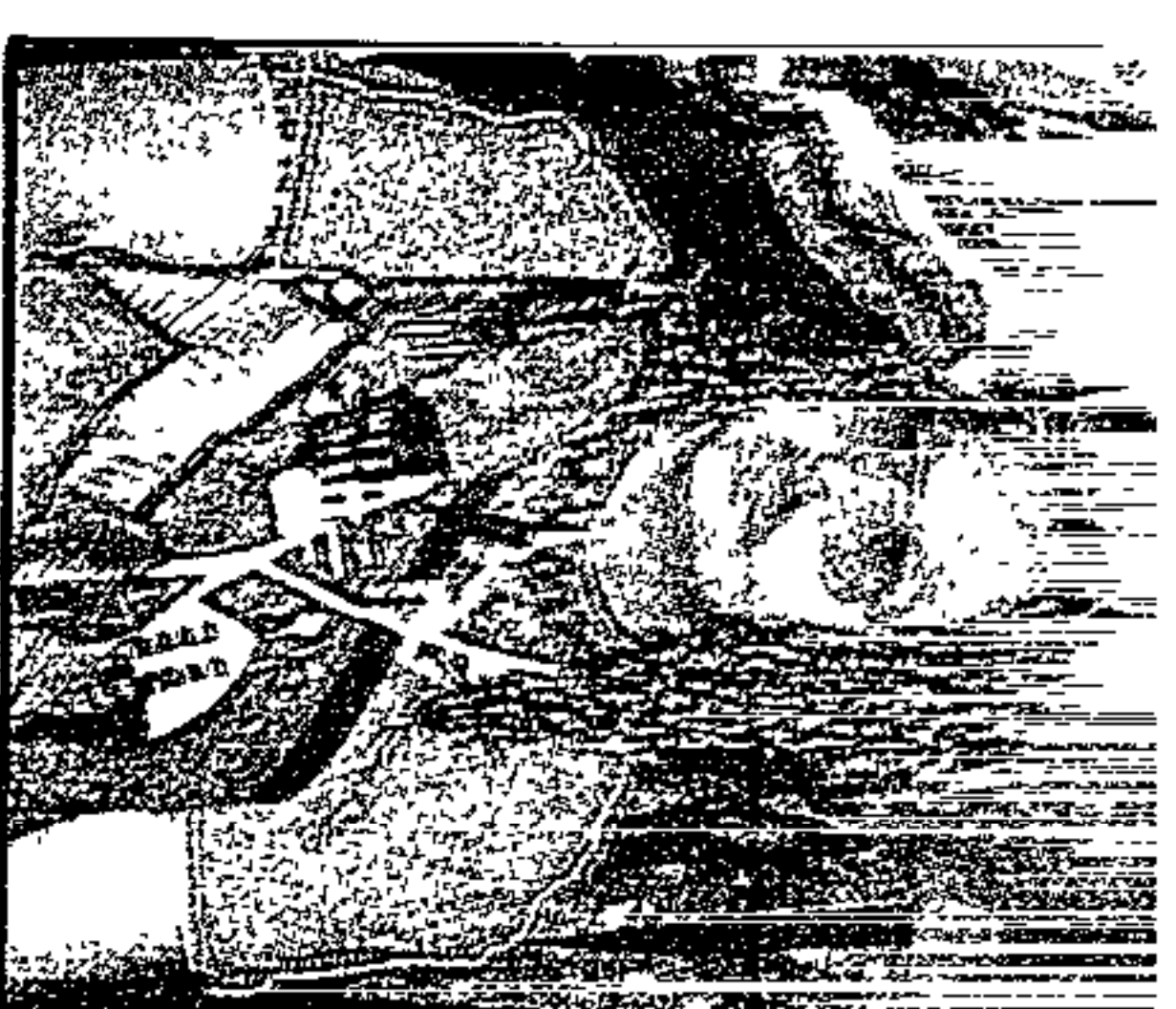
However TB — with 60 000 new cases diagnosed last year and 2 261 deaths registered — was at present "a far greater problem" in SA.

Mr Bloomberg said that of the 209 Aids cases, 26 originally came from other African countries, 26 cases had been heterosexually transmitted, 10 were from transfusions, and 133 cases involved white homosexual or bisexual men.



# Nobel Prize for Tribal healers?

92  
23/04/81



Piet van Zyl, the white sangoma from Welkom.

**By SOPHIE TEMA**  
**TRADITIONAL healers could be awarded the Nobel Prize if they find a cure for Aids.**

This week about 300 sangomas and inyangas challenged the medical fraternity to allow them to try their "medical treatment" on Aids carriers.

At a one-day convention held at the South African Institute of Medical Research (SAIMR) in Johannesburg, traditional healers resolved to use their herbs and roots on Aids sufferers if such patients were referred to them by medical doctors.

Piet van Zyl, a white sangoma from Welkom in the Free State, said whites should be educated to reckon with the power of the traditional healer.

Van Zyl said he had been treating a carrier of the Aids virus, HIV, at a hospital in Bloemfontein but the patient died after the hospital authorities stopped him from treating him in their wards.

Van Zyl said he then started looking for another Aids patient to use as a "guinea pig" and had written to actress Elizabeth Taylor asking for her help in finding an Aids patient in the United States.

"But Taylor said she couldn't help. She advised me to find a patient in my own country," he said.

"Now I want to suggest that we find our own patients, heal them and then take them to the SAIMR."

The healers at the seminar decided unanimously that the SAIMR should make their decision known throughout the world and that they would work towards finding a cure for the disease.

The sangomas said they were against presenting their herbs, roots and muti to the SAIMR for scientific tests. Instead, they called on doctors to refer to them patients who had been positively identified as Aids carriers.



A flurry of feathery dancing provides a little light relief during the convention.

## Malawi sangoma claims to have cured Aids

The healers - who came from South Africa, Malawi, Zimbabwe, Namibia, Central Africa and Lesotho - took this decision after hearing an overview of the killer disease by Professor Ruben Sher, the Head of Virology at the SAIMR.

"The aim of the convention was to convey all the facts about Aids and make the sangomas aware of their important role in the fight against the killer virus, which does not respect race, colour or creed," said Sher.

"Through the sangomas we hope to reach a large section of the population which might otherwise not be aware of the dangers posed by promiscuity and

homosexuality, and also the preventative techniques available.

"A lot of myths and half-truths surrounding Aids were dispelled at the convention.

"Particularly gratifying was the number of South African Traditional Healers Council (SATHC) members who attended."

Horatius Zungu, president of the SATHC, said every healer who believed he or she had a herb or root that could help cure the disease should approach the president of their branch to have the "muti" scientifically tested.

The sangomas said Aids, better known in Zulu as "Ngculaze" and in Malawi as

"Magawagawa", was not new and could be healed by sharing ideas with medical doctors.

Traditional healer Grant William Chipangula, from Malawi, showed delegates two documents and said they belonged to two people who had been positively identified as HIV carriers by the SAIMR.

"They were kept under close observation while I treated them and now I can tell you that they have both recovered well."

With Chipangula as his assistant, Taombe Phiri, who said in an interview that he had already healed more than fifteen victims in Khutsong, Carletonville and Potchef-

stroom.

Phiri said he had healed his patients with muti made from 23 different roots and herbs - all found in Malawi.

Chipangula claims to have healed several patients who were referred to him by hospital authorities in Malawi.

"Chipangula could be the most famous man in the world if his muti is a cure for the disease and if I can establish visible proof that his muti works during tests in my laboratory - which include tests on a voluntary Aids patient. I will nominate Chipangula for a Nobel Prize even if his muti can only retard the virus," said Sher.

"The convention is over but the debate continues as delegates gather to discuss the role of traditional medicine in the fight against Aids.



The convention is over but the debate continues as delegates gather to discuss the role of traditional medicine in the fight against Aids.

● PICS: EVANS MBOWENI



# Refusal to treat Aids 'probably not actionable'

Pretoria Correspondent *2/1/87*  
Aids patients who are refused admission to South African hospitals would probably not succeed in taking legal action against a hospital.

This was said by Professor S A Strauss of the Law Department of Unisa during a seminar on Aids on Saturday.

Professor Strauss said State and private hospitals had no obligation to admit patients.

Except in emergency cases, where life-saving action had to be taken immediately, a refusal by a hospital superintendent to admit a patient could be attacked in a court of law only on grounds such as bias, gross irregularity or capriciousness.

Usually, if a patient was refused health care on grossly unreasonable grounds and it could be proved that his life would have been saved had he been

treated in hospital, his dependants would be able to sue, Professor Strauss said.

However, in the case of Aids, it would be difficult to prove that hospitalisation would have saved or prolonged life.

Professor Strauss also said the fact that a health worker had a particular illness did not mean he should stop work.

Effective measures to prevent infection could be taken.

But a health worker could expose himself to civil action if he failed to take these steps. **92**

The health worker's employer could also be held responsible for his employee's negligence. Employers should therefore ensure that health workers were fully aware of their responsibility to reduce the risk of infection of patients to an absolute minimum and should supply the necessary protective equipment.

## BUSINESS

SANLAM has launched a campaign urging employers to develop workplace strategies to deal with AIDS — and will encourage companies to involve trade unions in the process.

The life insurer is raising the issue because of the effect AIDS (Acquired Immune Deficiency Syndrome) could

have on the cost of employee benefits, particularly death and disability benefits. These "insured benefits" are usually administered as part of company pension or provident funds.

"There is no doubt AIDS will increase the costs of employee benefit programmes," says Dave Geary, Sanlam's group benefits senior marketing manager. "We hope, however, that the campaign will not only limit possible cost increases but also the spread of the disease.

"We believe that with current treatment being only palliative and the chance of a cure in the short term being remote, it is imperative that companies develop a coherent AIDS management policy."

Geary estimates the cost of group life cover could increase by 50 to 100 percent over the next few years.

So, for example, a company currently paying three percent of a R10,4-million salary roll towards death and disability benefits could see a R156 000 increase in its benefit payments.

The increase for individual companies would depend on the composition of the workforce.

In addition to the increased cost of death and disability benefits, employers could also face higher medical and

# Time companies decided on AIDS policy, warns Sanlam

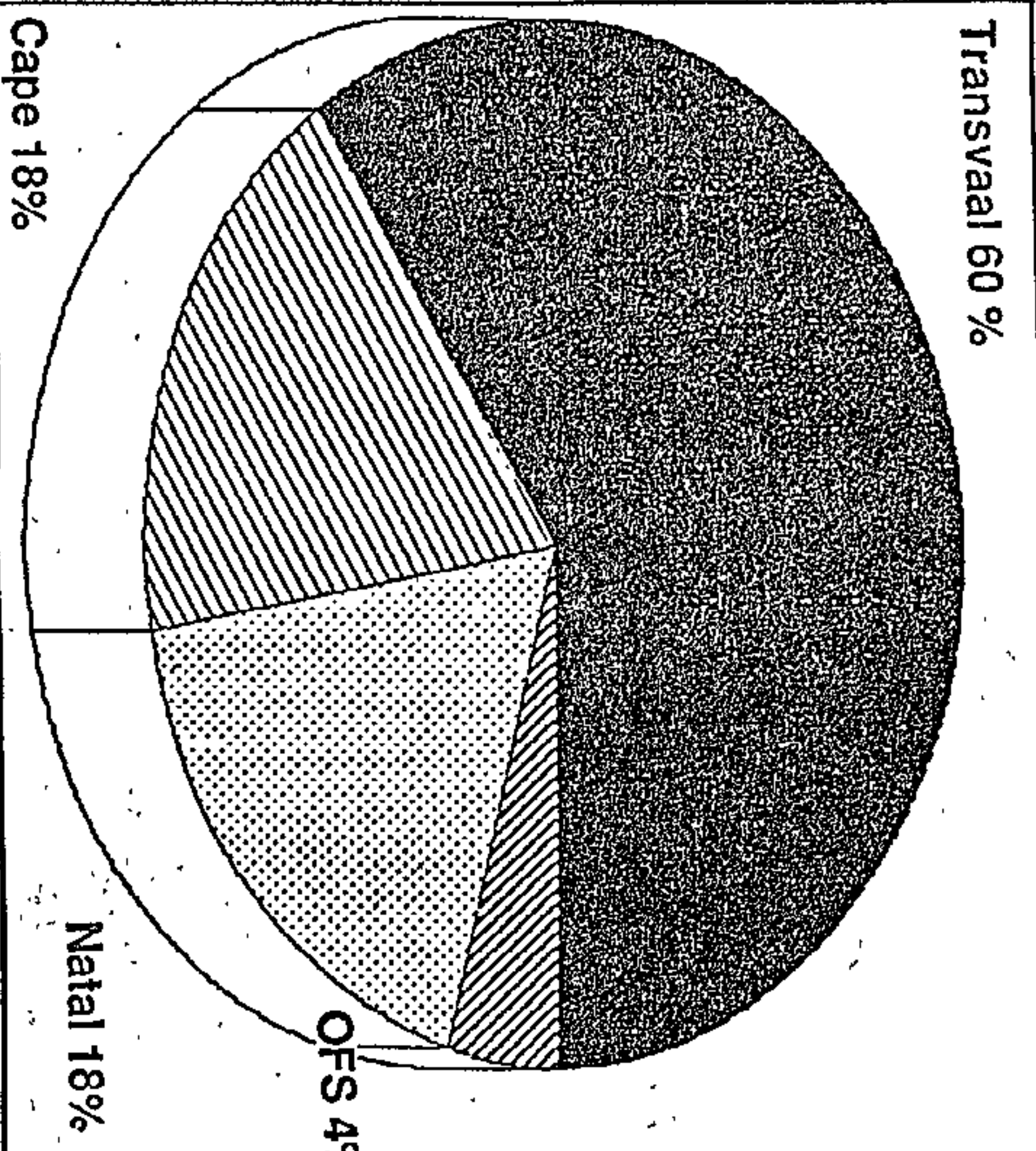
**AIDS deaths could put up the cost of employee benefits unless employers and unions agree on a general strategy, reports HILARY JOFFE**

**absenteeism costs.**

Geary says in group benefit schemes there is little scope for measures such as stricter medical selection, blood tests or exclusion clauses to keep the cost of assurance down. Employers have a moral and/or contractual obligation to provide death and disability benefits to all employees.

Group assurance rates are not guaranteed for longer than a year or two, and assurance companies will therefore increase premiums if the mortality rates go up as a result of AIDS. Sanlam has developed a costing model which enables funds to examine the cost implications of AIDS on a best/worse scenario basis, Geary says.

Sanlam, which is in contact with hundreds of employers through the provident and pension funds it underwrites, is inviting representatives of company funds, trade unions and employer organisations to a series of AIDS workshops.



**Most of South Africa's Aids victims come from the Transvaal**

Graph: SANLAM

If recommends that a specific AIDS task force be set up by a company, which should include trade union representatives and should be responsible for formulating company policy. Apart from the moral responsibility, Geary argues that it is in both em-

ployers' and trade unions' financial interests to develop preventative strategies. Employers face rising costs. And for trade unions, if employers have to pay more towards "insured benefits" there will be less room to win wage concessions.

One of the most important aspects of a workplace strategy will be to implement educational programmes. This will not be easy, says Geary. "Research has shown that blacks and whites have significantly different perceptions of the disease and any educational programme must take cognisance of this."

According to figures cited by Sanlam, by March this year there were 183 known cases of AIDS in South Africa. This year there have been seven AIDS deaths and 15 new cases reported: last year there were 41 AIDS deaths and 84 new cases.

A high proportion of AIDS cases have been reported among people aged between 20 and 49. Geary points out that 98 of the 121 cases the age of the sufferer is known fall into this category, so that the disease mainly affects people in their most productive working years.

National Union of Metalworkers' (Numsa) organiser Geoff Schreiner said he supported the principle of companies negotiating policies on AIDS with unions.

"AIDS is not an issue which can be tackled unilaterally by employers — but neither can it be tackled by one financial institution. Tackling the problem requires a process of wide consultation and negotiation," he said.

92



NEWS

# 'Prophet of monogamy' fights killer Aids with education



**SPEARHEADING** a fresh campaign to educate South Africans on the killer disease Aids is the "prophet of monogamy".

There can be few people worldwide who have so dedicated their lives to fighting the scourge of Acquired Immune Deficiency Syndrome as Professor Ruben Sher, the head of the Aids Training and Information Centre at the SA Institute for Medical Research.

He addressed a recent convention to give the facts about Aids to about 300 sangomas (traditional healers) who he believes are a major conduit to creating awareness of the disease.

Emphasising the need to educate South Africans not to treat Aids sufferers as outcasts of society, Dr Sher said: "Sangomas have played an important role in

Africa as the custodians of the health of black people for centuries. They are the health care workers and have a lot of influence in the community.

"Another reason we approached sangomas on Aids is because they are more likely to be the first to see Aids sufferers in the rural areas and they must be able to recognise the symptoms," he said.

Not entirely dismissive of the idea that traditional healers could come up with a cure, he said: "So far there is no cure in sight in America or Europe who are way ahead of us — even the most optimistic see a cure as at least 10 years away.

"Only sexual abstinence, cautious sexual practices, such as establishing a partner's track record and using condoms, or monogamy

## Personality

Star 29 April 1989

**RUBEN SHER**  
Interviewed by  
**PAT DEVEREAUX**

will prevent the spread of the disease."

The 60-year-old twice-married professor added with a twinkle in his eye: "Man is not, and never has been, monogamous. We are fighting a biological urge." He paused to reflect: "Aids has done for mo-

reality what the pulpit never could."

After schooling at Johannesburg's Mayfair Primary and Forest High School, the young Ruben Sher began to show keen interest in medicine after working at a pharmacy. However the war in Israel began and what he now terms his "fanatical Zionism" led him to do a two-year stint as a pilot.

On his return he enrolled in medicine at the University of the Witwatersrand. He married soon after graduating and fathered four children. While working as general practitioner, he worked as a part-time medical officer at the institute where he then began to work full-time on infectious diseases, later focussing on immunology and obtaining a diploma in tropical medicine in 1985.

"I began my research in Aids

after a visit to the Centre for Disease Control in Atlanta, America, as I realised the disease could catch on here," he said.

Less than a month after he had set up his research project the first Aids case was diagnosed in Johannesburg.

"We in the medical fraternity believe the disease is new. Studies on blood serum samples obtained from mineworkers which had been stored since 1970 showed no traces of the disease." He added: "It's not important where Aids came from. It is where it's going to that is important.

"What is needed now is to satisfy the great demand for education and knowledge about the disease," said the man responsible for setting up Johannesburg's Aids Training and Information Centre.

## 226 AIDS cases in SA

Bl. D. ...  
3/17/89

DIANNA GAMES

92

SA HAD recorded 226 cases of AIDS as at the middle of April, the Advisory Group on AIDS said.

Of the 200 cases that were South Africans, only 85 were still alive, it added.

The majority of these cases were from the Transvaal (120), 37 in Natal, 33 in the Cape and 10 in the Free State. Of 108 cases in Johannesburg, only 46 were still alive, the group said.

Of the 200 cases, 51 fell into the 30-39 age bracket, 32 into the 20-29 bracket, 23 into the 40-49 bracket, six in the age group up to nine years old and 60-69 bracket and three in the 10-19 bracket. However, 69 cases fell into unknown age brackets.

Of the non-South African cases found in SA, the majority were heterosexual and male.

Ten were from Malawi, eight from Zambia, two from Holland and one each from Zaire, Haiti, Canada, Brazil, Kenya and Austria. Of the 26, nine have died.

# Aids dead linked to Cape sex ring

CAPE TOWN — Two men who died of Aids have been linked by the police to the sex ring that was uncovered in the Cape Peninsula late last month.

A total of 25 children between the ages of 12 and 17 are allegedly involved.

One of the 13 men already arrested by the police has an estimated 300 counts of sexual abuse against him.

A police liaison officer in Pretoria, Lieutenant Robbie Olivier, said that a 41-year-old white

man, who died on October 24 last year in the Somerset Hospital in Green Point, was positively identified in affidavits obtained by the police in April, as an alleged member of the sex network exposed by the Child Protection Unit.

Before his death he allegedly had sexual contact on several occasions with several persons, especially young boys, within a sex network.

"Should the police be, or be come aware, that the person has

had sexual contact with any members of the sex circle or network and such member is or was, without any doubt, an Aids carrier, the police will inform such person and will emphasise the urgency of medical tests," Lieutenant Olivier said.

But, he added: "It cannot be confirmed that any of the boys have been tested for Aids, either on their own initiative or as a result of having been advised to do so by the police," Lieutenant Olivier said. — Sapa.

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STW 01/1/87



# Virus victims 'prone to TB'

CAPE TOWN 5/15/89  
92

GENEVA. — The World Health Organisation has issued a warning that many countries, particularly in the Third World, will face growing health-care problems because the estimated five million people infected with the Aids virus are highly prone to infectious pulmonary tuberculosis.

About eight to 10 million people in the Third World develop clinical TB and three million die each year of the disease, though it is curable, said a WHO statement. It said about half the close contacts of an infectious TB patient will become infected themselves.

The WHO said about 30 to 60% of adults in developing countries are infected with the tubercle bacillus. The bacillus is transmitted by air through the coughing of patients.

This bacillus is "more infectious than other infections associated with Aids and is therefore of additional concern to the general population", said the five-page "statement on Aids and Tuberculosis".

The statement said people with both infections have an increased risk of developing clinical TB and further transmitting the tubercle bacillus. — Sapa-AP

# African nations fail to report new Aids cases

Star 10/5/79 92

The Star's Foreign News Service  
GENEVA — World Health Organisation (WHO) officials are worrying that failure by African countries, including South Africa, to send in updated reports on Aids may give the public a wrong impression about the real spread of the disease.

"Our monthly statistical reports do not show the true picture because only the advanced nations send us regular new situation accountings," one executive explained.

The WHO global Aids tabulation for April 30 showed a world total by that date of 151 790 known cases cumulative since the disease first appeared in 1979.

## SA LAGGING

The figure represented an increase of 5 221 cases or 3,56 percent during April.

"But the increase was certainly much higher and the world total is at least twice as high," the WHO official said.

"We simply are not getting sufficiently regular or complete reports

from many parts of the world and especially from Africa," he said.

The US's latest report to WHO's Aids Centre was dated on April 13. It showed a rise during the previous month of 2 845 cases to a total 89 501 or 59 percent of the world total. The US increase was also more than half the new reported cases.

But that was all but meaningless in view of the age of most of the reports from the badly affected African nations.

South Africa was also behind in its reporting to WHO, with its 195 cases dating back to January 17.

Burundi's 1 408 cases dated back to June 30 last year. Tanzania last reported on December 31 with 4 158 cases. The 5 998 cases in Uganda were reported to WHO on October 31. Zambia last reported on December 31 (1 296) and Zimbabwe was an entire year behind, with its 119 cases reported on April 30 1988.

Kenya's 2 732 cases were at June 30 last year and Malawi's 2 586 cases were reported on the same date.

"This means that the tabulation gives at best a distorted picture of the real situation," a WHO official said.

# NEWS

## Link to child sex rings in city

By PATRICK COLLINGS  
A Cape Times exclusive

A MAN linked by police to a city child sex ring has died of Aids — with his young victims now facing the possibility of having contracted the fatal disease.

The dead man was one of 15 alleged

molesters who swopped at least 25 boys, aged between 12 and 17, among themselves.

Police have been investigating the ring — the largest uncovered in South Africa — for two months and have arrested 13 members since late March.

Two people connected with the ring, including the Aids victim, died before the police began their investigations.

Most of the alleged offenders have already appeared in court but have not yet been asked to plead.

The 41-year-old Sea Point Aids victim, who died in Somerset Hospital in October last year, was positively identified in affidavits as a member of the sex network which operated throughout the Peninsula.

The death certificate revealed that he was a Mr Johannes Kivijs.

Mr Kivijs died of pneumonia with the contributing cause of death being listed as disorders involving the body's immune mechanism.

According to police, Mr Kivijs had also had sex with people in the ring.

"Before his death the deceased had allegedly had sexual contact on several occasions with several persons, especially young boys, within the sex network," police said.

He lived in a luxury block of flats along the Sea Point beachfront. Neighbours told the Cape Times last night that he was not married and worked in the motor industry. Nothing further about his background could be ascertained.

Police said the boys were swopped among the ring's members, who subjected the youngsters to sodomy, indecent assault and indecent acts.

Cape Town's Medical Officer of Health, Dr Michael Popkiss, last night said his department would inform those who had been in contact with the ring of their possible infection.

### Sex network

"The police are best suited to inform possible victims of the risks as they knew who the people were and would be able to track them down," Dr Popkiss said.

Police confirmed that it was their usual practice to inform victims and members of a sex network. A member of the network was an Aids carrier.

But by late last night it was not known how many of the child victims had been alerted and tested for the Aids virus.

A member of the medical fraternity yesterday said the tracing of people who had come into contact with Aids victims was a matter to be taken up by the Department of National Health and Population Development.

The Minister of Health, Dr Willie van Niekerk, could not be reached for comment last night.

One Time  
10/5/89  
92



1965 10/5/87 (90)

## Child-sex ring — urgent talks

(Contd from page 1)

the police because they know the names of the contacts.

"We can't get in the middle of the process of justice either. Thirteen men are being prosecuted in Cape Town.

"Once the police feel safe in their prosecution and that their witnesses will be available, the medical aspect becomes paramount.

"Those people could be infected and infecting others.

"They should be approached and counselled by people trained in psychology, medicine and social work. They should be advised to be tested and to change their behaviour."

Dr Spracklen said sexually transmitted diseases should always be raised and excluded in cases of sexual abuse or rape.

He called for the Aids Foundation to be used as a co-ordinating body in tracing contacts, which should be done in conjunction with an education campaign.

## Gold \$377,90

GOLD opened at \$377,90 an ounce in London today, against \$377,65 at the New York close last night. The US dollar opened at 134,42 yen in Tokyo, against yesterday's 135 close.  
— Business Staff.

● See page 15.

## Killer to die in chair

GREENWOOD (South Carolina). — James Wilson, who killed two children and wounded nine other people in a shooting rampage at a school here in September last year, has been sentenced to die in the electric chair. — Sapa-AP.

# Sex ring Urgent tal

92  
RBUS 10/5/89

By KAREN STANDER and  
HENRI DU PLESSIS  
Staff Reporters

A SENIOR official in the Department of National Health in Pretoria is holding urgent talks today with Cape Town medical officer of health Dr Michael Popkiss on a strategy for tracing the contacts of a member of a child-sex ring who died of Aids.

Minister of National Health Dr Willie van Niekerk today expressed concern about the possible infection of people involved in the sex ring.

He said Dr JH Lombard, director of medical services, would hold talks with Dr Popkiss today "regarding the tracing of possible contacts of the person who died of Aids".

Professor J Metz, chairman of the national Aids advisory group, had also been asked to make urgent recommendations "regarding this and similar cases".

## Second man

Police confirmed today that a second man involved in the child-sex ring died last year, but said they could not identify him or confirm whether he had died of Aids.

This was disclosed after a shock discovery that a man who died in Somerset Hospital during October last year, 41-year-old Mr Johannes Kivitz of Sea Point, might have had the deadly disease.

Police are trying to get in touch with everyone who may have been involved in the sex ring to inform them of the possibility that they could have Aids.

A spokesman in Pretoria said police appealed to everyone who might have been involved to have a medical check.

"We cannot force a person to have Aids tests — all we can do is suggest to a person we suspect could have had sexual contacts with a victim that he should go for a check," the

spokesman said.

Mr Kivitz was positively identified in affidavits obtained by the officers investigating the activities in the child-sex ring, the spokesman said.

Reports about the second man were unconfirmed, however, and police could not say whether he had died from Aids.

## Network

"A 41-year-old man who died on October 24 in Somerset Hospital was positively identified in affidavits obtained by police in April as an alleged member of the sex network exposed by the Child Protection Unit in the Cape Peninsula recently," the spokesman said.

"Before his death, he allegedly had sexual contact on several occasions with several persons — especially young boys — within the sex network.

"The deceased was never interviewed by police prior to his death and the police cannot verify the cause of the deceased's death.

Dr Frank Spracklen, a member of the national Aids advisory group, said it was part of the normal counselling procedure of those who tested positive for the Aids antibodies to advise them to tell their sexual partners and for these people to be counselled and tested.

With the permission of the Aids victim, the medical doctor, dentist and health care workers in contact with the infected person should also be informed.

Those involved with the child-sex ring should be handled with extreme sensitivity, said Dr Spracklen.

"This has never happened before and we have no previous guidelines to handle this situation. It will have to begin with

(Turn to page 3, col 1)

INSIDE: Weather

# NETS IN CITY CRISIS!



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# Cape Times

Carfinder Inside

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THURSDAY, MAY 11, 1989

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# Alert out for child Aids victims

By PATRICK COLLINGS and CHRIS BATEMAN

POLICE were late last night still tracing victims and members of the city child sex ring who have been exposed to the deadly Aids virus which claimed the life of an alleged child molester.

City detectives, describing the matter as sensitive and delicate, refused to give the number of people contacted or whether they had undergone medical tests.

Yesterday it was apparent that city and health department officials had been caught unawares by the Aids crisis after the Cape Times revealed in an exclusive report that a member of the country's largest sex ring, Mr Johannes Kivits, 41, had died of Aids last October.

As the implications of the shock finding that hundreds of Capetonians have been exposed to the Aids virus escalated, it emerged that no formal structure in Cape Town existed to inform the hundreds who may have been exposed to the deadly virus.

The Minister of National Health and Population Development, Dr Willie van Niekerk, has already instructed a top official in his department to stay in daily contact with Cape Town's Medical Officer of Health, Dr Michael Popkiss, over the affair.

Dr Van Niekerk said the responsibility for tracing those who may have come into contact with the deadly virus rested with the local authority.

However, Dr Popkiss — who yesterday discussed the debacle with Dr Lombard — told the Cape Times that the department was not going to trace other possible victims but would assist police in counselling known victims and members of the sex ring.

"You cannot get a list out of thin air," he said, adding that it was virtually impossible to get the names of victims outside the sex ring.

Detectives of the Child Protection Unit were "a specially trained group of policemen perfectly competent" to approach victims and members of the sex ring about the possibility of having contracted Aids,

he said.

He admitted that Cape Town was not properly geared to combat the Aids threat but hoped the introduction of the city's new R250 000 Aids Training, Information and Counselling Centre in July would help solve the problem.

Medical experts warned that anyone who had come into sexual contact with someone linked to the ring could have contracted the Aids virus.

Police have arrested 13 men — who are alleged to have swopped at least 25 boys among themselves — since the end of March. Two men connected to the ring, including the Aids victim, died before police began their investigations.

Dr Frank Spracklen, a member of the Aids advisory group, said last night that he strongly favoured a privately-founded Aids foundation which would form a link between health authorities and the sensitive tracing of victims.

"This is very difficult in an official or hospital

setting where the patient feels very threatened," he said.

Dr Spracklen said Aids patients were extremely reserved in naming their sexual contacts which made tracing very difficult unless handled with extreme sensitivity.

"I've said it before — an Aids victim is often more scared of his sex partners getting to know of his disease than of death itself," he said.

Last night the task of notifying victims and members of the sex ring that they had come into contact with the Aids virus was still entrusted to detectives from the Child Protection Unit.

Our political staff reports that the DP's health spokesman, Mr Pat Poovalingham, reacted to the crisis by calling for severe deterrent action against offenders.

He added that the fact that innocent youngsters subjected to the physical assault were further being exposed to Aids was "horrendous in the extreme".



# City Aids Search

AR 645 11/5/89

(92)

## Witnesses

By KAREN STANDER, Medical Reporter  
and CRAIG KOTZE, Argus Correspondent

THE SEARCH for victims and sexual partners of the Cape Town child molester who apparently died of Aids has been extended to the Reef.

The man who police linked to a child sex ring was 41-year-old Mr Johannes Kivitz of Sea Point, who died of Aids-related pneumonia in Somerset Hospital in October.

Police have appealed to anyone on the Reef who may have had contact with Mr Kivitz to contact them immediately. They have been urged to go for an Aids test.

In Cape Town the Minister of National Health, Dr Willie van Niekerk, who has expressed concern about the case, disclosed today health workers had only been told this week that a man who died of Aids seven months ago was suspected of being involved in the sexual abuse of children.

### Responsibility

Dr van Niekerk said the clinical information about Mr Kivitz had been incorporated into a central anonymous register of Aids cases.

"The responsibility for any action to be taken, for example counselling, would rest with the practitioner or authority taking the blood for testing."

Health officials were told on Monday that Mr Kivitz was suspected of being involved in sexual abuse.

Dr van Niekerk disclosed for the first time that some of the exposed contacts of the child-sex ring had already been referred to clinics for counselling. Aids tests would be offered to them.

Police said yesterday a second man involved in the ring had died last year. He had not been identified and it could not be confirmed whether he had died of Aids.

Lieutenant Denise Benson said three people who had had contact with Mr Kivitz had contacted police in the city.

### Younger

The three were just over 18 but had had contact with Aids victims at a younger age.

"Anyone from Johannesburg who may have had contact with Mr Kivitz is also asked to contact us urgently and to go for an Aids test."

Dr van Niekerk said the Director of Medical Services, Dr J Lombard, had yesterday met Cape Town Medical Officer of Health Dr Michael Popkiss to discuss the tracing of the possible contacts of the Aids victim.

A police spokesman said steps had been taken to trace those who had been identified by detectives as having had contact with Mr Kivitz.

"We are trying as a matter of urgency to trace these people and inform them that a person with whom they may have had contact has died, apparently of Aids."

Not only the victims of the sex ring were at risk. Mr Kivitz had also had sex with the other alleged child molesters in the ring.

But police could not force the suspected victims to go for Aids tests.

It was not yet known if any of the other alleged offenders had contracted Aids. Police were investigating 300 charges against one of the suspects as part of a case load involving at least 25 cases.



# City Aids Search

AKS 11/5/89

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## Widens

By KAREN STANDER, Medical Reporter  
and CRAIG KOITZE, Argus Correspondent

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# Sex ring HIV tests under way

92  
Cape Times 13/5/89

## Staff Reporters

ALL 11 known former child-sex contacts of Aids-death victim Mr Johannes Kivitz, 41, and the 13 men accused of being members of a sex ring have been contacted by the police child protection unit and urged to go for HIV testing.

According to Cape Town Medical Officer of Health, Dr Michael Popkiss, two teenagers had gone to the City Health Department for testing and counselling by late yesterday, while two more had made appointments for early next week.

The results of these first tests will be known by the middle of next week.

According to sources close to the completed police investigation, all 25 abused teenagers have agreed to undergo tests while lawyers for the accused men had undertaken to urge their clients to undergo tests "without prejudice".

The critical task now was to monitor and ensure that ring members fulfilled their undertakings so that

the process of Aids exclusion could begin, a source said.

A spokesman for Dr Willie van Niekerk, Minister of Health and Population Development, said that if any member of the group tested positive, the local health authority and his department would "immediately follow up".

Dr Popkiss said the last of the men known to be implicated in the controversy had been traced to Johannesburg. The man had contacted him by telephone to say he had been tested twice since Mr Kivitz died. Both tests had proved "negative".

Police spokesman Lt Attie Laubscher said this man had agreed to undergo a further test.

Dr Popkiss said several of the ring members were consulting private doctors but that "anyone can come to us with pleasure". He emphasised that all information would be treated with "extreme confidentiality".

Anyone wanting to make an appointment should phone 210 2184 or visit the Chapel Street Clinic in Woodstock.



May 12 1989

# SA <sup>5 Feb 12/57/89</sup>not lax about Aids, says Sher

## SA doesn't update its reports - Swiss official

By Toni Youngusband, Medical Reporter

South African Aids expert, Professor Ruben Sher, has angrily rejected claims that this country had failed to submit regularly updated Aids reports to the World Health Organisation (WHO).

According to a Swiss health official, the WHO is concerned that the failure by African countries, including South Africa, to send in updated reports on Aids might give the public the wrong impression about the real spread of the disease.

"Our monthly statistical reports do not show the true picture because only the advanced nations send us regular new situation countings," one WHO executive said.

He said South Africa was behind in its reporting with its 195 cases dating back to January 17.

Professor Sher, of the South African Institute of Medical Research, insisted that South Africa religiously updated its Aids reports to the WHO.

"There is always a slight delay in sending the figures because we only update them once a month but the moment our report is complete it is immediately sent off to the WHO," he said, adding that the latest South African report had already been sent.

In it, the Advisory Group on Aids disclosed that the number of cases reported in South Africa during the past seven years had risen to more than 220.

Professor Sher said South African Aids authorities had never had any official complaint from the WHO for not reporting Aids figures.

# Blacks targeted in new AIDS campaign

*B. Dawid* 15/7/84 (92)

## DIANNA GAMES

**THE PRE-PLANNING** for government's next AIDS campaign would take into account the communication problems caused by the cultural and traditional mores of black society, a campaign spokesman said.

Government has set aside more than R5m for AIDS this year, including an AIDS education campaign and information and training centres.

Government is apparently aware of the difficulties of educating people about a complex disease in a country containing a multiplicity of cultures.

Officials dealing with AIDS appear sensitive to criticism that a lack of proper consultation, particularly of representatives of the black community, could mean money is wasted.

The advertising agency in charge of the campaign — McCanns — said the last campaign met its objective of heightening AIDS awareness, and this year it would be looking more at factual, in-depth information.

## Suspicion

A survey showed last year's R3,2m campaign had increased awareness of both blacks and whites about how AIDS was spread. But 30% of black respondents remained suspicious of condoms.

Joh Groenewald, spokesman for the proposed campaign, said it would continue to promote the medical message about the use of condoms and behavioural changes, as they were the only effective ways of stopping the spread of AIDS.

Factors which militate against acceptance of the medical message on AIDS, particularly among uneducated or illiterate people, include:

- Suspicion related to the fact that it was whites who were dictating how people should behave;
- The complicated medical terminology and concepts involved in the explanation of AIDS and the HIV virus;
- The symptoms and cause of AIDS not being related to the sexual act or organs; and
- The long incubation — up to 10 years — from the time of infection, which further confused the link between sex and death.

Dawn Mokhobo, a Bophuthatswana

SA Institute of Medical Research's

PRO specialising in AIDS and a critic of the effectiveness of last year's awareness campaign, said the different strata of South African society often had different perceptions of sex, polygamy and marriage which had to be addressed meaningfully.

Government's last campaign was "very much a white campaign," she said. "I still don't believe enough is being done. We must act rather than waiting for shock statistics to persuade people."

Dr Brian Brink, of the Ernest Oppenheimer Hospital in Welkom, formerly co-ordinator of the Chamber of Mines AIDS programme, said: "Even with education, I don't think people really believe there's a problem."

The Chamber is drawing up a report on the effectiveness of its campaign so far, with a view to re-evaluating it. A spokesman said indications were that it had been successful in raising awareness, but its real effectiveness was still being looked at.

Brink said: "It's very easy to criticise education campaigns, but very difficult to do them. You are trying to sell concepts not known or understood by the target audience and thus are starting from a losing position."

Reducing the risk of all sexually transmitted diseases, which were known and understood by most people, would reduce the AIDS risk.

A return to family life was also crucial, and although the migrant labour system had been criticised for disrupting this it was too simple to blame it, as the disease was being swept down through Africa, he said.

Professor Ruben Sher, head of the SA Institute of Medical Research's

AIDS Information and Training Centre, believed there was progress in removing the educational stumbling block of cultural mores.

One of the most important was the SAMPR's work with traditional healers. Sher said these healers were usually the first to come into contact with AIDS cases, which made them an important link to medical science.

Two major problems in educating people were illiteracy and language barriers. AIDS had become a politicised disease in SA, with a community problem caused by black suspicion of the fact that white people were dictating the solutions.

"It's hard to say to people that, if they have sex with someone now, they may die from pneumonia in 10 years' time. I don't think anyone knows what the correct approach is."

## Targets

Sher believed women and children should be the main targets of education; women because of their role in society and children because it was still possible to influence their sexual behaviour.

Lymon Msibi, head of the African Skilled Herbalist Association, said the black community should be consulted on any AIDS campaign, as there were ways of spreading the message white people would not know.

Msibi said that when talking to people about AIDS, he would, for example, use "Iumbob," a witchdoctor's curse used on people for wrongdoings, including sexual indiscretion, which induced symptoms similar to AIDS — dementia and massive weight loss.

This would counteract ignorance on the part of people not sophisticated enough to understand medical science. He had spoken of this to medical doctors, who he felt had not taken him

seriously.

He did not believe promoting the use of condoms would be effective in the black community and education should rather aim at changing behaviour through fear.

Pip Erasmus, of the SA Traditional Healers' Council, said educational campaigns should look to addressing traditional or ancestral beliefs as a form of effective persuasion, even though most healers realised that they could not deal with the AIDS problem without modern science.

He said healers had an important role in helping curb AIDS. There were 80 000 healers in the Vaal Triangle alone. "Government could have given a lot more thought to its last campaign," Erasmus said.



# R50 000 backing for specialised Aids service <sup>11K665</sup> <sup>16/5/89</sup> 92

By SHARON SOROUR  
Tygerberg Bureau

AIDS was a threat to the life insurance industry and while there was no cure, educating the community remained the only effective means of curbing it, said Sanlam general manager Mr Desmond Smith.

Announcing a R50 000 sponsorship for a Planned Parenthood Association project to establish the Sanlam Aids Media Resource Centre, Mr Smith said:

"Aids is a real threat to the life insurance industry, and besides introducing measures to protect current and future policy-owners regarding

policy payments, Sanlam has launched a nationwide campaign to encourage and assist its corporate clients in developing a coherent management policy on Aids in the workplace."

The PPA Centre will publish new educational material on Aids prevention and maintain an extensive library which will be open to all. It will also collect and distribute literature on Aids issued by health authorities, business and large employers.

There was a need for factual information about Aids and scare tactics had the negative effect of leading to risk-taking behaviour, according to Mrs Erica Greathead, regional PPA director.

The public was misinformed about Aids and the average South African did not acknowledge the risk level of contracting the disease.

"People do not know the difference between HIV, which is the virus, Aids-related complex (ARC), when a person shows some sign of Aids but is not debilitated, and full-blown Aids," she said.



from the US, the Soviet Union, Canada, Australia,  
West Germany and Japan. — Sapa-Reuter

# Mowbray Aids centre to open

Staff Reporter

AN Aids Media Resource Centre is to be opened in Mowbray tomorrow by the Vice-Chancellor of the University of Cape Town, Dr Stuart Saunders.

The "Planned Parenthood Association" yesterday accepted a cheque for R50,000 from Sanlam, for the establishment of the centre.

The money will be used to educate teachers as well as to put out a quarterly news letter to educate people about the disastrous effects of Aids. This newsletter will be distributed at schools, universities and factories.

The Regional Director of PPA, Mrs Erica Greathead, is greatly concerned about the lack of education.

"The SABC says in one of its own programmes that 65% of the black adult population is illiterate, but still will not allow condom advertisements on television. The only way illiterate people can be taught is through pictures," she said.

The Western Cape Chairman of the PPA, Professor Herman de Groot, said: "There is an enormous reservoir of potential Aids victims that we don't even know about."

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92

# Aids virus mutant identified in SA

By KAREN STANDER  
Medical Reporter

A MUTANT of the Aids virus has been identified in South Africa for the first time.

Professor Barry Schoub, director of the national institute for virology, said the HIV-2 virus had recently been identified in this country by the institute.

Only the original Aids virus, HIV-1, has been found in South Africa before.

HIV-2 is a mutant of the virus which is found mainly in West Africa but has been identified in Europe and America.

It was first isolated in 1984 and first detected in Britain last year.

HIV-2 shows a greater simi-

ilarity to SIV (simian immunodeficiency virus), a monkey Aids virus which scientists have discovered does not cause illness in some species of monkeys.

### BENIGN

The mutant is also thought to be less easily transmitted and to cause a more benign form of Aids.

Professor Schoub said the HIV-2 virus had probably spread from West Africa to Europe and America through the return of expatriates from Africa.

The route it had taken to reach South Africa was not known.

He said HIV-2 was at this stage a very minor component of the Aids picture in South Africa.

Virologists had indentified some cases of HIV-2 infection and a few cases of full-blown Aids caused by the mutant virus.

He said the management of the case was the same whether it was caused by the original virus or by HIV-2.

### INFECTION

In a study conducted by Belgian health workers in Bissau, West Africa, in 1987 and reported in the medical journal *The Lancet* last month, no infection with HIV-1 was found in people living in 100 randomly selected houses.

However, five percent of the children, nine percent of those aged 15 and above and 20 per-

cent of those aged 40 and above were found to be infected with HIV-2.

The health workers concluded that the pattern suggested that HIV-2 was not as readily transmitted as HIV-1 and that repeated exposures may be necessary for transmission to occur.

The routes of transmission were chiefly sexual and blood transfusions.

No transmission from mother to child was found, leading them to conclude that this kind of transmission was rare or absent with HIV-2.

The high incidence in the older age groups supported the belief that HIV-2 could be less virulent than HIV-1 with a longer incubation period.



Chamber study on sanctions 'invalid'

THE Chamber of Mines sanctions study, which found that more than 80% of black South Africans opposed sanctions and disinvestment, was invalidated by the fact that only inappropriate "either-or" questions were asked, Community Agency for Social Enquiry (Case) director Mark Orkin said.

Orkin said - Case has done a number of surveys on the subject - the findings of the chamber's Gallup poll only served to confirm previous ones which had also excluded the intermediate option of conditional disinvestment.

The conditional option had achieved majority support among blacks in a

ALAN FINE

1987 Case survey. Conditional disinvestment had received 44% support in a poll conducted by Professor Lawrence Schlemmer in 1984. This option also expressed sanctions policies of major union and church organisations.

Orkin said: "Denying respondents this choice forces their answers into categories to which they do not belong."

He defined conditional disinvestment as meaning that foreign firms should not be allowed to operate in SA unless they met requirements such as good working conditions, union recognition

and actively pressurised government to end apartheid.

Conditional sanctions were those of the comprehensive or selective variety which supporters believed should be lifted once certain steps - such as ending the emergency and unbanning organisations - had been met by government.

This distortion was worsened by the chamber survey's use of "leading" introductory questions. These questions would put respondents into a frame of mind which would make subsequent support for foreign pressure seem contradictory.

Financial bodies warn on official spending

Govt 'must cool it too'

RESTRICTIVE measures taken earlier this month to curb domestic spending and imports will succeed in cooling the economy only if government spending is held in check, financial institutions say.

They have welcomed the moves of May 5 in slowing the pace of money supply growth and credit creation, but warn a slowdown hinges on government spending.

Standard Bank in its latest review says the package has the influence to damp the "probably unduly optimistic mood" which previously prevailed.

This could be the package's most important benefit, because a slowdown in nominal growth has far less painful consequences for the real economy if it is widely anticipated, the review says.

However, the ultimate deciding factors over whether a recession later this year and in 1990 can be avoided, will be whether government spending can be checked, if the gold price recovers, and whether foreign capital inflows occur.

If none of these happens, there would be little choice but to go for

SYLVIA DU PLESSIS and KAY TURVEY

austerity and very low domestic expenditure next year."

First National Bank (FNB) says in its April edition of SA Perspective that the general election promises continuing high government spending.

Realities

"The government's wish to maintain economic growth momentum for political reasons cannot be underestimated."

These realities are likely to support a continuing buoyancy in most sectors of the economy, through to at least the third quarter, FNB says.

"While the interest-rate sensitive sectors continue to give the impression of easing, especially the property market and furniture, it is as yet not a rout."

Sanlam in its latest economic survey notes that a marked drop in car sales in comparison with a year ago and a noticeable deceleration in the growth rate of real retail sales are signs that the

economy is "cooling down". Other indicators of a slowing down were the drop in the volume of merchandise import and a more sluggish rate of increase in manufacturing production.

However, the level of general economic activity remained high and owing to substantial wage and salary adjustments, the continued high inflation expectations and the sustained favourable state of consumer and business confidence, it was possible that expenditure would continue to grow at a rate that would place excessive demands on the balance of payments.

Sanlam said it believed the latest action could bring about the necessary cooling down of the economy - provided it was supported by strict discipline as regards government spending.

Given the low levels of foreign reserves, it is clear that on the whole, the balance of payments will continue to be a problem area.

Sanlam estimated that the current account would achieve a surplus of roughly R4bn this year, but most of these funds would have to be used for the repayment of foreign loans.

AIDS PANDEMIC: WHO SAYS WHO

GENEVA - More than five-million new cases of AIDS may develop between 1990 and the year 2000, according to estimates published by the UN World Health Organisation (WHO).

The American Director of WHO's Global Programme on AIDS Dr Jonathan Mann said the cumulative total of people infected with the HIV virus may increase to three or four times its present estimated total of between five- and 10-million.

The current reported number of AIDS cases is 151 000, but WHO says the real figure is nearer 375 000.

These projections served as a warn-

Own Correspondent

ing that the Aids pandemic has not plateaued or peaked, Mann said.

Most scientists agreed that a vaccine would not be available before the mid 1990's, and health and social services throughout the world would, therefore, need to strengthen their capabilities to respond to this projected increase in Aids cases, he said.

Mann added WHO expected more than 700 000 new cases of AIDS to occur in the period from now to 1991, from people already infected with the virus.

Court gives lawful label to Mooi River toll road

Own Correspondent

MARITZBURG - The operation of the Mooi River toll road between the Cedara and Frere interchanges by Tolcon has been declared lawful in a reserved judgment handed down in the Supreme Court last week by Mr Justice Combrink.

The judgment follows an application in March this year by the Public Carriers Association, Hultrans, Cargo Carriers, Tanker Carriers and Mainline Carriers challenging the legality of the toll road and the operation of the Mooi River toll plaza and levying of tolls by Tolcon.

Wimpie slated for Report sought on ConsGold



# First drug abuser with Aids detected

Medical Reporter

The first case of Aids in an intravenous drug abuser has been detected in South Africa, Professor Barry Schoub, director of the Medical Research Council's Aids Research Unit, said yesterday.

Professor Schoub said this was of great concern to local health authorities as studies in the United States had shown that the disease spread very quickly in the intravenous drug abuse community.

Intravenous drug abusers often share the same needles, drawing a small amount of their own blood into the needle then mixing it with the drug before injecting it back into themselves.

This needle is then passed on to the next person and quantities of contaminated blood with it.

The Aids virus is also contracted through sexual contact and from a mother to her unborn child during pregnancy.

Professor Schoub said there had also been a disquieting increase in the spread of the disease among heterosexuals, particularly black women, of whom there were slightly more Aids cases than among men. Heterosexual spread had also been detected in the white population. The disease previously followed a homosexual pattern.

More than 200 Aids cases have been identified in South Africa so far.

Increase among heterosexuals 'disquieting'

# AIDS strikes women

92  
B/D 25/5/89

FIGURES on AIDS cases in SA revealed a disquieting increase among heterosexuals, the Medical Research Council's Virus Research Unit director Professor Barry Schoub said yesterday.

Speaking at a press conference in Johannesburg where the MRC's annual report was delivered, he said the number of reported female cases increased considerably in the first six months of last year. One source of incidence was through blood samples.

## Prevalence

The heterosexual spread was still, at this stage, mainly in the black community.

Schoub said there were no HIV positive blacks attending sexually-transmitted disease clinics last year. This year there was a 1,14% and 0,87% prevalence among

## DIANNA GAMES

black female and male attenders respectively by April.

Similarly, among black female attenders of family planning clinics, 0,40% were positive.

He said a further complication in monitoring the heterosexual epidemic was detecting HIV-2 infection, which differed from HIV-1 and was not necessarily detected by tests for the latter.

He said HIV-2 was first found in a black person who had never been further north than southern Mozambique and had died of AIDS, followed by a combined HIV-1 and HIV-2 infection in a black blood donor whose only contact outside SA was in Botswana.

Preliminary studies indicated the HIV-2 virus had a likely incubation period of up to 14 years, compared with HIV-1's five-to-10 year incubation period.

He said although a link between

the HIV virus and a virus (SIV) from vervet monkeys had still to be made positively, studies of this in monkeys was of great importance as animal models for the human virus.

## Diagnosis

Of special importance was the fact that infected monkeys did not appear to develop AIDS, which showed that the virus had adapted to its host.

He said the MRC AIDS unit served as the national reference centre for laboratory diagnosis of HIV, particularly for problem specimens sent for confirmatory diagnosis.

The unit continually investigated alternative screening tests for AIDS hoping to improve sensitivity, specificity, low-cost and ease of interpretation.



(92) WMAA, 17-25/1/89

# 'The Aids crisis has nothing to do with a virus. It has to do with social conditions'

American Aids expert Don Edwards, keynote speaker at last week's Namda conference, talks to JOHN PERLMAN about the political challenge Aids poses to progressive organisations



Talking Aids organisation ... US activist Don Edwards  
Picture: GISELE WULFSOHN, Afrapix

**Q:** What are the difficulties involved in raising Aids as an issue in communities where other problems seem to be so much more pressing?

**A:** Health care is a political issue in all societies. When people ask where Aids comes from they are told it comes from the virus.

But all epidemics arise from social conditions. Epidemics are, by definition, the unfettered spread of a new viral agent through the population because the population has no barriers to its spread.

The explosive growth of Aids has nothing to do with the virus. It has to do with the fact that society has insufficient barriers.

The Aids epidemic in South Africa is clearly political. You will have to look at the institutions that contribute to the Aids epidemic and also at the institutions that may be required to end it.

It is unfortunate that so many responses to Aids worldwide have been determined by narrowly defined medical models. In South Africa you have an opportunity to talk about Aids less in "medical management" terms.

It is a phenomenon that is preventable — and yet incurable. That creates a very different context from other epidemic situations like tuberculosis.

They have been around for a long time and no-one has looked at campaigning for their prevention in ways that raise a more general critique of the situation. In the past we haven't usually organised political critiques around an epidemic.

**Q:** An effective campaign against Aids would have to confront other social problems. But could an insistence that apartheid be dealt with first also become a kind of denial, of avoiding dealing with Aids? Shouldn't groups taking up the Aids issue push a little ahead of the community?

**A:** I think any group will have to examine a different process for resolution of the issues.

Most health personnel are not trained to be led by the people who are on the other side of the desk. They are used to showing those people where they should go.

Any health organisation has to reflect the level where people are. At the same time they will have to be in an organic enough relationship so they can rephrase the questions the community is being asked in a way they can recognise what is being demanded of them.

It's delicate and a new kind of experience if you haven't been trained in how to do that.

In the case of Namda, there seem to be too few people having to do too much in this country. That is going to be difficult with a labour-intensive issue like assisting people to take more control over their health care. It is, by its nature, small-group, repetitive, labour intensive activity. It's very de-

manding but it's a sure process.

I think that the most important thing is to recognise the strain it will create, and to set up networks so Aids work doesn't become one group's sole responsibility.

A group like Namda will be a key player in setting up this broader network. They know what needs to be done. But they do need to resolve the issue of leadership.

It should especially include people who have Aids. They will give any organisation a more urgent dynamic.

**Q:** Were people in the US who took up the Aids issue forced at times to say things in their communities that were at first rather unpopular?

**A:** Some people in South Africa are not mindful of the fact that this virus will not respond to antibiotics.

We will all have to develop a new level of personal accountability where our own behaviour is concerned. And people suffering the tensions of leading movements for social change tend to be less conscious where this kind of accountability is concerned.

But if people are self-indulgent sexually they will begin to disappear. And some people can't recognise that, because we are talking about something they are not usually accountable for: sexual behaviour.

When people are sacrificing in the struggle, they don't want to have to sacrifice in sex. It has been one of the few remaining places of spontaneity, where oppression is absent.

**Q:** In the US, how have you struck a balance between the need for urgent higher-profile campaigning and the slower work needed in communities?

**A:** We have recognised the need for an "inside" game and an "outside" game. The outside game is about empowering people in oppressed communities. The inside game is letting the authorities know that we are being overwhelmed and cannot cope with the few resources we have.

This is what works in our situation. People here will obviously have a better sensitivity and understanding of yours.

But I will say that it seems that while people are clear about the outside process, they are not yet clear

about the inside game.

I would say there has to be one. Leadership has to be leadership for everyone. And I'm concerned that people here don't have a sense that they have someone looking at this issue other than the government.

The government should have to answer to someone else. Here there is no equal structure that says we're claiming as much of this issue as you. We'll go toe to toe with you every step of the way.

But that would put such a group in a partnership — of a kind — with the government. And clearly people feel great displeasure at that.

**Q:** Can Aids education really work before people have seen the devastation of the disease around them?

**A:** Yes it can. You have to organise people with the sense that there can be some positive impact on their lives, especially with no cure in sight. People must have a sense that there is some victory to be won.

Initially we had difficulty trying to articulate a vision of such a victory, mainly because there was so much hysteria and fear surrounding Aids.

That hasn't happened in South Africa yet, and you have an opportunity to avoid Aids becoming this bogey man. Before that happens, before the explosion of cases, that is the time to aggressively intervene.

Oppressed people do intervene before catastrophe overtakes them. In the US, people are accepting that condom use will save them from one more grief in their lives. That is something quantifiable to people and it's working.

But it has to be tied to psychological empowerment, to giving people a belief that there is a reason to be alive.

In South Africa you have to tie the notion of surviving Aids to the idea that that process will also empower you to eradicate apartheid.

This is an alternative to the medical response. We have to start being disciplined and talk about people protecting themselves even if institutions fail. And through that to talk about creating institutions that will not fail.

I think the Aids epidemic is a watershed for the world, and certainly for southern Africa. All the issues like apartheid, power, development are highlighted and more closely tied together in the presence of an epidemic as virulent as this one.

● Don Edwards is Director of the National Minority Aids Council in the USA, a pressure group for black and Hispanic people with Aids



CAPE TOWN 29.12.89

# Candles lit in memory of city victims

By MEG BRITS

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Forty candles were lit yesterday in memory of those who have died of Aids in the Cape Town area, during a memorial service held at St. George's Cathedral.

About 200 people attended the service, held to "honour the dead and support the living" in the battle against the deadly disease.

The candles were lit by a member of the Gay Association of South Africa (Gasa) counselling service, which organised the memorial. This was accompanied by the singing of the spiritual hymn "Swing Low, Sweet Chariot".

Prayers in Arabic, Hebrew and English concluded the service.

Earlier the congregation heard the personal testimony of a 27-year-old Aids victim, Peter, who, quoting from the

book of Psalms, said he was like the writer who had become "an object of scorn and of fear to his friends".

He and a friend have, however, started a house where people tested positive for Aids can live and even those who are ill can lead "useful, positive lives". There are seven residents at present.

Peter said he had been a hotelier, with a good job, who had travelled and lived life to the full. Six months before he was found to be HIV positive, he had decided to change his life, "to settle down and do something worthwhile".

He had gone to stay with a friend who was a priest and a hospital chaplain and spent most of his time helping with administration and visits to terminally ill patients, mostly victims of cancer.

While he was there, he had been tested for TB and decided to have an Aids test

at the same time. When the results proved positive, he said, he had been unable to accept his situation.

Counselling had helped, but two months later, when he became sick and realised he was a "full blown" Aids victim, he had gone into a decline. It was then that he met a friend "who I believe God has put in my way to help me", and came up with the idea of starting the house.

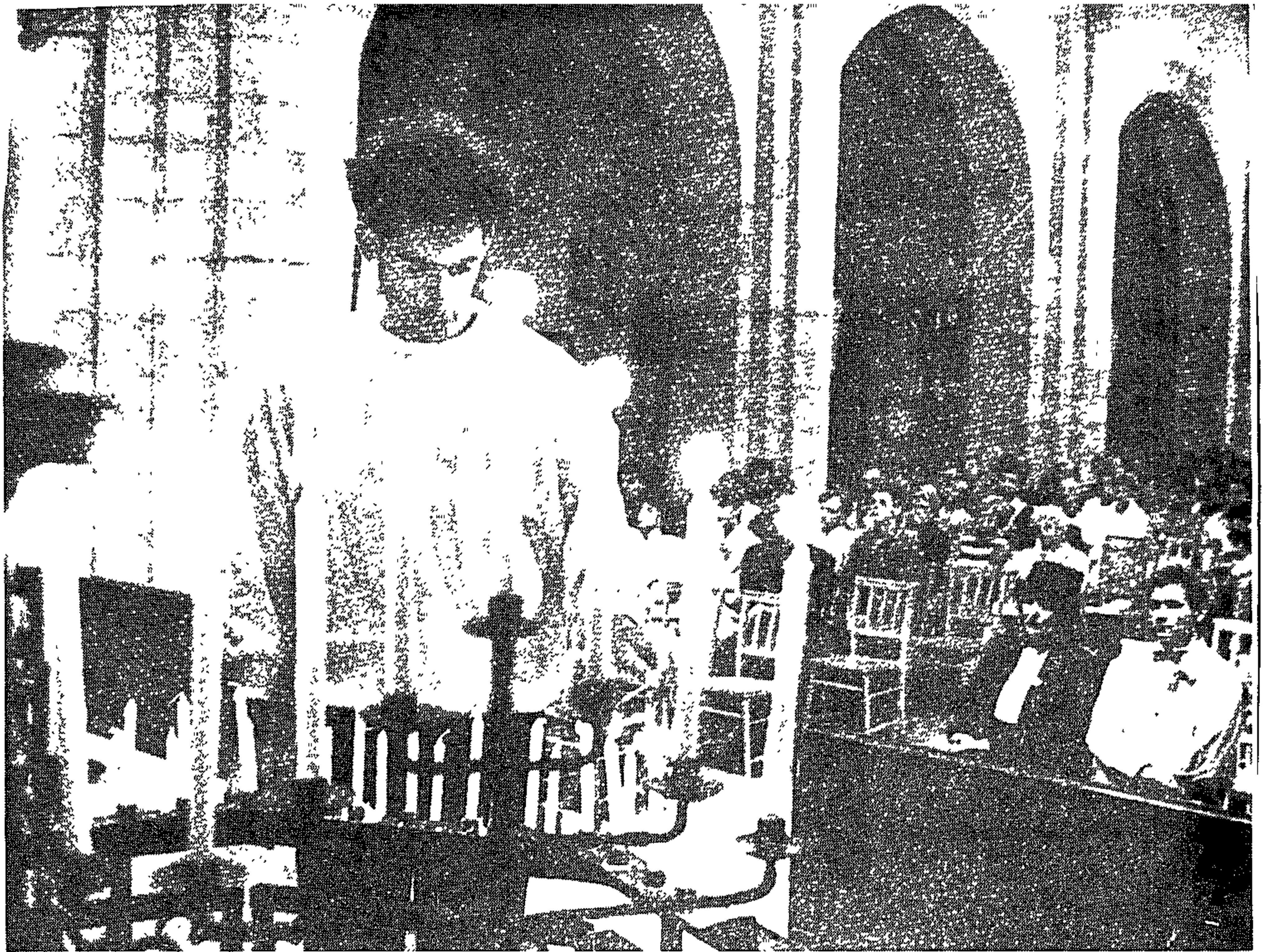
The service in Cape Town yesterday was one of 175 held in cities of 32 countries which joined in the largest Aids-related event yet organised.

This is the third time the city has participated in the International Candlelight Memorial, organised by the San Francisco-based Mobilisation Against Aids.

The Gasa counselling service offers 24-hour information and counselling to Aids victims, their friends and families.

● Picture — Page 2





**LIFE LIGHT . . .** A member of the Gasa counselling service lights 40 candles at St George's Cathedral yesterday to commemorate those who have died of Aids in the Cape Town area.

Picture: ANNE LAING

From page 1

## Aids

would rise from R16 million in 1988 to R279 million in 1995.

The cost per case last year, from diagnosis to death, was between R18 000 and R35 000, while in the United States this was much higher — from R40 000 to R167 000.

Sanlam has estimated that by 1994, 236 million man-hours could have been lost as a result of Aids, equivalent to 1 966 strikes by 1 000 workers each lasting three weeks.

Dr Van Niftrik said companies in South Africa, specially smaller ones, were still surprisingly apathetic regarding Aids education. He blamed it partly on the fact that the public awareness campaign had not been sufficiently hard-hitting.

## Aids latest threat to Eskimos

Own Correspondent

TORONTO. — Aids has reached one of the world's most remote peoples, the Eskimos of the High Arctic, and is considered a serious threat because of their relatively uninhibited sexual lifestyle.

One Arctic resident has died from Aids and five others have tested positive for Aids, which was unknown in the Arctic two years ago.

The Health Minister of the North-West Territories, Mrs Nellie Cournoyea, said Eskimos see Aids as just the latest in a long series of maladies for which they are not responsible.

"Aids didn't come from here and neither did alcohol, VD or tuberculosis," she said.

(92) 22/5/89





Picture: DION TROMP, The Argus.

**AIDS SERVICE:** A member of the Gay Association of South Africa counselling services lights 40 candles during a memorial service in St George's Cathedral in memory of those who have died of Aids in Cape Town. About 200 people attended the service yesterday.

## Major State studies on spread of Aids

By BRUCE CAMERON  
Political Staff

A NUMBER of major investigations are under way to establish the extent of the spread of Aids in South Africa, the Minister of National Health, Dr Willie van Niekerk, said today.

At the moment it was estimated that at a low about 30 000 people would test HIV-positive with about 60 000 testing HIV-positive in the worst-case scenario.

Dr van Niekerk was commenting on reports that Aids was spreading more quickly in South Africa than anyone thought.

In an interview Dr van Niekerk said: "There is cause for concern. We know it is changing from a homosexually transmitted disease to a heterosexual disease.

"Secondly, among ante-natal black cases HIV-positive cases

in the PWV area increased fivefold from 1987 to the beginning of this year.

"We know of just over 2 000 HIV-positive cases. If we extrapolate these figures we get a low of about 30 000 and a high of about 60 000."

Dr van Niekerk said a number of studies were being done by research bodies, which would give a clearer indication of the situation by the end of the year.

The government had put aside R5,5-million last year for the establishment of special clinics particularly because of the fear of the growth of the disease.

It was difficult to assess whether the government's anti-Aids campaign was having an effect.

People had definitely become more aware of the disease, he said.

National str...



# Aids on the rise — prof

92

Sowetan 26/5/89

ANALYSIS of data on Aids cases reported to the advisory group on Aids revealed an increase among heterosexuals, predominantly in the black community.

The director of the Aids Virus Research Unit of the Medical Research Council, Prof Barry Schoub, said at a news conference in Johannesburg statistics gained from sexually transmitted disease clinics here had shown that between 0,6 percent and one percent of white males attending STD clinics during the last 18 months

## SA Press Association

were HIV-positive.

This is in contrast with the 1,14 percent of black females and 0,87 percent of black males at STD clinics being tested HIV-positive.

## Clinics

Similarly, among black female attendants of family planning clinics, 0,40 percent were positive.

Prof Schoub said as yet there was not enough knowledge about the Aids virus to be able to design an effective vaccine.

At the same news conference, the director of the Emergent Pathogen Research Unit of the MRC, Prof Hendrik Koornhof, said gastroenteritis, which manifests itself as acute diarrhoea, is the most common cause of death in developing countries.

## Children

He said some 200 million people suffer from it on any given day of the year, and approximately 5 million infants and children in developing countries die annually of diarrhoeal disease.

Among coloured and Black children in South Africa, gastroenteritis is also the leading cause of death, while other important intestinal infections in South Africa include typhoid fever, dysentery and cholera.

# AIDS: crisis for SA has already begun 92

RECENT data on HIV positives in SA indicated the disease was spreading more rapidly than anyone had thought and economic projections on the cost of the disease to the country were already being revised, sources said yesterday.

They said that while no-one knew how many people would develop full-blown AIDS — if the country followed the same pattern as the rest of Africa — the crisis for SA had already begun.

Dr Jack van Niftrik, head of the Africa branch of the AIDS Policy Research Centre, said its latest statistics from Frontline states were alarming.

15/1/87 29/1/87  
**DIANNA GAMES**

He said in 1988, 0.004% of blood samples taken from donors in SA showed HIV positive among whites and coloureds, and 0.027 among blacks. In Zambia, in 1987, the figure was 33% and in Uganda 70%.

The centre's figures up to three months ago showed a 19% incidence of HIV positives from a Lusaka blood bank, 29% HIV positives at Lusaka's University Teaching Hospital VIP ward, 27% in the hospital's ICU, 29% of motor vehicle casualties and 24% from VD clinics.

The Blantyre blood bank in Malawi showed 29% HIV positives to date

and 18% in Lilongwe, while VD clinics showed 54%.

Alan Whiteside, economics research fellow at the unit, said figures provided last year by Natal University's research unit on the cost of AIDS research were already being updated.

He said last year's figures from the unit, assuming a worst case scenario, projected the total cost of AIDS, including hospitalisation and treatment, would rise from R16m in 1988 to R279m in 1995.

The cost a case last year, from diagnosis to death, was between R18 000 and R35 000, while in the US this was much higher — from R40 000 to R167 000.

# 'Low risk' of Aids for exposed health workers

By KAREN STANDER  
Medical Reporter

HEALTH care workers exposed to the blood of patients with the Aids virus are at low risk of being infected, a study has found.

The study by the Centre for Disease Control in the United States, was originally published in the New England Journal of Medicine. It was reprinted in the South African journal, Modern Medicine.

The authors warned that workers should be tested for infection for six to 12 months after exposure and emphasised the need for compliance with infection-control precautions even during emergencies.

The survey studied 1 613 health care workers exposed to blood or body fluids from patients with confirmed human immuno-deficiency virus (HIV) infection between 1983 and mid-1988. Of these, 306 were not tested for HIV-antibodies and 106 were exposed to fluids other than blood.

Of the remaining 1 201, 80 percent had been jabbed by needles, eight percent cut by sharp objects, seven percent had contaminated open wounds and five percent had contaminated mucous membranes. Most of the exposed workers were nurses but 14 percent were doctors or medical students.

An estimated 37 percent of exposures could have been prevented by not recapping needles by hand, by properly disposing of used needles or sharp objects and by not exposing open wounds to contamination.

Of the 1 201 exposed workers, 963 were followed up for about six months. Only four (all cut by needles or sharp objects) tested positive.

Three of them tested negative soon after exposure but developed an acute viral illness two to four weeks later and tested positive for HIV infection 88 to 184 days after infection. The fourth did not have a test soon after exposure.

Two of the injuries that resulted in infection were inflicted by co-workers during resuscitation efforts.

The authors recommended that if a worker was exposed to blood, the patient should be asked to consent to HIV testing. If the test was negative, testing of the worker was unnecessary unless the patient was a member of a high-risk group. If the patient did not consent to testing or was HIV positive, the worker should be tested after six weeks, three months, six and possibly 12 months.

Workers who developed a fever, rash, malaise or unexplained mass loss after exposure to the blood of a patient with HIV infection should seek immediate medical attention even if the symptoms were mild, the authors warned.

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# Aids time

Aids threat to Eskimos

PAGE 2

# bomb for SA

Own Correspondent

**JOHANNESBURG.** — Aids is spreading more quickly in South Africa than anyone had thought, according to new information on the disease.

While no one can predict how many people will develop full-blown Aids, sources in Aids research have indicated that the situation is like a time bomb and the crisis for South Africa has already begun. As a result, economic projections on the cost of the disease are already being revised.

Dr Jack van Niftrik, head of the Africa branch of the Aids Policy Research Centre (APRC), said the centre's latest statistics on prevalence of Aids from frontline states were alarming.

He said in 1988, 0.004% of blood samples taken from donors in South Africa showed HIV-positive among whites and coloureds and 0.027% among blacks. In Zambia in 1987 the figure was 33% and in Uganda 70%, he said.

"HIV-positive" referred to people infected with the Aids virus who had developed sufficient antibodies to be positive on testing, city Aids expert Dr Frank Spracklen said last night.

"Full-blown Aids" referred to victims in an advanced state of the disease who were suffering from a variety of complications, he added.

Almost 60% of Aids sufferers in South Africa have died since the first local Aids death was diagnosed in 1983. Nearly 65% of identified Aids victims in the Western Cape had died, Dr Spracklen said.

## 'Doubling time'

"HIV-positive" doubling-time — the period it takes for the incidence of the disease to increase by 100% — when computed only in terms of homosexual victims was 16 to 18 months, he said.

But a recent 18-month study of pregnant African women tested at Baragwanath Hospital found the doubling period to be six months, he added.

In South Africa it had been found that after infection with the virus, it took on average five to eight years for significant Aids-related problems to develop.

Persons who were HIV-negative six months after infection were unlikely to be infected, Dr Spracklen said.

Saying just over 300 people in the Western Cape had been positively tested for Aids, he added: "To know the number of Aids deaths is not as important as knowing the number of people infected with the Aids virus, as these people are infectious."

The APRC's figures up to three months ago showed a 19% incidence of HIV-positives from a Lusaka blood bank, 29% HIV-positives at Lusaka's University Teaching Hospital VIP ward, 27% in the hospital's ICU, 29% of motor vehicle casualties and 24% from VD clinics.

The Blantyre blood bank in Malawi showed 29% HIV positives to date and 18% in Lilongwe, while VD clinics showed a huge 54%, he said.

Figures provided last year by Natal University research unit on the cost of Aids research are already being updated, said Mr Alan Whiteside, economics research fellow at the unit.

Last year's figures from the unit, assuming a worst-case scenario, projected that the total cost of Aids, including hospitalisation and treatment,

To page 2

## Candles lit in memory of city victims

By MEG BRIS

Forty candles were lit yesterday in memory of those who have died of Aids in the Cape Town area, during a memorial service held at St George's Cathedral.

About 200 people attended the service, held to "honour the dead and support the living" in the battle against the deadly disease.

The candles were lit by a member of the Gay Association of South Africa (Gasa) counselling service, which organised the memorial. This was accompanied by the singing of the spiritual hymn "Swing Low, Sweet Chariot".

Prayers in Arabic, Hebrew and English concluded the service.

Earlier the congregation heard the personal testimony of a 27-year-old Aids victim, Peter, who, quoting from the

book of Psalms, said he was like the writer who had become "an object of scorn and of fear to his friends".

He and a friend have, however, started a house where people tested positive for Aids can live and even those who are ill can lead "useful, positive lives". There are seven residents at present.

Peter said he had been a hotelier, with a good job, who had travelled and lived a life to the full. Six months before he was found to be HIV positive, he had decided to change his life "to settle down and do something worthwhile".

He had gone to stay with a friend who was a priest and a hospital chaplain and spent most of his time helping with administration and visits to terminally ill patients, mostly victims of cancer.

While he was there, he had been tested for TB and decided to have an Aids test

at the same time. When the results proved positive, he said, he had been unable to accept his situation.

Counselling had helped, but two months later, when he became sick and realised he was a "full blown" Aids victim, he had gone into a decline. It was then that he met a friend "who I believe God has put in my way to help me", and came up with the idea of starting the house.

The service in Cape Town yesterday was one of 175 held in cities of 32 countries which joined in the largest Aids-related event yet organised.

This is the third time the city has participated in the International Candlelight Memorial, organised by the San Francisco-based Mobilisation Against Aids.

The Gasa counselling service offers 24-hour information and counselling to Aids victims, their friends and families.

Picture — Page 2



**ANOTHER WP TRY** — Niel Hugo reaches for the line to score WP's third try as Vaal Triangle's James van Rensburg tries in vain to stop him in Saturday's Lion Cup match at Newlands. Behind them is the visitors' flyhalf, Sandy Bezuidenhout. The linesman is Wynand Mans. WP scored nine tries in their 55-9 victory. Report — Back Page.

## Talks with Baker please Pik

By ANTHONY JOHNSON

THE Minister of Foreign Affairs, Mr P.K. Botha, returned to Cape Town last night following a "very substantial and very successful" first meeting with the US Secretary of State, Mr James Baker, in Rome at the weekend.

Although the 45-minute meeting was chiefly exploratory and of a "getting to know you" nature, the South African contingent to the talks last night appeared pleased with the mood and the content of the meeting.

The South African delegation described Mr Baker as "knowledgeable, flexible and pragmatic", and gained the impression that the Bush administration was anxious to find ways other than sanctions to influence developments in South Africa.

At the meeting Mr Baker extended an invitation to the National Party's leader, Mr F.W. de Klerk, to visit the US, but details on the time and who Mr De Klerk would meet were not discussed.

While in Rome Mr Botha also held discussions with the new US Assistant Secretary of State for African Affairs, Mr Herman Cohen.

Government officials told Reuter last night that



## Major probes into AIDS under way — Van Niekerk

CAPE TOWN — Major investigations are under way to establish the extent of the spread of AIDS in SA, Health Minister Dr Willie van Niekerk said yesterday.

It was estimated that a minimum of 30 000 people would test HIV-positive, with about 60 000 testing HIV-positive in the worse-case scenario.

Van Niekerk was commenting on reports that AIDS was spreading more quickly in SA than anyone thought.

In an interview, he said: "There is cause for concern. We know it is changing from a homosexually-transmitted disease to a heterosexual disease.

"Secondly, among ante-natal black cases, HIV-positive cases in the PWV area increased fivefold from 1987 to the beginning of the year."

"We know of just over 2 000 HIV-positive cases. If we extrapolate these figures we get a low of about 30 000 and a high of about 60 000."

Van Niekerk said a number of studies were being done by research bodies, which would give a clearer indication of the situation by the end of the year.

The government had put aside R5,5m last year for the establishment of special clinics, particularly because of the fear of the growth of the disease. — Sapa.

# Govt concern over spread of Aids in SA

SN 30/7/89  
Political Staff

CAPE TOWN — A number of major investigations are under way to establish the extent of the spread of Aids in South Africa, Minister of National Health Dr Willie van Niekerk said yesterday.

At the moment it was estimated that at a low about 30 000 people would test HIV-positive with about 60 000 testing HIV-positive in the worst-case scenario. Dr van Niekerk was commenting on reports that Aids was spreading more quickly than anyone thought.

In an interview Dr van Niekerk said: "There is cause for concern.

"We know it is changing from a homosexually transmitted disease to a heterosexual disease.

"Secondly, amongst ante-natal black cases HIV-positive cases in the PWV area increased fivefold from 1987 to the beginning of 1989.

"We know of just over 2 000 HIV-positive cases. If we extrapolate these figures we get a low of about 30 000 and a high of about 60 000."

Dr van Niekerk said the Government had put aside R5,5 million last year for the establishment of special clinics.



# Alarm at sign of fast, virulent new Aids strain

Own Correspondent

LONDON. — Aids specialists here are alarmed by evidence of a quick-acting and virulent new strain of the killer disease.

Doctors at the Charing Cross Hospital are urgently investigating the case of a 35-year-old man who has developed full-blown Aids just four months after becoming infected with the virus.

The disease usually takes several years to develop into the full clinical and always fatal condition.

But Aids specialist Dr Kenneth McLean yesterday told a conference in Bordeaux in France that the case of the patient at Charing Cross Hospital suggested that a strain of the disease was extremely virulent and could develop with great speed.

Dr McLean said the only previous cases of Aids developing to the full-blown state with such speed involved patients who had been taking steroid drugs at the time of infection or who had received very large doses of the virus in blood transfusions.

He said the patient now being investigated was a homosexual who had been tested in July last year, when he was found to be clear.

But when he reported back to the hospital in November with a skin rash, the virus was found — and two months later he developed Aids-related sickness and the full disease quickly followed.

Another expert, Dr Charles Farthing, said he felt it was unlikely that a new virulent Aids strain had evolved. He said he hoped it would be found that the patient was merely a "very vulnerable" person.

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HEALTH & DISEASE - N.D.

1989

JUNE - JULY - DEC

**Tightening up**

mail 2/6/89

Insurers, fearing a growing number of Aids cases, are beginning to tighten restrictions. Last month, Southern Life eliminated the industry-wide R200'000 threshold for exclusion clauses and began omitting Aids coverage from all new life insurance policies, unless the applicant submits to a blood test.

Sanlam kept a threshold but cut it. For people applying for term and certain other life insurance worth more than R100 000, Sanlam now requires a blood test unless the applicant forgoes Aids coverage.

Federated, however, has raised the threshold by R1 000, says Dave Goelst, assistant GM, life administration. This allows someone to apply for coverage of R200 000 (a round sum) without undergoing the test.

Others have made small adjustments to the rule adopted by insurers at a meeting of the Life Offices' Association last October. Under the rule, new policyholders with R200 000 or more in coverage are not covered for Aids without a negative blood test.

Some companies have limitation clauses instead of exclusion clauses. Rather than excluding Aids coverage on new policies, Commercial Union will limit the payout on Aids deaths to eight times the annual premium, no matter how high the coverage.

At least one other is also considering

2/6/89

changing its Aids policy. African Life said more than a year ago it would introduce Aids clauses for most new policies, then backed off. It's changing its mind again.

"We have had a rethink," says MD Bill Jack. "We'll probably do something, but with reluctance. In a normal life insurance policy the only exclusion is suicide. Why should you pick out Aids over any other disease?"

"But the potential growth in numbers scares us. If everybody else takes that route (tougher Aids rules) and you don't, all the people who have the disease come to you."

Only a few have died of Aids in SA — 115 by April 14, the latest figure available — but thousands are believed to be infected and the disease continues to spread rapidly.

However, the clauses don't protect insurers in the event of an epidemic because a new policyholder who's passed the blood test stays insured even if he later gets the disease.

"Companies are trying to protect themselves," says Douglas Keir, GM and actuary at Swiss SA Reinsurance, "from someone having a test, finding he's HIV positive, and going out to buy a lot of insurance." ■



**Staff Reporter**

WITH most Aids victims aged in the economically active 30 to 40 age group, most businesses will be affected by the rapidly spreading disease, Sanlam marketing manager, Mr D G Krüger, said in Stellenbosch yesterday.

The symposium — aimed at encouraging employers to adopt Aids education as part of their corporate policy — was part of Sanlam's drive to keep companies abreast with information about the killer disease.

If each employer contributed his share, the spread of the disease — which would claim 25% of every 'black generation' and 7% of every non-black generation — could be contained, Mr Krüger said.

Pre-employment screening was not necessary because under normal cir-

# Businesses 'will be affected by Aids'

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cumstances there was no chance of an infected person passing the risk on to others, whatever their occupation, he said.

But Mr Krüger stressed that pre-Aids education was essential, given

the emotional nature of the disease.

"Communicating the facts in a logical manner once emotions have been aroused is not likely to have the desired effect," he said.

If an employee became infected with the HIV virus, fear and prejudice among fellow workers could put pressure on employers to dismiss the victim who represented no threat and could continue to be economically useful for some time.

Assuming that the victim's conduct, capability or attendance was not in question, there were no legal provisions which empowered employers to fire victims or compel employees to submit to random medical examinations, he said.

Employers should rather look at providing confidential counselling and education programmes.

# Aids 'to kill 32%' of South Africans

By MONICA GRAAFF

92

SOUTH AFRICA'S Aids epidemic is reaching such proportions that 25% of each black generation and 7% of each non-black generation will die of the disease, according to insurance projections made public yesterday.

Sanlam marketing manager Mr D G Krüger said that Aids projections were necessary for determining the cost of employee benefits like pensions and group life assurance as these depended on the general life expectancy and health of those covered.

Since South Africa's first Aids diagnosis in 1982, the number of cases had almost doubled every year, placing the current HIV pool at 15 000 carriers.

The less common "Western" strain affecting the white, coloured and Indian, mostly homosexual and bisexual, populations would kill 5% of each male generation and 2% of each female generation.

● Businesses will be affected by Aids — Page 3

## PS back on Monday

John Scott's famous PS column, past selections

Star 6/6/89 - (92)

## Disease 'could cause chaos in SA'

There is speculation that up to 40 percent of South Africa's blacks could be dead or dying of Aids by 1995, the Minister of National Health and Population Development, Dr Willie van Niekerk, said in Johannesburg last night.

"I don't want to take part in the guessing, but it would be foolish to ignore it," he said, delivering a lecture on Aids.

Dr van Niekerk said Aids had the potential to cause "chaos" in southern Africa. Fear of the disease could even stop or reverse the urbanisation process.

"Aids has the potential to develop into the biggest catastrophe to affect mankind . . .

"It has the potential to not only destroy the social and political structures, but to plunge the country into economic chaos."

He said there had been 31 Aids cases reported this year, up to April 14.

In total, there have been 115 deaths in South Africa since Aids was first diagnosed in the Republic in 1982. — Sapa.



# Aids rumour led to <sup>92</sup> factory strike threat

By KAREN STANDER  
Medical Reporter

11/6/89  
6/6/89

A MISTAKEN belief that an employee had Aids led to the threat of a strike at a Cape Town clothing factory.

The problem was resolved last week by members of the Planned Parenthood Association (PPA) who gave a lecture on the disease and were able to show that the worker did not have Aids.

Mrs Erica Greathead, regional director of the PPA, said the woman had the hepatitis B (yellow jaundice) virus in her bloodstream and not the Aids virus.

Because she was illiterate the employee had asked a

neighbour to read her a letter notifying her of the condition. The neighbour had misunderstood and word had spread that the woman had Aids.

"The employers explained the position but the firm's employees were dubious. The employers consulted me and I suggested that we gave a lecture.

"We talked to the entire staff for an hour and explained all about Aids. The woman concerned got up and identified herself.

"People got a bit tearful and felt guilty, but they were satisfied."

The workers' fear and ignorance would have made the management's task difficult, if not impossible.

"With 45 documented cases of Aids in Cape Town and more than 4 500 potential carriers living and working in the city, this kind of situation is bound to increase."

In co-operation with the Institute for Personnel Management, the PPA will present a one-day seminar on Aids in the workplace on June 15. The venue will be at the PPA offices in Mowbray.

For more information contact Mrs Greathead at ☎ 685 3017.



WAT-TMP 7/6/89 (92)

# 8 city sex rings youths cleared of Aids virus

Staff Reporter

EIGHT of the 12 teenagers linked to Aids-death victim Mr Johannes Kivitz have been tested for HIV infection and shown to be negative while two of the remaining four will almost certainly undergo testing shortly.

This was said yesterday by the city's Medical Officer of Health, Dr Michael Popkiss, following the shock disclosure last month that Mr Kivitz was one of a 14-man city child-sex ring uncovered by child-protection unit detectives.

The men are all presently on trial for their involvement in the ring.

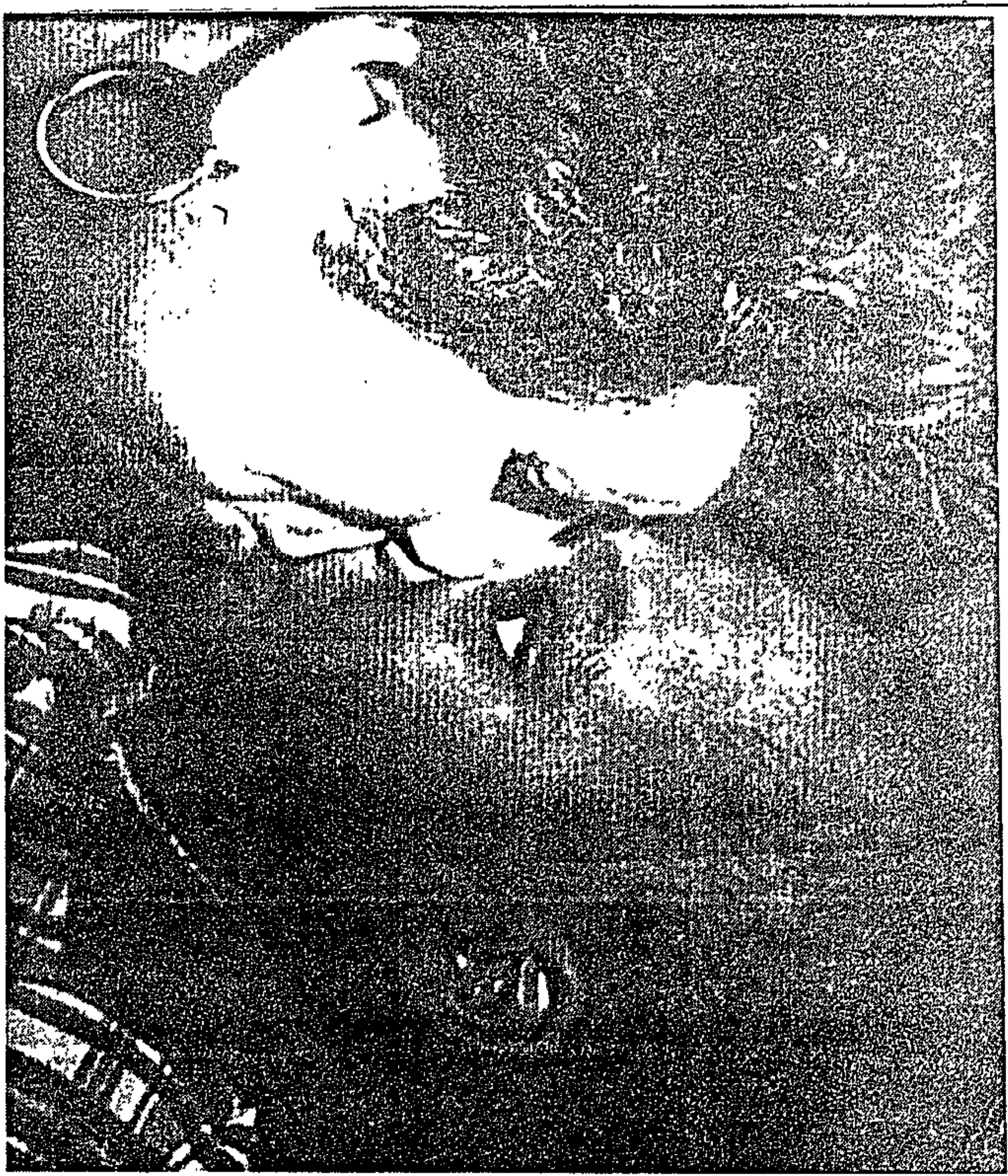
Dr Popkiss said one of two teenagers allegedly swapped by the men would undergo private testing up-country while another who was "travelling" would almost certainly be tested by the organisation for which he worked.

He declined to divulge details of the two on the grounds of confidentiality.

The other two teenagers not yet tested resided locally and had been "advised to go for testing" at the City Health Department clinic.

Dr Popkiss said he did not know if any of the men, alleged to have been part of the sex ring, had gone for testing but repeated that child protection detectives had advised their lawyers to urge them to do so.

Anyone wanting advice or counselling can telephone 210-2184 or visit the Chapel Street community health clinic.



**AIDS BOY'S KISS** ... Aids sufferer John plants a kiss on the lips of his foster mother, Ms Barbara Chamness, during the fifth international conference on Aids in Montreal on Monday. The 16-month-old boy was born a coke addict and abandoned in Atlanta, then developed Aids.  
Picture: REUTERS



# Aids spreads fast among the heteros

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Medical Reporter

The incidence of Aids infection among heterosexuals was increasing dramatically, but there had been a decline among homosexual males, delegates in Montreal, Canada, at the fifth international conference on Aids have heard.

A renowned sexologist told delegates that the sexual behaviour pattern of many heterosexuals put them equally at risk for contracting the Aids virus.

Extra-marital relations were more common than was believed — with infrequent use of condoms.

The Aids virus is transmitted through sexual contact, blood transfusions, intravenous drug abuse and from mother to unborn babies. About a third of infected women will transmit the virus to their unborn babies.

"The outlook for these afflicted infants is grim, with most dying within the first two years," said a South African delegate, Dr Dennis Sifris.

But he added that encouraging results had been seen with early treatment using *zidovudine* (AZT), which reduces infection rate and improves quality of life.

This is the only treatment against Aids at present.

Speakers called for greater government intervention.

"Aids is spreading at a phenomenal rate. Time is crucial if we are to prevent a major catastrophe," said Dr Sifris.



## Spreading the risk

As Aids cases multiply worldwide, so do the ways insurance companies cope with the risk. A London insurance negotiator has developed what he calls the world's first long-term reinsurance for Aids. Last week he was in SA marketing the product.

So far, Stephen Gray of Gray Reinsurance Negotiators has sold one treaty — worth £12bn — to a UK life assurer he won't identify. It was placed with a consortium of 16 UK reinsurers, who took 90% of the risk.

Gray says he's negotiating with two other UK assurers and two in Australia, and plans to approach the US market by year's end. His proposal got a "mixed response" from SA reinsurers but "keen enthusiasm" from life offices.

The product is not confined to Aids though marketing focuses on it. The treaty covers all

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causes of death but is particularly useful in laying off risk for diseases "where there is a constant threat of a change in mortality rates." Because it provides blanket cover, it eliminates problems caused by the fact that Aids is rarely listed on the death certificate because pneumonia or another complication is the direct cause of death.

Gray says that, while SA has few Aids cases, high incidence elsewhere in Africa complicates the picture for SA insurers. ■

AIDS INSURANCE

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## Employee relief 9/6/89

Expatriates working for the 500 member companies of Employment Conditions Abroad, a UK information and advisory service, now have the benefit of an insurance policy specifically covering Aids or HIV infection. Employees living abroad, who contract the disease, won't have to face a death sentence in a foreign country because of a shortage of finances.

The policy, devised by UK insurance broker Overseas Health & Medical Services (OHMS) and placed through Lloyd's, pays £25,000 to the employer to repatriate the victim and family. Another £25,000 goes to the infected individual, plus any unused part of the first payment.

OHMS is investigating a policy to cover UK public sector workers, such as police, firemen or ambulance personnel, who are exposed to the HIV virus or Aids. ■

SA Aids care 'as  
good as overseas'

MONTREAL. — Two South African delegates at the Fifth International Conference on Aids held here said the quality of care and range of services offered in South Africa compared favourably with those offered at major centres overseas.

In a statement received yesterday, Dr Dennis Sifris, head of the HIV Clinic in Johannesburg who is attending the conference, said that in almost all respects South Africa's treatment of Aids was on a par with that of the best offered overseas.

The only exception was the drug Zidovudine, which was freely available in major overseas centres, he added. "The drug has now proved to be the only effective therapy which increases survival time and quality of life for people with Aids," he said.

Dr Sifris is accompanied by Professor Steve Milar, a clinical micro-biologist in private practice and a consultant at the Aids Clinic in Johannesburg. Aids in the work-place featured prominently at the conference. Education campaigns have reduced fear and hysteria by reassuring people Aids cannot be contracted in the work-place. — Sapa

Fourth Aids death in Natal

DURBAN. — Aids has claimed its fourth Natal victim this year.

Professor Dennis Pudifin of the University of Natal's Medical School and a member of the National Aids Advisory Group confirmed that a white male had died at Addington Hospital last month.

The patient was diagnosed as suffering from the Aids virus as long ago as 1985. All four Natal deaths have occurred in the past two months.

30°

28°

31°

30°

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32°

38°

31°

31°



# New hope of an Aids vaccine

Star 10/6/89 92

MONTREAL — Dr Jonas Salk, father of the polio vaccine, claimed a significant advance in the search for an Aids vaccine this week, unveiling an experimental drug he said eliminated the deadly disease in infected chimpanzees.

The drug developed

in his laboratory appeared to have wiped out all traces of the virus in tests on Aids-infected chimpanzees.

He said the vaccine also built up the animals' resistance to infection.

Salk said the vaccine was also well tolerated in its first tests on humans and that the finding held out the possibility of one day developing a vaccine that could both block in-

## IRWIN ARIEFF

fection and prevent Aids in patients who were already infected.

"There is light at the end of the tunnel," Salk told an international conference on Acquired Immune Deficiency Syndrome.

Experts said they were encouraged by Salk's

findings though the "results were preliminary".

"I think it is a move forward in the search for a preventive," Dr Dani Bolognesi of the Duke University Medical Centre told reporters.

Though a vaccine is still probably many years off, Salk's research shows that "perhaps it is possible to deal with the virus in an infected individual", he said.

The conference was told that efforts to combat Aids were being jeopardised by public fears and inadequate education as much as by limited financial resources.

"Keeping pace with the rapid advance of science has been a growing awareness that intellectual understanding is a frustrating luxury if it cannot be put to use," said June Osborn, dean of the University of Michigan School of Public Health.

She said the threat of discrimination against Aids sufferers, prudishness that impedes education about high-risk sexual behaviour and a worldwide shortage of adequate treatment facilities for intravenous drug abusers renders useless the growing body of knowledge about Aids prevention and treatment. — Reuter.

## Contacted Aids from bus crash

### RAMSAY MILNE

NEW YORK — An American tourist caught Aids when splashed with blood during a bus accident in Africa, it was revealed yesterday.

The man (32) was infected when his open wounds were covered with the blood of other crash victims, says an article in the *Journal of the American Medical Association*.

The man was infected when the minibus careered over an embankment and crashed outside Butare, Rwanda.

Dr David Hill of the University of Connecticut Health Centre, said the case underlined the dangers of travelling in countries where Aids is widespread.

"The patient received multiple lacerations over all four extremities and his upper torso from broken glass," said Dr Hill.

"At least five bleeding passengers were lying on top of him. He was covered in blood."

The patient had never used intravenous drugs, had no blood transfusions or homosexual experiences and his heterosexual partners tested negatively for Aids.

## It will kill one in four blacks in SA — Sanlam

DURBAN — Aids will kill a quarter of South Africa's blacks and 2.5 percent to 5 percent of its whites, coloureds and Asians within two decades.

These stark statistics were presented by Sanlam's senior manager for pensions marketing, Dave Geary, at a Natal Chamber of Industries conference in Durban this week.

On the basis of their figures, the company believes employers could be faced with increases in the cost of providing death and ill-health benefits ranging from 17 percent to 120 percent.

"Sanlam's projection for non-black males, that is whites, coloureds and Asians, is that 5 percent of each generation will eventually die of Aids," he said.

"This corresponds with projections in the United States and Europe of the spread of the disease among males. For non-black females, we project that two-and-half percent will eventually die of Aids. The corresponding projection for blacks, male and female, is 25 percent."

### "Running scared"

Pat Devereaux reports that a number of insurance companies, running scared at the potential growth in Aids cases, are tightening policy coverage and demanding that policy holders prove they have been tested for the virus.

Most companies have adopted the stance that all new applicants for life insurance policies must undergo a blood test for Aids.

Professor Barry Schoub, director of the Aids virus research unit, said different companies had different poli-

### OWN CORRESPONDENT

cies. "Certain companies do ask policy holders whether they want to be tested for Aids. If the person refuses they can have an Aids exclusion clause which means, if they die of Aids the company doesn't pay out."

According to Southern Life's general manager, Mr Paul Truyens, Southern Life will not always insist on applicants taking the test even where they have indicated a willingness to do so.

"But Southern will insist on the test being carried out if the amount of cover being applied for is R200 000 or more — taking into consideration all policies issued or being applied for on the life assured during the past 12 months with the Southern Life or any other office," he said.

And if the policyholder was willing to be tested but the Southern did not choose to do so the policy would also provide full cover. However, if the test shows the person is infected Southern will turn down the applicant. Liberty Life insurers say a person will be required to submit to an Aids test, if he wants life cover of R200 000 or more.

A person wanting life cover of less than R200 000 will be screened as normal and if Liberty Life was suspicious that the intending policyholder had Aids the company would ask him to submit to a test.

If a policyholder contracted the Aids virus after taking out a policy — and it did not have an Aids exclusion clause — he would be paid out in full in the event of his death, said Liberty Life liaison officer, Mr Sven Forssman.

At least one other company is considering changing its Aids policy.

# A warm haven for AIDS victims

By ALAN DUGGAN

SOMEWHERE in Cape Town is a warm, friendly house occupied by people who are doomed to die.

It's called J D Kasner House — and it's home to AIDS patients who are determined to make the best of the time they have left.

Three of the inmates have full-blown AIDS, eight others are HIV-positive, and one — a student — doesn't have the disease at all. *S Times 11/6/89*

They all need each other and they are not afraid to say so when the fear and the pain become too much to bear.

The home is partly funded by the local branch of the Gay Association of South Africa, with further contributions coming from well-wishers and the inmates themselves.

Happy <sup>92</sup>

It was named after the first Aids victim to die in Cape Town.

Allan, a hairdresser who has full-blown AIDS, said:

"This isn't a house where we come to die — it's the place where we live."

"We're actually happier than we've ever been in our lives."

"A second home will be opened in Cape Town in August this year, and there are plans to establish similar homes in other major centres."

Meanwhile, the inmates are keeping a low profile.

"The neighbours don't know we're here, and I think it's best to keep it that way," said Allan.



# More insurers demanding <sup>92</sup> tests for Aids

The Argus Correspondent

JOHANNESBURG. — Insurance companies are worried about the potential growth in Aids cases and have begun to tighten policy coverage demanding that policy holders prove they have been tested for the virus.

Most companies have adopted the stance that all new applicants for life insurance policies must undergo a blood test for Aids.

Aids has caused a furore in the insurance world.

Our insurance executive asked: "How do insurance companies protect themselves from someone who after having a test finds out they are HIV positive and then buys insurance?"

He said if the insured person died as a result of Aids it was difficult to prove it, as Aids sufferers usually died of other infections because their immune system collapsed.

Prof Barry Schoub, director of the Aids virus research unit, said different companies had different policies.

"Certain companies do ask policy holders whether they want to be tested for Aids. If the person refuses they can have an Aids exclusion clause which means if they die of aids the company doesn't pay out.

## More expensive

"Some companies allow those who have a terminal disease to take out a more expensive insurance policy."

Southern Life general manager Mr Paul Truyens said his company would not always insist on applicants taking the test — even when they had indicated a willingness to do so.

"But Southern will insist on the test being carried out if the amount of cover being applied for is R200 000 or more — taking into consideration all policies issued or being applied for on the life assured during the last 12 months with the Southern Life or any other office.

"If the test shows no trace of the virus in the blood, the policy will provide full cover even if the death of the policyholder is a result of having subsequently contracted Aids."

And if the policy-holder was willing to be tested but the Southern did not choose to do so the policy would also provide full cover.

But if the test showed the person was infected Southern would turn down the applicant.

Southern would also decline applications from people who had a recent history of high risk sexual behaviour and/or sexually transmitted diseases.

If individuals were unwilling to have the test Southern would issue a policy with a special provision that would restrict the amount payable if the person was infected at the time of the claim, regardless of the cause of death.

Liberty Life insurers said a potential policy-holder would be required to submit to an Aids test, if he wanted life cover of R200 000 or more.

A person wanting life cover of less than R200 000 would be screened as normal and if Liberty Life was suspicious that the intending policy-holder had Aids the company would ask him to submit to a test.

Liberty Life liaison officer Mr Sven Forssman said if a policy-holder contracted the virus after taking out a policy — and it did not have an Aids exclusion clause — he would be paid out in full if he died.

Other companies have made small adjustments to the rule adopted by insurers at a meeting of the Life Offices Association last October.

Under the rule new policy-holders with R200 000 or more in coverage are not covered for Aids without a negative blood test.

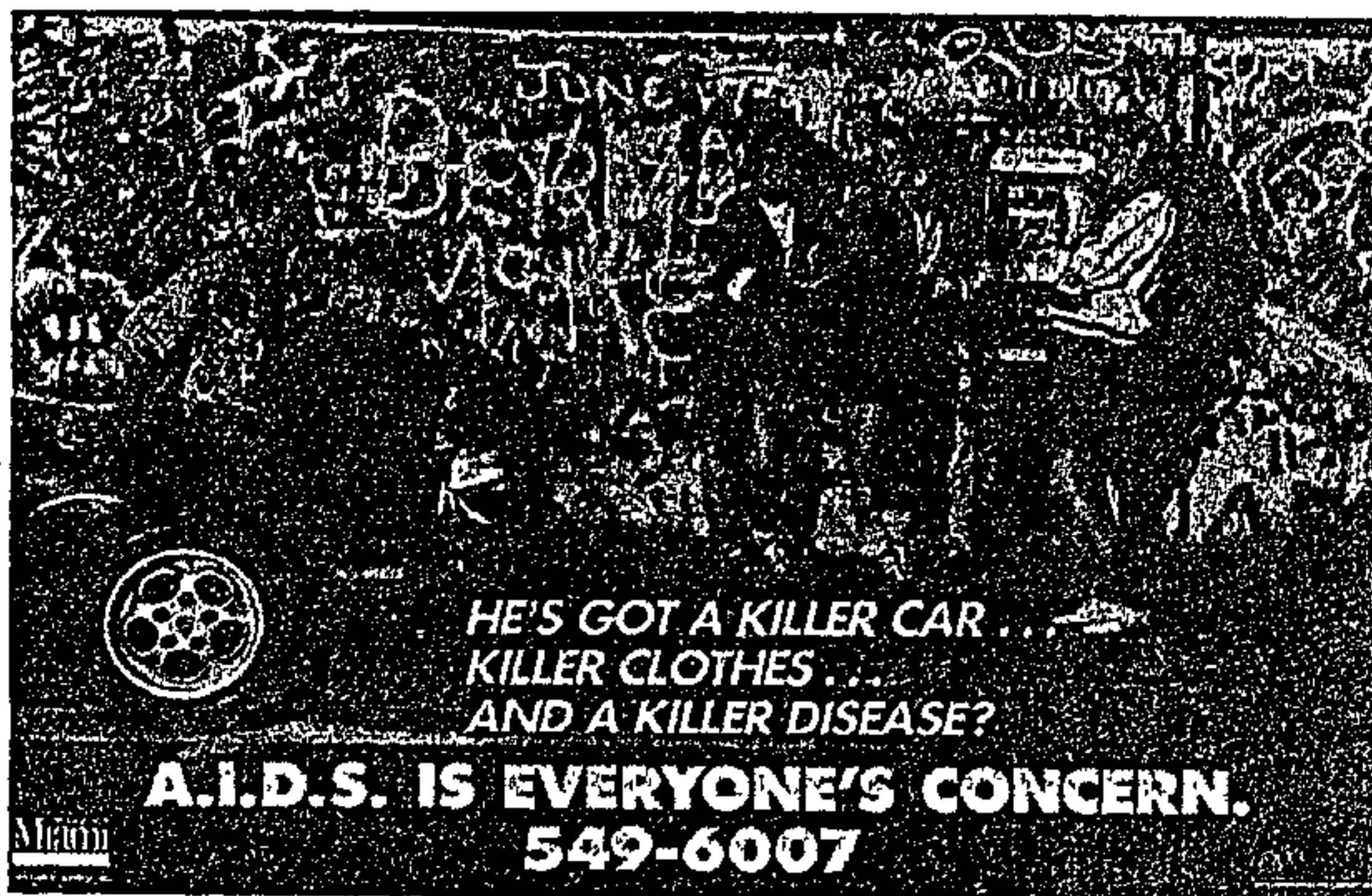
Some companies have limitation clauses instead of exclusion clauses. Rather than excluding Aids coverage on new policies, Commercial Union will limit the payout on Aids deaths to eight times the annual premium, no matter how high the coverage.

At least one other is also considering changing its Aids policy.



W/mail

15-22/6/89



One of a series of posters distributed by the University of Miami, warning in English and Spanish that Aids (or Sida) can hit anyone. Other slogans in the series: with a condom on the scale, 'An ounce of prevention ... because there is no pound of cure' and with a photo of prostitutes, 'Who tricked who?'

## Talking tough to the tough guys

WHEN Zé Cabra Macho gets ready for bed, he laces up his boots, puts on his construction helmet and rolls a condom down over his erection.

If that doesn't sound romantic, it is for a good purpose. Macho is a small clay model and the central figure in an Aids prevention programme for construction workers in Brazil. He is the creation of the Brazilian Interdisciplinary Aids Association (ABIA), a non-governmental organisation.

Dr Silvia Ramos, a psychologist and the executive secretary of ABIA, first began working with construction workers in Rio de Janeiro, when she was invited by a company to give a talk to workers about Aids. Five men on the site already had the disease.

"I was not prepared," she said. "Their faces said, 'Who is this woman and what is she here to tell us?' I knew I had to learn to talk to them about Aids in a different way. What we had to do was learn to join what we know about Aids with what they know about themselves."

The 350 000 construction workers in Rio are migrants from rural areas. More than 60 percent live in dormitories on crowded construction sites.

"They have left behind their families, their wives and their lovers," says Ramos. "They face the cultural shock of life in big cities. Together in dormitories they share meals, sex and their solitude."

*The construction workers of Brazil spend months on end away from their wives and families in crowded male-only dormitories. There, they turn to one another, for company and for love*

Many of the workers, Ramos said, would visit prostitutes in the neighbouring slums, particularly at the end of the month. But for most of the time they turn to each other.

"Sex is the body's response to solitude," says Ramos. "The workers call sex between them 'solidarity sex' because money doesn't change hands. But they don't think of themselves as homosexual."

Ramos spent four months talking to the workers, their employers and their representatives before Zé Cabra Macho, which means "brave strong man", was ready to do his work.

A clay figure is called a "boneco" and is a traditional art form in the north-east of Brazil from where most of the workers come. Using Macho and other similar figures, Ramos and her colleagues created an animated video accompanied by songs to get their message across. Macho is shown having sex with men and women. He is shown talking to

workmates about Aids and looking after one who has the disease.

"Macho combines all the qualities that the workers most admire. He has the courage of a peasant and the sensuality of a Don Juan. He is macho because he loves sex and has plenty of it, but also because he knows how to make it safe and because he does not turn away from his friends who have Aids.

"We wanted to get the message across in a direct way but not in a way that would cause panic and fear," says Ramos. "If you cause them to fear one person, the results would be terrible. That is why Macho stresses solidarity with each other."

Some of Brazil's 5 712 reported Aids cases are construction workers. But ABIA, who believe the official figures are vastly under-reported, are tackling the issue in other areas.

Unlike most parts of the world, where the national blood supply has been secured, Brazil's transfusion service is in private commercial hands and, ABIA charge, it is loosely controlled. Transfusions are responsible for 20 percent of cases in Rio and 10 percent of cases nationwide.

"The organisation was formed in 1986 because of the government's poor response to Aids," says ABIA's Flavio Wiik. "It is very difficult to talk about Aids in a Catholic conservative country."

Wiik's own work has been to develop an aids prevention programme for Brazil's estimated seven million street children. It is thought that two percent (or 140 000) of these children have already been infected with the virus which causes Aids.

Working with a network of educators, Wiik developed an animated video which tells the story of Johnny, a teenage street child who sometimes sleeps with tourists for money. He hears about Aids and gets worried. When his friends fall short on information he turns to a prostitute friend.

"Our idea is not to give too much information but to give the right information," says Wiik. "You can't talk to the kids unless you talk to them in the language they use. So we avoid all this medical talk about 'anal sex' and 'penis' and 'semen'. We are not concerned with preaching moral habits. We are concerned with direct information."

A bigger obstacle than language, Wiik says, is the fatalism created by the street children's desperate situation. "They say 'Okay, so if I avoid getting Aids I am going to die of something else. If the police don't get me I will probably die of hunger'."

"What we have to do," says Wiik, "is raise Aids in a way that also discusses ... their rights. One of these is the right not to be street kids."

## SOS out for dolphins

*Tuna fishermen seek out dolphins because tuna are known to congregate near them. The result: dolphins as well as tuna die in the nets*

By JANE FRITSCH

boat worker and showed graphic videotape of dying dolphins caught with the tuna.

Tuna fishermen sometimes seek out dolphins because tuna are known to congregate near the mammals. Explosives are used to herd the dolphins away from the tuna and into nets designed to prevent injuries. However, frequently these measures fail.

"People aren't really aware of the fact that tuna boats here in San Diego are killing 20 000 to 30 000 dolphins a year, and that's just the US part of the fleet," LaBudde said.

American tuna industry spokesmen respond that they already rescue a large proportion of the dolphins caught in their nets and it is unlikely that much further improvement can be made without financially devastating their industry.

The whaling commission did some preliminary work on the dolphin issue last year, but it is unclear whether its members will be willing to take on another politically and economically sensitive issue at a time when controversies over whaling are far from ended.

If there is a pariah among the scientists, delegates and activists gathering in San Diego this year, it is Kazuo Shima, the representative from Japan.

He is not alone in his opposition to the commission's ban on commercial whaling, but he expects little support from the representatives of the 37 other nations, who will spend the week determining how many whales may be killed in the next year and for what purpose.

"When you look at the history of the IWC, you will see that the membership (has) been constituted of nations having the culture of the land animal, the meat culture," Shima said in an interview last week. The Japanese culture features a diet based on marine resources, he said, and as a result there is a "clash of cultures" on the whaling commission. Los Angeles Times.

# SA director <sup>92</sup> barred from <sup>star 14/6/89</sup> Aids congress

By Toni Younghusband,  
Medical Reporter <sup>222</sup>

Dr Buks Lombard, the Department of Health's medical services director, was refused participation in the fifth international Aids congress held in Montreal, Canada, last week, a spokesman for his office in Pretoria confirmed yesterday.

Dr Lombard was informed of this shortly before his departure by the congress organisers.

The spokesman said Dr Lombard's application to attend was initially accepted and he had sent his registration fee and booked accommodation. The money was returned to him when organisers said he could no longer attend. As his registration had now been refused, he was not granted a visa.

## OTHERS ALLOWED

At least three other South Africans, including Professor Ruben Sher of the South African Institute for Medical Research, were allowed to attend.

The congress organisers — international Aids authorities — said Dr Lombard's application had been withdrawn because they already had a "large number" of registrations.

"What is upsetting is that other South Africans were allowed in, yet Dr Lombard is the one responsible for administering this country's Aids programme," the department spokesman said.

He said Dr Lombard had flown to the US instead, where he would meet delegates who had attended the congress.



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## THE WORLD

FOR speakers at the fifth International Conference on Aids in Montreal last week, there was always one fool-proof way of raising a cheer from the audience: whip out a condom.

There was little doubt that by the end of the conference these simple rubber devices had earned as much attention as some of the most eminent scientists — and a lot more laughs.

One sign of the status of the condom in the world of Aids prevention was the large-scale presence at the conference of the people who make them.

A Japanese company boasted the thinnest condom, the "Skinless Skin" coming in at just 0.3mm, but with safety counting for as much, if not more, than sensation in the age of Aids, that may not count for much. More popular was the Ansell company's offering of the mint-flavoured condom for those people who don't like the taste of Latex; early reaction to that has got them investigating the possibility of Cinnamon, liquorice and chocolate alternatives in the future.

Perhaps the biggest crowd gathered to look at a "woman's condom" which an American company is developing and hopes to have on the market in the near future.

But condoms were also at the centre of an important issue at the conference. There is little dispute that safer sexual practices, and the use of condoms in particular, are seen as the key to curtailing the spread of Aids. But what was not, and could not, be resolved by the conference was how that message could best be got across

# The final weapon against Aids: A sense of humour

The problem the world conference on Aids debated this week was how best to spread the message about safe sex. The answer, invariably, was: use laughter.

JOHN PERLMAN reports from the Aids conference in Montreal



Frankly funny ... Using humour to get the safe sex message across

and with what degree of frankness.

The media used in national and community-based Aids campaigns that was on display from around the world ranged considerably, but there were some common features.

It was striking that wherever people were urged to use condoms, the message was always put across with a large dollop of humour. Not only can the neat little "O" that a rolled-up condom forms be used in written messages; it can also float like a life-belt on the sea, as in an Australian TV spot, or it can serve as a very romantic moon over a scene of a sailor kiss-

ing a woman on the docks in a Brazilian pamphlet entitled "a safe port in a storm". And in television adverts, the "I" in Aids is just perfect for unrolling a condom over.

One German TV advert showed a mother slipping a box of condoms into her son's jacket pocket as he set off on a date. She was then shown sneaking into his room the next morning while he slept and shaking out the box: "Goodness. Just one left!" she laughed.

While less sophisticated in their presentation, some developing countries had also produced media calling for condom use. One particularly remarkable example from Costa Rica, a cartoon strip, showed two prisoners arguing over whether they should make love with or without a condom.

On the whole, where media did not advocate condom use, it relied heavily on fear as a deterrent. One exception was the Ugandan government campaign which said: "Love careful-

ly. Beware of Aids. Loving is beautiful but could also be deadly."

But the message put across by the United States government media was much less forgiving "If you cheat on your partner you could wind up with more than a broken heart," said one poster. "If you're dabbling in drugs you could be dabbling with your life," said another. And in a chilling television advert, the camera lingers close-up on the fingers of one person running sensuously up the arm of another, obviously lying in bed, then pulls back to show a nurse zipping a dead man up into a body bag. An "Aids kills" type warning follows.

While generally conservative on most issues, Switzerland has introduced a frank Aids campaign and a system of needle exchanges to protect intravenous drug users in all its major cities, both of which have been widely acclaimed. "If a public health official is unwilling or unable to provide unambiguous messages, people will remain in the dark," said Bertino Somaini, head of Switzerland's Aids programme. "If a public health official is scared of negative reaction, he has chosen the wrong job."

But for a time in the US, public health officials had more to fear than just making people cross. A Bill sponsored by conservative senator Jesse Helms, of North Carolina, prevented public money being given for any Aids campaign which "promotes homosexuality". Campaigns, Helms said, should stress the importance of abstinence. The Bill was passed by the senate by 94 votes to two.

Public health officials were as horrified as gay activists. Concerted lobbying of the senate eventually got the Helms amendment reversed by 47 votes to 46.

But even without that pressure, it is doubtful whether some community-based Aids education would get government support. The Gay Men's Health Crisis, for instance, a New York-based group which offered the first organised response to Aids, creates "safe sex" videos with a somewhat different intention. "We aim to show that safe sex can be extremely explosive and pleasurable," said Gregg Bordowitz, who coordinates the project. "Our intention is to militantly advocate sex."

That kind of frankness is never going to be broadcast on prime time television. But it raised another important issue that has nothing to do with offending people or otherwise. What the GMHC, and other groups of people many of whom are already living with Aids or with human immunodeficiency virus infection seem to be saying is that the disease is not going to end their lives quite so easily.

By asserting that Aids does not mean the end to sex, the message (if not the medium) is a positive one for anyone concerned with the disease.

## A massive quilted monument to those who died

HOWEVER much grief the Aids pandemic has caused, it has also inspired the creation of what must be one of the world's most beautiful memorials to the dead.

Two years ago, gay activist Cleve Jones and some friends in San Francisco began meeting regularly in each others apartments with sewing machines, needles and thread, making quilt panels to commemorate the friends they had lost to Aids.

Jones was inspired by a government building in San Francisco covered with cardboard placards bearing the names of people who had died of Aids. "It was such a startling image," says Jones. "The wind and rain tore some of the cardboard names loose,

but people stood there for hours reading names. I knew then that we needed a monument, a memorial." The image of the placards eventually gave way to the vision of a huge quilt, "something that would take all our individual experiences and stitch them together to make something that has strength and beauty".

The idea of a quilt clearly struck a chord. Quilt panels from all over the US began arriving. When the quilt was first assembled, at a rally in Washington in 1987, it consisted of 1 920 panels and covered an area equivalent to two rugby fields. When it returned to the capital a year later, it had some 8 000. The quilt went on a four-month 20-city tour which gener-

ated \$500 000 for Aids care and involved thousands of volunteers.

Today, the quilt has more than 10 000 panels, from 17 countries, and has been nominated for this year's Nobel Peace Prize.

Its extraordinary power does not just lie in its size, overwhelming as that is. "With the quilt, we're able to touch people in a new way and open their hearts so that they no longer turn away from Aids but rather understand the value of all of these lost lives," says Jones.

Some of the panels are simple, just a first name on a plain piece of cloth. Others are ornate and painstakingly made. But ornate or plain, each panel

tells a story of a life lost and how that touched someone else.

In some of them there is ongoing pain. One panel, sky blue with a pink triangle, has a first name Michael and next to it a hole cut in the cloth. When Michael's lover took the panel he had made to show the dead man's parents, they took it from him and cut their surname out.

Another panel, illustrated with childlike drawings, read: "I have decorated this banner to honour my brother. Our parents did not want his name used publicly. The omission of his name represents the fear of oppression that Aids victims and their families feel."

**TEACHERS' ENGLISH LANGUAGE IMPROVEMENT PROJECT**  
CENTRE FOR CONTINUING EDUCATION

TELIP is a Wits based education project which develops English language improvement courses for teachers. Courses are run at field units in different parts of Southern Africa.

RESEARCHER





## Advances reported at conference

# Aids affecting more women and children

There will be three times as many Aids cases in the Nineties as there were in the Eighties, a statement from Dr Dennis Sifris, head of the HIV clinic at the Johannesburg Hospital, said yesterday.

Dr Sifris, who attended the fifth international conference on Aids held in Montreal last week, said there was a growing increase in the number of women and children worldwide with Aids and HIV infection. However, the prospects of vaccines had received much attention and this year some incremental advances were reported.

Early intervention with appropriate therapy, such as Zidovudine, has been proved to increase longevity and quality of life, Dr Sifris said.

### Experts agreed

Optimistically, all experts at the conference agreed HIV was a chronic manageable disease and much work had been done to use other drugs in combination with Zidovudine and treatments to prevent any opportunistic infection, such as pneumonia.

"As far as clinical management is concerned, practical models of outpatient care with HIV infection affirmed the comprehensive care given at the HIV Clinic at the Johannesburg Hospital is comparable to most centres in America and Eu-

rope," Dr Sifris said.

The social and psychological aspects took a prominent position at the Montreal conference. People living with Aids were included in major plenary sessions and gave delegates a new perspective.

Laws that discriminate against people with HIV and legislation calling for isolation and quarantine were unanimously condemned by delegates.

The US recently passed legislation prohibiting entry of people with HIV into the country. A motion was passed at the conference calling for the lifting of any travel restrictions on such people.

Speakers called on governments to mobilise and fund education campaigns.

In the Third World, the war on Aids is also a war on poverty, the statement said. "Poor socio-economic conditions favour the rapid spread of the disease.

"It would seem, although the epidemic is on the increase, there is some hope," Dr Sifris said.

"HIV can be controlled by various drugs, but only if policy-makers provide the funds for treatment, education and the prevention programme.

"In South Africa we are only seeing the beginning of an epidemic," he said.

He said the government, the private sector and industry should move fast to prevent Aids from becoming unmanageable. — Sapa.

Picture by Karen El...

# Aids: what can South Africa expect?

Star 15/6/87 92  
Medical Reporter

South African Aids expert, Professor Ruben Sher, will give a public lecture next month on the situation of the disease in this country.

There are an estimated 15 000 carriers of the virus in South Africa and more than 220 have developed the full-blown disease.

Professor Sher's lecture will look at "how far we have come in understand-

ing this disease, where we stand today and what can be expected from the future as far as this disease is concerned".

The lecture will be held in the Spencer Lister Auditorium at 7.30 pm on July 5, at the South African Institute for Medical Research, Hospital Street, Johannesburg.

● See Page 3 M

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● See Page 3 M



Sowetan 19/06/89

# Aids cases are on increase

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tal is comparable to most centres in America and Europe," Sifris said.

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Laws that discriminate against people with HIV and legislation calling for

isolation and quarantine were unanimously condemned.

Speakers called on governments worldwide to mobilise and fund education campaigns, including community-based organisations, to reach all populations on a level they can understand.

In the Third World, the war on Aids is also a war on poverty, the

statement said. "Poor socio-economic conditions favour the rapid spread of the disease.

"It would seem, although the epidemic is on the increase, there is some hope," Sifris said.

"HIV is now a chronic manageable disease which can be controlled by various drug regimen, but only if policy-makers provide the funds for

treatment, education and the prevention programme. (92)

"In South Africa we are only seeing the beginning of an epidemic, now," he said.

He said the Government, the private sector and industry should move fast if we are to prevent Aids from becoming unmanageable. — Sapa.

AWB and Aids on  
assembly agenda <sup>Mar 23/1992</sup> (92)

The Afrikaner Weerstandsbeweging, the Broederbond, a bill of rights and Aids are among items to be discussed at the Nederduitsch Hervormde Kerk's General Church Assembly meeting in Pretoria next week.

The assembly will meet in the Aula at the University of Pretoria from Sunday. — Pretoria Correspondent.

THE Government should urgently implement a sex education programme at schools if the killer virus, Aids, is to be curbed, a condom manufacturing company said this week.

The managing director of LRC Industries, Mr Rob O'Molony, said:

"Shocking revelations regarding homosexual child sex rings in South Africa and the fact that two of the alleged perpetrators died of Aids has made sex education at school level more

## Combat Aids at schools

Sowetan 22/6/84

92

imperative than ever."

He said a well-structured, professional and responsible programme must be instituted as soon as possible.

"We sympathise deeply with the children and the parents involved and it is clear that many of the children drawn into these rings do not realise their implications.

"They lack knowledge of Aids, how it is contracted and what its fatal consequences are."

O'Molony said sex education could no longer be left only to the parents, who, in many cases, feel awkward about the subject.

He said it was absolutely vital that from an early age children be

made aware of the terrible dangers of promiscuous sexual relationships and of the responsibilities involved in any sexual relationship.

A sex ring uncovered recently in the Cape involved about 15 molesters and 25 boys aged between 12 and 17, O'Molony said.



AMCAS 23/6/89

## Aids in the workplace 92

### Medical Reporter

SEVERAL experts will address a conference on practical guidelines for employers and trade unions in dealing with Aids in the workplace.

The conference is to be held at the Cape Sun Hotel, Cape Town, on Monday.

Speakers include Cape Town's Medical Officer of Health, Dr Michael Popkiss, who will talk on the responsibility of local government.

Dr Jane Pearce, deputy director of the Western Province Blood Transfusion Service, will also speak.

Also included is a talk by the head of personnel for a national chain of supermarkets on the company's Aids programme.

For more information contact Pam Herr at 75 3677.



# THE AIDS SCOURGE

BLACKS abhorred homosexuality and linking it with Aids "would be irrelevant and counter-productive".

This was said because it would endorse the concept of this being a white man's disease or a cultural white aberration very remote from the accepted sexual excesses of the normal male African", a consultant has said.

Development and public relations consultant, Mrs Dawn Moko-hobo, undertook the first survey of the attitude of blacks to Aids education for Sanlam.

Her report has just been released in Sanlam's annual group benefits review.

She was not implying that promiscuity was more rampant in African society, but sexual excesses, especially when practiced by males, were generally "hallowed" or viewed as prestigious, she said.

"Much as these practices will facilitate the spread of Aids, they also reinforce the traditional attitude of male supremacy and male sexual prowess," she said.

Another conceptual problem was that sexually transmitted diseases would be better perceived as diseases of the sexual organs or contiguous areas of the body in the mind of the simple African.

## Sexual

"Aids as a general disease, will not be accepted as a venereal disease because no specific sexual organs are affected. It affects non-sexual organs and other organs remote from the genital areas."

The treatment of the disease should be treatment as such. "In other words specific medicines should be administered," she said. "To talk about the treatment by prevention or by the use of condoms, is not an easy strategy because it demands numerous resources in educating largely illiterate and under-educated group of people."

Accordingly the specific treatment for Aids as a disease posed a serious conceptual and practical disadvantage.

"There are too many factors which militate

## Consultant surveys attitude of blacks to the dread disease

By DENNIS CRUYWAGEN  
In Cape Town

against even basic rationality."

Aids, she said, would be seen as remote from anything to do with sex.

"The promiscuous person enjoys his emancipation from the sexual taboos of yore. Beside, society tacitly accepts the results of so-called sexual looseness and rather uses the extended, family system to cope with illegitimacy."

Teenage pregnancies were not encouraged but were being tolerated more readily by society at large.

## Polygamy

"In addition, in the adult mind, polygamy is grudgingly only refrained from and replaced with illicit approval of multiple marital relations, practised even, perhaps, with social connivance."

Homosexuality was largely non-existent in current African society.

"In fact, the concept is abhorrent," she said.

Linking Aids with homosexuality would be irrelevant and counter-productive because it would endorse the

concept "of this being a white man's disease or a cultural white aberration very remote from the accepted sexual excesses of the normal male African," she said.

The so-called abnormal sexual behaviour factor for the spread of Aids would be a non-starter, she said.

Diseases of the sexual organs had to be seen in the terms of basic concepts and terminology such as sexual sores and discharge from the sexual organs.

"It would be a formidable task to convey the idea that sexual activity could cause cancer of the skin, running stomachs, general weight loss, lung disease and slow death."

Natural and artificial poisons could enter the body through the sexual organs according to traditional beliefs.

"but the picture of Aids is a difficult one by the very nature of its diverse signs and symptoms."

Any form of contraception for prevention of disease was difficult to accept.

"In fact, contraceptive practices are blamed for causing diseases such as VD and infertility.

Condoms were likely to be the most unpopular form of contraception because they interposed

between physical contact," she said.

On the myth of the population explosion being caused by promiscuity, she said.

"On the contrary, poverty causes societies to procreate and have more children. The fear of losing children is primarily why people produce more."

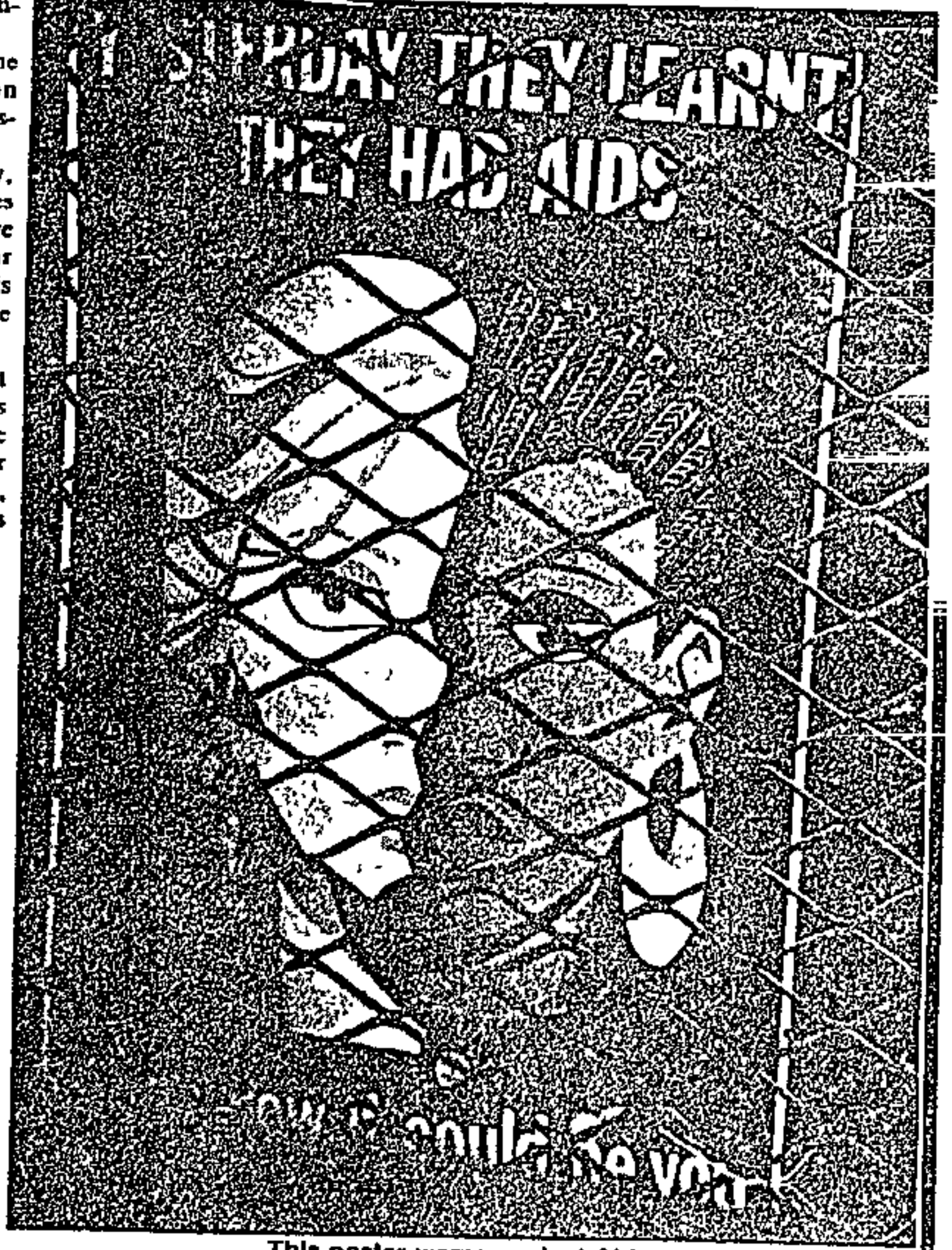
Propaganda against multiple sexual partners in a society where these were the norm rather than the exception, militated against its acceptance and belief.

## Concept

"There being no specific cure in addition to so-called behavioural preventive measures discredits this concept of Aids as a disease and may endorse the belief in contraceptive advice as a political manoeuvre."

"Aids is a new disease with unfamiliar causes. The symptoms and signs are not related to sex disease. In addition, it requires methods of management which are likely to clash with traditional societal norms of sexual activity."

This posed as formidable hurdles, he said.



This poster warns against Aids.

## R20 000 Reward

A reward of up to R20 000 (depending on full or partial recovery) is being offered for information leading to the recovery of twenty plastic canisters with contents, as shown in the adjacent photograph.





## Aids victims who 'try to give it back'

Own Correspondent

CAPE TOWN — A Transvaal Aids patient deliberately tried to infect his sister's four-year-old child with Aids by transferring saliva into the child's mouth, medical law expert Professor S A Strauss said yesterday.

Addressing an Aids conference organised by the Institute for Administration and Commerce, Professor Strauss said some victims believed they had been given Aids by society and that they "must give it back".

The man had allegedly also tried to infect his flat mate.

In South Africa existing legal principles were sufficient to offer protection under these circumstances, he said.



92 South 29/6 - 5/7/89

## Tackling Aids from the heart

Of the 10 000 delegates who attended the high-powered Fifth International Aids Conference in Montreal, 26 were men and women with Aids. Their presence symbolised international recognition that Aids patients should not be treated as untouchables. D K Joshi reports:

ONE of the most striking features of the recent six-day International Aids Conference in Montreal was the attendance as delegates of men and women who have the disease or who are infected with the Human Immunodeficiency Virus (HIV).

Some were unwilling to be interviewed because they did not want employers or friends to know of their infection.

The fear of ostracism and unemployment was poignantly expressed by the young Donald de Gagne, who said he was not sure what would happen now that people would know he had Aids.

He called for a strong movement for enlightenment.

"My heart goes out to Aids patients in developing countries," he said, adding that he intended to go to Africa and work towards the formation of an international group of PWA (People with Aids).

Most of the delegates with Aids/HIV who travelled to Montreal did so in the hope of finding a miracle.

Said 35-year-old Andrew Carter from Sydney: "I came to hear news of a cure for Aids and I was disappointed."

Amanda Higgs, 31, from Copenhagen, who has been HIV positive since 1986, spoke for the whole group when she demanded that governments should act now to include Aids patients and HIV positives in the decisionmaking process.

A manifesto presented by Aids activists called for an end to restrictions on the international movement of people living with Aids; a multi-national effort to co-ordinate and facilitate worldwide development and access to new aids-related drugs and treatment; help by the industrialised world to poor developing countries, and the conversion of military spending to medical, health and social funding. — GEMINI

# Fear hobbles SA effort to fight AIDS

By MALCOLM FRIED

IGNORANCE and mindless fear of Aids in South Africa may severely hobble efforts to stem the disease and help sufferers, a medical academic has said.

Professor Deon Knobel, head of the department of forensic medicine and toxicology at UCT, said in an interview yesterday that the basic human rights of sufferers should never be neglected.

Professor Knobel returned recently from the fifth international conference on Aids in Montreal, which was held early this month.

It was the first world Aids congress to examine the social as well as the scientific aspects of the disease.

A major issue at the meeting, which had been attended by 10 000 delegates from around the globe, had been the importance of maintaining human rights, said Professor Knobel.

"In this country, the rush to condemn sufferers and a general ignorance of Aids has led to the lapse of certain rights."

These included the right to privacy and confidentiality, to optimal medical care, to continued employment and housing, and to non-discriminatory laws and policies, which should always be based on scientific fact as well as "the right to scientifically cor-

rect and non-sensational information".

Professor Knobel said a lack of Aids education in schools and of public awareness campaigns had led to sections of the community not being able to make responsible judgments on Aids.

Even though the disease was spread only through intimate sexual contact with a sufferer, or from a mother with the illness to her unborn child, or through infected blood — as with contaminated needles shared by intravenous drug users — perceptions were that Aids could be caught by mere social contact.

"Keeping children and others from getting a truthful education, which would enable them to make responsible choices to prevent catastrophes, on the grounds that it is immoral to speak of such matters, can be regarded as immoral in itself," said Professor Knobel.

"Isolation and coercive treatment of sufferers is not going to help anyone," he said. "Aids must be understood and dealt with sensitively and intelligently if we are to make progress and act in a humane manner."

● A day-long Aids conference aimed at employers, emphasising education and prevention, will be held at the Cape Sun Hotel on Monday.

92  
CMT  
TMS  
24/6/89

## Earthy realities

Companies seeking to develop policies to deal with Aids face the difficult task of discerning the middle ground between complacency and hysteria. This problem was graphically highlighted at a Cape Town conference on Aids, organised by the Institute of Administration and Commerce. Juxtaposed were Professor Jan Sadie's concluding comments — "I feel sometimes that too much time is spent on Aids" — and Professor Deon Knobel's introductory quotation of the president of the International Aids Society: "Complacency will be catastrophic for future generations."

Uncontroversial was the priority of education as the principal means of combating the spread of the disease. Also agreed was the need to tailor the message to suit the audience. How difficult this can be was made very clear by Dawn Mokhobo who offered earthy, but relevant, personal impressions on black perceptions of Aids. The distilled First World wisdom of how to avoid Aids is "Promiscuity out, condoms in." For many blacks, Mokhobo pointed out, this was problematic in a number of ways.

Firstly, "polygamy and concubinage are still tacitly accepted as normal cultural practices among Africans." Promiscuity would not, therefore, be easily stigmatised as the reason for the spread of Aids. Calls for abstinence also run counter to the male's traditional means of proving his manhood. There is also the difficulty of persuading simple people that sexual activity can be responsible for such ostensibly unrelated symptoms as diarrhoea, weight-loss and a runny nose. "All venereal diseases from time immemorial have enjoyed specific forms of treatment which never included preaching for abstinence or curtailment."

This is further grist to the mill of those who feel that any form of contraception is a white conspiracy aimed at keeping down black population growth. Mkhobo also pointed out that condoms in particular are "likely to be the most unpopular form of contraception, as they interpose between physical contact."

None of the above negates the conventional wisdom. But it does suggest that employers developing educational programmes will

Fmail 30/6/89.

(92) have to think hard on how to get the same message over in different ways. An example suggested is that instead of saying promiscuity may cause Aids, one should say that it may interfere with one's ability to have children — a powerful and readily understandable disincentive.

Aids in the workplace is a subject discussed mainly at the level of ethics and prevention for the simple reason that it is not yet an issue at the practical level. Two consultants in the industrial relations sphere both confirmed that they had not to date had any inquiries relating to Aids. Unisa's Professor "Sas" Strauss did, however, point out what the rights of the employer currently are. Here a distinction must be drawn between those seeking employment and those who are already employed when they contract the disease.

In the former case, there is no law to prevent an employer insisting on screening people who seek employment (this would be discrimination in certain other countries). In the case of an existing employee, the employer is not entitled to compel employees "to submit to random medical examinations." A medical officer of health or an immigration official has this power in special circumstances.

Many major classes of employee enjoy the protection of the unfair labour practice provisions of the Labour Relations Act. Strauss notes that, with certain exceptions, "it is highly unlikely in my view that the court will uphold the right of an employer to fire an employee merely on the grounds that he was diagnosed as suffering from an incurable infectious disease, which cannot be communicated to fellow-employees in the work situation as such." ■



# Child Aids 'epidemic' in Zimbabwe

CAM T-425 1/7/89 92

From MICHAEL HARTNACK

HARARE. — Aids has become the commonest cause of death among young children in Harare's central hospitals, a medical specialist here has claimed.

The doctor has appealed to President Robert Mugabe's government to lift its blanket of silence about the epidemic.

He said while the ministry of health bans publication of scientific papers on the Zimbabwean epidemic and forbids reference to aids on death certificates, 43% of tuberculosis patients between 16 and 40 have been found to have the Human Immuno Deficiency Virus (HIV).

The doctor, writing in the Zimbabwean Financial Gazette, said among new blood donors in Harare's commercial and industrial areas 17% to 19% were infected with the virus.

The Harare and District Blood Transfusion Service has been ordered not to give information on HIV positivity figures even to doctors because they are "state secrets".

"Because the incubation period is much shorter in children, an upsurge of Aids-associated illness in a community's children consistently indi-

cates an adult epidemic a few years later," says the doctor.

"Within a short time as the incubation period of HIV 'catches up' with us, HIV is expected to become the commonest cause of death in the sexually (and economically) most active age group," he forecast.

The doctor accuses Zimbabwe's ministry of health, run by controversial ex-guerilla medic Brigadier Felix Muchemwa, of delaying an effective response to the epidemic by "a passion for secrecy".

"International research collaboration is hamstrung by a rule forbidding the sending of blood samples out of the country," he complained.

"Against this disease, information is our most important weapon," he said.

Everybody needs to have that information, because anybody could be at risk.

"Access to Aids information is no threat to the nation's security — the continued progression of the epidemic is."

The doctor says Zimbabwe is now experiencing an epidemic "very similar to, although somewhat behind" those of Zaire, Zambia and Uganda.

92  
Aids children

*Off. Times 17/89*  
AIDS has become the most common cause of death among young children in Harare hospitals, according to a medical specialist, who blames it on the ministry of health's "passion for secrecy".

The ministry is run by controversial former guerilla Brigadier Felix Muchemwa.

● Full report — Page 3

92  
**Aids children**

*Off. Mail 1/7/89*

AIDS has become the most common cause of death among young children in Harare hospitals, according to a medical specialist, who blames it on the ministry of health's "passion for secrecy".

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● Full report — Page 3



# Prof pleads for Aids sufferers

Cape Times 27/6/89 92

By CHARL DE VILLIERS

INSURANCE companies should seriously consider covering Aids sufferers who would otherwise resort to the already overburdened public health system because of exorbitantly expensive treatment for the lethal disease.

Speaking at a city seminar yesterday, the head of UCT medical school's department of forensic medicine and toxicology, Professor Deon Knobel, said it was impossible for those who lost their incomes because of the disease to pay for treatment.

Prof Knobel said the cost of the AZT

drug prevented more than four patients from being treated simultaneously with the drug in Cape Town and Johannesburg.

Noting that delegates at the recent fifth international Aids conference in Montreal repeatedly heckled people who referred to Aids "victims", Prof Knobel said sufferers were entitled to, and did not have to earn, basic human rights.

"Instead of discussing Aids like we discuss abortion without the involvement of women, we must include sufferers in policy-making about the disease. We have to be as flexible and open-minded about the disease as is possible."

Voicing his opposition to compulsory screening of people for Aids and possible drives to have the disease declared notifiable, Prof Knobel said: "I plead liberty and voluntarism, and not legislation against Aids."

UCT Industrial Health Research Unit member Dr Max Bachmann said the greatest problems with Aids in the workplace were fear and discrimination.

"So employees must be taught that they are not at risk and employers must be taught that they have no grounds for dismissing a worker on the grounds of an HIV test," he said.

Stk 4/7/89

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## 'Don't shy away from Aids'

By Robin Drew,  
The Star's Africa News Service

**HARARE** — The Zimbabwe government has again been urged to do more to determine the exact level of Aids infection in the country and not to shy away from the problem.

The independent *Financial Gazette* says in its current issue that it is quite clear to those who work in hospitals that there is a serious epidemic and the numbers infected with the HIV virus are growing at an alarming rate.

Newspapers in the largely government-owned Zimbabwe Newspapers group have also called recently for the authorities to come out into the open.

*The Herald* reported in April that the most common cause of baby deaths at Zimbabwe's central hospitals last year was Aids.

In the *Financial Gazette* article, a doctor writes that patients with HIV-related illnesses already occupy a substantial and growing proportion of adult hospital beds.

He says conservative estimates of the number of infected Zimbabweans start at above 100 000.

The article refers to the "passion for secrecy" throughout the world which Aids epidemics seem to unleash — and says Zimbabwe is no exception.

HIV positive figures from the Blood Transfusion Service are not made available to doctors and any medical research has to be vetted by Government officials.

"The inclusion of the terms Aids or HIV on death certificates is not permitted," says the article, "Thus preventing comprehensive assessment of the disease's impact."

# Aids tests come under fire

92 Times 21 July

PRE-EMPLOYMENT testing for Aids, widely used by South African companies, is being severely criticised.

Eskom health services manager Charles Rods told a conference in Johannesburg this week that his organisation's policy was to test job applicants for Aids.

"We have nurses and doctors on our staff who are trained in both pre- and post-test counselling. HIV carri-

ers are assured of full confidentiality of medical records and all employees are educated on the subject of Aids.

## ENORMOUS

"We believe it is cost effective to screen applicants. In 1988, we tested 2 520 applicants at a cost of R21 420 and up to June 23 this year, we tested a further 1 145 which cost us R14 312."

Dennis Sifris, head of the HIV cli-

nic at the Johannesburg Hospital, questioned Eskom's policy of screening applicants.

He attended the fifth international conference on Aids held in Montreal last month where pre-employment screening was unanimously condemned by delegates.

"Aids is an enormous problem and increasing rapidly. It is estimated that there will be three times as many Aids cases in the 1990s as there were in the 1980s.

"It is, however, a chronic manageable disease. Great progress has been made with vaccines. Early intervention with appropriate therapy, such as Zidovudine, increases both the lifespan and the quality of life of the Aids sufferer."

"Pre-employment testing cannot, therefore, be condoned. It leads to discrimination, is very costly and any HIV carrier who has not developed antibodies to the virus will not be picked up by the test."



# Kiss that can trigger full Aids

Star 8/7/89

92

LONDON — British researchers have discovered that a usually harmless virus, commonly passed through human contact such as kissing, might trigger the full Aids disease in patients infected with the HIV virus.

Dr Paul Griffiths, head of the department of virology at the Royal Free School of Medicine in London, said yesterday the discovery could lead to clinical tests which might slow Aids development in HIV-posi-

tive patients.

Up to four out of five people carry the virus *cytomegalovirus* (CMV) and most show no ill-effects. But in patients infected with the HIV virus which causes Aids, it may accelerate the development of the fatal disease, he said.

The findings were published in the latest edition of the medical journal *The Lancet*.

Acquired Immune Deficiency Syndrome, which is passed on through sexual intercourse, blood transfusions, infected needles or from mother to unborn child, breaks down the body's immune system, making it prone to disease.

Researchers have been trying to discover why HIV remains dormant for years before causing full-blown Aids. Dr Griffiths and his team found that the two viruses appeared to interact, making HIV more aggressive.

"Our study shows that CMV infection was strongly associated with the development of HIV disease in HIV-infected haemophiliacs," the report said.

Its results were based on studies of 108 HIV-infected haemophiliacs which showed that Aids was more prevalent among patients who also had CMV — 41 percent — than those who did not — 13 percent.

## Won prize

Dr Griffiths won an international prize and scholarship grant last year for a test for fast detection of CMV.

"The results point the way to another future management of HIV disease because, by preventing and inhibiting CMV infection among HIV-infected individuals, the rate of progression to Aids may be reduced," a spokesman for the journal said. —  
Reuter.

More people  
infected with  
Aids virus 92

Staff Reporter

The number of people tested positive for the Aids virus in South Africa had risen by a third from last year, said Aids specialist Professor Ruben Sher last night.

Addressing a public meeting to mark the 75th anniversary of the SA Institute for Medical Research, he said the number of South Africans tested positive for the HIV virus rose to 2 400 last month. At about the same stage last year the total was approximately 1 800.

The number of patients with the actual disease rose to 258, with 27 having contracted the disease outside the country.

So far this year, 61 cases of the disease had been diagnosed and 36 of that number had died.

Dr Sher called for:

- The decriminalisation of homosexuality and prostitution.
- Schoolchildren to be educated about Aids and "safe sex".
- An end to the discrimination against Aids sufferers.

Dr Sher said the Transvaal Provincial Administration refused to treat Aids victims with specialist drugs such as AZT, although it dispensed expensive drugs to kidney transplant patients and leukemia sufferers.

He pleaded with health care professionals not to refuse to treat HIV-infected people.

"This practice is unethical, non-humanitarian and totally unacceptable," he said.



# Incidence of Aids <sup>92</sup> on the rise

Staff Reporter

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Addressing a public meeting last night to mark the 75th anniversary of the SA Institute for Medical Research, he said the number of South Africans tested positive for the HIV virus rose to 2 400 last month. At about the same stage last year the total was about 1 800.

The number of patients with the actual disease had risen to 258, with 27 having contracted the disease outside SA.

So far this year 61 cases of Aids had been diagnosed and 36 of that number had died.

● A doctor, radiographer and several nurses at the Vereeniging Hospital have had to undergo tests after treating a suspected Aids sufferer who was seriously hurt in a car accident last week, reports Melody McDougall.

A doctor and 11 firemen who assisted the patient at the scene of the accident have also been tested as a precaution.

The Vereeniging man died shortly after being transferred to Pretoria.



# Aids education by unions

82w 18/7/89  
South African trade unions are to embark on an extensive Aids education programme. (14/08) (92)

At its third congress in Johannesburg, the Congress of South African Trade Unions resolved that its education department and its affiliates develop a prevention programme. It noted that some employers were beginning to discriminate against workers who had Aids and it agreed to fight their dismissal.

The unions' Aids campaign would expose and eliminate conditions which contributed to the spread of Aids, such as migrant labour and hostel living. —  
Medical Reporter.

## THE WORLD

THE face of Aids activism that most people in the United States see is of angry protest, of people who have the disease bitterly accusing their country of not doing enough to help them fight it.

Demonstrations have been one way in which people with Aids have tried to get America to listen to them, none more dramatic than a protest staged by the Aids Coalition to Unleash Power (Act-Up) in San Francisco earlier this year.

As the rush-hour traffic began building up on either side of the Golden Gate Bridge, Act-Up members lay down across the middle of the bridge and brought an estimated 50 000 vehicles — and the city — to a standstill.

But there is another side to Act-Up and other Aids activist groups, which is as much a product of their experience with the disease as anger is.

Act-Up recently released a 16-page document entitled *A National Aids Treatment Research Agenda*. In it they charge that the US drugs research programme has failed to provide any new treatments for Aids, in spite of expenditures of \$500-million.

The government's drug development programme, Act-Up said, was slow, bureaucratic and misdirected. The government was spending far too much on "expensive and often toxic anti-virals to attack HIV (human immunodeficiency virus, the virus which causes Aids) and was ignoring the opportunistic infections that afflict people with Aids and HIV".

The document set out 12 principles for a new system for testing Aids drugs, including demands that people with Aids and HIV infection participate in the design and execution of Aids drugs strategies.

It proposed new models for clinical trials, including a ban on the use of placebos and the decentralisation of trial sites to make the drugs accessible to all communities.

## An Aids revolt against the slow pace of research

*Aids activists argue that the US government is misdirecting its efforts at combating the virus, and that the safeguards for untested drugs are obstructing, rather than assisting research.*

**JOHN PERLMAN reports**

The document also demanded that America's drug laws be reformed so that "products developed at public expense are priced fairly."

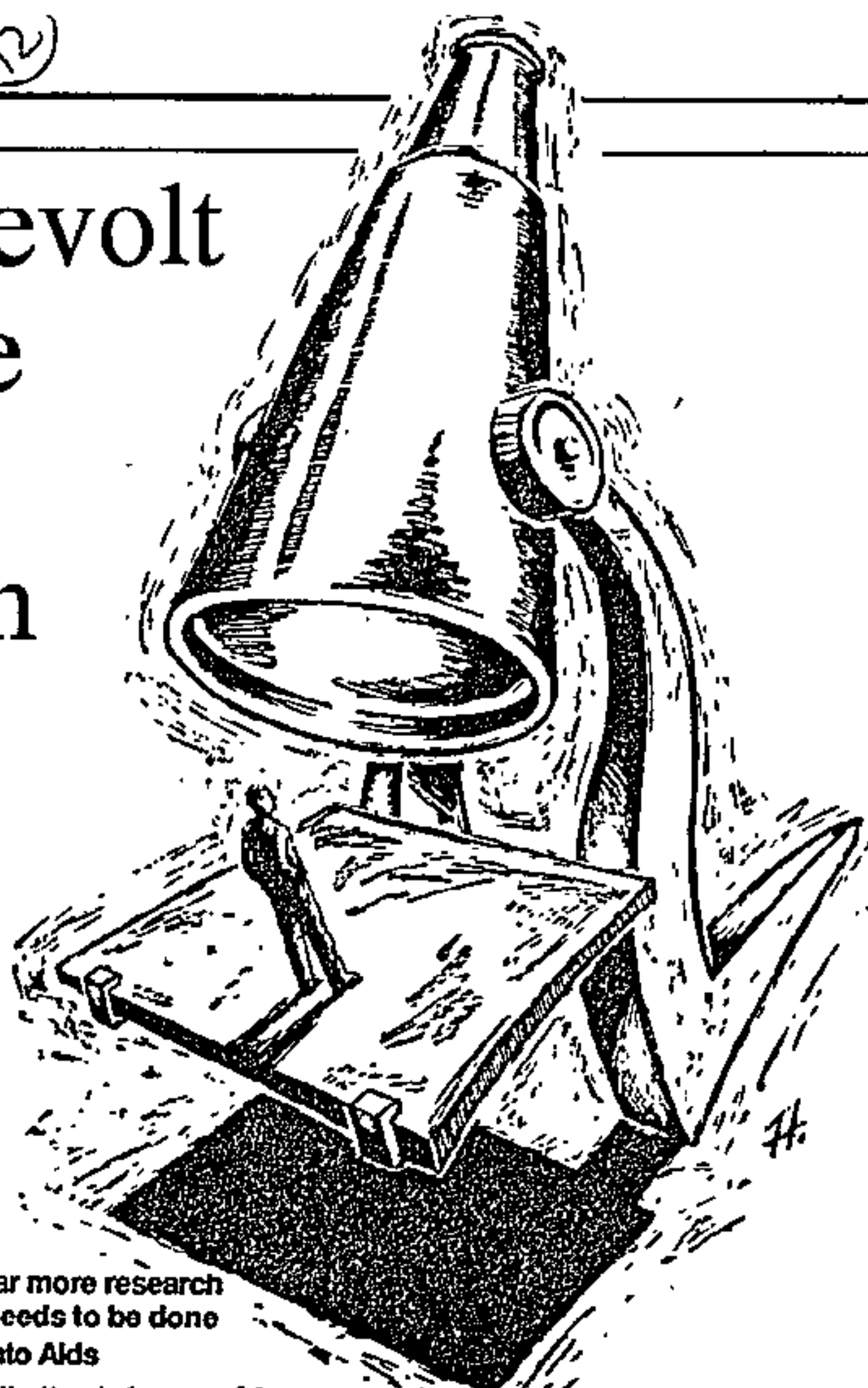
"Most research costs for new drugs for Aids are paid for with tax revenues. In return for its multi-million dollar investment in Aids research, the government is entitled to demand low-cost drugs for Aids."

The document ended with a detailed list of drugs Act-Up believe should be tested and released.

Act-Up representatives are confident their views will carry weight.

"We are as knowledgeable as the doctors, if not more," says Peter Staley, an Act-Up activist who was diagnosed with Aids Related Complex in 1985. "Our treatment and data committee is second to none."

"It is something we have all had to learn about. I tell my doctor what drugs I need — the only reason I am



Far more research needs to be done into Aids

still alive is because I have aggressively pursued my own treatment."

Act-Up's proposals do not appear to be out on a limb. At the fifth international conference on Aids in Montreal last month, US officials said the government's emphasis would be moving away from anti-viral drugs and towards treatments for the opportunistic infections, such as pneumonia, which kill people with Aids.

Last week, a leading drug company Bristol-Myers announced it would make a promising treatment available to people with Aids, immediately and free of charge, even though trials had not been completed.

Early tests have shown the drug, dideoxyinosine (DDI), to be as effective as AZT, the only drug approved to treat Aids, but with less dangerous side effects.

But Act-Up's belief that people with Aids can and must play a major role in treating themselves was perhaps given most weight by another community-based group.

The Community Research Initiative (CRI) was set up in New York in May last year, by a small group including Cape Town born physician Dr Joseph Sonnabend, to create a network where people with Aids and their doctors could participate in community-based drug trials.

The CRI, through its network of patients and physicians, conducted tests on an inhaled form of the drug pentamidine as a preventive for pneumocystis carinii pneumonia, an illness which has claimed the lives of 30 534 Americans with Aids.

Earlier this month, the US government's Food and Drug Administration approved aerosolised pentamidine for use against PCP, the first time a drug had been accepted based solely on data generated in a community rather than a clinical setting.

These successes do not mean an end to the activism. Larry Kramer, author of the play *The Normal Heart* and founder of Act-Up, says there is "lots of promising news about drugs."

"But the question is whether they can get them out. I really believe we are going to live but here is a lot of work to do. We are going to have to yell and scream and fight real hard."

While Aids prevention will require the best efforts of people in all countries, a cure or at least an arsenal of drugs to reduce Aids to a manageable, chronic illness is going to come from the industrialised world and probably the US.

Political pressure can force governments and scientists to speed up their pursuit of this goal.

And the people best placed to exert that pressure are the tens of thousands of young Americans whose lives depend on the drugs coming out of the labs as soon as possible.

## NATIONAL WOMEN'S DAY



On the 9th of August 1956 20 000 women marched to the Union Buildings to protest against the extension of passes to women. Since 1956 we have celebrated the 9th of August as National Women's Day.

A number of activities have been planned this year:

### FEDTRAW

**Saturday 5 August**

Festival: 10 00a.m. - 8 00p.m. Flower Hall, Wits West Campus With Goroformoode Blues Band, Cosatu Living Wage Choir, Traditional Dance, Music, Poetry, Plays, Stalls

**Sunday 6 August**

"Women and the Future in a Changing South Africa"

10 30a.m. - 3 30p.m., Ramakrishna Hall Women's forum by affiliate of FEDTRAW, the Lenasia Women's Congress. For catering purposes, organisations please phone (011) 852-1868 after 5p.m. to confirm.

**Wednesday 9 August**

Music Concert — From 6.00p.m. Warehouse at the Market theatre. Entrance R5.00 With Brenda Fassie, Mzwakho and his band, Inyanga and others.

### BLACK SASH

**Saturday 5 August**

Speakers Corner

Zoo Lake, 2 00p.m. - 5 00p.m. All welcome to speak, listen or ask questions

**Sunday 6 August**

"A Celebration of Women"

6 00p.m. Opening of photographic exhibition at the Market Theatre Gallery, corner of Broo and Wolhuter Streets

**WOMEN'S DECADE**

**Thursday 10 August**

Prayer service for National Women's Day — 1.00p.m. at the Central Methodist Church, Pritchard Street

**WOMEN FOR PEACE**

**Saturday 12 August**

Lusaka report-back and discussion — 12 00 p.m. lunchtime SHB6, Senate House, Wits Campus Meeting starts at 1 00p.m.

**WOMEN'S DAY  
TODAY IS  
FREEDOM DAY  
TOMORROW**

## Mere quackery? Or the people's cure?

By CHRISTOPHER REED, San Francisco

THE clock ticks at the same speed it maintains in most doctors' waiting rooms, slow. But the patients here are noticeably younger — younger and thinner.

Byers, Levin, Santiago and Waites are medical practitioners on the 14th floor of an art-deco office building in Sutter Street in downtown San Francisco, and they are very busy. They are defying conventional medicine by offering patients with acquired immune deficiency syndrome, Aids, an unusual drug from China known in the gay community as Compound Q. Others have called it "renegade medicine" and it could be described as the people's prescription.

Officially it is GLQ-223, a substance from a Chinese cucumber root used to treat certain cancers and containing trichosanthin protein, the drug's active ingredient. Aids, which has killed 70 000 people in the world since its discovery in 1981, is always fatal, and a cure for the disease has become modern medicine's Holy Grail.

Is it Q? Nobody knows, and the guerrilla practitioners in Sutter Street do not care. They have knowingly created a mini-medical scandal by treating five of their Aids patients with Q in an unofficial trial. In the US it is not illegal for physicians to try out new drugs with the knowledge and acceptance of patients.

But the US medical establishment abides strictly by controlled trials under the aegis of the federal Food and Drug Administration, a monolithic body that may take a decade to approve a new drug, but can claim to have saved America from thalidomide because of its caution. As the Aids toll has mounted, spilling into the heterosexual community but still concentrated among homosexuals, American gays have become angry at what they see as the FDA's scientifically immaculate, but painfully slow approval of new medicines. US gays have taken their cure into their own hands.

Large amounts of Q were smuggled out of China just before the recent military oppression and it is being unofficially tested on 72 Aids sufferers in San Francisco, Los Angeles, and New York. The SF physician group believes it can offer significant results in four weeks, as opposed to an approved trial at the city's renowned Aids hospital research centre, which will involve six months of trials and up to six

months before a formal report.

Dr Levin of Sutter Street and a respected Aids researcher, Dr Paul Volberding, have already had a row on radio. Dr Levin claimed his trials were "authorised", in the sense that he and his colleagues are doctors administering the drug under (their own) controlled conditions. They will release their findings as soon as possible because they believe undisciplined Aids patients will take Q anyway, possibly killing themselves.

It is also true that one Sutter Street patient died under Q last weekend. The doctors see this as no reason for halting their trials.

Levin's partner, Dr Larry Waites, wears a white coat and a stethoscope just like your local family doctor, and like the profession he is cool about death. "Some Q patients develop mental conditions after 48 hours. This one lapsed into a coma after 10 applications. He vomited in his sleep."

"Actually he had been recovering but he knew — because we had discussed it many times, and video-taped a couple of discussions — that he risked death. He was adamant about continuing. He didn't have long to live. His T-immune cells were down to 30 and they're supposed to be around 1 000."

Q patients sit quietly in their cubicles as the elixir drips into their bloodstream. Bob Barnett, 36, is a handsome former radio ads salesman with a frank gaze and healthy demeanour except for give-away Aids slimmness. He has resisted two often-deadly Aids-related diseases in his 19 months with the complaint.

Like most of the Sutter Street patients he has an educated approach to his inevitably short future, but it is a view tempered by hard experience. He takes Q, knowing the risks, because "it's 10 percent of the cost at one percent of the time and we can pass on the data". Passing on the data means medical knowledge of his death may help the next Aids "generation".

A psychologist of 41 from San Diego does not want to give his name. We spend 15 minutes and a room — and a world — apart, discussing death (meaning his death). He is blessed with the serenity of mortal knowledge but firm in the view that "I don't want to die, I don't want to give it away". — The Guardian, London



control of its game parks to heavily armed out-laws."

*Cont. Times 1/8/89 (92)*

### **113 Swazi Aids carriers**

MBABANE. — The number of confirmed Aids carriers in Swaziland has risen by five over the past three months to 113 since Aids was first diagnosed here in 1987.



... a major threat  
to SA transport industry

Staff Reporter *AKG 4/8/89* *92*

AIDS has been contracted by at least 35 percent of truck drivers operating between Zambia and South Africa.

This constitutes a severe threat to the transport industry, said Mr Ian Moss, chief executive of the Public Carriers Association, at a meeting of about 50 transport operators in Cape Town last night.

Most prostitutes on the Zambia-Zimbabwe route carried Aids and many South African truck drivers had contracted the disease through liaison with them, Mr Moss said.

"Aids-awareness ought to be introduced in the industrial relations programmes of transport operators to ensure their staff do not pick up passengers.

"The transport routes should also be scheduled away from areas where Aids has become a major problem," Mr Moss said.



## A winning fight against heart disease — Seftel

By Toni Younghusband,  
Medical Reporter

The overall mortality rate from heart attacks has dropped below 10 percent and South Africa's medical profession is winning the battle against heart disease, Professor Harry Seftel of the University of the Witwatersrand says.

Opening a cardiac catheterisation laboratory at the Flora Clinic in Roodepoort last week, Professor Seftel said that over the past 10 years the incidence of heart disease had dropped by between 20 and 30 percent.

"In terms of primary prevention — such as stopping smoking and lowering cholesterol levels — we have made important progress.

"We have now proved that by stopping smoking you immediately reduce the risk of heart disease by half and within five years the risk is the same as that of a non-smoker."

### SPECIALISATION

If cholesterol intake was lowered by only 10 percent, the risk of heart attack dropped by as much as 20 percent.

The availability of specialised cardiac treatment, such as catheterisation laboratories, helped fight the disease.

Professor Seftel said important progress had been made in reducing mortality from heart attacks and also in time spent in hospital.

"In the old days, if you had a heart attack you spend weeks in hospital; today some patients can be discharged within three days. This is spectacular, especially in terms of the patient's morale," he said.

The rehabilitation of the heart attack victim had become a vital phase in the treatment of the patient and his family.

In the past, patients had been treated in hospital, discharged and frequently re-admitted having suffered a second heart attack simply because they were unaware of the risk factors for heart disease and resumed the lifestyle which led to their first attack.

Today rehabilitation was as important in the treatment of the patient as hospitalisation.

'Most cases in Africa not reported'

# Aids sufferers in SA estimated at 33 800

Staff Reporters

Thirty-five percent more people than previously estimated may be infected with Aids in South Africa, bringing the number to 33 800, says Johannesburg Hospital HIV Clinic specialist Dr Steve Miller.

The figures were based on an estimated 100 HIV carriers for each person in the final throes of the illness, he said.

According to South African Institute for Medical Research Aids Centre chief Dr Ruben Sher, there are 258 people in South Africa with full-blown Aids and 3 000 known carriers of the virus.

Explaining the discrepancy in figures, Dr Sher said in South Africa, as in most countries, Aids statistics were under-reported.

"It is very difficult to keep pace with Aids statistics when doctors fail to inform the authorities of cases or do not accurately indicate the cause of death on death certificates," he said.

"It is impossible to estimate how many cases have not been reported. The World Health Organisation believes that in Africa as a whole only 10 percent of cases are reported.

"I expect that 90 percent of cases have been reported in SA," he added.

● A new book called "A Second look at Aids" by a Johannesburg doctor says there are two Aids epidemics in the world today, one the disease itself, the other the Aids Hysteria Epidemic.

The first is threatening to kill

off mankind by the million and the second is undermining mankind in another way, spreading anxiety among the countless "worried well" and creating armies of potential suicides.

Both epidemics are homing in on South Africa and adjoining corners of the subcontinent, for the region is in the blistering path of both the pandemic of "African" Aids surging southwards full-scale and world-wide hysteria which sees southern Africa as a hotbed of the disease.

"A Second look at Aids," whose author's name may not be mentioned under Medical Council rules of anonymity, shows that, among Americans especially, fear of Aids, hysteria and sensation-mongering, are rampant.

## Six drama productions for festival

Education Reporter

Six drama productions will be included in the programme for the 1820 Foundation Sasol Schools Festival of English in Bloemfontein on August 11 and 12.

Mime artists Eric Bouvron and Renee Coetzer will present "Mime" and two of South African playwright Geraldine Aron's plays, "Bar and Ger" and "A Galway Girl" will also be performed.

Three plays will be performed by school pupils. These include "Boy" written, directed and acted by Chris Mulder, a matric pupil at Linden Hoerskool in Johannesburg, "Sizo Bonana E Mfuleni" workshopped by Christian Brothers College, Pretoria and "Birth of an African Day" from Durban.

### COST

Other aspects of the two-day festival will be lectures on aspects of the English language and workshops in which pupils participate.

The cost per pupil or teacher is R40 which includes lunches, supper and teas. The Festival takes place at the University of the Free State. Applications by schools should be directed to the Education Officer, Mr Hugh Lester, at the 1820 Foundation, telephone (0461) 27-115.



# HAVE YOU

# WHAT'S ON

# TODAY

Every Monday you'll  
strangers! It's the  
distant cousins, one  
remote Mediterranean  
on his long-lost cousin  
life in America. The co  
standing of each other's  
of laughs! Plus there's the fir  
of Loving!



THE number of people tested positive for the Aids virus in South Africa had risen by a third from last year.

This was said by noted specialist Professor Ruben Sher at a public meeting to mark the 75th anniversary of the SA Institute of Medical Research last week.

He called on the Government to decriminalise homosexuality and prostitution for better control of the disease.

He demanded to be allowed into schools to educate children about Aids and safe sex practices.

The Transvaal Provincial

# Aids virus victims increase

Administration was called on to stop discriminating against Aids victims by refusing to provide such specialist drugs as the expensive AZT.

Sher said the TPA dispensed expensive drugs or costly combinations of therapeutic agem

kidney transplant patients or sufferers of leukemia, but refused to treat Aids victims with the latest in pharmaceutical breakthroughs.

"Aids should be treated like any other disease, without discrimination of any kind," he said.

The number of South Africans tested positive for the deadly HIV virus rose to 2 400 last month. At about the same stage last year the total was approximately 1 800.

The number of patients with the actual disease — invariably fatal — rose to 258, with 27 having contracted the disease from outside the country.

69/10/78  
S. M. M. M.

92



## Beat Aids with education

Star  
9/8/89 By Jacqueline Myburgh

92

Since there was no vaccine and no cure for Aids, all we could offer people was education in Aids prevention, Professor Jack Metz, director of the South African Medical Research Institute, said yesterday.

Professor Metz spoke at a ceremony where he accepted a cheque for R50 000 from Sanlam Life Assurance to assist the Aids Centre of the Institute in providing information and counselling in combating the disease.

Professor Metz said there was no such thing as an "Aids victim". Through education, everyone could learn to protect themselves.

Mr Desmond Smith, senior general manager of Sanlam, said the company had received 14 death and disability claims as a result of Aids. The most disturbing aspect of these claims was that most of them arose from professional people who had spent years studying and training for careers.

For South Africa, with its shortage of skills, claims like these were a heavy blow.

### **Natal: 3 new Aids cases**

THREE new cases of Durban and discharged. full-blown Aids have been identified in Natal. Professor Dennis Pudifin, a member of the National Aids Advisory Group, said yesterday. "One of them is a black baby who has been treated at a hospital in Durban and discharged. It is back at home." The second new case was a black man who had also been treated at National Aids Advisory hospital and discharged. "He has tuberculosis complications and has responded to treatment," Pudifin said.

11/11/87

92

# Aids victims claim R3-m

AN insurance company executive said yesterday his organisation had received claims totalling nearly R3 million as a result of Aids cases.

Desmond Smith, senior general manager of Sanlam, was speaking at the South African Medical Research Institute in

Johannesburg where he handed institute director Professor Jack Metz a donation for the institute's Aids centre.

Mr Smith said Sanlam has so far received 14 death and disability claims as a result of Aids.

Two claims had to be turned down because essential information had been withheld and one be-

cause of suicide. Currently two claims were under consideration.

"An extremely disturbing aspect of the claims is not only the amount of money involved - Sanlam can absorb it because we created a reserve of R200 million to cope with Aids claims - but the fact that the majority of the claims arose

from professional people - in all cases males, men who in most cases spent years studying and training in preparing themselves for their careers.

"For South Africa, with its shortage of trained people, such claims are indeed a blow. They underline the great value of the educating and counselling being done by ... Aids centres."

Smith added that in view of these facts it was understandable that Sanlam had to take further steps to protect current and future policy-owners against excessive payments as a result of Aids after it had initiated stricter selection of policy proposals. - Sapa.



APP Trks 9/8/89 (92)

# R3m paid to Aids sufferers

**Own Correspondent**  
**JOHANNESBURG.** — Almost R3m has been paid out to Aids sufferers by Sanlam, Sanlam senior GM Mr Desmond Smith said yesterday.

This represents 14 claims involving mainly professional men aged between 30 and 40 years.

In all, 19 claims had been received of which 14 were death and disability claims. Two claims were turned down because essential information had been withheld and one was

rejected because of suicide, he said. Two claims were currently under consideration.

Speaking at a function at the SA Medical Research Institute, Mr Smith said the fact that the claims involved professionals was "disturbing."

"The fact that the majority of the claims arose from professional people, in all cases males who spent years studying and training in preparing themselves for their careers, is very disturbing," he said.

"For SA, with its shortage of

trained people, such claims are indeed a blow. They underline the great value of the educating and counselling being done by these Aids centres," Mr Smith said.

Mr Smith gave SA Medical Research Institute director Mr Jack Metz a cheque for R50 000 which will be used to assist the Aids Centre of the institute in providing information and counselling in combating the disease.

The work is being done by a multi-disciplinary and multi-cultural team of professionals

headed by Prof Ruben Sher. There are more than 230 reported cases of Aids in SA and thousands more who are carriers of the HIV virus.

Mr Smith said Sanlam had taken steps to protect current and future policy-owners against excessive payments as a result of Aids after it had initiated stricter selection of policy proposals.

These steps included holding more than 40 seminars on Aids for some of its pension-fund clients, trade unions and employer organisations.



# Aids changing sexual behaviour

## The Argus Correspondent

PRETORIA. — Fear of Aids has resulted in many South African homosexuals altering their sexual behaviour.

However, there are some gays who — while aware of the dangers posed by the killer disease — still take part in dangerous sexual practices, said a report on the results of a survey conducted among 1 114 of the country's homosexuals.

The survey, conducted by Dr Willem and Mrs Evanthe Schurink of the Human Sciences Research Council (HSRC), revealed that 71,1 per cent of respondents were worried about contracting Aids.

Fear played a significant role in a homosexual's decision to take preventative steps against contracting the disease, said the report.

However, the reasons given by those not taking precautions included "it won't happen to me", "not scared", "unplanned sexual act", "condoms are in short supply" and "aids is not an issue", said the report.

An alarming finding was that 61,7 per cent did not know or doubted that a water-based lubricant was the only oil-based lubricant considered safe for use with condoms, since oil-based lubricants caused the latex material of which condoms were made to deteriorate and perish.

Learning that someone known to them had Aids had the greatest effect on respondents regarding changes in their sexual behaviour. Respectively 72,2 per cent, 57,1 per cent and 49,8 per cent said this had resulted in their practising "safe sex", no longer visiting certain places for sexual purposes and practising with one exclusive partner only, said the report.

Over 40 per cent of the respondents said they had their first sexual experience between the ages of 11 and 16 years, highlighting the need for sex education at a primary school level.

More than half the respon-

dents criticised the government's anti-Aids programmes, saying the information provided was insufficient, poor or vague, that risk groups were incorrectly targeted and that the approach used was not open or honest enough.

The two researchers said there should be co-ordination between statutory, private, voluntary social welfare, health services and other researchers in an effort to combat the spread of the disease.

They were formulating guidelines for a comprehensive strategy to curb the Aids problem in South Africa, said the report.





**TEACHING CAUTION** . . . Mrs Patricia van der Velde, manager of the new Aids Information, Training and Counselling Centre in the Civic Centre, with pamphlets used in the fight against Aids.

Picture: ANNE LAING

*copy to 10/8/87* 92

## Care, don't scare, says city Aids boss

By PETER DENNEHY

MRS Patricia van der Velde, the new manager of the City Council's Aids Training, Information and Counselling Centre, does not believe that large-scale Aids testing is a cost-effective way of fighting Aids.

"Rather spend the money on education," she said this week.

"I would like to see Aids care, not Aids scare, in this city. People must be adequately informed so that they can be sympathetic."

Those who suspected they may have been exposed to HIV, the

virus causing Aids, could be counselled and tested at various Health Department clinics, she said.

Mrs Van der Velde wants to involve health personnel from these clinics in the first courses to be introduced at the Centre later this month.

Regular negative results on testing could give people a false sense of security, she said. It was very important that people who had more than one sexual partner, or whose partner had more than one, should take precautions against exposure to the

virus.

Condoms were one such precaution recommended by medical authorities, she said, and it was also recommended that an approved spermicide — which also helps inactivate the virus — should be used.

Lubricants such as KY jelly could also be used with the condom, but people should seek advice about the correct techniques of condom usage to prevent any risk of HIV infection.

She also said monogamy should be encouraged.



# Baby has AIDS

92 Sowetan 28/1/89

A MONTH-OLD baby girl - said to be the daughter of Elizabeth Shembe and an Indian father - has Aids.

She is being cared for in the Northdale Hospital near Pietermaritzburg.

Dr I Walters, Pietermaritzburg's Medical Officer of Health, said that the prognosis for the baby was bad as babies with Aids did not usually live beyond two and a half years.

The child was not suitable for adoption and it would be cared for with love and compassion in the hospital.

The police would try to find the parents.

Dr JR Morton, chairman of the Aids Action Group, said that the little girl threw into sharp focus the lack of an integrated approach to deal with the disease. Her case would probably be of major importance to the South African medical field and the fact that a baby with Aids was in a ward showed that there must be others in the community with Aids.

In South Africa, medical services are fragmented, falling under the house of Delegates for Indians, the House of Representatives for coloureds and the House of Assembly for whites.

# Aids: 'Legalise prostitutes'

MUNICIPAL REPORTER

92  
21/9/89

A REPORT by the Johannesburg Health Department has urged that prostitution and homosexuality be legalised so as to stop the spread of Aids.

But it is clear the city's management committee is sharply divided over the proposal.

Culture and Recreation chairman Mr Cecil Long said "opposition may be expected" from members who opposed legalisation. He considered the proposal "naive, apart from its moral implications".

The report said decriminalisation would ensure that prostitutes were known to the health authorities and that they plied their trade in defined areas.

"Prostitutes are more likely to come forward for medical treatment . . . if the fear of prosecution is removed and decriminalisation would make homosexuals more accessible to health education and medical services," according to the report.

Mr Long, however, doubted the council would be a suggestion which they thought would rather than reduce, the incidence of Aids.

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15/9/89  
 hunger strike

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nominations of the three  
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 members.

### Editor in court

SAPA editor Edwin Linington was  
 granted yesterday a postponement  
 to October 3 by a Johannesburg  
 magistrate who had ordered him  
 to appear in terms of Section 205 of  
 the Criminal Procedures Act to  
 give information the State wants  
 about alleged Cosatu offences.

The order calls on him to pro-  
 duce books, papers and documents  
 regarding the Cosatu congress and  
 issued or distributed during the  
 congress in July this year.

Cosatu is alleged to have contra-  
 vened the emergency regulations.  
 - Sapa. B1 pay 15/9/89

## SA has an estimated 375 AIDS sufferers

B1 pay 15/9/89

TANIA LEVY

SA NOW has an estimated 375 people suffering from  
 AIDS, Johannesburg Hospital HIV clinic head Dennis  
 Sifris said at an AIDS conference at Sun City this week.

Sifris said that as of August 1989 there were 176  
 reported full-blown AIDS cases in SA, but because re-  
 porting was incomplete the total was probably 33%  
 higher.

"In the global total of half-a-million people with AIDS,  
 SA seems to have relatively small numbers, but reported  
 numbers do not take into account people infected with  
 the virus, who are still well and healthy," Sifris said.

"The World Health Organisation estimates that in  
 Africa alone 2.5-million people are infected with the  
 human immunodeficiency virus (HIV) which causes  
 AIDS. This number is expected to increase nine times in  
 the next decade," he said.

The number of people infected with HIV had increased  
 rapidly over the last few years in SA, although the  
 epidemic was still in its early stages in this country,  
 Sifris said.

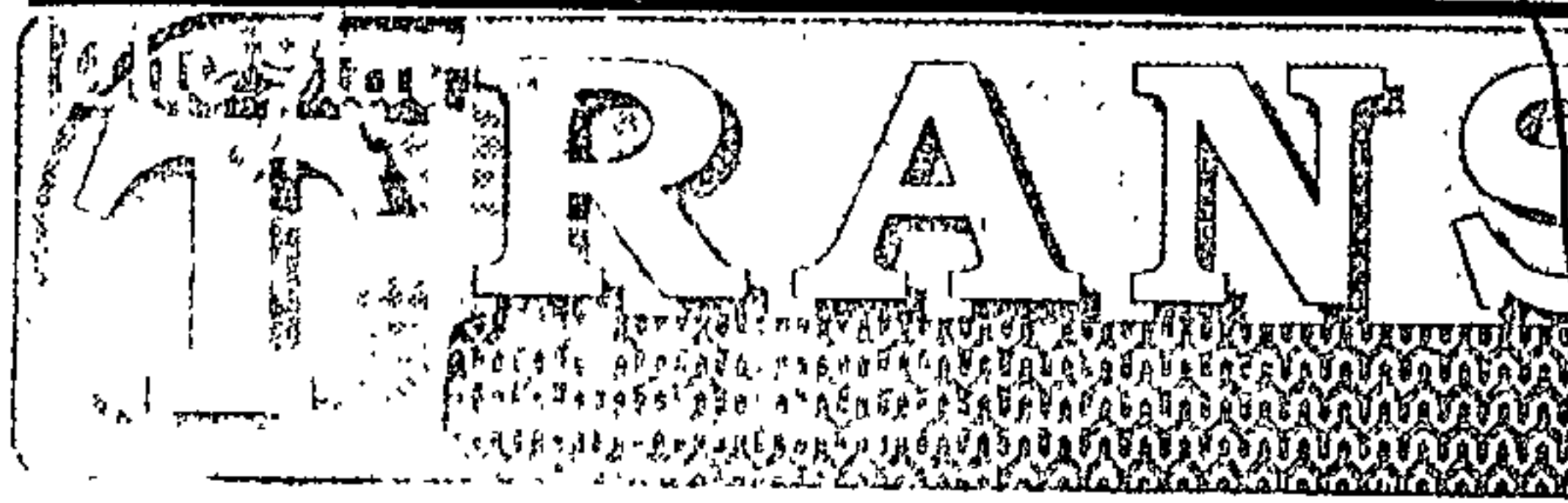
Sifris said about 50% of infected people would begin to  
 show signs of illness within 10 years.

Education played a vital role in HIV infection preven-  
 tion and -young, sexually active adults in particular  
 should be the major target group of awareness cam-  
 paigns.

### NATAL UNREST DEATHS

September 1987 to January 1989: .....	668
February 1989 - September 13 1989: .....	222
Past 24 hours' official toll: .....	0
<b>TOTAL: .....</b>	<b>890</b>





## Aids on wheels a serious threat

Star 4/9/89

Truck drivers on international routes to Black states in the north are "Aids bombs on wheels", according to the Public Carriers' Association (PCA).

Said chief executive Ian Moss: "We are currently trying to establish just how big the problem is. Until we have figures it's difficult to quantify it, but we already know from experience that there is a massive problem.

"The major truck routes in the north are quite literally infested with prostitutes who service the truck drivers, and I'm talking about countries where Aids is known to be rife - almost epidemic. When the drivers come back, they are obviously at risk of infecting their wives and girlfriends and of starting a deadly chain reaction.

"We are talking to all the truck companies who work the international routes, and we're trying to figure out a way to both test the drivers before and after their runs, and to educate the entire staff of the companies about the dangers of Aids."

### Workforce threat

He said research to date indicated to date that Aids was the most serious threat confronting business in the next decade. "Current projections indicate that South Africa could lose up to 35 percent of its total workforce by 1995 from Aids. It could cripple the economy.

"Since the government is obviously not prepared to do anything about it, other than try and tell everyone that Aids is nothing to worry about, we feel that as a responsible industry body we have to take the initiative."

It's not as easy as that, how-

ever. According to the managing director of one truck company that runs regular loads to black African states, the trade unions are impeding progress on the Aids front.

"The unions regard Aids as a potential threat to their members - not from the health point of view but from the employment aspect. They fear that if workers are tested and found to be HIV-positive, they will lose their jobs.

"They are therefore refusing to co-operate with regard to testing either specific high-risk workers, such as long-distance international drivers, or the whole workforce."

The PCA is encouraging member companies to initiate one-on-one talks between management and staff on the subject of Aids.

Said Moss: "We are supplying them with detailed information on Aids that they can pass on to their staff. We are also in the process of organising seminars around the country, and we are making a video that members will be able to show their workers.

"It is our objective to create an awareness of this enormous danger in the next few months, and to give all our members the necessary information tools for them to help their workers learn and understand about this deadly disease.

"We're sure that if carriers tackle this problem responsibly, they will be able to persuade the unions that they are not on a witch-hunt but that they are, in fact, concerned about the health and wellbeing of the workers in the transport industry. Then I'm sure we'll be able to work with the unions to combat the spread of Aids"

# Bumper Aids awareness campaign launched

CNS-7125  
19/9/92

Staff Reporter

A R900 000 government Aids awareness campaign involving 2,5 million brochures in six different languages distributed to pharmacists, hospitals and doctors has been launched following last year's initial R1,3 million pilot programme.

Confirming this yesterday a spokesman for the Directorate General of National Health and Population Development, Mr Johan van Niekerk, said printings in both official languages, Xhosa and Zulu began distribution last Monday. They were awaiting the Sotho, Venda and Tsonga translations, he said.

Mr Johan Eybers, spokesman for the public relations company handling the campaign, said major adverts had

already been placed in national Sunday newspapers while R50 000 had been spent on black radio channel advertising.

The second phase of the project would be to distribute the pamphlets to municipalities and local authorities, he said.

Mr Van Niekerk said the pilot campaign had come before the major Aids outbreak on Transvaal mines where a denial syndrome existed with "blacks saying it was confined to whites and vice versa".

He confirmed that there were 244 cases of full-blown Aids reported in the country with 139 fatalities so far.

A local Aids expert who declined to be named for professional reasons welcomed the latest move.

# Aids warning 92

NONGOMA - King Zwelithini Goodwill and Kwazulu Chief Minister Mangosuthu Buthelezi yesterday attacked apartheid's migratory labour system for the erosion of family life, which led to sexual license.

Speaking at the annual celebration of the Reed Dance at Nongoma, the King of the Zulus called for a return to sexual morality to avoid the extinction of entire populations by Aids.

The King said young girls were the only salvation from the ravages of Aids and called on them to refuse to have sex outside marriage and with anyone "who has loose sexual morals and sleeps with any women he can get hold of".

He threatened those who did not heed his warning: "You will die. You will cause your children to die. You will cause your husband to die and you will bring shame on the nation".

King Zwelithini said moral decay was more of a threat than politics. *Soweto 18/7/87*

## Robbed families

The migrant labour system had damaged the solidarity of local communities and robbed families of the men who should have been there to maintain social and religious discipline, he said.

In the consequent sprawling urban communities and ghettos, lack of family control led migrant workers - hungry for female company - to prey on innocent girls. "Illegitimacy has risen rapidly in places like Soweto, and now something like 60 percent of children are born out of wedlock," he said.

The Zulu monarch quoted statistics reflecting the spread of Aids and said "I want to warn the nation ... and very particularly the young maidens of today, that unless we as a people change our attitudes to sex, the nation will be destroyed".

## Growing disrespect

Dr Buthelezi said that the migratory labour system had not only robbed communities of the "authority and standard bearing figures" of father, brother and husband - it had also led to a growing disrespect by the young for their elders.

"When youth reject the norms of their society and become a law unto themselves, the cultural life of the people must necessarily suffer terribly," he said.

"...It is not respect for old fuddy-duddies dated by time and history that I am talking about - it is respect for the best that there is in them... When people show disdain for who they are they become nobodies, and when they become nobodies they are not morally powerful." - Sapa.



## New drug could relieve Aids victims

*Southern* 18/9/89

**HUMAN** Immunodeficiency Virus (HIV), popularly known as Aids, should not be viewed differently from other chronic and manageable diseases, says the head of the Johannesburg HIV clinic, Dr Dennis Sifris.

Addressing an Aids seminar organised by Wellcome (Pty) Ltd at Sun City last week, Sifris said early intervention or treatment was the key to preventing the multiplication of the virus and development of the disease.

The advent of the drug Zidovudine had provided

92  
a ray of hope that patients' lives could be prolonged, Sifris said. The drug also reduces hospitalisation in early stages of treatment. He pointed out, however, that 100 capsules of Zidovudine cost R528 without GST, and the standard requirement was 200 capsules per month.

But, Sifris said, medical aids refused to cover the costs for Aids victims. "Medical science has no cure for most illnesses and the aim of therapy is

to minimise the effect of the disease," he said. "Diabetics, for example, maintain a normal life by a daily injection of insulin, and people with hypertension are on long-term medication to control their blood pressure."

Sifris said that doctors were no longer talking about a miracle cure for Aids, but in terms of management of the HIV infection. However, the search for an ideal drug to combat the HIV epidemic would continue, Sifris said.

# Govt move on Aids drug slammed

Star 18/9/89 By Toni Younghusband

92

South Africa was the only "civilised" country in the world where the government refused to provide Aids sufferers with a proven life-prolonging drug, Dr Denis Sifris, head of the HIV clinic at the Johannesburg Hospital has claimed.

Speaking at an Aids conference being held at Sun City, Dr Sifris said all State-funded treatment with Zidovudine had been discontinued despite its proven efficacy.

The drug, which is available on prescription, costs about R750 a month. Until recently a handful of Aids sufferers in the Transvaal were treated with it at provincial hospitals but this practice has been discontinued because of "financial restraints."

Dr Sifris said the conditions of private patients at his clinic, who could afford the treatment, had shown a marked improvement.

There are an estimated 30 to 40 Aids patients using Zidovudine at present.

"What we are trying to do is to improve the quality of life of people with HIV, to keep them

productive and part of society," said Dr Sifris. "We hope that soon our Department of Health and provincial authorities will provide the drug to give HIV patients some hope that they will remain useful members of society for much longer."

He said one of the major areas of the drug's success had been in the treatment of HIV-infected infants.

These children were infected in the womb from their mothers and usually died within a few months after birth. They suffered severe neurological defects as a result of the virus. Zidovudine prevented some of these symptoms.

Professor Steve Miller, a consultant at the clinic, slammed mandatory employee Aids testing which he claimed was ineffective and discriminatory.

Eskom, he said, had spent R36 000 on Aids tests in the past year and had found only two positive cases. "A dreadful waste of money," he said, pointing out that sharing a workplace with someone who was HIV-positive was in no way dangerous.

work they had done during the past weeks.

# Bumper Aids awareness campaign launched

CN-7/12/92  
19/8/92

Staff Reporter

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# No 'miracle cure' but Aids drug brings hope

(62)

JUST a few days before the government launched its new Aids awareness campaign, the manufacturers of Zidovudine, the only drug proved to work against the virus in those infected, announced that it would now be available on prescription.

Previously, Zidovudine — better known as AZT — was only available at specific hospitals. The manufacturers, Wellcome, made the announcement of wider availability of the drug in South Africa aimed with striking results from the largest study of Aids

drugs ever conducted.

Research shows that Zidovudine — which prevents the multiplication of the human immunodeficiency virus (HIV) — can arrest the spread of Aids in those infected, improving quality of life and prolonging it.

And a trial conducted by the National Institutes of Allergy and Infectious Diseases (NIAID) in the United States found that Zidovudine could be even more effective in people who were infected with HIV but had not yet developed symptoms.

**The only medication proved effective for people with the Aids virus is now more widely available. But unless the state subsidises the drug, few will be able to afford it. By JOHN PERLMAN**

These results are endorsed by doctors working at the HIV clinic in Johannesburg, the largest facility dealing with Aids patients in the country. "The clinic was set up in 1985 but

for the first two years there was very little we could do," said Dr Dennis Sifris. "But Zidovudine has revolutionised the concept of managing HIV infection."

"The phrase being used about Aids these days is 'chronic, manageable infection' like cancer or diabetes. We are not talking about the miracle cure. We are talking about managing chronically ill patients for as long as possible, the way we do with other diseases like cancer and diabetes."

"The way forward for Aids is to

The cost of Zidovudine, moreover, should be balanced up against other costs that Aids imposes on society, Sifris says. These include loss of productivity and time spent in hospital, which Zidovudine has been shown to reduce.

"The only way to get the drug to those who need it is through state funding. That is what happens in other countries," Sifris says.

Debate about the use of Zidovudine and other drugs are sure to rage on and can play an important part in the country's overall effort against Aids.

That the government may find it hard to talk about therapies when it is trying to stress prevention is understandable.

But it may find that in trying to persuade people to take action against Aids, they might get a better response if the tunnel they are asking us to look down has a light at the end of it, and not just a black hole.

find a combination of drugs to do the same. The early trend, for people with HIV to say 'well I'm just going to go home and die' is outmoded.

"The return to productivity of a person on Zidovudine is very high. People can do a normal day's work, they can be productive again," says Sifris. Some controversy has surrounded the drug concerning its side-effects. "It had bad publicity in the early stages, but that was mainly because it was used too late and in very high doses," says Sifris.

But the major talking point that surrounds Zidovudine is its cost. In the US, Aids activists have picketed Wellcome and even barricaded themselves into company headquarters.

In South Africa, the point of tension is more likely to be with the state. Speaking on television this week, Dr Hans Steyn of the Department of National Health said Zidovudine should not lead people to "church at straws". He said Aids "was a death certificate at the moment".

That seems to be a clear indication that the government is going to retain its present policy of not subsidising the cost of Zidovudine to any but a handful of Aids patients.

The drug will, of course, now be more widely available. But the role the state plays in making it available will be crucial.

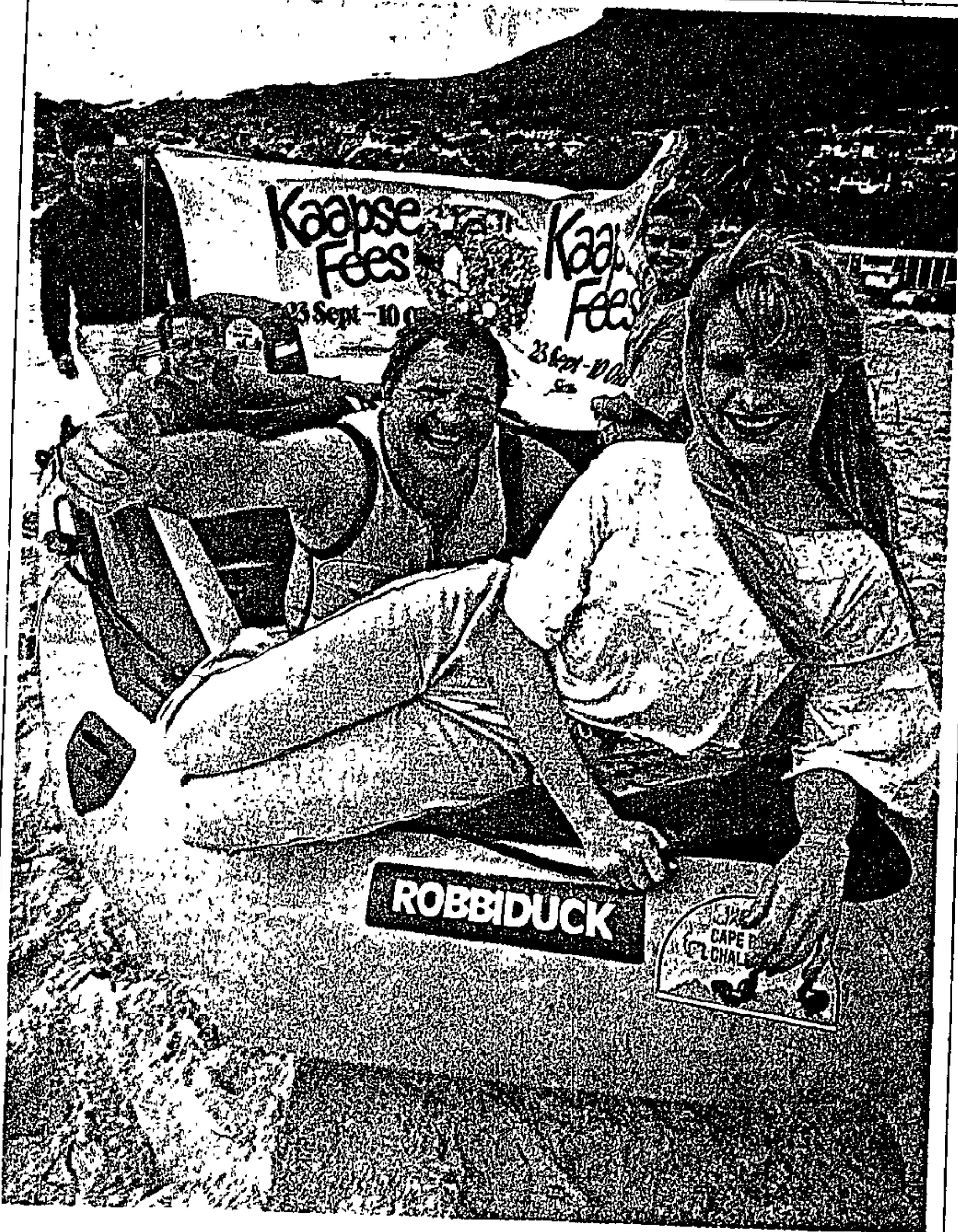
A person on a full dosage needs about two bottles a month. The cost of one bottle is R528. According to Wellcome the cost to the state, which excludes customs duty, surcharge and general sales tax is R452 a bottle. Sifris insists that the arguments in favour of Zidovudine cannot simply be derailed by the cost argument.

"Some drugs given free to cancer patients are far more expensive and may be needed by the person for extended periods," he says.



# Insurance giant fights Aids with worker education

Argus 21/9/89 92



By SHARON SOROUR.  
Tygerberg Bureau

ADEQUATE Aids education — particularly in the work place — is the only weapon against the disease, according to the chief medical officer of insurance giant Sanlam.

The company was running an Aids campaign on several fronts, Dr Altus van der Merwe said.

A major thrust of the campaign was informing employees and policyholders of the facts about the epidemic, he said.

**Ideal place**

"Although there is a basic awareness about Aids in South Africa, adequate knowledge is lacking and it is important that people know how to prevent contracting Aids and how to deal with Aids in the working environment," he said.

Aids victims would not be a threat to people if they were informed about the disease and the workplace was an ideal place to tackle Aids.

"It is essential to prevent unrest developing once Aids enters the workplace — and there is no doubt that it will," he said.

Routine screening on policy applicants had shown the epidemic was increasing and was not localised in the homosexual community but rampant in the heterosexual community.

"Last year we had one positive Aids case about every two months and now we have one every week," he said.

Although insurance claims for Aids were not high, more than half of all Aids claims were less than two years old.

"This means that if we compare Aids claims to ordinary claims, the Aids claims are claimed much earlier and this is financially disastrous for the insurance industry," said Dr Van der Merwe.

More than 30 percent of Aids claims came from the heterosexual community and the disease was no longer only a homosexual disease.

Sanlam's Aids campaign operated on several fronts.

"We sponsor the Planned Parenthood Association as family planning is the right place to start talking about Aids, the Sanlam media resource centre distributes the magazine Aids Scan, and a pamphlet for employees, while the company's doctors give routine lectures to employees throughout the country," he said.

Picture. LEON MULLER, The Argus.

**DUCKIE DICE:** Getting ready — with considerable enthusiasm, at that — for the Cape Festival's rubber duck race is festival director Eddie Barlow, centre, with Miss Cape Festival finalist Lara Field. Rubber duckie expert Rob Louw is at the helm and Michael Watermeyer and another Miss Cape Festival finalist, Charmaine Bishop, hold a festival banner. The race of 40 duckies is from Gordon's Bay on September 30 and ends at the Harbour Festival. They will stop at all beaches along the way with four stages ending at Fish Hoek, Hout Bay, Blouberg and the harbour.



**Police give blind R3 785**

Staff Reporter

A CHEQUE for R3 785 was given to the executive director of the National Council for the Blind, Dr William Rowland, by the deputy regional commissioner of the South African Police (Western Province uniform branch), Brigadier Jan Kotze.

DRUSH FREE with your



# Aids afflicts 'five to 10 million' 92

WASHINGTON — One in every five people (about one billion) is suffering from disease, poor health or malnourishment, the World Health Organisation (WHO) said yesterday.

Between five and 10 million people have Aids. 337 WHO director-general, Dr Hiroshi Nakajima, said the greatest burden of disease was in the poor countries of Africa, Asia and South America.

"This is a preventable tragedy because the developed world has the resources and technology to end common diseases worldwide," he said. "The missing ingredient is the will to help the developing countries."

"The rich countries must transfer technology, health manpower and money, because the poorest countries can't help themselves."

But Dr Nakajima said there

had been enough health care improvement in the past 40 years to raise human life expectancy from 41 to 59.7 years in the developing countries.

Accomplishments in recent decades include the eradication of smallpox. This has saved an estimated 20 million lives.

By the year 2000, the WHO predicts the eradication of polio, now striking about 208 000 children annually. — Sapa-AP.



# 'Openness will check Aids'

Staff Reporter

CP/PG 26/9/84 (92)

CHILDREN in institutions who were experimenting with sexuality and intimacy and with rebellion risked getting Aids, especially if their institution kept them uninformed about the disease, a social worker warned yesterday.

Mr Gordon Isaacs, head of the school of social work at the University of Cape Town, was delivering a talk at the biennial congress of the National Association of Child Care Workers on what children's institutions should know about Aids.

Mr Isaacs, who has seen nearly 300 people who have been infected with the HIV virus, said Aids could not be acquired by kissing.

However, there was a real danger of getting it from dirty syringes. He had seen four people who had been exposed to the virus in this way in Cape Town.

Segregation of those who had been exposed to the virus from other people would be "counter-productive", he said.

"Open debate about sexuality must be seen as the most powerful agent for controlling Aids."

# Free brochure on Aids scores a hit

Staff Reporter

AK64526/9/89  
A NEW brochure on Aids issued by the Department of Health and Population Development has become a hit.

The brochure was part of the department's new drive to increase the public's awareness of the disease, a spokesman said.

A special telephone "hotline" in Pretoria established to take

orders for the new brochure received "scores" of calls and more than 100 000 extra copies were ordered within the first five days since the hotline was opened on September 18.

The hotline would remain in service until October 14 from Mondays to Saturdays between 7am and 7pm.

The spokesman said the bro-

chure would be available free of charge at chemists, doctors, dentists, clinics and health care centres. It appears in nine languages, including English, Afrikaans, Zulu, Xhosa, Tswana, North Sotho, South Sotho, Tsonga and Venda.

The hotline number is (012) 325 8670/1, or those interested could write to Private Bag X63, Pretoria, 0001.



**Aids is spreading through South Africa at an accelerating rate. JOHN PERLMAN reports on health officials' attempts to stop the incurable disease.**

IN the time that has elapsed between the government's last public awareness effort around Aids and the campaign launched this week, the official number of people with the disease in South Africa has risen from around 110 to 276.

The real figure is almost certainly higher; there is under-reporting of Aids cases everywhere in the world. Here, some, like Professor Dennis Pudifin of the University of Natal, believe our caseload could be 30 per cent higher than reported.

The extent of the problem cannot, however, be gauged just from the number of Aids cases. There are also an unknown number of people infected with the human immunodeficiency virus (HIV) which causes Aids.

Interviewed on television last week, a senior Department of National Health official, Dr Hans Steyn, said there could be as many as 20 000 people with HIV infection.

Others believe that figure could be higher. According to Professor Steve Miller, president of the Sexually Transmitted Diseases Society and a doctor at the HIV clinic in Johannesburg, 35 000 is more realistic.

Recent surveys indicate an alarming rise in HIV infection. A study at the Durban clinic for sexually transmitted diseases (STD), conducted between June 1988 and February this year, found more than three in every 100 women and nearly two in every 100 men tested were infected with HIV.

And a survey of nearly 85 000 blood samples taken from pregnant black women by the South African Blood Transfusion Services in Johannesburg found that in mid-1987 one in 2 753 tested positive. By October last year, that figure was one in 461.

This picture of Aids spreading in leaps and bounds is not surprising — nor is it unique to South Africa.

But it does beg two questions: with so much evidence that Aids has already made deep inroads here why has it taken the government more than a year to move from one public awareness campaign to the next?

And looking to the future, is this campaign going to be part of a stepped-up effort which tackles Aids on other levels? If so, what else is going to be done? Steyn did, after all, say on *Netwerk* that his department was "very worried".

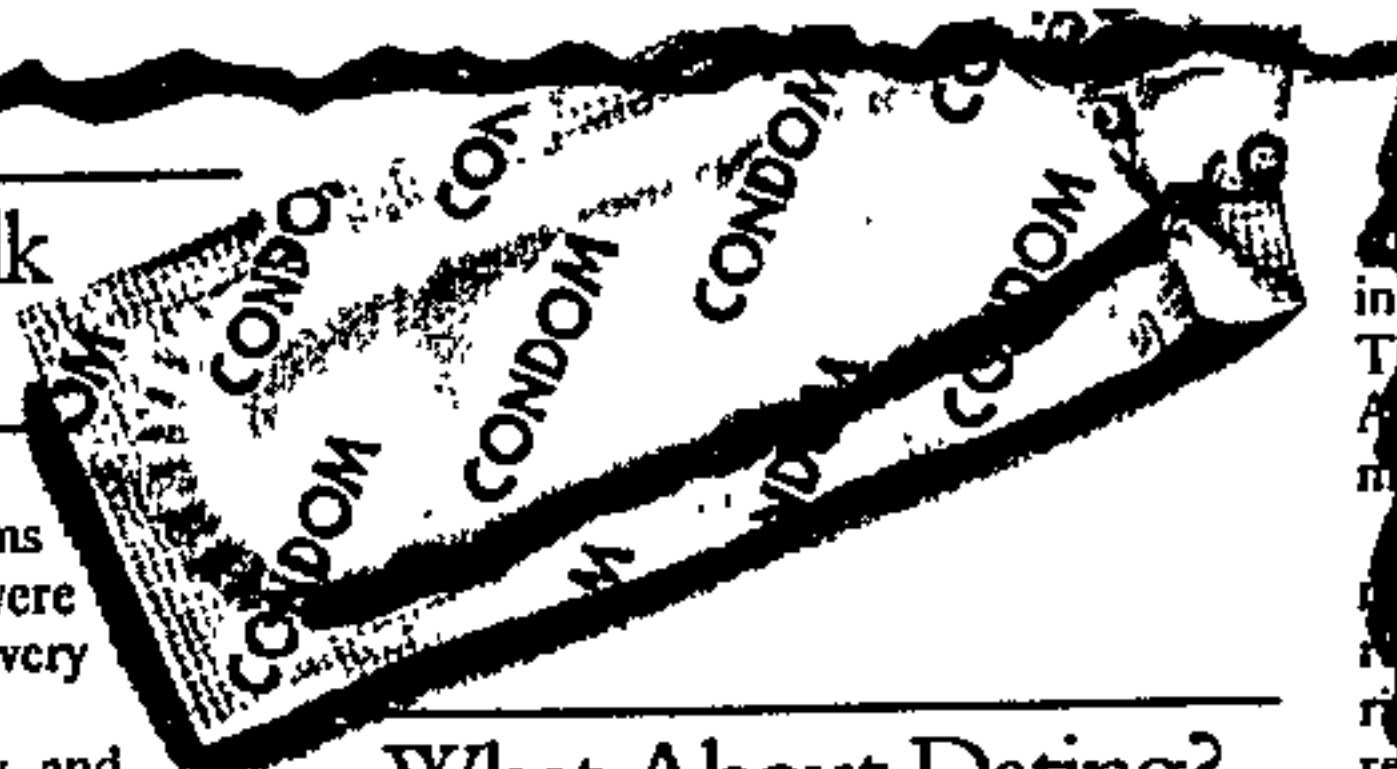
It would be wrong to say that the government has done nothing in between the two public awareness cam-

# Aids is moving fast - but can the health authorities keep up?

## What Is All This Talk About Condoms?

Not so very long ago, condoms (rubbers or "french letters") were things we didn't talk about very much.

Now, it's discussed freely and displayed out in the open in your local pharmacy and supermarket. Condoms have been shown to help prevent the spread of sexually



## What About Dating?

Dating and dating to know whether she is a

### Condom sense ... advice from the new Aids awareness campaign

paings. Centres to train Aids educators and counsellors have been set up in Durban, Cape Town, Port Elizabeth and Bloemfontein this year at a cost of R5,5-million.

And while the money allocated to making the public aware is hardly impressive — the two campaigns have cost just over R2-million, less than half the cost of the Info song — this campaign is more informative and more frank than the last one.

The campaign does not address the political suspicion that has surrounded previous Aids prevention efforts, but it at least avoids the racially specific advertising used before — graffiti on a wall for whites, a grim funeral scene for blacks — which many felt was counterproductive.

But however good the advertising and brochures may be, their contribution to stopping Aids will depend on what else is done. Department representatives said as much in pointing out that the advertisements were part of "an ongoing process. Any education campaign is not a one-off effort but needs regular reinforcement to stimulate awareness, bring about behavioural change and to sustain such behaviour change."

But if that is to be achieved, three areas are crucial. First, while the brochures tell people concerned about Aids where they can get immediate help, the disease confronts individuals and communities with a range of needs.

The experience world-wide has been that many of these needs — education, counselling, support for people with HIV and with Aids — are best met by community and peer

groups who can best ensure that they reach their target audiences. Most important people with HIV and Aids have a major role to play.

It has been a criticism of the central government's Aids effort in the past that these groups have not been drawn on. There are no representatives of gay organisations — who have a longer involvement in Aids education work than any others — on our only consultative body, the Aids advisory committee. Nor are there any black members.

There has also been little attempt to channel resources to community groups. On the contrary, organisations like the Gay Association of South Africa in Cape Town, have had to battle to get a fund-raising number.

Second, to what extent is the government going to let moral issues colour what should be objective public health advice? While the brochure's frankness is an improvement, the message on *Netwerk* was sometimes equivocal and even contradictory.

The brochure described condoms as "the best preventive measure against Aids besides not having sex and practising safe behaviour".

But the TV programme's main focus on condoms was to show a short clip from a US network which showed that many condoms had been tested and found defective. This was immediately followed by Steyn stressing that "a man and a woman must stay together".

And third, what steps are going to be taken to ensure that people with Aids and with HIV are taken care of — both those already infected or ill, be an investment."

and those who are certain to follow? The current picture is not an encouraging one. In April this year, a small group of people with Aids and people with HIV infection formed an organisation called Body Positive. Based in Johannesburg, it started with 36 members; there are now about 400.

"Our emphasis is on living with HIV, not on dying from it," says Body Positive chairman Johan Rooy. "We don't believe in simply associating HIV infection with death."

"People with Aids and HIV have been labelled as victims and part of a problem instead of being seen as part of a solution. We believe that if you look after yourself you can improve your health."

But for most people with HIV Aids, Van Rooy says, that has been an uphill battle. What prompted him to help start up Body Positive was a visit to a friend who he had met at the HIV clinic.

"He had absolutely nothing in his flat, just a duvet which he wrapped around himself. He had to give himself an injection everyday for Kaposi's Sarcoma (a common opportunistic infection in people with Aids) but he had no fridge in which to keep his medication," Van Rooy recalls.

Dealing with destitution has been one of Body Positive's principle activities. "A disability pension pays out R251 a month," says Van Rooy. "There is not much else available."

A major problem, he says, is that people who are HIV positive are losing their jobs, often through subtle pressure. "One guy who worked at a hotel began doing some Aids education at work and dishing out condoms.

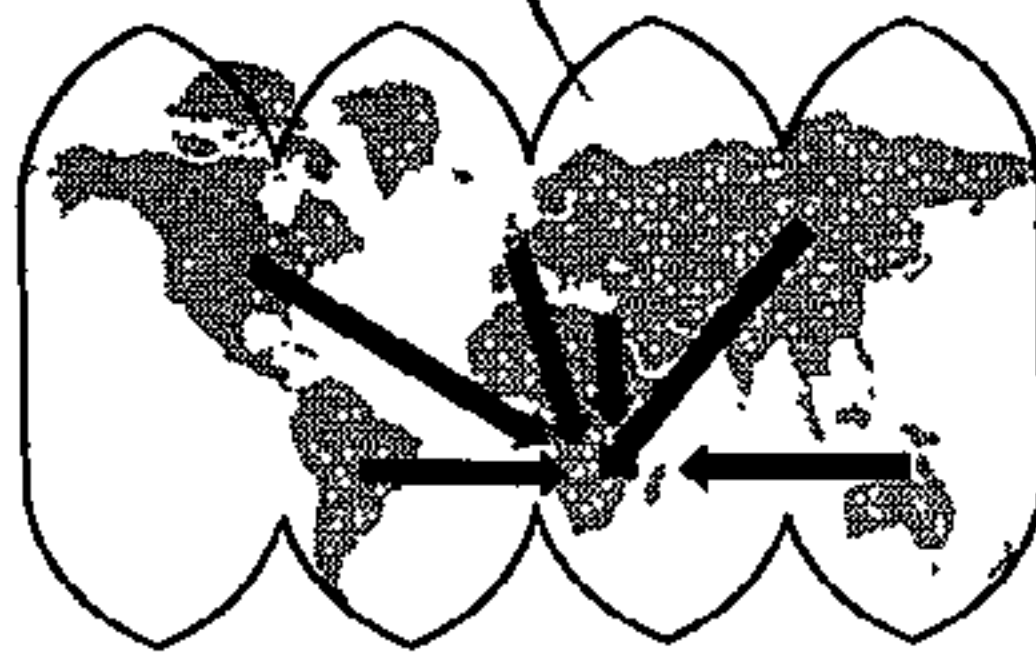
"When management asked him what he was doing he said he himself had tested positive and wanted to help warn other people. He was moved into the furthest office they could find, they insisted that he use his mug, and eventually he left."

Body Positive is cautious about portraying people with Aids and HIV as helpless victims. "We didn't wait for the health authorities or the government to help us," says Van Rooy.

But he insists that isolating people who are HIV positive is contributing to the spread of Aids. "It is clear that stress can activate the virus in people who are still asymptomatic," he says. It is a view Miller shares. "With people who experience isolation, guilt and stress, the disease progresses at a much faster rate. They last less time."

"It is very different with people who have a strong sense of self. A decent welfare policy for people with Aids and with HIV would, in the long run, be an investment."





It is estimated that there are 10 to 15 million people in the world who are infected with the HIV (the virus that causes AIDS).

In South Africa, the HIV is found in both sexes of all population groups. We must act now... for the situation is bound to have serious and far-reaching consequences for all of us!

This page contains the essential information on AIDS required to protect yourself against the disease.

Stopping AIDS is up to you, your family and your loved ones. Some of the issues involved may not be things you are used to or want to discuss openly. That's quite understandable. But now you must discuss them. We must all know about AIDS.

Read this page carefully and talk about it with those you love. Get involved. Be encouraged to practise responsible sexual behaviour based on understanding and strong personal values. This is what you can do to stop AIDS.

### What AIDS Means To You

AIDS is one of the most serious health problems the world has ever known.

It is important that we all, regardless of who we are, understand this disease. AIDS stands for Acquired Immunodeficiency Syndrome. It is a disease caused by the Human Immuno-

deficiency Virus, or HIV.

The HIV may live in the human body for years before actual signs or symptoms appear. It primarily affects you by making your body unable to fight off other diseases, which could result in your death.

Many people feel that only certain "high risk groups" of people are in danger of being infected. This is not true. It is not who you are but what you do that puts you at risk. People are worried about getting AIDS. Some should be worried and need to take some serious precautions. But many are not in danger of contracting AIDS and need not be afraid. What follows will tell you how you can, and just as important, how you can't become infected with the HIV. Your children need to know these facts about AIDS. Discuss it with them as you would any other health concern.

### How Do You Get AIDS?

Firstly, by having sex - anal, vaginal or oral - with someone who is HIV infected.

Secondly, through contact with infected blood, by sharing needles and syringes for drugs, razor blades, toothbrushes (or any skin piercing instrument which can cause bleeding) with an infected person.

In addition, some persons with haemophilia and others have been infected by receiving blood (see insert panel).

Thirdly, babies of women who have been infected with HIV may be infected because HIV can be transmitted from the mother to the baby before, during birth, or after birth possibly through breast feeding.

### The Difference Between Giving And Receiving Blood

- 1) Giving blood. You are not in danger of getting AIDS by giving blood. The needles that are used for blood donations are new and are destroyed after use. There is no way you can get infected with HIV by donating blood.
- 2) Receiving blood. The risk of getting AIDS from a blood transfusion has been greatly reduced. In South Africa, all donated blood is tested for the HIV antibody. New sterile equipment is used for each patient.

### Could You Become Infected with HIV?

Yes, if you engage in high risk behaviour. The male homosexual population was the first in this country to feel the effects of the disease. But in spite of what you may have heard, the number of heterosexual cases is increasing. People who have contracted this deadly disease in South Africa have been male and female, rich and poor, White, Black, Coloured and Indian.

### How Do You Get AIDS From Sex?

The HIV can be spread by sexual intercourse whether you are male or female, heterosexual, homosexual or bisexual. This happens when a

person infected with the HIV has the virus in the blood, semen or vaginal fluids. The virus can enter the body through the vagina, penis, rectum or mouth.

Remember, AIDS is mainly sexually transmitted, but the HIV is not the only infection that can be passed through intimate sexual contact.

Other sexually transmitted diseases, such as gonorrhoea, syphilis and herpes, can also be contracted. If you are infected with one of these diseases and engage in risky behaviour, you are at greater risk of getting AIDS.

### What Does Someone With AIDS Look Like?

It is very important to understand that a person can be infected with the HIV without showing any signs at all. It is possible to be infected for years, feel fine, look fine and have no way of knowing you are infected unless you have a test for the HIV antibody. During this period however, people infected with the HIV can pass the virus to sexual partners, to people with whom needles and syringes are shared, or to their babies. This is one of the most disturbing things about AIDS.

Once signs do appear, they may vary because there are no signs or symptoms exclusively typical of AIDS.

# The real tragedy about AIDS is the number of people who ignore it.

### What Behaviour Puts You At Risk?

Since you can't be sure who is infected with the HIV, your chances of coming into contact with the virus increase with the number of sex partners you have.

Any exchange of infected blood, semen or vaginal fluids can spread the virus and place you at great risk.

The following behaviours are risky. (Remember: You can't tell by looking if a person is infected).

#### High Risk Behaviour

- Anal sex, with or without a condom.
- Having sex with multiple partners, or sex with someone who possibly has several sex partners (i.e. casual sex or sex with a prostitute).
- Vaginal or oral sex with someone who injects drugs or engages in anal sex.
- Sharing needles and syringes (for drugs), razors, toothbrushes or any instrument which can cause bleeding.
- Unprotected sex (without a condom) with an infected person.
- The use of drugs (including alcohol and dagga), which may induce irresponsible behaviour.

#### Safe Behaviour

- A long-term relationship with one mutually faithful uninfected partner is safe.
- The correct use of a condom greatly reduces the risk of infection.

### Is There A Cure For AIDS?

There is at present no cure for AIDS. There is also no vaccine to prevent uninfected people from getting the infection. Researchers believe it may take years for an

effective, safe vaccine to be found.

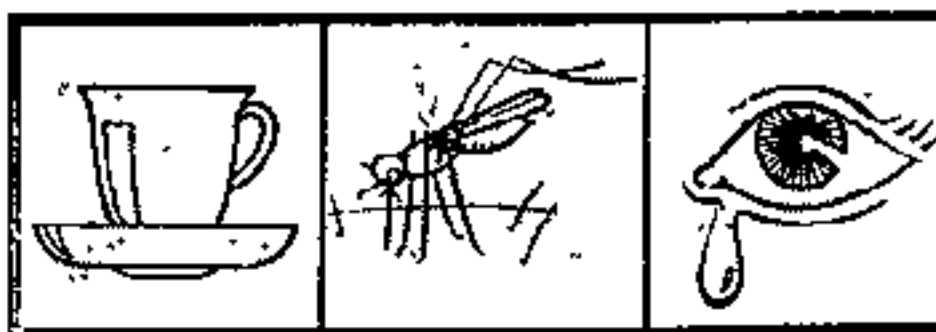
The only effective way to prevent AIDS is avoiding exposure to the virus, which you can control by your own behaviour.

### The Problem of Drugs And AIDS

Sharing needles and syringes for injecting drugs, even once, is an extremely easy way to be infected with the HIV. Blood from an infected person may be trapped in the needle or syringe, and then injected directly into the bloodstream of the next person who uses the needle.

Other kinds of drugs, including alcohol or dagga, can also cause problems. Under the influence, your judgement becomes impaired. You could be exposed to the HIV while doing things you wouldn't otherwise do.

### You Won't Get AIDS Through Casual Contact



No matter what you may have heard, the HIV is hard to get and can easily be avoided.

You won't just "catch" AIDS like a cold or flu because HIV is a different type of virus.

You won't get AIDS through everyday contact with the people around you, at school, in the workplace, at parties, child care centres, or shopping malls. You won't get it by swimming in a pool, even if someone in the pool is infected with the HIV.

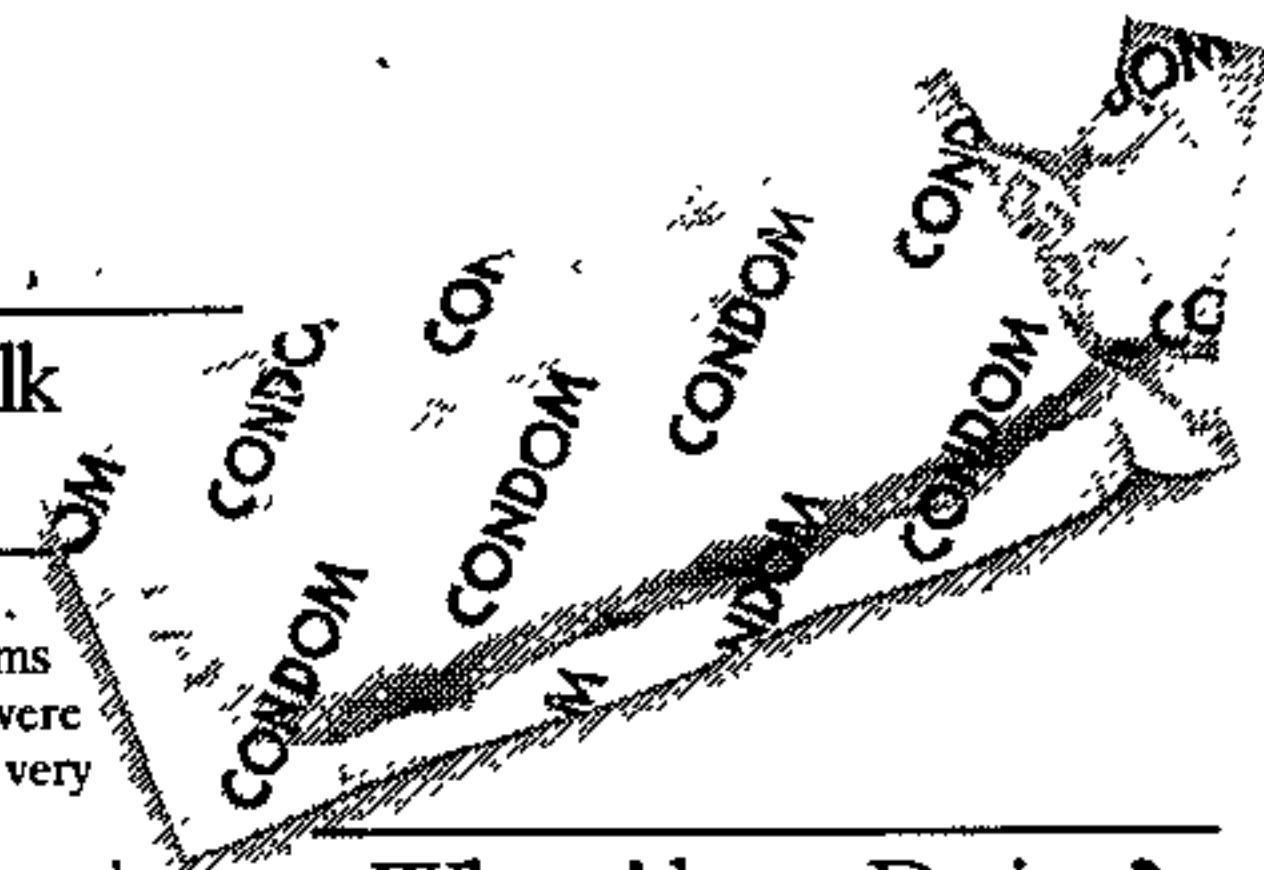
### What Is All This Talk About Condoms?

Not so very long ago, condoms (rubbers or "french letters") were things we didn't talk about very much.

Now, it's discussed freely and displayed out in the open in your local pharmacy and supermarket. Condoms have been shown to help prevent the spread of sexually transmitted diseases.

Condoms (particularly when used with a spermicide) are the best preventive measure against AIDS besides not having sex and practising safe behaviour.

But condoms are far from being fool-proof. You have to use them properly. And you have to use them every time you have sex, from start to finish.



### What About Dating?

Dating and getting to know other people is a normal part of life. Dating doesn't mean the same thing as having sex. Sexual intercourse as a part of dating can be risky. One of the risks is exposure to the HIV.

How can you tell if someone you're dating or would like to date has been exposed to the HIV? The bad news is, you can't. But the good news is, as long as sexual activity is avoided, it doesn't matter.

To become sexually involved with a person is a serious decision. A decision that is not to be taken hurriedly.

Ask your partner these questions: Has he or she had more than one partner? Has he or she had any sexually transmitted diseases? Has he or she experimented with drugs? All these are sensitive, but extremely important questions. You have a personal responsibility to ask and insist on answers.

Think of it this way. If someone is unwilling to talk about AIDS, then you shouldn't even consider having sex with that person.

### Talking With Children About AIDS

Children hear about AIDS, just as we all do. But they don't understand it, so they become frightened. They are worried that they or their friends might get sick and die.

Children need to be told they can't get AIDS from everyday casual or social contact in the classroom, cafeteria or bathrooms. They don't have to worry about getting AIDS in this way even if one of their school-mates is infected.

Children must also be taught values and responsibility, as well as skills to help them resist peer pressure which might lead to high risk behaviour. These skills can also be reinforced by religious and community groups. However, final responsibility rests with the parents. As a parent, you should read and discuss the contents of this page, and the free brochure (see below) with your children.

### You Can Make A Difference!

Each and every one of us has a personal responsibility to help prevent the spread of the HIV. In discussion with loved ones, friends, colleagues and employees, it is crucial that we provide factually correct information that will motivate them towards a safer lifestyle. It is crucial that every household in South Africa receive a copy of the free brochure, "AIDS: The more you know, the safer you'll be".

Please read and discuss this brochure! It is available from clinics and pharmacies nationwide.

If you're in a position to assist in distributing this brochure, and you require a number of copies, please write to: The Department of National Health and Population Development, Publication Store, Private Bag X63, Pretoria, 0001.

- WHERE TO GET ASSISTANCE
- AIDS Hotline: (011) 725-3000
  - AIDS Training and Information Centres:
    - Bloubaai: (051) 8-3636
    - 329/930
    - Cape Town: (021) 210-2184
    - Durban: (031) 300-2011 & 31104
    - Johannesburg: (011) 725-0511
    - 2798, 2099 or 2102
    - Port Elizabeth: (041) 506-1911
    - 401/402
  - Department of National Health and Population Development:
    - Head Office (Pretoria): (012) 325-5100
    - Sub-regional Office:
      - Kimberley: (0531) 2-9524
      - Sub-regional Office:
        - Penningsburg: (0512) 251

The more you know the safer you'll be.



The more you know, the safer you'll be.



# SAA staff angry over Aids slur

W/E ARGUS 11/11/89

921 210

By JOCELYN MAKER  
Weekend Argus Reporter

ANGRY South African Airways crew members are to lock horns with management over the handling of this week's allegations that about 100 SAA cabin staff could be Aids carriers.

The SAA Cabin Staff Association intends to find out why certain facts were released to the press and why some were held back.

## "Extremely sensitive"

Meanwhile, SAA has admitted that all job applicants must have an Aids test and that under no circumstances will an Aids carrier be employed by the airline.

A spokesman for the SAA Cabin Staff Association said a meeting had been arranged with management and he was unable to comment further on the issue as it was extremely sensitive.

He added that cabin crew

were furious that the impression had been created they were all promiscuous.

Mr Leon Els, Director of SAA public relations, said job applicants had an Aids test which was part of a routine medical examination.

"If it is positive, they are not employed. This goes for other diseases and illnesses as well."

He said if any flight crew were found to be Aids carriers, they would be removed from their position and placed in an alternative post.

Over the past eight years, at least six cabin crew, flight stewards and air hostesses had died from the killer disease.

"It is an emotional subject and we are aware of the problem, but the interests of the Aids sufferer should also be taken into consideration.

"It is not only airline cabin crew who get Aids. It does not discriminate. We have taken steps to inform our 11 000 staff members about Aids."

# Priest with Aids evicted from seminar

Star 14/11/89

VATICAN CITY — An Irish priest suffering from Aids was thrown out and another Aids victim was shouted down by a bishop at the start of the Vatican's first conference on the disease.

Scientists and Aids victims accused moralists preaching Roman Catholic sexual ethics of being unrealistic and insensitive.

"There's nobody with Aids represented here. The voice of how people with Aids feel is not going to be heard," said Mr Peter Larkin (34), a London Aids patient.

Mr Larkin was shouted down by the conference's organiser, Bishop Fiorenzo Angelini, when he challenged a speech by Monsignor Carlo Caffarra, a theologian close to Pope John Paul.

Monsignor Caffarra called homosexual activity perverse and said the use of condoms was never morally justified, not even to avoid spreading the disease to a partner or to an unborn

child.

He said government publicity campaigns to encourage the use of condoms were immoral, partly because they encouraged permissiveness.

Mr Larkin, who belongs to a London support group called Catholic Aids Link, said of Monsignor Caffarra's speech: "It's crazy. It's immoral. By saying that condoms are of no use they are actually committing to death people whose lives could be saved with the wider use of condoms. To ignore people's sexual behaviour is to deny the truth."

Some time later, Father John White, an Irish Roman Catholic priest suffering from Aids, was hustled out of the hall by security guards for holding up a banner reading: "The Church has Aids."

"I live with Aids every day. And I have no voice here," he said as he was evicted. — Sapa-Reuter.



# Pilots call for compulsory Aids tests

CME Tests 9/4/89

92

*[Handwritten signature]*

By DI CAELERS

THE South African Airways Pilots' Association has called for compulsory Aids testing for all air crews.

The call came yesterday from association president Captain Ian Domisse following newspaper reports that as many as 100 cabin attendants — all male — were possible carriers of the disease.

SAA spokeswoman Ms Zelda Roux said yesterday six male cabin attendants had died as a result of the disease since 1982, but could not confirm the figure of 100 possible carriers.

"We do know of a few single cases of HIV-positive attendants but the figure of 100 is probably a projected figure put forward by medical people at a conference somewhere"

The newspaper report, in an Afrikaans daily, claims that as many as one-fifth of the total number of SAA male cabin attendants were possible Aids carriers.

The report further speaks of the danger of cabin attendants who are Aids carriers spreading the disease at both domestic and international des-

tinations.

Ms Roux said the Aids issue was receiving attention at the highest level possible but that SAA could not force air crew to undergo blood tests.

"It is obviously a very sensitive and personal issue and the best we can do now is to attempt to get people to go for tests on a voluntary basis."

But she gave the assurance that anyone found to be medically unfit was automatically "grounded" and offered an alternative position.

Pilots were required to undergo full medical examinations every six months and air crews once a year.

"We do have a serious problem but we would like to assure passengers that they are in no possible danger. Aids cannot be passed on except by sexual contact, blood and body fluids," Ms Roux said.

She confirmed that SAA, in conjunction with the Department of Health, had recently started a comprehensive information campaign to inform all staff members of the dangers of Aids and how to prevent it.

"Next week all the airlines will get together at a medical congress in Paris and I'm sure the Aids issue will be high on the agenda," Ms Roux said.

# Self-insemination dangers

Medical Reporter

Gynaecologists commenting on the alleged self-insemination of a Johannesburg woman who gave birth to twins last week were concerned about the threat of sexually-transmitted diseases.

Ms Elaine Ensor, a lesbian who apparently artificially-inseminated herself with the aid of a disposable syringe, gave birth to a boy and a girl in a Roodepoort clinic on Thursday. The sperm was donated by a coloured homosexual friend.

An in-vitro fertilisation expert told The Star this method of home-style insemination was possible, provided the sperm was kept in warm, humid conditions and used within three days, but he

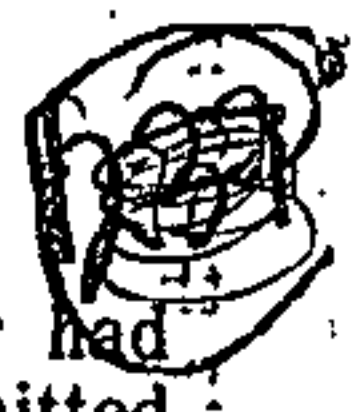
queried how carefully the donor had been tested for sexually-transmitted diseases.

"In Australia there was a case where two girls died of Aids after artificial insemination. In this country, the law states that the sperm donor in such a case must be tested for sexually-transmitted diseases every three months. Not just for Aids but for herpes and other venereal diseases. These diseases are not necessarily externally visible but may be carried by the sperm."

Ms Ensor's donor told a Sunday newspaper he had been tested for Aids.

A gynaecologist in private practice said he was concerned other childless people might try to copy Ms Ensor. He said he felt very strongly about the issue and that it horrified him.

Star 16/11/89



# Aids scare moves to Asia

Forecast of 1990 as "Health for All" year seems unlikely.

92  
Sowetan  
24/11/89

BY the end of the next decade, six million people will have developed Aids, 10 times the number of cases thought to have occurred so far, says Jonathan Mann, director of the World Health Organisation's Global Programme on Aids.

This sombre and harrowing prediction will undermine the WHO objective of making the year 2000 a year of "Health For All".

The WHO projection is based on estimates of how many people are infected and how many more are likely to become carriers if the HIV continues to spread at the current rate. Of the 600 000 cases reported to date, about 107 000 are in the United States.

Mann said if transmission of the infection increases dramatically in Asia, where the virus has just begun to gain a foothold, the estimate of six million could prove far too conservative. He said the WHO estimates that between six million and eight million people are currently infected with the virus.

## Addicts

Studies among high-risk groups in several Asian countries suggest that the virus is spreading rapidly there. For example, the HIV infection rate among drug addicts in Bangkok, Thailand, has risen from one percent in 1987 to 40 percent this year, Mann said.

Among prostitutes, the rate has risen at least ten-fold in the last three years. Between three and seven percent of prostitutes in South-Eastern India tested in surveys are infected. Mann said studies also suggest that the virus is spreading among drug addicts in the country of Myanmar, formerly called Burma.

He said infection rates were increasing in West Africa, Latin America and Eastern Europe. He cited high global rates of sexually transmitted diseases and the increasing international popularity of

## HEALTH NEWS



By MOKGADI PELA

injectable drugs such as cocaine and heroine as major causes of the spread of Aids.

Returning from an international conference on Aids which was held in Rome, South African Aids expert Professor Ruben Sher confirmed Mann's observations.

## Conflict

The meeting was organised by the Vatican City and the aim was to examine the role of the Catholic Church in the epidemic. The meeting consisted of the scientific aspect and the theological approach to the social aspect of this disease.

Many of the issues which Aids touches are in conflict with the teachings of Catholicism. For example, homosexuality, drug-abuse and abortions and the use of the condom.

"It would seem that the church is not going to yield on these factors. They maintain that the answer to stopping the Aids epidemic lies in behavioural change, that is monogamy," Sher said.

However, the church could play a role in caring for people with Aids. Some of the scientists were optimistic that there may be a vaccine by 1992. But the only vaccine we have today is education. "This means that an individual can protect him/herself by practising safer sex," Sher added.

The drugs currently available and those soon to reach the market like DDI, prolong life but are not a cure for the disease.



# SAA cabin crew no threat to passengers — Aids specialist

Staff Reporter

Cape Town 10/11/87  
92

A PROMINENT Cape Town Aids specialist has endorsed assurances from South African Airways that passengers are not at risk from HIV-positive cabin attendants.

The specialist, who cannot be named for professional reasons, spoke out after newspaper reports that as many as 100 SAA cabin attendants — all male — were possible Aids carriers.

He said the fact that female staff had not been infected proved the point, since they were in constant contact with male staff.

"We know there have never been cases of transmission within a household. The only things we warn people about are using the same toothbrushes or razors where blood can be delivered straight into a cut or sore."

He said that even when a drop of blood was injected under the skin, only three in 3 000 people would actually become infected.

"The transmissibility of a virus is directly related to the amount of virus and where you put it."

SAA spokeswoman Ms Zelda Roux yesterday denied that the airline had been inundated with calls from concerned people.

She assured passengers that cabin crew had nothing to do with preparation of meals served on flights.

"Meals are prepared by a private concern under strictly controlled conditions where employees wear protective clothing and work in immaculate kitchens.

"The cabin crew is responsible only for serving meals, most of which come in sealed containers anyway," Ms Roux said.

CA/1-10/11/89

## Sharp rise in deaths from Aids

92

JOHANNESBURG. — So far this year 58 people have died from Aids in South Africa, official figures show.

Of the total of 310 cases diagnosed in the country since 1982, Aids has been responsible for 160 deaths.

Statistics released on Tuesday by the Department of National Health and Population Development showed that there were 69 survivors from the 113 cases diagnosed up to the end of October this year — an increase of 27 over the 86 cases for the whole of 1988.

Homosexuals are by far the biggest group of sufferers, with 195 reported cases — 69% of the total of 283.

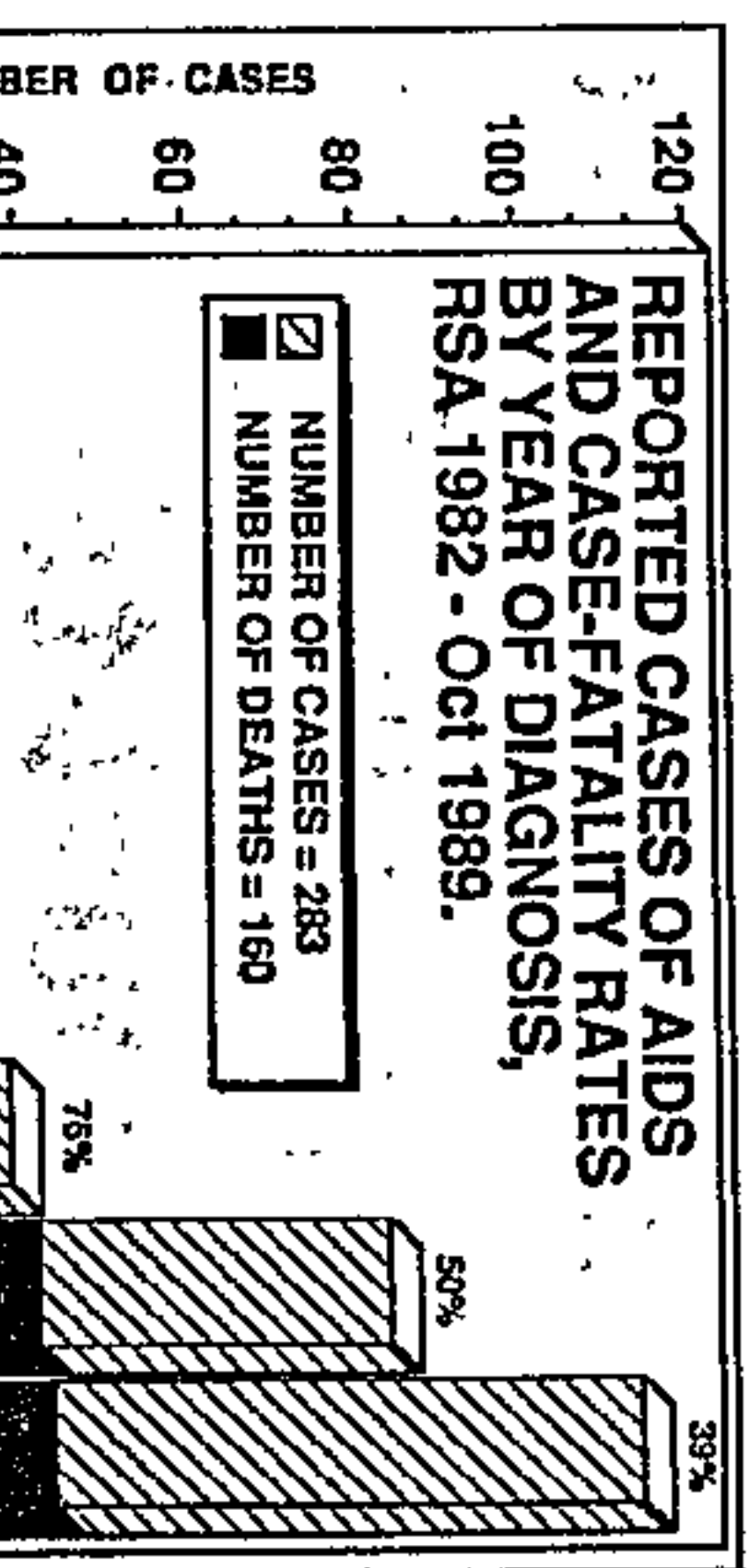
Of the 283 cases, 159 were diagnosed in the Transvaal, 56 each in the Cape and Natal and 12 in the Free State. — Sapa

'19,5 percent of South Africans will die of Aids by year 2 000'

# Modern-day plague sweeps on

Health authorities and community organisations throughout the world will tomorrow focus attention on a modern plague that is sweeping Earth — the deadly Aids virus, which is claiming thousands of victims, but for which there is still no cure in sight. **JENNY McMAHON** reports.

50/11/89  
20/11/89



The World Health Organisation's Aids Day today focuses our attention on the modern plague that has swept the earth in the last 10 years. "Aids could prove to be more of a threat to humanity than the worst outbreak of the bubonic plague in the mid-14th century when at least one third of the populations of Europe and Asia died as a result."

This is the view of Mr Keith Edleston in his book "Aids: Countdown to Doomsday".

South Africa has not escaped the scourge. Since 1982 when the first three cases of Aids were reported here, 180 people have died of the disease. This year alone 114 new Aids cases had been reported by October 24. We still have one month of 1989 left before the total figures for the year are known.

These figures appear to be a drop in the ocean when compared with the 20 South Africans who die of tuberculosis each day. The difference is that TB is curable.

The number of South Africans infected with the human im-

munodeficiency virus (HIV) which causes the disease is unknown although Dr Steven Mill, consultant at the Johannesburg Hospital's HIV Clinic, estimates it to be about 39 000. Currently it is felt that about 60 percent of carriers of the virus will contract full-blown Aids although some health officials believe this figure to be much higher.

People infected with HIV do not necessarily show any symptoms. This is because the virus has an incubation period during which time the infected person looks and feels well. It is now thought that the incubation period could be as long as 15 years, says Dr Jack van Niftrik of the Aids Policy Research Centre.

The Department of Health says that the Blood Transfusion Service in South Africa has been safe since 1985. Even so, there

are at present 10 haemophilias here suffering from blood transfusion Aids.

According to the Department of Health, HIV is transmitted primarily through homosexual and heterosexual intercourse in South Africa. Nine South African children, however, have been infected through mother-to-child transmission.

**Scenario**

A survey in May 1987 of women attending antenatal services at Baragwanath Hospital found one in every 2 130 to be HIV positive. In August, only 15 months later, that figure had changed to one in 360.

Mr Edleston, a financial consultant and member of the Aids Economic Research Unit, says we should allow for 6 percent of all South African whites

being killed by Aids by the turn of the century.

In a best case scenario, 13,5 percent of the black population will be dead or dying by the year 2000. In the worst case scenario, that figure changes to 45 percent by 1996.

The truth, he says, probably lies somewhere in between. So what is South Africa doing about this?

It is widely agreed that education about Aids is necessary to stop the spread of the disease. In South Africa education is "a major problem," says Dr Ruben Sher of the South African Institute for Medical Research.

"It is difficult to have a programme that will suit everyone in the country," he says.

To date, official education programmes in South Africa have involved two awareness campaigns and the setting up of Aids Training and Information

Centres (ATICS) in Cape Town, Port Elizabeth, Bloemfontein and Durban.

A similar centre has been in operation at the Institute for Medical Research in Johannesburg since January 1988.

The ATICS have been set up to "increase local awareness, apply factual information, train health advisers and counsellors and arrange workshops" as well as carry out counselling and operate local Aids surveillance projects, says a Department of Health spokesman.

The first awareness campaign in 1988 involved television and radio commercials and press advertisements. The objective was to "impart information, raise awareness of the causes of Aids and direct people to sources of more in-depth information," said Mr Tim Bester, vice-chairman of McCann Ad-

A post-campaign survey done by Market Research Africa indicated that the campaign succeeded in this, but claimed that there was still a need for more information. This, it said, would be tackled by future advertising.

Following this in 1989, the second awareness campaign was launched. Three million brochures in nine languages were distributed to clinics, pharmacies, health centres and other outlets.

Dr Dennis Sifris, head of the Johannesburg Hospital HIV Clinic, was sceptical about the

campaign. He pointed out that in a country with a population of over 30 million, only 3 million brochures were printed.

Many experts agree that the only way to stop the spread of Aids is by "education in prevention" as Dr Sher has often said.

Dr Stan Schoeman of the Africa Institute says that merely raising awareness of the causes of the disease will not do this.

Dr Schoeman believes that the social, religious and economic aspects of each group need to be looked at before an

educational campaign could change behaviour.

ATSA believes in involving industry, business, trade unions, churches, doctors and concerned individuals and groups in an effort to change social and sexual behaviour.

Another private enterprise initiative, The Aids Policy Research Centre, has been in existence since 1987. Unlike the Aids Foundation, it "provides practical advice, audits and hands-on corporate policy planning for the entire sub-continent," says Dr van Niftrik of the Centre.



der attacks on radicals.

ate ANC members - I've only read stories in the press about this.

ANC policy to kill the defectors wherever they were found, police said yesterday.

# Aids scare after sodomite found to be infected

**VEREENIGING** - An unknown number of boys in the Vaal Triangle, Secunda and Hendrina power station areas may be unaware that they could be infected with Aids.

This follows the disclosure in the Vereeniging Regional Court that a 30-year-old man, who was yesterday convicted on three counts of sodomy, had tested positively for the disease.

It is now feared that the discovery "could lead to a major tragedy involving young,

innocent boys", according to regional court prosecutor Mr Louis Venter.

Jan Abraham Sadler, who formerly resided in the Vaal Triangle area and now lives and works in Secunda, was sentenced to three years' imprisonment by magistrate Mr Dries Visagie after being found guilty of committing indecent acts with a 15-year-old Vanderbijlpark boy on three separate occasions.

occasions.

The offences were committed towards the end of last year against the teenager's will while Sadler, a bachelor, boarded with the boy's parents. He initially admitted guilt on the three counts, but a plea of not guilty was entered by the court.

The possibility that he had associations with other young boys has not been ruled out. The court yesterday heard that Sadler

● TO PAGE 2.

## Scare

● FROM PAGE 1.

was found to be infected with Aids after blood samples were taken from him while he was being held in custody pending yesterday's hearing.

He was positively identified as an Aids sufferer on Thursday. Sadler, a process controller at the Sasol 3 plant in Secunda, told the court that he had not previously been tested for Aids, adding that he had no idea he was infected with the virus.

Before sentence was passed the prosecutor, Mr Louis Venter, requested that Sadler be removed from society and imprisoned in order to protect other children.

He stressed that there was no way of telling how many other potential victims might be infected by the accused if he was not jailed.

Passing sentence, Mr Visagie

said that offences involving indecent acts towards children were on the increase, and that four similar cases were heard in the Vereeniging Regional Court yesterday.

He said that from the evidence led in the trial it was obvious that the accused tried to curry favour with the 15-year-old boy and his sisters by buying them presents.

It appeared that the accused was also responsible for the boy running away from home after indecent acts were carried out against his will.

During a brief press conference after the hearing, Mr Venter appealed to all boys who had any association with Sadler to confide in their parents or house doctor and to have immediate Aids tests.

All members of the police who investigated the case, as well as prison staff who were in contact with Sadler while he was in custody, are to be tested for Aids.

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# Survey shows miners 'aware of Aids-risk'

*City Times* *28/11/89* Correspondent ~~92~~ 92

JOHANNESBURG. — Black miners, often named as a high-risk group in the spread of Aids and other sexually-transmitted diseases, (STDs), had a high level of awareness of the dangers of the virus, according to the results of a recent Chamber of Mines survey.

The Chamber of Mines said the survey had shown miners were a responsible community who had an understanding of Aids and STDs.

The survey was conducted among 429 black mine workers on four mines by the Chamber of Mines Human Resources Laboratory.

Its purpose was to examine black mineworkers' awareness of Aids and STDs as well as the behaviour patterns potentially affecting transmission.

The 429 workers represented 5,6% of the labour force on the four mines.

# AIDS 'no greater risk to miners than others'

Business Day Reporter

THERE was no evidence to suggest miners were at greater risk of contracting AIDS than other male black workers, a Chamber of Mines survey has found.

The survey results were published in the chamber's newsletter. Figures available from other medical studies indicated the prevalence of HIV-positive persons among miners attending sexually transmitted diseases (STD) clinics at mines was lower than among blacks attending STD clinics in Johannesburg.

The survey was conducted on a sample of 429 miners from four gold mines — two in the Transvaal and two in the Free State.

The report states: "The promiscuity of black miners, so often alluded to in discussions about AIDS in SA, is not borne out by this survey. A prevalent understanding of the dangers of promiscuity in the spread of STDs and AIDS was shown in this study."

Although awareness of AIDS was high, the feeling of personal susceptibility was low. Almost 95% of the men interviewed had heard about AIDS, but only 20,3% believed they could contract the disease.

Because of the predominantly sexual transmission of AIDS, knowledge of STDs was considered important. Some 27% of the men had had an STD, while 7,7% could not remember. Single men showed double the incidence of STDs compared with married men, while the 18-25 age group reported three times more STDs than the over-45 age group. About 36% of those who had had an STD were from SA townships, while 25% were from Transkei and 18% from Lesotho.

The report said it was noticeable that peer teaching was the most important source of information to the miners.

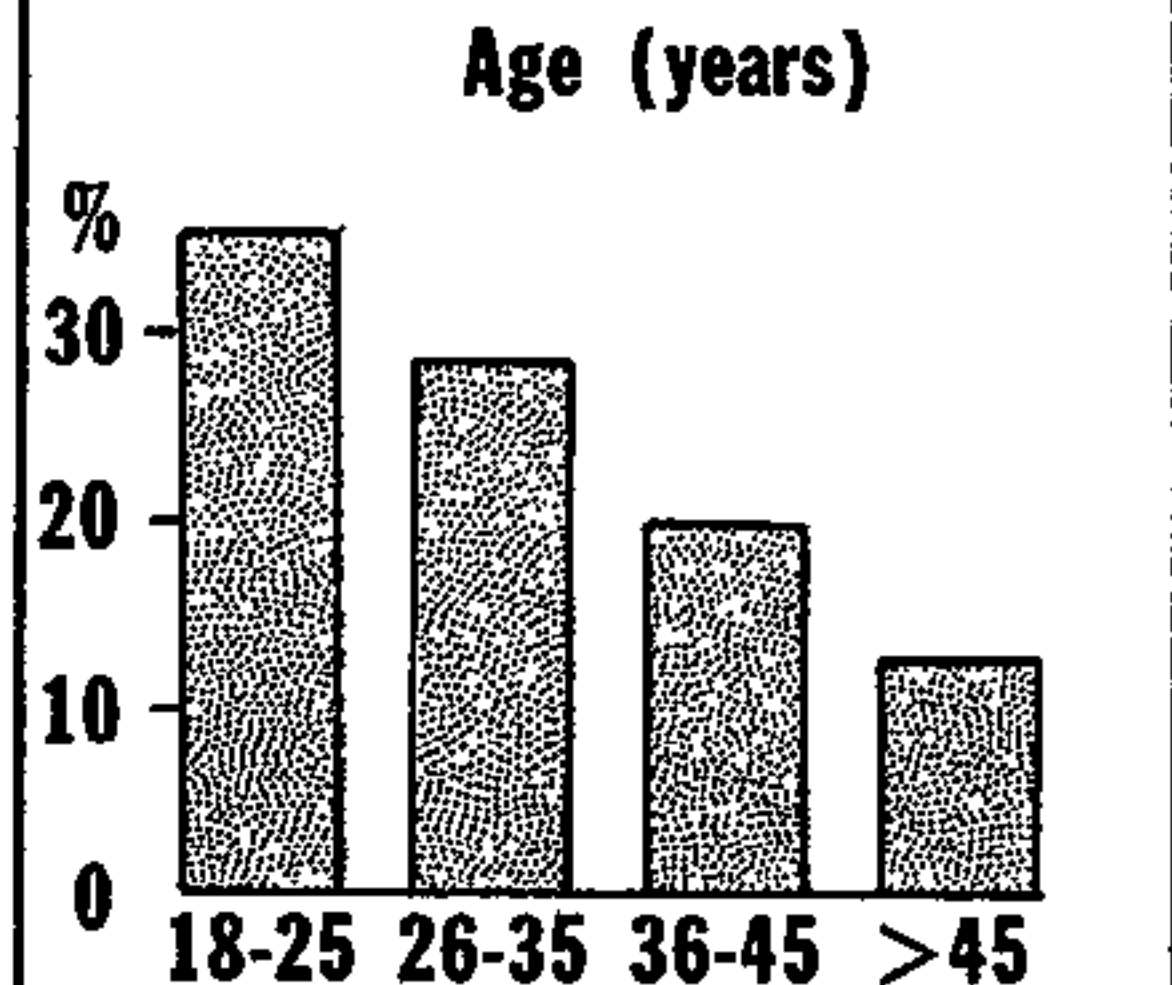
Mine media were another necessary source of information. Combining these two information channels and using individual health education messages directed at "at risk" groups (young, single, poorly-educated miners and those having most contact with women), appeared the most sensible strategy to combat the possibility of an AIDS epidemic among mineworkers. The newsletter also carried a synopsis of

a paper delivered by chamber medical adviser Dr Oluf Martiny who said another survey had identified Malawian employees as being the most seriously infected, with an incidence of 3,76% compared with 0,02% in SA employees, equivalent to 175 times more infection than SA miners.

"By 1987 the situation had escalated to 10% of Malawians, or 2 000 employees, testing HIV positive. By 1989, the prevalence in Malawian employees had increased to 21%. A most interesting finding was the discovery that 21% of Malawian employees had become HIV positive on testing in 1989 compared to 10% in 1987/88. The significance of this finding is of major importance."

The increase took place while the employees worked in SA and did not return to Malawi on leave. They were therefore not exposed to infection in Malawi during this period and most could not have been infected in SA, as the prevalence of infection in SA miners was probably less than 0,2% during 1987-89.

Age distribution of persons who have had an STD





# Warnings sounded on AIDS 'catastrophe'

B. Day 28/11/89. 92

GERALD REILLY

PRETORIA — AIDS had the potential to develop into one of the greatest global catastrophes and to disrupt the economic and social life in SA, Health and Population Development Minister Rina Venter said here yesterday.

Opening a conference on the disease, she stressed the potentially crippling economic costs of the spread of AIDS.

At the conference were ministers of health, education and culture and welfare of southern African governments.

The economic implications included the costs of transfusion screening services and educational programmes. To be added were treatment of AIDS cases — between R40 000 and R80 000 — and claims made on life insurance.

Indirect costs involved the loss of skilled workers, man hours, production and an increased demand for health services. Industry and commerce should become involved in educating their workers.

Venter said governments should

realise the disease could disrupt economies and AIDS could easily become politicised. Fears of AIDS had become a direct threat to free travel between countries and to open international exchange and communication. However, they were based on prejudice for which very little if any well founded substantial evidence existed.

In the absence of a vaccine and definitive therapy, strategies had to be aimed at prevention.

## Carriers

Speaking to the Press after the conference, Venter said ministerial representatives of the independent states had agreed on the urgent need for co-operation and a co-ordinated effort to fight the spread of the disease.

National Health and Population Development director general C F Slabber told the conference the spread of AIDS had developed into an iceberg phenomenon: what was visible was only a small part of the

total picture.

The visible tip was an estimated 30 000 cases worldwide, a further 600 000 HIV positive cases and between 10-million and 15-million asymptomatic virus carriers.

By the end of October, World Health Organisation statistics showed 186 803 cases. In Africa the figure was 31 146. But Slabber added there was significant under-reporting of cases.

Initially it had been overwhelmingly a homosexual spread. However, there had been a marked increase in heterosexual spread, in female cases and in black cases.

With an incubation period of five to nine years a patient could be totally unaware of his condition. However during this period other people could be infected.

Slabber said 60% to 100% of people infected would progress from being carriers to having the full-blown disease. Once symptoms developed the mortality rate was 100%.

In the US the average life expectancy from the onset of symptoms to death was 15.6 months.

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Johannesburg through a severe thunder storm.

*CMC News 30/11/92*  
**Five Aids cases in Venda 92**

SIBASA, Venda: — Four men and a pregnant woman in Venda have been diagnosed as Aids victims, the Venda Director for Health Services, Dr P J McCutcheon, said yesterday.

... recovered

# Remember, <sup>92</sup> it's World Aids Day

Today is World Aids Day, to raise awareness of Aids and the worldwide effort to halt the spread of the disease.

By JENNY VIALL  
Staff Reporter

IN parts of Africa, Aids is known as "grandmothers' burden", as more and more grandparents are having to bring up their grandchildren because parents are dying of Aids, placing an enormous pressure on family structures.

Aids is no longer a disease affecting homosexuals and intravenous drug-users. Increasingly, women are at risk.

At a conference on Aids in Africa held in France, it was predicted that most of Africa's new Aids cases would be mother to child transmissions because of the large number of women who have become infected.

## Magnitude

"Perhaps a difference in South Africa is that we may have a little more time, because the spread of Aids has come a little later. In that way we have time to look around and see the problems other countries are having and how to deal with them," says Professor Van Coeverden de Groot of the University of Cape Town.

But there is no room for complacency. "Nobody has an accurate idea of the magnitude of the problem," said Professor Van Coeverden de

Groot, "and the message we must get across is how to prevent Aids and dispel the myths about how Aids is spread."

The Planned Parenthood Association, which incorporates the Aids Education Unit in Cape Town, runs workshops and gives talks in the Western Province on Aids prevention.

Their work includes training nurses, religious leaders, social workers, factory workers, teachers and running their *Loving Carefully* programme at schools, youth groups, universities and colleges.

In addition they publish *Aids Scan*, an publication with the latest information on Aids from around the world, and have a resource centre with books and videos on Aids.

"It's time to be open about sexuality, because unless we're open about sexuality, we cannot hope to educate people about Aids," said Erica Greathead, who co-ordinates the adult and youth education programmes.

"In our workshops with young people we promote responsible sexuality and Aids awareness.

"Aids is part of sexuality, and in educating teenagers we have to open up about sexuality."

The only way to prevent Aids is monogamy or the use of condoms.

For many teenagers, there is usually a fair amount of sexual experimentation before they settle in to a monogamous relationship.

"And monogamy does not mean one sexual partner at a time, it means just one partner — we have to make that clear to young people," says Erica.

An investigation in the UK found that on average teenagers had five to six sexual partners before they settled down in a monogamous situation.

## Realistic

That meant that each teenager was in sexual contact with 45 000 people, a frightening number, considering that some of these would be HIV-positive, and while symptomless, would continue to spread it, said Erica.

"Many people see promoting the use of condoms as promoting promiscuity, but we must be realistic. Young people do engage in sexual activity, and we're just saying make it safer.

"It would be cheaper for government to make condoms available than to treat people with Aids."



W/Argus

# World Aids Day

## focus on education

2/2/89  
92

GENEVA. — Nearly 200 000 Aids cases have been reported worldwide, the World Health Organisation said in a report published to coincide with World Aids Day — which saw the politicians, physicians and media of the world focus on education and prevention of the deadly disease.

The WHO headquarters in Geneva were draped with patchwork quilts bearing names and mementoes of victims of the deadly syndrome, including "Baby Jessica", as a poignant reminder of the global tragedy.

### World figures

In its Aids Update report, the WHO said 11 000 new Aids victims were registered by the end of last month, bringing the total number of cases to 198 165.

The United States reported 3 025 of the new cases, raising its mid-November total to 110 333, about 56 percent of the world total. It has recorded 18 043 new victims so far this year, according to the WHO report.

Updated figures from France brought the country's

total number of cases to 8 025. Brazil has reported 7 787 cases and Uganda 7 375.

Bermuda, with 122 notified cases, has the highest rate of the disease, with 49.1 in 100 000 people. Another popular holiday resort, the Bahamas, follows with 38 cases in 100 000, against 12 in 100 000 in the United States.

WHO said Kuwait and the tiny Comores islands on the east coast of Africa have reported their first Aids cases.

The WHO report covers only people diagnosed as having Aids. The number of reported cases does not come close to representing the true extent of the problem because many cases, especially in Africa, go unreported. The WHO report also does not include people infected by the HIV virus who have not developed the disease itself.

Dr Jonathon Mann, director of the WHO's Aids programme, said that during the 1980s, 600 000 victims were afflicted with full-blown Aids, of whom 300 000 died. He said more than five million people became infected with the virus.

"The World Health Organisation predicts that by the year

2000 six million Aids cases may have occurred. If HIV spread accelerates, especially in Asia, these estimates will be too conservative," he told his audience in Geneva.

Aids, which kills by stripping the body of its ability to fight disease, has no cure. It is transferred in semen or blood and has hit male homosexuals and intravenous drug-users hardest, though everyone is at risk.

### Reactions

● In the United States directors of Aids organisations from across the country planned a demonstration outside the White House yesterday in a call for more federal leadership in the nation's response to the epidemic. Protesters say they want more federal money for prevention and early treatment programmes.

"Our hearts go out to those afflicted, as our heads work toward finding solutions," President George Bush said in a statement.

The United States Aids activists said they would issue a "report card" — giving Mr Bush falling grades for his response.

● In Australia Health Minister Mr Neal Blewett was to of-

ficially launch a World Aids Day and announce extra Aids research and education funding.

● In Britain Princess Diana was scheduled to open a new ward at St Mary's Hospital in London for people with the Aids virus.

● In Copenhagen entertainers were to perform to raise money for the Danish Aids Fund, a non-profit organisation that helps victims and promotes education.

● In China the newspaper Guangming Daily said: "The key is random testing and prevention to control the spread (of Aids) in our country... Even though the incidence of Aids is low (in China), it cannot be ignored. Aids is spreading across the globe..."

● Israeli army radio opened its morning news with an appeal from Dr Avi Hassner of the Aids clinic at Tel Aviv's Ichilov Hospital:

"On the World Aids Day, we want to remind you that Aids is a sexually-transmitted disease, a disease that can be prevented. Please, in any case of a sexual contact, use contraceptives. Good morning, Israel." — Sapa-AP.



# AIDS

"People must not be deceived. Aids is a dangerous disease. It has no political, sexual, social or cultural barriers. It can affect anyone."

(92) C. Press 3/12/89

**S**outh Africans need to be told more about the dangers of Acquired Immune Deficiency Syndrome, Professor Ruben Sher told *City Press* this week.

Since 1987 many black people have contracted the disease, once known as the "white man's disease".

Sher said 59 black people suffered from Aids and that one out of 300 people tested monthly in medical institutions countrywide had the HIV virus.

So far 160 white and black people had died of the disease out of a total of 310 diagnosed since 1982.

This year alone 114 cases had been reported, most of them involving homosexuals living in Johannesburg. A total of nine black babies – five male and four female – have been born with the killer virus.

Some 2 000 people from the KwaZulu area were infected with the virus, but that did not mean people in Soweto and other metropolitan areas were immune, said Sher.

People felt they would not contract Aids and were reluctant to go for tests.

"Blacks have recently become the most vulnerable of all the people in South Africa," said Sher.

The notion of immunity among black people was cause for concern, given the increasing number of Aids sufferers.

"There are still those who contend that Aids in blacks is a government ploy," said Sher.

Because of apartheid most things the government did were regarded with suspicion.

December 1 was proclaimed World Aids Day by the World Health Organisation in an attempt to focus attention on learning about and understanding Aids. SOL MORATHI spoke to Professor Ruben Sher, head of the Aids Training Information Centre in Johannesburg.

cure vaccine for Aids, the most important component of Aids programmes was information and education.

Aids can be prevented through informed and responsible behaviour.

The full aim of the Aids awareness campaign is to:

- Inform and educate people about Aids and its prevention;
- Tell people that Aids can be stopped; and
- Encourage compassion and understanding towards those who have Aids or are infected with the virus.

Sher urged employers to give a helping hand in the fight against Aids. He said they must:

- Have an Aids policy based on scientific facts and humanitarian grounds – not fear and misconception;
- Make sure their employees receive education about this potential biological holocaust;
- Provide condoms;
- Offer financial support for Aids research; and
- Do something about the migrant labour system.



The community-based Aids awareness programme, Puppets Against Aids, started educating people in the Transvaal against the dangers of Aids a year ago. The programme opened World Aids Day this weekend in Cape Town.



HIV and Aids had been, up to 1987 – except for a few blood transfusion-related and haemophilia cases – almost exclusively a white homosexual problem.

“People must not be deceived. Aids is a dangerous disease. It has no political, sexual, social or cultural barriers. It can affect anyone,” said Sher. Aids was spreading rapidly in southern Africa and black people could no longer allow political ideologies to stand in the way of health.

“The danger of Aids is that it is a silent disease. It is unlike a cold or tuberculosis. You can stay for years without realising you are an Aids carrier.

“The only way people can avoid it is by stopping sleeping around.”

Sher said HIV and Aids diagnosis was made in accordance with regulations prescribed by the Atlanta-based Centre for Disease Control.

On Friday, the world community took part in workshop sessions to discuss the general psychological and social aspects of Aids.

The WHO, which proclaimed December 1 World Aids Day, said it recognised that in the absence of a



**The only way to check if you have Aids is to have a blood test.**



# Mystery escape from Aids

**F**OUR years ago Ron Webeck, of St Petersburg, Florida, could barely walk, couldn't talk and was nearly blind, when he was flown to his family's home to die of an Aids-related brain disease.

Today, Webeck, 42, is thriving and researchers are trying to find out why.

"I realize that I'm probably not supposed to be here. I've been given an incredible gift - I'm cured," he said.

Tests have failed to turn up the Aids virus in Webeck's blood, and scientists can no longer find a trace of the virus that caused his brain infection - progressive multifocal leukoencephalopathy, or PML. The disease preys on Aids victims and usually kills within six months.

"Sure he's healthy. He looks good, he feels good and he can do anything he wants to do," said Dr Joseph Berger, a University of Miami neurologist and Aids researcher, who wrote about the case in the medical journal *Neurology*.

"But I'd have to say with 99 percent certainty that he's sitting on a time bomb," Berger said.

"What caused his illness in the first place is somehow being suppressed and will come back."

Aids researcher Sidney Houff, who examined Webeck at the National Institute of Health in Bethesda, Maryland, calls his recovery remarkable - but he's not ready to call it permanent.

"What exactly caused him to survive and recover is a mystery.

"There's no telling what may happen in the future. I'm hopeful for him, but if his immune system is sufficiently challenged, there's always the chance the virus that causes PML will reappear."

Webeck thinks doctors are being overly cautious.

"I'm going on five years now. How long do I have to be healthy before they finally give up and agree I'm well?"

For Webeck, who said he lived in the fast lane of San Francisco's gay community in his 20s, the first signs something was wrong came in the spring of 1985.

While working as a waiter in Massachusetts, he began falling down and had to leave.

A culture of spinal fluid taken at Massachusetts General Hospital eight weeks later showed the presence of the human immunodeficiency virus (HIV), the virus that causes Aids.

A scan revealed lesions on his brain and a biopsy showed that PML had infected

his brain tissue.

After weeks of violent illness and with his weight at just above 54 kilograms, doctors suggested Webeck make plans to be with his family. They thought he only had days to live.

"They didn't have to say the word - it was written all over their faces. They rushed me home with no medicine; nothing."

Dr Leonard Mueke, who treated Webeck at Massachusetts General, said he had to tell the patient and his family the dismal prognosis.

Under his parents' care, Webeck suffered seizures and a bout of depression that ended in his attempt to take an overdose of sedatives. After 10 days in the hospital, he survived.

"That was a big turning point for me. I met death and was spared."

Without medical treatment, and an attitude shaped by books on positive thinking and an insatiable will to live, Webeck began forcing himself to eat and walk again.

In July 1986, he set out to find a cause for his return to health. He wrote to every major medical centre and Aids researcher in the country.

After scores of encouraging but non-committal responses, Berger at Miami and then Houff at the National Institute of Health, agreed to make extensive examinations.

Houff, who completed more than three weeks of examinations of Webeck in June, found that all components of his immune system were basically normal.

One odd thing was that Webeck had the usual number of B lymphocytes - white blood cells that produce antibodies against disease.

All other PML patients Houff had seen had produced vast numbers of tainted blood cells that made their way into the brain tissue and caused the infection.

Webeck is stronger than ever. Recently he went on a diet after his weight topped 81 kilograms.

He receives a disability cheque from Social Security, so has time to speak to churches and civic groups, and to care for a friend with Aids. He hopes to travel full-time to promote Aids research and to show that the virus does not always mean a death sentence.

"Many Aids victims were so devastated when they heard they had it they gave up. If people see me, maybe they will think that miracles do happen." - Sapa-AP

# Aids menaces SA economy

8/Tues 3/12/89 92

**SOUTH Africa is in the midst of an Aids epidemic which will cost the economy huge sums as it gains momentum.**

Experts say the extent of the epidemic has been underestimated.

Health and Population Development Minister Rina Venter believes governments must take cognizance of the crippling economic effects of the disease and develop strategies to prevent its spread.

Dr Venter says the implications for the skills of SA, productivity levels, the health industry, life-assur-

**By Robyn Chalmers**

ance companies and free international travel are daunting. Education is vital in combating the disease.

Evidence of the rapid spread of Aids can be seen in the number of claims submitted to life-assurance companies. Since 1984, claims resulting from death caused by Aids have risen to more than R5-million.

## **Promiscuity**

Statistics from Mercantile & General senior underwriter Jakes Greyling show a sharp increase this year in the amount life assurers have paid out for Aids-related

deaths.

Mr Greyling's research shows that by January 1989 assurers had paid out R3,3-million since 1984 to 30 policyholders in 47 claims. By June 29, the figure had risen to R5,198-million for 40 claims lodged by 69 policyholders.

Chamber of Mines medical adviser Oluf Martiny says the 283 identified Aids-cases in SA bear little relation to the number of infected individuals. He puts their number at between 20 000 and 50 000.

Dr Martiny says of the known 283 cases, 56% have died. The rest are expected to die within two years.

"The frequency of the

disease is doubling every six months, which means SA is in the midst of an epidemic.

"Education is the only hope we have of slowing down the epidemic, and this implicates business across the board. All companies must develop a policy to cope with the disease."

Dr Martiny says apart from considering areas such as medical aid, pension, insurance and training, three points should be considered by organisations confronting the disease:

- It should be established that no worker will be fired if he develops Aids. There is no risk to other employees — unless sex takes place at work.

- Fellow employees almost invariably refuse to work with the infected individual, and his or her life might be at risk from violence.

- Workers should be educated. The target group for education must be identified, and they will include management, workers and families.

A survey by the Chamber of Mines found a high level of awareness of Aids among black miners. Almost 95% of those interviewed had heard of the disease compared with 40% in 1986.

Dr Martiny says this is encouraging, especially because the survey disclosed a low incidence of promiscuity among workers. The survey indicates that the mining industry and its employees play a minor role in the spread of HIV infection in SA.



By FANNY A GROSS

AIDS enjoys the international spotlight, because of the general worldwide feeling of anxiety about the universal occurrence of this ailment. Institutes of public health everywhere are beginning to take cognisance of its spread and are attempting to devise strategies to control the epidemic.

The World Health Organisation (WHO) estimates that by the year 2000, 10 million people worldwide will have died or will be seriously ill from the disease, and a hundred million will be infected.

It is, therefore, essential that guidelines be formulated for a comprehensive strategy to curb the spread of Aids in this country, including the presence of the disease in our prisons, which is likely to become more prevalent.

### Potential

Among the prison population are drug addicts and since drugs acquired in prison are extremely expensive and beyond the means of most inmates, and syringes and needles are not easy to smuggle into prison, those that do get in are widely shared and remain in circulation till they are no longer operative. They may be utilised by a large number of inmates, many of whom may be unaware of the risks they are running by using that equipment or in passing it on to others.

It is, of course, a *sine qua non* that homosex-

# Prisons should combat Aids among inmates

CAN T1713 4/12/89 92

ual activity is rife in prison, especially among long-term prisoners, although its exact extent has thus far not been established. It has, however, been estimated that approximately 20% of inmates serving long terms may be involved.

Not being as well informed as the general public about the risk of contracting the Aids virus, the potential for its spread becomes obvious.

Devastating as the knowledge that one has Aids may be to anyone, it is a good deal worse for the inmate who lacks the special facilities available to those outside.

For instance, privacy or extra visits to discuss the results of the tests he has undergone with members of his family or close friends, or even the use of help-lines and information services, are unavailable.

It is within the ambit of the prison authorities to help minimise the strain and damage that the devastating news of a positive result could cause, and at the same time mobilise any likely support for the prisoner from his home, friends or the local

community. Extra visits could perhaps be permitted to enable the inmate and those close to him to come to terms with the situation as far as possible.

In addition, on-going counselling and support should be made available wherever possible. It is gratifying to note that the WHO has responded to the problem of Aids in prisons. In 1987, it convened a consultative meeting on the prevention and control of Aids in prison.

Twenty-six countries were represented at this gathering. Thirty-seven specialists from these countries, including experts in public health, prison and medical administration and prisoner care, participated in the consultation.

### Compassion

It was decided at that meeting that the general principles adopted by national Aids programmes should apply equally to prisoners. Therefore, the policies of prison administrations should be developed in close co-operation with health authorities because of their responsibility to try and mini-

mise HIV transmission in prison, and consequently also in the general community when inmates are released to become part of the community again.

It was further suggested that prisoners suffering from Aids should be considered for compassionate release to enable them to die in dignity and freedom in the arms of their families.

In Britain, for instance, specific guidelines for the management of prisoners with HIV virus have been formulated. The Prison Reforms Trust (PRT) recommends that inmates known to be suffering from HIV should not be forcibly segregated or barred from certain types of work or exercise just because they have the virus. Moreover, in the view of the PRT, prisoners should enjoy the same right to confidentiality as those on the outside.

Authorities in some countries strongly recommend access to condoms for prisoners in terms of public health considerations, as they do serve as a measure of protection, as well as education in methods of how to reduce the risk

and the elimination of illicit intravenous drug-taking by prisoners. In fact, it is felt that that should form one of the main objectives of the curative work done with such inmates.

### Imperative

As the number of prisoners suffering from the virus increases, the problem is likely to become worse. There is, therefore, a definite need for considering and pursuing various methods of monitoring and co-ordinating treatment of inmates with HIV and related conditions.

It is imperative that prison medical services accept responsibility for ensuring that all prison medical officers be fully conversant with developments in the medication available for the treatment of HIV diseases and are fully trained to recognise the symptoms of HIV diseases.

The policy employed by prisons should be in conformity with the general principles adopted by national Aids programmes, as they apply to the general public. The policies of prison administrations should, therefore, be developed in close co-operation with health authorities. After all, prison authorities have the responsibility to ensure the safety of prisoners and staff and to try and make certain that the risk of HIV spreading in the prison is minimised. This conforms with WHO's launching of World Aids Day, to "strengthen the spirit of solidarity, tolerance, compassion and understanding for people infected with HIV, through knowledge and action".



# One in 200 girls HIV-positive

By S'BU MNGADI

ONE in 200 Natal schoolgirls has tested positive for the HIV-virus.

These shocking figures were revealed this week by Prof Dennis Pudifin of the Natal University's Medical School.

"The carriers are rapidly passing the Aids virus on to others," he said.

Pudifin's figures are based on samples from the Durban blood bank.

Surveys at a Durban clinic, conducted between June 1988 and February this year, have backed Pudifin's find-

ings.

The surveys found that more than three in every 100 women and more than two in every 100 men were HIV-infected.

"The incidence of women being Aids carriers has now overtaken that of men and is increasing faster. We don't know why it's a more common pattern in the black population," said Pudifin.

Other research on blood samples from pregnant black women showed that one in 461 were HIV-positive.

■ See Page 11

C. Press 3/12/89

# Screening won't help keep out Aids — report

By DICK USHER, Business Staff

SCREENING migrants, immigrants or foreigners for Aids is unlikely to be effective in excluding infectious people, according to Dr Oluf Martiny, medical adviser to the Chamber of Mines.

Dr Martiny, reported in the chamber's latest newsletter, based his conclusion on tests on Malawian mineworkers which showed about 10 percent were HIV positive in 1987/88, but 21 percent had become positive by 1989.

He said the increase took place while employees worked in South Africa and, because they had not returned to Malawi on leave, could not have been exposed to infection in Malawi.

Most could not have been infected in South Africa because the incidence of infection among South African miners was probably less than 0,2 percent during 1987-1989.

## "HALF FOUND"

Dr Martiny said the only possible explanation was that 21 percent were infected in 1987/88 but only half were found positive in original tests.

The percentage of all miners testing HIV positive at mine clinics for sexually-transmitted diseases had doubled from 0,2 percent in 1987 to 0,4 percent in 1988 and to 0,8 percent in 1989.

A major factor in the increase was the increased prevalence of infection among Malawian miners.

A chamber survey on Aids awareness, reported in the same newsletter, developed a picture of black miners as a "responsible section of the community who have a broad understanding" of Aids and sexually-transmitted disease (STD).

It showed the vast majority reported a knowledge of Aids and STDs and a low level of sexual promiscuity.



# Non-racial Aids clinic for hospital

AP645  
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The Argus Correspondent

DURBAN. — The city's first non-racial Aids clinic has been established at Addington Hospital as shocking new figures show that over 1 000 people in Natal are HIV-positive while 61 people have developed full-blown Aids — more than double the figure recorded in January.

Addington's Chief Medical Superintendent, Dr Patrick Fitzgerald, confirmed that a clinic has been established in the hospital, and had opened last week to provide free Aids tests and counselling to the general public.

Although only one person has visited the clinic since it opened, Dr Fitzgerald said he expected more people to come as they got to know about it.

The latest figures published by the Department of Health reveal 310 full-blown Aids cases had been recorded in South Africa by October this year.

In January there were 300 carriers and 28 cases of full-blown Aids on re-

cord in Natal.

Dr Fitzgerald said it was not the number of Aids cases treated at Addington which prompted the establishment of a clinic, but the need to treat Aids on an ongoing basis.

"We felt it was not enough to simply test someone for Aids, treat them and send them away," he said. "People with Aids require some kind of counselling and we needed to have staff specifically geared towards treating the Aids patient as a whole. The medical staff in this clinic are just such people."

Anyone requiring help in dealing with Aids may contact the clinic.

National Aids Advisory Group member Professor Dennis Pudifin welcomed the establishment of the clinic.

He said a particularly good aspect was that some of the medical staff involved had worked with Aids patients before.



B 1209 22/12/89

## AIDS PROGRAM CURE IS COMING

92

DAVE LOURENS

A DISKETTE containing the antidote to the "AIDS" computer virus sweeping across Europe and Africa was due to arrive from England this morning.

The Computer Virus Helpline in Johannesburg has been inundated with calls from Switzerland, Belgium and West Germany as well as Africa because the British centre, which is the only other virus centre outside the US, has been overloaded and unable to help.

Business Systems Solutions MD Ian Melamed said the centre had received 11 calls from Zurich alone, more than 100 from Zimbabwe and countless others

from other African countries.

The virus is contained on a diskette labelled "AIDS information introductory diskette version 2.00".

Melamed said the motive behind the virus appeared to be blackmail. Data destroyed by the program could be bought back by paying \$180 000 into a Panamanian bank account, according to instructions on the program.

The Computer Virus Helpline can be contacted at 804 3292 for advice on removing the virus.

# Aids virus: Maritzburg 92 apr 4 3 20/12/89 search for ear needles

The Argus Correspondent

MARITZBURG. — Health inspectors are searching for ear-piercing needles which might be contaminated with the Aids virus following the discovery that a 15-year-old known HIV-carrier had her ears pierced here with a re-usable needle.

Dr. Iain Walters, Medical Officer of Health, confirmed that the girl had gone to Edendale Hospital on Monday for a routine examination relating to her known HIV-positive condition.

A nurse noticed that the girl's ears had been recently pierced and it was established that this occurred at the weekend "somewhere in the central city area".

## EXTRA HAZARD

Dr. Walters said today that there was a small chance that a needle could be contaminated by the Aids virus, which was known to live outside the human body for only about three minutes.

If the needle was not correctly sterilised it was an extra hazard, and as a precautionary measure Dr. Walters has prohibited the use of the re-usable needle technique for ear-piercing.

City health inspectors would urgently visit ear-piercing and tattooists to check their procedures and to advise on the hazards involved.

HEALTH & DISEASE - V.D.

JANUARY - JUNE

1990



# Building societies move on AIDS (2)

THE larger building societies offering term assurance as security for their mortgage bonds have substantially increased their reserves to take account of the impact of AIDS. *BIDCM 18/5/90*

Term assurance policies are entirely risk policies providing cover for the bond in the event of death or disability and they usually carry a guaranteed premium. They do not have either a "with profit" or an investment element, so they have no leverage to adjust the benefit or the premiums in the event of higher mortality rates.

Donald Fabian, a partner with consulting actuaries J A Carston & Partners, said the companies they advised had established necessary "substantial reserves" to meet the possible effect of AIDS as they generally transacted only term assurance.

LINDA ENSOR

*(18)* Doug Keir, an actuary with Swiss-Re SA, and chairman of the AIDS subcommittee of the SA Actuarial Society, said while term assurance is an important aspect of the building societies' business, it did not represent a large part of the SA market.

For other life assurers, the problem of additional reserves to cater for AIDS was not so acute as they were in the savings market and could accordingly increase their premiums in line with the risk.

With universal life policies or "with profit" policies, either the premium or the benefits could be adjusted.

Keir said the AIDS subcommittee was

To Page 2

## AIDS *BIDCM 18/5/90*

presently developing an AIDS model for SA which would allow actuaries in the life assurance market to assess the impact of AIDS on reserves and therefore the premiums required.

An indication of the problem that AIDS presented to life assurers in a situation of high infection was the stance adopted by Old Mutual in Malawi where 25-35% of the entire adult population was estimated to be HIV positive.

*(18) (42)*  From Page 1

Corporate actuary Graham Prentice said that as a result of the Malawian government's prohibition on AIDS testing by life companies for policies where the sum assured is below R100 000, Old Mutual was only actively involved in pure savings policies where the risk had been totally removed.

Only the policyholder's contributions plus interest was paid out in the event of death or disability.

# Aids claim ludicrous, says NP

Sowetan 22/5/90

92



Sowetan Correspondent

THE National Party has challenged the Conservative Party to prove its allegation that NP officials told people not to worry about black majority rule as Aids would reduce the number of black people.

Dr FH Pauw, the nominated CP MP, told Parliament in the Population Development vote last week that NP officials in various parts of the country told people that Aids would wipe out black people on a big scale, and they would become a minority in South Africa.

But Mr Renier Schoeman, the NP chief director of information, dismissed the CP's claims as ludicrous.

"That sounds like typical CP rubbish; and CP logic."

He challenged the CP to bring forward a single person of any significance in the NP who had said this.

~~However,~~ however, be ~~obtained~~ from the schools concerned.

Hostel management: uniform system

119. Mr A GERBER asked the Minister of Education and Culture:

- (1) Whether his Department sent a circular to interested parties in which it was stated that a uniform system of hostel management was being implemented for the four provincial education departments with effect from 1 April 1990; if so, what are the main contents thereof;
- (2) whether this decision has been implemented;
- (3) whether he will make a statement on the matter?

B857E

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes, details are given of the new system of the economic management of hostels which is based on the principle of each hostel being run as an economic unit;
- (2) yes, partially because the system is to be phased in over a period of three years;
- (3) no.

Official newspaper of Department

122. Mr H H SCHWARZ asked the Minister of Education and Culture:

~~Answered 18/5/90~~

- (1) Whether his Department has an official newspaper; if so, (a) what is it called, (b) when was it printed for the first time, (c) what has been the cost of publishing it to date, (d) how many copies of the publication were printed for the first issue and (e) what purpose does it serve;
- (2) whether tenders were called for this publication; if so,
- (3) whether the lowest tender was accepted; if not, why not?

~~Answered 18/5/90~~ B997E

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes,
  - (a) DEC News/DOK Nuus,
  - (b) November 1989,
  - (c) R7 498,54 for two editions,
  - (d) 12 000,
  - (e) to inform opinion makers and other parties interested in education of the policies of the Department and to keep them abreast of recent events in education with a view to meaningful mutual communication;
- (2) no, it was handled by The Government Printing Works in accordance with Treasury Instruction S2.1.1;
- (3) falls away.

### HOUSE OF DELEGATES

#### QUESTIONS

† Indicates translated version.

For written reply:

Own Affairs:

AIDS information programmes in schools

37. Mr M RAJAB asked the Minister of Education and Culture:

- (1) Whether his Department is devising Aids information programmes for use in schools falling under his control; if not, why not; if so, what are the names of the educational authorities that are involved in these programmes;
- (2) whether these education authorities or his Department is seeking advice from individuals or organisations in devising such programmes; if not, why not; if so, from which individuals or organisations;
- (3) whether any instructions and/or recommendations are to be conveyed to education authorities regarding the introduction of such programmes at school level; if not, why not; if so, (a) what instructions and recommendations and (b) when?

D150E

The MINISTER OF EDUCATION AND CULTURE:

- (1) Yes  
Whist educational authorities per se are not involved in these programmes, five teachers' centres under the control of my Department are disseminating titles of video tapes and pertinent literature to all Indian schools.
- (2) Yes  
My Department is working in co-operation with national committees to design awareness and preventative programmes for implementation at its schools. The information paper entitled, "Educational principles regarding AIDS-control and behavioural Change" by Dr Linda van Rooyen is being used as a basis to formu-

late the Department's programme.

Further, the Department of Health Services and Welfare which has the expertise to handle topics of this nature, provides guidance to pupils via their nursing staff.

An Inter-Departmental Committee (Department of Education and Culture and Department of Health Services and Welfare) is responsible for co-ordination.

- (3) No  
The Department is giving attention to the revision of its Health Education syllabuses to make provision for the teaching of topics which deal with not only present day health issues but also the inculcation of values and attitudes which hold good for all times.

#### Repayment of bursaries

38. Mr M RAJAB asked the Minister of Education and Culture:

- (1) Whether, during the latest specified period of three years for which information is available, teachers to whom his Department was unable to offer posts were required to repay bursaries provided by his Department; if so, (a) why, (b) on what terms and (c) how many teachers fell into this category; if not,
- (2) whether the money advanced by way of such bursaries is written off; if so, what total amount of money was so written off during the above-mentioned period; if not, what procedure is followed in this regard?

D151E

The MINISTER OF EDUCATION AND CULTURE:

- (1) No.  
(a), (b) and (c) fall away.
- (2) No.

All educators who received bursaries have been offered employment, either against substantive posts or as locos tenentes. The service so rendered counts against redeeming the bursary obligations and only those educators who either decline appointments or resign without redeeming their bursary obligations are



purpose were they printed and (c) to whom were they issued? B991E

*Hansard 22/5/90*  
†THE MINISTER OF LAW AND ORDER:

(a) to (c).

The Public Relations Division of the South African Police had an edition of 500 copies of the booklet printed through a sponsor. As part of the image-promoting action of the Force, the publication was made available to members of Parliament, prominent businessmen and foreign visitors.

Mr R M BURROWS: Mr Chairman, arising from the hon the Minister's question, could he give use an indication of the cost of the publication?

The MINISTER: Mr Chairman, I do not have the faintest idea. As I said, it was sponsored.

Animals Protection Act: investigations by SAP

\*7. Mr R R HULLEY asked the Minister of Law and Order:

Whether the South African Police have taken any steps to investigate transgressions in terms of the Animals Protection Act, No 71 of 1962, arising from organised dog-fights between pit-bulls and other dog breeds; if so, with what results; if not, why not? B993E

The MINISTER OF LAW AND ORDER:

Yes. Intensive investigation has been instituted as a result of media reports. The journalists who reported on the matter gave the Police their full co-operation, but up until now no positive information could be obtained.

As a result of a television programme which was screened on 4 March 1990, and in which a video of such dog-fights was shown, further investigation was instituted. The person in the video with whom the interview was conducted, appeared under a pseudonym and up until now his identity could not be ascertained.

However, the investigation into these allegations is continuing unabatedly.

*The Police care: printing/distribution*

\*8. Mr J VAN ECK asked the Minister of Law and Order: *Hansard 22/5/90*

(1) Whether the South African Police are responsible for the printing and/or distribution of a brochure entitled *The Police care*; if so, (a) when was it printed and/or distributed and (b) how many copies of it were printed and/or distributed; *Hansard 22/5/90*

(2) whether this brochure has been withdrawn from circulation; if so, when; if not, why not? *Hansard 22/5/90* B999E

†THE MINISTER OF LAW AND ORDER:

(1) (a) and (b) In August 1989, through a sponsor, the South African Police had an edition of 1 million copies of the brochure printed, 700 000 copies of which were distributed.

(2) Yes, on 27 February 1990 instructions were issued for it to be withdrawn.

†Mr J VAN ECK: Mr Chairman, arising from the hon Minister's reply, may I ask him why it was withdrawn?

†THE MINISTER: Mr Chairman, certain information appeared in the brochure which was no longer valid after the announcement of the hon the State President on 2 February and was withdrawn for this reason. [Interjections.] There is nothing strange about it! It is a normal thing! It has happened often! The hon member who asked the question, knows the answer, but he is just being difficult! [Interjections.]

*Unrest-related deaths: inquests*

\*9. Mr P G SOAL asked the Minister of Justice: Whether any inquests have been held into the deaths of any of the persons who died in Cape Town as a result of unrest on or about 6 September 1989; if so, in respect of each such person, (a) when and (b) what were the findings; if not, why not? *Hansard 22/5/90* B1001E

†THE DEPUTY MINISTER OF JUSTICE:

No. I caused enquiries to be made in this regard and as far as could be established no persons died on or about 6 September 1989 in the magisterial district of Cape Town as a result of unrest.

*Agricultural products: subsidisation*

\*10. Mr A A B BRUWER asked the Minister of Agriculture: *Hansard 22/5/90*

Whether he rejects the principle of the subsidisation of any stage of the production or marketing of agricultural products; if so, why; if not, why not? *Hansard 22/5/90* B1004E

†THE MINISTER OF AGRICULTURE:

Yes, as it distorts the utilisation of production factors and the market for the various products and because it favours the large property owner more than the ordinary farmer. However, the Government is in favour of assistance on merit to individual farmers in times of disaster; such assistance is handled by the Departments for own affairs. Assistance to the agricultural industry is obviously also justified in restructuring or transition stages when structural changes become necessary. I also have no objection to assistance programmes for the underprivileged which may enable them to buy food.

†Mr C UYS: Mr Chairman, arising from the very direct reply of the hon the Minister where he says that he rejects the subsidising of the marketing of agricultural products, I should like to ask him whether it also applies to the export of agricultural products.

†THE MINISTER: Sir, the answer to that is also yes.

†THE CHAIRMAN OF THE HOUSE: I put

†THE MINISTER: Mr Chairman, the hon member asked me whether I am also against export subsidies. [Interjections.] I answered in the affirmative. I should like to add that the "yes" should read "provided that export incentive measures are not subsidies".

SA Agricultural Union: statutory finance

\*11. Mr A A B BRUWER asked the Minister of Agriculture: *Hansard 22/5/90*

(1) Whether the South African Agricultural Union is or is to be financed statutorily; if not, why not; if so (a) why and (b) what is his policy and/or that of his Department in respect of criticism by this union on his actions and/or agricultural legislation;

(2) whether he will make a statement on the matter? B1005E

†THE MINISTER OF AGRICULTURE:

(1) Yes, partly since 1978 with funds obtained from a statutory levy on the proceeds of the sale of agricultural produce. The hon member's attention is invited to sections 46A, 46B, 46C and 46D of the Marketing Act, 1968 (Act No 59 of 1968). *Hansard 22/5/90*

(a) The said provisions were inserted in the Act as a result of the recommendation in paragraph 178.5 of the Report (RP 39/1976) of the Commission of Inquiry into the Marketing Act, 1968.

NOTE: It may also be mentioned that the South African Agricultural Union has since 1921 received practically every year a financial grant from the State — initially £500 until the mid fifties when it was increased to £1 000 per annum. Since metrication the grant amounted to R2 000 per annum.

(b) The Union has been recognised since February 1920 as the mouthpiece of agricultural producers.

(2) No, a statement is not considered necessary.

*Business interrupted in accordance with Rule 180C (3) of the Standing Rules of Parliament.*

*Aids patients in State hospitals*

\*12. Mr M J ELLIS asked the Minister of National Health and Population Development:

(1) How many patients suffering from Aids are at present being nursed in State hospitals; *Hansard 22/5/90*

(2) whether any Aids patients have been turned away from State hospitals since 1 January 1990; if so, (a) how many and (b) (i) why, (ii) when, and (iii) from which hospitals, in each case? B1057E

†THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Transvaal: 6 patients  
Orange Free State: 1 patient  
Cape: 6 patients  
Natal: none;



# Minister rapped for Aids 'oppression'

AR645  
22/5/90

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By ANTHONY DOMAN  
Staff Reporter

AIDS, unlike humans, did not discriminate, yet sufferers were being "oppressed" by bigotry, fear, and even government health services, a counsellor said at the seventh International Aids Candlelight Memorial.

Speaking at St George's Cathedral on Sunday was the director of the GASA-6010 counselling service, Mr John Pegge.

Aids carried with it the "oppression of stigma, misconception, preconception, bigotry (and fear)", said Mr Pegge.

In addition, it carried "the op-

pression of a government whose Minister of National Health and Population Development, Dr Rina Venter, saw the disease as 'the consequence of weak social behaviour'."

This was in a country that, until last week, could afford 13 separate departments of health.

"In this country anti-retroviral drugs are reserved for those who can pay for them. Most medical aid schemes have, without protest, imposed an exclusion from benefits for those living with HIV disease and Aids.

"Employers are increasingly subjecting prospective employees to HIV-antibody testing. And (these employers) have, to date,

been exempt from bearing the cost of the pain and suffering that those who test positive must bear."

International Aids Memorial Day is commemorated officially in more than 200 cities under the auspices of Mobilisation Against Aids, based in San Francisco.

Since the first local commemoration four years ago, the people of Cape Town had been "slowly breaking down ... artificial barriers", said Mr Pegge.

"In the past year, we have seen a growing acceptance that Aids is not a gay disease, neither is it a black disease and, unlike human beings, the virus does not discriminate."



## Academic calls for Aids think-tank

PAT DEVEREAUX

Star 26/5/90

92

CAPE TOWN political scientist Peter Collins has called for a national think-tank on the Acquired Immune Deficiency Syndrome.

"In South Africa, all responsible bodies — political organisations, churches, businesses — should be paying real and special attention to Aids.

"What we need is a think-tank," he said.

He added that the think-tank's work should be the composing and coordinating of a public health campaign.

"At the moment Aids is being dismissed as just another scare story.

"Worse, too many of us are sneakingly quite pleased about Aids. We very mistakenly believe that Aids is a threat only to some other 'groups' to which we don't belong...

"We believe ourselves immune," said Mr. Collins.

He predicted that by the end of 1991 there would be, at a conservative estimate, 1 million HIV positive people in SA. Most of these would be dead by the end of the century.





Dr Yunus Abdulla presents Professor Sher with a gift at an Aids lecture in Laudium.

## 'Upsurge' in Aids epidemic

By MOKGADI PELA 92

SOUTH Africa could be having between 40 000 and 60 000 HIV cases, Professor Ruben Sher told a meeting in Laudium on Sunday night.

Returning from an Aids Congress in Cracow, Poland, Sher told a capacity crowd at the Transvaal College of Education that no country was free from its spread. He said Poland and Rumania were experiencing a surge of the epidemic.

He said since 1982 when the first Aids case was diagnosed in South Africa, a further 385 people contracted full-blown Aids.

Sher said the figure of HIV carriers who have been tested in the laboratories was 3 714.

"But the World Health Organisation has repeatedly complained about the under-reporting of Aids cases throughout the globe. WHO believes that for every one case reported there were 10 others not reported."

He said not everybody with HIV has been tested. He said under-reporting was due to either governments' refusal to report them to the WHO for fear of being stigmatised and people themselves did not want their doctors to submit their names to the central data.

There was also a backlog in reporting the cases to the WHO.

The meeting was told that Dr Yunus Abdulla of Laudium won a prize to attend the forthcoming conference on Aids in San Francisco to be held from June 20 to 24.

## 'Aids will be a major killer in Zimbabwe'

By Robin Drew, The Star  
8/6/90 Africa News Service

HARARE — An expatriate doctor who has been working as a specialist physician at Harare's Parirenyatwa Hospital says that Aids is almost certainly the commonest cause of admission to adult medical wards at the hospital and at the city's other main hospital.

Dr Stan Houston said Aids has already killed more young children than any other illness at the two hospitals.

The number of people who will die in Zimbabwe because they are already infected is not known, he says, because the kind of study needed to determine it has not been done.

"It must certainly be into the hundreds of thousands and it is growing daily," he said in a letter published in a local magazine, Parade.

"It will certainly kill more Zimbabweans than any armed conflict we could conceivably become involved in," he wrote.

Dr Houston said Aids had killed more people in Uganda than died in the last 15 years of war in that country.

He said an Aids control programme had been in operation for the past two years but it was a case of too little too late.

**A STORM** erupted this week over an Indian businessman's plan to airlift 2 000 tragic Rumanian orphans to South Africa and put them up for adoption.

The scheme, devised by Pretoria clothing store owner Yusif Hassim, has been slammed by welfare experts as "highly irresponsible".

Amid dire warnings that the children could be infected with Aids — which is rife in the Eastern bloc country — Government officials this week opted to stay out of the wrangle, saying they had not yet received an application from Mr Hassim.

Rumanian orphans were the centre of a storm of controversy in Britain this week after a London businessman devised a scheme to sell them to childless British couples.

But Mr Hassim, chairman of the Muslim Board for Prison Welfare and State Institutions, denied this week that he would be selling the orphans he planned to bring to South Africa.

### Joy

"I have more than 1 000 people lined up to give homes to these abandoned children and I am confident the scheme will work," he said.

However, he admitted that "price would be no problem" for the people who wanted children.

"The children have been left to their fate, and would

bring great joy to childless couples.

"Existing adoption laws are totally inadequate and people have to wait years for a child and even then there are severe restrictions.

"My children will be placed in homes of love, irrespective of the race or creed of the parents," he said.

However, welfare and medical authorities have issued dire warnings against his plan, pointing out that Rumania was "riddled with Aids".

"The idea is outrageous," said Mrs Marion Kamanias, adoption manager of the Jo-

hannesburg Child Welfare Society.

"Rumania has a terrible Aids problem and these kids may very well be infected.

"Aids tests are not infallible and the incubation period is a long one. A child could test negative now and turn out to be HIV positive in the near future."

The plan was also condemned because it did not make provision for accepted adoption screening procedures.

"You can't just match up a child with any parents," Mrs Kamanias said.

"A lot of careful screening is necessary, taking into con-

# Experts hit out at plan to 'import' 2 000 young Rumanians

By FELICITY LEVINE

sideration genetic and social characteristics."

Dr Adele Thomas, director of the society, slammed Mr Hassim's plan as "highly irresponsible".

"We are extremely concerned about these children being uprooted and transported to a foreign environment," she said.

Dr Thomas said there was also "grave concern" over Mr Hassim's suggestion that the orphans could serve to strengthen the bonds between childless couples whose relationship had soured.

"To place children with adoptive parents who are having marital problems is totally unacceptable. Any social worker who approved such an adoption would be reported for unprofessional conduct," she said.

Mr Hassim said a number of Eastern bloc countries had indicated their willingness to finance his scheme.

### Broker

He said United Nations refugee and health organisations were selecting children from orphanages in Budapest and screening them for Aids.

A group of nearly 2 000 children — aged between two months and 11 years — is scheduled to arrive in South Africa in October.

But the Government has not yet given the scheme the green light.

A spokesman for the Department of Home Affairs said he was aware of the project, but had not yet received a formal application.

In Britain this week, North London property developer Constantin Larion was exposed as a baby broker who tricked poverty-stricken Rumanian women into parting with their children for paltry sums of money.

Mr Hassim said this week he had never heard of Mr Larion and claimed his plan to place Rumanian orphans in homes throughout South Africa did not involve any payment.

# for SA

# Storm over orphan suits

S. Times 10/6/90



By MOKGADI PELA

THE major psychological stress on Aids patients is the knowledge that they are going to die from the disease.

In a paper entitled: "Aids, the psycho-social aspects", Prof Jacquelyn Flaskerud of the School of Nursing in California, explained that the initial crisis for HIV carriers was at the point of diagnosis.

"The same existential issues that accompany a diagnosis of cancer occur with Aids. The normal response is characterised by disbelief, numbness and denial, followed by anger, acute turmoil and

# The stresses of Aids

## Compassion should replace rejection, says US academic

disruptive death anxiety," she said.

Flaskerud explained that Aids generated a unique series of stresses, for patients, their lovers, family members and health care professionals. Even employers face a host of problems having to convince their workforce to work with HIV-infected colleagues.

"Special attention needs to be paid to the

psycho-social aspects of the disease," said Flaskerud.

"Also of concern to nurses are the stresses experienced by lovers and families of Aids patients and the stresses they experience in giving care to HIV carriers," Flaskerud said.

Information about the patient can help nurses to design an appropriate psycho-social interven-

tion model. The patient's history of inter-personal relationships, education and career, can provide insight into vulnerability to psychological dysfunction.

Patients should be encouraged to express their anxiety, fear, sadness and anger and grieve with the understanding that the latter is a healing process.

In addition, said Flaskerud, patients need edu-

cation about the disease and its treatment.

Another internal crisis facing them revolves around transmission of the disease: who he got it from or to whom it might have been passed. Many patients experience guilt over their past, especially if they have had many sexual partners.

Support groups can help resolve other conflicts through reassurance

and shared experiences, and by helping to prevent loneliness. Community resources can play an important role in providing for basic physical needs through services.

"People with Aids have been confronted with a variety of problems in the area of employment and insurance. Some individuals have lost jobs due to physical disability. In many instances, health in-

surance is lost when one loses his job. Some insurance companies have tried to avoid covering Aids patients because of the high cost of care," Flaskerud said.

Infected people do not always have access to travel visas, work permits, medical and dental treatment.

"Only the replacement of rejection with compassion and an intensive education campaign will destroy these prejudices against HIV sufferers. Our supportive attitude towards Aids victims will help soften the blows already caused by this dreadful plague," she said.

## Doctor sounds Aids alert in Zimbabwe

Argus Africa News Service

HARARE. — An expatriate doctor who has been working as a specialist physician at Harare's Parirenyatwa Hospital, the most modern in Zimbabwe, says that Aids is almost certainly the commonest cause of admission to adult medical wards at the hospital and at the city's other main hospital.

Dr Stan Houston said Aids already killed more young children than any other illness at the two hospitals.

The number of people who will die in Zimbabwe because they are already infected is not known, he says, because the kind of study needed to determine it has not been done.

"It must certainly be into the hundreds of thousands and it is growing daily," he said in a let-

ter published in the magazine Parade.

Dr Houston said Aids had killed more people in Uganda than had died in the past 15 years of war in that country.

"It will certainly kill more Zimbabweans than any conflict we could conceivably become involved in," he wrote.

He said an Aids control programme had been in operation for two years, but it was too little, too late.

Health-related information had been subjected to official control. At one stage doctors were instructed by the Ministry of Health that diagnosis of Aids or reference to HIV, the virus causing the disease, must not be written on death certificates. This restriction had now been withdrawn.

ARGOS.

11/6/90

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# Salt River clinic finds sex-related disease on increase

CAPT TINTS 13/6/90 (92)

INCREASING numbers of patients are being treated for sex-related diseases at the Spencer Road clinic in Salt River, says Dr Nula Durcan, acting Medical Officer of Health.

The clinic, the oldest in Cape Town, was opened in 1936 and has played a vital role in

combating sexually transmitted diseases such as syphilis, gonorrhoea, chancroid, genital herpes and Aids.

Because these are not notifiable diseases, accurate figures on their incidence are not available in South Africa but it is generally accepted that they constitute a major public health problem.

Dr Durcan, said: "Early diagnosis and prompt

treatment of patients as well as their contacts are absolutely essential."

Treatment is free of charge and the consulting hours at the clinic are: Monday: Females 12-2pm, males 2-4pm. Tuesday: Males Noon to 4pm. Wednesday: Males 1.30-4pm.

□ For further inquiries call the City Health Department at (021) 210-2882.



# Learning more about Aids

Sowetan  
13/16/90

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DR YUNUS ABDULLA

CHOSEN from among 2000 Southern African medical practitioners to attend the forthcoming international congress on Aids, Dr Yunus Abdulla hopes to impart what he learns there to the community on his return.

The congress, which will be held in San Francisco from June 20 to 24, will have as its theme: Aids in the '90s, From Science to Policy.

## Vaccine

In an interview with *Sowetan* at his Ecsterus surgery near Pretoria, Abdulla said South Africa's HIV carriers needed to be stopped. "As we do not have any vaccine to combat the virus, a vigorous Aids education campaign should be embarked upon," he said.

## Carriers

"Since 1982, when the first HIV-positive case was identified, South Africa has had more than 300 full-blown Aids cases, the majority of whom have died. Because there are thousands of silent carriers of the virus, the San Francisco congress becomes more relevant."

Between 12 000 and 14 000 delegates are expected in San Francisco.

(92)

## Aids vaccine: tests give ray of hope

15/6/90 The Star Bureau

LONDON — Scientists claim to have developed the first vaccine to protect chimpanzees from the Aids virus HIV. It has the potential to be developed for use in humans.

The latest issue of Nature magazine quoted scientists as saying the discovery showed that "it was

possible to elicit a protective immune response against HIV-1'.

The claim is made by American researchers who described how they inoculated two chimpanzees with a vaccine derived from part of the protein coat that surrounds the HIV virus. The protein coat triggers the immune system to produce antibodies against the

virus.

When the animals were exposed to the HIV they remained free of symptoms even after six months.

The researchers said further work was needed to find how long the vaccine could give protection — to be practical in humans it must provide protection long after vaccination.

Jan 14/1990

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# Aids may become notifiable disease

Own Correspondent

DURBAN — The Government is considering making Aids a notifiable disease on an anonymous basis, one of the country's leading medico-legal experts said yesterday.

Speaking yesterday to about 150 medical personnel at the 7th General Practitioners' Congress, held at the Wild Coast Sun, Professor S A S Strauss said initially the Government had feared that if Aids was made notifiable it would drive the disease underground.

The feeling now was that if it were made notifiable on an anonymous basis it would help doctors reach a better understanding of the disease, and provide more accurate figures.

"Never before has any disease impacted on the law as much as Aids," he said.

Many GPs supported the idea of Aids becoming notifiable. One doctor said during question time: "We lose touch with our HIV-infected black patients and there is no way, under the present laws, that we can possibly help control the spread of the disease."

Professor Strauss said Aids testing still had to be done with the informed consent of the individual, but doctors should be able (provided they had consent to take blood) to test for Aids.

He said it was perfectly in order for doctors to tell medical colleagues, including nursing staff and dentists, that a patient had Aids.

The onus was on the doctor to warn a patient with HIV infection that

he was a threat to his sexual partner.

"I do not think that the courts will say that there is a legal duty on the doctor to seek out a patient's sexual partners and inform them that their partner is HIV-infected. The Medical Council, however, imposes this as a duty on the doctor."

Under no circumstances did the doctor have any right to inform the employers of HIV-infected people.

Professor Strauss said no State hospital or doctor had the right to refuse treatment to an Aids patient, nor did a State pathologist have the right to refuse to do an autopsy. Private hospitals could, however, do so.

## Worker

Professor Strauss warned that doctors should not falsify the cause of death on death certificates to protect relatives who might not otherwise get life assurance payouts.

● The first incident in South Africa of a health worker being infected with the Aids virus during the course of his work has been reported.

Dr Alan Smith of the National Institute of Virology in Johannesburg told the congress he had tested the blood of the person, who had become infected after a needle injury.

Dr Smith said the Aids situation in South Africa was "like being on a runaway horse, with the only ploy being to tell patients and people to get out of the way".

"There is no ray of hope on the vaccine horizon, and obviously no cure yet for the disease."



# SA Aids growth 'highest among blacks'

By CLAUDIA KING

RECENT research by local Aids experts has confirmed that the major growth of the South African Aids epidemic is among urban heterosexuals — and the black population in particular — with Natal reporting the most cases of the disease.

Writing in Friday's South African Medical Journal, Professor B D Schoub, of the department of Virology at the University of the Witwatersrand, said the rate of increase appeared to be showing the same pattern as in the rest of Africa.

This highlighted the urgent need for research into social factors such as migrant labour and poor socio-economic conditions, which contributed to the spread of sexually-transmitted diseases.

He said the epidemic was showing signs of levelling off in other high-risk groups, such as the male homosexual population, although he added that "even today" this group was still responsible for some 63% of all Aids cases in South Africa.

Results of research up to the end of January this year revealed a total of 308 Aids cases in South Africa, of which 195 were white male homosexuals. The next-largest group consists of 63 heterosexuals, with a black/white ratio of seven to one.

Of the remaining 38 Aids cases, 27 were haemophiliacs or had received contaminated blood transfusions and 10 were children injected by their mothers before birth.



# Aids is also a workplace issue

New Nation / Learning Nation 15-21/6/90

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Why is Aids a workplace issue? After all, you mostly get Aids from sex and what does sex have to do with work. This is what people may think when they hear that unions are taking up Aids as an issue.

But it is easier to understand when you read statements like this: "A critical aspect of testing in pre-employment screening. This is the practice of systematically testing prospective employees for HIV infection before a formal employment offer is made. Clearly no offer is made to persons found to be infective." That was said by a senior manager in the health care services of the Chamber of Mines. This policy means that people who have the Aids virus (sometimes we call them "HIV-positive") won't get jobs even when they are not yet ill. It can be years from the time when someone is HIV-positive and the virus (germ) shows up in a test to the time when he or she gets sick. During this time the person needs to work like everybody else.

## It is perfectly safe for people with the Aids virus to work

There is no danger to fellow workers. You cannot get Aids if the person with the Aids virus works with you, even if he or she sneezes or coughs near you, washes in the same water, uses the same toilet, changeroom and canteen. You are quite safe. The only workers who must be careful are first-aid and ambulance workers and people who work in hospitals. Of course, they always have to be careful because they work with people with all kinds of illnesses all the time and they can get infected. When they work with people with Aids, they have to be careful about blood. The hospitals have special rules about how to do the work to protect workers.

There is no danger to members of the public from workers with the Aids virus. For example, workers who work with food and drink or shopworkers cannot give the Aids virus to people who buy the food or the goods in a shop. They are quite safe.

**So why are people so frightened?** It is mainly because they don't understand the illness. It is a very serious illness and most of the people who get it are young. But once we understand the illness and we know how to protect ourselves against it, we also understand that we don't need to be frightened of people who have the Aids virus or people who have Aids. They are like any other sick people: they need help, not suspicion and fear.

The most important help that unions can give is education. They can educate their members about Aids so that they don't refuse to work with fellow workers with the Aids germ. The important thing about union education is that workers trust what they learn because it comes from their own organisation. **What else can unions do? They can discuss ways to take up the issue. Here are some ways in which they can do it:**

\* negotiate that employers do not refuse to give jobs to workers who have the Aids virus.

\* if some workers refuse to work with a fellow worker who has the Aids germ, the union can negotiate this with management and take up the issue like any other work-

related problem. The best way to deal with this issue is to treat it as an internal union issue and negotiate time off for union education.

\* negotiate with employers about family housing for contract workers from rural areas.

## Medical Aid Schemes

An important area for union action is in medical aid schemes. Already many of the medical aid schemes have introduced very strict rules about paying for the treatment of Aids. Without any negotiation, they made very low limits on the money they will spend, no matter how many years you have paid in to the scheme. For example, some scheme will only pay out R100 for doctors, R100 for medicines, R100 for hospitals and so on in a year. This is a very serious problem for anyone with Aids because even though there is no cure, they need medical treatment just to control pain and see that they die as peacefully as possible. The problem is made worse because workers with Aids can't even rely on the state health services to look after them. Unions involved in medical aid schemes need to consider how they can negotiate for these rules to be improved.

## Pensions

The other big problem is pensions. In



1988 the insurance companies started to act against Aids victims. They made new rules about life or disability insurance policies. People either had to have an Aids test which showed they did not have the Aids virus or they could refuse the test. If they refused to be tested, the company would not pay out if they became disabled or died as a result of Aids. This did not affect many workers because many did not have insurance policies.

Most pension funds have a death or disability benefit as well as retirement benefits. The pension companies pay a part of the worker's pension contribution to an insurance company for group life insurance for every worker on the scheme. The death or disability benefit is usually a certain number multiplied by the worker's annual wage, depending on his or her age. It is more for younger workers because their dependents are younger and need to be supported for a longer time. But most people who die of Aids are quite young, usually under 40 years. So the companies are worried that there will be lots of big claims for workers dying of Aids. Up to now, workers did not have to undergo medical examinations to belong to these pension schemes, but now it seems as if this will change.

If there is a rule that workers must have an Aids test before joining a pension scheme, this will cause very serious prob-

lems for workers. There will be no way to keep this a secret. If some workers are not allowed to join the scheme, then everyone will know why. This means that these workers could lose their jobs or they would not be employed. Even if they don't lose their jobs, they stand to lose their benefits. Is this fair? Workers with Aids cannot rely on welfare payments from the government to support them and their families when they have to stop work. They can't rely on the government to look after their families when they are dead. They need their pension benefits and they have worked for them. It is important for unions to discuss these issues and to take a strong position on these issues when they negotiate with management.

This article has been written by members of the Industrial Health Research Group (IHRG) at the University of Cape Town. If you would like more information from the IHRG, you can write to them at:  
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# Study shows AIDS virus spreading fast

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19/6/90

DANIEL FELDMAN

THE AIDS virus HIV is occurring increasingly among urban — mainly black — heterosexuals, and suggests "a spread of infection far more extensive than the relatively lower AIDS figures", according to a new research paper by local AIDS experts.

Entitled "Considerations on the Further Expansion of the AIDS Epidemic in SA, 1990", the paper was published in the latest edition of the SA Medical Journal by five Wits University Virology Department professors and two Johannesburg City Health Department doctors.

It said the "extensive and continuing silent spread of HIV in the urban black population is manifested by doubling times — the time taken for the number of reported cases to double — in male and female sexually transmitted disease (STD) clinic attenders of 10,67 and 9,78 months respectively, a doubling time in female family planning (FP) attenders of 6,55 months, and HIV infection rates of 1:56, 1:37 and 1:91, respectively".

The mean doubling time was calculated at 13,44 months for the male homosexual compared with 10,21 for the heterosexual.

The findings were based on HIV infection statistics from SA's seven blood transfusion services, blood specimens from men and women attending STD clinics and women attending family planning clinics, adult tuberculosis patients, tests on Johannesburg municipality applicants, and voluntary data solicited nationwide by the SA Institute for Medical Research. The figures were as of the end of January. The researchers acknowledged that 63% of SA AIDS cases remain in the white male homosexual community. "However, the first case of AIDS in a black heterosexual subject, reported in December 1987, heralded the start of the heterosexual AIDS epidemic in SA, which affects predominantly black male and female urban populations while the rate of increase of the white male homosexual epidemic has shown, from early 1988, some signs of levelling off."

The research also found a relatively low penetration of HIV infection in rural areas "in contrast to the high prevalences found in urban active surveillance studies".

The paper warned the samples were relatively small and carried out mainly in the Witwatersrand area, and could not be extrapolated to estimate national statistics.



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# Aids storm: Malawi plans to sue SA

By KATHY STRACHAN

A STORM is brewing between the Malawian government and the South African Chamber of Mines over Aids allegations made by the Chamber earlier this week — and the Malawian authorities are planning to sue for defamation.

At the centre of the controversy are almost 18 000 Malawian workers, who over the last two years have not been able to continue working on South African mines.

The Chamber's health representative Dr Daniel Pollnow said a survey to establish the prevalence of HIV — the AIDS virus — in the mining industry had established that "the prominence of HIV virus was vastly higher among

Malawians than among any other group".

The mining industry then decided to test all Malawians re-entering South Africa on new contracts, in an effort to reduce the spread of HIV infection to the work force.

Pollnow said the Malawian government objected to only its citizens being screened and refused to allow the Chamber to carry out the tests in Malawi.

The Chamber did not want to bring in untested Malawian workers and stopped all recruitment from Malawi.

Malawian government representative Southwood Ng'oma denied that Malawi had refused to allow the mines to test its citizens for HIV or that they had said the practice was discriminatory. He said Malawi would sue the Chamber.

"Malawi is an agricultural country and the reason why we stopped the mines from recruiting in Malawi is that we needed the men to go back and work on the land. The Malawian government decided these people should be work-

ing back home near their families and relatives.

"As far as we know they have all found employment in Malawi and we still need more labour for the land," said Ng'oma.

He added that if Malawian workers chose to go back to the mines they could arrange that on their own. "It's entirely up to them," he said.

Chamber representative John Imrie, however, said the workers "would have to go through immigration procedures and it would be a lot more difficult for them". He added that the wages

they would be paid on the mines would be "vastly higher" than what they were paid for agricultural work in Malawi.

National Union of Mineworkers representative Dr May Hermannus said it was unlikely that Malawian miners would have chosen to give up their jobs on the mines.

"Traditionally Malawian workers, together with Mozambican workers, have occupied the most senior positions in the mines," she said.

"Malawian and Mozambican workers are the least militant groups of workers because they are the most vulnerable. They have little likelihood of finding alternative jobs," said Hermannus.

# Assurers sit in judgment

w/Manl 15/6 - 21/6/90

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IF you die from Aids life insurers won't pay out your dependants because, they argue, the fatal disease decreases their ability to predict life expectancy — and so affects their profits and stability.

Hence the Life Offices Association (LOA) has caused an agreement to be entrenched between its members excluding the payment of claims believed to be Aids related. It applies to individual and group policies under the terms of which a sum assured of R200 000 is payable in the event of death or, in the case of income insurance plans, payable in the event of disability, the monthly benefit exceeds R2 000. Companies can and do apply the agreement at lower levels of sums insured. Insurers may ditch the exclusion clause if the applicant can produce a recent negative HIV test.

The association's motivation in introducing an Aids agreement is reasonable and equitable but its setting up of a commercial body, acting in cartel, as a moral arbiter is not defensible.

The exclusion clause states that:

"...in the opinion of the insurer, (if the claim) is in any way due to or arising directly or indirectly, entirely or partially from the Acquired Immuno-deficiency Syndrome or infection from any Human Innumodeficiency Virus, this policy shall immediately terminate and the proceeds thereof restricted to the surrender value or a refund of premiums whichever is greater ..."

(The phrases, "opinion of the insurer" =

**Life insurers have reacted to Aids with near paranoid expediency to protect their interests, argues a life insurer industry insider**

and "arising directly or indirectly, entirely or partially" indicate the width of the exclusion.

The effect of the clause is mollified by the following exemptions: blood transfusions or blood products, those registered with the South African Medical and Dental or Nursing Councils during execution of medical duties and members of the police force, fire service or defence force or any recognised medical auxiliary body who, in the course of their duties, are requested to assist an infected casualty.

Insurers have made practical and moral decisions about who is an innocent victim. The following could not be classed as innocent: a rape victim, a dental patient, a child to whom the disease is transmitted in the womb, a member of the public who assists a carrier or the sexual partner of one of the exempted groups.

Conversely, the following would be innocent should they contract Aids: a policeman who assaults a carrier, a drunken driver who after a car crash needs a blood transfusion or someone undergoing elective cosmetic surgery.

These distinctions are arbitrary and have the potential for gross inequity but it should be asked whether a commercial operation should be expected



# US firm pulls out seeds, despite reform

DESPITE reforms and hopes that the political and economic situation in the country will improve, yet another American company has disinvested.

This week Upjohn Limited announced that it was selling its South African seed operation, Asgrow South Africa, to the local management.

However, Upjohn will continue to operate its South African human pharmaceutical and animal health business.

Asgrow's managing director, Pieter Jansen, said the change of ownership was prompted by "constraints experienced by American companies operating in South Africa".

He mentioned two laws which made it difficult for American companies to operate efficiently in this country.

*w/ Mail 15/6 - 21/6/90*

**Although South African is nurturing reform, there isn't always growth — an American company has just withdrawn its seed operation from the country, reports MZIMKULU MALUNGA**

One was the Rangel Amendment to repatriation of earnings and dividend (no tax benefit — which means the investor is taxed both in South Africa and the United States). The other was the comprehensive Anti-Apartheid Act which prohibited American companies from investing in South Africa.

Jansen said the fact that Asgrow's products were banned in the US also contributed to change of ownership.

He said the company will continue operating as Asgrow and will not stop serving its clients, who are mainly farmers in South Africa. "Nothing has changed, we will still carry on operating as Asgrow."

As a local company, Asgrow will now be in a position to borrow money from local banks.

The executive director of the American Chamber of Commerce, Wayne Mitchell, says there are still 130 American companies in this country.

The bigger ones included: Caltex, Johnson & Johnson, Caterpillar, Mas-onite, Colgate/Palmolive and SA Cyanamid.

## on people with Aids

to carry the burden of acting fairly to any one except those who have an existing interest in it, those being its shareholders and policy holders.

By entrenching an agreement, the LOA creates a unified approach to a matter, and there are good reasons why a cartel should be required to show greater circumspection towards individuals than a single company operating in a freely competitive market.

The exclusion clause gives rise to the possibility of injustice of such a type that should not be permitted of organisations which enjoy economic power and favourable tax treatment.

The alternative of requiring a negative HIV test is fairer but presents different problems. The test is only one part of the process of assessing the risk the insurer is undertaking. You will be asked if your lifestyle, past or present, puts you in a high risk category.

If your answer is negative and it is discovered that you did fail into such category, then the insurer may be entitled to declare the contract void. The application you sign will contain a declaration permitting a doctor, medical institution or any other person to disclose information relevant to your health and which permission will remain in force after your death.

Three positive HIV tests using the same blood sample must be recorded before an applicant will be declined on the grounds of Aids. Such a person's name will be entered on a register along with those of anyone who refus-

*w/ Mail 15/6 - 21/6/90*

es to take a test. In its pre-test information leaflet, the LOA disingenuously fails to mention that latter fact. It is a cornerstone of the agreement that confidentiality must be maintained. Where group schemes are involved this could prove impractical.

When a person is declined for reasons other than a positive HIV test it must be recorded on the acceptance form that the test was negative. Insurers should be able to enter into contracts with the knowledge that the risk they accept is the risk it appears to be.

Some blame lies with the government in allowing such monopolistic action but what is at fault is the insurers' laziness in meeting the challenge. They have survived two world wars, an influenza epidemic and civil unrest, each of which has presented unquantifiable mortality experience.

The exclusion clause demonstrates a primitive approach to underwriting whereas the requirement for a negative HIV test and anti-homosexual underwriting present something more insidious. If you test positive it may take 10 years for full blown Aids to develop. In that time you may die from a motor accident, heart disease, a stroke or cancer. You will not be able to insure your life against these risks with any insurer in this country and, if the insurers' approach is logically extended, all high risk groups will be excluded until life insurance is the privilege of married, middle aged whites.

## Get off our case, stokvel body tells the police

*w/ Mail 15/6 - 21/6/90*

**By MZIMKULU MALUNGA**

THE National Association of Stokvels (Nassa) of South Africa is demanding that police stop "harassing" its members for selling beer at stokvel parties.

Nassa president Kehla Lukhele said while government and big business were putting emphasis on the informal sector, calling it the market of the future, participants were still being harassed.

A recent study by Markinor indicated there were an estimated 2 400 stokvels in major metropolitan areas, generating more than R52-million a month.

Were stokvel members arguing for the legalisation of their liquor sales?

Lukhele said: "It depends how that legalisation is enacted. If it interferes with the culture of stokvels, then it is out."

"The authorities have to recognise the existence of stokvels and accept the role they have to play."

Police representative Captain Peet Bothma said squads would continue to raid stokvel members because it was illegal to sell liquor without a licence.

He said the only way stokvel members could evade arrest was to apply for temporary licences at the offices of the local police commissioner.



## Natal urban males hit hardest by Aids: survey

CAPE TOWN - Recent research by local Aids experts has confirmed that the major growth of the South African Aids epidemic is among urban heterosexuals - and the black population in particular - with Natal reporting most cases of the disease.

Writing in the latest issue of the *South African Medical Journal*, Prof B D Schoub, of the department of Virology at the University of the Witwatersrand, said the

rate of increase appeared to be showing the same pattern as the rest of Africa.

This highlighted the urgent need for research into social factors like migrant labour and poor socio-economic conditions, which contributed to the spread of sexually-transmitted diseases.

He said the epidemic was showing signs of levelling off in other high-risk groups, such as the male homosexual

population, although this group was still responsible for some 63 percent of all Aids cases in South Africa.

Results of research up to the end of January this year revealed a total of 308 Aids cases in South Africa, of which 195 were white male homosexuals.

The next largest group, of 63 heterosexuals, had a black/white ratio of seven to one. - Sapa.

Sowetan 19/6/90

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19/6/90

## 'Aids infections curbed'

The incidence of infections that cause Aids and lead to death have been reduced by five times due to drug treatment, the head of the HIV Clinic at Johannesburg Hospital, Dr Dennis Sifris, says.

Dr Sifris is attending the eighth international conference on Aids in San Fransisco. *Star 22/6/90*

He added: "The drug AZT (Zidovudine) has significantly shown that it will delay the development of Aids and increase (the) long-term survival of infected people." — Staff Reporter.

92 22/6/90

# Aids in blood. Test not foolproof — doctor

By CLAUDIA KING

ALTHOUGH the test to detects Aids in blood was very sensitive, it was not foolproof and the occasional infected person might still slip through the screen, the medical director of the WP Blood Transfusion Service, Dr Arthur Bird, said yesterday.

Speaking at a meeting following the opening of the service's new headquarters at Old Mill Road, Pinelands, Dr Bird said this accounted for the stringent medical questionnaire which all donors were required to complete before giving blood.

Dr Bird also said that plasma products could be treated to destroy the virus and that the service already had some heat-treated plasma products which were considered virus-free.



927  
Sfr 28/6/90

# Doctors hopeful on Aids vaccine

**SAN FRANCISCO** — Doctors voiced optimism at an international Aids conference that a vaccine is possible and a Japanese company reported yesterday it had developed a drug that may combat the virus which causes the killer disease.

A spokesman for the Daiichi Pharmaceutical Company said in Tokyo the drug DR3355, had killed the HIV-1 virus in human white blood cells in 30 days of test-tube trials.

Daiichi will apply to the US government to start clinical testing of DR3355 later this year, he said.

The Daiichi report was the latest from among a dozen research teams in advance to develop a vaccine against Aids that until a year ago experts thought would have no winners.

**Progress**

But progress in recent months has left new optimism to the researchers among 12 000 delegates at the Sixth International Conference on Aids.

In the last 18 months we have got a lot of information out of animal models that give confidence that an Aids vaccine is possible," Dr Wayne Koff, head of the National Institute of Health's vaccine development programme, told Reuters.

Dr Anthony Fauci, Koff's boss and co-ordinator of the US government's Aids research programme, predicted in a recent interview that widespread vaccine trials in the general population might begin within three to four years.

This has been an extraordinarily good year for establishing the possibility of a protective immune response with a vaccine," Dr Fauci said.

In Thursday's conference sessions, delegates learned that a once-highly touted experimental Aids drug known as CD4 had been found in early human trials to have little or no effect against the Aids virus.

The frustration over the lack of progress in fighting the disease again spilled over into San Francisco's streets, as a group of about 500 demonstrators marched on Thursday for three hours, blocking traffic and shouting demands for more government medical care.

"City dollars, state dollars. We need more," the protesters chanted outside the City Hall, which was guarded by police in riot gear.

The demonstration was one of the daily protests led by the militant New York-based Aids Coalition to Unleash Power.

A witch's cauldron of boiling blood, mushrooms and mistletoe has been concocted as alternative treatments for Aids by doctors fed up with the lack of conventional medical progress in treating the deadly disease.

While 12 000 delegates gathered at the Sixth International Conference on Aids, 1 000 "renegade" researchers met at a hotel two blocks away to discuss "nature's way" to combat the ailment.

Organiser of the alternate Aids symposium Dr Laurence Badgley, who runs an Aids treatment programme in the San Francisco suburb of Foster City said: "Mainstream doctors may call us quacks, but the fact of the matter is that they have done no better in finding a cure, or even an acceptable form of treatment." — Reuter.



**Nail biting**  
**Flight of fancy**

**THE HEIGHT OF FOLLY?** Not many companies can have gone the lengths, and heights, of a local computer distributor to demonstrate a product's reliability. Managing director Mr Gerry Aab (bottom) this week jumped from an aircraft at nearly 4 000 m to demonstrate that

a portable computer can operate under severe duress. Strapped to the back of Mr George Archer, one of the few qualified South African tandem-parachutists, business suit-clad Mr Aab stepped out of the plane on his maiden jump. After reaching a free-fall speed of more

than 200 km/h and with the temperature approaching the minus 50 deg C mark, Mr Archer opened the parachute. As they drifted towards earth Mr Aab punched data into his computer. Safely back on the ground, the tiny machine was plugged into a printer



# Men transmit Aids more easily — study

Chit Truffs  
23/6/90

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**SAN FRANCISCO.** — The deadly Aids disease is more easily passed from men to women during sex than from women to men.

In a study of about 325 California couples with one partner infected with the Aids-causing Human Immunodeficiency Virus (HIV), researchers found that less than 2% of 58 males with HIV-infected female sex partners also became infected over five years.

In contrast, about 20% of 269 women whose male sex partners were HIV-infected became infected over five years.

Ms Nancy Padian of the University of California-San Francisco, who headed the study, warned the conference that her findings do not mean men should have unprotected sex with HIV-infected women.

She said the results could be

related to physical mechanisms, but they could also be due to behaviours unique to the couples studied.

At the conference it has emerged that Aids educators are alarmed by reports that homosexual and bisexual men are lapsing back into sexual behaviour that could kill them.

Almost 20% of gay and bisexual men surveyed had abandoned safe-sex practices at least once, researchers said.

Educators say that it's increasingly common for gay men to engage in risky sex binges.

● One of the world's leading Aids researchers has abruptly cancelled an agreement to attend the conference.

Dr Robert Gallo of the US National Cancer Institute is at the centre of growing controversy over his claims to have discov-

ered the virus that causes Aids.

He is currently under investigation by a panel of 11 scientists at the National Institute of Health in Bethesda, Maryland, trying to establish his claims to determine whether he misled his colleagues and the public about his most celebrated discoveries.

The French doctor who says Dr Gallo is claiming credit for his own discovery, Dr Luc Montagnier of the Institut Pasteur, is at the conference and sources close to the inquiry believe that Dr Gallo did not want a confrontation.

At stake for both men is a place in history and possibly millions of pounds in international patent rights. Dr Gallo has already received more than £200 000 (about R900 000) in personal royalties from the sale of the Aids test. — Sapa and Daily Telegraph

## Prostitutes beat Aids by condom

**SAN FRANCISCO.** — The battle against Aids got an unexpected boost on Thursday from an unlikely place — the Chicken Ranch Brothel in Nevada.

Preliminary findings unveiled during the Sixth International Conference on Aids indicate that the spread of sexually transmitted disease is virtually eliminated when clients of prostitutes use condoms.

The US study was funded by the Nevada Brothel Association but was carried out by researchers at the University of California at Los Angeles.

Health researchers studied the medical records of the 255 female prostitutes at the brothel from 1982 to May, 1990. Only one case of a sexually transmitted disease, gonorrhoea, was recorded since 1986 when all clients began to use condoms. — Sapa-Reuter

## Smokers get sick faster?

**SAN FRANCISCO.** — Smokers infected with the Aids virus may develop the disease faster than non-smokers, researchers at the Sixth International Aids Conference here said yesterday.

Scientists said preliminary results of a study of 1 000 men indicated smoking appeared to be a factor in the development of Acquired Immune Deficiency Syndrome.

"We can't be sure, but it looks as if the smokers are progressing faster to disease," said researcher Ms Rachel Royce. — Sapa-Reuter

## Blood boiled in bid to kill HIV virus

**SAN FRANCISCO.** — Boiling blood, mushrooms and mistletoe are being explored as alternative treatments for Aids by doctors fed up with the lack of conventional medical progress in treating the deadly disease.

While 12 000 delegates gathered at the Sixth International Conference on AIDS, 1 000 "renegade" researchers met at a hotel two blocks away to discuss "nature's way" to combat the ailment.

Boiling a patient's blood to kill the HIV virus which causes Aids, eating certain mushrooms from the Orient, and making a meal out of crushed mistletoe were among remedies discussed.

One "renegade" researcher said: "Mainstream doctors may call us quacks, but they have done no better in finding a cure." — Sapa-Reuter

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25/6/86 92

# Aids triggering a global TB crisis

**SAN FRANCISCO.** — Aids is triggering a global explosion of tuberculosis, especially in Africa, and at least two million people are already infected with the microbes that cause both diseases, a health official warned at the weekend.

Meanwhile, a top East German health expert has cautioned that the opening in the Iron Curtain is likely to speed the spread of Aids in Eastern Europe, which has so far largely escaped it.

Tuberculosis is already the world's single biggest bacterial killer and experts fear that HIV, the Aids virus, is likely to make the problem much worse.

"A serious epidemic of TB is occurring as a result of the HIV epidemic, specially in sub-Saharan Africa," said Dr Peter Eriki of the World Health Organisation.

He said Africans "were unable to contain a relatively small tuberculosis problem before the arrival of HIV and they are singu-

## Foundation denies 'safe-sex' survey

Staff Reporter

**THE Aids Foundation of South Africa** has denied any knowledge of a "safe-sex" survey allegedly being conducted in Cape Town in its name. It has also warned the public not to answer telephonic questions from strangers about their sex life.

The foundation made this appeal yesterday following a complaint to the Cape Times about a telephone survey in which people were being asked intimate questions about what they were doing to reduce the risk of Aids.

larly ill-prepared for coping with a very large problem ahead."

Dr Eriki, a tuberculosis specialist who formerly directed the TB Control Programme in Uganda, described the problem yester-

day at the Sixth International Conference on Aids here.

On Saturday about 1 000 conference delegates joined thousands of whistle-blowing, chanting protesters calling for more money and access to health care for people with HIV disease.

Aids activists at the conference asked the Swiss pharmaceutical maker Hoffmann-La Roche to approve the wider distribution of its experimental anti-Aids drug DDC.

DDC is to be made available to patients who are unable to tolerate AZT or DDI, the only two anti-Aids drugs approved so far under US Federal Law.

Government officials have approved a parallel track regimen for other promising drugs which are being offered free to volunteer patients while the formal tests are still underway.

The arrangement was made as a humanitarian gesture to those ill with the fatal disease and to enable a wider survey of the effects of the drugs. — Sapa-Reuter



## Researchers concoct 'nature's cure' to Aids

**A** witch's cauldron of boiling blood, mushrooms and mistletoe has been concocted as alternative treatments for Aids by doctors fed up with the lack of conventional medical progress in treating the deadly disease.

While 12 000 delegates gathered at the sixth international conference on Aids in San Francisco, 1 000 "renegade" researchers met at a hotel two blocks away to discuss "nature's way" to combat the ailment.

Boiling a patient's blood to kill the HIV virus which causes Aids, eating certain mushrooms from the Orient, and making a meal out of crushed mistletoe were among remedies discussed.

One of the speakers to address the Advanced Immune Discovery Symposium - whose acronym is also Aids - was Dr Peter Duesberg, a controversial professor at the University of California at Berkely, who maintains that Aids is not infectious.

But in a summary of his paper to the alternative meeting on Friday, Duesberg said the pattern of the disease follows no known viral infection, and that Acquired Immune Deficiency Syndrome (Aids) is in fact a number of diseases coming together under certain circumstances in gays and intravenous drug users.

Dr Laurence Badgley, who runs an Aids treatment programme in the San Francisco suburb of Foster City and organised the alternative Aids symposium, told Reuters: "Mainstream doctors may call us quacks, but the fact of the matter is that they have done no better in finding a cure, or even an

acceptable form of treatment, for this terrible disease."

The drug AZT, the only one licensed world-wide against Aids, was not proving effective, he said.

"It may be prolonging the lives of Aids patients, but the quality of that prolonged life may be such that the patients might not necessarily want to live," he said.

Doctors at the main conference have admitted that strains of the HIV virus have emerged that appear to be resistant to the AZT drug and many patients cannot tolerate the side-effects.

But Badgley said doctors exploring new methods of treatment were not trying to persuade Aids sufferers to give up conventional medicine.

"All we are saying is, we are offering other methods which have been clinically tested and which have at least the same potential for helping Aids sufferers as the more conventional methods," he said.

Lay workers in the Aids field also welcomed the less conventional approach.

Robert Kunst, the Director of Cure Aids Now, a Miami, Florida, organisation which feeds homeless Aids patients, said of the main conference: "It's a marvellous trade show for the (pharmaceutical) exhibitors, but apart from that, it's a three-ring circus that means nothing."

"They're talking about condoms. They're not talking about curing this disease. At the alternative symposium there are people who are saying 'Let's do something concrete about this. Let's find a cure.'" - Sapa-Reuter.

# Aids legislation violates human rights - Doc

92

Sowetan 26/6/90

**Sowetan Correspondent**

POLITICIANS should co-operate with scientists if the fight against Aids is to succeed, the head of the HIV Clinic at the Johannesburg Hospital, Dr Dennis Sifris, said in San Francisco this weekend.

discriminatory legislation."

He said that if South Africa was to join the global fight against Aids the Government should review its Aids legislation and health care.

Sifris, attending the International Conference on Aids, said the governments of South Africa, Cuba, Saudi Arabia and China were identified as allowing discriminatory legislation which provides for the isolation and quarantine of people with Aids.

"This sort of legislation is irrational and not based on any scientific fact," Sifris said. "It is a violation of all principles of human rights ... Many experts I spoke to have refused invitations to come to South Africa to assist with Aids prevention programmes because of South Africa's

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An increasing number of scientists are rejecting the medical assumption that the HIV virus is the cause of the Aids syndrome and are looking at the possibility that Aids may be caused by non-infectious agents such as drugs, LAURENCE MARKS reports from London.

# Drugs may cause Aids

## Scientists cast doubt on HIV connection

**A**T a packed news conference in Washington DC in April 1984, President Ronald Reagan's Health Secretary, Margaret Heckler, introduced Dr Robert Gallo to announce what appeared to be an historic breakthrough in the urgent worldwide investigation of the pathology of Aids. He named the HIV virus as the cause of the syndrome.

The announcement was made before his team's findings had been submitted to the scientific periodicals, the customary way of submitting research discoveries to critical examination by other scientists.

Any scepticism, however, was soon swamped by a tidal wave of publicity. All over the world newspapers, TV and radio disseminated news of the deadly link between HIV and Aids. Government health authorities predicted a one-year latency period between infection by the virus and full-blown Aids, and published horrifying forecasts of the death toll.

Large sums of public money were and continue to be invested in the search for a cure based on this connection.

**S**INCE then, an increasing number of scientists working in the field have admitted that they are not persuaded by the evidence. Some doubt that Aids can be contracted by infection at all. Their dissent was a central issue at the sixth annual International Aids Conference in San Francisco this week.

As Harvard molecular biologist Professor Walter Gilbert told a British TV documentary, Channel 4's Dispatches, this month: "One of the difficulties with describing the HIV virus as the cause of Aids is that one has not demonstrated clearly that it will cause Aids in experimental animals."

Berkeley's Professor Peter Duesberg said: "I don't think we have found the cause of Aids."

**S**AN FRANCISCO General Hospital epidemiologist Dr Andrew Moss explained: "Most official predictions about

the spread of Aids have been consistently wrong. There are two reasons for that. One is that a lot of very bad science was done. The other is that there are political pressures to have high numbers. All administrative numbers are political. I think it's been hard for people to back away from their high numbers."

Government definitions of Aids and forecasts of its spread have had to be revised.

It is now known that in a given year in the US only 1.5 percent of HIV positive people develop full-blown Aids.

In Britain, the Cox Committee's forecast of 17 000 deaths by 1992 has been reduced to 5 000.

A recent US Armed Forces Survey of more than a million 17 to 19-year-olds found that only 0.03 percent were HIV positive in a five-year period.

"I believe that Aids is not, and cannot be, an infectious disease," Professor Duesberg told Dispatches

"An infectious disease has certain criteria: how it happens, when it happens. If you get infected by a virus, within weeks or months after contact or after you develop the infection you will have symptoms of a disease

"With HIV and Aids we are told you get sick 10 years later. That is not how viruses or bacteria work. They work fast or never.

"There's no way that a virus could possibly slow down or wait a week or 10 years. That's totally absurd.

**"T**HE second reason I think Aids cannot be an infectious disease is that there is no precedent. There is no

chance that a microbe, particularly a virus that small, could be as picky and selective as the cause of Aids must be.

"Aids has been restricted ever since we have known it to two major risk groups, not the general population: intravenous drug-users and a small percentage of male homosexuals.

"I suspect that Aids is primarily a result of intoxication — Acquired Immune Deficiency as the name actually says. In Aids you acquire it by consuming drugs. Malnutrition often contributes to it. Once that has happened, once you are immune-deficient, then you are open to many infections that are secondary — or opportunistic as we say."

How does this explain the high incidence of Aids among homosexuals in large cities, hitherto assumed to have been caused by infection?

According to journalist Mr John Luritsen, homosexuals meeting at a New York or San Francisco rendezvous during the 1970s might have taken six different drugs in the course of an evening.

**"T**HEY would include poppers, which are nitrite inhalants, MDA, Ecstasy and Special K, which are designer drugs, ethyl chloride, a deadly substance which is inhaled, cocaine and heroin and marijuana and alcohol. Who knows what the interaction effects are."

Professor Duesberg concurred. "My hypothesis is that Aids is caused by non-infectious agents. And the agents I consider the most likely are the psychoactive drugs which have been imported and consumed in ever larger quantities since the Vietnam War."

Dispatches alleged that valuable research contracts tended to be awarded to those who support the conventional view and that vested interest in HIV research has obstructed controlled trials to discover whether the virus is causing the diseases attributed to it.

"The financial interests are very obvious," said Professor Duesberg. "Most of the colleagues I try to debate with — they don't want to dignify me with an answer — are millionaires, stockholders in companies, consultants, award-winners.

London Observer Service.



# Aids death claims doubled, says Old Mutual

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By JOHN VILJOEN, Staff Reporter

AIDS death claims received by Old Mutual have almost doubled in the past year, according to the company's 1989 payout review.

The company had 15 claims for deaths arising from Aids last year — seven more than the figure for 1988, which included the first such claim.

Heart disease remained the greatest overall cause of death, accounting for 46,9 percent of deaths in all age groups, according to Mr Bobbie Jooste, the company's general manager (individual lives).

Motor accidents were the major cause of death in the under-40 age group.

An "alarming" 40,6 percent of deaths between 1986 and 1989 among policyholders aged under 25 were the result of motor accidents, the company reported.

## CAR CRASHES

In the 25-to-40 age group, car crashes accounted for 26,2 percent of death claims and for 11,5 percent of all death claims.

"Although there is a marginal decrease in the prevalence of heart disease and motor accidents, the impact it has on the most productive age group gives grave cause for concern," Mr Jooste said.

According to the report, in the past eight years more policyholders in the under-40 group than in any other died as a result of violence.

Cancer was responsible for 12 percent of death claims.

Suicides increased by 246 to just over two percent of the 33 576 death claims handled by the company last year.

NEWS

# Aids battle needs politics

Staff Reporter

Politicians should co-operate with scientists if the fight against Aids is to succeed, the head of the HIV Clinic at the Johannesburg Hospital, Dr Dennis Sifris said in San Francisco at the weekend.

Dr Sifris was attending an international conference on Aids.

The theme of the conference, "From Science to Policy", highlighted the importance of policy makers in the political sphere in the fight against Aids.

The South African Government, among others, was singled out for its discriminatory legislation which provides for isolation and quarantine of people with Aids, Dr Sifris said.

"This sort of legislation is irrational and not based on any scientific fact. It is a violation of all principles of human rights... Many experts I spoke to have refused invitations to come to South Africa to assist with Aids prevention programmes because of South Africa's discriminatory legislation.

## Education

"If we are to join in the global effort against Aids, it is vital that the Government review its legislation regarding Aids," Dr Sifris said.

He said access to adequate health care was mandatory and that health care systems must be revised and updated.

Education about prevention strategies must reach the community at all levels and discrimination and stigmatisation must be removed. He said none of these attempts would have any effect if politicians did not join in the effort against Aids.

● The inventor of the polio vaccine, Dr Jonas Salk, last week told the conference the development of an Aids vaccine had reached the stage where testing could start within a few years.

92

★ SUNDAY TIMES, January 14 1990

**Now AIDS**  
**carriers**  
**number**  
**35 000**

SHOCKING new AIDS statistics were released this week as a South African businessman and father of two spoke about his desperate battle against the killer virus.

The number of people with full-blown AIDS in the country has risen to 332 and it is estimated that 35 000 people carry the virus.

Said Dr Ruben Sher, AIDS expert at the South African Institute for Medical Research: "The number of people with AIDS doubles every eight months."

Victim Mr Johan van Rooy, 36, has opened his Hillbrow home to hundreds of fellow sufferers since he discovered he was infected 18 months ago.

"People need to face up to the fact that the country is crawling with undiagnosed HIV-positives," said Mr Van Rooy, who runs the AIDS support group Body Positive.

**Support**

Body Positive has a growing membership of 600 and among its ranks are top professional people and pillars of society.

These AIDS victims, from all walks of life, give one another financial and emotional support.

"As well as lending a hand with rents and medication we help one another face up to the fact that for us there is no tomorrow," said Mr Van Rooy.

"Forty-eight of our members have died in the past nine months and 14 in August and September alone."

Mr Van Rooy said his two young daughters were discriminated against by teachers at their Durban school when it was revealed that he had AIDS.

He said he had successfully managed a large furniture shop until October when increasing sickness stayaways cost him his job.

**Panic**

His own descent into hell started 18 months ago with a chance decision to have his blood tested for HIV infection.

"I was having a routine medical check-up and being homosexual, considered a 'high risk' group, I asked to be tested for HIV at the same time."

And in October 1988 Mr Van Rooy learnt that he was a "healthy" HIV carrier — the start of a trip ending in death.

"I went into a total panic,"

By FELICITY LEVINE

he said. "I felt sick and disgusted, robbed of my future. But once I'd got over the initial terror I was relieved that the virus had been diagnosed so early, because they started giving me substances to boost my immune system," he said.

Paying for medication is a major problem for victims.

Large doses of costly cancer drugs become necessary as the virus takes its toll.

Top businessmen are among the "hidden" AIDS victims and are spending up to R5 000 a month just to stay alive.

**Ashamed**

"Fortunately I have a top position and earn well, but I don't know how long I can keep on," a company director whose name cannot be revealed told the Sunday Times.

"I am ashamed to face people I know who are dying because they can't pay for the dose," said the well-dressed executive.

The "dose" refers to wonder drug AZT or Zidovudine, selling at R530 for a minimum quantity one-month supply.

Mr J owes his healthy look to the fact that he can afford three times this amount — which he needs — plus a cocktail of five other cancer drugs.

Produced by American pharmaceutical company Wellcome, AZT "buys time" for the AIDS victim because it interferes with the multiplication of the dreaded HIV or AIDS virus.

But AZT is available in Europe at a mere R100 for a month's supply and is distributed free of charge by national health schemes.

In South Africa only a minority have access to it.

**Perplexed**

The Transvaal Provincial Administration has agreed to administer AZT to only 10 chosen patients in teaching hospitals.

"AZT is available at all teaching hospitals but, due to financial restrictions, in limited quantities," said a spokesman for the TPA.

South African AIDS victims classified as hospital patients are given more expensive but less effective drugs such as Alpha Interferon and Interon A.

A minimum dose of Interon A costs taxpayers R1 800.

The same dose of the more effective AZT costs only R530.

Doctors consulted said they were "perplexed" by the Government's preference for the costlier, less effective drug.



# Fewer Aids victims, says report

AK6W 5/2/90 92  
WASHINGTON. — A new report says the number of Americans becoming infected annually with the Aids virus is declining, although the number of new Aids cases will continue rising until 1995.

The report's author, Mr Peter Plumley, a consulting actuary in Chicago, also says the chances that a heterosexual not using drugs intravenously will become infected are remote, and that Aids prevention efforts focus too much on this group.

Mr Plumley writes in the January-February issue of Contingencies magazine that the number of new annual infections with the human immunodeficiency virus, or HIV, peaked in 1986 and is going down.

However, he says the total number of HIV-infected Amer-

icans will continue to rise until 1991, when 1.4 million will be infected.

Also, the number of new Aids cases will continue to rise until 1995 and then begin to decline, and the number of Aids deaths will peak at around 110 000 in 1997.

Years can elapse between the time of infection with HIV and the onset of Aids.

He predicted that by the year 2 000 there will have been a total of 1.3 million Aids cases and about 1.1 million Aids deaths.

His figures do not include HIV infections and Aids cases among blood transfusion recipients, haemophiliacs and children, which account for about five percent of the total infections.

Mr Plumley said: "One of the most disturbing aspects of

the Aids epidemic is the number of people who have become concerned unnecessarily about the epidemic."

The virus is spread mainly through contact with bodily fluids, including sexual intercourse, particularly anal sex, and sharing of needles. Its chief victims have been homosexual males and intravenous drug users.

A homosexual male's risk of contracting Aids is about one in 500, according to Mr Plumley. But the risk for a heterosexual engaging in vaginal sex is less than one in a million, providing their sex partners are not from a high-risk group.

However, prevention efforts within the homosexual, bisexual and intravenous drug-user communities should continue, he said. — Sapa-AP.

40 000 infected, says medical officer

# Aids unlikely to cause collapse, seminar told

Star 2/3/90 (92)

By Norman Chandler  
Pretoria Bureau

Aids would have to assume "dramatic proportions" in southern Africa if it were to be held responsible for stunting population growth, a top Government official said in Pretoria yesterday.

Dr Boet Schoeman, deputy director for population development, said he was convinced that a "demographical collapse" caused by the killer disease seemed unlikely to occur.

He said, however, at a two-day Human Sciences Research Council (HSRC) seminar, that Aids would probably have "a decisive effect on demographic trends in Southern Africa".

## Under-reportage

Dr Schoeman added: "There is a definite under-reportage of Aids cases in southern Africa, which makes any projections of further escalation of this disease difficult."

Some researchers had said that Aids cases could number 24 400 by 1994, while the kwaZulu government claimed that 18 percent of all sexually active persons in that region could have Aids within three years.

Dr Schoeman said population growth was the "greatest single problem this region faces in the long term". The future of the sub-continent "will ultimately be determined by the degree of success achieved in maintaining a balance between natural resources, socio-economic capabilities and population size".

South Africa's black population was being doubled every 25 years. "It will place enormous demands on southern Africa's economy and social services and tremendous pressure on the environment and natural resources."

Dr Schoeman told the seminar, attended by experts from various government departments and universities, that to provide for such a population the country needed to annually find up to 350 000 more jobs, 130 000 new houses, 1 800 more hospital beds in urban areas and 450 new schools.

These targets would be difficult to attain.

He said many urban blacks were already practising a form of birth control. "It is important to realise that they have not necessarily changed their value systems, but that they have modernised their views on family sizes."

In rural areas there was a "strong Africa traditional value system, especially concerning the large family norm".

In many cases this was linked to low economic, social and educational status, unemployment, limited potential for upward social mobility, the poverty circle, and relative isolation.

Attention would have to be paid to development programmes, including the enhancement of the position of women and primary health care.

## 40 000 infected

● At least 40 000 South African blacks had been infected by Aids and the number of people who contract the killer virus in this country might double within the next nine months.

And, by the year 2 000, the disease might halt the population growth of South African blacks, Dr Nicky Padayachee, senior deputy medical officer of health for Johannesburg, told the seminar.

His findings were based on eight studies carried out on black people between the ages of 15 and 49 in the greater Johannesburg area.

In December last year about 6 000 black people in the area had been infected by Aids.



...bringing their wounded relatives back from Egypt...

# Aids epidemic among Romanian infants

STAR 6/2/90 (12)

LONDON — British charities are to launch an appeal for Aids sufferers in Romania. Many of them are children infected by blood transfusions routinely used as a means of combating malnutrition among infants.

worst seen anywhere, including Africa. Official Romanian statistics now prove that at least 28 percent of the 1 000-plus children tested so far are HIV-positive. Of these, nearly two-thirds have already developed full-blown Aids.

As concern grows about the extent of the epidemic — a closely guarded secret during the Ceausescu regime — Dr Jacques Lebas, a French expert, said the spread among children was the

Reports screened on British television have shown dozens of children, emaciated and in pain. Most of them had been abandoned by their parents. — The Star Bureau.



# Aids death claims <sup>92</sup> double <sup>200</sup> in 1989

Star 10/11/90

Own Correspondent

CAPE TOWN — Aids death claims received by the Old Mutual have almost doubled in the past year, while Sanlam has expressed concern that Aids fatalities are occurring among professionals.

Old Mutual received 15 claims for deaths arising from Aids last year according to the company's 1989 report. This is seven more than in 1988.

Sanlam has arranged more than 40 Aids seminars for its pension fund members, trade unions and employees.

"An upsetting aspect of Aids claims is that most are from professional people who have studied for years.

## SERIOUS

"Such losses are serious and emphasise the need for information and prevention," said Mr Desmond Smith, Sanlam's senior general manager (individual insurance).

According to the report, in the past eight years more policy holders in the under-40 group than in any other died as a result of violence.

At Sanlam, deaths by accident, murder and drowning accounted for R132 million in payouts.

Sanlam received more than 130 death claims for motor accidents each month.

Cancer was responsible for 12 percent of Old Mutual's death claims, while the 1942 cancer claims handled by Sanlam amounted to R63 million.

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# Assurers fret as Aids claims soar

LIFE companies worldwide are facing huge Aids-related claims, US assurers having paid out \$802-million (about R2-billion) in 1988.

SA life companies have forked out R6-million since 1984, and the sum is rising sharply.

UK companies have paid out £18.5-million (about R75-million) since the middle of 1987.

## Disability

Statistics from Mercantile & General senior underwriter Jakes Greyling, who is collating information for the Life Offices Association, show Aids-related claims have risen dramatically since 1984 when there was only one payment.

Figures released in January 1989 showed that assurers had paid out R3.3-million since 1984 to 30 policyholders in 47 claims.

By January 1990, the figures had risen to 55 Aids claimants with 99 policies, resulting in a total payout of more than R6-million. In-

By Robyn Chalmers

cluded were payouts of R5.4-million for life and R642 724 for lump-sum disability policies.

A survey of 460 firms conducted in the US shows the extent of the threat the disease poses to assurers.

A Mercantile & General News Digest shows that 2% of all US individual and group life claims arose from the virus in 1988 compared with 1.4% the previous year.

"Accident and health assurers' Aids-related illness claims reached 9% of total payout, compared with 6% in 1987.

"However, it is recognised that these are less than the full cost of the disease because of the problems associated with accurate diagnosis," says the digest.

In an effort to protect themselves, SA assurers and medical-aid schemes have tried to limit their liability in various ways. The LOA decided in 1988 that life assurers could implement an Aids exclusion clause in new policies of more than R200 000.

Since then, assurance com-

panies have gone even further to ward off the danger of Aids mortality experience worsening. Southern Life eliminated the R200 000 threshold in May last year and no longer offers Aids cover on new policies.

Sanlam has cut the threshold to R100 000 and Metropolitan Life has introduced new underwriting arrangements. They include a blood test for sums assured for less than R200 000.

## Limit

Although there is no agreement for medaid schemes, several limit the annual payout of Aids treatment to less than R500. Others have lowered it to the legal minimum of R100.

The extent of the disease in SA is not known, but Institute of Medical Research Aids expert Ruben Sher estimates that the number of people suffering from the disease doubles every eight months.

By mid-January this year, the number of people with full-blown Aids was 332, but Dr Sher believes that upwards of 35 000 could be infected with the HIV virus.

# Gassed man leaves Aids warning

CAPT. TRIP

6/2/90

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Staff Reporters

A 40-YEAR-OLD Gardens man left a suicide note warning emergency workers that he was an Aids carrier before gassing himself to death in his car on Table Mountain.

Mr Gordon Vivien Smith was found dead on Friday in his parked car on Table Mountain Road by early-morning joggers who noticed a sign reading "I have Aids, use gloves" propped up on the car's dashboard.

Mr Smith was also wearing a Medic Alert disc which identified him as being HIV (human immuno-deficient virus) positive.

Professor G J Knobel, head of UCT's Department of Forensic Medicine, commended Mr Smith's "public-spirited action" in warning others that he was a potential carrier of the virus.

"His actions reflect an enormous degree of responsibility toward the public, though scientific research confirms that transmission does not take place from an intact body.

## Three notes

"In a case like this, rescue workers are therefore in no danger of contracting the disease. However, those performing the autopsy were warned and therefore able to take the necessary precautions," he said.

A police spokesman yesterday confirmed that Mr Smith had gassed himself and that three notes — one addressed to friends and two others marked for the attention of the police — were found in the car.

According to a reliable source, allegations involving the misappropriation of funds from an Aids-related organisation and a list of alleged paedophiles were contained in the notes.

Police declined to confirm the specific contents of the notes but said they had investigated allegations made by Mr Smith and found them to be unfounded.



CAT 7175  
19/2/90

# '195 Aids patients seen 92 last year'

By PETER DENNEHY

GASA-6010, the counselling service of the Gay Association of SA, said in its latest annual report that it had seen 195 HIV-infected persons in 1988/89, compared with 44 the previous year.

However, it attributed the high increase to its own "increasing reputation as an organisation which provides competent and compassionate psycho-social care to HIV-infected persons", rather than to a rapid spread of the infection.

The number of HIV-infected persons it had seen since 1984 had been two in that year, two the next, then 16, 44 and 195, making a total of 259.

Of these, 36 had already died of Aids and 48 had Aids-related-complex (ARC) or Aids itself, it said.

## Heterosexuals

GASA-6010's counselling services to HIV-infected persons were not restricted to homosexuals, it said.

Heterosexual men and women of all races, from several Southern African countries, kept in touch with the counselling service.

In the eight months up to March 1989, GASA-6010 had counselled 21 people with Aids or HIV-related problems whose risk factor had been heterosexual sex or intravenous drug use in Europe.

GASA said it intended to rent more houses for HIV-positive persons in "safe" areas — suburbs where the races of the occupants would not draw police attention.

CAPE Times 1/2/90 (92)



**AIDS SUICIDE MAN ...**  
Suicide victim Mr Gordon Smith at a city home for Aids sufferers, funded by the Anglican and Roman Catholic churches and the 6010 Counselling Service, last year. He is seen giving an injection to one of the home's six other Aids victims.  
Picture: RICHARD BELL

By CLAUDIA KING

**SUICIDE** victim Mr Gordon Smith, 40, who left a note on his car dashboard warning rescuers that he had Aids, made headlines last year when he claimed he had been forced to "live in a shack and eat dog food" by the residents of Sedgefield.

After moving to Cape Town, where he lived with six other Aids sufferers in a home supported by the Anglican and Roman Catholic churches and the 6010 Counselling Service, Mr Smith said he had experienced "unbelievably horrible reactions" from otherwise normal people.

He said residents of the conservative Garden Route village chased him out of shops and put him out of business after they discovered he had Aids.

They had refused to use his laundry service as they thought "Aids germs"

## Aids man 'ate dog food'

would infest their clothes and "jump on to their bodies".

"I ended up living in a shack and eating dog food for three months," he said in an interview last June.

Sedgefield residents yesterday expressed shock when told by the Cape Times that Mr Smith had committed suicide.

A local businesswoman, who declined to identify herself, dismissed his claims as "a lot of rubbish" and said they did not even suspect he was an Aids sufferer as he told them he had leukaemia.

"Gordon was well-liked and known by everybody in Sedgefield," she said. "He ran the laundry and a tea room and had many friends. We knew he was gay but felt his private life was none of our

business and treated him like anybody else, often inviting him home for tea or dinner."

Mr Smith gassed himself early last Friday morning and left three notes — one to friends and two for the police.

A sign on the dashboard read: "I have Aids, use gloves."

A reliable source told the Cape Times the notes contained a list of alleged paedophiles and allegations of misappropriation of funds from an Aids-related organisation.

A police spokesman said yesterday that allegations made by Mr Smith had been investigated and proved to be "totally unfounded".



# Grim prediction by Aids task group

B10am  
19/2/90 TANIA LEVY

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BETWEEN 50% and 70% of SA's black labour force will have died from Aids or be carriers of the HIV virus by 2000, says the Aids Economic Research Unit (Aeru), an independent task group.

Members include university professors and private economic and financial consultants.

Aeru spokesman Keith Edelston said that by 1995 paediatric Aids would halt SA's population growth.

Managers of labour intensive companies who counted on having a full labour complement by the end of 1996 were exposing their organisations to risk, Edelston said.

Edelston said in the best scenario at least 50% of blacks would be infected with Aids between 1996 and 2000. At worst 70% would have Aids by 2000.

Edelston said about 1% of SA blacks were already infected and would develop full-blown Aids within five to eight years. The number of people infected with the virus in SA would double every six to eight months.

While it was impossible to exactly predict the spread of Aids, there was no excuse for failing to address clearly identified trends, he said.

Aids will push the US economy into depression by the turn of the century, if not sooner, Edelston said.

In First World economies Aids will reduce demand for goods and services by increasing the dependency ratio.

The effects of Aids are slowed down in a Third World economy where large pools of unemployed can be brought in to replace workers lost to Aids, but eventually production ability is reduced as the population dies.

Aids typically affected the most reproductive and economically productive members of society, said Edelston.

Ironically there were economic opportunities for SA companies who planned for the possible Aids impact.

Edelston said local companies who become more capital intensive in the next eight years would be able to produce a greater percentage of the world's reduced demand for raw materials.

He said SA should step up import replacement and exports, particularly to the Far East, which would not be affected by Aids and would remain a growing economy.



# Mixed feelings Over Aids report

Capt Twiss 20/2/90

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THE Democratic Party said yesterday reports that 50% to 70% of South Africa's black labour force could be wiped out by Aids by the turn of the century were accurate, but the SA Chamber of Business dismissed it as a "policy of doom".

DP health spokesman Mr Mike Ellis said yesterday the government could not claim it had developed any effective programme to either educate South Africans about the danger of Aids or combat the disease.

Mr Ellis said reports that 50% to 70% of South Africa's black labour force could be wiped out by Aids or be carriers of the HIV virus by the turn of the century were accurate in terms of the information at his disposal.

"The report served to bring home the very serious implication of Aids that unfortunately far too many South Africans do not want to recognise."

The report, which quoted an Aids Economic Research Unit spokesman as saying that paediatric Aids would halt South Africa's population growth by 1995, "underlined the severe repercussion Aids can have not only in Africa but on South Africa in particular," Mr Ellis said.

Both South Africa's consumer power and workforce "can be virtually wiped out in a matter of years". It was of "extreme importance" that the government embarked on a programme to educate South Africans on the dangers of Aids.

By ANTHONY JOHNSON and CLAUDIA KING

● The DP's spokeswoman on the SABC, Ms Carole Charlewood, said the most powerful medium for changing attitudes — television — was barely being used in South Africa to educate citizens about the dangers of Aids.

Public service announcements should be appearing on TV 1, 2, and 3 at all hours throughout the broadcasting schedule rather than a few selected advertisements at 11pm, Ms Charlewood, a former SABC-TV journalist, said.

● The South African Chamber of Business has dismissed the statement as a "policy of doom".

The chamber's labour advisor, Mr Vincent Brett, said the claims made in yesterday's Cape Times by Mr Keith Edelman of the Aids Economic Research Unit (Aeru), were "somewhat exaggerated".

"If one resorts to mathematics exclusively, his figures may be accurate, but things just don't work out that way."

He said the Chamber of Business had recently distributed a comprehensive Aids education pamphlet to all its members.

● Director of Gasa-6010, the counselling service of the Gay Association of South Africa, Mr John Pegge, said he felt Aeru's predictions excluded the intelligence of the average person.

"The gay population modified their behaviour when confronted with the Aids threat — although this modification only took place when people they knew were affected by the virus and in the case of this epidemic that is too late," he said yesterday.

"What everyone is struggling to find is an appropriate education medium for the heterosexual tribal black who is strongly resistant to using condoms."

● A local virologist said he did not "believe for one moment the figures quoted by Aeru are correct. Not everybody is at risk, yet these figures have been extrapolated to include the whole population".

He said that in a recent survey conducted among 2 000 anti-natal women randomly selected from a spectrum of the Cape Town community, only one had been positively identified as HIV positive.

"We do not yet have evidence of the kind of growth of infected people predicted by the model. Furthermore, in countries in Africa where Aids has been present for almost a decade it is not perceived that this disease has had the impact described by Aeru."

● A local Aids expert said he was against the complacent attitude adopted by many people with regard to the virus. He believed it was better to act as though the "worst is going to happen, especially if we have the chance to change the situation".

He said two thirds of the reported Aids cases occurred in the Transvaal, but figures were climbing in the Western Cape.

# Govt neglecting duty in fight against AIDS, says DP

CAPE TOWN — Government has developed neither an effective education programme about the danger of AIDS nor one to combat the disease, DP health spokesman Mike Ellis said yesterday.

Ellis said reports that 50% to 70% of SA's black labour force could be wiped out by AIDS or be carriers by the turn of the century were accurate in terms of the information at his disposal.

"The reports served to bring home the very serious implication of AIDS that unfortunately far too many people in SA do not want to recognise."

The report, which quoted an AIDS Economic Research Unit spokesman as saying

Political Staff

paediatric AIDS would halt SA's population growth by 1995, "underlines the severe repercussion AIDS can have not only in Africa but on SA in particular", Ellis said. SA's consumer power and workforce could be "virtually wiped out in a matter of years".

It was of "extreme importance" that the government embark on a programme to educate South Africans on the dangers of AIDS.

"This is both a moral obligation and a material necessity," Ellis said.

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"At the end of the day the government needs to have a clear conscience that it has done all it can to alert the public.

The DP's spokesman on the SABC, Carole Charlewood, said the most powerful medium for changing attitudes — television — was barely being used in SA to educate citizens about the dangers of AIDS.

Public service announcements should be appearing on TV1, TV2, and TV3 at all hours throughout the broadcasting schedule rather than in a few selected advertisements at 11pm, Charlewood said.

"Surely it is no time to be coy when the whole species is in danger."



The MINISTER OF JUSTICE:

The required information is not readily available. In an effort to be of assistance to the Honourable Member it may be mentioned that during the period 1/1/88-31/12/89 no prosecution has been instituted in the area concerned.

**Sexual Offences Act: offences**

57. Mr A J LEON asked the Minister of Justice:

How many persons were (a) prosecuted and (b) convicted of (i) offences under section 14 of the Sexual Offences Act, No 23 of 1957, and (ii) incest during the latest specified period of five years for which statistics are available?

The MINISTER OF JUSTICE: B145E

The information is not readily available in the Department. In an effort to be of assistance to the Honourable Member, the following information was obtained from the Central Statistical Services. *House of Delegates* 22/2/90

Statistics for prosecutions and convictions under sections 14 and 15 of the Sexual Offences Act, 1957 (Act 23 of 1957), are kept jointly. Section 14 and 15 of the Act

Period	Prosecuted	Convicted
1983-1984	400	330

The MINISTER OF EDUCATION AND CULTURE: B84E

2. Mr R M BURROWS asked the Minister of Education and Culture: How many (a) White, (b) Coloured, (c) Asian, (d) Black and (e) other students were registered in 1989 at each university falling under the control of his Department? *House of Delegates* 22/2/90

UNIVERSITY	(a)	(b)	(c)	(d)	(e)
Orange Free State	8 819	186	—	73	—
Natal	8 143	275	2 147	1 593	—
Rhodes	2 922	149	165	443	—
Rand Afrikaans	8 052	377	11	129	—
Witwatersrand	13 962	289	1 422	2 250	—
Port Elizabeth	4 209	385	30	74	—
Potchefstroom	8 361	102	14	240	—
Pretoria	21 654	82	23	116	—
Cape Town	9 960	1 841	425	1 096	—
Stellenbosch	13 269	507	11	40	—
South Africa	56 537	5 319	9 903	41 445	—

The above provisional statistics were obtained from SAPSE table 2.7 and include both undergraduate and postgraduate students.

HOUSE OF ASSEMBLY

HOUSE OF DELEGATES

INTERPELLATIONS

The sign \* indicates a translation. The sign †, used subsequently in the same interpellation, indicates the original language.

General Affairs:

Aids: available statistics

Mr M RAJAB asked the Minister of National Health and Population Development:

Whether there was an increase in the incidence of Aids during the latest specified period of 12 months for which statistics are available; if so, what steps does the Government intend taking in this regard?

D21E.INT

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT: Mr Chairman, 135 Aids cases were diagnosed in 1989, compared to 87 cases during 1988. Up to the end of 1987, Aids occurred predominantly amongst White homosexual men. Since 1988, however, an increase in the number of Black cases has come to our attention, and in 1989 22.7% of cases were Blacks, the main modes of transmission being heterosexual and mother-to-child. Only 12 Coloured and 2 Asian Aids cases have been identified.

Due to the long latent incubation period of the human immuno-deficiency virus, we know that the cases presenting now merely reflect the pattern of exposure approximately ten years ago—in other words, during the late seventies and early eighties.

This means that an increasing number of cases will occur in the next decade, even should no further spread of the virus occur as from now.

Two broad avenues of intervention are possible. The first is that the blood transfusion services are to render blood and blood products as safe as possible—this is being done at a cost of approximately R10 million per year. The second avenue is the education of the population aimed at safer practices.

The two main risk practices are multiple sexual partners, be it homosexual or heterosexual, and the intravenous use of drugs. These practices are

not medical problems but forms of social behaviour which cannot successfully be controlled by legislation but rather by education. Therefore, the responsibility for 90% of the transmission rests with the community and not with a single State department, the State or the private sector alone.

The State is not shying away from its responsibility, but cannot succeed on its own. Therefore the only reasonable chance of success would be if the problem could be addressed by the community itself. Community involvement in the educational programme is a prerequisite to success. The department has launched awareness campaigns and has disseminated knowledge through the media, brochures to the general public and professional groups, such as medical and dental practitioners, as well as the nursing profession. The latter came off the press last week and is in the process of being mailed to all nurses.

However, motivation towards safer practices cannot be achieved only through mass campaigns. A small-group or individual approach is needed. The department has established Aids training and information centres—which are called attics—to facilitate training of individuals from the community to achieve this. Other aspects may also be addressed and the State has established an Aids Advisory Group. [Time expired.]

Mr M RAJAB: Mr Chairman, at the outset, allow me to welcome the hon the Minister to this House. I believe this is the first opportunity she has had to visit us since she was appointed. I am sorry that a matter such as Aids had to be the first item on the agenda, as it were.

I listened very attentively to the hon the Minister and I want to say that the projected position is quite frightening. We know that an independent survey done very recently has found that by next year 18% of all Blacks in South Africa between the ages of 15 and 60 will be infected with the HIV positive Aids virus. It is frightening that this survey has also established that within eight years, half of these people will be dead.

As far as we are concerned, as bad as the problem may be, obviously we who come from Natal are more alarmed than most, because the pattern appears to be that Natal and KwaZulu would be the areas where this growth—if I may use that word—will be taking place. Although

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the Government has obviously afforded top priority to this problem, judging by what the hon the Minister has said this afternoon, what is also frightening is that it has not in my view really addressed the problem correctly.

As the hon the Minister has indicated, education is the key to solving the problem of Aids in this country. If we look at the amount of money we have spent on that aspect last year and compare it, for instance, with the amount of money that was spent in Mozambique—which is a fairly poor country in relation to ours—we shall find that the figures are quite staggering. The hon the Minister knows that we spent something like R5,5 million for that purpose on a population of some 40 million, whereas Mozambique spent approximately R10 million or R12 million on a population of 41 million.

However, the issue needs to be addressed on the level of education. Here I believe the most positive approach that is available is the use of the television services. I would think that that would be our first line of attack. I would advise the hon the Minister to intensify the use of what are called public services advertisements or PSA spots. One could do this constantly. [Time expired.]

**THE MINISTER OF EDUCATION AND CULTURE:** Mr Chairman, I would like to take this opportunity to welcome the new hon Minister—a female Minister at that, and the only bright spot, I think, in the Cabinet!—most sincerely in the House of Delegates. We are delighted to have her here. I am sure that being a female partner in the Cabinet will contribute to her devoting all her energies to this most devastating disease which is now sweeping across our country. I am sure that in one way it is also a blessing to all womenfolk. However, at least it will make our men honest. Aids is a scourge that we cannot take lightly.

In 1988 F P Eloff said that there were 135 cases in just one year. This is terrible. Despite the fact that the Asian group represents the smallest problem in this area—there was only one such case in that year, while there were 112 White, 18 Black and four Coloured cases, making a total of 135—nevertheless, we are not going to be complacent about this and will definitely address ourselves to the educative point of view. Education must now play a leading part in the attempt to stem this deadly disease which stalks the most

HOUSE OF DELEGATE.

active of our population, our youth—and in particular those who are most active in whatever spheres.

The point is that today we must not only leave it to the educative sphere, but also enter the area in which the President of the United States of America is taking a leading role—the combating of drugs. Drugs surely also play a tremendous role in propagating and increasing the incidence of this particular disease.

**DR M S PADAYACHY:** Mr Chairman, I, too, would like to take this opportunity to extend a very warm welcome to the hon the Minister in our Chamber.

Emanating from the hon the Minister's reply, could the hon the Minister enlighten us about the control of Aids? Up to a year ago there were no vaccines or curative drugs available. The control of Aids was based upon purely preventative measures against exposure to the virus. Has the position changed in any way?

**MR M RAJAB:** Mr Chairman, earlier I was making the point that more effective use should be made of our television channels. I was pleading that the hon the Minister should make more use of spot advertisements. Last year or the year before, there was a very good programme on Aids, which was shown once. I think it was hosted by a colleague of mine, the hon member for Umbilo in the House of Assembly. Perhaps one could use this more frequently.

We must not forget that in the final analysis it is not only our moral duty to ensure that we do something positive about this phenomenon, but it is also certainly in the interests of our economic well-being to address this problem very quickly. It will affect our production and our consumption. It will affect the whole economy. Therefore it makes pretty good sense that we take positive steps in this regard.

Before I resume my seat, may I also plead with the hon the Minister to address the problem that there seems to be, certainly amongst the Black population—namely, a certain aversion to or suspicion about the use of condoms. One could possibly address that problem as well. [Time expired.]

**THE MINISTER OF HEALTH SERVICES AND WELFARE:** Mr Chairman, as the line function Minister I too would like to welcome

Conclude pp. 137/138-P

the hon the Minister of National Health and Population Development.

Not a single community is immune to this dreaded disease. All of us in South Africa are concerned about this problem. Aids is not coming—it is here. This is a disease with extensive social and ethical ramifications, in addition to its pathological implications. The increase in the number of pregnant Black women testing positively from 47 in every 100 000 in May 1987 to 217 in every 100 000 in May and June 1989, is alarming. As was indicated here, 50% to 70% of the work force could be wiped out.

Migrant workers on the mines are not the only problem—airlines and hauliers are too. There is no practical way to seal these borders. Much time has to be spent on tests. Even here tests do not allow all carriers to be identified. It is too expensive and time consuming and this country will not be able to afford that kind of money. I wish to say that Aids has the potential to develop into the greatest disaster that has struck mankind in many centuries.

If Aids is not controlled, it can destroy our economy. As I have said, it is predicted that between 50% and 70% of the Black labour force in South Africa could be dead. It has the potential not only to destroy social, political and other structures, but also to cause economic chaos in this country.

The solution is not going to lie in legislation, as many people have said. In fact, legislation would only drive the problem underground, because people will start to run away from it. However, an active educational programme may effect a change in the lifestyle of people. I believe that we have to look at such a programme for South Africa.

**THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:** Mr Chairman, there is no vaccine available for Aids

at this stage and we know of no cure for it. That is part of the problem.

We have spent R1 million on educational material. I believe that this is also the responsibility of the educational departments. I would like to stress the fact that both the public and private sectors will have to bear the consequences which Aids may have on the RSA. The private sector therefore has a very real responsibility in assisting in the control of the spreading of the HIV virus.

I would like to stress that one cannot control it by legislation or any measure that the State might take. I think it is necessary for private enterprise to have an employment policy on HIV carriers or Aids sufferers, based on realistic and sound scientific principles. It is also important that all workers should be educated on the basic aspects of HIV infection and how it could be prevented. Individuals could be identified for specific training at Aids training centres. We have these information centres in some of our big cities in South Africa.

The message that we must get across is that people should understand the essence of this disease. I think it is also our responsibility to see that condoms of good quality are made available. My department is responsible for the distribution of approximately 25 million condoms. There is a dire need for well co-ordinated, active private sector participation in the Aids control programme. This is essential in preventing duplication of effort. It would also ensure optimum utilisation of scarce resources.

To meet this need, a national Aids foundation is in the process of being established by the private sector. Such a foundation will function independently of the public sector and deserves the support of all private enterprise. We view this problem in a serious light and we are doing everything in our power to combat it.

Debate concluded.

HOUSE OF DELEGATES



# TRUCKERS RUN A BIG AIDS RISK

EDWARD WEST <sup>42</sup>

AT LEAST half of 225 staff members with a Durban-based transport firm, which sent trucks to Malawi regularly, were found to be infected with the AIDS virus, AIDS Economic Research Unit (AERU) spokesman Keith Edelston said yesterday.

Edelston said in central Africa one of the main routes for the spread of the virus was along major international trade routes. A large proportion of drivers entering SA from these routes were infected.

Edelston said tests done at a Malawi transport firm showed 48 out of 52 drivers were infected with the virus. <sup>3154 20 298</sup>

Edelston said the AERU wanted to get together with private transporters and the Road Freight Association to put together a strategy to address the AIDS problem but transport unions were not prepared to participate.

The Road Freight Association could not be reached for comment yesterday.

Aids Training and Information Centre head Dr Ruben Sher said he did not necessarily agree with AERU statistics, but confirmed international truck routes were a major mechanism contributing to the spread of the virus.

Sher said SA drivers travelling into central Africa were often aware of the danger of AIDS but the main danger lay with drivers from central Africa resorting to prostitutes in SA.

Transport & General Workers Union spokesman Jane Barret said the union was doing training with regard to the AIDS problem.

...die in batt



# Aids to 'wipe out' work force

CMP 7/25 19/2/90 92

**Buthelezi to meet Mandela in bid to heal rift**

**DURBAN.** — Mr Nelson Mandela and Chief Mangosuthu Buthelezi will meet soon, a statement at the weekend by the Inkatha leader said. The planned meeting has been confirmed by ANC sources. Chief Buthelezi's statement comes after he and Mr Mandela clashed over the reasons for the UDF. Inkatha fighting in Natal. Mr Mandela had said there was evidence that police were helping Inkatha against the UDF. Chief Buthelezi issued an angry denial on Friday, saying Mr Mandela had not contacted him "to check my side of the story". The weekend statement says Mr Mandela did telephone Chief Buthelezi on Saturday. "This was a courtesy I greatly appreciated," Chief Buthelezi said.



**JOHANNESBURG.** — Between 50% and 70% of South Africa's black labour force will be wiped out by Aids or will be carriers of the HIV virus by the turn of the century, according to the Aids Economic Research Unit (Aeru).

**Own Correspondent**  
The Aeru spokesman, Mr Keith Edleston, also claimed in an interview that by 1995 paediatric Aids would halt SA's population growth. According to his projection, managers of labour-intensive companies who count on having a full labour complement by the end of 1996 were exposing their organisations to risk. Aeru is an independent task group set up after SA's first Aids conference in 1987. Members include university professors and private economic and financial consultants. Mr Edleston said in the best scenario at least 50% of SA's black population would be infected with Aids between 1996 and the year 2000. At worst 70% would have Aids by then. "Allowing ourselves to be financially destroyed by a development which gave ample warning of its impending impact is sheer lunacy." Mr Edleston claimed about 1% of SA blacks were already infected with HIV and would develop full-blown Aids within five to eight years. The number of people infected with the virus in the country would double every six to eight months in coming years. While it is impossible to exactly predict the spread of Aids, there is no excuse for failing to address clearly identified trends, he said. Aids will push the US economy into depression by the turn of the

century, if not sooner, he said. In First World economies Aids will reduce the demand for goods and services by increasing the dependency ratio. With more people who are still able to produce, buying power falls. The effect of Aids is slowed down in a Third World economy where large pools of unemployed people can be brought in to replace workers lost to Aids. However, eventually Aids reduces the Third World economy's ability to produce as it kills off the population.

**'Opportunities'**  
Ironically there were economic opportunities for companies in SA who planned for the possible impact of the Aids epidemic, Mr Edleston said. Local companies who become more capital intensive in the next eight years would be able to produce a greater percentage of the world's reduced demand for raw materials. "They will be able to increase their market share because the Third World's ability to produce will be severely diminished." He said SA should step up import replacements and exports, particularly to the Far East which would not be affected by Aids. A local Aids expert who did not wish to be quoted for professional reasons, told the Cape Times last night that Mr Edleston's estimates seemed to extrapolate on available data without allowing for education, new vaccines and therapy. "The present estimate is 35 000 to 40 000 South Africans infected with the HIV virus. His estimates seems a bit extreme but the man is widely respected," he added. "He's looking at the worst scenario in an unchanged position," he said. ● 195 Aids patients seen last year — Page 5



'Blatant right-wing racism' (92)

# Mystery pamphlet on Aids slammed

By Toni Younghusband,  
Medical Reporter

A pamphlet on Aids which is being distributed in the Roo-depoort and Randburg areas by a mystery organisation has been slammed as blatant right-wing racism by leading medical experts.

Professor Ruben Sher, head of the SA Medical Research Council's Aids Centre, said the sensationalistic content of the pamphlet was not scientifically substantiated and was based on a host of misconceptions.

The three-page pamphlet, apparently printed by an organisation calling itself Aids Information Distributing Society, calls on whites to "save the white race from extinction" by distributing the pamphlet to friends

and family.

It claims toilet seats, swimming pools, multiracial hotels, multiracial churches, jacuzzis and even communion wafers handed out by hand can spread the Aids virus. Multiracial hotels and restaurants are described as being particularly "high risk".

## Kissing

The pamphlet says elderly couples and parents and children whose only form of contact has been kissing are known to have infected one another with the Aids virus.

Professor Sher said: "Utter rubbish. There is no medical or scientific evidence to suggest any of this."

The pamphlet also questions

health authorities' claims that Aids cannot be transmitted by insects such as mosquitoes and fleas.

Said Professor Sher: "It is scientifically accepted that some diseases are transmitted by insects but Aids is not one of them.

"There are not enough virus particles in the blood borne by mosquitoes or any other insects to infect anyone. Do mosquitoes only bite sexually active people?" he asked, pointing out that Aids was primarily a disease of the sexually active.

Under the heading: "Measures to take to avoid Aids", the pamphlet suggests you have your black servant tested monthly to safeguard your family.

"This is a blatant racial slur," said Professor Sher.

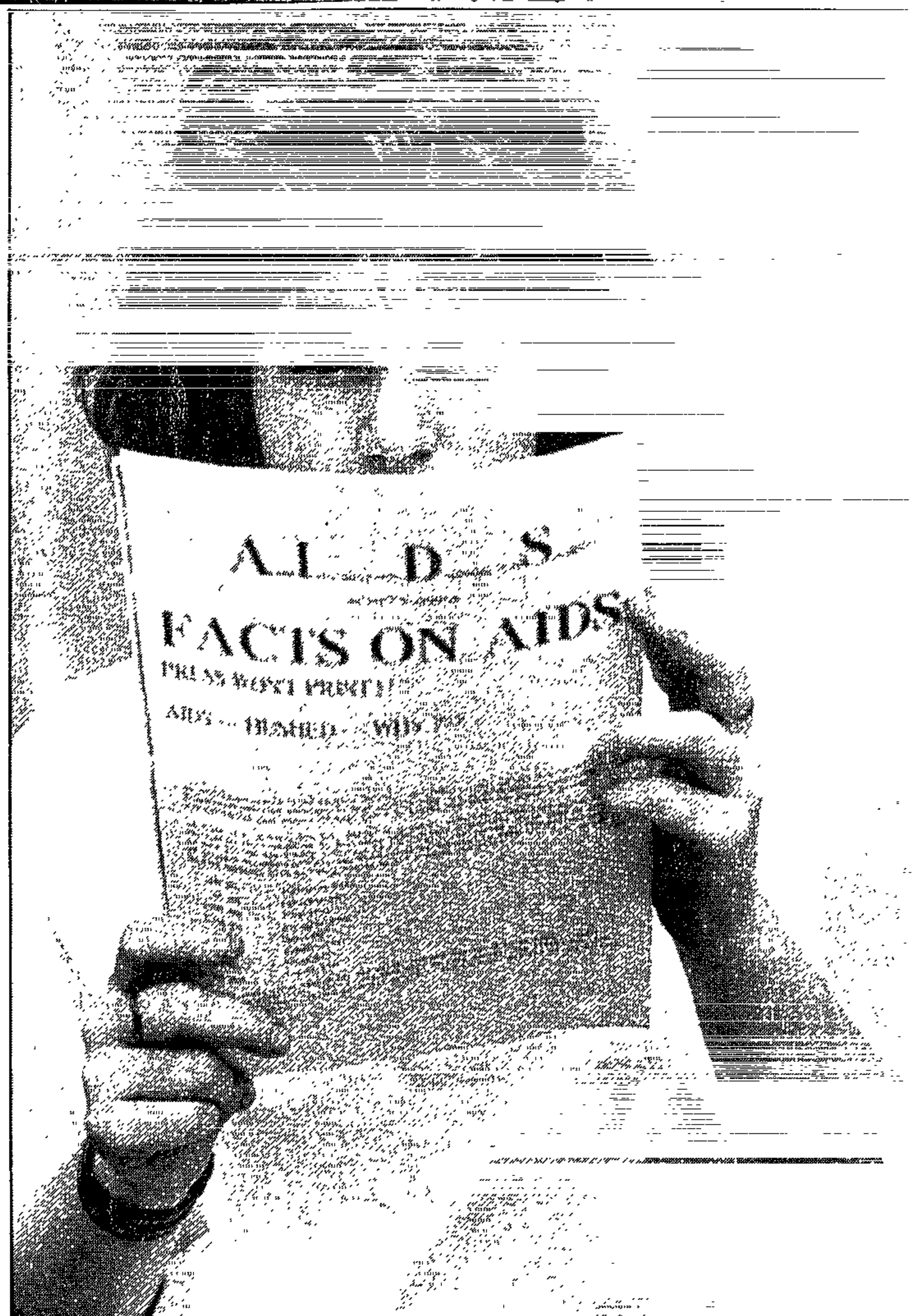
"In black communities where you may find many people living in the same house or environment there has never been a reported case of infection."

The pamphlet also says the Aids virus can only be destroyed at a temperature higher than 169 F and that no known chemical substance can kill it.

"That's absolute rubbish. The ordinary household bleach will easily and effectively destroy the virus," said Professor Sher.

Dr Dennis Sifris, head of the Johannesburg Hospital's HIV Clinic, called on members of the public to ignore the pamphlet's "obviously ridiculous" content.

"It's obviously put out by an extreme lunatic fringe group who are trying to scare everyone. I just hope people have enough sense to realise that this pamphlet is being produced by people who are totally over the top," he said.



A group calling itself Aids Information Distributing Society of SA is appealing to the public to distribute copies of a circular, being read here by Miss Christine Nesbitt. The pamphlet, which the facts about the virus are being covered up. Experts say the pamphlet is unfounded rubbish.



# Aids raises some thorny legalities

92 Sowetan

19/01/90

THE advent of the Aids epidemic has raised some thorny legal issues such as the provision for compulsory medical testing, according to the Unisa law academic, Professor SA Strauss.

One such issue, Strauss said, is that if a medical officer of health suspects a person to be a carrier of a communicable disease, he may instruct that person to subject himself to a medical examination.

Unlike the position in the United States of America and other countries, Aids is not a notifiable disease in South Africa under the Public Health Act 63 of 1977.

## Changes

The Medical Association of SA (Masa) initially recommended that Aids be made notifiable, but subsequently changed its policy.

In a statement issued in May 1988, Masa said it seemed the greater part of the international community was not in favour of counter-productive, as possible sufferers might be reluctant to come forward.

Another important regulation relates to diseases which can classify foreigners as "prohibited" under the Admission of Persons to the Republic Act.

The Act empowers immigration officers to require *inter alia* that those suspected of carrying the HIV infection are not entitled to be in the country and to submit to a medical exam-

## HEALTH NEWS



By MOKGADI PELA

ination where there is suspicion that the person concerned is afflicted with a listed disease.

Strauss said another issue was the testing of blood donors for Aids had become standard country-wide.

If a recipient of blood were to contract an infectious disease, he would be able to hold liable the donor, or the blood transfusion service, or hospital authority, or medical practitioner or nurse involved in the testing, labelling or infusion of blood, only if he can prove negligence.

## Cases

One or two cases of patients who contracted Aids as a consequence of a transfusion of contaminated blood have been reported in South Africa, Strauss said.

On the question of whether a patient should be informed that he would be tested for HIV, Strauss said legal opinion was divided.

However, he holds the view that a doctor is required to inform

the patient, because by so doing, the patient's own interest as well as those of society will be served.

He said employers could not simply fire a worker because the latter suffered from an incurable infectious disease.

He said a real area of concern for Aids patients was the discrimination and fear within the medical fraternity itself.

Strauss said that if a patient was refused health care on grossly unreasonable grounds and it can be proved that his life would have been saved had he been admitted to the hospital

and medically treated, his dependants might be able to sue for damages.

Strauss said a patient was not free from blame either.

## Dangers

"A person who knows that he has Aids and indulges in sexual intercourse with someone who is unaware of his condition, will in South Africa at the very least, be guilty of *crimen injuria*.

"But an eventual charge of culpable homicide, attempted murder or even murder, is not altogether inconceivable," Strauss said.



# Two killed in suspected meningitis outbreak

92  
Soweto  
22/11/90

TWO three-year-old children died in Soweto last week in what is believed to be an outbreak of meningitis.

A spokesman for Baragwanath Hospital said the hospital authorities could not confirm the exact cause of the outbreak. However, he advised the community to take their children to the nearest doctor or clinic if they showed symptoms of the disease.

## Coma

The dead infants were Thomas Mabuya of 600A Naledi and Coreen Santlo of 584B Naledi.

Thomas was admitted to Baragwanath Hospital on Monday in a coma and died the next day. Coreen is reported to have died on his grandfather's lap last week.

The Baragwanath spokesman said parents should look out for the following symptoms:

\* A sudden onset of an infection on the brain usually associated with severe headaches, rise in temperature;

\* Vomiting, fits or drowsiness which may also lead to a coma;

\* Rash on any part of the body;



**Victim Thomas Mabuya.**

The spokesman said most types of meningitis were not infectious but there were exceptions. Meningitis which is contagious is common in closed communities like hostels, squatter camps and army barracks.

He said outbreaks of meningitis occurred from time to time. A few years ago there was an extensive epidemic in Brazil with heavy fatalities. The cause of the epidemic was meningococcal meningitis (some form of bacteria).

He said any form of meningitis if timeously noticed, could be treated with the use of antibiotics.

# 'Racist' Aids pamphlet slammed by virus experts

The Argus Correspondent

JOHANNESBURG. — A pamphlet on Aids distributed in the Roodepoort and Randburg areas by a mystery organisation has been criticised as blatant right-wing racism by leading medical experts.

Professor Ruben Sher, head of the SA Medical Research Council's Aids Centre, said the sensationalistic content of the pamphlet was not scientifically substantiated and was based on a host of misconceptions.

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churches, jacuzzis and even communion wafers handed out by hand can spread the Aids virus. Multiracial hotels and restaurants are described as being particularly "high risk".

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"Utter rubbish," Professor Sher said

Dr Dennis Sifris, head of the Johannesburg Hospital's HIV Clinic called on the public to ignore the "obviously ridiculous" pamphlet.

"It's obviously put out by an extreme lunatic fringe group who are trying to scare everyone. I just hope people realise the pamphlet is being produced by people who are totally over the top."



CAM Trans 2/12/90 (92) X

## Aids 'high on govt's priority list'

Staff Reporter

THE government has "accorded a very high priority" to Aids, according to a statement from the Ministry of National Health and Population Development.

But, while the statement agreed with Mr Mike Ellis, the DP's health spokesman, who said it was of extreme importance that the government embarked on a programme to educate South Africans on Aids, it claimed this had "to date not been possible".

## Shock for SA in new Aids report

By WILLEM STEENKAMP

ONE in every 100 black South Africans is reported to be carrying the immuno-deficiency virus, HIV, which leads to Aids — and the rate of infection is doubling every eight-and-a-half months, according to an authoritative survey.

"This disease will have a profound impact on SA's progress in nation-building," warns the survey, which pinpoints Natal and Kwa-Zulu as the most seriously affected areas.

### Suspicion

Factors contributing to the spread of the disease include:

- The suspicion most black South Africans have of contraceptives.

- The fact that SA, "and especially its at-risk African population", is "cut off from traditional international support for preventing the spread of this disease by education.

- The relatively small-scale and ineffective anti-Aids educational programmes in the country.

The survey is based on figures garnered from the testing of 4,7m South Africans, representing 11,75% of the total population.

By 1992, the survey predicts, an estimated 18% of all sexually active SA blacks between 15 and 60 will be HIV-positive, with half of all those infected dying within eight years.

### Shocking

Among the shocking facts quoted are:

- The major sources of new infection in the Republic are truck-drivers who move between SA and Malawi.

- About 1% of all sexually active black females in SA over 14 are HIV-positive.

- In late 1989 an overall 6% of Durban's prostitutes tested HIV-positive. Of these, 16% of those under 19 were infected.

- Figures for black pre-natal clinics showed that in Durban 0,82% of patients who booked in tested positive.

# Insurers pay R6m in AIDS claims

THE number of AIDS claims to life assurance companies has risen 50% since 1984 and more than R6m has been paid out in this period.

Figures revealing the exponential rise in AIDS claims were released for the first time yesterday.

And Dr Ruben Sher, head of the AIDS Centre, disclosed that in 1989 (until December 15) 72 people had died of AIDS while 134 new cases were reported. This brought the total death toll since 1982 to 174 and the total number of cases to 305.

"There have been many heterosexual cases. The disease is spreading into the heterosexual community," Sher said.

Since 1984, 55 AIDS claimants with a total of 99 policies have lodged claims, according to Jakes Greyling of Mercantile & General Reinsurance of SA who compiles national statistics for the industry.

LINDA ENSOR

There was one policy in 1984, two in 1985, seven in 1986, 11 in 1987, 27 in 1988 and 51 in 1989.

Greyling said the exponential rise in the figures was worrying the industry.

Of the 99 policies on which Aids claims were based, 77 were life policies, 13 were disability policies on which a lump sum is paid and 9 were personal health insurance (PHI) policies.

Greyling said that of equal concern to the industry was the term of the policies. Life policies are expected to endure 20 years to get a return, but the average term of the 99 policies was 4,43 years. Nineteen had been in force for less than one year, 18 for less than two years and 14 for less than three years.

12/11/90



# The big AIDS deception

SCIENTISTS examining satellite photographs taken over Central Africa noticed a curious phenomenon. Several formerly prosperous villages in Zaire had been deserted and bush was already encroaching on the roads leading to ghostly circles of abandoned dwellings.

Further investigations revealed that AIDS was the monster that had caused the villagers to flee in panic into the bush — leaving their dying behind them.

The researchers, from the World Health Organisation, then turned their attention to Uganda. There the picture was similarly "clear and awful" with more deserted "AIDS villages".

Entire towns were heading for a similar fate — in Kasensero, for instance, one in every four inhabitants had already died and nearly all those still alive were infected with the disease known as "Slim".

Kenyan prostitutes on the streets of Nairobi were tested — and not one was found to be free of the virus.

It has only recently dawned on Western AIDS agencies that African nations are guilty of grossly and shamelessly under-reporting their AIDS casualties, often to avoid loss of face and keep the tourist dollars flowing.

Piecing together the evidence, independent researchers have painted a grotesque picture of a continent dying of AIDS.

The most frightening projection of all has come from WHO itself which believes the virus could claim half Africa's population within the next 10 years.

The SA AIDS Economic Research Institute predicts the disease will cause a huge population vacuum in central Africa by the mid-1990s, causing all mineral production to cease.

"AIDS is everyone's problem," say the posters lining the avenues of Harare. But the next line is the

92  
**Tony  
Nicholson**

says Africa is cynically  
deceiving the world on the  
true extent of AIDS

telling one: "Jesus Christ — the only hope".

The implication is one increasingly heard in Africa — that short of divine intervention the continent is lost to AIDS.

Five years ago Zimbabwe's blood transfusion service was proud to become the third in the world to screen blood for the HIV virus. Now the nation leads the continent in the great African AIDS deception.

## Collapse

Two years ago Zimbabwe decreed that the official death toll be *reduced* from 380 to 119. Nearly all research was halted. There are reports, officially denied, that sufferers are confined to AIDS concentration camps near Lake Kariba.

All reference to AIDS on death certificates is banned and blood transfusion services are under orders not to release HIV statistics because these are "state secrets".

Western agencies believe up to a million Zimbabweans are seropositive — a quarter of the nation's adults — and have warned that the country faces economic collapse by the end of the next decade.

"It's an internationally-held opinion that statistics from many African countries are huge under-estimations," says South African AIDS expert, Professor Ruben Sher. "Only 10 percent of cases in Africa are being reported." Who

has no choice but to accept statistics provided by reporting nations — many of which are up to a year late and subject to each nation's prejudices. Thus late last year WHO announced there were 33 000 sufferers in Africa.

This is an amazing distortion of the true picture. Malawi, one of Africa's smallest countries, is estimated to have a seropositive population at least TWICE the size of the official total for the entire continent.

In Africa there is a surprisingly widespread belief that AIDS is an invention of the church aimed at curbing sexual freedom. This led to a popular quip that SIDA, the French acronym for the virus, stood for Syndrome Imaginaire pour Discourager les Amoureux.

In the Zairean cabinet, jokes about AIDS were once rife. But they suddenly stopped when a senior Cabinet minister died of AIDS — along with his wife and mistress.

Further south, three Zambian Cabinet Ministers died within a year from causes never publicly revealed, but widely rumoured to be AIDS. Then President Kenneth Kaunda publicly admitted that his fifth son had died of the disease.

There is strong evidence that AIDS originated in Africa, whether or not one believes the green monkey theory. Nevertheless, African nations — with the possible exception of Uganda, Zaire and Zambia — still often hold the belief that AIDS is a white man's disease.

"In the US they said AIDS was from Haiti," says Renee Sabatier of London's Panos Institute. "In Haiti, they said it was from Africa. In Africa they said it was a disease of the degenerate West."

The truth is no one knows where AIDS came from. But it is here and there is no cure. It's time all African nations admitted an epidemic is sweeping the continent.

2/11/90  
5 TIMES

NEW YORK — By the end of the 1990s, Aids may not be curable but it is likely to become a manageable chronic disease that doesn't shorten life expectancy, a leading US government Aids researcher has said.

Stacy 2/11/90  
"I have a good deal of confidence that we can look forward to the 1990s as the kind of a decade where that goal can be realised," said Dr Anthony Fauci, director of the national programme to test and evaluate new anti-Aids drugs. He spoke at the New York-Italy Medical Symposium in New York.

Learning to manage and control Aids is not the same as curing it. The treatments of the 1990s will probably have to be continued for life in people infected with the human immunodeficiency virus, or HIV, that causes Aids, he said.

Dr Fauci is the director of the National Institute of Allergy and Infectious Diseases in Bethesda, Maryland, one of the US National Institutes of Health. The institute operates a national Aids drug-testing programme in which some 10 000 people are subjects in experimental tests at 46 medical centres across the United States.

Dr Fauci said he based his optimistic prediction for the 1990s on the growing understanding of the workings of the Aids virus, the success in Aids treat-

## Experts 'likely' to harness Aids

ment so far, and a philosophical shift in the way the US government makes new drugs available.

Until now, Aids drugs have been developed largely by screening available substances for possible antiviral activity, he said. The increasing understanding of how the virus infects cells, kills them and reproduces is leading to new drugs aimed directly at each of those steps in the virus' growth, Dr Fauci said.

"Already, there are several drugs ready to go into (human) clinical trials that have been specifically tailored to HIV," Dr Fauci said.

Dr Fauci said researchers scored several successes against Aids during the 1980s.

First, they improved care of the sick. In 1985, less than 40 percent of people diagnosed with Aids survived 18 months. By 1987, 60 percent lived at least that long after diagnosis, Dr Fauci said.

Second, researchers discovered that treatment could be helpful in people who are infected with HIV but have not yet become sick. For example, drugs to protect against pneumocystis carinii pneumonia, an

often fatal Aids complication, can now sharply reduce its frequency.

AZT, the current mainstay of treatment in people sick with Aids, has been shown to significantly delay the progression or onset of symptoms in people infected with HIV but not yet sick.

There are now "hundreds of thousands who can benefit from early intervention," Dr Fauci said.

Third, the US government has decided to relax its grip on experimental drugs in cases where the drugs offer hope to people whose lives are threatened and who have few other options, Dr Fauci said.

He was referring to the so-called "parallel track" programme, in which promising experimental drugs are made available to patients who need them before experiments have conclusively determined their effectiveness.

"This is a philosophical change that needs to be integrated into our way of thinking," he said.

It means the US government will not be able to guarantee the effectiveness — or the safety — of those drugs, Dr Fauci said.

The responsibility for accepting the increased risks associated with such drugs "is going to shift to the individuals taking the drugs," he said. — Associated Press.

But, crucially, while insisting that President de Klerk would have to

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tribune is

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# Aids 'may become manageable'

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NEW YORK — By the end of the 1990s Aids may not be curable but is likely to have become a manageable chronic disease that doesn't shorten life expectancy, a leading US government researcher has said.

Dr Anthony Fauci, director of the national programme to test and evaluate anti-Aids drugs, told a New York-Italy Medical Symposium here: "I am confident we can look forward to the 1990s as a decade where that goal can be realized."

He said learning to manage and control Aids was not the same as curing it. Treatments of the 1990s would probably have to be continued for life in people infected with the virus.

Fauci said he based his optimistic prediction for the 1990s on the growing understanding of the workings of the Aids virus, the success in Aids treatment achieved so far, and a philosophical shift in the way

the US government made new drugs available.

Until now, Aids drugs had been developed largely by screening available substances for possible anti-viral activity, he said. The increasing understanding of how the virus infected cells, killed them and reproduced was leading to new drugs aimed directly at each of those steps in the virus' growth, Fauci said.

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## Improved care

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60% lived at least that long after diagnosis, Fauci said.

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# Medical schemes wary of AIDS claims

TANIA LEVY

MEDICAL aid schemes with unlimited liability will be crippled if more than 10% of their members get AIDS.

Medscheme deputy MD Les Hollis said that initially there had been a "rash of conservatism" among medical schemes, with many introducing specific restraints on payouts to AIDS patients, including the R100 legal minimum.

Medscheme administers 34 schemes with one million members.

Now, said Hollis, most of its schemes had introduced category sub-limits and overall annual limits of between R10 000 and R15 000 for all members, including those with the AIDS virus.

He said many schemes were trying to be as liberal as they could towards AIDS sufferers but at the same time

had to be careful not to cripple the entire scheme. Very few had left their liability open-ended.

A number of medical schemes have limited their annual payout for AIDS treatment to less than R500.

Medical Schemes assistant registrar Danie Kolver said a number of schemes had reduced liability to AIDS sufferers to the legal minimum.

In terms of the Medical Schemes Act any member of a registered scheme — including someone with AIDS — is entitled to a minimum R100 a year for each of five medical service categories including medicines, hospitalisation, physiotherapy, doctors and dentists bills.

He said it was difficult to say how many of SA's 250 registered schemes

had applied this or other limits to benefits for AIDS treatment.

Kolver said no scheme had introduced a clause specifically limiting the payout for AZT, the only drug used to treat AIDS at present.

Affiliated Medical Administrators (AMA) chairman Tony Leveton said most societies placed an annual limit — ranging from R2 000 to R5 000 — on medicines. This amount would be used up quickly by someone being treated with AZT, which costs between R500 and R800 a month.

The drug costs R537 for 100 capsules, and dosages vary from three to five capsules a day.

Leveton said none of AMA's 10 medical societies, representing 185 000 families, had adopted specific restrictions on benefits to members with AIDS.

29/11/92  
18:00



810 414190 (92)

# Experts warn that AIDS could spell economic disaster

DANIEL FELDMAN

AIDS will have a devastating impact on the world's economy within a decade, according to several speakers at an AIDS in industry symposium yesterday.

AIDS Economic Research Unit head Keith Edleston said Third World countries particularly would suffer from AIDS as they were labour-intensive, and the disease would greatly reduce the number of eligible workers. Mines, construction companies and heavy industry corporations could be especially hurt by the epidemic.

However, he said the labour shortage would not be seen in SA for a few years as there was high unemployment and the incubation period for people with HIV was several years.

Edleston forecast that if 2% of the population required treatment for AIDS there would be a 10.6% drop in industrial production; a 16% decrease in consumer durable production and; a 32% decline in corporate profits. These figures were calculated on companies' loss of labour, declining markets for products and the cost of AIDS medicines for employees.

But most medical experts believed far more than 2% of any population would require AIDS treatment. Doctors said yesterday they expected at least 45% of SA's black population and 12% of SA's white population to be HIV-positive by 1998.

Edleston believed SA would experience a deep recession if 5% of its population

required AIDS treatment; a depression equivalent to the one in 1933 if 10% needed treatment and; complete economic collapse if more than 12% needed treatment.

Imminent economic disaster could also be expected in other parts of Africa, Europe and the US by the end of the decade, Edleston said. Central Africa in particular would suffer.

Economist George Bawell agreed with Edleston, saying "in the very best-case scenario the world will experience a prolonged economic retrogression due to AIDS, and could — in the worst-case scenario — experience complete economic collapse".

One of the few ways to combat the looming economic disaster was for companies greatly to increase electronic control systems and robotics in an attempt to mechanise jobs performed by people.

□ A National Health and Population Development Department spokesman, denying media allegations that the department was withholding information on AIDS, said yesterday official estimates of HIV-positive cases among blacks ranged from 317 000 to 446 000 by the end of 1991.

The findings of researchers were, however, of a preliminary nature and — while the threat of AIDS was enormous — issues surrounding the disease should not be politicised, he said.

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# Aids threatens world economy

81 Times 11/1/92 (92)

By Robyn Chalmers

THE spread of Aids, estimated to affect about 1.1-billion people by 1992, could plunge the world into economic depression.

Aids economic research unit head Keith Edelston told a conference in Johannesburg this week current trends indicated that the number of victims of the disease was doubling roughly every 12 months in the West.

Breaking down the 1.1-billion figure — a World Health Organisation (WHO) projection — National Institute for Medical Research head Reuben Sher said Africa would be hardest hit by the disease.

"Africa will have 575 000 cases, 425 000 in America, 5 000 in Asia, 100 000 in Europe and 6 000 in Australia and New Zealand. But these figures are only a very rough estimate."

Mr Edelston said Aids would hurt the labour-intensive Third World economies by reducing the number of workers.

"Where there is substantial unemployment, the full ef-

fects will be postponed. But as trained staff are replaced by the formerly untrained, recruitment and training costs will rise and productivity fall.

"As production and turnovers decline, profits fall even faster and a domino effect impacts right through all sectors of the economy."

Mr Edelstein said less tax being paid to governments would hamper their ability to provide vital services, damaging the infrastructure.

In First World economies, demand would eventually fall along with numbers, but initially the big cost would be medical.

"Profits always drop more dramatically than turnover. Falling profitability means staff laid off. Unemployment will rise, interest rates will climb."

In a typical Western economy, he said 2% of the population needing Aids treatment would result in a fall in industrial production of about 10% to 11%, with consumer durable production down by 16%.

... use a similar





Demand and supply ... a nurse hands out condoms after a performance of an Aids awareness play

HEALTH workers have turned into actors in an imaginative attempt by the Johannesburg City Health Department to teach people about Acquired Immune Deficiency Syndrome (Aids).

For the past six months, the City Health Acting Troupe, a team of six performers, have staged a simple, lively play about Aids before 15 000 people in factories, clinics and squatter areas.

The plot is straightforward enough: people who have learnt about Aids and how to prevent it start teaching those who haven't; then love blooms in a disco, wilts a little when man belts woman for insisting he use a condom, but blossoms in the end.

Within that simple framework, the actors — all health workers — deal with some complex issues.

"We started off with a skeleton script and then workshoped the scenes from there," says Dr Clive Evian, one of the initiators of the project. "That process involved us coming to grips with the issues ourselves."

w/Man 5/4 - 11/4/90

## A new stage in Aids (92) awareness

**A theatrical approach to teaching people about Aids has helped health workers to communicate complex issues in a simple way.**

**JOHN PERLMAN reports**

But the play has been undergoing changes. Adjustments are made for certain kinds of audiences — for a recent performance in a squatter area near Klerksdorp, scenes showing women at work were changed to show women doing their washing. "Most of the women didn't have jobs," says Gracia Ramasea, one of the performers and a registered nurse.

The performers, none of whom had acted before, continue to improvise as they go along. "The dia-

logue depends on how you feel," says Raymond Mothaba, a regular preacher in his church.

"I am always adding this or that to improve the play and make it more enjoyable," he says.

But the most important factor changing the play is the audience response. After each performance a question session follows, sometimes lasting up to two hours.

"Certain questions keep coming up time and again, and these have been gradually incorporated back into the play," says Evian. "People's anxieties are often dealt with early on — they don't have to sit through the play thinking about them."

The play, which is staged in either Sotho, Zulu or English, is certainly frank: "You can't talk about Aids without talking about sex," says Evian. But care has been taken to avoid being judgmental.

For example, one of the male characters, urging his friend to practise safer sex, puts it thus: "For people like you and me who sleep around, we must use condoms."



CHE Times 5/4/90

# 1991 black HIV estimate given by govt

Staff Reporter

BY the end of 1991 an estimated 446 000 blacks in South Africa will be infected by the human immuno-deficient virus (HIV).

These figures were released by the Department of National Health and Population Development yesterday, in response to recent media reports which alleged that the department was withholding information regarding Aids from the public.

At the end of last year about 55 000 South Africans were infected with the virus, while 3 431 of these cases had been reported to the department on a voluntary and anonymous basis by early last month.

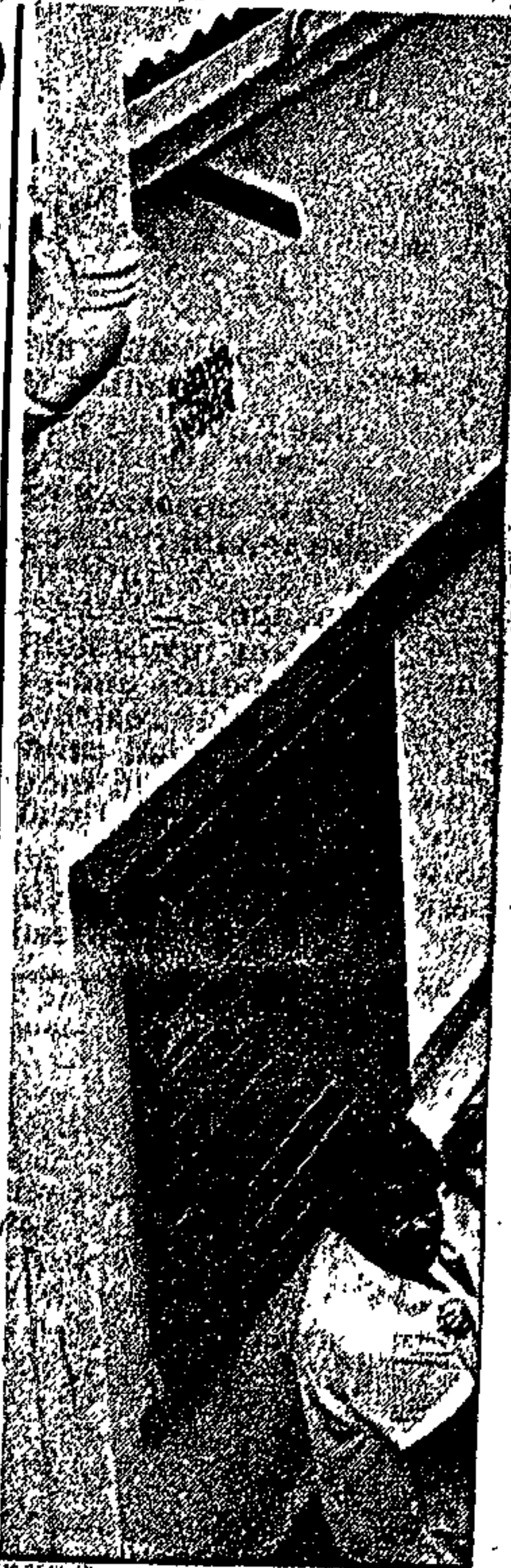
The statement stressed that researchers involved in the survey em-

phasised the lack of representative data and the preliminary nature of their findings.

"The first South African cases were diagnosed in 1982, indicating that infection could have occurred 10 years earlier and that HIV has been present in the country since 1972," the statement said.

"In the light of these projections it cannot be over-emphasised how serious and enormous the threat is. At present there is no cure for Aids and no vaccine exists to safeguard healthy people against contamination."

The statement stressed that knowledge about how Aids is spread and appropriate precautions are the only efficient means to prevent the disease.





# Soaring Aids figures

OWN CORRESPONDENT

DURBAN — Nearly 550 people in Natal tested positive to the Aids virus in January and February, according to Mr Tino Volker, MEC for hospitals, in a shock disclosure to the Extended Committee of Parliament in Maritzburg this week.

"Currently HIV positivity is grossly underestimated and the national statistics are hopelessly inadequate," Mr Volker said.

"Heterosexual aids is increasing rapidly in Natal and the health resources and budget will consequently be put under even greater stress." In January, 267 people of all races in Natal tested positive for Aids, and 282 in February, he said.

Mr Volker told horrified MPs that there were members of provincial hospital staff who had sustained "finger prick" injuries while handling Aids patients and their blood, and were being given the drug AZT as prophylaxis treatment. He said three Aids patients were also receiving AZT as treatment every month, at the cost of R1 800 per patient per month.

## Patient confidentiality

The other Aids patients in provincial hospitals were receiving antibiotics, anti-tuberculosis and palliative treatment. Mr Volker said the use of Rifampicin, an anti-tuberculosis drug, had increased by 180 percent in the last year, because of the growing number of Aids victims.

HIV testing for January and February alone had cost the Natal Provincial Administration R46 884,00. "The reality of Aids and HIV positivity are already impacting on the Health Services of the NPA."

Mr Volker said the reasons for inaccuracy in the national statistics were medico-legal, as people could not be forced to be tested for Aids, and also because of patient confidentiality.

He said the Department of National Health and Population Development was responsible for the Aids Strategic Plan and advertising campaign, and the Health Matters Advisory Committee was currently addressing an "Aids Action Plan".

Democratic Party MP Mr Mike Ellis praised Mr Volker for being the first government official to admit that the government records with regard to the number of Aids cases were grossly inadequate. "There has been an unfortunate tendency on the part of the government to play the developing crisis down and this approach by the MEC is refreshing."

He said the World Health Organisation had indicated that between 250 000 and 500 000 blacks in South Africa between the ages of 19 and 49 would have tested HIV positive by 1991.

"As Aids has a doubling time of about eight months, and as there is no sign of any cure or vaccine for Aids yet, the potential disaster for SA is enormous," Mr Ellis said.

"Urgent steps must be taken by the Government to ensure that their record keeping with regard to the number of HIV positive cases are accurate and up to date at all times."

## Worldwide case total soars

GENEVA — A doubling of the number of Aids cases reported in Zaire and the Ivory Coast sent the reported worldwide total soaring by 6,5 percent last month to 237 140, the World Health Organisation said yesterday.

Zaire listed 11 732 cases by January 31, up from 4 636 at the end of 1988. Ivory Coast listed 3 647 cases, against 1 010 last October. Most other African countries did not file new reports during the month and 11 have not sent in updates for more than a year. Congo's latest report is dated December 9 1987, when it listed 1 250 cases.

With the update, Zaire replaced Brazil as the country with the second highest total, trailing only the United States, which still accounts for slightly more than half the global total. It re-

ported 124 182 cases on March 31, up from 121 645 at the end of January.

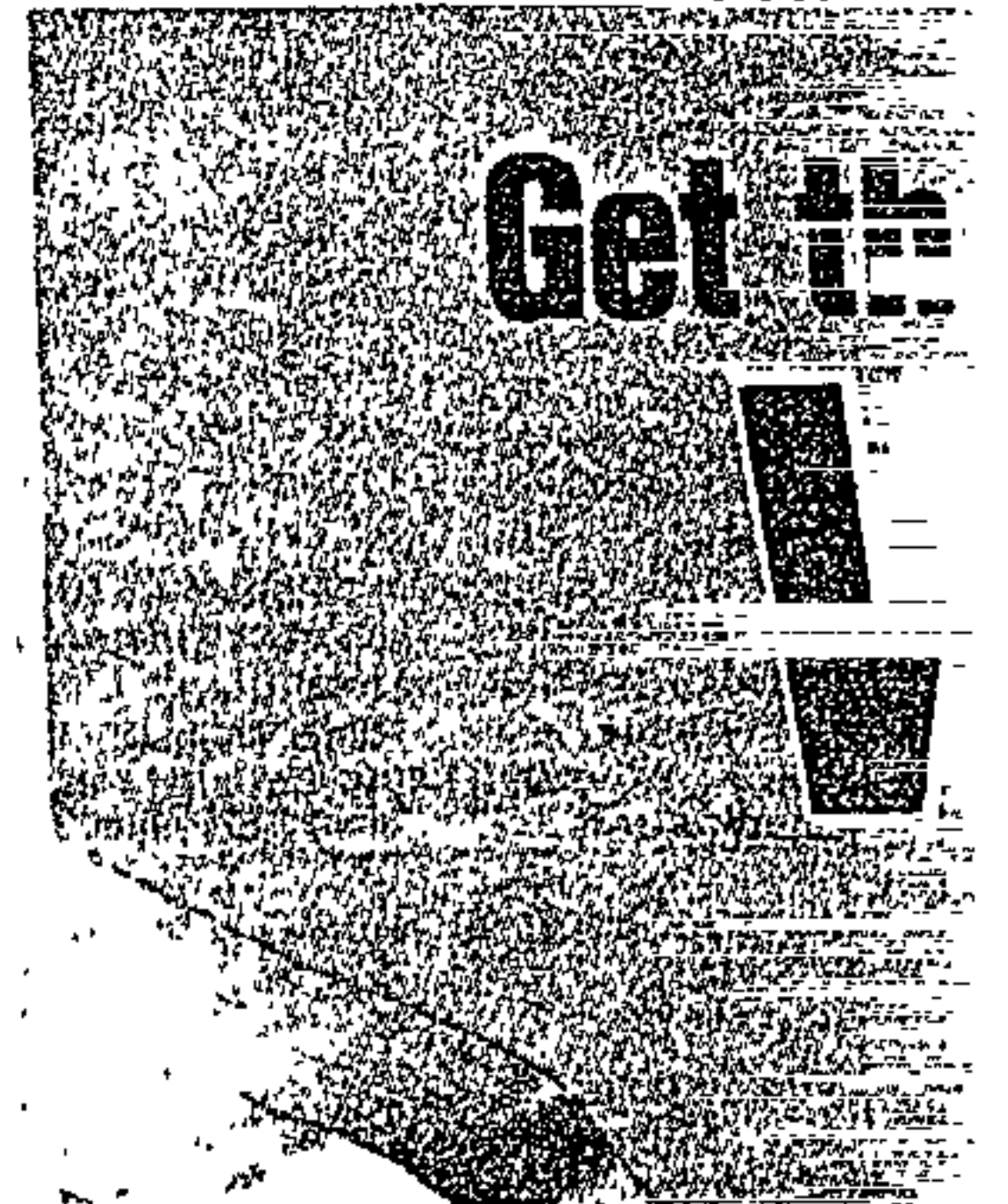
Brazil listed 10 058 cases in February, against 9 555 by the end of last year. The statistics comprising 153 countries were included in the latest issue of Who's Weekly Epidemiological Record.

Dr Jonathan Mann, who resigned last month as director of Who's Aids programme, has said the real number of Aids victims may have already been as high as 600 000 by the end of last year, including 300 000 estimated fatalities.

Dr Mann predicts that 6 million Aids cases may occur by the year 2000, and has warned that, if HIV infection accelerates, especially in Asia, even this estimate will be too low. — Sapa-AP.



SECOND ATTACK: An upset restorer in front of the part of the painting which was damaged — damaged is between 14 and 27 cm long and about 3





# gures shock Natal



## Acid attack on priceless Rembrandt

AMSTERDAM — A 31-year-old Dutchman on Friday sprayed an "aggressive chemical" on Rembrandt's world famous Night Watch, the second attack on the priceless painting in Amsterdam's National Museum, police and museum officials said.

The chemical left the painting from 1642 streaked with a white mark, about 27 cm long and 30 cm wide.

The painting looked as if it had been hit by white paint, with fluid dripping off its surface.

Dutch Television described the chemical as concentrated sulphuric acid, but museum officials said they weren't certain what was used.

A large group of museum visitors stood watching as guards took the painting off its hook, stood it on the floor, and covered the damaged parts with a protective cloth, apparently to dab off the remaining chemicals. A rope kept bystanders at least 30 m away after the attack.

### Confused

The attacker, described as "confused" by police, was arrested by museum guards and handed over to police, said museum spokesman Frans van der Avert.

"It's very hard to say at this moment how bad the damage is," Van der Avert said. "He used an aggressive chemical contained in a spray can. His motives are unknown for now."

Police spokesman Klaas Wilting said the attacker was a Dutch national from The Hague. "He is confused and not telling us anything at the moment."

The Night Watch attracts hundreds of thousands of visitors yearly and is the most famous of all Rembrandt's paintings.

A Dutch schoolmaster claiming to be on a divine mission made several deep slashes in the painting with a knife on September 14 1975.

He was never tried but was committed to an asylum where he later committed suicide.

The museum has never disclosed a value for the Night Watch, but art dealers put its worth at "many, many millions". It is not insured. — Sapa-AP.

The painting which was damaged by an unidentified acid yesterday. The area which was damaged was 14 and 27 cm long and about 30 cm wide.

Get that winning taste! Win with

# WINFIELD

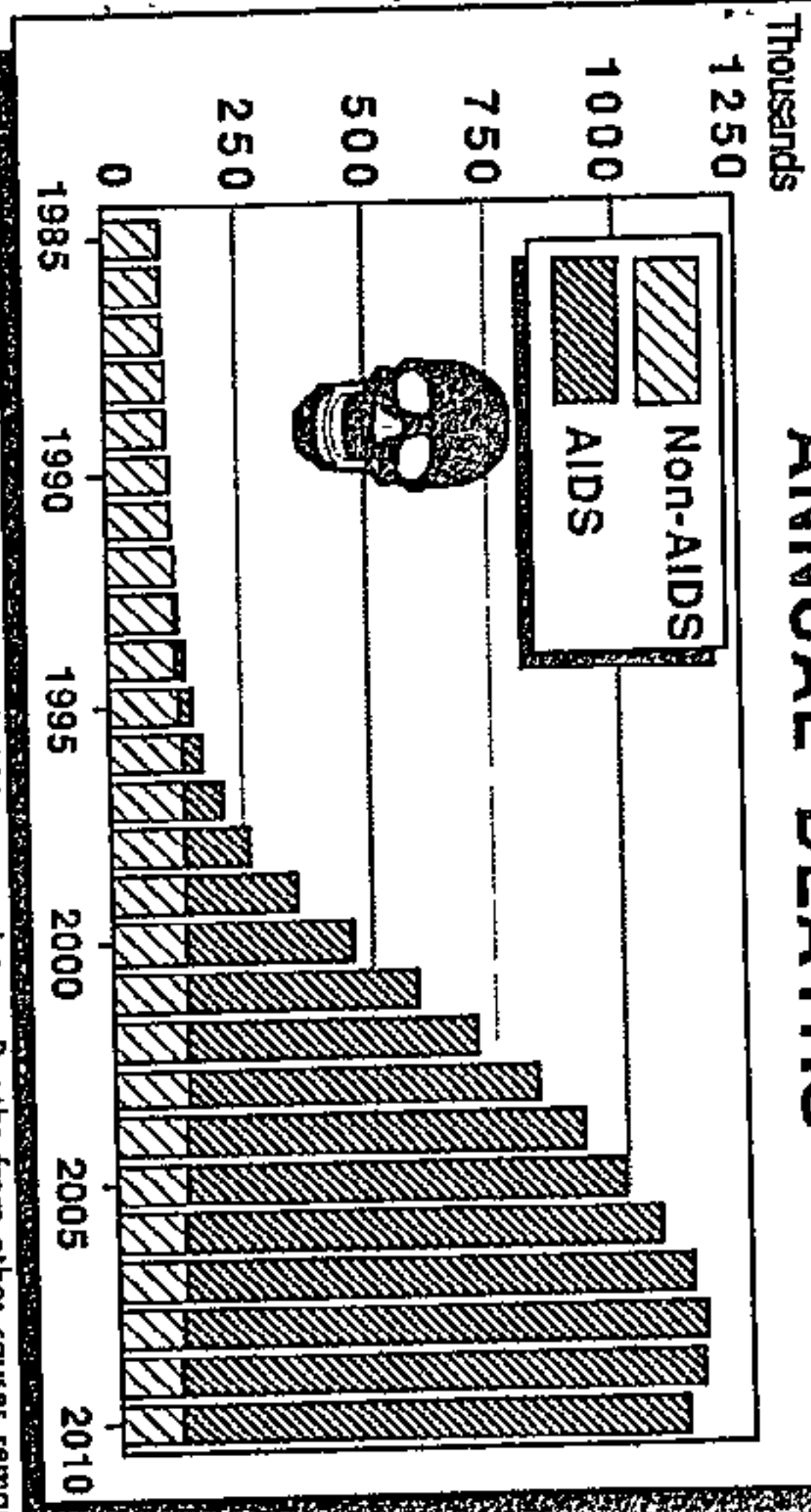
MAGNUM

Open-schools



BACKGROUND

ANNUAL DEATHS



This graph projects annual deaths in the South African population. Deaths from other causes remain fairly constant, but there is a huge jump in Aids-related deaths. By the year 2000, well over 250 000 people a year could be dying from Aids. Projections beyond 2000 rise to a peak before dropping. Actuaries caution that projections beyond the year 2000 could be unreliable. They say an urgent programme is needed to make people aware of Aids.

'Conservative' Aids forecast: 10-m infected by year 2000

**Own Correspondent**  
 DURBAN — Nearly half of South Africans over the age of 15 will be HIV positive by the end of the 90s — unless preventative action is taken soon.

This is the "conservative" projection of Old Mutual corporate actuary Mr Graham Prentice, who has been conducting a statistical analysis on the spread of the killer disease Aids.

The grant assurance group has been taking a close look at the likely impact of Aids in view of its rapid spread in Africa and the enormous impact it holds for the economy in general and insurance in particular.

Mr Prentice's figures show that unless people begin to take more precautions, in 10 years time more than 10 million South Africans will be infected. About 321 000 people a year will be dying from Aids and another 472 000 will have Aids-related diseases (the last stage before death). Projections beyond 2000 suggest that

Aids will reduce the overall potential population by millions of people — but Mr Prentice cautions against the reliability of projecting figures so far ahead. "The important thing to note from the graphs is that the incidence of Aids-related death should 'peak out', probably between 2000 and 2010."

Mr Prentice stressed that an urgent education programme was needed to help SA avoid being overtaken by a catastrophe which already is increasingly evident elsewhere in Africa.

The disease has reached such proportions that some insurance companies are refusing to expose themselves to the risk in African countries.

While the incidence of Aids in SA appears to be lower at this stage, the country is moving in the same direction. This means that other African countries are just "further down the track" and — if behaviour does not change — in a few years SA will reach the same point.

Among the frightening statistics of the African incidence of HIV positive cases, some from the Aids Policy Research Centre, are:

- Zambia — blood donors 19 percent, hospital staff 27 percent.
- Namibia — Svrapo returnees (sample of 100) — 66 percent.
- Kampala — blood donors 70 percent.
- Nairobi — prostitutes 85 percent.
- Malawi — Blantyre blood bank 29 percent, many clinics 54 percent.
- Zimbabwe — blood donors seven percent. However, incidence in the general population could be between 20 and 30 percent.

Old Mutual's overall tests in SA (on clients applying for big policies) show an HIV positive incidence of one in a thousand. Figures for ante-natal blood samples are five per thousand.

However, the doubling period is just eight months.

Mr Prentice said on average it took just over seven years after contracting the disease for a patient to fall ill. Dur-

ing these seven years, the infected person may well not even be aware of his or her plight.

The consequent period of sickness lasted an average of 18 months before death — usually from secondary diseases such as pneumonia and TB.

He said the incidence of Aids appears worst in Africa. Educated and receptive people can learn to reduce risk by changing their habits — it appears, risks are being modified in developed countries. The problem is to get this message through in Africa.

"If half the local population is infected you are not going to find foreign tourists willing to run the risk of visiting South Africa. This could be just one of the major economic implications for the country."

Mr Prentice said his calculations were based on data obtained in SA and elsewhere in Africa, where the grant assurance company has many sizeable operations.

# Some alarmed by Aids, others more sanguine

Medical and financial experts were generally wary of Old Mutual's predictions. Cape Town-based medical research statistician at the Medical Research Council Dr Robert Schall cautioned that Mr Prentice had presented not conservative, but "worst" or maximum figures, which made them suspect.

He said his own figures did not differ significantly (at 7.5 million people infected by the year 2000 instead of 10 million) but both represented a "major catastrophe".

Long term forecasts should be qualified since behavioural changes alone could affect the predictions.

Aids expert Dr Ruben Sher labelled predictions over a 10 year period "dangerous" since there was insufficient information about the epidemic.

Be that as it may, there was "absolutely no doubt" that the South African Government and the private sector should allocate more money for Aids-related consultation and education, said Dr Malcolm Steinberg, a medical scientist at the Centre for Epidemiological Research in Southern Africa.

Without commenting on the Old Mutual's statistics, he added that the injection of funds which he had in mind was "minimum six figures".

Last year about R5,4 million was spent in South Africa on Aids education, including literature and posters. Mozambique with a much smaller population (about 14 million) spent about R10 million in 1988.

Nearly 10 million South Africans, or half of those over 15, will be HIV positive by the year 2000. In 10 years' time about 321 000 people a year will die from Aids, Old Mutual corporate actuary Graham Prentice "conservatively" forecast this week.  
**SHIRLEY WOODGATE** reports.

But Bill Lacey from the South African Chamber of Business was less than enthusiastic about the appeal.

"First we must establish whether it is a problem that has been adequately interpreted," he said.

It can be argued that when we reach that situation we will be faced with a situation of economic collapse. But we must be circumspect about looking at worst figures, he said.

"Then it must be stressed that the private sector has been tapped and has contributed handsomely to such worthy causes as housing, education and training.

"Now we are being called on to devote more money for health, specifically Aids. But it has to be established first whether this is more serious than for instance, tuberculosis or malnutrition," he said.

Dr Steinberg also claimed that in-

creased education and research was essential. He said there was insufficient consultation with various political, church and other groupings on the prevention of HIV infection transmission.

"We cannot delay. This has to be treated as a matter of extreme urgency."

"We are fortunate that the epidemic only came late to South Africa, giving us time to learn by others' mistakes. We would be wrong to stall on the allocation of funds, making resources available and deciding on preventive work," said Dr Steinberg.

Mr Lacey said the chamber had circulated a pamphlet a year ago indicating the precautionary methods which businessmen should take.

"This is because we considered the problem serious, but I do not think that private sector on its own can start undertaking educational campaigns," he said.

"The Aids problem affects the whole of South Africa, not only the business sector.

"But on the other hand I would take issue with the claim that the private sector has the money to devote to these schemes without being told how the funds will be used," he said.

Dr Schall concluded that moves to educate the public were already under way but what had been done so far was simply not satisfactory in the light of the "catastrophy" tag which was generally accepted as a correct description for the Aids problem.



S/Tues 13/5/90 (92)

# No one immune to AIDS

POLITICS in the 90s, both here and internationally, will be dominated by issues which are trans-ideological.

Communism vs capitalism, nationalisation vs privatisation, are becoming stale and irrelevant.

In the 90s what we face are the problems of the environment (especially global warming), of over-population, of widespread poverty and the AIDS epidemic.

Obviously these issues are inter-related. Still, unless these issues are at the top of the ANC's agenda, as well as the Government's and any other serious South African negotiator, arguments about a fair distribution of wealth will remain fatuous.

There won't be enough people around either to produce the wealth or to consume it, let alone squabbling about how to distribute it.

## Peter Collins, political scientist at the University of Cape Town, calls for a national think-tank on AIDS

In South Africa, all responsible bodies — political organisations, churches, businesses — should be paying real and special attention to AIDS.

At the moment, decision-makers, who don't themselves really understand the problem, pay lip-service to the issue. The rest of us dismiss it as just another scare story.

Worse, too many of us are sneakily quite pleased about AIDS. We, very mistakenly, believe that AIDS is a threat only to some other "groups" to which we don't belong. If AIDS kills them off

in large numbers, it may even be rather a good thing. We believe ourselves to be immune.

Wrong. By the end of 1991 there will be, on a conservative estimate, a million HIV-positive people in South Africa. Of these, about 70 per cent will be sick with AIDS within seven years. Most will be dead by the end of the century.

Worse, unless we do something collectively, effectively and fast, those numbers will double approximately every eight and a half months. In Zimbabwe, AIDS is now the

single largest killer of children up to five years old.

What we need is a genuine think-tank. Not, it should be stressed, composed of people who wish to make money or careers out of the sufferings of seropositive people.

Nor should such a think-tank be composed of people with political masters to serve. It should be truly multi-disciplinary — not dominated by doctors who dislike and disagree with one another.

Its work should be the composing and co-ordinating of the curriculum for a public health campaign and the designing of effective strategies for conducting such a campaign.

Above all, perhaps, it should be cheap — no freebies for anyone.

# Report predicts a million Aids patients by 2 000 92

AT least a million South Africans will have died from Aids by the year 2000 with about two million people seriously ill and dying, according to a report just published.

The report says about seven million HIV infected people could still be working and should be employed until their death.

"This is what com-

*Sowetan 16/5/90*  
panies and all employers must come to terms with now. They must start working out protocols and strategies to deal with and protect their HIV infected employees, and to keep them working as long as possible, or else we will have an economic catastrophe in South Africa," says Mr Chris Erasmus, editor of the report which has just been completed by the International Research and Information Services.

His advice comes at a time when at least 75 percent of blue-chip companies in South Af-

rica, including prominent mining houses, are presently exploring protocols and devising plans of action which could include testing all prospective employees, testing existing employees on an anonymous basis, and then protecting them and guaranteeing their jobs until their death.

After five months of extensive research in Africa (from Uganda to South Africa), Erasmus said: "Employers can no longer hide their heads under the sand. They must realise that they will be employing

Aids infected people with an average each of six dependants.

By the end of 1993 there will be at least two million South Africans with Aids, by 1995 there will be eight million and in the latter part of this decade (at the end of the century out of a population of 44 million people) some 10 million people will be HIV infected, two million of these will be seriously ill and dying while the rest will just be infected and still employed.

Working on a five to seven-year sickness to death projection after infection we can tell that at least one million people will already have died," says Erasmus.

This is a conservative report compared with Old Mutual's prognosis of half the adult population HIV infected by the end of the century.



# Aids myth exposed

15/4/90

**T**HE MYTH that Aids started in Africa has been exposed as a fallacy. In fact, it started in America.

The new evidence comes from a sensational television documentary by German film-makers Heimo Claasen and Malte Rauch. The film has created a storm of controversy in Europe. Providing solid scientific evidence, the film shows that Africa was vilified, by top scientists and the media, on doubtful evidence.

It first appeared in New York in 1981, and the following year the Centre for Disease Control announced that 34 of the then 700 Aids cases were people from Haiti. Blood tests for the disease had not been available at this time but Haitians were declared as the group with the highest Aids risk.

The media jumped on this and soon Aids and Haiti became almost synonymous. Only several years later was it established that the majority of Haitians had been wrongly diagnosed and that a very small number actually had the disease. It also became clear that Aids was not present in Haiti before it appeared in America.

The hunt was on to identify the virus and also to establish its origin. Few researchers were prepared to consider that the disease may have originated in the United States.

In 1982 the first cases were reported in Europe and in 1983 the first cases from Africa were registered. It seems that was all the researchers were looking for. That same year, and based on the slenderest — and, as it turned out, inaccurate — evidence, American and European researchers claimed that Aids had originated in Africa and not America.

## Field day

The media had a field day. Reports of whole populations and countries being exterminated by the disease appeared on a daily basis. Respectable scientists added their authority to the reports. In fact, there was hardly a shred of truth or an ounce of solid evidence to back these reports.

One of the most active promoters of the African origin thesis was Dr Robert Gallo, one of the discoverers of the Aids virus. "His ideas that Aids was an ancient disease which had migrated from some remote African village became immediately popular," says the film.

How had Gallo arrived at his astounding conclusion? In his own words: "I don't want to say exactly where the virus comes from; I don't know." But, he adds, "either a virus just went into man for the first time; or, a very small population of humans was infected for a longer time and spread the virus. The latter is surely true."

No scientific basis, no epidemiological basis, nor virological basis, no testing. Nothing scientific at all, in fact, just a hunch which is not even logical.

Yet the media lapped it up and the chase was now on for a small, remote village that was the cause of all the trouble. Yet, despite Gallo's reputation, his reasoning was rather thin, so a whole spate of theories attempting to link Africa to Aids began to emerge.

One of the most imaginative was that by Prof Max Essex of Harvard University who declared that the Aids virus had jumped over to man from the "African green monkey".

The media, scientists and the public were convinced that Aids came from Africa and that it came through contact with the green monkey.

Jacob Segal, who with his wife Lili form one of the world's most formidable biological/virological teams based in East Berlin says: "When the fairy tale about the African green monkey was launched and when quite qualified colleagues talked about it as an important discovery... I thought immediately that this was biologically impossible."

## Film discovery

But was the green monkey theory nothing but myth, a total fiction? To find out, the film-makers went to the West German Centre for Research on Primates at Göttingen University. This is what they discovered.

The first Aids-like viruses in monkeys had been found by Max Essex in macaques, a monkey species primarily from South East Asia, not Africa. In addition, all examples of Aids-like diseases or viruses in monkeys and apes had been found among laboratory animals in the United States and not one had been found in free conditions in Africa.

So why Max Essex and others insist that the African green monkey was the cause of Aids? A deafening silence.

What about the theory that Aids was transferred from monkey to man, wherever the monkey came from? The Head of the West German Centre of Primate Research, Prof Gerhard Hunsmann has this to

More Blacks being tested positive for Aids — Prof

6 000 experts meet for Aids conference

Aids may be at epidemic level — AIDS will become SA's major killer Aids spreading fast among heterosexuals

Aids kills 58 in Africa this year

# Did the Americans make the virus?

say: "All the viruses we have found to date among animals are so different from human Aids that they could not have been transferred from animals to man. This is absolutely clear. Therefore, they cannot be the reason for Aids."

By 1984, a method of blood testing had been developed and "another scramble for Africa broke loose, this time with the Aids test kits and with hundreds of researchers chasing for fresh blood and old serum samples from Africans".

## Alarming reports

Gallo and others found that more than half, and in some cases up to 90 percent, of blood-tested Africans were Aids infected. Alarming reports were circulated around the world and continue to be circulated to this day.

But how accurate were these results? Hunsmann says they had collected a large sample of African blood several years before the Aids furore to test for a leukemia virus.

Therefore, when Dr Gallo's alarming results appeared they could immediately test the blood samples for the Aids virus. This is what Hunsmann discovered:

"These tests quickly and clearly showed that the only positive probes we could find among our serum samples are dated after 1982-83. Among samples from before that time, and we had quite a lot of that stock, not a single one proved positive." Their conclusion was that the researchers who had produced the alarming results had got it wrong. Their tests were inaccurate.

They demanded that the results be corrected and Gallo had to reduce his numbers from the apocalyptic 60 percent to 0,02 percent!

Yet this information has largely gone unreported and the media and the medical world still continue to push the myth of Africa as the "Aids Hell".

African countries have often been accused of under-reporting Aids cases. It is now clear that, instead, they have been consistently over-reporting and often cases of other tropical diseases — and in some cases, like Uganda, malnutrition — have been diagnosed as Aids. With the introduction of more reliable clinical methods the case numbers of countries like Zimbabwe have had to be drastically reduced.

So why has so much time, energy, money and misinformation been put about to portray Africa as the villain of the Aids drama? Is there a sinister motive? Jacob Segal thinks there is.

He believes the Aids virus is man-made and that a

great deal of effort has gone into covering up this fact. "When we published the hypothesis that the virus was an engineered product, we were told time and again that it could well have been brought about by a natural process."

"We always asked: 'Please tell us in what way — through which natural process?' None of the experts were able to propose any reasonably plausible natural way which could have brought it about."

According to Segal, the Aids virus has been recombined from the Visna Virus, which causes a brain disease in sheep and goats, and a piece of the human leukemia virus. He believes that human beings probably prisoners, were experimented on and did show much effect except for a short, influenza-like, infection. The "guinea-pigs" were then released but known to anyone at the time, they carried with them the original Aids virus.

A number of scientists have strongly refuted this theory but say the Aids virus could have been the result of an accident in gene-technology or microbiology.

Dr Regine Kollek, a West German specialist on retro-viruses, believes a non-natural origin of the Aids virus is quite possible. She says that during the 1970s following an explosion of experiments in viruses, it has been assumed that retro-viruses were not harmful to man "and therefore all work on that type of viruses was done practically without any security measures".

## Virus vanished

Could the laboratory Aids viruses have accidentally escaped or been stolen? It seems very probable. In the area of Fort Detrick, the Pentagon's centre for chemical and biological research, a quart of the highly infectious Chicomungua virus vanished. According to reports, that amount is sufficient to wipe out a major part of mankind.

In 1969, the United States Department of Defense asked a Congress committee to allocate \$10 million for research to produce an artificial virus which could destroy the human immune system. According to the Pentagon spokesman at the committee meeting, consultations with outstanding scientists had already been held. All further details were declared secret.

What happened to this project? According to Jerome Rifkin, an expert in the military uses of biological research, "probably nothing happened in this research; my impression is the research was not pursued. For the possibilities are here". — New African.



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**G**OVERNMENT and non-government bodies should meet for an "Aids Indaba" that transcends all political differences, a Press conference on Aids hosted by the Medical Research Council was told in Cape Town on Monday.

In a conference to discuss the findings of the first scientific survey of Aids among blacks in South Africa, an MRC spokesman stressed that only the State had the finances to tackle the growing problem.

The State was, however, unable to reach individuals in the way community groups, the ANC and others could do - so an indaba was necessary.

The MRC had committed itself to a one-year pilot project, together with other research, education and scientific bodies, to educate the public - and young people in particular - on Aids.

The project, which has already begun in the Western Cape, uses innovations such as comic books and videos in an attempt to get the message across.

Discussing his paper on short-term predictions of Aids among South African blacks, Dr GN Padayachee of the Johannesburg City Health Service said it cost between R80 000 and R100 000 to treat each Aids patient.

"It makes a lot of sense for the State to put as much money as possible into an educational project now," he said. He estimated 41 percent of Aids cases in South Africa were not reported and the study indicated Aids patients would increase to 168 000 by the end of 1990 and to 446 000 by the end of 1991.

He added there had been a problem with basic data in compiling the article but it still provided "good representative data" on Aids.

Padayachee and co-author Dr Robert Shall of the MRC's Institute for Biostatistics, said they believed their predictions indicated "the great seriousness of the HIV epidemic in the black population of South Africa".

Schall pointed out that Aids cases among blacks were doubling every eight or nine months. It was crucial people were educated now in an attempt to slow the epidemic, he said.

It was pointed out at the conference that if Aids reached 10 percent of the active population it would mean catastrophe for the country.

Various methods aimed at curbing the onset of Aids rather than aiming at a "vaccine cure" were being tried throughout South Africa at present.

These included "psycho-immunisation" through awareness, social marketing strategies to get the message across and the provision of condoms.

Condoms were handed out free of charge on major trucking routes to truck drivers in the Port Elizabeth area, for example, but the Human Sciences Research Council found only some four percent of whites used condoms and only 0,4 percent of blacks.

The Department of National Health and Population Development is also establishing Aids training and information centres at local authority level.

Estimated and predicted figures from the Department show at least 119 000 South African blacks will be infected with the virus by the end of this year. The higher estimate placed the figure at 168 000.

Respective estimates at the end of 1989 were 45 000 and 63 000.

As many as 446 000 blacks could be HIV-infected by the end of 1991, with a minimum of 317 000 suffering infection which could lead to full-blown Aids.

Researchers involved in this survey emphasised the preliminary nature of their findings.

It was essential all authorities, groups, communities and leaders made a public commitment to help contain the spread of Aids-inducing HIV, the Department said in a statement.

All institutions wishing to take part in projects to fight HIV infection were invited to contact the director of medical services, Dr JH Lombard. - Sapa.



show has not been as well attended as last cked to Nasrec in the past week.



**Aids link** FIM 2714190

Buyers of universal life and other policies linking life and investment benefits may not get the payouts originally projected. Now, by far, life assurers' most widely sold product, they are vulnerable to an Aids epidemic. Old Mutual chief actuary Theo Hartwig says an

FINANCIAL MAIL APRIL 27 1990

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estimate that 60% of the work force will test HIV-positive by 1996 is not far-fetched. He believes a "significantly higher death rate is five to eight years away."

Linked policies consist of nothing more than term assurance (pure life cover) plus investment. According to AA Life MD Brian Benfield, the cost of the life cover is reduced by the cushion afforded by the investment portion. The trade-off is that the investment portion of the premium is eroded if the portion allocated for the life cover must rise. When universal life policies were introduced, companies which had previously guaranteed the rate for the life cover abolished this, reserving the right to appropriate more of the total premium for life cover.

Theoretically, says Benfield, it is possible for no maturity value to be paid out (besides the death value) on policies in which the life company has not guaranteed a return. This could happen in the event of an epidemic like Aids and/or a massive collapse of the stock market. While such disasters are highly unlikely, an increase in the number of Aids deaths could produce pay-outs lower than originally estimated.

Premiums on existing and new policies could be raised. Or free reserves could be used — but since assurers would have to top up reserves, policyholders would eventually pay for this too. Good news is that returns in the kitty from premiums already paid would not be affected, according to Hartwig.

Hartwig says one way for life companies to counter the threat is to market differently to high-risk groups. The ratio between life cover and savings selected by the client largely determines the size of final payouts. So almost pure investment products could be marketed to high-risk groups. (These would have to include a small amount of life cover, a statutory requirement.)

Alternatively, shorter-term products much less sensitive to increases in mortality rates could be marketed to high-risk clients. These are increasingly popular anyway.

So, ultimately, the impact of an increase in incidence of Aids could depend on life

offices successfully identifying high-risk groups.

Executives of companies which sell to supposedly low-risk communities are not pessimistic. They say the UK mortality rate from Aids is lower than life companies there expected and hope the expected mortalities will not materialise in SA either. ■

Call on business  
to plan for AIDS

2271 LINDA ENSOR

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OLD MUTUAL's projection of the spread and consequences of AIDS sees a drastic decline in business confidence by as early as 1995 as a result of the spread of the disease.

In a speech to the Tygerberg Chamber of Commerce and Industry yesterday, Old Mutual chief operating officer Gerhard van Niekerk said businesses should make possible consequences central to their 10-year plans.

There would be a massive diversion of resources to medical care and other welfare spending because of AIDS, which would also have a big effect on tourism. The population could decline sharply, spelling bad news for the rand and inflation. 610am  
2774/90



# HIV virus SA's 'greatest threat'

*Care Times 7/4/90 (92)*

**Staff Reporter**

**THERE** is growing evidence the HIV virus is spreading rapidly through South Africa's black and possibly coloured population through heterosexual transmission and now constitutes the "greatest threat to public health in South Africa this century", according to two researchers.

Writing in the South African Medical Journal published today, Drs N Padayachee and Robert Schall said that until recently the South African Aids epidemic

followed a "Western" pattern of spreading among homosexuals and intravenous drug users.

The "African" pattern now uncovered in South Africa may spread much faster than the "Western" epidemic, they warned, and containment in high-risk groups may not be possible.

"In fact, with heterosexual transmission, a large part of the general population may be at high risk."

There had been up to 63 000 HIV-infected black South Africans aged between 15 and 49 by the end of 1989. With a doubling time of 8,5 months, there could be 168 000

HIV-infected blacks by the end of this year and 446 000 by the end of 1991.

Dr Padayachee is senior deputy Medical Officer of Health of Johannesburg and Dr Schall is senior statistician of the Medical Research Council's institute for biostatistics.

"The control of the epidemic is a question of national importance and may quite possibly become a question of national survival."

A nationwide, well-designed and ongoing surveillance of HIV prevalence, which broadened and co-ordinated present individual efforts, is urgently needed.

File 7/5/90 (92)

LK / NEWS

# Aids 'threatens economies'

Staff Reporter

Aids would affect economies because it attacked wealth production by killing people and some economies would collapse. This would leave no money for vital services such as education and health care, according to Aids expert and author Mr Keith Edelston.

He was addressing delegates to the Multinational Conference of the Southern African Association of Medical Schemes in Windhoek on Monday.

Mr Edelston said in normal population distribution roughly half were producing while the other half were dependent on

earners. This ratio would be seriously affected as HIV-positive people left the productive side of the equation and joined the dependents.

Mr Edelston said planners and businessmen needed to estimate the number of future Aids cases to project the likely state of the economy.

Businessmen needed to know that, by a certain date, they would have to allow for their turnover to decline by between 12 and 35 percent so that they could evolve suitable counter-strategies.

Health care authority Mr Don Sutherland said that it was critical to privatise hospital

services. He said that although existing private schemes could improve, it had been proved that nationalised health care did not work.

Mr Edelston said the private sector should be involved in the development of new health services, particularly for people in the lower income group.

At present, the lower income group was limited to self-dispensing medical practitioners, state hospital out-patient facilities and state clinics.

Mr Sutherland stressed that health care should be made more available to this group on a private sector basis.



interest-bearing debt was reduced sharply to below R300-million, giving a debt-

...suffered absolute losses. Poorer performances than in the previous year were recorded by nine,

...earnings fell by 23% to 6,2c a share in the year to February 1990 because of thefts, but the 3,25c dividend was kept.

# Business urged to tackle Aids now

Business Times Reporter  
**A STRATEGY** to deal with the looming Aids catastrophe urges corporate decision makers to act quickly before the danger becomes "utterly unmanageable".

The strategy, spelt out in a new report, is the first of its kind in South Africa and has been greeted by medical authorities as "long overdue".

It includes a suggested protocol covering both new and existing workers in which the interests of both employer and employee are protected.

The problems raised by employees carrying the human immunodeficiency virus (HIV), which precedes Aids, are dealt with in an effort to offer "hard-pressed corporate decision makers" practical guidelines that are both cost effective and as human as possible.

Included in the report's recommendations is the key

suggestion that organisations, public and private, treat all HIV-infected employees "as you would treat a valued employee suffering from hepatitis".

Apart from the medical similarities of the two diseases, the report says that to treat HIV- and hepatitis-infected employees in the same way will do much to remove the social stigma attached to Aids.

## Conservative

More importantly, it will mean that by the year 2000 — when by even the most conservative estimates, several million South Africans will be infected with HIV — there will be hundreds of thousands still usefully employed in commerce or industry whose skills would otherwise have been lost.

Commenting on the report, published by the International Research and Information Service (IRIS), an independent information-gathering service for SA corporations, South African Medical Journal editor Nick Lee says:

"This is long overdue. What people desperately need are some practical guidelines. We know there is a problem — but what most people, particularly businessmen, do not know is what to do about it.

"Aids is everyone's problem and we must all act now or it will be too late."

The report was compiled over five months and gives the best available picture of Aids and HIV-infection from Uganda to South Africa, according to editor Chris Erasmus.

Mr Erasmus says: "We have been careful to avoid the hysteria seen in some reports. But based on our information it is clear that official government and World Health Organisation figures badly underestimate the true extent of the problem to our north.

"If there is no immediate and appropriate action by the public and private sectors, we face catastrophe with literally millions of people dying of Aids in the next decade."

92



# Look into future: <sup>92</sup> Aids shock for SA

The Argus Correspondent

DURBAN. — Nearly half of the South Africans aged over-15 will be "HIV positive" by the end of the 90s — unless preventative action is taken soon.

This is the "conservative" projection of Old Mutual corporate actuary Graham Prentice, who has been conducting statistical analyses on the spread of the killer disease Aids.

The giant assurance group has been taking a close look at the likely impact of Aids in view of its rapid spread in Africa and the enormous impact it holds for the economy in general and insurance in particular.

Mr Prentice's figures show that unless people begin to take more precautions, in 10 years from now more than 10 million South Africans will be infected. About 321 000 people a year will be dying from Aids and another 472 000 will have Aids-related diseases (the last stage before death).

Projections beyond 2 000 suggest that Aids will reduce the overall potential population by many millions of people — but Mr Prentice cautions against the reliability of projecting figures so far ahead.

"The important thing to note from the graphs is that the incidence of Aids-related death should "peak out," probably between 2 000 and 2 010."

Mr Prentice emphasised in an interview in Cape Town that an urgent education programme is needed to help South Africa avoid being overtaken by a catastrophe which already is increasingly evident elsewhere in Africa.

The disease has reached such proportions that some insurance companies are refusing to expose

## Half of adults infected by 2 000, figures show

themselves to the risk in African countries.

While the incidence of Aids in South Africa appears to be lower at this stage, the country is moving in the same direction. This means that other African countries are just "further down the track" and — if behaviour does not change — in a few years South Africa will reach the same point.

Among the frightening statistics of the African incidence of HIV positive cases, some from the Aids Policy Research Centre, are:

- Zambia — blood donors 19 percent, hospital staff 27 percent.
- Namibia — Swapo returnees (sample of 100) — 66 percent.
- Kampala — blood donors 70 percent.
- Nairobi — prostitutes 85 percent.
- Malawi — Blantyre blood bank 29 percent, STD clinics 54 percent.
- Zimbabwe — Blood donors seven percent. However, incidence in the general population could be between 20 and 30 percent.

Old Mutual's overall tests in South Africa (on clients applying for big policies) show an HIV positive incidence of one in a thousand. Figures for ante-natal blood samples are five per thousand.

However the doubling period is just eight months.

He is pessimistic about prospects of a viable medical solution being found for Africa where the

costs of any cure are likely to be prohibitive.

Mr Prentice said on average it took just over seven years after contracting the disease for a patient to fall ill. During these seven years, the infected person may well not even be aware of his or her plight.

The consequent period of sickness lasted an average of 18 months before death — usually from secondary diseases such as pneumonia and TB.

He said the incidence of Aids appears worst in Africa. Educated and receptive people can learn to reduce risk by changing their habits — it appears risks are being modified in developed countries. The problem is to get this message through in Africa.

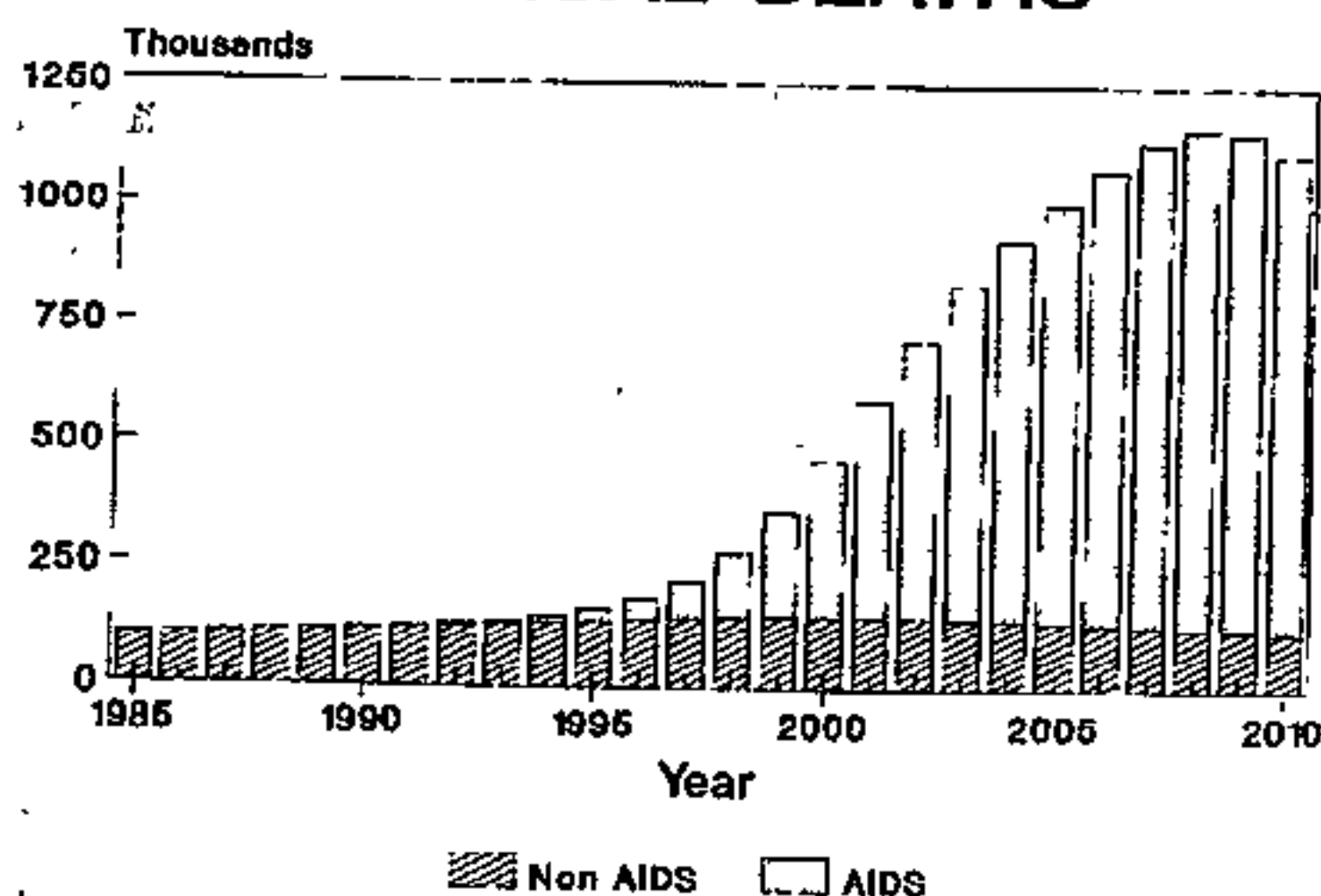
"If half the local population is infected you are not going to find foreign tourists willing to run the risk of visiting South Africa. This could be just one of the major economic implications for the country."

Mr Prentice said his calculations were based on data obtained in South Africa and elsewhere in Africa, where the giant assurance company has sizeable operations.

In Malawi — where 27 percent of potential blood donors were tested HIV positive — the company's subsidiary there recently was reported to have halted all sales exposed to this risk.

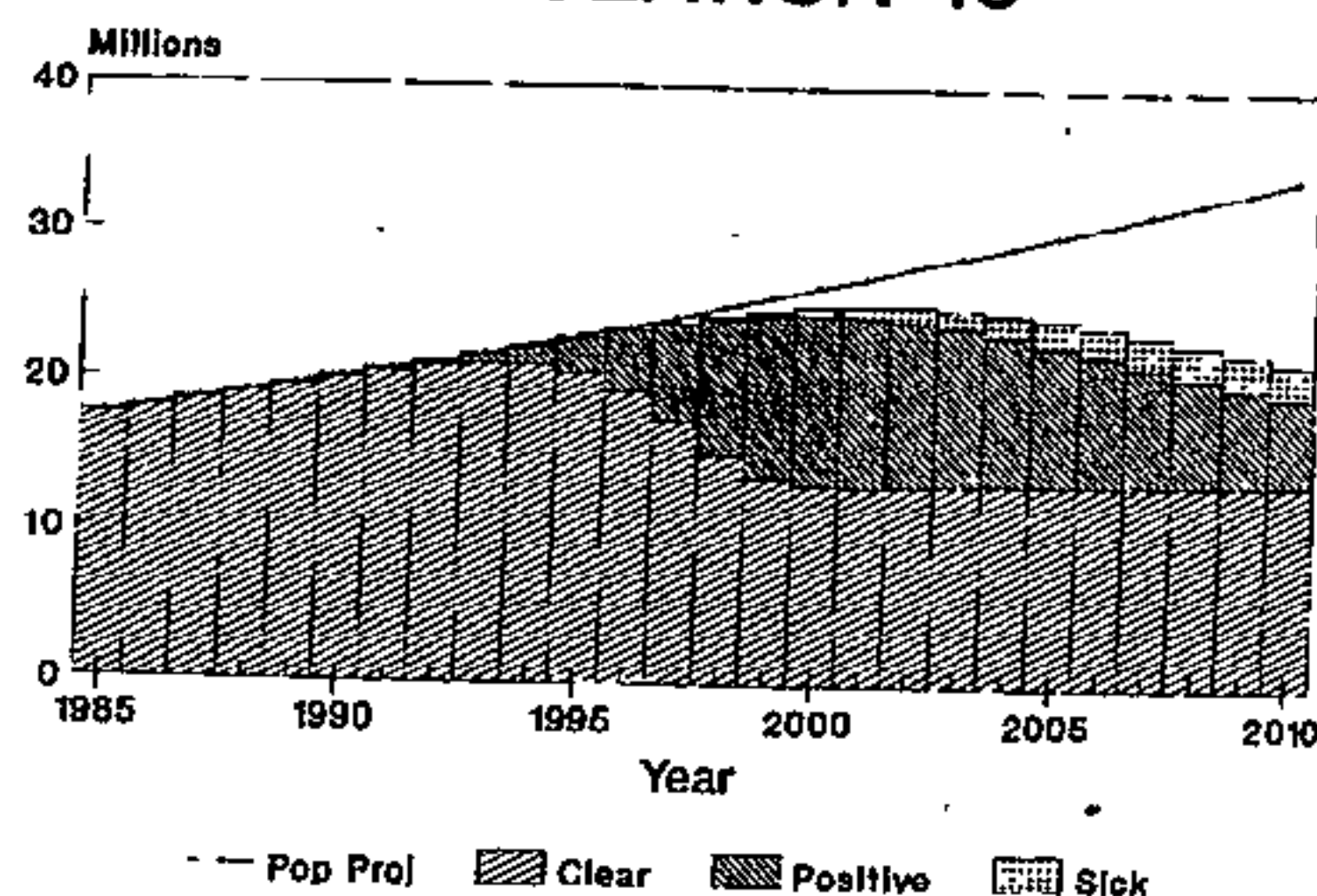
In Zimbabwe, Old Mutual reports 139 claims have, to date, been identified as Aids-related, amounting to 2,2 million.

### ANNUAL DEATHS



**ANNUAL DEATHS:** This graph projects annual deaths in the South African population. Deaths from other causes remain fairly constant but there is a huge jump in Aids-related deaths. By the year 2 000, well over 250 000 people a year could be dying from Aids. Projections beyond the year 2 000 rise to a peak before dropping. Actuaries warn that projections beyond the year 2 000 could be unreliable.

### POPULATION 15+



**POPULATION 15-PLUS:** This composite graph gives a year-by-year view of how Aids is likely to affect the over-15 population. At present (1990) the vast bulk of the population are free from the disease. But by 2 000, only one in two people will be clear. Roughly 46 percent will be either HIV positive (bold diagonal lines) or actually sick.



# Insurance giant urges action on Aids education

By JOHN VILJOEN, <sup>ARLUS</sup> Tygerberg Bureau <sup>77/4/90</sup> (92)

INSURANCE giant Old Mutual has made an urgent call to trade unions and the business sector to work together to educate employers and members to avoid a catastrophe because of Aids.

Addressing the Tygerberg Chamber of Commerce and Industry yesterday Old Mutual's chief operating officer, Mr Gerhard van Niekerk, said the business sector and trade unions could

both have huge losses because of Aids. "We probably only have two to three years to get our house in order. Prevention of Aids is the only solution. This requires a change in behaviour that can only be brought about by credible education.

"Businessmen and trade unions will have to co-operate in this education process," Mr Van Niekerk said.

"The number of members of trade unions could decline dramatically and business will experience a shortage of workers and shrinking markets.

"Aids will have a major impact on the economy. There will be a massive diversion of productive resources to medical care and other welfare spending.

"This will be bad news for the rand and consequently inflation. It will also discourage tourism — and the country's population could decline sharply."

Mr Van Niekerk said the 300 who had died in South Africa Aids so far was "only the tip of the iceberg".

the Romanian authorities seem reluctant to act. In a Bucharest hospital, Oliver Gillie saw some of the victims of an Aids epidemic which may kill thousands of small children, but which has been hidden from the people.

● Photograph: B Bisson (Sygma).

24/2/90 (92)

# Aids babies wait to die

RAMONA, a dark-eyed 18-month-old, is a small, sad prisoner in her cot at the Victor Babes Hospital in Bucharest.

Until last week the cause of her illness remained a secret to the Romanian people because a nervous government had forced doctors to remain silent.

Ramona is one of the children under five who have been infected with Aids or HIV in Romania. Officially the figure is only 600, but that scarcely matters because relatively few have been tested. The true number almost certainly runs into thousands.

It is the largest outbreak of non-inherited Aids among children anywhere in the world.

Doctors say the children have not been infected in the womb by their mothers, as is common in Africa. The cause may be dirty needles used in immunisation, or blood transfusions.

Ramona, who shares her cot with Juliana, another Aids victim, smiles and holds out her hand to play. The two girls have little chance of living more than a year. In the meantime they have no toys and seldom leave their cots.

Occasionally a nurse takes Ramona, Juliana, or one of the 70 other children in the Aids ward for a short walk between the cots, holding hands. But most days the girls just stand watching the other babies — each of them classified as a state secret until the swift revolution altered everything.

At the Victor Babes Hospital the children are waiting for nappies to be changed, waiting for toys, waiting to play. They learn to take their feed alone, propped up with a bottle. Yet the staff of four nurses and four auxiliaries per shift struggle to give attention and dignity to the 72 sick children. They play with them and buy them toys out of their own money.

"Cum te cheama?" (What is your name?) I asked a healthy-looking but sad-faced child. She looked at me with solemn

**OLIVER GILLIE**

eyes and her lips moved as she said her name.

It was as if she was not quite sure if she existed any more among this throng.

She was tested positive for the virus but was not yet ill and seemed puzzled, not understanding why she was there. Her name, Raluca, was written on a plaster stuck on the back of her neck. Immediately she responded when I said it, alert and ready to attend.

Other babies, more seriously ill or unsociable, had cots to themselves. Several showed the signs of institutionalisation, head-banging or throwing the head from side to side.

But most distressing to see were the cadaverous babies who lay with arms outstretched in crucifixion pose, too exhausted to move. Repeated infections, which follow when Aids destroys their immunity, have made them malnourished. Their faces have lost all their fat, so they resemble miniature adults with sharp cheekbones and angular noses.

The nurses face these living tragedies every day but still they care. One, Maria Petruscu (38) comforted Julica, a baby of about 18 months, stroking her head and offering a doll.

Maria dismissed suggestions Ceasescu's regime had created orphans by refusing contraceptives.

"My husband is a mechanic. We are poor but we managed during the tyranny. We can live on beans and potatoes. I would never abandon any of my four children."

Nevertheless most of the Aids children are orphans. Just one boy, Gabriel, is visited every day by his mother. Of all the children, he was the most distressing to see. With his tiny frowning face peering from a hood he resembled Death itself, lacking only the scythe.

Other children wait patiently for their next carress. They do not understand, but in reality they are waiting to die. — *The Independent*.

## Whole villages in Africa wiped out

PARIS — Aids is wiping out entire villages and crippling economies in southern and central Africa, a Paris-based group warned this week.

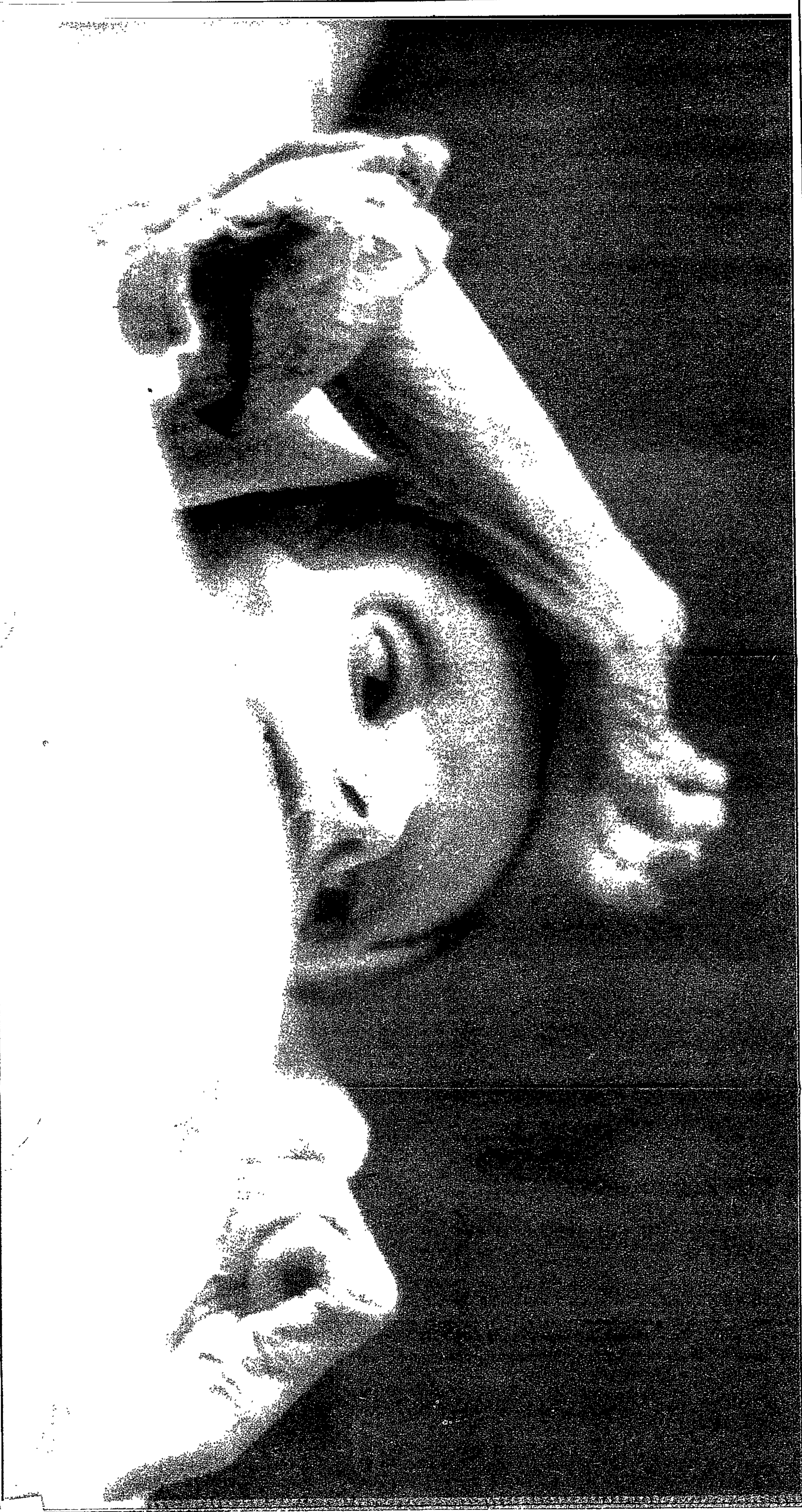
"What is at stake in Africa is to prevent a whole generation from being infected with Aids," said Dr Marc Gentilini, president of the Pan-African Organisation to Fight Aids (Opals), which claims the disease is killing one in 10 central and southern Africans between the ages of 25 and 45.

Dr Gentilini told a news conference that a study by French doctors and legal experts in Africa showed that money spent on combating Aids was crippling some economies. In Zambia, Aids was paralysing copper production which accounts for one-fifth of the country's income.

Opals, an independent group set up by European and African doctors in 1988, said one-third of the population in many central and southern African cities was infected. It called for urgent measures to fight the disease, saying that by 1991 some central African countries would be spending more on Aids treatment than the total sum they receive in foreign aid.

Aids, first identified in the early 1980s, probably began developing in Africa in the 1960s. — *Reuter*.





**NEWS**



# A young woman and her child face agony of Aids

Star 5/4/90 (92)

Who knows how to die? Who can deal with the imminent death of their child? And when both horrors are heaped on one 20-year-old, how does she cope?

Paulina simply does. With her own HIV condition and that of her baby son; with her husband moving into full-blown Aids; with the knowledge that her other healthy child will survive the family.

She sits before a group of 300 doctors, nurses and social workers as they debate the ethics of informing sexual partners of a patient's condition, as they relate tales of male resistance to using condoms, as they discuss education and treatment, as a diagram of the ugly virus is beamed overhead.

She could be in an empty room for all the attention she pays to the experts as she nurses her 20-month-old son John, whose sporadic whimpering draws all eyes to the withdrawn Madonna-and-child tableau at the front of the room.

John's HIV condition was diagnosed a year ago when he was brought malnourished to a Garankuwa nutrition centre.

Tests on his mother and father proved positive. Paulina is still in the HIV stage; her husband has begun to show symptoms of full-blown Aids.

John, a small child showing the characteristic "chronic failure to thrive" of the HIV infant, has developed diarrhoea and an often-fatal lung complaint.

X-rays of his chest show lesions on both lungs although he has been treated for tuberculosis for the past seven months.

He is "gradually going down," says Paulina's doctor, who is full of praise for the close attention she pays to her

China is horrified to learn it has Aids. Groups calling for more action on the deadly condition are camped opposite the White House — and it all seems so distant until you meet a young mother and her baby a year into the first stage of the disease.

CLAIRE ROBERTSON of The Star's Pretoria Bureau reports.

family's welfare. She makes regular visits to the clinic and works hard at giving John the correct nutrition.

These visits appear to be vitally important to Paulina's mental and emotional health as well. She cites the help she has received from the staff there as "giving some consolation".

Although the slim, attractive 20-year-old is reluctant to discuss the strain she is under, it emerges that she is shouldering the burden almost alone; she has told no one of her condition — not even her mother.

She thought it would be "more difficult" to tell her extended family than to bear the pain in secret.

But as a mother who, in giving birth, gave both life and death to her child she is far from alone.

## More infected

The number of pregnant women infected with the HIV virus in the PWV area increased sixfold in the 18 months from May 1987 to October 1988, according to Dr Maila Matjila of Medunsa's community health department.

He told the Aids symposium at Medunsa last week that by the end of last year seven out of every 1 000 women attending ante-natal clinics in Johannesburg were infected.

The greatest prevalence of Aids occurs in the 20-39 age group — which coincides with women's child-bearing years.

Babies born to HIV-positive mothers have about a 20 per-

cent chance of being infected in the womb or at birth. When the mother has Aids, the risk of infection is very high.

After birth nursing infants can be infected via breast milk, although the chances of this are lower; only three such cases are known and in each the mothers received contaminated blood after post partum haemorrhages.

Five children with Aids have been treated at Garankuwa Hospital; Baragwanath has seen 30 in the past year; and "we are seeing only the tip of the iceberg", says Garankuwa paediatrician Dr J Zietsman.

The disease known for causing bitter disputes over treatment holds a special menace for babies — and another set of dilemmas for doctors:

● Should HIV-positive babies — with their poor resistance to infection — be given live vaccines? HIV babies in South Africa do not receive the BCG tuberculosis vaccine; in the US there are moves afoot to prevent even siblings of the baby receiving polio drops.

● Should all pregnant women be automatically tested for HIV so that the chances of the baby being born infected can be calculated before the vaccines are due to be administered?

Once the baby is born, it can take up to 15 months before it forms enough of its own antibodies — as opposed to harbouring the mother's — to show up on an HIV test. By then it may have been given vaccines which inadvertently hasten its death.



## Research unit's Aids figures 'unscientific'

26/2/90 By Joe Openshaw 92

The conclusion by the Aids Economic Research Unit (Aeru) that between 50 percent and 70 percent of SA's black labour force will have died of Aids or be carriers of the HIV virus by the year 2000 was sweeping, sensational and unscientific, said Professor Barry Schoub, director of the SA Institute of Virology.

Aeru spokesman Mr Keith Edelston was reported as saying that about one percent of SA's blacks were already infected with the disease and would develop full-blown Aids in five or eight years' time.

Aeru estimates are based on the premise that the number of Aids-infected blacks would double every eight months.

"I don't know what evidence they have, but to say one percent of SA's black population has Aids is an exaggeration," said Professor Schoub.

He said conclusions arrived at by using a calculator and doubling the figures every eight months have no scientific value and lead to sensationalism.

"I cannot say what percentage of the population will have died by the year 2000, but neither can anybody else," said Professor Schoub.

Said Mr Edelston: "On the figures released by our medical friends it is difficult to make any realistic projections. We used figures released last April by the Institute of Virology, halved them and then halved them again. We have also been monitoring the incidence of Aids for three years."

# Shock report on SA Aids 'unscientific'

AKG  
26/2/90  
92

The Argus Correspondent

JOHANNESBURG. — The conclusion by the Aids Economic Research Unit (Aeru) that between 50 percent and 70 percent of South Africa's black labour force will have died of Aids or be carriers of the HIV virus by 2000, was sweeping, sensational and unscientific, said Professor Barry Schoub, director of the SA Institute of Virology.

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### Promiscuous group

"I don't know what evidence they have, but to say one percent of SA's black population has Aids is an exaggeration.

"This could possibly be the figure among a single promiscuous group, but not the whole black population. The figure is way below one percent," said Professor Schoub, who is also on the Aids Advisory Committee.

He said conclusions arrived at by using a calculator and doubling the figures every eight months had no scientific value and led to sensationalism.

"I cannot say what percentage of the population will have died by the year 2000, but neither can anybody else."

Statistics had shown, he said, that the doubling period here and in the United States was lengthening.

Mr Edelston said: "We are totally in agreement with Professor Schoub; nobody can predict with any accuracy the effect of Aids on the economy."

### Serious problem

"On the figures released by our medical friends it is difficult to make any realistic projections. We used figures released last April by the Institute of Virology, halved them and then halved them again. We have also been monitoring the incidence of Aids for three years.

"We are not blaming the medical profession for not making a prognosis but just because you cannot predict the number of people who will die or be infected with Aids at any given time, it is no excuse for not addressing what could be a very, very serious problem giving us ample warning of its impending impact."



07/04/22/1990

92

# AIDS will become SA's major killer

AIDS will become Africa's major killer by 1995 when, it can be expected, about 217 000 cases will have been reported in SA.

Natal University Economic Research Unit senior research Fellow Alan Whiteside says there will be 350 000 AIDS cases in SA by 1999.

To date only 326 AIDS cases have been reported in SA.

SA Institute of Medical Research AIDS centre head Ruben Sher says an estimated 50.000 people are infected with HIV.

AIDS could become the worst epidemic ever known, but projections that half the working population will be infected are "highly inflated", Sher said.

The AIDS Economic Research Unit had estimated that at least 50% of SA's black workforce would have AIDS or be infected with HIV by the year 2000.

Whiteside says there is no realistic way of predicting AIDS or HIV infection beyond 1995.

Once people start seeing AIDS affecting those they know, we can expect some behaviour change. Education programmes can also be expected to have some influence, he says.

In a report for the SA Institute of International Affairs, Whiteside says the consequences of AIDS will be immense. The AIDS pandemic will have major economic implications.

Businesses will suffer the cost of lost

TANIA LEVY

labour. Employees with AIDS will have to be paid off or supported through periods of ill health. Others will take time off to nurse family members with the disease.

Skilled manpower will be lost and training is costly, he says.

Direct costs arising from the disease include medical care and educational campaigns.

He says industry has a responsibility not only to educate its employees, but also their families and the communities from which they come. This is particularly significant in the case of migrant workers.

## Informed

Government seems unable to come to grips with the problem so the responsibility will have to fall on commerce and industry, says Whiteside.

SA Chamber of Business labour adviser Brett Vincent says for the past two years the chamber has been keeping members informed as to how to approach the issue and teach its staff about AIDS.

Vincent said he doubted, however, the disease would be more serious than TB. Like other plagues it would run its course.

Cosatu education officer Khetsi Lehoko said a health and safety working group would meet within the next two weeks to establish a programme aimed at preventing AIDS among union members.

# UCT features on Aids-positive list

Cape Times 1/3/90 92

Staff Reporter

UNIVERSITY of Cape Town students were among 350 HIV-positive people in Cape Town he had counselled, the head of UCT's Department of Social Work, Dr Gordon Isaacs, said yesterday.

Speaking at the Medical School Postgraduate Centre at a lunchtime lecture on people's attitudes toward the HIV virus and human sexuality, Dr Isaacs stressed the necessity of proper education, media coverage and exposure at schools regarding the virus.

He said he found that sufferers were frightened of being censored or criticised by colleagues and other students, and had to deal with their own

internal attitudes as well as anticipated attitudes of rejection.

"Ignorance — attitudes which are not based on fact — and naivety are more dangerous than the virus itself," he said, adding that those in a position of power — doctors, teachers and parents for instance — could pass their own discriminatory views about sexuality onto others.

"As Aids is linked to human sexuality, which is still one of the most taboo subjects in this country, people find it a frightening topic."

Dr Isaacs said 80% to 90% of Aids cases were transmitted sexually.

He said it was important that health care services were well-informed and non-discrimina-

tory regarding Aids.

"Promiscuity has been bandied about in relation to the virus and often used in judgement of sufferers, resulting in people losing perspective on the subject," he said.

"Well informed HIV-positive sufferers know that AZT is one of the few drugs available that can improve their quality of life. Yet this is only available at academic hospitals under the supervision of senior medical personnel."

This has made possible the biased prescription of the drug to "innocent sufferers" of the disease, while it was not administered to others who the prescribing doctor may be prejudiced against, said Dr Isaacs.



## Spotlight <sup>92</sup> on Aids

THE problems of Aids in Africa, population trends, infant mortality, contraception and the provision of housing and infrastructure are to come under the spotlight in Pretoria this week.

They will be discussed at a seminar organised by the Human Sciences Research Council.

*Handwritten:*  
13/3/90

would geographically speaking be part of Lesotho should the normal contour of the mountain border as proposed by Lesotho. In terms of the above-mentioned agreement the triangle has always been RSA territory.

(b) The difference of opinion will again receive attention as soon as talks can be held with the new Minister of Foreign Affairs of Lesotho to discuss the matter.

(c) The following steps have already been taken or are now envisaged:

(i) On 30 June 1989 a Joint Commission of Enquiry visited the area. After completion of the enquiry the officials involved in the Commission came to the conclusion that the matter would have to be resolved at Government level. Lesotho consequently requested that the matter be referred to me and Colonel Thabae Letsie of the Military Council of Lesotho for consideration.

(ii) The Department of Foreign Affairs has on various occasions since then tried to further the discussions.

(iii) At the beginning of 1990 it was once again suggested that a meeting be arranged in Lesotho as soon as possible after the opening of the RSA parliament. In February it was proposed to Lesotho that the Deputy Minister of Foreign Affairs visit Lesotho for this purpose on 26 or 28 March 1990. Because of the changes in the Military and Ministers' Councils of Lesotho soon afterwards and specifically the retirement of Colonel Thabae Letsie as Minister of Foreign Affairs, Lesotho's reaction is at present being awaited as to when a meeting with the

new Minister of Foreign Affairs can take place.

(2) Falls away.

Compulsory transferable pension scheme

\*11. Mrs C H CHARLEWOOD asked the Minister of National Health and Population Development: *Handwritten:* 13/3/90

Whether any consideration has been given to the establishment of a compulsory transferable pension scheme; if so, (a) what consideration, (b) when and (c) with what result; if not, why not?

*Handwritten:* B422E  
The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Yes,

(a) the matter was investigated by various committees over a number of years,

(b) over the period as from December 1964 to February 1987,

(c) no positive results could be achieved because of opposition to such a scheme from various bodies and/or organisations.

Distribution of free condoms

\*12. Mrs C H CHARLEWOOD asked the Minister of National Health and Population Development: *Handwritten:* 9/2

(1) Whether funds are allocated by the State for the distribution of free condoms; if not, why not; if so, what funds;

(2) whether there are any (a) surcharges and/or (b) duties on imported condoms; if so, what surcharges and/or duties;

(3) whether, in view of the increasing number of cases of Aids, she will take steps to have such surcharges and/or duties withdrawn; if so, (a) what steps and (b) when; if not, why not?

*Handwritten:* 13/3/90 B423E  
The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes, for the purchase of 21 000 000 condoms.

(2) (a) and (b) yes,  
— surcharge: 20%  
— import duties: 25%

*Handwritten:* 9/2  
— general sales tax: 13%  
— provincial handling fee: 8%

(3) (a) and (b) yes, the matter has already been discussed with the State Tender Board and with Customs and Excise of the Department of Finance, but is to be placed on the agenda for discussion again.

Robben Island: prisoners on hunger strike

\*13. Mr A J LEON asked the Minister of Justice: Whether any prisoners held on Robben Island have been on a hunger strike since 1 January 1990; if so, (a) how many prisoners are involved, (b) when did they (i) start and (ii) end their hunger strike, (c) what were the stated reasons for the hunger strike and (d) what action was taken by the authorities to end it? *Handwritten:* 13/3/90 B424E

The MINISTER OF JUSTICE:

Yes.

(a) The numbers varied from 303 to 344.

(b) (i) 26 February 1990.

(ii) 8 March 1990.

(c) The prisoners offered a large number of complaints and demands as reasons for the hunger strike. These varied from complaints about privileges and classification to demands for release.

(d) The authorities acted consistently in terms of internationally accepted practices. These varied from the application of the Declaration of Tokyo to discussions and my request to the acting Judge-President of the Supreme Court of the Cape of Good Hope, The Honourable Judge M R de Kock, to deal with the complaints of the concerned prisoners. Judge De Kock's report has now been received and is presently being studied. I also refer the honourable member to a press statement issued by my office last night.

Black pupils: technical education

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Whether his Department provides technical education for Black pupils at secondary school level; if not, why not; if so, (a) what technical education, (b) where, (c) how many pupils can be catered for and (d) how many pupils are enrolled for technical education at secondary school level? *Handwritten:* 13/3/90 B425E

The MINISTER OF EDUCATION:

(a) Education for the technical field of study. Pupils who follow the technical field of study have to take Technical Drawing as well as at least one technical subject (Woodworking, Welding and Metalwork, Electrician work, Electronics, Fitting and Turning, Motor Mechanics, Motor Body Repairing, Plumbing and Sheet Metalworking, Bricklaying and Plastering).

(b) At comprehensive schools countrywide located in the different regions as follows:

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(c) Workshops are designed to accommodate 100 pupils per field of study. With the existing facilities technical education can be provided to approximately 22 500 pupils at 49 schools.

(d) 9 313 pupils in Std 6-10.

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(1) Whether he has appointed a Registrar of Reporting Organizations and Persons in terms of section 2 of the Disclosure of Foreign Funding Act, No 26 of 1989; if so, what (a) is his name and (b) are his qualifications;

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The establishment of a police station in Be-zuidenhout Vaaley was approved in principle. However, in view of the drastic cutback in Government expenditure, I am not in a position to indicate when the police station will be erected. The acquisition of a building site will also be determined by the availability of sufficient funds.

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- (1) Whether he is considering declaring any further land in the Cape Town metropolitan area available for Black housing; if not, why not; if so, (a) what areas are being considered, (b) when will a decision be taken in each case and (c) how many persons will these areas be able to accommodate; ~~House of~~ 13/3/90
- (2) whether accommodation in these areas will be of a permanent nature; if not, (a) why not and (b) what will be the nature of the accommodation offered?

B433E  
The MINISTER OF PLANNING AND PROVINCIAL AFFAIRS:

- (1) Yes.
  - (a) (i) Land to the South-east of Crossroads, to the east of the Philippi industrial area and to the North-west of the Cape Flats Freeway.
  - (ii) A rounding-off of the Brown's Farm development area.
  - (iii) A rounding-off of Mbuleni.
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  - (v) The remainder of Khayelisha Town 4.
- (b) It is not possible to predict exactly when a final decision concerning each of the above areas will be taken, but it is anticipated that finality will be reached with regard to all of them during 1990.
- (c) (i) 42 000  
(ii) 1 800  
(iii) 1 500

~~House of~~ 13/3/90  
Aids programmes  
(2) Yes—the rest of the question falls away.

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B434E  
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- Yes, during the financial year 1989/90 R4,5 million was spent on combating Aids. Funds were mainly spent on: ~~House of~~ 13/3/90
  - HIV (Human Immunodeficiency Virus) laboratory tests of suspected cases,
  - supplying of more condoms,
  - running costs of existing Aids Training and Information Centres,
  - the establishment of three new Aids Training and Information Centres,
  - education by providing brochures in seven different languages to the public,
  - education to professional groups by compiling and distributing professional brochures to doctors and nurses.

Charge of rape against sergeant in SAP and Order: ~~House of~~ 13/3/90

- (1) Whether, with reference to information furnished to the South African Police for the purpose of the Minister's reply, a charge of rape has been laid by a person from Site B, Khayelisha, against a sergeant in the South African Police; if so, (a) what is the name of the accused and (b) what progress has been made in the investigation of the case; ~~House of~~ 13/3/90
- (2) whether the accused has been suspended from the Police Force pending the outcome of the case; if not, why not;

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MINISTER OF LAW AND ORDER:

- (1) Yes.
  - (a) Constable C M Nkomo.
  - (b) It is anticipated that the investigation will be completed shortly, whereafter the docket will be handed to the Attorney-General for a decision.
- (2) No, in view of the nature of the available evidence, the decision of the Attorney-General is first being awaited, after which his suspension will be considered.
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I do not regard it in the interest of either the country or the public to furnish this information.

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- (1) Whether the Pitendrih report on pharmaceutical studies in South Africa has been completed; if so, what recommendations are made in the report regarding the rationalization of pharmacy schools; if not, when is it anticipated that it will be completed; ~~House of~~ 13/3/90

whether the report is to be made public; if not, why not; if so, when? ~~House of~~ 13/3/90 B441E

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- (1) Yes. On request of my predecessor the Universities and Technikon Advisory Council investigated this matter and completed the report. My predecessor considered it in consultation with the Ministers of Departments of State responsible for education. It was then decided to gather further comments regarding the findings of the report from interested parties. Consultations are currently taking place between Departments of State responsible for education with the view to a recommendation to the Education Ministers in respect of the acceptance or otherwise of the recommendations in the light of the said comments.
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Teacher bursaries: repayment

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- (1) Whether teachers to whom the Department of Education and Training is unable to offer posts are required to repay bursaries provided by this Department; if so, (a) why, (b) on what terms and (c) how many teachers fell into this category in the past three years; if not,
- (2) whether the money in question is written off, if so, what total amount of money was written off in the past three years? B442E

The MINISTER OF EDUCATION:

- (1) Yes.
  - (a) According to the bursary agreement, all bursaries are repayable if the required period of teaching service (in any education department, including the Self-governing Territories) is not rendered
  - (b) The bursary debt can be repaid in one amount or in instalments as agreed to with the bursary holder.
  - (c) None.



# Aids: 90 per cent unreported

PAT DEVEREAUX

**HUNDREDS, possibly thousands, of Aids cases are going unreported in South Africa. A conservative guess is that only about one out of every 100 cases are being reported.**

This came to light after a heated debate this week on Aids statistics between director of the National Institute for Virology, Professor Barry Schoub, and the Aids Economic Research Unit spokesman, Mr Keith Edelston.

Mr Edelston recently claimed that between 50 per cent and 70 percent of SA's black labour force will have died of Aids or be carriers of the HIV virus by the year 2000. His statements were scathingly dismissed by Professor Schoub who described them as "sweeping, sensational and unscientific".

## Black Death plague

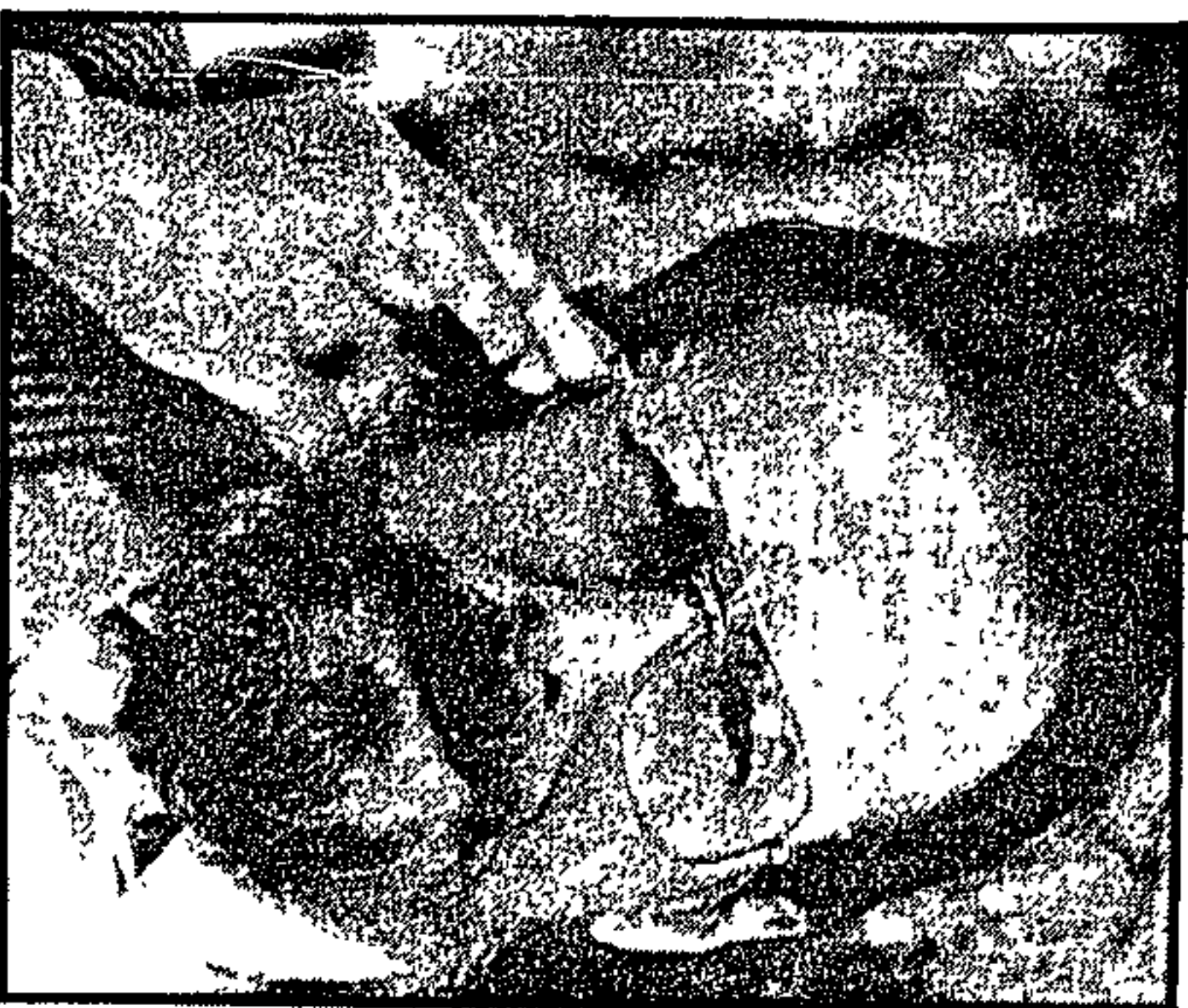
However, Mr Edelston said he was starting from Professor Schoub's own figures released last April which showed one out of every hundred patients seen at VD clinics were HIV infective.

In response Professor Schoub said: "I cannot say what percentage of the population will have died by the year 2000, but neither can anybody else.

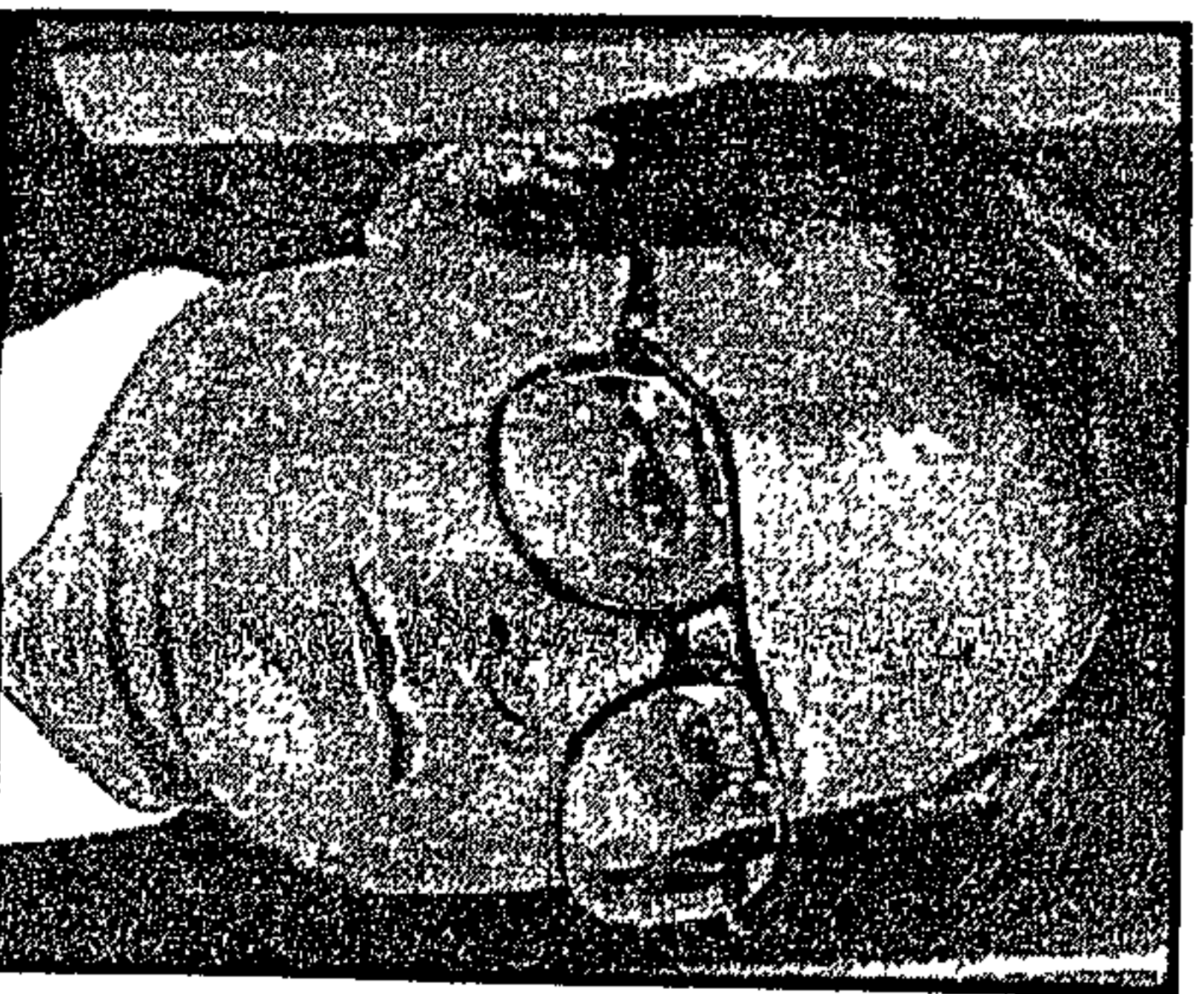
"I'm not sure how he gets his figures. He appears to be doubling up every eight months. There aren't any scientific methods to project the Aids cases in the future."

Comparing Aids to Europe's Black Death plague, Mr Edelston argued that the South African medical profession seemed reluctant to project on the spread of the disease.

"But looking at the spread of the disease as a finan-



MR EDELSTON: Between 50 percent and 70 percent of black labour force will die by year 2000.



PROFESSOR SCHOUB: Dismissed claims as "sweeping, sensational and unscientific".

cial strategist, my concern is that for any future planning we must allow for a worst case projection scenario as part of our research into the effect of Aids on the economy," he said.

However, Professor Schoub pointed out that: "There is no information concerning the total extent of the infection throughout the country — which lays statistics open to wild exaggeration.

"Aids is not a notifiable disease and doctors don't have to report Aids cases: it's a voluntary reporting system.

"There are countries where it is notifiable but I don't think that making it a notifiable disease would make figures more accurate. People would still not report cases," he added.

Throughout the world there is a significant differ-

ence between Aids cases reported and those estimated, according to the World Health Organisation international statistics on Aids. In Africa only about 10 percent of estimated cases are reported.

According to the latest figures released by South Africa's Department of National Health and Population Development, since 1982 there have been 30 Aids cases diagnosed. Last year 135 cases of the disease were reported compared to 87 in 1988, 24 in 1987 and eight in 1985.

In the age group of nine years and under, 11 cases have been diagnosed. Most Aids cases occur in the predominantly male 30-to-39 age group.

## Haemophiliacs, drug users

Of the 308 cases only 42 are women, of which 35 are black. An equal number of black men, mostly heterosexual, are part of the statistics.

Fifteen people are said to have contracted Aids through blood transfusions. There were 12 haemophiliacs with the disease and 10 children who had become infected directly from their mothers and one person who contracted the disease as an intravenous drug user.

Reports gathered from various laboratories testing for HIV infection in SA indicate that about 3 000 people have tested positive so far.

Some experts believe there may be as many as 60 000 HIV positive people in SA. Surveillance studies in pregnant women in the greater Johannesburg PWV area showed a prevalence of 1 in 300 positivity in pregnant black women. No positives were found in white, coloured or Indian women in this study.



# SA Aids: figures do not add up

JOHANNESBURG is described as the Aids capital of South Africa with 154 people having been diagnosed as being full-blown Acquired Immune Deficiency Syndrome sufferers. Of these 98 have died.

Pretoria ranks second on the Transvaal list with 15 Aids sufferers and a further five in the final stages of the disease.

Cape Town recorded the second highest number of Aids-related deaths — 33 — with 59 residents diagnosed as being full-blown Aids sufferers.

Durban records 43 diagnosed cases and 16 deaths.

But, these figures released last month by the Department of National Health and Population Development are extremely conservative when compared to a shock disclosure made two days ago by the secretary of Health for kwaZulu, Dr Daryl Hackland, who revealed that in Natal there are likely to be as many as 90 000 Aids-infected people in kwaZulu — many of them teenagers.

## Exceed

And two major Johannesburg based laboratories — which test thousands of blood samples for the HIV Aids infective virus — approached this week in an attempt to establish the true facts on the spread of the deadly virus — also gave figures which far exceeded the State's.

Employees at both laboratories said they tested between 100 and 150 samples for the Aids virus each day and a laboratory technician, who asked not to be named, said they found between one and six HIV positive cases each day.

"Eighteen months ago we took random HIV samples in two areas of kwaZulu, namely Ubombo and Edendale, and came up with no positives. This year in January we tested again and found that 1,5 percent of the cases we saw were infected with the virus."

Reflecting on a more general trend Dr Hackland said: "This means that if 1,5 per-

## Medics split over extent of problem

**IS there a cover-up by the medical profession and the State authorities on the spread of Aids in this country? — Saturday Star reporter PAT DEVEREAUX investigates . . .**

cent of the 6 million blacks are infected we could have some 90 000 cases of HIV infected people."

After his visit to Durban and Maritzburg this week, he was also able to disclose that the Aids laboratory at Edendale Hospital in Maritzburg was picking up three cases of HIV positives a week.

According to Dr Hackland 33 cases of full-blown Aids cases have been found in kwaZulu to date. These have been discovered quite incidentally through patient illness or hospital visits.

In contrast, however, the actual figures for HIV infection in kwaZulu, are deceptively low, 25 cases of HIV infection were picked up in 1988, 82 in 1989 and already about 14 this year. There have been a total of 14 deaths from full-blown Aids in kwaZulu.

Professor Ruben Sher heads Johannesburg's Medical Research Department of Virology and is responsible for collating Aids statistics countrywide and supplying these to the Department of National Health and Population Development.

Asked why there appeared to be such a huge discrepancy between the latest State statistics and laboratory figures for Aids as well as those reported by Dr Hackland, Professor Sher said: "The estimates such as

that of 90 000 Aids infective cases in Natal are not proven cases."

He said he collected figures — which were then given to the Health Department for public release — from most Aids testing laboratories in major centres countrywide.

"But these figures may exclude some homeland figures and some private laboratories do not supply us with their figures," he admitted.

He added: "Speculation is extremely dangerous. For instance how can one evaluate figures for the thousands of people who are not tested for the Aids virus at all."

Releasing his latest figures, Professor Sher said: "Up to February 10 this year laboratory tests show 3 450 HIV positives countrywide and 326 cases of full blown Aids."

A consultant at Johannesburg Hospital's HIV clinic, Dr Steve Miller said: "I don't think anyone is able to collate accurate figures for HIV infected people. There is gross under-reporting."

## Distressed

Asked whether he believed there was a cover-up by the medical profession or the State concerning the spread of the disease, he said: "Those in the medical profession involved in Aids are distressed at the State and the Aids Advisory Group's response to the problem."

"There is a known reluctance to report figures because there has been an inadequate State response. It is ultimately up to the patient whether he allows his doctor to disclose that he has Aids. Many refuse because information is supplied to the Aids Advisory Group on a named basis."

"Not too much store can be set by statistics because not everybody is being tested for the virus."

"The data on full-blown Aids is already eight to 10 years old and therefore not relevant to the situation today. What should really be looked at is the number of HIV positive cases because these will develop into full-blown Aids in the next couple of years," he added.



~~Handwritten~~  
13/3/90

would geographically speaking be part of Lesotho should the normal contour of the mountain border as proposed by Lesotho. In terms of the above-mentioned agreement the triangle has always been RSA territory.

(b) The difference of opinion will again receive attention as soon as talks can be held with the new Minister of Foreign Affairs of Lesotho to discuss the matter.

(c) The following steps have already been taken or are now envisaged:

(i) On 30 June 1989 a Joint Commission of Enquiry visited the area. After completion of the enquiry the officials involved in the Commission came to the conclusion that the matter would have to be resolved at Government level. Lesotho consequently requested that the matter be referred to me and Colonel Thabae Letsie of the Military Council of Lesotho for consideration.

(ii) The Department of Foreign Affairs has on various occasions since then tried to further the discussions.

(iii) At the beginning of 1990 it was once again suggested that a meeting be arranged in Lesotho as soon as possible after the opening of the RSA parliament. In February it was proposed to Lesotho that the Deputy Minister of Foreign Affairs visit Lesotho for this purpose on 26 or 28 March 1990. Because of the changes in the Military and Ministers' Councils of Lesotho soon afterwards and specifically the retirement of Colonel Thabae Letsie as Minister of Foreign Affairs, Lesotho's reaction is at present being awaited as to when a meeting with the

new Minister of Foreign Affairs can take place.

(2) Falls away.

Compulsory transferable pension scheme

\*11. Mrs C H CHARLEWOOD asked the Minister of National Health and Population Development: ~~Handwritten~~ 13/3/90.

Whether any consideration has been given to the establishment of a compulsory transferable pension scheme; if so, (a) what consideration, (b) when and (c) with what result; if not, why not?

~~Handwritten~~  
The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT: B422E

Yes,

(a) the matter was investigated by various committees over a number of years,

(b) over the period as from December 1964 to February 1987,

(c) no positive results could be achieved because of opposition to such a scheme from various bodies and/or organisations.

Distribution of free condoms

\*12. Mrs C H CHARLEWOOD asked the Minister of National Health and Population Development: ~~Handwritten~~ 13/3/90.

(1) Whether funds are allocated by the State for the distribution of free condoms; if not, why not; if so, what funds;

(2) whether there are any (a) surcharges and/or (b) duties on imported condoms; if so, what surcharges and/or duties;

(3) whether, in view of the increasing number of cases of Aids, she will take steps to have such surcharges and/or duties withdrawn; if so, (a) what steps and (b) when; if not, why not?

~~Handwritten~~ 13/3/90 B423E  
The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(1) Yes, for the purchase of 21 000 000 condoms.

(2) (a) and (b) yes,  
— surcharge: 20%  
— import duties: 25%

— general sales tax: 13%  
— provincial handling fee: 8%

(3) (a) and (b) yes, the matter has already been discussed with the State Tender Board and with Customs and Excise of the Department of Finance, but is to be placed on the agenda for discussion again.

Robben Island: prisoners on hunger strike

\*13. Mr A J LEON asked the Minister of Justice: Whether any prisoners held on Robben Island have been on a hunger strike since 1 January 1990; if so, (a) how many prisoners are involved, (b) when did they (i) start and (ii) end their hunger strike, (c) what were the stated reasons for the hunger strike and (d) what action was taken by the authorities to end it? ~~Handwritten~~ 13/3/90 B424E

The MINISTER OF JUSTICE:

Yes.

(a) The numbers varied from 303 to 344.

(b) (i) 26 February 1990.

(ii) 8 March 1990.

(c) The prisoners offered a large number of complaints and demands as reasons for the hunger strike. These varied from complaints about privileges and classification to demands for release.

(d) The authorities acted consistently in terms of internationally accepted practices. These varied from the application of the Declaration of Tokyo to discussions and my request to the acting Judge-President of the Supreme Court of the Cape of Good Hope, The Honourable Judge M R de Kock, to deal with the complaints of the concerned prisoners. Judge De Kock's report has now been received and is presently being studied. I also refer the honourable member to a press statement issued by my office last night.

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- (1) Yes.
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HOUSE OF ASSEMBLY

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B441E

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  - (c) None.

HOUSE OF ASSEMBLY

TANIA LEVY

AIDS could halt the high population growth of SA's blacks by the year 2000, Johannesburg senior deputy medical officer of health Nicky Padayachee said at the HSRC in Pretoria yesterday.

And Population Development director general Boet Schoeman said the number of AIDS cases in SA was likely to escalate to 24 400 by 1994. *B 100m 213190*

While AIDS was unlikely to assume the dramatic proportions needed to cause a demographic collapse, it could influence SA's economic and social structure.

Padayachee estimated between 40 000 and 60 000 SA blacks were already infected with HIV. This number could double in the

## AIDS cases expected to hit 24 000 in four years

next eight-and-a-half months. *(12)*

About half of those infected would develop full-blown AIDS within eight or ten years.

Should 75% of those infected with the AIDS virus die, the economy would be seriously impeded and the composition of the population could be drastically altered.

Research indicated the highest incidence of HIV-infection to be among the 15 to 39 age group.

Schoeman said 308 AIDS cases had been reported in SA from 1982 to January 26 this year. Of these, 179 had already died.



## Impractical nature of AIDS exclusion clause criticised

LINDA ENSOR

92

THE AIDS exclusion clause in life policies was criticised in a speech delivered by Southern Life GM Paul Truyens in London yesterday.

Speaking at the Second International Life Insurance Conference, Truyens said it was likely the industry would move away from contractual exclusion because it lacked practical effectiveness.

To implement an exclusion clause, Truyens said, would require an uncontestable certificate of cause of death, or knowledge of the claimant's state of infection at the time of death.

Uncertainty as to the future development of the disease would mean that clauses would have to be broadly worded, giving life offices a lot of discretion in determining whether the exclusion applied or not.

"This could result in much litigation and bad publicity and could even lead to all exclusion clauses being ruled illegal, undesirable and unenforceable," he said.

Truyens said exclusions could be valid in situations where the primary reason for taking out a life policy was for saving and investment, not protection. If the ratio of life cover to premium was sufficiently low, life cover could be offered without exclusions.

"The answer to the AIDS challenge may therefore be to distinguish very clearly between the two functions served by life assurance — on the one hand the provision of life cover, where adequate underwriting is of paramount importance, and on the other the build-up of savings, where exclusions may be the answer." 6/10/97 13/3/90

damage to property, (i) housebreaking with intent to steal and theft and (j) possession of drugs were reported at each specified police station in the Cape Town police district in 1989?

The MINISTER OF LAW AND ORDER: B197E

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Cape Town	20	21	243	346	39	503	701	352	1215	12
Camps Bay	—	—	12	26	7	5	45	27	152	0
Maitland	14	14	97	83	17	79	123	75	318	3
Milnerton	6	9	59	108	19	28	92	97	336	—
Pinelands	7	0	8	40	2	29	101	44	328	—
Sea Point	2	6	45	155	8	34	208	97	734	4
Kensington	12	2	166	148	26	42	49	136	129	2
Woodstock	17	7	118	216	18	111	294	243	824	48
Tableview	3	10	34	26	12	2	67	64	237	—
Melkbosstrand	—	9	6	7	0	0	0	0	35	0
Atlantis	61	14	452	531	89	147	74	744	436	14
Table Bay	11	0	72	23	2	8	9	35	70	4

Note: Because the South African Police is not satisfied with the crime situation in the RSA, crime tendencies are continuously monitored. I wish to assure the honourable member that everything possible is being done to prevent crime. When it is apparent that there is an increase in crime, active steps are taken to counteract this tendency.

*Hansard* 21/3/90 Wynberg police district: offences

78. Mr C W EGLIN asked the Minister of Law and Order:

How many cases of (a) murder, (b) culpable homicide, (c) assault with intent to do grievous bodily harm, (d) common assault, (e) rape, (f)

robbery, (g) theft of vehicles and cycles, (h) damage to property, (i) housebreaking with intent to steal and theft and (j) possession of drugs were reported at each specified police station in the Wynberg police district in 1989?

B198E

The MINISTER OF LAW AND ORDER:

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Wynberg	10	8	48	141	14	81	170	120	378	2
Fish Hoek	20	8	144	146	12	23	65	154	392	—
Simonstown	—	5	22	34	2	7	9	16	53	—
Rondebosch	—	2	26	40	3	27	260	44	424	—
Muizenberg	—	2	147	111	22	49	116	78	372	6
Mowbray	—	14	12	51	2	34	137	32	290	2
Hout Bay	14	4	125	96	20	23	31	72	234	—
Diepriver	2	10	38	102	9	41	182	60	539	—
Claremont	3	9	58	137	5	33	511	135	767	2
Steenberg	30	2	424	394	63	184	165	418	414	—
Kirstenhof	2	12	137	75	9	30	133	104	410	2

Note: Because the South African Police is not satisfied with the crime situation in the RSA, crime tendencies are continuously monitored. I wish to assure the honourable member that everything possible is being done to prevent crime. When it is apparent that there is an increase in crime, active steps are taken to counteract this tendency.

HOUSE OF ASSEMBLY

Vaal Triangle/Eastern Transvaal Highveld: pollutants

148. Mr C B SCHOEMAN asked the Minister of National Health and Population Development:†

- (1) (a) What pollutants occur in the air of the Vaal Triangle and the Eastern Transvaal Highveld and (b) in what concentrations do these pollutants occur.
- (2) whether, with a view to the protection of human health and plant life, scientifically based levels of pollutants that may not be exceeded have been determined, if not, why not; if so, what levels;
- (3) whether the present levels of these pollutants in the atmosphere in the Vaal Triangle and Eastern Transvaal are lower than the maximum permissible concentrations that have been so determined;
- (4) whether her Department has inspectors that monitor industries in order to ensure that the conditions in respect of the release of pollutants are complied with; if not, why not; if so, what mechanisms are there in this regard?

B362E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) (a) Mainly oxides of sulphur and nitrogen, hydrocarbons, smoke, metal-oxide dust and many lesser pollutants;
- (b) not all concentrations are measured at all stations. It is impossible to supply all concentrations for all measuring sites, due to the large amount of data available.  
As an example sulphur dioxide concentrations are quoted as ranging between 3.4 and 15.9 parts per billion as annual mean.
- (2) yes, a list of maximum allowable concentrations are available. Some more important ones are listed below.  
*Annual mean:*  
— Sulphur dioxide: 30 parts per billion  
— Nitrogen oxides: 200 parts per billion  
— Ozone: 10 parts per billion

— Suspended particulates: 150 microgram per cubic metre  
— Smoke: 100 microgram per cubic metre.

*Monthly mean:*

- Lead: 2.5 microgram per cubic metre
- (3) yes, for about 99% of the time.
- (4) yes, regular inspections and measuring of emission and ambient concentration levels.

Persons: HIV positive 92

156. Mr M J ELLIS asked the Minister of National Health and Population Development:

How many (a) White, (b) Black, (c) Coloured and (d) Indian persons tested HIV positive in 1987, 1988 and 1989, respectively?

*Hansard* 21/3/90 B375E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

The latest available information as at 30 October 1989. Information is not available regarding the respective years.

- Whites 956
  - Blacks 907
  - Coloureds 91
  - Indians 10
- Unknown population group 432.

Tuberculosis

157. Mr M J ELLIS asked the Minister of National Health and Population Development:

(a) How many cases of tuberculosis were reported in each province in 1989 and (b) how many (i) cases of tuberculosis were hospitalized, and (ii) tuberculosis patients died, in each province in that year?

*Hansard* 21/3/90 B376E

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

(a) Notifications for the reporting period during January to December 1989. It should be noted that "cases" of tuberculosis refer to notified instances of contact, not patients or people. Repeat notification of individuals per annum is thus possible. The following information is furnished as at 5 March 1990.

HOUSE OF ASSEMBLY



*Hansard* 21/3/90  
 Cape 29 159  
 Natal 10 176  
 Orange Free State 3 568  
 Transvaal 14 953

(b) (i) complete information is not yet available regarding the data for 1989. The following information is as at 28 April 1989 and is included in the reply to Question 420 of 1989,

Cape 9 639  
 Natal 9 447  
 Orange Free State 2 773  
 Transvaal 10 283

(ii) notified deaths,  
 Cape 1 171  
 Natal 59  
 Orange Free State 36  
 Transvaal 644

**Aids information programme 92**

158. Mr M J ELLIS asked the Minister of National Health and Population Development:

Whether the Government has given consideration to the implementation of an Aids information programme for use in schools; if so, (a) who is to devise such a programme, (b) when is it to be introduced into schools and (c) in which schools or categories of schools is it to be used; if not; why not?  
*Hansard* 21/3/90 B377E

**THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:**

- Yes.
- (a) programmes are being devised by all education authorities in collaboration with the Department of National Health and Population Development,
  - (b) as soon as it has been finalised,
  - (c) to be decided by the relevant educational authorities.

**Neo-natal deaths**

179. Mr M J ELLIS asked the Minister of National Health and Population Development:

What is the most common cause of neo-natal deaths amongst (a) Whites, (b) Coloureds, (c) Indians and (d) Blacks in (i) urban and (ii) rural areas?  
*Hansard* 21/3/90 B440E

**THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:**

Information regarding separate figures for urban and rural areas are not readily available. Information is available for 1987 only. Prematurity and low birthweight are the causes of 47,7% of all neo-natal deaths. The percentage for the various population groups is as follows:

(a) Whites 33,7%  
 (b) Coloureds 50,5%  
 (c) Indians 53,2%  
 (d) Blacks 48,0%

**Strikes**

205. Mr P H P GASTROW asked the Minister of Manpower: *Hansard* 21/3/90

(a) How many strikes occurred in 1989, (b) in how many cases did the strikes arise out of wage demands and (c) what were the main causes of the remainder of the strikes?

The MINISTER OF MANPOWER: B485E

- (a) 738  
 The Department of Manpower only keeps record of strikes which have to be reported in terms of the Labour Relations Act, 1956.
- (b) 267  
 The figures furnished are for strikes and workstoppages as separate figures are not kept.
- (c) Working conditions  
 Disciplinary measures  
 Wages and other matters  
 Trade union matters  
 Other or unknown

**Note:**

The figures furnished are for the period 1 November 1988 until 31 October 1989.

**Own Affairs:**

**Land transferred to White farmers**

27. Mr A A B BRUWER asked the Minister of Agricultural Development:  
 (1) Whether any land has been transferred to his Department by the Department of (a) Development Aid and (b) Public Works  
*Hansard* 21/3/90

and Land Affairs with the view to making it available to White farmers; if so, (i) how many hectares (aa) have been transferred and (bb) are still to be transferred by each of these Departments, (ii) what pieces of land are involved and (iii) in respect of what date is this information furnished;

(2) what procedure is followed in allocating land that is again made available to White farmers;

(3) whether the political affiliations of persons applying for such land play a role in the allocation thereof; if so, to what extent?  
 B248E

**THE MINISTER OF AGRICULTURAL DEVELOPMENT:**

Reply bound in Annexures of House — see M/205-1990

**Group Areas Act: permits for Hillbrow**

33. Mr L FUCHS asked the Minister of the Budget and Local Government:

Whether his Department received any applications for permits in terms of the Group Areas Act, No 36 of 1966, in respect of (a) business and (b) residential premises in the  
*Hansard* 21/3/90

Hillbrow constituency in 1989; if so, (i) how many such applications had been (aa) granted and (bb) refused as at the latest specified date for which information is available and (ii) what were the reasons for (aa) granting and (bb) refusing each application?  
*Hansard* 21/3/90 B293E

**THE MINISTER OF THE BUDGET AND LOCAL GOVERNMENT:**

Statistics of applications for permits per constituency are not kept. For the area known as Hillbrow the situation since taking over the function on 21 July 1989 to 31 January 1989 is as follows:

- (a) Yes.
  - (i) (aa) 2.
  - (bb) None.
- (ii) (aa) and (bb) Each application is considered on merit in terms of the provisions of section 21(2)(a) of the Group Areas Act, 1966.

(b) Yes.

- (i) (aa) 10.
- (bb) None.
- (ii) (aa) and (bb) Each application is considered on merit in terms of the provisions of section 21(2)(a) of the Group Areas Act, 1966.

# Govt spent R4,5m in fight against Aids

By ANTHONY JOHNSON  
Political Correspondent

CAP T-145  
14/3/90

92  
THE government spent R4,5 million in the fight against Aids in the past financial year, Minister of National Health and Population Development Dr Rina Venter announced yesterday.

However, the government was also considering withdrawing surcharges and duties on imported condoms in a bid to curb the spread of Aids.

The state had also allocated funds for the purchase of 21 million free condoms, Dr Venter said in response to questions by Ms Carole Charlewood (DP Umbilo) and Mr Tony Leon (DP Houghton).

Dr Venter said the R4,5 million spent by the state during the 1989/90 financial year on combating Aids was mainly directed at: HIV laboratory tests of suspected cases; supplying of more condoms; running costs of existing Aids training and information centres; the establishment of three new Aids centres, and education.



# Aids children need help

## 19 South African youngsters are already HIV-infected

IN a deep and remarkable way, the child with Aids is the world's child: the man or woman dying with Aids is the image of our own mortality.

This was said by Jonathan Mann of the World Health Organisation in an article in the magazine *Panos*.

Aids directly affects two major groups of

children: infants who contract HIV from their mothers, and adolescents who are starting to explore sex for the first time, according to the article.

In the absence of any teaching about HIV and

Aids, they inevitably piece together their own picture of the disease. They, and older children, are in urgent-need of Aids education.

Adolescents are a window of opportunity to break the cycle of



HEALTH NEWS

BY MOKGADI PELLA

HIV transmission and its impact on future generations. For boys and girls who grow up expecting to start a family, information about HIV and Aids can motivate them to make safe sexual choices.

"I tell them, if you ever want to get married and have children, you had better not get infected now," said Dr Kristine Baker, an Aids educator in Zambia.

In South Africa there are only 19 Aids-infected children under the age of 19, according to statistics provided by the Department of National Health and Population Development.

The threat to infants reflects another worldwide trend in which women are beginning to represent an even greater proportion of those infected.

### Women

Changing behaviour to avoid risk is difficult for anyone: women and young girls face additional obstacles because of their relative lack of power in both public and private spheres.

In its declaration for the 1980's as the Decade for Women, the United Nations highlighted their socio-economic position: "Women do two-thirds of the world's work, earn 10 percent of its income and own one percent of its property."

The WHO's global programme on Aids believes that close to 80000 HIV-infected infants may have been born in sub-Saharan Africa between 1980 and 1987. If this trend continues, a quarter of a million infants in Africa will have been infected with HIV from their mothers by 1992.

### Children

In the United States, during 1988 alone, between 1 500 and 2 000 children were infected with HIV from their mothers. More than 1 600 children have already developed Aids and three times more are estimated to be infected with HIV.

Regarding transmission, the WHO suggests a rate between 25 and 50 percent.

In South Africa there is no reason to believe that the number of HIV-infected children will not rise. It has been increasing along with statistics for adults. In 1982 South Africa had two Aids cases. Today the number exceeds 326.

15/3/90 (92)

2 Cape Times, Thu

## 60% of Zimbabwe army has HIV

**HARARE.** — Between 10 and 20% of Zimbabweans are infected with the Human Immuno-deficiency Virus (HIV), a conference on Aids heard yesterday, Ziana news agency reports.

Anglo American official Dr John Manson told representatives of industry and commerce gathered here that 30 to 50% of general hospital patients, and over 60% of the armed forces, were affected.

"Eighty percent of patients with tuberculosis have HIV anti-bodies," he said.

The conference is focusing on the socio-economic implications of Aids in Zimbabwe, and is being attended by company representatives from around the country.

Dr Manson also quoted the World Health Organisation as saying that Aids in Africa had jumped by 83% between 1988 and last year. — Sapa



# SA AIDS count 'could be 446 300 in 1991'

8/10/89 27/3/89

Political Staff

CAPE TOWN — Government was downplaying SA's looming AIDS "epidemic" by releasing grossly misleading figures about the extent and rapid spread of the deadly virus, the DP said yesterday.

Health Minister Dr Rina Venter told Parliament last week that 2 396 South Africans of all races had been tested HIV-positive. But the authoritative World Health Organisation (WHO) estimates the figure could be as high as 446 300 by next year among blacks alone.

92

The WHO puts the "doubling time" of the virus in SA at between 7,6 and 9,6 months. DP health spokesman Mike Ellis said yesterday: "Dr Venter is doing nobody in this country a favour by playing down the frightening extent of the AIDS problem." Venter said in reply to a question in Parliament that 956 whites, 907 blacks, 91 coloureds, 10 Indians and 482 of an unknown population group had tested HIV-positive in SA.

Ellis said it appeared Venter was referring only to positive tests by the SA Institute of Medical Research. Other clinics were months behind with reports, while some did not bother to report at all.

He said WHO figures released at a recent World AIDS Day meeting indicated that for blacks aged 15-47, the number of people with HIV-positive infection in 1989 would be between 39 984 and 67 800. This would increase during 1990 to between 106 318 and 180 384 and in 1991 to between 283 038 and 446 300.

# Govt figures on Aids 'misleading'

Cap Times 27/3/90

(92)

Political Correspondent

THE government was down-playing South Africa's looming Aids "epidemic" by releasing misleading figures about the extent and rapid spread of the deadly virus, the Democratic Party charged yesterday.

The Minister of Health, Dr Rina Venter, last week told Parliament that 2 396 South Africans of all races had been tested HIV-positive but the authoritative World Health Organisation estimates the figure could be as high as 446 300 by next year among blacks alone.

WHO puts the doubling time of the virus in South Africa at between 7,6 and 9,6 months.

The DP's health spokesman, Mr Mike Ellis, said yesterday: "Dr Venter is doing nobody in this country a favour by playing down the frightening extent of the Aids problem."

Dr Venter said in reply to a question in Parliament that 956 whites, 907 blacks, 91 coloureds, 10 Indians and 432 of an unidentified population group had tested HIV-positive in South Africa.

Mr Ellis said it appeared that Dr Venter was referring only to the

people the SA Institute of Medical Research had reported as having tested positive to the virus.

"She has given no indication that she is aware that private clinics and institutions involved with testing for Aids are months behind in reporting their findings.

"In fact, many laboratories, because reporting on Aids is voluntary, have not bothered to do so at all."

Mr Ellis said the WHO painted a very different picture of the Aids epidemic in South Africa.

He said their figures were recognised internationally as being accurate.

For example, WHO's figures released at a recent World Aids Day meeting indicated that for blacks aged 15-47 (the sexually most active group of the population) the number of people with HIV-positive infection in 1989 would be between 39 984 and 67 800.

These figures would increase during 1990 to between 106 318 and 180 384 and in 1991 to between 283 038 and 446 300.

WHO was not prepared to predict beyond this point.



# Durban 'will be the worst hit by Aids'

Own Correspondent

DURBAN. — This city is likely to bear the brunt of the Aids epidemic which is expected to sweep through South Africa in the '90s.

This is the view of Mr Alan Whiteside of the Economic Research Unit at the University of Natal in Durban.

He was speaking yesterday during a seminar entitled "The Impact of Aids on Business", organised by the Natal Chamber of Industries.

Mr Whiteside said rapid migration to the city was one of the factors which would facilitate the spread of Aids here,

regarded as the fastest-growing metropolis in the world.

He referred to the 1,8 million people already living in squatter settlements on the periphery of the city and said the disease spread more rapidly where people did not have sufficient access to medical care.

Mr Whiteside said the social unrest in the greater Durban area would create a situation where Aids would develop faster.

"Aids is as deadly as unrest but it will take more time to kill people."

Professor Dennis Pudifin of the Department of Medicine at the University of Natal said 1 200 people in the province had been detected as being HIV-positive and on their way to developing full-blown Aids.

Of these, 1 000 were black men and women in almost equal numbers.

He said that five months ago the total figure in this category was 700.

Professor Reuben Sher, head of the SA Institute for Medical Research in Johannesburg, said the government should not sacrifice its health-care system for the protection of its military budget.

He said the state was spending millions of rands on military equipment such as Ratels and Casspirs. On the other hand, it had not done enough for Aids patients.

He said Aids had now been picked up in 153 countries worldwide and the World Health Organisation was expecting that a figure of 6m cases would have been reported by the year 2000.

SACRAMENTO, California. — Human testing of a potential Aids vaccine has been approved by state health officials, but researchers cautioned that development of a true vaccine will take years.

The approval on Monday was the first for human trials of HGP-30 in the United States, according to the companies that developed the drug.

Clinical trials will be held at San Francisco General Hospital and the University of Southern California Medical Centre in Los Angeles. — Sapa-AP

# SA schools to get Aids information

By ANTHONY JOHNSON  
Political Correspondent

AIDS information programmes would be introduced into South African schools "as soon as they have been finalised", the Minister of National Health, Dr Rina Venter, announced yesterday.

Dr Venter said education programmes were being devised by all education authorities in collaboration with the Department of National Health and Population Development. The schools or categories of schools at which such programmes would be used would be decided by "the relevant

educational authorities", she said in reply to a question by Mr Mike Ellis (DP Durban North).

Replying to another question, Dr Venter said that a total of 2 396 people had been tested HIV-positive for Aids in South Africa by October 30, 1989.

Of these 956 were classified white, 907 were black, 91 coloured, 10 Indian and 432 of "unknown population group". Mr Ellis, the DP's health spokesman, said yesterday that the government's figure indicating that fewer than 2 500 people tested HIV-positive appeared to be "much lower than it should be".

"It would not be in the interest of the country as a whole if the number of

HIV-positive cases was being underplayed by the government," he said.

"The situation is too serious for this and the full statistics must be made available to the public at all times."

Mr Ellis said he was nevertheless aware that the government was monitoring the situation carefully and that it was deeply concerned about the Aids epidemic in the country.

Mr Ellis said he was "pleased to note" that the government was considering the implementation of an Aids programme for use in schools, a section of the population often unaware of such dangers. Programmes aimed at all aspects of

life, including Aids awareness, sexual promiscuity and drug abuse, should be introduced into the curriculum in an attempt to keep the population socially aware, he said.

Mr Ellis said private schools were well in advance of government schools in this regard and it was "a tragedy" that the government had not been prepared to introduce programmes of this nature.

"I am aware that there are parents who might react against such programmes for their children but they must be in the minority and in fact they, too, need education."



27/3/90 (92) (30)

## Squatter women learn about Aids

By Winnie Graham

A group of about 80 women gathered in a small hall in the Winterveldt a few days ago to learn about Aids.

The meeting was interesting for several reasons. Firstly, while some of the wives and mothers had heard of the disease, others had not. All were curious to know more.

But while the workshop intended providing them with all the information they needed, its real intention was far more serious.

With ignorance and poverty major factors in the spread of Aids, the giant squatter camp could be viewed as a potential disaster area because it is home to mainly migrant labourers and refugees.

The workshop was to be conducted by Dr. Maura O'Donoghue, a Catholic nun from the Medical Missionaries of Mary in Britain, who knew if she won the confidence of the women the first steps to contain the disease in the area would be taken.

### HUMBLE

Though they came from a humble, rural background, the women were special in that most had already completed a course in community work, a service organised for them by another Catholic order, the Sisters of Mercy. In the absence of other help, these women knew how to handle most emergencies — from bronchitis to snake-bite. And they had the trust of the community.

Dr Maura, who works for CAFOD (Catholic Fund for Overseas Development) and is a co-ordinator for Third World Community Health, was to outline the problem and tell them what they, as women, could do to overcome Aids.

Their reaction would be carefully noted.

Dr Maura told them the disease had the potential to destroy the entire fabric of society. Though people in every country blamed "foreigners" for introducing Aids, the disease affected people of all races, colours, tribes and religions. No one was immune.

Worst of all, it was a disease which affected not only individuals but the whole family.

### ORPHANS

About 1.5 million people in sub-Saharan Africa were infected with the virus. Apart from the 250 000 children who would die of the disease in the region, another 750 000 would be orphaned.

The disease may initially have affected only homosexuals, she told them, but the number of heterosexuals with it was increasing — as was the number of women.

Promiscuity alone could not be blamed for the spread of the disease. Nine per cent of Aids sufferers in Uganda were under five.

The women listened carefully.

"At the close of the workshop I asked them to role play what they had learned and I was greatly impressed," Dr Maura said. "When the women realised Aids could touch their families, they were immediately interested. And that perhaps is the key."

Dr Maura is confident the Winterveldt programme could be used as a model for other community-based projects in South Africa — programmes which will become increasingly important as the fight against Aids gathers momentum.

R1,32bn. (Stoffel van der Merwe, Development Aid, to Peter Soal, DP Johannesburg North)

As at October 30 last year, 2 396 people in SA had tested HIV positive. Of these, 956 were white; 907 black; 91 coloured; 10 Indian; and 432 of unknown population group. (Rina Venter, National Health, to Mike Ellis, DP Durban North)

F1M 3013190

92

The total accumulative cost of purchasing land for the consolidation of black homelands as at the end of last year was



# Aids may be at epidemic level — DP

star 31/3/90 (92)

DEMOCRATIC Party health spokesman, Mr Mike Ellis yesterday accused the Government of downplaying South Africa's impending Aids epidemic by releasing grossly understated figures on the spread of the virus.

"I am deeply concerned that Government statistics are grossly disproportionate to those being put out by any other organisation monitoring Aids in this country," said Mr Ellis.

## Natal

"I have been fed figures from a wide range of organisations. All these figures point to a very serious epidemic in South Africa. There is no doubt Natal seems to be the hardest hit area and no-one is sure why," he said.

While, two days ago it was revealed that more than 100 Sowetans are being treated for Aids at Baragwanath Hospital and that five Aids sufferers — including three babies — had died last week.

A paediatrician at the hospital, Dr Ian Friedland said: "There have been

## 'Figures we get grossly understated'

PAT DEVEREAUX

16 child cases since 1988. All of these had contracted Aids through their mothers in pregnancy."

He added that at any one time Baragwanath had two to three child patients suffering from the virus.

Mr Ellis said one major reason the Government figures were not accurate was that at present it is not compulsory to report HIV positive figures.

"I have found that many private pathologists and clinics don't report to a centralised point at all," he said.

He added: "An intensive Aids education programme is the only way that we will be able to combat the disease."

Parliamentary figures released recently by Health minister, Dr Rina

Venter say that 2 396 people in the country test HIV positive — which means they are carrying the virus but may not yet have the full blown Aids symptoms.

These figures are way below those of the World Health Organisation which estimates there could be as many as 446 300 black victims of the killer virus by next year.

Mr Ellis said: "Dr Venter is doing nobody a favour by playing down the frightening extent of the Aids problem."

## Months behind

He said it appeared that Dr Venter was referring only to tests done by the SA Institute for Medical Research.

While many other clinics were months behind with their reports and some did not bother to submit their reports at all.

Quoting figures released by the WHO, Mr Ellis said the number of black people in South Africa with the HIV positive infection in 1989 was estimated between 39 984 and 67 800 and this would increase by next year to between 283 038 and 446 300.

● See Page 11.

**Stricter AIDS  
test planned**

Byline 2/4/90 92

LINDA ENSOR

OLD Mutual is to apply stricter AIDS screening procedures as from June 1 this year when all applicants for life policies in which the sum assured is R100 000 or more will have to undergo a test.

At present, the figure is R150 000 or more.

Old Mutual's development actuary, Peter de Byer, says the step is necessary because the AIDS epidemic is spreading and it is expected that the number of HIV positive cases will double each year.

De Byer estimates that since November 1988, when the Life Offices Association (LOA) introduced a testing limit of R200 000, one HIV carrier has been found in every 1 000 of the total of about 20 000 people tested throughout the industry.



# Five die - more than 100 cases at Bara

# SOWETO AIDS LOOK

**MORE than 100 people from Soweto are receiving treatment for Aids at Baragwanath Hospital. And last week a man, a woman and three babies, died of the disease.**

The man and woman contracted the disease through sexual contact.

**By MOKGADI PELA**

Their sexual partners are on the loose, increasing the risk of more people getting the disease.

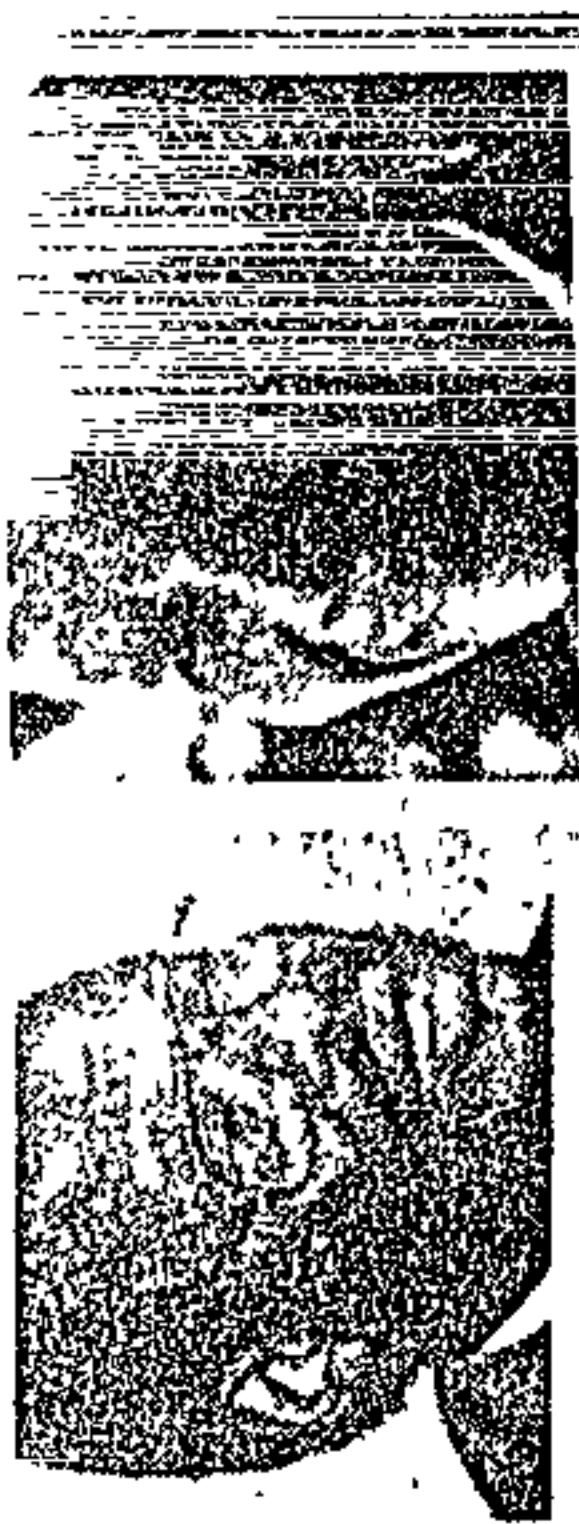
The babies contracted the disease during their mothers' pregnancies.

Baragwanath's deputy superintendent Dr Annemarie Richter,

paediatrician Dr Ian Friedland and physician Dr Alen Kirstaedt warned this week that the number of people suffering from Aids threatened to increase unless people heeded warnings on the disease.

Richter said in certain instances "whole families were infected" and such people were receiving counselling and psychological support.

● To page 2



BUTHELEZI

## Mandela, Buthelezi in rally

ANC deputy president Nelson Mandela and Inkatha leader Mr Mangosuthu Buthelezi will jointly address a mass rally in Natal on Monday in an attempt to halt the growing violence in the province. - See pages 2, 3 and 7.

Sowetan 30/3/90 92

# IN 1990 WE'VE COME OUT FIGHTING!

Sowetan 30/3/90

## Five <sup>92</sup> die in Soweto Aids shock

● From page 1

port at the Bara HIV clinic.

"As a result of the growing number of Aids cases all Soweto clinics have a nursing sister to counsel victims."

Friedland said they found the first child with the disease in 1987.

This child got the disease from his mother after a blood transfusion.

As blood was now being screened, people could not get infected through transfusion.

"Altogether 16 child cases we have had since 1988 got the disease from their mothers during pregnancy," Friedland said.

He said Bara had two or three children suffering from Aids at any one time.

"The babies are usually well at birth, but between one and nine months they become ill.

"They either lose or do not gain weight as expected.

"They may have a recurrent cough, swollen glands or thrush (white sores in the mouth)."

Friedland said such children were unlikely to live for more than a year.

Kirstaedt said about six people were currently bed-ridden at Bara.

He listed the symptoms as loss of weight, night sweats and fever, prolonged diarrhoea, chronic cough and swollen glands that do not disappear.

He warned people to stick to their partners.

Those with many partners should know their track record or resort to condoms.

However, these did not guarantee 100 percent protection, Kirstaedt said.



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# Experts say education big factor in containing AIDS

EMPLOYERS need to begin extensive education programmes to help prevent AIDS growing to epidemic proportions in SA, according to speakers yesterday at an AIDS in Industry symposium.

AIDS expert Dr Ruben Sher projected that 3-million people in Africa might be HIV-positive by the end of 1991, and of these approximately 600 000 might develop full-blown AIDS.

He said: "Industry has a tremendous role to play in the next 10 years in combating AIDS -- that of education."

Many industries, though, had done little concerning AIDS policies. AIDS Policy Research Centre head Dr Jack van Nitrak said "industry worldwide has been extraordinarily irresponsible regarding their AIDS programmes".

Many were employing unethical practices such as pre-employment testing for HIV infection, according

DANIEL FELDMAN

to Johannesburg Hospital HIV clinic head Dr Dennis Sifris.

"HIV infection is a chronic manageable condition, and workers must not be discriminated against for their infection." He pointed out that AIDS victims were debilitatingly ill and unable to work only in their final months of illness.

Most speakers reiterated the fact that AIDS could be spread only through intimate sexual contact, intravenous drug abuse, or infected blood products, and could not be transmitted through casual workplace contact.

NUM spokesman May Hermannus said unions were trying to address the problems of HIV infection in the workplace.

She said the NUM had started an education programme of its own, which included health and safety workshops for workers.

The Transport and General Workers' Union had created a position, to be filled this month, which would deal exclusively with AIDS issues and education, said TGWU spokesman Jane Barrett.

Barrett also spoke in favour of a Cosatu resolution adopted last summer which called for extensive AIDS education in the workplace, a campaign against dismissals of infected workers, and the elimination of unhealthy conditions, such as hostel dwelling, which might contribute to the spread.

Both union spokesmen also declared an urgent need for the formulation of a charter concerning AIDS discrimination and the rights of victims.

Another issue facing employers was the extent of health benefits and pensions that should be provided for AIDS-infected employees as well as the costs of counselling and education.



AIDS expert Dr Ruben Sher... plea for better education.

13/10/94 3/4/90

## Objector Bruce freed from jail sentence is reelected

CONSCIENTIOUS objector David Bruce, whose appeal against his six-year prison sentence was upheld by the Appellate Division in a landmark judgment last week, was released from prison by a Johannesburg magistrate yesterday.

In a majority judgment last Friday the

objectors to... times the per service as set basis that the In a statement



## 2 aim to <sup>92</sup> raise R1m for Aids

TWO young Aids victims set off from the Kyalami race track yesterday morning on the St Jude Cycle Tour from Johannesburg to Cape Town hoping to raise R1 million for other victims of the disease.

Allan Harcombe, 34, and Pietro Batison, 28, will cycle the 2 000km from Johannesburg to Cape Town in 21 days.

Their route will take them through major cities and towns in the Transvaal, Orange Free State, Eastern Cape and Western Cape.

Barry Greyvenstein, chairman of the St Jude Cycle Tour organising committee, said funds from the tour would be raised from sponsorship, donations along the route and from a lucky draw competition. - Sapa.

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## Aids not government ploy — black leaders

The Argus Correspondent

*ASAS 4/4/90 (92)*  
DURBAN. — For the first time the ANC, Inkatha and other prominent black leaders have joined together and declared war against Aids in the form of a powerful video which warns that the disease is "not a government ploy."

The video comes at a time when pamphlets are being circulated in townships saying: "Aids is designed by the South African government to prevent the population growth of blacks."

Warnings by white medical authorities and others that "we are heading for a black holocaust which will wipe out South Africa's labour force" are going unheeded.

But soon the warning words of Chief Buthelezi of Kwazulu, Mr Walter Sisulu of the ANC, King Zwelithini Goodwill of Zululand, the Minister of Health for Kwazulu, Dr Frank Mdlalose, the national president of the Black Taxi Association, Mr James Ngcoya, the president of the World Council of Churches and even the Chief of the Traditional Healers' Association of South Africa (the witchdoctors) will be ringing out across the nation.

The video, produced by Mr Perfect Malimela, has been highly praised by medical authorities.



# Aids leaflets racist - doctor

Soweta  
10/4/90

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ONE of South Africa's top experts on Aids, Dr Ruben Sher is furious about the use of his name in pamphlets circulating around the country and yesterday warned rightwing politicians to leave him and Aids out of their war.

Sher, of the South African Institute of Medical Research, is so angry that he has already approached the SABC and a message from him dispelling widespread rumours that Aids was manufactured in a laboratory and that it is safe to sleep with Indian women will probably be broadcast this week.

Referring to one pamphlet, which has been widely circulated around the country, Sher said: "It is time that people stop using the Aids virus as a political football and I appeal to people not to use my name for their own political expediency. It is my personal opinion - and I have no qualms about saying it - that the ANC would not stoop as low as to publish the racial filth that is being accredited to them."

## Indian

The pamphlet, entitled "Amandla - Views and News of blacks fighting for freedom in South Africa" states that "FW de Klerk and his racist white government chose the Aids virus to chase us out of Azania ... It has been scientifically proven by Dr Ruben Sher that Indian, and not white



DR RUBEN SHER

women have the antibody to the Aids virus.

"The white racists started a slander campaign so that we wouldn't find a cure, but our friends in the DP found out that to stop us ever catching Aids all we have to do is sleep with an Indian woman."

Responding to this Sher said:

"I think this pamphlet is a tissue of lies from beginning to end and it is not based on any scientific or medical facts.

## Laboratory

"The suggestion that the Aids virus was manufactured in a laboratory is an idea that has been bandied around in several countries and has its origins in rightwing political groups."

Not one Indian woman that the institute knew of had died of Aids in South Africa and there were only three Indian women in the country who had tested HIV positive.

"I did not scientifically prove, at any stage, that Indian and not white women have the antibodies to the aids virus," he said.

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Own Correspondent

DURBAN — South Africa could — in the not too distant future — become a mirror image of Uganda where there are now more than one million cases of Aids infected people, according to a leading Aids authority.

A new figure, not previously published, is that some 87 701 positive cases of HIV infection have been picked up by blood transfusion services in South Africa and it has been conservatively proved that there is one HIV-infected person for every 215 black blood donors who are seen by blood transfusion centres.

This does not even necessarily include the estimated 90 000 infected people in kwaZulu or other cases in South Africa which have not been detected at blood transfusion centres.

The Secretary of Health for kwaZulu, Dr Daryl Hackland, recently met the medical attache to the American Embassy, Dr Paul Grundy, who told him of the grave and horrific situation in Uganda which experts have warned is "not as far removed from South Africa as we would like to think".

The Ugandan scenario and prognosis of a similar situation in South Africa (unless sexual behaviour changes drastically) follows a recent warning by Natal's MEC in charge of health, Mr Tino Volker, that Aids infection in Natal and the rest of the country was being underestimated and that statistics were not nearly reflective of what

## Aids: SA may 'one day be like Uganda'

was really happening.

Dr Hackland warned that "Uganda is ravaged by Aids and we have to take very serious cognisance of this because unless sexual behaviour changes soon, South Africa has the potential to go the same way."

Dr Hackland revealed statistics which he said have until now been covered up by the Ugandan Government.

"In 1988 there were 790 000 people in Uganda who were infected with the HIV virus; by 1989 there were one million and this year there are more than one million HIV infected people.

"In some areas of Uganda, for example Rakai, 52 percent of the population are HIV infected in the age group of 20 to 30 years," said Dr Hackland.

"In some villages in Uganda there are virtually no people left in the 20 to 40 age group. Villages are littered with 'orphans and funerals have become a way of life," said Dr Hackland.

He again stressed that education about changing sexual habits, having only one partner and taking precautions was the only way to prevent an Aids catastrophe, like that of Uganda, happening in South Africa.



# Conference calls for 'Aids indaba' in SA

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Staff Reporter

THE government and non-governmental bodies should meet for an "Aids indaba" that transcends all political differences, a press conference on Aids in Parow, hosted by the Medical Research Council, was told yesterday. At a conference to discuss the findings of the first scientific survey of Aids among blacks in South Africa, MRC spokesmen stressed that only the state had the finances to tackle the growing problem.

The state, however, was unable to reach individuals in the way non-governmental bodies such as community groups, the ANC and others could. An "indaba" was therefore necessary.

The paper, presented by Dr N Padayachee, senior deputy medical officer of health for Johannesburg, and

Dr Robert Schall, senior statistician of the MRC's Institute for Biostatistics, was published in the most recent edition of the SA Medical Journal.

It was described yesterday by deputy MRC president Dr Walter Prozesky as a "keynote" paper, which "for the first time provided representative data of the situation in SA".

The report recommended a national serosurveillance (taking and testing of blood samples) programme, to provide data "of strategic importance".

The anonymous testing of blood samples routinely taken from attenders of antenatal, family planning, sexually transmitted disease and tuberculosis clinics was recommended.

The two doctors said yesterday that such a programme would cost between R500 000 and R2 million a year, depending on its complexity.

## New campaign focuses on women

The focus of the international campaign against Aids will this year be directed for the first time at women, who are now considered a crucial factor in achieving health for all.

Announcing the strategy for the third annual programme yesterday, World Health Organisation director general, Dr Hiroshi Hakajima, told the 85th session of the executive board in Geneva, Switzerland, that the role of women was vital not only in preventing infection, but caring for HIV-infect-

ed people and people with Aids. (92)

He said the programme would be undertaken within the broader framework of women, health and development.

In South Africa, plans are already afoot to highlight World Aids day on December 1. Professor Ruben Sher, head of the Department of Immunology at the South African Institute of Medical Research, urged women's organisations countrywide to become involved in the campaign.



# Hospital workers get Aids drug

CAM T1575 6/4/90 92

## Own Correspondent

**DURBAN.** — Three Natal provincial hospital staffers have suffered "finger prick" injuries while treating Aids patients and are being treated with the drug AZT, Mr Val Volker, MEC for Health Services, said yesterday.

He also said the number of heterosexual Aids cases was increasing rapidly in Natal.

Mr Volker told the Extended Parliamentary Committee sitting in Maritzburg that the expensive AZT drug (R1 800 per patient per month), was being administered to the staff members as prophylactic treatment. However, he did not say whether they had been tested HIV-positive.

Questioned later, Mr Volker said there was no evidence at this

stage that they had been infected.

He said 267 patients were tested HIV-positive in January this year and another 282 in February.

HIV-positivity was currently "grossly underestimated and national statistics are hopelessly inaccurate" because of medico-legal aspects and patient confidentiality.

He said the Department of National Health and Population Development had spent more than R1 million on Aids-related advertising and the Health Matters Advisory Committee was addressing an Aids Action Plan.

● Mrs Carole Charlewood (DP Umbilo) sparked a row when she put it to Mr Volker that 100 000 new cancer patients were being denied life-giving treatment every year.

Mr Volker said that if this figure were to be accepted it would mean that there were 350 new cancer patients every day.

The position was that the figure of 100 000 referred to the number of treatments and not the number of patients involved.

He denied that life-saving treatment was being withheld from anyone, though some terminal cancer patients were being put on medication instead.

● Referring to the problems at Durban's King Edward VIII Hospital, Mr Volker said he had made it his specific task to arrange for the urgent upgrading of the hospital.

He said a start would be made in the current financial year with the creating of a trauma unit and dedicated surgical and orthopaedic facilities.

# Top UN Aids expert resigns in a huff

THE surprise resignation of Jonathan Mann, head of the Aids programme at the UN World Health Organisation in Geneva, gives rise to fears that the effectiveness of the WHO in controlling Aids could now be severely reduced.

Mann cited as his reason for leaving a "great variance" between his position and that of WHO Director-General Hiroshi Nakajima. He says Nakajima is not convinced of the seriousness of the Aids epidemic, which Mann says is getting worse. He charges Nakajima with dragging his feet on important issues, and taking a "business as usual" attitude to a growing threat.

Mann, an American doctor, turned the Global Programme on Aids into the main co-ordinating centre for world efforts to track and control Aids over the past four years. He says Nakajima may have disliked the fact that Aids is "by a factor of three, the largest of any WHO programme".

Mann had some \$100-million (R250-million) per year to spend on Aids. The money was donated by industrialised countries. None was taken from the regular WHO budget of \$340-million per year.

Mann says Nakajima systematically blocked efforts to take decisive action on Aids: "There have been unconscionable delays, of months and months, in actions I consider important. I could no longer head a programme of words rather than actions."

*The American Aids expert leading the UN's global fight against the killer disease has left his job because of differences with his boss, reports DEBORA MACKENZIE*

For example, Mann says he "pleaded" with Nakajima to bring together pharmaceutical companies, governments and researchers, to discuss ways to ensure that Aids drugs, and any eventual vaccine, "can be made available to the whole world, and not just to the rich". Nakajima, says Mann, did nothing.

Many drugs and vaccines are not available in poor countries where they are most needed because the large companies that make them charge too high prices. Several years ago, under its previous director, the WHO started a programme on Essential Drugs designed to promote cheap, generic drugs and prevent the sale of unnecessary, expensive medicines in developing countries.

Pharmaceutical companies opposed the programme, which they said cut into profits they needed to finance research.

Under Nakajima, the budget for the Essential Drugs programme has been underspent by a third, and the programme's Danish director has resigned. Nakajima is praised by some

at WHO for easing relations with pharmaceutical companies. He was the head of the Japanese research laboratories of the Swiss firm Hoffmann-Le Roche from 1967 to 1973.

Nakajima is the first Japanese director of a UN agency. His election in 1987 was clouded by the reported opposition of Japanese diplomats in Geneva, who felt he was unsuitable for the post. Nakajima was backed, however, by Ryoichi Saskawa, a Japanese billionaire who has donated much to the WHO.

Morale at WHO headquarters in Geneva has been worsening for two years. Nakajima is said by senior staff to have a secretive, peremptory style of management.

Directors of divisions found out that their divisions had been abolished, and they themselves sacked, in staff circulars or when removers arrived for their office furniture.

Soon after he arrived, Nakajima let it be known that he did not think that women working at WHO headquarters should wear trousers (the ruling was ignored).

Uncertainty has been increased by rumours that Nakajima has stomach cancer. He will not say how serious his condition is. His post as director-general runs for another three years.

Mann, meanwhile, is uncertain about his future. Aids experts around the world have been quick to voice their fears for the continued effectiveness of the WHO Global Programme on Aids.

Worldwide co-ordination of activities ranging from the reporting of epidemiological statistics to results of experimental therapy is needed if the epidemic is to be controlled. Only the WHO, says experts, can mount the required effort. — Gemini



# In the brothels, life goes on

W/Maw 12/4 - 19/4/90  
DESPITE government efforts in West Africa to halt Aids, people's sexual habits remain greatly unchanged. In towns and cities educational campaigns aimed at slowing the spread of Aids have been intensified.

Campaign posters say "Help stop Aids, say No to sex," but slogans and lectures have little impact on people's attitudes to sex. Many still consider Aids a storm in a teacup, while others shrug their shoulders and say: "Aids or not, life goes on."

The prostitutes who work in city hotels underline the indifference in Ghana, Togo, Senegal, Gabon, Cameroon, Burkina Faso and the Ivory Coast.

Visits to hotels and nightclubs in Accra help explain the fast increase in Aids. At the Continental and Star hotels and Le Reve nightclub, prostitutes are doing brisk business with local men and white tourists or visiting businessmen.

The situation is similar in other West African countries. Most women say they are aware of the dangers but that they are compelled to take to prostitution because of economic necessity.

Prostitutes line the streets of expensive West African residential areas such as Cocody and Bingerville in Abidjan, La Corniche and Fann in Dakar, and Kent Street in Banjul. They have a preference for luxury hotels such as the Novotel, 2 Fevrier in Lomé, Silmande in Ouagadougou and fashionable nightclubs.

Senior police officers, government functionaries and social welfare officials

in all these countries accept with philosophical fatalism that little can be done to stamp out prostitution.

Says a senior social welfare officer in Accra: "If you drive them away from Le Reve, they may choose to solicit along the Ring Road. We just can't stop prostitution. We've tried several times and failed."

Cameroon health authorities are trying an innovative idea. They have recruited prostitutes to help distribute condoms, interpret anti-Aids campaign policies and sell other education materials on Aids.

The Health Ministry has launched a passionate appeal to bar and hotel owners to help identify prostitutes operating on their premises. A poll conducted by the ministry found prostitutes and their clients were not scared of Aids.

Even when they are asked to use free condoms, there is resistance. It is estimated that under one percent of African men use condoms. Said prostitute Sophie Pokam: "They threaten to pay less if we force them to use the condom. Since we can't afford to lose so much money, we go ahead without." 92

Intensified educational programmes seem the only option. In Senegal, the Committee for the Prevention of Aids has acquired mobile cinema vans. In Gabon, Aids prevention centres have been set up throughout the country to spread information about the disease. — Gemini.

CALL TRIPS 13/4/90 (92)

# Farmers seek Aids tests for workers

Staff Reporter

LAINGSBURG farmers have asked the Western Province Agricultural Union to arrange for migrant sheap shearers to undergo Aids tests.

Mr Gert Bosch, agricultural union general manager, said yesterday that the request had been made at a meeting with the Laingsburg Farmers' Association on Wednesday night.

He said their request would be discussed at the next executive meeting of the union later this month.

He said the workers came from different regions, including Transkei, Ciskei and Lesotho.

Mr Christo Van Zyl, secretary of the Farmers' Association, said "Aids is a very big threat" and the workers "sheared sheep for two weeks on one farm and then went to the next".

He said the farmers were chiefly concerned about the disease spread-

ing to their own farm workers.

But yesterday the Planned Parenthood Association expressed reservations about the request.

Mrs Erica Greathead, regional director, said the whole idea was "pretty evasive".

"Testing is not going to prove anything except that some people are infected and then what?" she asked.

"Where are those people who are tested positive then going to work and live?"

"The whole idea is a fear reaction and it's going to achieve very little for the amount of money and resources spent. One must remember that a person who is tested negative today can be HIV positive in the future.

"If they want to bring in something that's constructive, then they should spend the same amount of money on an education programme that promotes safer sex."



# AIDS IN AFRICA

## The price of prejudice

WIK. ARCS 14/4/90  
LONDON. — Until recently the countries of central Africa, where Aids has become horribly endemic, were playing the deadly denial game now afflicting those British and American newspapers and commentators who pretend that Aids poses no concern to people whose skins are white and who don't play with drugs, needles or others of the same sex.

In Uganda, a mood of denial helped Slim — the morbidly humorous local nickname for Aids — to grow from a disturbing upcountry curiosity to the almost certain slayer of hundreds of thousands of young Ugandan adults and children.

Africans' initial instincts about disease and denial were very little different from those of many Americans and Europeans. In Britain, health education is again undermined by suggestions that HIV disease is a threat only to gay men. Where huge numbers of heterosexuals are already ill in Africa and US inner cities they, too, are ignored because they are black.

In Africa the complementary view at first took root that Aids was a disease almost exclusive to the white race. After all, it was well known that homosexuality didn't occur in Africa, this too being a specialty of white men.

This is tragically evident in a personal account in a book by Ed Hooper, *Taking a Slim Chance with Aids in Africa*, based on seven years of work in Uganda.

### Still negative

Late in the '80s a Nairobi prostitute, then servicing an average of eight clients per day, felt at liberty to claim to Hooper that "most people affected by Aids are these homosexuals. But we prostitutes only use straight sex, and I don't think there is any problem."

No problem? Remarkably, after nine months on the job like this, prostitute Anna was still negative when tested for HIV. Her own account suggests that she had had unprotected sexual intercourse with 1 000 men in those months, many more than 10 percent of whom were likely themselves to have been infected.

Almost 90 percent of Anna's colleagues were not so fortunate. The prevalence of HIV infection among

92  
Nairobi prostitutes is higher than anywhere else in the world.

Similar anger and denial has confronted any suggestion that the HIV virus first emerged from Africa, even if such suggestions lie in the mouths of scientists. Hooper dared to repeat to African and African-Asian colleagues the theory that HIV had developed from a virus dormant in the African green monkey population. He was abused, spat upon and ostracised.

He became no less unpopular with the Ugandan government and was twice expelled, more recently in 1987. Early reports on human rights violations in Uganda under Obote, as well as coverage of the Slim epidemic, eventually made him entirely unwelcome. But Slim could not be made to go away as simply as despatching journalists with one-way tickets on Air Uganda.

### Kaunda's son

It took President Kenneth Kaunda of Zambia to break the ice, courageously doing for Africa what actors Rock Hudson and Ian Charleson and many more have done for whites. Kaunda announced that his 32-year-old son had died of Aids.

Slim then became more real to Africans — easier to see and to beat. But the price of delay will continue to be hideous.

By the time of the 1989 World Aids Day, last December, Uganda's new health minister felt able publicly to release the results of the national HIV infection survey that had found up to 30 percent of adults (in Western urban areas) were infected. In Kampala 17 percent of the population was HIV positive.

Almost a million Ugandans, six percent of the population, may by now be infected. At least 10 000 Ugandans have contracted Aids. Kenya is only marginally better.

"Slim" is a readable reminder of another world of Aids. It is not a lesson about the blunders of the past but a warning about the future.

In the West, although hopes of a complete cure for Aids are still remote, great strides have been made in delaying the disease.

But even the palliative and disease-delaying drugs now introduced to the West are financially out of reach of African countries.

■ The Observer, London.

# Call for task force to fight AIDS

MATTHEW CURTIN

AN INTERNATIONAL health conference in Maputo, attended by the ANC health secretariat and some SA health organisations, has called for an AIDS task force to be set up to co-ordinate the fight against the disease in southern Africa.

The 250 delegates at the week-long conference, which ended on Sunday, concluded in a written declaration released yesterday that state-run programmes were flawed, and it was vital to integrate community organisations in a campaign against the HIV epidemic.

SA organisations, including the National Medical and Dental Association, the National Education and Health Workers' Union and the SA Health Workers' Congress, were joined by delegations from the Frontline states, the US-based Committee for Health in Southern Africa and the Johannes Weir Foundation of the

Netherlands.

The conference was billed as the first convention of health and social welfare workers and anti-apartheid campaigners from around southern Africa.

The conference committed itself to devising an appropriate social welfare policy for a future SA, with delegates emphasising the need for applied health and welfare research and training. Delegates affirmed this was best achieved through community-based projects.

Delegates noted the Mozambican government's solidarity with "progressive forces" in SA and committed themselves to analyse which foreign models, private and public, could be best adapted to future southern African health and welfare needs.

## Peres focuses on Israeli 'peace govt'

Own Correspondent

TEL AVIV — Heads could start rolling within days unless Shimon Peres manages to put together a new Israeli Labour-led "peace government" to launch talks with Palestinians, analysts said at the weekend.

The first head to roll could well be Peres's, as discontent mounted within Labour over his deadlocked government-forming efforts, the analysts said.

Political sources said key Labour leaders were pressing to replace Peres with former Defence Minister Yitzhak Rabin to salvage the party's fading chances to regain power for the first time in 13 years.

Rabin was reportedly keen to join an "emergency cabinet" with the right-wing Likud bloc, to work toward electoral reform without destroying chances for some form of a Palestinian-Israeli dialogue.

The sources said both Likud and Labour have already exchanged informal feelers on the issue, and Yitzhak Shamir, caretaker prime minister and Likud leader, could be amenable to such an arrangement.

Labour's leadership bureau was to meet on Thursday to assess the situation, as Likud

was convening its party congress to approve a deal that brought four breakaway Liberals back into the fold.

Peres, 66, has until April 26 to present a new government. He won a 15-day extension last week, after his much-touted parliamentary majority crumbled due to defections by two ultra-orthodox supporters. □ Sapa-AP reports from Jerusalem that a gang of masked Palestinian youths rampaged along the main shopping street in Arab east Jerusalem yesterday, stoning police vans, breaking car windows and setting tires ablaze.

The incident occurred as Palestinians marked the second anniversary of the slaying of PLO military commander Khalil Wazir in a commando raid in Tunis.

To head off violence yesterday, the army ordered the 700 000 Palestinian residents of the Gaza Strip confined to their homes.

But memorial parades and protests were reported in about half a dozen West Bank towns and refugee camps. — Daily Telegraph. 610 1774/90



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(92)

# From Maputo, a first shot in the war on Aids

A NATIONAL Aids task force, rooted in progressive health organisations and led by the African National Congress, will be established within the next four months.

This decision, part of a detailed resolution on Aids, was taken at the Fourth International Conference on Health and Welfare in Southern Africa, held in Maputo last week.

The seven-day conference was the first major consultation on health and welfare to involve the internal health, union and political organisations, the external ANC, international support groups and health officials from the Frontline states.

Delegates discussed proposals "for the structure, organisation, financing and development of health and welfare services for a truly democratic South Africa".

Aids and human immunodeficiency virus (HIV — the virus which causes Aids) infection was identified as one issue "of urgent priority".

The Maputo Statement on HIV and Aids, which the conference adopted, maps out a position which directly challenges the approach adopted by the South African government.

"The HIV campaign waged by the state has been grossly inadequate," it says. "Communities have not been involved, nor have representative organisations been consulted.

"Too little funds have been allocated to HIV prevention and the care of people with HIV disease. The media and education campaigns have promoted fear, stigmatisation and discrimination."

The statement calls for a campaign based on community organisations, which must be given adequate resources by the state, and the involvement of credible political leadership at every level.

It calls for the abolition of discriminatory legislation against "gays, commercial sex workers and foreign migrant workers" and for factors which contribute to the spread of Aids, such as migrant labour and homelessness, to be addressed.

The Maputo document is the most coherent statement yet of an alternative approach to Aids. But its real significance lies in the proposed task force. The success or failure of that will decide whether these ideas can actually be put into practice.

ANC executive member Steve Tshwete told delegates that progressive efforts against Aids were assured of support from the highest levels of his organisation.

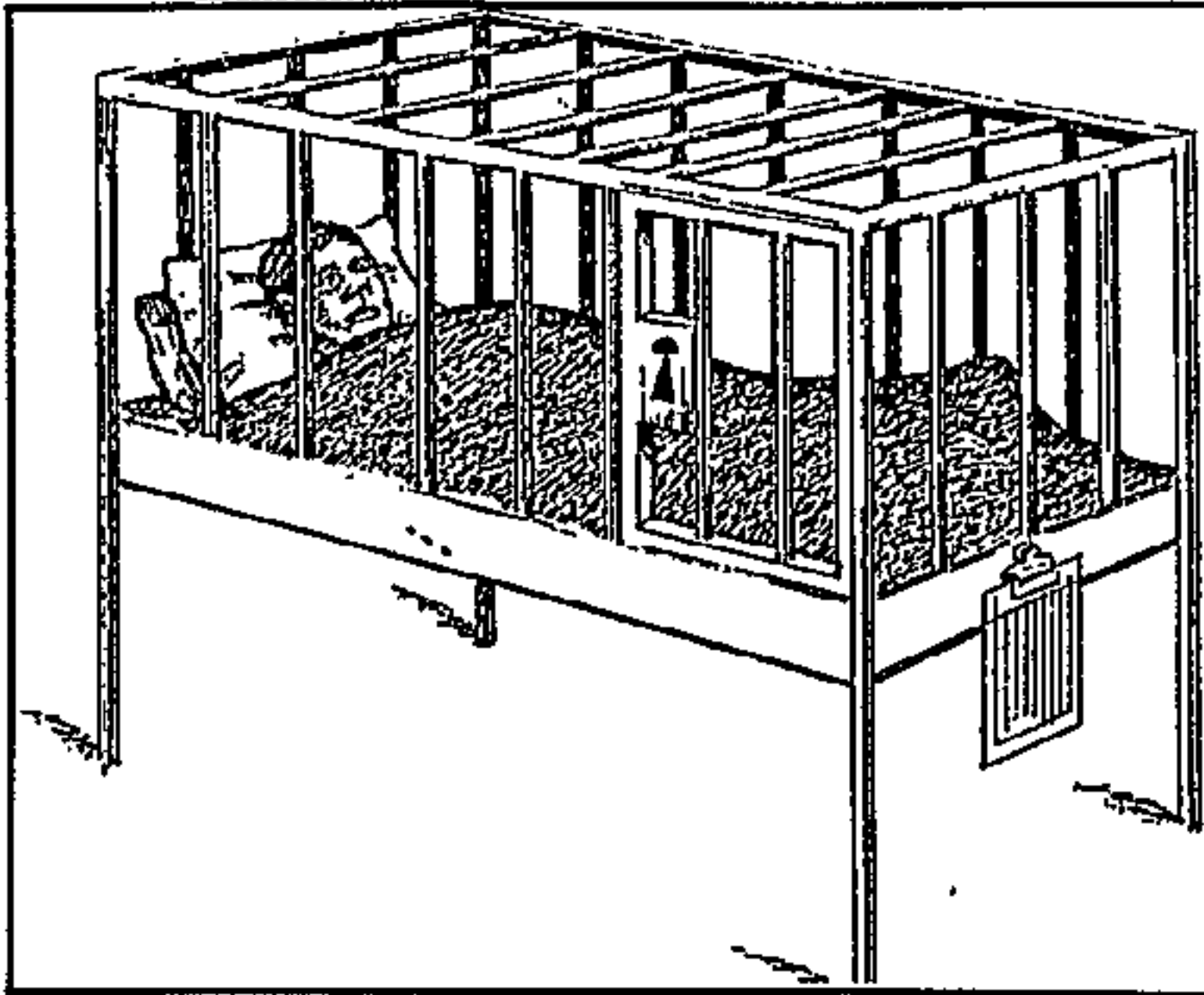
The ANC's backing could make a crucial difference to the organisations

The African National Congress and progressive health groups this week made their strongest commitment yet to fighting Aids. It is a crucial step, writes **JOHN PERLMAN**, but it is only the first

which have been struggling to make communities aware of Aids.

It will provide a strong counter to the suspicion and mistrust which the government campaign — and past public statements linking Aids to the ANC — have created.

If senior political leaders make it their task to raise awareness of Aids, it will certainly seed progressive efforts to prevent it. But what fruit that seed yields will depend crucially on how, and by whom, the ground is ploughed in preparation.



Breaking the Isolation of Aids ... organisation the key

There is no questioning the need for a national task force — it has been an urgent one for some time. At present, the government decides on Aids policy, education and budgets, allocates resources and, in effect, sets the agenda for debate around the issue.

Organisations have criticised this policy and complain that it denies them cash and resources, but the murmured dissent has mostly come from individuals.

While groups like the National Progressive Primary Healthcare Network have begun to build links between Aids groups, a national task force would be better placed to challenge policy and campaign for resources.

It could also draw on international support and established much-needed contact with the World Health Organisation's Global Programme on Aids. The WHO, from which South Africa is suspended, sent representatives to the Maputo conference.

But if the task force is to make a difference, three problems will need to be addressed. The first is that the organisa-

tions represented in Maputo are already over-stretched.

The National Medical and Dental Association, for instance, held a conference on Aids last year and 10 months later has not come out with a single policy statement.

The Congress of South African Trade Unions passed a resolution on Aids last year. But apart from the Transport and General Workers Union, which appointed a full-time Aids worker, few affiliates have acted.

The task force's influence will thus depend considerably on the extent to which it draws in organisations outside the progressive fold, something the Maputo statement clearly commits it to doing.

The Gay Organisation of South Africa, for instance, represents the country's oldest and most comprehensive community-based response to Aids. Yet it was not invited to contribute to either the Namda conference or the Maputo meeting.

The second problem will centre on how the task force decides to relate to the government. Checking the Aids epidemic will require a massive commitment of resources — money, facilities, health workers — and in the end only the state can provide that.

This cannot wait for a change in government. At present some of the best Aids work — both education and care — is being done by individuals based in local health facilities. The task force should give clear guidelines on how to extend this.

The third problem, and the thorniest, is reconciling the need for consultation and grassroots support on the one hand, and for urgency on the other.

Aids prevention will not work if it does not have this support and does not recognise and challenge the way apartheid forces people to live.

But the need to build carefully at this level should not prevent the task force from mandating its leadership to move decisively on others.

It is one thing consulting the community on policy; it's another looking to them to develop it. The task force will be hamstrung if it has to move at the speed of organisations who do not yet recognise Aids as urgent.

In many countries that sense of urgency, so crucial to fighting the disease, has come from people with Aids and those who treat them. In South Africa it is estimated that close on 200 000 people may already be infected with HIV.

The task force can only be strengthened by empowering those people. They will be far less tolerant of unnecessary delays. For them, time is an unaffordable luxury.

# Women hold <sup>92</sup> talks on <sup>Sowetan</sup> <sup>20/4/90</sup> Aids

THE Christian Women Enrichment Programme will at the weekend hold a symposium on Aids in response to the World Health Organisation's call on women to help prevent the fatal disease from spreading.

The symposium will be held at the Baragwanath Recreational Hall on Sunday from 8am to 4.30pm.

According to the WHO, the focus of the international campaign against Aids will this year be directed at women, who are considered a crucial factor in achieving health for all.

## Vital role

The organisation's director, Dr Hiroshi Hakajima, last week told the 85th session of the executive board in Geneva that the role of women was vital not only in preventing infection, but caring for HIV-infected people and people with Aids.

He said the programme would be undertaken within the broader framework of women, health and development.

The Christian women's symposium, organised by women of the Sodality of St Anne, will cover topics like the role of church women in helping people with Aids and the social and medical aspects of the disease, according to Fikile Mlotshwa who is head of the organisation.

1182



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# Aids cyclists barred from Aliwal North

CAPE TOWN 6/4/90  
92

By CLAUDIA KING.

THE mayor of Aliwal North has barred two cyclists on a fund-raising trip from spending the night in the town because they have Aids.

Cyclists Mr Pietro Battiston and Mr Allan Harcombe — who are cycling from Johannesburg to Cape Town to raise funds for an Aids home — have been refused permission to stay in the town's municipal camp site tonight.

The chairman of the St Jude's Cycle Tour committee, Mr Barry Greyvenstein, said Mr Gerardt de Wet, mayor of the small Eastern Cape town, had told him the cyclists would not be allowed to stay there as "it would be bad for the town's tourist industry".

Both the mayor and the assistant town clerk, Mr A M Meiring, have de-

clined to comment on the issue or deny the allegations.

The manager of one of the town's five hotels, Mr Audrey Mc Garry, said he did not think a visit from the cycle tour could damage the town's flourishing tourist industry.

Cape Town Aids expert Professor Deon Knobel, professor of forensic medicine at UCT, said the incident was very unfortunate, but could serve a positive function by illustrating the degree of misunderstanding and disinformation still prevalent in South Africa.

He trusted that the mayor would come to realise that his decision was unscientific and totally unfounded as one could not get the HIV infection from casual contact.

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# SA warned of Aids epidemic

**SOUTH** Africa could become a mirror image of Uganda, where there are now more than a million cases of Aids-infected people, a leading authority on the disease has said.

Figures have revealed that about 87 701 positive cases of HIV infection have been picked up by Blood Transfusion Services in South Africa.

It has also been found that there is one HIV-infected person for every 215 black blood donors who are seen by blood transfusion centres.

These figures do not even include the estimated 90 000 infected people in KwaZulu or other cases in South Africa which have not been detected at the centres.

Secretary of Health for KwaZulu, Dr Daryl Hackland, recently met the medical attache to the American Embassy, Dr Paul Grundy, who told him of the grave and horrific situation in Uganda which experts have

## 87 701 new cases picked up at blood transfusion centres

warned is "not as far removed from South Africa as we would like to think".

A prognosis of a similar situation in South Africa to that of Uganda follows a warning by Natal's MEC in charge of health, Mr Tino Volker, that Aids infection in Natal and the rest of the country was being underestimated.

He said statistics did not nearly reflect what was really happening.

Hackland warned that "Uganda is ravaged by Aids and we have to take very serious cognisance of this because unless sexual behaviour changes soon, South Africa has the potential to go the same way".

"In 1988 there were 790 000 people in Uganda who were infected with the HIV virus. By 1989 there were one million, which accounted for 12,5 percent of the total popu-

lation aged over 15 years, and this year there are more than one million HIV-infected people.

"In some areas of Uganda 52 percent of the population are HIV-infected in the age group of 20 to 30 years.

"In some there are virtually no people left in the 20 to 40 age group. Villages are littered with orphans and funerals have become a way of life," Hackland said.

He said education about changing sexual habits, having only one partner and taking precautions was the only way to prevent an Aids catastrophe, like that of Uganda, happening in South Africa.



# Aids task force is vital, says conference

92  
Own Correspondent

7/17/90  
17/4/90

JOHANNESBURG. — An international health conference attended by the ANC health secretariat and South African health organisations has called for an Aids task force to be set up to co-ordinate the fight against the disease in Southern Africa.

The 250 delegates at the week-long conference in Maputo which ended on Sunday concluded that state-run programmes were flawed and that it was vital to integrate community organisations in a campaign against the HIV epidemic.

SA organisations, including the National Medical and Dental Association, the National Education and Health Workers' Union and the SA Health Workers' Congress, were joined by delegations from the front-line states, the US-based Committee for Health in Southern Africa and the Johannes Weir Foundation of the Netherlands.

The conference was billed as the first convention of health and social welfare workers and anti-apartheid activists from all over Southern Africa.

The conference committed itself to devising an appropriate social welfare policy for a future South Africa, with delegates emphasising the need for applied health and welfare research and training. Delegates affirmed that this was best achieved through community-based projects.

Delegates noted the Mozambican government's solidarity with "progressive forces" in South Africa and committed themselves to analyse which foreign models, private and public, could be best adapted to future Southern African health and welfare needs.

Province	1989	1990	Province	1989	1990
Middelburg	—	0,95	Red Cross	3,66	0,48
Frere	6,94	0,62	Tygerberg	2,36	0,61
Provincial Hospital	—	—	— = No full time doctors employed.		
Port Elizabeth	3,21	0,45	<i>Transvaal Provincial Administration</i>		
Queenstown	28,50	0,73	<i>(General Affairs Hospitals only)</i>		
Somerset East	—	1,52	Dr A G Visser		
Steynsburg	—	1,22	Amajuba Memorial		
Uitenhage	10,94	0,66	Baragwanath		
Walvis Bay	—	0,79	Barberton		
Beaufort West	—	0,83	Bethal		
Bredasdorp	—	1,00	Boksburg-Benoni		
Caledon	—	0,77	Carolina		
Calvinia	—	1,04	Christiana		
Ceres	—	1,68	Coronation		
Citrusdal	—	1,38	Ellisras		
Courradie	13,19	1,00	Ernelo		
Garies	—	0,95	Ga-Rankuwa		
George	6,63	0,58	H F Verwoerd		
G F Jooste	66,50	1,56	Hillbrow		
Hermanus	—	0,90	Ishelujuba		
Karl Bremer	—	0,58	J D Verster		
Knysna	14,00	0,95	Johannesburg		
Ladysmith	—	0,83	Kalafong		
Malmesbury	21,00	0,59	Kalie de Haas		
Montagu	—	1,46	Klerksdorp and Tshpong		
Mossey Bay	58,00	0,92	Leratong		
Oudtshoorn	34,00	0,88	Lydenburg		
Paarl	18,36	0,84	Middelburg		
Porterville	—	0,68	Natalspruit		
Port Nolloth	—	1,10	Nic Bodenstein		
Riversdale	—	1,09	Nigel		
Robertson	—	1,27	Paul Kruger Memorial		
Somerset	5,20	0,36	Pietersburg		
Somerset West	11,00	1,06	Piet Retief		
Springbok	—	1,12	Rietfontein		
Stellenbosch	14,60	0,76	Rob Ferreira		
Victoria	4,29	0,61	Sabie		
Eaton Rehabilitation Centre	73,00	0,88	Schweizer-Reneke		
Lady Michaelis	—	0,90	Standerfontein		
Princess Alice	13,17	1,74	Sterkfontein		
False Bay	10,25	0,77	Tembisa		
Sutherland	—	1,09	Weskopies		
Swellendam	—	1,00	Westfort		
Volks	—	0,59	Witbank		
Vredenburg	—	1,06	Zeerust		
Victoria West	—	0,83	— = No full time doctors employed.		
Vredendal	—	1,64			
Westfleur	8,50	0,49			
Woodstock	3,94	0,58			
Worcester	9,05	1,15			
Groote Schuur	1,59	0,42			
Avalon	11,00	0,65			
Mowbray Maternity	—	0,38			
Peninsula Maternity	—	0,57			

Child abuse: reporting by teachers  
 233. Mr R M BURROWS asked the Minister of National Health and Population Development:  
 (1) Whether she is considering extending the categories of occupation named in section 42 of the Child Care Act, No 74 of 1983, to include teachers as an occupational group who are compelled to report suspected incidences of child abuse to the Regional Director of Health Services and Welfare; if not, why not; if so, when is it expected that the section concerned will be amended in this manner;  
 (2) whether she will make a statement on the matter? B564E

235. Dr F H PAUW asked the Minister of National Health and Population Development:  
 (1) (a) What is the latest available information on the incidence of (i) Aids and (ii) positive tests for HIV among Whites, Coloureds, Indians and Blacks, respectively, and (b) in respect of what date is this information furnished; (92)  
 (2) how do these data affect the (a) planning for meeting future needs in respect of the provision of health services and (b) anticipated future funding of health services;  
 (3) what measures are envisaged to protect the public and health services personnel against the risks of contact with HIV-positive patients and HIV carriers? B575E

THE MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

Reported number of Aids patients as on 12 February 1990

Population groups	1982	'83	'84	'85	'86	'87	'88	'89	'90
Whites	2	4	8	8	23	31	63	86	5
Coloureds	—	—	—	—	1	1	4	7	1
Indians	—	—	—	—	—	1	1	1	1
Blacks	—	—	—	—	—	5	19	46	9
TOTAL	2	4	8	8	24	38	87	139	16

(ii) and (b)

Population Groups	Cumulative total of all reported HIV positive persons in the RSA as on 9 March 1990
Whites	1 066
Coloureds	111
Indians	11
Blacks	1 651
Unknown	592
TOTAL	3 431

Information given in the answer to paragraph "(1)" is based on voluntary anonymous reports received from diagnostic centres.  
 Note: Best available estimates based on various data sources suggest that the number of persons infected with HIV in South Africa at the end of 1989 were in the order of 55 000 persons.



1079

THURSDAY, 26 APRIL 1990

1080

(2) (a) Transmission of the human immunodeficiency virus (HIV).

Less than 10% of HIV infection is preventable through medical technology. This is already taken care of by rendering a blood transfusion service as safe as possible.

More than 90% of transmissions take place by sexual contact or is transmitted from the mother to the unborn child. The AIDS/HIV problem is therefore not really a medical problem.

Various disciplines of the health services are already involved in awareness and dissemination of knowledge campaigns. Motivation towards safer sexual practices is mainly done in small groups or on an individual basis. Towards this end, the Department has established AIDS Training and Information Centres (ATIC's) in the main metropolitan centres (Cape Town, Port Elizabeth, Durban, Bloemfontein and Johannesburg) and is in the process of expanding this programme. These centres are to act as sources of information to assist trainers and counsellors to motivate local communities and attain community involvement and participation in anti-AIDS campaigns.

(b) the Department realises the potential threat of AIDS and will therefore allocate a high priority to the funding of meaningful and proven successful preventive programmes;

(3) the public can be exposed to the HIV by:

- Unprotected sexual contact with an infected person.
- Contact with infected blood through a broken skin, mucous membrane or by using contaminated needles, blades, etc.

Both modes of transmission involve active participation by individuals. The disease is NOT transmitted through casual contact or by vectors (insects). The Public can thus only be protected by the dissemination of factual knowledge on how not to expose themselves to the HIV.

1081

THURSDAY, 26 APRIL 1990

1082

Health services personnel can only protect themselves by rigorous adherence to basic infection control measures. Various guidelines have been made available to health service personnel. Booklets aimed at specific professions have been compiled and distributed free of charge to medical practitioners, dentists and nurses.

#### Exchequer personnel

276. Mr W C MALAN asked the Minister for Administration and Economic Co-ordination:

How many exchequer personnel were employed in (a) the Transvaal, excluding the self-governing territories, (b) Natal, excluding KwaZulu, (c) the Orange Free State, excluding Owaqwa, (d) the Cape Province, (e) KwaZulu, (f) Owaqwa and (g) the Pretoria magisterial district as at 1 September 1988?

B721E

THE MINISTER FOR ADMINISTRATION AND ECONOMIC CO-ORDINATION:

Statistics regarding exchequer personnel are not available as at 1 September 1988 and also not according to geographical distribution. Statistics are, however, available regarding exchequer personnel as at 30 September 1988, divided according to the departments/administrations/institutional groups where they were employed on that date, and the information is set out in the accompanying table:

*From Serv 26/4/89*  
*Skakispersoneel soos op 30 September 1988!*  
*Exchequer personnel as at 30 September 1988*

Administrasie: Volksraad/ Administration: House of Assembly:	
Kaapse	27 016
Onderwysdepartement/ Cape Education Department	11 963
Natalse	
Onderwysdepartement/ Natal Education Department	11 963
OVS	
Onderwysdepartement/ OFS Education Department	8 662
Transvaal	
Onderwysdepartement/ Transvaal Education Department	48 868

Departement van Onderwys/  
en Kultuur/  
Department of Education  
and Culture

Development Planning  
Ontwikkelingshulp/  
Development Aid

4 028

Departement van Landbou  
en Watervoorsiening/  
Department of Agriculture  
and Water Supply

Openbare Werke en  
Grondsaak/  
Public Works and Land Affairs

13 280

Res van Administrasie:  
Volksraad/  
Remainder of Administra-  
tion: House of Assembly

Kantoor van die  
Auditeur-generaal/  
Office of the Auditor-General

807

Volksraad/  
Kantoor van die  
Staatspresident/  
State President's Office

Kantoor van die  
Auditeur-generaal/  
Office of the Auditor-General

153

Administrasie: Raad van  
Algevaardigdes/  
Administration: House of De-  
legates

Staatspresident/  
State President's Office

2 594

Administrasie: Raad van  
Algevaardigdes/  
Administration: House of De-  
legates

Vervoer/  
Transport

14 379

Administrasie: Raad van  
Verteenwoordigers/  
Administration: House of Rep-  
resentatives

Waterwese/  
Water Affairs

529

Administrasie: Raad van  
Verteenwoordigers/  
Administration: House of Rep-  
resentatives

Buro vir Inligting/  
Bureau for Information

74 155

Binnelandse Saak/  
Home Affairs

S A Polisie/  
S A Police

71 157

Buitelandse Saak/  
Foreign Affairs

S A Weermag/  
S A Defence Force

20 515

Finansies/  
Finance

S A Gevangensdiens/  
S A Prisons Service

66 012

Handel en Nywerheid/  
Trade and Industry

Kaapse Provinsiale  
Administrasie/  
Cape Provincial Administration

36 923

Justisie (sonder  
Gevangensdiens)  
Justice (without Prison Service)

Natalse Provinsiale  
Administrasie/  
Natal Provincial Administra-  
tion

23 909

Kantoor van die Kommissie vir  
Administrasie/  
Office of the Commission for  
Administration

OVS Provinsiale Administrasie/  
OFS Provincial Administration

93 482

Landbou-ekonomie en  
bemarking/  
Agricultural Economics and  
Marketing

Transvaal Provinsiale  
Administrasie/  
Transvaal Provincial Adminis-  
tration

477

Manpower

Personeel van die Parlement/  
Personnel of Parliament

361

Mineraal- en Energiesake/  
Mineral and Energy Affairs

Verklaarde inrigtings — Ad-  
min: Volksraad/  
Declared institutions — Ad-  
min: House of Assembly

1 204

Nasionale Gesondheid en  
Bevolkingsontwikkeling/  
National Health and Popula-  
tion Development

Verklaarde inrigtings — Nasio-  
nale Opvoeding/  
Declared institutions — Na-  
sional Education

2 722

Nasionale Opvoeding/  
National Education

Rade vir Uitvoerende Kunste/  
Councils for Performing Arts

8 132

Omgewingsake/  
Environment Affairs

Wetenskaplike Rade/  
Scientific Councils

35 771

Onderwys en Opleiding/  
Education and Training

Universiteite/  
Universities

5 941

Ontwikkelingsbeplanning/  
Development Planning

Universiteite/  
Universities

5 941

Ontwikkelingsbeplanning/  
Development Planning

Universiteite/  
Universities

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Ontwikkelingsbeplanning/  
Development Planning

Universiteite/  
Universities

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Ontwikkelingsbeplanning/  
Development Planning

Universiteite/  
Universities

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Ontwikkelingsbeplanning/  
Development Planning

Universiteite/  
Universities

5 941

# Aids figures denied 92

*Sowetan 24/4/90*

DR Ruben Sher of the Aids Centre in South Africa has heatedly denied a report in London's *The Times* newspaper which stated that one baby in six born in Soweto had Aids.

veys and in the whole of South Africa only one out of every 300 or 400 pregnant black women were infected with the Aids virus.

"This is absolute nonsense. The figures we have are nowhere near that high," he told Sapa.

He said the reports with the exact figures would be released soon.

He said the Aids Centre had conducted sur-

The newspaper report was published on Saturday April 14. Sapa

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# 3 tested for Aids virus <sup>92</sup>

SOWETAN  
Correspondent

THREE members of staff at Natal provincial hospitals have been directly exposed to the Aids virus during the course of their work and are receiving preventive treatment costing R5 400 a month.

It was confirmed yesterday that a medical technician and a doctor at King Edward VIII Hospi-

tal in Durban and another person "involved with medical work" at RK Khan Hospital in Chatsworth were being treated with AZT.

Natal's executive committee member in charge of health, Mr Val Volker said yesterday: "We have to realise that these people could become infected with the HIV virus and the province will do everything in its power to prevent this happening."

*Sowetans 24/4/90*  
**Cost**

He said it cost about R1 800 a course a month to administer AZT and the course took "a while".

"There is no golden pot at the end of the rain-

bow and this money just has to come out of our provincial budget for health," he said.

The chief medical superintendent at King Edward VIII Hospital, Dr Justin Morfopoulos, said a doctor accidentally pricked himself with a needle which had been used on an HIV-infected person. The medical technician injured himself while working with infected tissue from an infected patient.

"These staff members have already been tested for HIV infection and they have been found to be negative, but treatment is being administered.

"They will be re-tested at a later stage and are under constant observation," said Morfopoulos.

Stor 251490

# Medical staff get Aids drug

DURBAN — Three members of staff at Natal provincial hospitals have been exposed to the Aids virus during the course of their work and are presently receiving preventive treatment.

It was confirmed yesterday that a medical technician and a doctor at King Edward VIII Hospital in Durban and another person "involved with medical work" at R K Khan Hospital in Chatsworth were being treated with AZT and were being closely monitored.

## Realise

Natal's MEC for health, Mr Val Volker, said: "We have to realise that these people could become infected with the HIV virus and the province will do everything in its power to prevent this happening."

The chief medical superintendent of King Edward VIII Hospital, Dr Justin Morfopoulos, said the three had been tested for HIV infection and they have been found to be negative. He said they would be tested later. — Own Correspondent.



# Doctors reject report on Aids in Soweto

File 26/4/80 (92)  
By Helen Grange

Doctors and Aids experts have strongly rejected a London newspaper report which stated that one baby in six born in Soweto had Aids.

Both the claim that the babies had Aids (the end stage of infection) and the figure given is totally untrue, they say.

## Erroneous

A Baragwanath hospital spokesman said the HIV virus was recorded in one out of 300 pregnant mothers on average.

And at worst, 60 percent of these babies would contract the virus at birth, according to the head of the Johannesburg hospital Aids Clinic, Dr Dennis Sifris.

This would reduce the figure of infected babies to about one in 800 or more.

According to Professor Ruben Sher of the Aids Centre in South Africa, a more realistic figure for babies contracting the virus from their infected mothers is around 30 percent.

"The babies are mostly born

with the antibodies, but not the virus itself. To say that a baby is born with Aids, even if it is infected, is erroneous," he said.

Professor Sher added that last year the figure recorded for pregnant mothers with the virus was one in 308. "So the figure in this respect is quite stable. The disease is, however, spreading rapidly and the virus is changing. It is no longer the Western, homosexual type," he said.

Dr Sifris said that although Aids was "definitely under-reported", it was "totally ridiculous" to say one in every six babies in Soweto was born with the disease.

A general practitioner in Soweto said he had heard the report, and that it was "very surprising".

"I don't know where it came from, but it can't be true. That figure is alarmingly high," he said.

Professor Sher said, however, that Aids was fast spreading in the black heterosexual population. It was not a "major problem" in the white heterosexual community.

## Unofficial HIV figures top 55 000 — Minister

Political Staff

CAPE TOWN — A total of 3 431 South Africans had been reported HIV-positive by March 9, Health Minister Dr Rina Venter said yesterday.

However, this figure was based only on voluntary anonymous reports received from diagnostic centres.

Venter said the best available estimates based on various data sources suggested that the number of people infected with HIV in SA at the end of last year was about 55 000.

The World Health Organisation has estimated that almost 500 000 people in SA could be infected with HIV by the end of next year.

Venter said in reply to a question from Francois Pauw (CP, nominated) that more than 90% of transmissions of HIV infection took place by sexual contact or were transmitted from the mother to the unborn child.

Less than 10% of HIV infection was preventable through medical technology. "This is already taken care of by rendering a blood transfusion service as safe as possible."

Venter said various disciplines of the health services were already involved in awareness and knowledge dissemination campaigns.

"Motivation towards safer sexual practices is mainly done in small groups or on an individual basis."

To this end the department had established AIDS training and information centres in Cape Town, Port Elizabeth, Durban, Bloemfontein and Johannesburg.

"These centres are to act as sources of information to assist trainers and counsellors to motivate local communities and attain community involvement and participation in anti-AIDS campaigns," she said.



## Doctors link Aids gene to cancer

SCIENTISTS have found new evidence that a single gene of the Aids virus promotes an Aids-related cancer called Kaposi's Sarcoma.

The gene tells cells to produce a particular protein, and the new test-tube study found that this protein spurred the growth of Kaposi's Sarcoma cells taken from Aids patients.

Scientists also found that the protein was released by cells infected with the virus that causes Acquired Immune Deficiency Syndrome.

Kaposi's Sarcoma is a generally uncommon cancer that appears unusually often in people with Aids. It can be controlled medically and it rarely kills Aids patients.

The study focused on a gene, TAT,

which helps regulate growth of the Aids virus. In previous research, scientists had found that when mice were given a copy of this gene, they developed a skin disease closely resembling Kaposi's Sarcoma.

Combined with that finding, the new work indicates that once the gene's protein escapes from an Aids-infected cell, it may promote the development or progression of Kaposi's Sarcoma elsewhere in the body, researchers wrote this week in the British journal *Nature*.

The work was reported by Dr Robert Gallo and colleagues at the National Cancer Institute and Dr Flossie Wong-Staal of the University of California, San Diego. — Sapa-AP

Beroepsklas Occupational Class	KwaZulu		Lebowa		Gazankulu		Ovangua		KwaNdebele		KaNgwane		Total/Total		Va- kant Va- kant
	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	
Sekuriteits- beampte Security Officer	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Stake- beampte (en Media- beampte)	0	0	0	0	0	0	1	1	0	0	0	0	2	0	2
Liason Officer (and Media Of- fiser)	139	66	14	5	18	11	2	2	3	1	7	7	183	92	91
Spesialis Specialist	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1
Sportbevor- drings- beampte	9	0	0	0	0	0	0	0	0	0	1	0	10	0	10
Sport Prom- otion Officer	1	0	0	0	1	0	0	0	2	0	1	0	5	0	5
Spraak- terapeut Speech Therapist	1	0	0	0	1	0	0	0	0	0	1	0	5	0	5
Stad- en Streekplan- ner	0	0	0	0	1	1	0	0	1	1	0	0	2	2	0
Town and Regional Planner	0	0	0	0	1	1	0	0	1	1	0	0	2	2	0
Strekk- landdros	0	0	0	0	1	1	0	0	1	1	0	0	2	2	0
Regional Magistrate	22	18	6	3	5	3	1	0	1	1	4	2	39	27	12
Tandarts	2	1	0	0	0	0	0	0	0	0	0	0	2	1	1
Tandegeskus	5	3	0	0	0	0	0	0	0	0	0	0	5	3	2
Technis- Assistent Technical Assistant	1	0	0	0	0	0	0	0	4	2	2	2	7	4	3
Tikser/ Datakser/ Tjys/ Data Tjys	1	0	0	0	0	0	0	0	2	2	2	2	7	4	3
Tunbou- kundige	1	0	0	0	3	0	1	0	0	0	0	0	5	0	5
Hortuultuist	7	3	5	4	6	4	1	0	1	1	1	1	21	13	8
Veetars	7	3	4	1	1	1	0	1	1	1	1	1	14	8	6
Vetennar- vesonders- beampte	0	0	2	1	0	0	1	0	0	0	2	2	5	4	1
Verkeers- inspekteur Traffic Inspector	8	5	0	0	2	1	0	0	2	0	5	2	17	8	9
Verpleeg- personeel Nursing Staff	1	0	0	0	0	0	1	0	1	0	0	0	2	1	1
Voedsel- toesigouer Food Service Supervisor	1	0	0	0	0	0	0	0	1	1	0	0	2	1	1

Beroepsklas Occupational Class	KwaZulu		Lebowa		Gazankulu		Ovangua		KwaNdebele		KaNgwane		Total/Total		Va- kant Va- kant
	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied	Ge- ident- fiseer Ident- fied		
Voorman: Algemeen Foreman: General	15	7	24	16	0	0	0	0	0	0	0	0	39	23	16
Wassery- toesigouer Laundry Supervisor	2	2	1	1	0	0	0	0	0	0	0	0	3	3	0
Waterver- sorgingsam- legsupen- tendent Water Care Plant Super- intendent	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1
Werk- inspekteur Works Inspector	11	2	9	9	6	1	4	4	4	4	8	5	44	25	19
Total:	1 577	739	478	286	207	99	116	49	332	162	283	151	2 993	1 486	1 507
Total KS Opvoe- ders CS Educators	357	292	216	195	237	186	180	119	175	151	192	130	1 375	1 073	302

**AIDS programmes in schools**

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

- (1) With reference to her reply to Question No 158 on 21 March 1990, what are the names of the education authorities that are devising AIDS information programmes for use in schools;
  - Department of National Education.
  - Department of Education and Training.
  - Department of Education and Culture, Administration: House of Assembly.
  - Department of Education and Culture, Administration: House of Representatives.
  - Department of Education and Culture, Administration: House of Delegates.
- (2) whether these education authorities or her Department is seeking advice from individuals or organisations in devising such programmes; if not, why not; if so, from which individuals or organisations is advice being sought;
  - The importance of and measures in combating AIDS were emphasized. The open invitation forwarded regarding the obtainment of expert/professional information on HIV-infection and AIDS from the Department was received favourably. The co-ordination of activities was especially stressed during the Indaba.
- (3) whether any instructions or recommendations are to be conveyed to education authorities regarding the introduction of such programmes at school level; if not, why not; if so, (a) what instructions or recommendations and (b) when?
  - and (3) The Department of National Health and Population Development can at most supply medical advice and cannot be prescriptive towards other departments. The Advisory Committee on Health Education, consisting of representatives of the Department of National Health and Population Development and



*Handwritten:* all the educational authorities, devise teachers' guides to assist teachers in giving health education. To compile such guides the advice of experts in a particular field is always sought.

Approximately 90% of the present number of AIDS cases were the result of high-risk behaviour. The establishment of high moral values regarding sexuality amongst the youth, is primarily the responsibility of parents within the family context. Further contributions can especially be made by non-governmental organisations (such as churches and culture groups). Educational institutions can especially contribute by means of making factual information available. By this kind of action they contribute towards the preparation of the youth for the future to enable them to make informed and responsible decisions. However no person can take a decision on behalf of another person.

**Media representatives: visas**

307. Mr P G SOAL asked the Minister of Home Affairs: *Handwritten:* 12/5/90

- (1) How many applications for (a) new, and (b) the renewal of, visas were received from foreign media representatives in 1989;
- (2) how many such applications (a) had been (i) granted and (ii) refused and (b) were pending as at 31 December 1989;
- (3) what was the average time taken before such applications were decided upon?

The MINISTER OF HOME AFFAIRS:

- (1) (a) 1 236 of which 157 applications were withdrawn.
- (b) 169 of which one was withdrawn.

- (2) Statistics on the basis required are unfortunately not available. The applications not finalised during 1988 and therefore carried over to 1989 are included in the following figures which are given for the purpose of the reply:

place regarding the possibility to accommodate them elsewhere.

The saving will amount to approximately R4 million per annum which will be used for the upgrading of the Africa services of Radio RSA.

**NEWS RELEASE**

Certain of the SABC's External Radio Services will be phased out in the following months.

The SABC announced today that — in consultation with the Department of Foreign Affairs — this decision had been taken in the light of limited available funding on the one hand but on the other hand new available technology to achieve set goals. The Services to be closed are the external short wave radio services, with the exception of those broadcasting to Africa. The Radio RSA Services involved are the Dutch, German, Spanish, Brazilian and Portuguese Overseas Services, as well as the English and French Services to the United States, Britain and Europe. In line with international practice, the External Services of the SABC are financed by the State.

In the international broadcasting arena today, rapid and ongoing satellite and other technological development — particularly in North America and Europe — favours more modern methods of communication, rather than short wave broadcasting as provided in the past by Radio RSA. In Africa, however, the lack of overall technological development maintains short wave radio broadcasting as by far the most effective present-day communication channel.

Throughout the years the overseas short wave services of Radio RSA have performed a valuable task for South Africa, and both the Department of Foreign Affairs and the SABC owe a debt of gratitude and appreciation to each and every one of those involved.

**Retiring teachers: gratuity**

- (1) Whether consideration is being given to reducing the gratuity paid to retiring

teachers; if so, what are the relevant details;

- (2) whether she will make a statement on the matter?

The MINISTER OF NATIONAL HEALTH AND POPULATION DEVELOPMENT:

- (1) and (2) No.

**Persons economically active**

381. Mr P H P GASTROW asked the Minister of Home Affairs: *Handwritten:* 10/5/90

- (a) How many persons in each population group were economically active in the Republic as at the latest specified date for which figures are available and (b) how many such persons were employed by the public sector?

The MINISTER OF HOME AFFAIRS:

	Whites	Coloureds	Asians	Blacks
(a) 1989	2 033 000	1 223 000	344 000	7 256 000
(b) 1989	608 877	200 520	40 724	830 717
June	528 316	186 148	39 007	748 971

\* Mid-year estimate.  
\*\* The public sector comprises:

- Executive institutions for general and own affairs
- Civil services of the self-governing territories
- Local authorities
- Parastatal institutions
- Universities and technikons
- Agricultural marketing boards
- Public corporations (Iscor excluded)
- Public sector, excluding South African Transport Services.

Chief Directorate: Surveys and Mapping: posts

391. Mr E W TRENT asked the Minister of Public Works and Land Affairs: *Handwritten:* 10/5/90

- (1) How many posts were there on the establishment of the Chief Directorate: Surveys and Mapping as at 31 March 1990;
- (2) whether any posts on the establishment of this chief directorate were vacant as at 31 March 1990; if so, (a) how many, (b) what is the designation of each such post

## Zim tests 'anti-Aids drug'

HARARE - Kemron, an "anti-Aids drug" developed in Kenya, is now being used on a trial basis in Zimbabwe, Ziana news agency Ziana reported yesterday. *Sowetan 915190* disease but reverses its symptoms, has been used for tests in Zimbabwe since March, reportedly with mixed, and as yet inconclusive, results.

The drug, which Kenyan researchers have claimed not only stems the advance of the deadly *Sapa* While some positive effects have been noted on some patients, doctors are non-committal.



# How great is Aids danger to medics?

Sta 28/4/92 (92)

**Are the necessary precautions being taken to protect health workers in South African hospitals from contracting the HIV virus? This was a question put to a number of medical experts by PAT DEVEREAUX.**

THIS week it was reported that a medical technician and a doctor at Durban's King Edward VIII Hospital, as well as a medical worker at the R K Khan Hospital in Chatsworth, are being treated with the Aids drug AZT in an attempt to stop them becoming HIV-infective.

According to Natal MEC in charge of health Mr Val Volker, it will cost R1 800 each month to administer a course of AZT.

The chief medical superintendent at King Edward VIII, Dr Justin Morfopoulos, said the doctor had accidentally pricked himself with a needle which had been used on an HIV-infected person.

The medical technician had worked with infected tissue from an Aids patient.

The two staff members had already been tested for HIV infection and been found negative.

However, because of the so-called "window period" (in which the HIV antibodies may show up as late as three months after the actual contact), they are being treated with AZT.

Although the drug is not a cure for Aids, it is

believed it could hamper the start of the virus.

In 1988, 55 315 Aids cases were reported to the Centre for Disease Control in the US.

Of these, about 2 500 were health workers.

However, according to an American medical journal, Morbidity and Mortality, only 15 of these were definite cases of health workers contaminated through professional contact.

Most of these cases were documented in the United States.

One of the most notable cases of a health worker being dealt the

death sentence through an Aids victim's needle was that of Dr Veronica Prego of New York.

Her negligence action, brought in the Brooklyn Supreme Court, was a case about the safety of health workers — or the lack of it.

In 1983 Dr Prego was working as an intern with Dr Joyce Fogel on Aids patients.

Dr Fogel had used a hypodermic needle and thrown it down on a bed with other medical waste.

The intern's job was to pick this up. When Dr Prego did so, she pricked her finger and the needle went through her protective glove.

At the time it was not known that Aids could be contracted through contaminated blood, and the hospital's only action was to advise her to get an injection against hepatitis.

"I forgot all about it. I just went on with my regular life and duties," she told the court later.

In 1984 she donated blood during her lunch hour.

Weeks later a lab assistant telephoned her to say she had tested positive for the Aids virus.

Dr Prego became the first doctor to bring a civil action of this kind against a health corporation.

The case was finally settled out of court last month after a two-month hearing which included humiliating public examination of her sexual past.

Asked whether a health worker who contracted the Aids virus in similar circumstances in South Africa could take legal action, National Institute for Virology director Professor Barry Schoub said he believed it was possible.

He said Aids advisory groups at hospitals issued directives to health workers, and he believed that all necessary precautions were being taken to prevent medical workers contracting Aids or any other virus.

"Any disease contracted through medical work

would fall under the Workmen's Compensation Act," he added.

Approached for comment, a doctor at Baragwanath Hospital, which serves Soweto, said he was happy that the hospital took all possible measures to prevent medical staff coming into direct contact with the virus.

"We wear gloves and protective clothing when caring for Aids-infected patients. But there is nothing to prevent blood splashing into the mucous membranes such as eyes, nose or mouth, or needles pricking through rubber gloves."

He said special containers were used for disposing with used syringes, and disposable bags were used for medical waste from HIV-infected patients.

"All infected blood specimens are labelled 'bio-hazard', so that hospital staff take extra care."

The doctor said he believed the chances of becoming infected through a needle prick were about three in a 1 000.

"The chances of catching hepatitis B are far greater."

# More than one in 10 girls are HIV positive'

More than one in 10 girls attending the sexually transmitted disease (STD) clinic at King Edward VIII Hospital in Durban are HIV positive.

Figures released following recent surveillance surveys showed that 11,2 percent of black girls between 15 and 19 years who visited the clinic in December last year were HIV positive.

Earlier in the year, 6,4 percent had been infected. Considering the speed with which the infection has spread, the figure is likely to be higher now.

Most of the girls will develop full blown Aids within the next few years.

Eleven percent of women between the ages of 20 and 25 years were infected. Among men, the highest figure was recorded in the 25 to 35 age group — 7,5 percent were HIV positive.

"One reason for the higher incidence among young women could be simply because women's anatomy allows them to hold secretions longer," local Aids expert Dr Isobel Windsor of the Virology Department at the University of Natal's Medical School said.

Overall, 3,6 percent of people attending the STD clinic were HIV positive.

Surveillance surveys also showed that 2 percent of new tuberculosis patients admitted to King George V Hospital, less than 0,9 percent of women attending King Edward's ante natal clinic and 3,3 percent of black prostitutes were HIV positive.

Surprisingly, and contrary to several estimates, Aids is extremely rare in people over the age of about 40 in the Natal/kwaZulu region. The sector of the population most threatened from what is essentially a sexually transmitted disease falls below that age.



92

## Hepatitis B virus threatens millions of South Africans

**DURBAN** — Hepatitis B is now a bigger killer than Aids in South Africa, and is far more infectious.

Although a vaccine is available, its cost has placed it out of the reach of many people.

According to Dr Isobel Windsor of the Virology Department at the Natal University Medical School, about 2,5 million people in the country are chronically infected with hepatitis B.

About 25 000 will probably die from the disease and a million more will probably die of resultant cirrhosis or liver cancer.

About 50 000 people are in-

fecting each year and it is estimated that hepatitis B could have infected three million South Africans by the year 2000 if nothing is done to control it.

Controlling the spread of the extremely infectious disease is no easy task. Like Aids, hepatitis B is passed more easily during anal intercourse as tissues were damaged. However it can also be passed on during normal vaginal intercourse.

While the average incubation period for Aids is about eight years, that for hepatitis B ranges from six weeks to six months.



**How Aids  
shattered  
our  
lives**

*Soweto  
9/15/90  
92*

A child Aids victim

# Couple waiting

# to die

## Soweto family is torn apart *92*

Mr and Mrs Themba Kunene (not their real names) were a happy and contented family with two children, aged 14 and 10. That happiness lasted until Aids struck.

The Meadowlands, Soweto, couple now spend their days in separate private wards at Baragwanath Hospital, waiting to die. They visit each other occasionally.

They dread the day when the visits will have to end ...

Their children live with neighbours, knowing only that their parents are very sick.

Doctors hope the children will never know that their parents had wasted to death. Mr Kunene, who weighed about 67kg in good health, now weighs 45kg. His wife weighed 60kg but now only weighs 43kg.

When the couple were removed from their home in November last year, tears were the only words

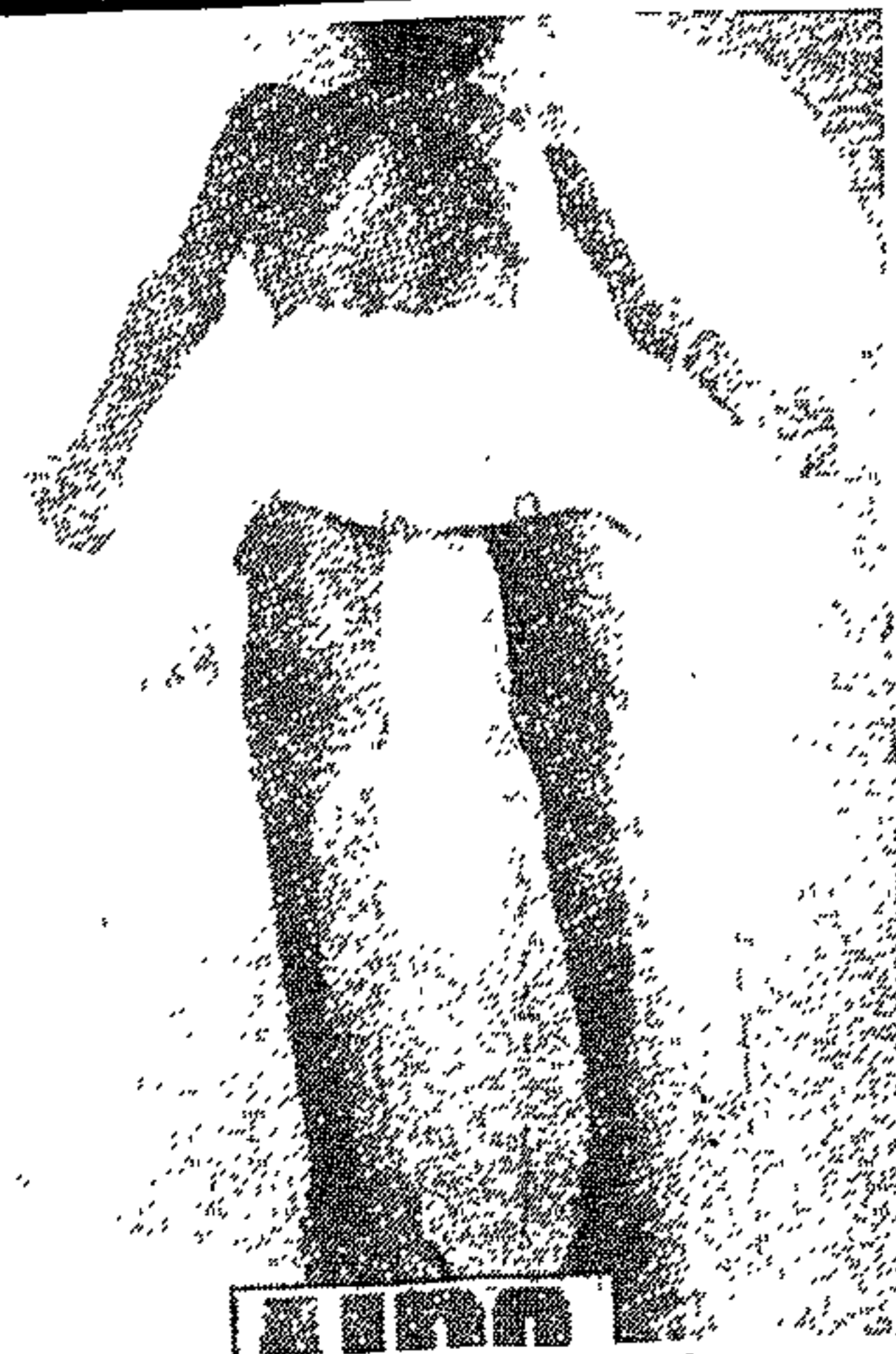


By MOKGADI PELA

between mother and children; between father and children; between mother, father and children; and between husband and wife.

As a last token of love for their children, the

● To Page 2



A poster made up by an advertising agency to show the horror of Aids.



# 196 died of Aids

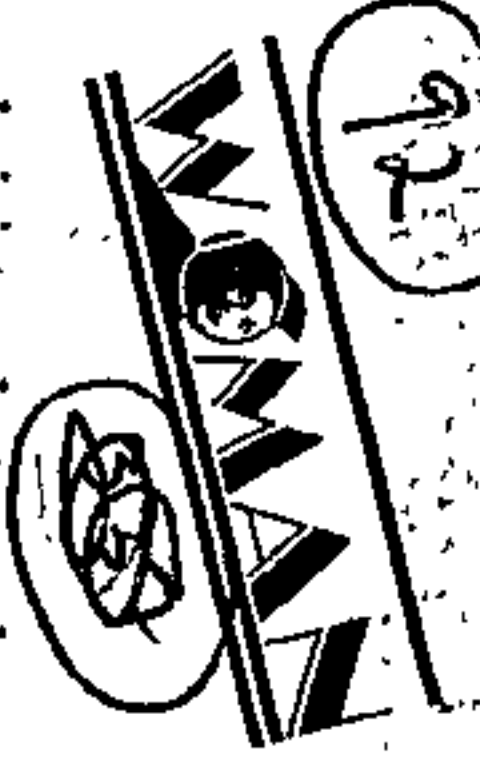
ONE-hundred-and-ninety-six people have died of Aids in South Africa since the first case was diagnosed in 1982. *Sowetan 11/5/90 (92)*

According to the Department of National Health and Population Development and the South African Institute for Medical Research 124 died in the Transvaal, 39 in the Cape, 27 in Natal and six in the Free State.

The latest statistics revealed that there were 200 surviving HIV carriers.

SAN FRANCISCO Aids is changing in the United States from an epidemic that initially af-

# More than 2 200 US children have Aids



ected mainly homosexual men to one increasingly encompassing women and children.

The epidemic, an American government spokesman said, was not at all under control.

Dr Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases said

that as the second decade of Acquired Immune Deficiency Syndrome progressed, intravenous drug users, rapidly becoming the primary risk group for Aids, would spread the disease to their sex partners and their children.

Fauci, speaking at the annual meeting of the American College of Obstetricians and Gynaecologists, said the number of new Aids cases among intravenous drug users in New York City had recently surpassed that of homosexual men.

"The new infection rate among IV drug users now, among women who are either IV drug users or sexual partners of IV drug users, and the children of those users, is rapidly increasing," he said.

"The burden of that is going to be seen in the 1990s, and that's where you come in."

Fauci told the doctors they should routinely advise Aids tests for patients engaged in conduct that put them at risk of infection, such as sex with multiple partners.

Fauci said there were about 2 200 children with Aids in the United States as of March 1990. "More than 80 percent of those children are born of infected mothers and the vast majority of those mothers are individuals who are either IV drug users themselves or are the sexual partners of IV drug users," he said.

Although he said the profile of the epidemic was changing, he emphasized that Aids would not be spread uniformly throughout the US population. He said researchers had begun several studies to learn how the Aids virus was transmitted from mother to foetus and how drugs could best be administered to unborn children. "We need to develop drugs that can be transported across the placenta from the mother to the foetus, and we need to develop drugs with minimal toxicity," he said. - Sapa- Reuter.



# Official SA Aids death toll reaches 196

By ANDREA WEISS,  
Medical Reporter

92  
11/5/90

OF the 386 people reported to have developed fully-blown Aids in South Africa since 1982, 196 were dead by April 24 this year.

According to figures by the Department of National Health and Population Development, 51 percent of Aids cases have been fatal and most cases are in the 30 to 39 age group.

A spokesman said the department had given its latest Aids figures to dispel the conception that they were

"under-reporting" Aids and HIV-positive cases.

Only cases of people who had developed fully-blown Aids were reported to the department and estimates of the number who were HIV-positive were obtained from blood surveillance programmes.

Of the 386 people reported to have developed fully blown Aids since 1982, 196 had died by April 24.

The figures show the highest number of deaths have been in the Transvaal where out of 206 reported cases, 124 have died. In the Cape there were 68 reported cases and 39 deaths. The

Free State had 13 reported cases and six deaths and Natal 99 reported cases and 27 deaths.

The number of non-South African reported cases in this period were 32, 13 of them from Malawi.

The department's estimate of those infected with HIV by the end of last year was 55 000.

Of the HIV estimation, the spokesman said: "This is only an estimation as no concrete evidence exists. Other countries are in the same position. Projections should only be seen as an indication of the possible order of magnitude of the problem."

w/Man 11/5 - 17/5/90

# Mines dispute over a national Aids policy

By JOHN PERLMAN

THE National Union of Mineworkers has charged the Chamber of Mines with making a long-term solution to the Aids problem "impossible" following its decision that an industry-wide policy on Aids is no longer necessary.

The NUM insists there are issues, such as migrant labour and the hostel system, which contribute to the spread of Aids and cannot be dealt with at a mine level.

"We are horrified by this," said NUM health and safety officer May Hermanus. "Dealing with HIV and Aids requires a high level of co-ordination."

"If you are forced to deal with the issue mine by mine, it becomes impossible to deal with the social issues surrounding Aids and its prevention, like migrant labour and the hostels. You can only deal with individual cases," Hermanus said.

Dr Daniel Pollnow, the chamber's senior general manager for health care services disagrees. "The hostel system and migrant labour are the subject of ongoing discussion. If anything, discussing them in the context of Aids could make them more difficult to resolve."

Pollnow said the chamber's decision to rescind its policy, adopted in August 1988, stemmed from the view that Aids "should be treated like any other terminal disease."

"The issue of the continued employment of a man with HIV is no different from the continued employment of a man with cancer. These are not issues that have needed discussion at industry level before."

Hermanus said the NUM's intention was to get the chamber "into an industry forum to negotiate an acceptable Aids policy".

The chamber's rescinded policy noted the need to educate and protect workers against the disease and "to

treat those with HIV infection or Aids with due compassion and with full regard for the dignity and rights of the individual".

The policy's implementation was, however, "subject to the overriding requirements of legislation". This referred to the Aliens Act, amended in 1987, to make it an offence to employ a foreigner known to have tested positive for HIV.

The policy also specified that people from "a high-incidence area defined by the chamber, whether foreign or South African", would not be employed unless they tested negative for HIV infection.

The NUM put forward counter proposals this year which "disputed the Chamber of Mines right to unilaterally implement a policy on Aids" and said the policy sought "to build into the employment contract a degree of employer licence and caprice".

The NUM listed eight principles which it believed should guide policy on Aids, including:

- HIV infection should not be grounds for discrimination or dismissal;

- HIV screening was only justifiable if the objectives were clear and accepted by the NUM. It should not be used as a basis "for irrational and discriminatory employment policies";

- The hostel system impeded effective Aids containment. The industry should commit itself to family housing, facilities for visiting wives and "humane hostel management";

- Education and counselling efforts should be jointly developed by management and worker representatives.

Pollnow said the chamber would welcome NUM involvement in Aids education. "They know how to talk to workers far better than we do. They know what would have an impact."



# 196 have died of Aids in S Africa

Star  
12/5/90  
92

THE Department of National Health and Population Development this week released its latest Aids figures to dispel the perception that it is "under-reporting" Aids and HIV-positive cases.

Of the 386 people reported to have developed fully blown Aids in South Africa since 1982, 196 were dead by April 24 this year, according to the department.

## Surveillance

This means 51 percent of Aids cases have been fatal and the greatest number of cases are in the 30 to 39 age group.

In the Transvaal, out of 206 reported cases 124 people have died.

In the Cape there were 68 reported cases and 39 deaths.

## PAT DEVEREAUX

The Free State had 13 reported cases and six deaths, and Natal reported 99 cases and 27 deaths.

The number of non-South African cases reported in this period was 32, of which 13 originated in Malawi.

Only cases of people who have developed fully blown Aids are reported to the department. Estimates of the number of people who are HIV-positive are obtained from blood surveillance programmes.

The department's projected number of people infected with HIV by the end of last year is 55 000.

"The figures are an honest attempt to get as accurate a return as possible but they are clearly under-reported, as are figures all over the world," said National Institute of Virology director Professor Barry Schoub.

# 'Snake Squatters' get reprieve

THE 300 squatters, whose shacks next to the Transvaal Snake Park were due to be demolished by the Midrand Town Council today, have been given a 90-day reprieve.

The move comes amid an outcry from the Black Sash and the Witwatersrand Network for the Homeless, who have called on the council and Stocks and Stocks Construction — owners of the land — to stop the demolitions and help seek alternative accommodation for the 100 families.

The "Snake Squatters" — as they have come to be known — started putting up structures in the area about two years ago when some Stocks and Stocks workers were retrenched. Since then people working in the surrounding area have joined

in and numbers have swelled.

The council notified the squatters last week that their shacks would be demolished today.

The squatters' lawyer, David Woodhouse, said at the weekend a meeting held on Friday evening by the TPA, land-owners Stocks and Stocks and the council decided to suspend the demolition of the shacks for 90 days, and basic sanitary facilities would be supplied for the families. He said the TPA would be looking for alternative accommodation.

In a statement released at the weekend the council said: "No matter how sympathetic this council is to

their plight, we have no option other than to prevent random and illegal occupation of ratepayers' property in Midrand.

"While the council does not want to be seen to be hiding behind the protection of the law, there are numerous legal provisions which prescribe to the council the action that must be taken in these circumstances. To ignore or to attempt to counter these laws is to lay the council open to extremely serious legal action."

The statement said a special committee was liaising with the TPA to acquire land for the provision of basic services, thereby assuring minimum health and living standards for homeless people.

## Black AIDS cases go up 'by more than 200% a year'

FULL-BLOWN AIDS cases have increased in the black community at an average rate of 215% annually since the HIV virus was first reported among blacks three years ago.

This was revealed in updated National Health and Population Development Department statistics, based on SA Institute of Medical Research (SAIMR) data.

Among whites, 87% of cases were transmitted through homosexual or bisexual contact, with 98% of cases affecting men. There were only nine cases of transmission through heterosexual relationships. The others were through blood transfusions, intra-ve-

nous drug use, and haemophilia.

In the black community, however, homosexual relationships transmitted fewer than 2% of cases, while heterosexual relationships accounted for more than 80% of the cases.

Almost equal numbers of males and females were infected, and the second largest group of AIDS victims were paediatric — children who contracted AIDS from infected parents. There were only a nominal number of cases transmitted through haemophilia or blood transfusions.

The report stated there were 418

cases of full-blown AIDS among all racial groups in SA from its discovery in 1982 until April 24 this year. Of these, 196 people have died. The virus was contracted by 242 whites, 127 blacks, 14 coloureds and three Asians.

Government has denied under-reporting the number of AIDS and HIV-positive cases.

But Maritzburg MEC for hospitals Tino Volker has said current HIV positivity is under-estimated and official figures inadequate.

The World Health Organisation estimated 446 300 people could test HIV-positive in SA by next year.

## R100 000 for Natal refugees

MARITZBURG — Natal Administrator Con Botha yesterday handed cheques of R10 000 and R15 000 to Inka Mars of the SA Red Cross and Maritzburg mayor Mark Cornell to help refugees in Natal.

The money represents the first payments from R100 000 which the NPA has donated.

The payment to the city council is by way of reimbursement for money already spent in assisting the refugees in the capital.

The R10 000 will reimburse the Midlands Crisis Relief Committee for the purchase of food and blankets, while the remaining R65 000 will be used to buy food rations and blankets for registered welfare organisations.

An NPA spokesman said the money was in addition to the R250 000 pledged by Planning and Provincial Affairs Minister Hernus Kriel last month.

## Fears for SA blood stocks

MATTHEW CURTIN

THE threat of an AIDS epidemic, with patients requiring long-term transfusion therapy, did not bode well for the future of SA's blood transfusion services.

A spokesman for the SA Blood Transfusion Service (SABTS), said at the weekend services were five years away from disaster.

SABTS senior technological officer Bill Nortman said increasingly sophisticated surgical techniques — demanding frequent transfusions — and SA's burgeoning population were outstripping blood donations.

The SABTS operated on a hand-to-mouth basis with, on average, a three-day supply of blood. This was adequate only if no major disaster occurred.

Nortman said the only solution was to encourage the public to come forward in greater numbers to donate blood.



# Jo'burg has most Aids victims

92  
So metan  
1415190

173  
carriers  
identified

By MOKGADI PELA

THE city of Johannesburg has more Aids carriers than any province in the country, according to Dr C Evian of the city's Health Department.

Since 1982 when the first such case was diagnosed, 173 Johannesburgers have been identified as Aids carriers. Natal has 99 cases, the Cape Province 68 and the Free State 13. For the Transvaal as a whole, the figure is 206.

Hot on Johannesburg's heels are metropolitan Cape Town with 61 cases and Durban with 54. Pretoria has 20, Pietermaritzburg 13 and Bloemfontein 10.

## Sexual partner

Evian said that unless people heeded Aids prevention methods, a holocaust was likely.

"If people have more than one sexual partner, they should check their track records. A safer way would be to maintain monogamous relationships," said Evian.

Evian said these figures, supplied by the Department of National Health and Population Development, were of full-blown Aids sufferers. He said the World Health Organisation had repeatedly stated that there was a gross under-reporting of HIV positives.

\* Meanwhile Dr Yunus Abdullah of Eesterus announced that Aids expert Dr Ruben Sher would deliver a lecture at the Laudium Hall next Sunday (May 20). He said the meeting would start at 7.45pm and would also be addressed by a clinical psychologist.