

~~HEALTH~~

HEALTH & DISEASES — V. D.

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JULY — OCT.

# Pre-employment Aids tests unfair, claims prof

By Shareen Singh

117/91 Star

Pre-employment testing for the Aids virus is discriminatory and not effective in either stopping the spread of Aids or protecting existing employees, says human rights lawyer Professor Edwin Cameron of the University of the Witwatersrand.

Speaking at a seminar organised by the Institute of Personnel Management last week, Mr Cameron said many large employers used pre-employment Aids testing to prevent the employment of HIV-positive applicants.

The only way an employer could be prevented from treating job seekers unfairly or discriminating against them was if their case were taken up by a union.

"If a union can show that the discrimination against

certain job applicants 'unfairly infringes or impairs' labour relations or jeopardises existing employees' work security or detrimentally affects the relationship between employer and employee, the employer could be ordered to cease its discriminatory practices."

The arguments in such a case would depend on considerations of fairness and rationality, which were recognised in the unfair labour practice clause of the Labour Relations Act.

These arguments were:

● Pre-employment testing could not in any way guarantee an Aids-free workforce. Firstly, the applicant could be HIV-positive, but in the period before the antibodies showed up on the test. Secondly, the applicant could become HIV-positive after getting the job.

● Discriminatory testing encouraged stigmatisation and ostracism. It enhanced "us" versus "them" perceptions.

● HIV-positive applicants might have years of constructive, healthy service ahead of them. Not to employ them lacked a rational foundation and was unfair.

● Testing was cumbersome and an expensive procedure. The money spent on it could be used on Aids education and information.

● HIV-positive employees were unlikely to infect fellow employees in the work place, unless unsafe sexual intercourse or blood transfusion took place.

It was for reasons such as these that the European Community and the World Health Organisation had adopted a policy against pre-employment testing, Professor Cameron said.

# Aids 'a threat to political stability'

*Star 11/7/91*  
Aids could seriously skew the economy and threaten political stability in South Africa, the Institute of Race Relations says.

In the latest issue of the SAIRR's Social and Economic Update, researcher Robin Hamilton says it seems apparent that Aids will affect every sector of the economy — "and if it proves to be a constraint on economic growth, it may in turn retard or reverse efforts to redress the socio-economic inequalities".

Mr Hamilton cites a senior research Fellow at the University of Natal, Alan Whiteside, as estimating that between 1,3 million and 7 million people will die of Aids by the year 2000.

Mr Whiteside says the first to die would be the urban elite, leading to a loss of manpower.

This could be exacerbated by the emigration of professionals seeking to escape the Aids epidemic, as well as by the drying up of immigration to South Africa from Europe.

Shortages of skills would then lead to dramatic wage rises.

As early as 1995, insurance giant Old Mutual expects a decline in business confidence and

a massive diversion of resources to medical and welfare spending because of Aids.

Mr Whiteside notes that the World Bank has indicated that as the direct cost of Aids is only 20 percent of the true cost, the cost to the economy could be between R32 billion and R78 billion in the year 2000.

Two local studies show that by April 1990, 87 701 donations to blood transfusion services in South Africa had tested positive for the Aids virus HIV, and in November 1990 some 10 000 residents of Johannesburg were believed to be HIV positive.

## Europe

In addition, Dr Coen Slabber, director-general of National Health and Population Development, was quoted in January as saying that 315 000 South Africans would be HIV positive by the end of the year.

He said many more were at risk in Africa than in Europe, as Aids mainly infected sexually active adults between 15 and 49.

Whereas in Europe the predominant number of cases involved homosexual and bisexual men, as well as intravenous drug users, in Africa the highest

incidence of the disease was in heterosexual people.

The SAIRR publication notes that many blacks view Aids as a white man's disease aimed at reducing black population growth, while in the white community it is considered to be a disease restricted to blacks and homosexuals.

Mr Hamilton comments that the Government's educational programme has been inadequate in facilitating a change in sexual behaviour to prevent the spread of Aids and dispel myths about the disease.

Minister of National Health and Population Development Dr Rina Venter said Aids was not primarily a medical problem. "It relates to social behaviour."

Mr Hamilton reports that Dr Venter has warned that if only 0,55 percent of the population is admitted to hospital with Aids, every available hospital bed in South Africa would be filled, and the costs of treatment would equal the country's total present health budget.

He said political unrest and poor socio-economic conditions made it more difficult to persuade people to alter their sexual behaviour. — Sapa.

## HIV injections tested as Aids fighters <sup>92</sup>

Star 11/21/91  
Eleven Aids patients in the United States have been injected with blood containing live HIV to try to halt the disease.

The theory behind the experiment — described as bizarre by a leading British expert — is that if a less virulent strain of HIV is introduced, it will overcome the more virulent strains.

The doctors say some of the patients showed improved immune system function and "well-being", with one patient able to resume regular exercise and another returning to his job as a model. But Aids specialists are

sceptical of the claims and have warned that it could lead to a further deterioration in a patient's health.

The doctors conducting the experiment say that six months after the injections, four patients had improved, three had shown a mixed response, three had got worse and one had died. However, a component of the virus from the donor's blood, which had been initially absent or present in only small amounts in the Aids patients, "increased strikingly in all the patients who improved".

THE INDEPENDENT

## R5-m Aids project aimed at pupils (92)

The Argus Correspondent

10/7/91

PRETORIA. — A R5 million programme in Aids education — aimed at making all schoolgoing children Aids literate by Standard 5 — has been outlined by the departments of National Health and Education and Development Aid.

Announcing the programme yesterday, Minister of National Health Dr Rina Venter said Aids was a high government priority, with 200 000 HIV positive cases nationwide expected by this time next year.

After meeting with ministers of health from six self-governing territories, it was decided that Aids education modules should be devised to cater for both literate and illiterate children, taking into consideration their community values and needs.

Teachers would get special training to prepare them to give Aids education to children, which would not only equip them to give factual information but to provide skills training to teach children behaviourally. The campaign should be sustained and form part of the formal curriculum.

Research projects in five regional areas (Western Cape, Durban, Soweto, Pietersburg and Pretoria), aimed at outlining a lifestyle education package incorporating Aids education, had been put out to tender.

These packages would be instituted in schools and it was hoped the results of the research would be available so that packages with different modules could be produced for use in schools in 1992. The establishment of two new Aids training and information centres was envisaged during this year in Maritzburg and Soweto.

## Gunmen kill two Bible class pupils

JONATHAN REES

GUNMEN shot and killed two young children and wounded a youth when they sprayed a Bible class meeting in rural Natal with AK-47 rifle fire on Monday night.

SAP spokesman Lt Bala Naidoo said the Rev Benjamin Ngidi's four-year-old son Sabelo and six-year-old Duma Siyabonga were killed. Nazwa Magwaza, 16, was wounded and was in a satisfactory condition in the Port Shepstone hospital, he said. Naidoo said the motive was unknown as Ngidi was not politically aligned. *By Day 10/7/91*

Police yesterday reported another three people were killed in unrest incidents. Police said they were fired upon in Daveyton township near Benoni after finding a man shot dead and a Tokarev pistol and spent cartridges on the scene.

The gunmen fled after the SAP patrol returned fire and a wounded man was arrested, the daily SAP unrest report said.

A body with bullet wounds was found at Pateni near Richmond and another man was gunned down in Old Crossroads near Cape Town in the ongoing taxi feud in the area.

A number of shooting incidents and deaths in Natal at the weekend were reported by police yesterday. Unrest monitors yesterday confirmed nine people died in weekend violence. One monitor said those who believed Natal violence had quietened down were "dreaming".

# Moves to make AIDS notifiable

*By Day 10/7/91*

PRETORIA — Government was investigating legislation to proclaim AIDS a notifiable disease, National Health and Population Development Minister Rina Venter said yesterday.

At a news conference to announce a huge campaign against the spread of AIDS, she said the implications of such legislation would be examined thoroughly before a decision was made.

The news conference was held shortly after Venter met health ministers from the six self-governing territories.

GERALD REILLY reports Venter said the new anti-AIDS programme would be based on a communications strategy document which would soon be presented to Cabinet.

She said the number of confirmed AIDS cases had risen dramatically to 683 since 1982. It was estimated about 100 000 people in SA were already infected with the HIV virus, about half of whom were likely to die within the next 10 years.

"Moreover the pandemic continues to spread rapidly and at the current rate the number of HIV-infected people will be at least 200 000 at this time next year."

Venter said AIDS education and curbing the alarming spread of the

disease had become a high government priority.

"We believe it to be of extreme importance to get the co-operation of all the political players, trade union leaders, business leaders and others mobilised in a massive effort to stem the spread of the diseases."

She said a major objective was that children should be "AIDS literate" by Std 5.

AIDS cost SA about R20m a year, including R5m spent by the Health Department.

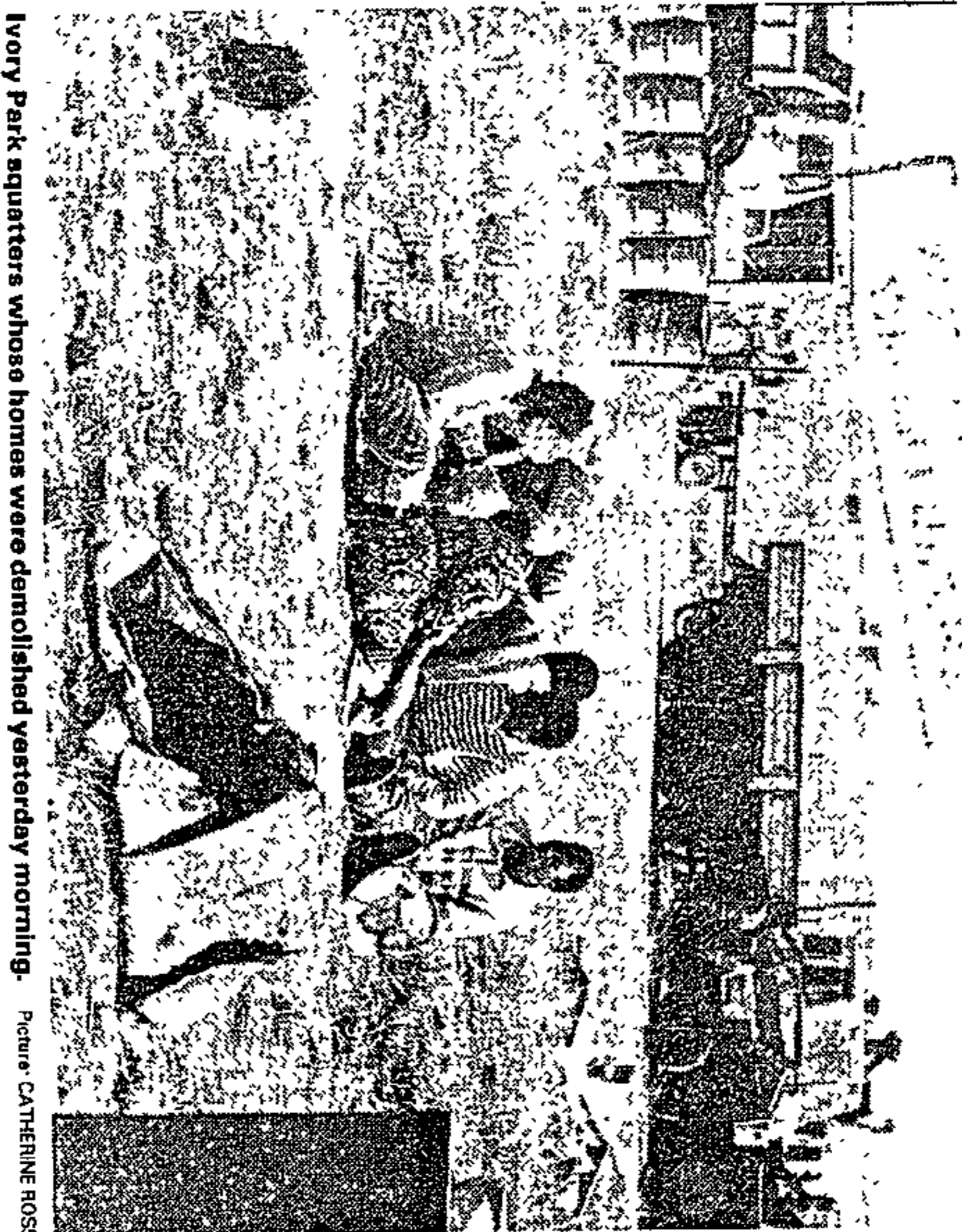
Venter said AIDS was spread mainly through heterosexual intercourse. Mother to unborn child transmission accounted for many of the other cases.

Venter said other issues discussed at yesterday's meeting included the doctor-to-population ratio in the self-governing territories — one doctor to 15 635 people, compared with one to 1 009 countrywide.

The shortage of doctors in rural areas had to be addressed.

She said there was an urgent need to restructure health services. The present system failed to satisfy five basic conditions accepted by Cabinet — accessibility, effectiveness, affordability, acceptability and equity.

She said it seemed the health status of South Africans was deteriorating.



Ivory Park squatters whose homes were demolished yesterday morning. Picture: CATHERINE ROSS

## Govt unable to sell its township houses

*By Day 10/7/91*

PRETORIA — Despite intensive selling campaigns, government has sold fewer than half its 335 000 units of township housing put up for sale in 1974.

A TPA spokesman said total sales to date nationwide were 125 282 units.

In Transvaal, the sale of houses had been even less successful than the national average.

GERALD REILLY

About two-thirds — 146 934 — of houses available for sale were unsold at the end of March.

DP parliamentary spokesman on black housing Douglas Gibson said the difficulties in selling the housing stock could be partly ascribed to red tape and bureaucracy. He called for the appointment of a Black

Housing minister

Another major reason for the poor sales was the fact that rent and service boycotts enabled black families to live rent-free.

Government should donate houses to those families who had occupied them for lengthy periods and who had paid rents amounting to many times the houses' initial costs, said Gibson.

# R5-m Aids education campaign for schools

By Helen Grange  
Pretoria Bureau

92 (S)

A R5 million Aids education programme aimed at making all schoolgoing children aware of Aids by Std 5 has been outlined by the departments of National Health and Population Development and of Education.

Announcing the programme

Staw 10/7/91  
yesterday, Minister of National Health Dr Rina Venter said Aids was a high Government priority, with 200 000 HIV-positive cases nationwide expected by this time next year.

Teachers would receive special training to prepare them to give Aids education to children.

The campaign should be sustained and form part of the formal curriculum, it was decided.

Research projects in five regions (western Cape, Durban, Soweto, Pietersburg and Pretoria) aimed at outlining a lifestyle education package incorporating Aids education have been put out to tender.

These packages will be instituted in schools and it is hoped the results of the research will be available so that packages with different modules can be

produced for use in schools next year.

Dr Venter said the establishment of two new Aids training and information centres were envisaged for this year in Maritzburg and Soweto.

To date, 683 people are known to have developed the Aids condition nationwide. It is estimated that about 100 000 people are infected with HIV.

# Doctor: SA faces 'Aids explosion'

9/9/91

Staff Reporters

92

AN "exploding HIV epidemic" is about to hit South Africa — causing the deaths of 667 000 people, but government and private sector expenditure for prevention and supportive care is "grossly inadequate".

If attitudes do not change in nine years, more than 667 000 South Africans will die from Aids and 5,2 million be infected by the disease, costing more than R4,7 billion.

This was said yesterday by Dr Jonathan Broomberg, of Wits University's Centre for Health Policy, at a press conference at the Medical Research Council where a report on the economic impact of Aids was released.

It is likely that one in three people will carry the Aids virus by the time the epidemic levels out in the year 2005, the report says.

The grim conclusion drawn by the report was that it was probably "too late to stop the hundreds of thousands of deaths of those carrying the HIV virus", but that immediate and effective action would prevent "further millions from dying".

## Kenya Aids drug tested

LUSAKA. — Clinical trials of Kemron, a Kenyan drug, would soon start in Zambia, an Aids expert, Dr Nkandu Luo, said here on Sunday.

Kemron is said to be capable of reversing Aids symptoms, Dr Luo explained.

"Kemron is not a cure, but a drug which could only prolong the life of patients," she said.

Dr Luo cautioned the public not to get excited as there was still no known cure for the deadly disease, and a lot of groundwork needed to be done.

Deoxy-Thimide (AZT), also known as Retrovir, had been tested on chronic Aids sufferers in Zambia, she said. The 20 patients involved had since died. — Sapa



**JANIS FRASER**

Weekend Argus  
Reporter

IF even the most conservative Aids statistics for this country are on target, every hospital bed in the country could be occupied by a dying Aids sufferer by the turn of the century, with another 100 000 waiting in line for a place to die.

That's the grim scenario put forward by Mr Andre Spier, Director of the Aids Policy Research Group.

He said with around 200 000 hospital beds available in this country, and little prospect of that figure rising by any appreciable amount by the turn of the century, there is no way that the 300 000 full-blown Aids sufferers predicted by the Government — a figure far lower than the World Organisation's estimate — could have formal hospital care.

To compound the crisis, the cost of nursing and medicines would be prohibitive. Few people would be able to afford treatment and the cost to the state would be tremendous.

Mr Spier proposes the solu-

Aids <sup>(92)</sup>  
epidemic  
may cause  
hospital  
bed crisis

tion of community-based care, similar to the hospice network.

The key factor in forward planning for the looming Aids epidemic, he said, was establishing accurate figures. At present there were huge discrepancies in statistics put forward by various local and world bodies.

In a bid to establish reliable statistics for use in planning the control and approach to HIV-positive people and full-blown Aids sufferers, experts and government representatives will meet at Midrand in the Transvaal on July 19.

"It's time we got the assumptions correct and came up with a more accurate figure," he said.

Demographers, actuaries, epidemiologists and economists will discuss the reporting and monitoring of the virus in South Africa.

Meanwhile, in the Cape Town Chamber of Commerce bulletin this week Mr Spier examined the economic impact Aids will have on business. He said it was inevitable that skilled people would be lost.

He suggested that risk analyses and an Aids audit were needed to establish which sections of the work force were most likely to be affected.

For example, those working with heavy machinery or cutting implements were more at risk than clerical staff.

One impact on the marketplace would be the decline in the number of breadwinners. This would effect consumer buying power.

At present, it was a waste of time and money for big companies to establish testing. The tests would have to be carried out four times a year to be effective and would impose unnecessary stress on the work force.

## The Aids threat

# The 'Life' men fight back

**MAGNUS HEYSTEK**  
**FINANCE EDITOR**

**THE Aids debate refuses to die down.**

Last week's report on the possible effect of Aids on the economy has drawn widespread reaction.

Leading the assault is the life assurance industry which has sharply criticised some of the conclusions made by the head of the Aids Economic Research Unit (AERU), Keith Edelston.

Backed by some alarming statistics concerning the spread of Aids and the effect it will have on investments, particularly on ten-year endowment policies, Mr Edelston advocated a greater degree of liquidity in investments.

Aids with its potential catastrophic impact on economies, both locally and internationally, has dramatically shortened investment horizons, Mr Edelston said.

In his scenario, three years can now be considered a long-term investment, while the ten-year period is simply far too long to have money tied up, he said.

His predictions about a severe economic recession in the middle of the decade has been supported by another researcher, Jane Wiltshire from Tongaat-Hulett.

Peter de Beyer, marketing actuary at life assurance giant Old Mutual dismisses the projections as "extreme and misleading".

He is supported by Dorian



**DORIAN WHARTON-HOOD:** For some years now the assurance industry has been putting away great sums of money for future Aids claims.

Wharton-Hood, managing director of Liberty Life.

"The major impact in terms of full-blown Aids and consequent deaths will not occur in the Nineties as suggested, but rather some ten years later.

"The projections given of 6,7 million dying in 2001 is way over the top, as is the suggestion that the number of deaths will peak in the late Nineties. Deaths of perhaps 1 million to 1,5 million people a year are possible, but this will be in the years after 2005," says Mr De Beyer.

Thus, even if Mr Edelston is right in predicting an Aids-induced recession, he is ten years

out at least, he says.

The individual investor must maintain a sensible spread of investments, he adds. "Contractual savings through life assurance products are unique in that they offer exposure to growth assets while also including substantial guarantees.

"The average investor does not have the resources to research companies and sectors that offer the best long-term values for investment purposes. Life insurers have proven skills in this area.

"Surely", says Mr De Beyer, "investors should rather increase the proportion of savings channelled to life assurance products in times of uncertainty and volatility.

"The advice not to invest in life assurance products is prejudiced in the extreme and will lead to lost opportunities for any investor who follows this advice."

Dorian Wharton-Hood, MD of Liberty Life is also critical of last week's findings, rejecting outright some of the claims. "I'm quite sure that medical research will find a cure for Aids in the next ten years or manage to bring down the cost of treatment for Aids," he said.

"For some years now the assurance industry has been putting away great sums of money for future Aids claims. In a way, the industry can be accused of over-reserving for potential future claims," he said.

However, Mr Wharton-Hood declined to disclose how much Liberty has put into reserve for

future Aids-related claims.

He agreed with Mr De Beyer's contention that the average investor does not have the necessary investment skills to go it alone. "They invariably get it wrong, buying and selling at the wrong time".

"The assurance industry has a proven track record of providing inflation-beating returns on investors' money. I'm quite positive that we will continue doing so in future.

"The industry has extremely capable investment fund managers who are very much aware of the potential effects of Aids and who will take timeous steps to protect policyholder's investments," he said.

That the assurance industry is extremely concerned is illustrated by comments made by other assurance leaders this week.

In Cape Town Gerhard van Niekerk, chief operating officer of Old Mutual said the following at the release on an Aids educational package to 17 000 staff. "The worldwide Aids epidemic is one of the deadliest diseases threatening mankind today. At this stage, there is no evidence that the bleak scenario regarding the spread of the virus in South Africa will not become a reality. Failure to effectively deal with Aids right now will severely threaten the whole business environment, as well as the quality of life for our people," he said.

In the annual report of Southern Life, chairman Neil Chapman also expresses grave concern about the potential impacts of Aids.

"The ravages which the HIV virus is wreaking in the countries north of our borders are all too plain to see, but as yet the number of cases identified within our boundaries is still at a comparatively low level.

"However incomplete our current data might be, it is a fact that the number of people infected is currently doubling every 10 to 12 months and projections for the mortality rate at the end of the century are alarming."

"We think it is inevitable that life offices, will have to increase premium rates in the near foreseeable future, especially at the younger ages, in order to provide for the extra death claims that will arise from policyholders who become infected after purchasing their policies", he said.

Failure to do so, he warned, will lead to mortality losses which will have to be borne by policyholders and shareholders.

Star 6/7/91

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LABOUR

Weekly Mail Reporter

THE Congress of South African Trade Unions will call for a new state strategy on Aids if the draft discussion document from its watershed Aids conference in Johannesburg last weekend is accepted at the federation's congress later this month.

Cosatu will also host a national summit with all Aids organisations after it adopts an Aids policy.

At the conference, Cosatu's health and safety working group also proposed that a "meeting with the African

*W/week 5/7-11/7/91*  
**Cosatu to call for new state strategy on Aids**

National Congress' department of health be set up as part of the process of policy formulation".

A central demand was that Aids legislation be negotiated with representatives of workers and communities.

The document calls on Cosatu's central executive committee to "raise the issue of Aids in negotiations with Saccola and the state".

The conference also urged unions to

raise Aids demands in negotiations with employers.

Another important resolution called for all Aids testing to be voluntary and confidential.

Delegates rejected compulsory testing, "noting that pre-employment and pre-training testing is discriminatory".

Testing as a membership condition of insurance and pension schemes was also rejected.

92  
Holding that the state had the main responsibility for education, the conference nevertheless carved out a comprehensive Aids education programme, to be run at the "workplace, locals and the regions".

Cosatu education packages will form the basis of the programme, which will seek to train activists to promote Aids awareness.

The conference proposed that em-

ployers provide facilities for health centres to disseminate Aids information and supply condoms.

Cosatu is also planning to convene a meeting with the National Education Crisis Committee and the South African Democratic Teachers' Union (Sadtu) to discuss Aids education at schools.

Noting that "socio-economic factors contribute to the spread of Aids", Cosatu called on the state to upgrade hostels, provide adequate and affordable housing and improve primary health care.

## AIDS: The people and puppets who're spreading the message of safety. By JOHN PERLMAN

**F**IVE weeks, 30 towns and 65 000 condoms later, Nyanga Tshabalala, Rosie Fiore and Gary Friedman have reason to feel that they've done some work.

They have put on 60 performances of their show, *Puppets Against Aids*, and travelled 10 000 km, heading northwards from Durban and criss-crossing Zululand on their route. They have been seen by some 50 000 people, handed out 40 000 Aids education pamphlets, dispensed thousands of condoms and answered countless questions.

The trio has come away with a sobering sense of the enormous task ahead if South Africa's rural areas are to be effectively educated and protected against Aids.

Natal, urban and rural, is one of the areas where the human immunodeficiency virus (HIV), the virus that causes Aids, has made deepest inroads. In some areas blood-transfusion services no longer collect blood because of the risks.

And yet the large crowd gathered outside the bottle store in Jozini — a small hilltop town not far from the point where Swaziland, Mozambique and South Africa meet — are getting from the puppets the first comprehensive Aids education they've had.

"Everywhere we have found that people have heard about Aids, but they know nothing about how it is transmitted — even some of the nurses we've met," says Tshabalala, who narrates the show. "But people are very eager to get the knowledge."

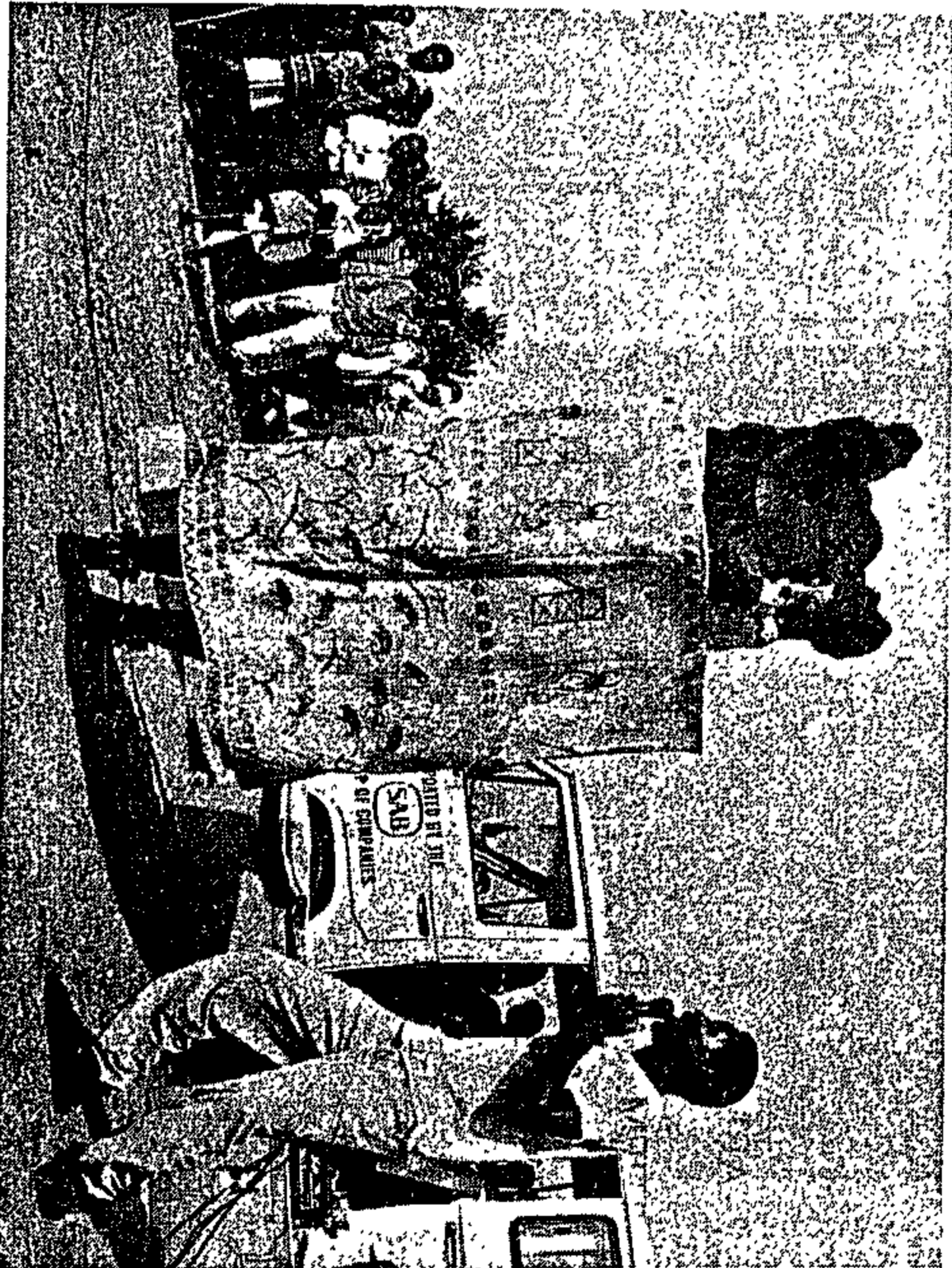
The crowd tap its feet to the music that gets the show started and laugh at the lusty antics of the main character, Joe, who just can't get enough. There are some grunts of approval when a member of the audience yells "*tryama enyameni*" ("Flesh to flesh") after Joe's friend, Harry, suggests that he start using a condom. But when Joe becomes sick and dies — having also infected his wife and newborn child — the crowd becomes silent and pensive.

That mood finds release in the question-and-answer session, which runs for nearly an hour.

"Can you get Aids from mosquitoes? From kissing? How can I use condoms when it's so much better without them?" — it's a familiar mix of resistance to the things that can protect you and deep fear of the things that can't hurt at all.

But there is progress. Piles of

# 65 000 condoms later - Still a lot to be done



GETTING THE MESSAGE ACROSS ... Nyanga Tshabalala and puppet give a lesson in Zululand

Photo: JOHN PERLMAN

pamphlets are handed out and men and women wait patiently for a handful of condoms. A couple of people ask if the show can be done again for some people who arrived late, but it's time to move on — another village or town, and another audience is waiting.

*Puppets Against Aids*, a project of the African Research and Educational Puppetry Programme, seems to get the key messages across.

"The show gets through because it is dramatic," says a health worker.

"Many people here say that if Aids is such a big thing, why do we never see anybody suffering from it. If you are just a nurse alone, people don't really listen to you."

After two years in the field, Tshabalala and the others know that while they are effective, they can only do so much. After they leave Jozini, and the next town and the next, what next?

Health workers say more people come to them for condoms after the show, but often they don't have any to give them. "If condoms are not available, people will just go back to the very same things," says Tshabalala. "The puppets really act as a pathbreaker — after that the messages need to be reinforced."

Says a health worker: "We don't have any pamphlets to give people. We managed to get hold of some videos privately, but with the big distances here it is hard to get the information to

people."

"This is our biggest frustration," says Friedman, who created the show and does the puppeteering. "We try to do workshops as well, to teach people in the area to do their own back-up work, but we just don't have the resources. When you get any distance from the big towns, there is very little — no pamphlets and often no condoms. We have found a lot of ignorance and a lot of fear."

The social circumstances of many people make Aids education all the more difficult. "A lot of the guys in Jozini were road workers moving from place to place," says Tshabalala. "Many expressed fear of losing their jobs because they are far from clinics — they don't have a mobile clinic —

and they would have to take time off work to go for treatment. Getting condoms is also difficult: by the time they knock off, the clinics are usually closed."

Friedman adds: "Families being split up creates all kinds of problems. It is very hard, for example, for a woman just to get her husband to start using condoms. You have to reach both partners and that's difficult when they are living separate lives."

Fiore, who does the sound mixing and the music, identifies another problem: "You get dismissive statements from a lot of employers and officials who say, 'we have tried Aids education and giving out condoms, and it just doesn't work'. I think it's just their attitude, because that hasn't been our experience. At one place, workers had to go to the manager's office if they wanted condoms."

"There have also been signs that whites don't think Aids affects them. It has been very noticeable that while employers make it obligatory for black workers to attend our show, white workers can come if they want. They hardly ever do," Fiore says.

"People have resisted condoms in the past because they have been told about them in the wrong way, without any understanding about their lives," says Tshabalala. "When they say they find sex 'flesh to flesh' more enjoyable, I don't condemn them for that."

"But then we discuss things like the fact that they may be sleeping around now, but will want families later. We talk about the fact that they risk taking Aids and other sexually transmitted diseases back to their wives at home. They seem to understand that kind of approach."

The puppets' tour of Natal was organised by the Natal Parks Board and the Progressive Primary Healthcare Network, and was sponsored by two South African corporations and a foreign-aid organisation. For more shows, and the necessary back-up, further resources will have to be found.

But senior officials in the region have indicated that available resources are already stretched.

Kwazulu Health Minister Dr Frank Mdlalose spoke of "the ever-increasing threat of Aids" while delivering his budget speech recently. Mdlalose said 450 cases of HIV infection had been found in 1990, three times as many as the combined totals from 1986 to 1989.

## Forecasts on Aids called 'overblown'

By REG RUMNEY <sup>U/Ment</sup> 5/7-11/7/91. (92)  
FORECASTS of the economic impact of Aids have been overblown and alarmist.

This is a conclusion of a major new study, using sophisticated economic modelling techniques, of the economic impact of Aids.

The report, by the Centre for Health Policy at Wits University Medical School's Department of Community Health, does not minimise the vast human tragedy facing South Africa. But it points out that faulty research leading to huge total costs creates a sense of helplessness and paralysis in the face of the epidemic.

"Most research on the economic impact of Aids in South Africa has been limited and superficial, and in many cases, has stemmed from parochial sources with a narrow perspective."

It says pessimistic projections for South Africa suggest the macro-economic impact will occur through serious labour supply shortages and by reductions in markets for goods.

"We believe that the overall impact of these trends in the next 10 to 15 years has been exaggerated.

"High unemployment is likely to mean that a significant number of those in the workforce who are disabled or dying from Aids will be replaced, so that temporary labour supply bottlenecks, and frictional costs, rather than substantial and lasting labour supply shortages are likely to impact on the economy."

Available evidence, the report says, suggests South Africa is at the early stage of a potentially massive epidemic. Key findings of the actuarial model used by the compilers show that by the year 2000 it is estimated there will be 5.2-million HIV positive people (ie diagnosed as having latent Aids) and cumulative Aids deaths of 667 000. By 2005, there could be 7.4-million HIV infected individuals and cumulative Aids deaths of around 2.9-million.

## Reported Aids cases up 5 000 — WHO<sup>(92)</sup>

ARC 4/7/91  
GENEVA. — Officially reported Aids cases rose by more than 5 000 in June, reaching a total of 371 802 in 163 countries, the World Health Organisation (WHO) said.

The increase included 4 243 new cases in America, where the total number has reached 179 136. Europe reported 52 389 cases, an increase of 283.

Cambodia said it had no Aids cases in its first report to the UN health body. It raised the number of countries reporting to WHO on Aids to 163.

WHO believes the true global total of Aids cases is more than 1.4 million because many countries, particularly in the Third World, do not issue accurate statistics or are slow to report new cases. — Sapa-Reuter.

## Over 5 000 Aids cases in June

GENEVA. — More than 5 000 new cases of Aids were reported to the World Health Organisation during June, raising the official global total to 371 802 cases.

Statistics issued yesterday by the UN health agency showed that an

updated report from Washington accounted for 4 243 of the new cases. Since records were started in 1982, the United States has registered 179 136 victims of the deadly disease, nearly half the world's reported total.

Uganda has the second highest toll, with 21 719 known cases, the WHO report said. Brazil follows with 18 118.

WHO predicts that up to 40 million people may be infected with the virus by the end of the century. — Sapa-AP

① CT 3/7/91

# Person a day in W Cape HIV-positive

By DALE GRANGER

ONE person a day was tested HIV-positive in the Western Cape last month — and infections are now doubling every 12 months.

These shock figures from the Western Cape Aids Advisory Group were released this week by the city's medical officer of health, Dr Michael Popkiss, in his report to Cape Town's amenities and health committee.

Dr Frank Spracklen, a member of the advisory group, said yesterday that the rate of the spread of the disease was expected to continue.

The group also said 938 people were now infected locally with the HIV virus.

Dr Popkiss's report also disclosed that of the reported 107 full-blown cases of Aids-infected people in the Western Cape, 54 had died.

The report also stated that of those who were HIV-infected:

● The known races of the total figure were: 270 blacks, 192 whites and 162 coloureds.

● One hundred and ninety-nine were heterosexuals, six were female prostitutes, 26 were bisexuals, 26 were infected through the transfer of blood, 166 were male homosexuals, 29 were

pediatric cases and four were intravenous drug-users.

● Of the 32 new cases, there were four white males, three coloured males, four coloured females, six black males, seven black females and eight were unknown.

Dr Spracklen said 8 726 people were HIV-positive countrywide.

He said the spread of Aids had moved from white homosexuals to black male and female heterosexuals.

Dr Popkiss said yesterday that although the figures reflected that only about 0,05% of the Western Cape's four million population were known to be HIV-positive, there were still "many, many more that we do not know about".

"We still have time to do something about it if we don't ignore the problem and become complacent," Dr Popkiss said.

"People who think Aids only affects white homosexual males and prostitutes might get a nasty shock when their daughter or son comes home one day having been tested HIV-positive," he said.

He was not over confident that the trend could be reversed. "Nowhere in the world has the epidemic been contained."



# Number of people with HIV doubling every year

CT 2/7/91 (92)  
JOHANNESBURG. —  
The number of people  
with HIV is currently  
doubling every 10 to 12  
months, says Southern  
Life chairman Mr Neal  
Chapman.

Writing in the group's  
annual report, Mr Chap-  
man states: "However  
incomplete our current  
data might be, it is a fact  
that the number of  
people infected is cur-  
rently doubling every 10  
to 12 months and projec-  
tions for the mortality  
rate by the end of the  
century are alarming."

He said it was inevita-  
ble that life insurers  
would have to increase  
premiums in the fore-  
seeable future, especial-  
ly for younger people, to  
provide for payments  
due to policy-holders  
who became infected  
after taking out a life  
policy.

"While it is difficult to  
increase rates in a com-  
petitive market environ-  
ment, failure to do so ti-  
meously will compound  
the problem and lead to  
mortality losses which  
will have to be borne by  
policy-holders and, in  
the case of proprietary  
companies, by share-  
holders too."

Mr Champan writes:  
"As the plague spreads  
and begins to impact on  
labour forces, national  
health costs and depen-  
dants, employers across  
the full spectrum of  
business will face major  
problems." — Sapa

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# Premium rise looms over Aids

Star 2/7/91

92

The number of people suffering from Aids is currently doubling every 10 to 12 months, says Southern Life chairman Neal Chapman.

Writing in the group's annual report, Mr Chapman states: "However incomplete our current data might be, it is a fact that the number of people infected is currently doubling every 10 to 12 months and projections for the mortality rate by the end of the century are alarming."

He goes on to say it is inevitable that life offices will have to increase premiums in the foreseeable future, especially for younger people, in order to cater for payments due to policyholders who become infected after taking out a life policy.

"While it is difficult to increase rates in a competitive market environment, failure to do so timely will compound the problem and lead to mortality losses which will have to be borne by policyholders and, in the case of proprietary companies, by shareholders too."

Mr Chapman writes: "As the plague spreads and begins to impact on labour forces, national health costs and dependants, employers across the full spectrum of business will face major problems."

"I can't urge strongly enough the importance of educating employees and their families on the causes of Aids and how to take protective measures." — Sapa.

# Women must fight Aids <sup>(92)</sup>

*So. African 11/7/91*  
AIDS cases will continue to multiply in South Africa until there is equality between men and women, a health expert said on Friday.

Director of the Johannesburg City Council's community health services Dr Nicky Padayachee said that, in a paternalistic society like South Africa, it was difficult for a woman to insist that her partner uses a condom - a protection against Aids infection.

Speaking at an annual general meeting of the Save The Children Fund, Padayachee said the epicentre of Aids in South Africa has shifted from Johannes-

By GRACE RAPHOLO

burg to the KwaZulu-Natal region.

He attributed this shift to growing violence, poverty and instability in the region.

But, he said: "The number of Aids cases can be expected to grow on the Reef and Vaal townships because the situation that occurred in the Natal-KwaZulu region has spread to these townships."

Padayachee encouraged the wide distribution of condoms as the best method for stemming the spread of the disease.

# Kiss of life by bystander to Aids sufferer:

JEFF WOODS of Reuter in Martin, Tennessee

**POLICE** jailed Connie Lewis because she let a bystander give the "kiss of life" to her fiance as he lay dying from a heart attack.

She had failed to tell the bystander that her companion was suffering from Aids.

Lewis says she thought only of saving her fiance's life.

She was arrested and charged with reckless endangerment two days after the death of her fiance, James Cobern, and is now one of a growing number of people facing imprisonment over the spread of Aids.

Lewis is accused of using her fiance's body like a deadly weapon, exposing the

bystander "to imminent danger of death or serious illness," according to a police complaint.

She spent four days in jail last month before posting bail and her case will come up in September before the grand jury in Martin, a city of 9 000 in the northwestern corner of Tennessee.

If convicted, she could be sentenced to six years in prison.

"I didn't mean to intentionally hurt nobody," Lewis sobbed during her recent preliminary hearing. "All I thought about was saving Jimmy."

The American Civil Liberties Union (ACLU) says the case is the most extreme example yet of criminal prosecutions based on unfounded fears of how Aids

is spread. The medical profession says it can only be transmitted through sexual intercourse and blood.

The ACLU has already joined appeals in two cases in which Aids victims were convicted of attempted murder.

In 1988, Curtis Weeks was sentenced to 99 years in prison for spitting on a prison official in Walker County, Texas. In 1989, Gregory Dean Smith was sentenced to 20 years for biting a prison official in Camden County, New Jersey.

Lewis is believed to be the first person without Aids to be charged. She is also

## 'Thought only of saving fiance'

thought to be the first to be accused of attempting to spread the disease through saliva by mouth-to-mouth resuscitation.

"It boils down to the fact that there have never been any reported cases of Aids transmitted through saliva," said Ruth Harlow, attorney for the ACLU's Aids Project in New York.

"Prosecutors want to appear to be doing something about the problem of Aids. Unfortunately, they are charging these individuals and turning them into scapegoats."

On May 22, Cobern, 34, collapsed as he stood with

Lewis in their kitchen. "He was talking," Lewis told authorities. "I asked him what he wanted to eat and he just fell over."

Lewis, who has worked as a nurses' aide in the past, first tried to revive Cobern herself, then phoned police and finally sought help from a man mowing grass outside.

Larry Baker, a rabies control officer for the Martin Police Department, performed mouth-to-mouth resuscitation for three to five minutes as police officers and paramedics arrived.

Police Chief Jackie Moore said he checked Co-

(92) ARGUS 1/7/91  
**Woman jailed**

bern and found no signs of life but attempts to revive him continued.

Baker has so far tested negative for the Aids virus.

But Moore said it was right to charge Lewis. "Just because they miss doesn't mean they didn't mean to hit you," Moore said. "Reckless endangerment means he (Baker) was put in danger. If he were to develop the disease and die as a result, it would be murder."

At the preliminary hearing, Lewis said she thought Aids could be transmitted only through sexual intercourse.

The grand jury must decide whether she exposed Baker to danger and acted with criminal intent, Assis-

tant District Attorney Jim Cannon said. Under Tennessee law, recklessness counts as criminal intent.

Then five minutes later, according to Moore, Lewis said "in a very nonchalant manner, 'Oh by the way, he's HIV positive.'

"It was pretty shocking to find out at that moment," Moore said. "What went through my mind was, 'Why now?'"

The ACLU says this kind of prosecution contributes to public confusion about the causes of Aids.

"Educating people is all that we can do at this point to prevent transmission of this disease," Harlow said. "This interferes with education rather than helping it."

Expert's grim  
AIDS warning

UNLESS sexual behaviour patterns changed, 25 to 30 percent of South Africa's population would be infected with the HIV virus by the year 2005, the 10th Epidemiological Conference at the University of the Western Cape heard this week.

Dr Malcolm Steinberg, of the Medical Research Council, told the conference that more than five million people would be infected with the virus by the year 2000 and over 500 000 people would have died.

By the year 2005, over seven million people could be infected, and as many as 2.9 million have died, he said.

# We need a new Minister to tackle Aids challenge

<sup>13/7/91</sup>  
I INTENDED to give the subject of Aids a rest for a while but I believe we have reached a critical stage.

Rina Venter, Minister of Health says of Aids: "We are doing all we can."

Historians will quote her. But while she shrugs her shoulders regarding Aids, which can kill millions and wreck our economy, she promises to save us from cigarette smoking.

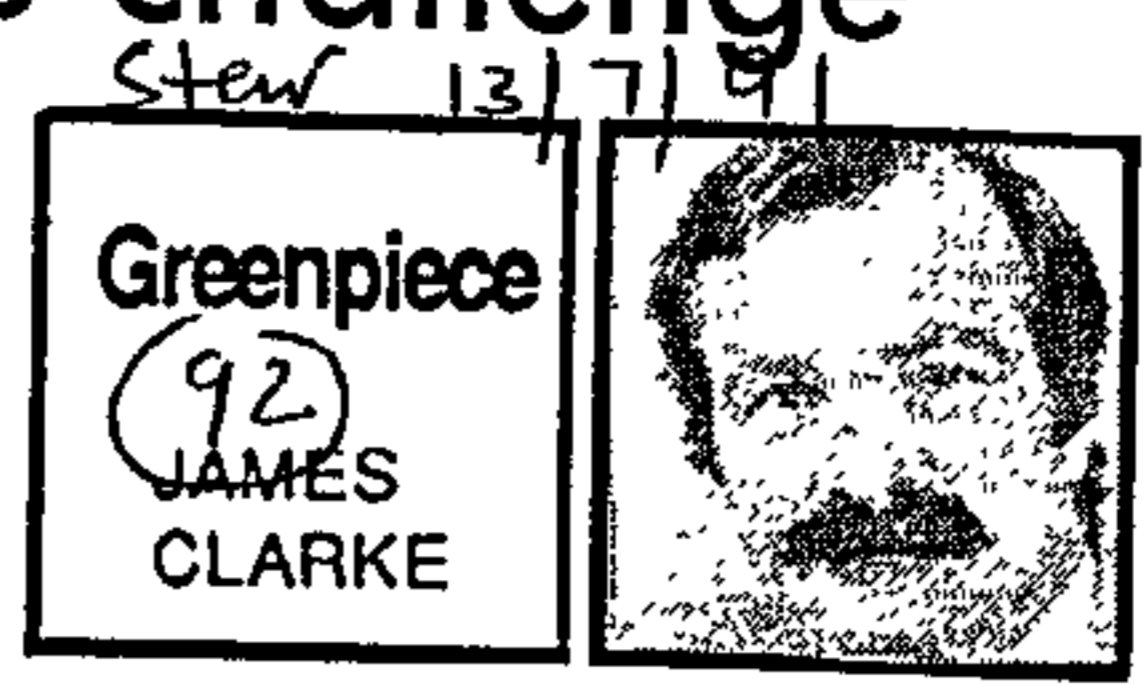
I don't like smoking either. But smoking is not going to undermine South Africa. It is not going to deter investors or cause professionals to emigrate.

Nearly a year ago, researching my book "Back to Earth", I spent several nights going through my files on Aids and on the virus which causes it. I calculated that at least 10 million young South Africans would die from the disease and appealed, in this column, for somebody to show me I was wrong. Instead Andre Spier of Syncom, who had spent two years looking at the situation, said he had arrived at a similar figure.

There have since been other authoritative estimates, all in the millions.

The tragedy — and ironically the hope — is that nearly all of those who will die have not yet got the disease.

But, whatever happens or does not happen, I believe all hospital beds



will be filled by 1996. And that's when we'll panic.

By 1998 infected people will have to die at home. Many will be so weakened by the virus itself they will be dying from other diseases long before Aids hits them.

There are two people in particular who can help. They can do so by stating their serious concern and by attempting to create a national will to fight Aids: President de Klerk and Nelson Mandela.

Mr Mandela, because he might just be able to convince black youth that it is doomed unless it tries to appreciate and act against the Aids threat. Youth, black and white, has been kept in ignorance, mainly because the Minister of Health says Aids "is not primarily a medical problem. It relates to social behaviour". (What on earth is smoking?)

She does not appear to see prevention as her responsibility.

I mention President de Klerk because he will have to find a new Minister of Health to take charge of the biggest public health challenge yet faced by this country.

... into the market ahead of ... signs to the inflation rate.



# Aids shock for Natal

(92)

AT LEAST 100 new cases of HIV infection are detected in Natal every week - which means that at least 14 Natalians find out every day that they are infected with the deadly Aids virus.

This was confirmed yesterday by the Natal representative of the Aids Advisory Group, Professor Dennis Pudifin.

*Sowetan 12/7/91*

"There is still no indication that there is a significant change in heterosexual lifestyles, which is very worrying," he said.

## HIV-positive

There are, according to Pudifin, now about 5 000 HIV-positive cases in Natal. Most are reported by hospitals, clinics for the treatment of sexually transmitted diseases and Natal's Blood Transfusion Services.

Most of these were made up of black females, with black males next. One hundred and eleven white males and 10 white females were HIV-infected.

While HIV-positive cases in the black population grew by hundreds every month, the numbers of HIV cases in whites grew by only a couple in a month.

The numbers of HIV-positive cases were doubling about every eight months, according to Pudifin.

## Children

Latest figures issued by the Department of National Health and Population Development at the end of May indicate there are now 722 actual Aids cases in South Africa of which 220 are from Natal.

There are now 104 Aids cases in children in South Africa.

Out of 25 health-care workers in Natal who have been exposed to the Aids virus, two doctors and a nurse became HIV-positive as a result of being infected by patients. -*Sowetan Correspondent*

# Aids to orphan 10-m by 2000

TEN million babies will be orphaned by the Aids epidemic sweeping through Africa by the end of this decade.

And a million women die every year in pregnancy-related deaths - with millions more left permanently disabled.

Health services mostly "remain inaccessible and unresponsive to women", said Dr Helga Morrow of the United States and formerly a nurse consultant at the International Council of Nurses.

Morrow was speaking at the 10th Epidemiology Conference at the University of the Western Cape on Wednesday, on the challenge facing nurses in Africa.

She said nurses in Africa need to form a strong, unified professional association and to educate its members.

Morrow said: "Enormous energy and resources are devoted to finding



methods to stop and control the transmission of Aids and into discovering drugs to bolster the immune system."

But she said the health-care and home-care of people affected by the disease are "severely neglected".

## Burden

And, especially in developing countries where resources are already scarce, the extra burden resulting from the Aids epidemic is already compromising other essential health programmes.

The World Health Organisation estimates that more than a million

women die every year as a result of complications associated with pregnancy.

Morrow compared these figures with one jumbo jet - filled with 270 pregnant or recently pregnant women - crashing every two hours.

"Almost all of these deaths and millions of disabilities from pregnancy-related illnesses are avoidable," said Morrow.

The risk of a woman in a developing country dying of a pregnancy-related illness is as high as one in 15 while that of a woman in the developed world is as low as one in

10 000, Morrow said.

"Perhaps so many children and mothers still suffer and die unnecessarily because nurses have not been adequately prepared educationally and politically to speak out about the inequalities that still exist.

"Or perhaps nurses have failed to recognise their responsibilities as health-care providers in meeting the needs of the most vulnerable populations."

## Policy

Nursing's challenges now are "how to harness its own resources and how to influence health policy makers in making health care accessible and affordable for everyone".

She said there are no easy or fast ways to change old traditions, the powerful medical and political machinery, and sexist bias and discrimination, but that change is "inevitable". - *Sowetan Correspondent*



# Victim of Aids is girl aged 12

A SURVEY done by the Medical Research Council has found that the youngest victim of Aids in Natal is a 12-year-old girl living on the North Coast. 12/7/91

The results of their on the prevalence of HIV infection in the north coast region of Natal/KwaZulu were announced yesterday.

According to the report HIV infection is now most common among women aged 15 to 30 and in men aged 20 to 25.

The MRC has expressed grave concern that this high prevalence of HIV in women of childbearing age will lead to an alarming increase in the number of children born with Aids.

Infection on the North Coast (Natal and KwaZulu) was extensive and reached into the most rural of areas while it was rife in more industrialised areas. - *Sowetan Correspondent*

# Rumanian kids the <sup>(92) CT 12/7/91</sup>worst hit

**BUCHAREST.** — Almost 94% of Rumania's Aids cases are under 12 years old, more than half the total number of child Aids victims in Europe, a senior health ministry official said yesterday.

"This is the sad figure of the genocide committed by (Rumania's late Stalinist dictator Mr Nicolae) Ceausescu," said Health Ministry director Mr Nicolae Beldescu.

The latest official Rumanian re-

port on the disease showed that out of a total of 1 436 Rumanian victims of Aids, 1 345 were younger than 12.

At the end of 1990, Rumanian children with Aids made up 52% of the recorded cases of infant victims of the disease in Europe, said the report which was made available to Reuters.

The worst figure was for the number of children with Aids in Rumanian orphanages — 967 out

of the total 1 345 infant Aids cases.

Plummeting living standards during Mr Ceausescu's last years and a total ban on contraceptives and abortion forced many Rumanian mothers to abandon their children at orphanages.

"Aids and homosexuality were taboo under Mr Ceausescu, and Rumania made no Aids-related reports to the World Health Organisation before 1990," Mr Beldescu said. — Sapa-Reuter

(92) CT 12/7/91

# Aids virus 'to peak' in 2005

By PETER DENNEHY

HIV infection in South Africa will peak in the year 2005 and then level off, a new study has predicted.

Dr Malcolm Steinberg of the Medical Research Council said between 25% and 30% of the population would be HIV-infected at that stage unless sexual behaviour changed. He was speaking at the epidemiology conference at UWC yesterday.

Dr Steinberg predicted — in contrast to some earlier more pessimistic studies — that the number of HIV-infected would not keep on doubling at the present rate of once every 8,5 months.

If behaviour did not change, he predicted that more than 5 million South Africans would be infected with HIV by the year 2000, and more than 500 000 would have died.

By 2005, more than 7 million could be infected, and cumulative Aids deaths were predicted to be in the order of 2,9 million.

He caused a stir during his presentation when he said the economy could probably sustain an infection level of between 25% and 30% because of high unemployment and low wages.

In fact, on an actuarial model,

## Virus prevalent in urban areas

**JOHANNESBURG.** — The first population-based Aids study in South Africa has found HIV infection to be more common in areas close to industrialised centres than in rural areas.

A statement issued by the Medical Research Council yesterday said the study was undertaken in the north coast region of Natal-KwaZulu.

The blood specimens tested from 5 023 subjects for HIV type 1 and HIV type 2 had established that only HIV-1 was present in the area.

The study also found that HIV-1 infection was four times more common in women than men.

It further found that greater mobility was associated with HIV-1 infection. — Sapa

survivors might be "better off", although this raised enormous problems with putting a value on life, he added.

Speakers from the floor said there was no doubt that South

Africa would be worse off for Aids.

● Dr Steinberg said after his speech that if two healthy people have sex once, without using a condom, and one of them is HIV-positive, the chance of the infection being passed on to the other is one in 500. With condoms, the chances are one in many thousands. However, if one or both of the lovers has a genital ulcer or wart or other lesion, the chances of passing on the virus are dramatically increased.

● Miss Ronel Swanevelder of the Department of National Health said a government survey last year of 14 376 blood specimens from ante-natal clinics indicated that the overall seropositive rate was 0,76%.

From this one could extrapolate that the total number of HIV-infected persons in South Africa was up to 102 000.

Dr Keith Coleman said more than half of the HIV-positives in a recent study of women coming to Baragwanath Hospital had spouses who travelled to countries to the north of South Africa.

None of the women had had more than six sexual partners, so it seemed likely that their husbands' northern trips were the source of the danger to them.

# HIV study shows urban areas slant 92

Star 12/7/91

The first ever population-based Aids prevalence study in South Africa has found that HIV infection is more common in areas close to industrialised centres than in rural areas.

A statement issued by the Medical Research Council yesterday said the study was undertaken in the North Coast region of Natal/KwaZulu.

The blood specimens tested from 5 023 subjects for HIV type 1 and HIV type 2 had established that only HIV-1 was present in the area. This was because HIV-2 was more common in west Africa and, on a small scale, in the southern parts of Mozambique.

"HIV-1 infection was present even in the most remote parts of Natal/KwaZulu," the statement said.

The HIV-1 infection was four times more common in women than men.

"The youngest ... infected subject was a 12-year-old girl and the oldest a 66-year-old woman," the statement said.

It said the HIV-1 infection was most common among women aged between 15 and 30, and men between 20 and 25.

The study further found that greater mobility was associated with HIV-1 infection.

"Those living at their current address for less than one year were considered mobile; 2,9 percent of 'mobile' compared to 1 percent of more stable subjects had HIV-1 infection," the statement said.

"The study recommends ... further research is required to ascertain why HIV-1 infection is more common in areas close to the industrialised centres compared to rural areas; in women compared to men; and among individuals with greater mobility." — Sapa.

# Shock forecast for millions of African babies

Star 12/7/91

92

Own Correspondent

CAPE TOWN — By the end of this decade 10 million babies will be orphaned by the Aids epidemic sweeping through Africa.

And a million women die every year in pregnancy-related deaths — with millions more left permanently disabled.

Health services mostly "remain inaccessible and unresponsive to women", says Dr Helga Morrow of the United States and formerly a consultant at the International Council of Nurses.

Dr Morrow was speaking at the 10th Epidemiology Conference at the University of the Western Cape this week on the challenges of nursing in Africa.

She said nurses in Africa needed to form a strong, unified professional association and to educate their members.

Dr Morrow added: "Enormous energy and resources are devoted to finding methods to stop and control the transmission of Aids and to discovering drugs to bolster the immune system."

But, she said, the health and home care of people affected by Aids were severely neglected.

And, especially in developing countries where resources were already scarce, the extra bur-

den resulting from the Aids epidemic was already compromising other health programmes.

Dr Morrow compared the figure of a million women who die every year from pregnancy complications to one jumbo jet — filled with 270 pregnant or recently pregnant women — crashing every two hours.

"Almost all of these deaths and disabilities from pregnancy are avoidable," she said.

The risk of a woman in a developing country dying of a pregnancy-related illness was as high as one in 15 while that of a woman in the developed world was as low as one in 10 000, Dr Morrow said.

"Perhaps nurses have failed to recognise their responsibilities as health-care providers in meeting the needs of the most vulnerable populations."

Nursing's challenges now were "how to harness its own resources, and how to influence health-policy makers in making health care accessible and affordable for everyone".

She said there were no easy or fast ways to change old traditions, the powerful medical and political machinery, and discrimination, but change was inevitable.

"The more a profession can forecast demographic, social, scientific and economic trends, the more it can be in control of its own direction."

Constitutional Development Minister Gerrit Viljoan, centre, arrives at the opening of the Inkatha Freedom Party's 16th conference in Ulundi on Saturday, amid controversy over disclosures that government had funded Inkatha rallies.

Picture: AP

# AIDS burden will be worst in Africa, Asia

Biocay 22/7/91

92 (1) (10)

AFRICA and Asia would suffer from the AIDS pandemic "long after it is forgotten in Europe and the US" but it was clear that the West would offer them little support, National Health Department spokesman Dr Manda Holmshaw said at the weekend.

Speaking at an AIDS Economic Forum in Midrand on Friday, Holmshaw said she had returned from the recent International AIDS Conference in Florence feeling very despondent.

The conference had heard that in the mid 1990s sub-Saharan Africa would account for about 61% of the world's HIV cases, although the area was inhabited by only about 8% of the world's population.

There were an estimated eight to 10-million people infected with the virus worldwide.

Holmshaw said it was predicted that the child mortality rate in sub-Saharan Africa would double by the mid-1990s and the average adult lifespan would decrease.

She said the disturbing thing about the conference was that despite the clear evidence that Africa and Asia would bear the greatest AIDS burden, no one had really been interested in them.

TANIA LEVY

It was obvious that Africa would have to find its own solutions.

National Health Minister Rina Venter said in her opening address that the extent of the AIDS pandemic in other African countries underlined the need for a united and wide-ranging response to AIDS in SA.

Venter said 300 people were being infected with the AIDS virus every day in SA, about half of them women.

She said the most conservative estimates showed at least 100 000 people were now HIV-infected in SA.

It was obvious that government alone could not fight the spread of the disease.

Holmshaw said a multisectoral approach was vital.

The state could do a great deal at the macro-level and a mass campaign would be launched in August or September.

But on a more personal level, employers and non-government groupings had to try bring about behavioural changes.

Venter said it was clear that HIV would be a fact of corporate life for decades to come and that quick-fix solutions would not make much impression.

Kamatsui said yesterday the residents' organisation objected to the meters because they were a waste of money which should have

200 000 people." Jacobson said the card would be phased in over the next 16 months. "The card enables people who work on a cash basis, to pay in

## Third Rooivalk 'on cards'

LINDEN BIRNS

ARMSCOR is reportedly expected to build a third Rooivalk attack helicopter prototype ostensibly for the SA Defence Force, despite the SA Air Force's cancellation of initial orders for the aircraft early last year.

Armed Forces magazine has reported that if funding and test performance of the first and second prototypes of the helicopter remain on course, then a third aircraft will be built to make final adjustments to the production tooling. *Biday 12/7/91*

The third aircraft would include a new weight-saving and more aerodynamic design, the magazine reported. It would also introduce refinements affecting the maintenance and reliability of the helicopter.

After initial flight clearances the prototype would be delivered to the SADF for evaluation, the magazine said.

However, an Armscor spokesman yesterday denied that a third prototype was scheduled for development.

## Devastating epidemic of AIDS looms <sup>92</sup> specialist

TANIA LEVY

*Biday 12/7/91*  
SA is on the verge of a devastating AIDS epidemic which would have widespread ramifications for the country's work force, says Johannesburg AIDS specialist Dr Clive Evian in a newly released booklet on AIDS in the Workplace in Southern Africa.

And the latest Update of the SA Institute of Race Relations (SAIRR) warns that if AIDS is allowed to constrain economic growth, it could reverse or retard efforts to address SA's socio-economic inequalities.

Evian says workers are the backbone of the country's stability, but they are also at the most sexually active period of their lives and are therefore at a high risk of contracting AIDS.

Fortunately the work force is also highly amenable to large-scale AIDS prevention education, he says.

Employers must ensure workers are adequately in-

formed to prevent AIDS running out of control, Evian says.

Yesterday Evian said there was so much confusion and panic surrounding AIDS that commerce and industry "clutched at straws" instead of approaching the disease calmly and rationally.

His booklet is aimed at businessmen and union leaders. It gives factual information on the disease, the HIV test, discrimination, and misconceptions surrounding AIDS. It then suggests approaches to AIDS policies and education in the work place.

The SAIRR Update quotes University of Natal researcher Dr Alan Whiteside as saying an estimated 1.3-million to seven-million people will die of AIDS by the year 2000.

Star 12/1/91

# Secret ANC report urges Aids education campaign

By Esmaré van der Merwe 92  
Political Reporter

The ANC has proposed that an Aids education officer be appointed in each of its 936 branches to raise community awareness about the disease.

The suggestion was made in the confidential report of outgoing secretary-general Alfred Nzo which was delivered at the ANC's national conference in Durban last week.

The report also proposed that the ANC's national executive committee appoint a subcommittee on Aids and work closely

with other organisations dealing with the disease.

The report said: "This must be given priority in the ANC. Education must be targeted at all levels, from activists to the community as a whole.

"The Government must also be pressured to do much more on this issue, as must other sectors like business and the media."

ANC spokesman Carl Niehaus could yesterday not confirm whether the officials would be appointed fulltime and whether they would be put on the ANC's payroll.



## Disease may be made notifiable — Venter

JOHANNESBURG. — National Health Minister Dr Rina Venter announced this week that the government was considering making Aids a notifiable disease.

CF 4/7/91 (92)  
However, it seems unlikely that it will decide on this step. The National Health Department previously decided against it after conducting its own investigation and instructing its Aids advisory group to carry out one.

Aids and the HIV infection are not notifiable anywhere in Africa and in few European countries and US states.

National Health director-general Dr Coen Slabber said yesterday the department had asked the advisory group to investigate a recommendation from the Medical Association of SA's Community Health Group that Aids and HIV infection be made notifiable.

## Govt unlikely to make AIDS notifiable

GOVERNMENT appears unlikely to make AIDS a notifiable disease, in spite of National Health Minister Rina Venter's announcement this week that government was considering the step.

The National Health Department previously decided against making the disease notifiable after it and its AIDS advisory group had conducted an investigation into the matter.

National Health director-general Coen Slabber said yesterday the department had asked the advisory group to investigate a recommendation from the

8/Day 11/7/91

VANIA LEVY

92

Medical Association of SA's Community Health Group that AIDS and HIV infection be made notifiable.

The group's president Erik Glatthaar said the group had made the recommendation in an attempt to give local authorities more legal "punch" to inform openly people at risk.

About 150 doctors belong to the group, including many municipalities' medical officers of health.

Glatthaar said the individual rights of people with the virus should not come before the survival of a nation.

Making the disease notifiable would help overcome its stigma, bringing the disease and its sufferers into the open.

Johannesburg Deputy Medical Officer of Health Dr Clive Evian said there was no point in making HIV or AIDS notifiable.

SA simply did not have the manpower or infrastructure to adequately counsel the families and partners of the thousands of people with HIV.

Sufferers would not admit to having the disease because of the stigma attached, Evian said.

## AIDS TO PEAK <sup>92</sup>

FM 19/7/91  
**HIV infection** in SA will peak in the year 2005 and then level off. That's the conclusion of a new study by Dr Malcolm Steinberg of the Medical Research Council. By 2005, between 25% and 30% of the population will be infected by the HIV virus — unless sexual behaviour changes dramatically.

Steinberg told a conference at the University of the Western Cape that the number of HIV-infected people will not keep on doubling at the present rate of once every nine months. This contrasts with earlier, more pessimistic estimates.

If behaviour doesn't change, Steinberg predicts, more than 5m South Africans will be infected by the year 2000 and more than 500 000 will have died. By 2005, more than seven million could be infected and cumulative Aids deaths are expected to be in the order of nearly three million.

Steinberg says the economy can probably sustain an infection level of between 25% and 30% — because of high unemployment and low wages.



# Aids impact on labour could affect investments

92  
ARG 2/7/91

The Argus Correspondent

JOHANNESBURG. — Investors should increasingly start considering the potential impact of Aids on their investments.

If Aids precipitates a major recession and possibly a depression by the middle of this decade it will have a major impact on returns of investments made today.

This is the warning of two eminent researchers who predict an Aids-induced economic recession would have serious repercussions on the traditional investment instruments like ten-year endowment policies, certain sections of the property market as well as several sections of the Johannesburg Stock Exchange.

In Durban Ms Jane Wiltshire, corporate planning manager of Tongaat-Hulett has warned Aids could precipitate a recession later this decade which would divert money into disease-related areas and restrict spending as sufferers are denied credit and are obliged to rely on cash and savings.

According to Ms Wiltshire the disease is likely to start making itself felt in South Africa by 1995 when the maximum infection rate is reached and significant numbers of people are either ill or have died.

"A credit economy is based on future earnings so it makes sense that where future earnings are uncertain, their value will be discounted," she said.

A switch to cash and savings would cause money supply to contract causing a "major recession" and changing the inflationary trend in the economy to a deflationary one.

Ms Wiltshire said Aids was likely to reverse the current over-supply of labour in "the not too-distant future".

In Johannesburg Mr Keith Edelston, who heads the Aids Economic Research Unit, has come up with even more forbidding findings.

He says the number of black workers is likely to shrink substantially in the current decade if the Aids pattern continues.

From a peak of around 40 million blacks and coloured people in 1996 the numbers could fall to around 13,6 million by about 2007.

● Public response to The Argus wall-chart on Aids — Understanding and Preventing Aids — has been so great that thousands of additional copies have had to be printed.

Bulk orders for the chart, from a wide range of institutions, have broken all records.

If you missed the wall-chart in The Argus on Friday, June 7, you may still get copies at the front counter of Newspaper House, 122 St George's Street.

Bulk orders may be made by telephoning Allied Publishing at 511 0003 or 511 7105.

Laminated copies of the chart are available on order at a specially reduced price of R3,75. Orders for laminated copies can be made by phoning 683 1692.

**AIDS is not a disease that happens to other people. It could easily happen to you if you don't educate yourself.**

**STEPHEN GARRATT reports:**

*Southside 18/7-24/7/91*  
92

**A** VERY STANDARD RESPONSE TO AIDS all over the world is that it's someone else's problem, or someone else's fault. It is because of this kind of attitude that the AIDS epidemic has reached the massive proportions that it has.

It took years and thousands of deaths before the United States government would do anything about the epidemic and even when they did respond it was mostly because of the intense lobbying efforts of organised gay and lesbian people. We are confronting a similar scenario in South Africa.

A recent paper by the Medical Research Council estimates that between 74 000-102 000 South Africans are presently infected with the HIV virus, and if something isn't done to educate the people about AIDS and get them to change their behaviour this figure could increase to 5,2 million HIV positive South Africans by 2 000.

The paper predicts that by 2 000 AIDS could account for up to 49 percent of the total health expenditure in South Africa.

This is obviously a great human and economic tragedy in the making, as not only will 667 000 people have died, but South Africa would have lost up to R64-billion to the AIDS epidemic. These disasters can be avoided if concerted interventions are made now to educate people about the disease.

Despite these predictions the government was planning to spend only R5 million on preventative measures and education in 1991. In response to protest from shocked health organisations they have increased this amount to a still meagre R7 million.

It is obvious that if the government is willing to gamble with the lives of millions of South African and the economy of a future South Africa extra-parliamentary forces must act.

This point was made at the Maputo conference on health in Southern Africa in April 1990 where the idea for a massive programmatic intervention into AIDS education was born.

The conference noted that the most effective way of combatting AIDS was to politicise the disease and to fight it through representative community organisations.

The clearest example was the way the gay and lesbian community in the US, in the face of state negligence, organised to educate themselves and to force the government to take responsibility for AIDS care, research and education.

The conference, therefore, proposed an AIDS campaign for South Africa that would involve communities, recognise the political and socio-economic aspects of the disease, avoid prejudice whether it be sexism, racism or homophobia and involve a progressive primary health care approach.

Progressive primary health care refers to health care which takes place outside hospitals or clinics, involves the community in health care and tackles the root issues of health care — the poor conditions in which people are forced to live.

There are several health projects operating on these principles and since September 1987 they have been coordinating their work through the national Progressive Primary Health Care network (PPHC). This network exists to promote the values of primary health care, to share information and to help new projects to develop.

All organisations represented at the Maputo conference agreed that because of the urgency surrounding AIDS the existing network offered by PPHC was the best structure through which to coordinate a national AIDS programme.

# AIDS is YOUR problem



ILLUSTRATION: Grant Schreiber

Whereas before PPHC functioned only as a network, since the Maputo conference it has taken a more active role and has appointed two national coordinators — Manto Tshabalala (in charge of training) and Ivan Toms (in charge of services development). A third coordinator is to be appointed soon.

**A**LTHOUGH SEVERAL PEOPLE and projects are already active around AIDS in South Africa their efforts do not add up to a coordinated strategy and country-wide programme. Resources are focussed in a few urban areas and some effectively only serve whites.

The PPHC AIDS programme will attempt to overcome these problems.

The type of programme needed requires large-scale resources and full-time workers. PPHC has drawn up a proposal for a national AIDS programme with an initial budget of R7 million which will come from foreign funding. The programme has three basic aims:

- To raise awareness about AIDS and initiate and develop preventative programmes to reduce the spread of the HIV virus by combining education with existing organisations.
- To develop a community-based AIDS intervention programme and promote community acceptance of people who are HIV-positive.
- To improve primary health care services for sexually transmitted diseases and AIDS and push the government health services to provide good quality health care, preventative programmes and free condoms. The strategy of the programme is to develop

it with community organisations. The struggle against AIDS is necessarily a political one as the factors promoting its spread include disruption of families, urbanisation, poor housing, unemployment, poverty, poor education and health services.

By working through existing organisations the programme will build on the existing organisational base and will avoid duplicating networking structures.

Politicising AIDS also means recognising that prejudice surrounding the disease — namely the discrimination against infected people, groups of people at risk such as gay men, prostitutes and intravenous drug users, and racial discrimination — must be tackled.

If the programme is to work it must be responsive to the needs of the local community. Its organisational structure will be regionally based. There will be seven regional structures and each region will have an office with a regional administrator and coordinator.

In consultation with organisations, each region will select and employ 12 community AIDS workers, train and place them through the region.

The Community AIDS Worker (CAW) is the key to the whole programme.

She/he will work closely with all organisations in their area and develop AIDS awareness and skills through workshops, discussions and educational programmes. In some sectors the CAW may be placed within a big union or youth structure. They will help train others and assist organisations to develop their own AIDS approach and help develop ways to integrate an AIDS prevention programme into their organi-

sational work.

In response to local needs each region will work out its regional strategy to fight AIDS. Regions will share experiences and skills to build a strong and effective programme. Most of the funds, resources and workers will be employed at a local level.

A national office in Johannesburg with an administrator and coordinator will coordinate regional work and help the under-served regions. This office will raise and administer funds and help with the management.

A national media campaign with a budget of R1 million employing one of the country's foremost advertising agencies, Ogilvy & Mather, will be launched. It will include pamphlets and adverts on radio, television and in print.

PPHC are at pains to stress that this programme relies on community participation. If you want to get involved contact your nearest PPHC regional office.

Even if you don't want to become involved in this programme, AIDS is not something that you can afford to ignore. It is your responsibility to educate yourself and those around you.

If you are worried that you may have contracted AIDS and are scared to have your identity revealed or you would like to be better informed about the disease there are places you could go to where you can obtain information, be tested and counselled with the utmost confidentiality. You can contact:

- GASA 1610, Corner of Bree and Victoria Street, Cape Town. Tel 236826.
- National Progressive Primary Health Care Network. Tel 6968470.

# Bid to arrest AIDS

91

THE marked increase in tuberculosis sufferers in Africa may be linked to HIV, according to Dr Malcolm Steinberg of the Medical Research Council.

Addressing a meeting of the Western Cape AIDS Forum, a platform created by Old Mutual to enable top companies to monitor the disease, Steinberg said the increase in HIV infection could be followed by an increase in individuals with active TB. *Sowetan 18/7/91*

He said: "There are many people who, although perfectly healthy, carry the TB bacillus. Should they become HIV positive, their immunity to TB may be broken down.

While the Cape showed the lowest HIV prevalence rate, there was high rate TB infection in the region - the highest in the country.

"It is, therefore, imperative to increase efforts aimed at reducing the spread of HIV infection," he added.

At this stage, education was the only vaccine, he said, adding: "There are AIDS sufferers who are in their 20s, meaning they may have contracted HIV infection during adolescence. Aids education should, therefore, be entering primary schools as well."



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# Easing discomfort <sup>(92)</sup> of doomed children <sup>Starr</sup> 18/7/91

NEW YORK — Many children infected with the Aids virus can resist other infections better when treated with disease-fighting proteins, leading to an improved quality of life, a study suggests.

Children who were treated were more likely to remain free of bacterial infection for two years, and were admitted to hospital fewer times than children who received placebo treatment, researchers found.

They did not live any longer, but the reduction in minor as well as major infections, and in time spent in hospital, "clearly makes the lifestyle of the children more comfortable", says study co-author Dr Lynne Mofenson.

The result was so striking that the experiment was halted several months early, so that the children getting the placebo could be treated with the proteins instead.

For children infected with the Aids virus, some bacterial infections can be life-threatening, such as meningitis, bone and joint infections, bacterial pneumonia and a bloodstream infection called bacteremia. Less se-

rious but still troublesome are infections of the skin or urinary tract, and an ear condition called otitis media.

The treatment in the study was intravenous infusions of immune globulin, a collection of proteins made by the body in response to infection. The proteins help the body fight infection by some bacteria and viruses, although not the virus causing acquired immune deficiency syndrome (Aids).

The work is presented in a recent edition of the New England Journal of Medicine by researchers at the National Institute of Child Health and Human Development and 30 other institutions and companies.

Dr Margaret Oxtoby, chief of the paediatric and family studies section in the HIV-Aids division at the Centre for Disease Control in Atlanta, says the work is "a very helpful study" in helping to decide which therapies are useful for different children.

She notes that the role of other therapies, like those aimed at suppressing HIV, is being assessed in other studies.

SAPA-AP

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SAPA-AP

## Doctors with Aids infect 128

CT 6/17/91 Staff Reporter

(92)

ABOUT 128 patients worldwide have been infected by HIV-positive doctors and surgeons during surgical and dental procedures since 1981, the international Centres for Disease Control has reported.

The CDC said between 13 and 128 HIV infections and between 12 and 122 deaths of patients could have occurred as a result of invasive surgical and dental procedures.

Possible new guidelines for HIV-infected health-care workers have been explored by the CDC.

In a paper, the CDC hints that it will propose guidelines that would restrict invasive surgical procedures by HIV-infected health-care workers.

They may even call for the mandatory HIV-antibody testing of doctors and dentists who perform these operations.

# '5,2-m could be infected with Aids by year 2 000'

By Carina le Grange

At the most 5,2 million people could be infected with the Aids virus by the year 2 000, health researchers of the Medical Research Council (MRC) and the University of the Witwatersrand have estimated.

The findings of a study on the economic impact of the Aids epidemic in South Africa, undertaken by the MRC's Centre for Epidemiological Research and the Centre for Health Policy of Wits by Drs Jonathan Broomberg, Malcolm Steinberg and Patrick Masobe, was recently released.

Using a complex and sophisticated actuarial model, they estimate that by 2 000, 667 000 people would have died from Aids and 5,2 million would be infected, if the most pessimistic scenario is accepted.

The total direct costs by then would be between R4,7 million and R10 billion, representing between 19 and 49 per cent of the total health

care expenditure. These exclude the indirect loss in production costs. The total, cumulative national cost of Aids from 1991 to 2 000 is predicted at R49 to R64 billion.

"In the context of our estimates of total costs for 1991, the State's allocation of R5 million for HIV prevention efforts is obviously grossly insufficient," the doctors said.

They concluded that the overall effect of the Aids epidemic will be a "sustainable" one for the country, but said this should be seen in the correct context, which includes their belief that the problem is a "desperately serious one in both economic and human terms".

They said the number of reported Aids cases (683 in March this year) could be "seriously" under-reported by as much as 90 percent, coupled with the fact that it could take up to 10 years for fully blown Aids to develop.

"Current Aids cases therefore reflect the epidemic as it was approxi-

mately 10 years ago," the researchers said. They said available evidence suggests that South Africa is in the early stages of a potentially "massive" HIV epidemic.

They warned, however, that all projection models — carried out by mathematical extrapolations from currently available data — rely on sets of assumptions and are as "weak and as strong as these assumptions".

Adopting the pessimistic assumption, that no behavioural changes will occur, they predict that HIV prevalence will peak at the year 2 005 and then level off at between 20 and 30 percent of the population.

By 2 005 it is predicted 2,9 million cumulative deaths from Aids would have occurred and the number of HIV infected people would have reached 7,4 million. Since these figures are based on pessimistic assumptions, the peak figures could be lower, the researchers said.

# ANC proposes Aids officers

Political Correspondent

AIDS was such an important problem in South Africa that each of the almost 1 000 ANC branches countrywide should appoint an Aids officer, the ANC's confidential secretary-general report proposes.

The report, by the ANC's outgoing secretary-general Mr Alfred Nzo, recommends that the Aids issue be given priority status by the organisation.

"Education must be targeted at all levels, from activists to the community as a whole," the report notes.

"We also recommend that the ANC national executive committee appoints a sub-committee on Aids, and works closely with other bodies that are already working in this field."

The report adds that the government must be pressurised to do more on this issue "as can other sectors like business and the media, both radio and newspapers"

# SA economy 'threatened'

JOHANNESBURG. — Aids could seriously harm the economy and so also threaten political stability in South Africa, says the SA Institute of Race Relations.

In the latest issue of the institute's "Social and Economic Update" — a special issue on Aids — researcher Mr Robln Hamilton says it seems apparent that Aids will affect every sector of the economy, "and if it proves to be a constraint on economic growth it may retard or reverse efforts to redress the socio-economic inequalities".

Mr Hamilton cites a senior research fellow at the University of Natal, Mr Alan Whiteside, as estimating that between 1,3 million and 7m people will die of Aids by the year 2000.

According to Mr Whiteside the first to die will be the urban elite, leading to a manpower loss. Mr Hamilton says this could be

exacerbated by the emigration of professionals as well as by the drying up of immigration to South Africa. Shortages of skills will then lead to dramatic wage rises.

He says that the Old Mutual expects, as early as 1995, a decline in business confidence and a massive diversion of resources to medical care and other welfare spending because of Aids.

He notes that the World Bank has indicated that as the direct cost of Aids is only 20% of the true cost, the cost to the economy could be between R32 and R78 billion in the year 2000.

Two local studies reveal that by April last year 87 701 donations to blood transfusion services had tested positive for HIV.

Dr Coen Slabber, director-general of National Health and Population Development, is quoted as saying in January this

He said many more were at risk in Africa than in Europe, as predominantly infants and sexually active adults between 15 and 49 years of age would be affected.

Whereas in Europe the predominant number of cases involved homosexual and bisexual men and intravenous drug users, in Africa the highest incidence of the disease occurred in heterosexual men and women, with a rising number of cases in children and babies.

The publication notes that many Africans viewed Aids as a "white man's disease" aimed at reducing African population growth, while in the white community Aids was considered to be a disease restricted to blacks and homosexuals. — Sapa

Staggering cost in lives and cash

# Aids threat to millions

AGCTUS 6/7/91 (92)

**VIVIEN HORLER**

Medical Reporter

ALMOST one in three South Africans are likely to be infected by the Aids virus by the time the epidemic levels out around the year 2005.

This finding is in a report by the Medical Research Council and University of the Witwatersrand Medical School.

"The Aids epidemic in South Africa will be an enormous human tragedy," say the authors.

They point to a "potentially avoidable loss of hundreds of thousands, and ultimately, millions of lives".

By the year 2000 it is estimated 5,2 million people will be infected and more than half-a-million will die from Aids.

By 2005 about 7,5 million will be infected and about 2,9 million will have died.

The researchers hit at research into the economic impact Aids will have in South Africa — claiming it is limited, simplistic and superficial.

The report was commissioned by the Economic Trends Research Group and made by

Dr Jonathan Bloomberg and Mr Patrick Masobe of the Centre for Health Policy at Wits and Dr Malcolm Steinberg of the MRC's centre for epidemiological research in Southern Africa.

Their findings are based on an actuarial projection developed by Metropolitan Life and regarded by the authors as "the most sophisticated and reliable one yet developed in South Africa".

They estimated the treatment and care of Aids patients will be between R9 000 and R24 000 a case by the year 2000.

Total direct costs are expected to reach more than R4,7 billion by then.

The researchers estimate the total national costs of Aids (which includes lost income) in South Africa this year will range from R370 million to R410 million, increasing to R19,3 billion in 2000.

"Cumulative total costs for 1991 to 2000 are estimated at R49 billion to R64 billion... in the context of our estimates of total costs for 1991, the State's allocation of R5 million for HIV prevention efforts is obviously grossly insufficient."

On two different methods of calculation the researchers estimated that the total current cost of Aids could reach from 1,02 percent to as high as nine percent of GNP by 2005.

This meant the epidemic would not have a devastating economic effect.

But the report warns against complacency.

The researchers point out that the macro-economic view hides "the devastating economic consequences of this disease for affected individuals and their families".

Increasing discrimination in the workplace was likely resulting in large numbers of HIV positive people losing their jobs.

"The burden on families who have to care for, and bury, people dying of Aids, and those who lose breadwinners, will be enormous.

"This will be aggravated by unemployment, inadequate social support services, by discrimination in access to insurance and housing, and by the predicted inability of the health services to offer adequate care to affected individuals and support to their families."

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# Fight Aids at workplace - Minister

Staff Reporter

star

22/7/91

Minister of National Health Dr Rina Venter last week urged employers to use education in the workplace as one of the ways to attack South Africa's Aids problem.

Dr Venter was speaking at the opening of the Aids Economic Forum at the Development Bank of Southern Africa in Midrand.

However she added that the educational package should go through "the same sort of testing process one could expect a new car or any other product to undergo".

This was because many of the educational packages now being promoted "have been put together without any pre- or post-testing of the material with the intended audience".

Dr Venter thanked the various education departments, which she said had had the foresight to decide that all children should be "Aids literate" by standard 5.

In SA there were less than 800 confirmed cases of Aids - at first sight a relatively trivial problem, she said.

But conservative estimates based on scientific surveys suggested at least 100 000 people were already infected with the HIV virus, predominantly young adults of both sexes.

An additional 300 people were infected every day in the country.





Companies must formulate a policy on Aids now, writes James Clarke

# Time is a luxury that employers can ill afford

92

Star 24/7/91

ONE of the dangers in this initial stage of the Aids pandemic is that the medical profession and the Department of Health — neither of whom have particularly covered themselves in glory regarding preventive medicine — have been inclined to play the whole thing down.

Now comes a publication by a medical doctor — "Aids in the Workplace" by Clive Evian (Russel Friedman Books at R14,95). It is written as a public service but I believe it makes the error of, in its first chapters, again playing the thing down.

Make no mistake, it is an important book. It is aimed at every employer as well as every union and they would all do well to read it. It provides a "situationer" on Aids and advice on how to cope with Aids in the workplace.

In the foreword, Dr G S "Andy" Andrews, director of Wits Graduate Institute of Management and Technology, points out how Dr Evian's book has gone out of its way to "avoid the climate of fear and hysteria that characterises many debates on (Aids)".

Hysteria? In South Africa there is hardly even concern.

I suspect Dr Andrews is referring to the reaction of simpletons who want Aids victims to be classed as lepers. The fact remains that Aids can, and probably will, kill millions, yet those in authority, apparently fearing fear itself, have tended to avoid scaring people with the real figures.

Dr Evian says there will be about 500 000 HIV-positive people by 1993. "This figure may reach the million mark and more in the following year...". That's as far as he is prepared to go.

With the current doubling time of nine to 11 months (Dr Evian's figure) there will be 1 million HIV-positive people by 1994 and almost certainly 2-3 million by mid-decade. Nearly all will die from Aids or from other diseases such as TB.

Until people understand the full magnitude and the rather ugly scenarios they are not going to be interested in combating Aids.

The value of this book lies in stating in simple terms what Aids is. Indeed, for somebody who does not sleep around or share needles or have blood transfusions, it is a



A priority . . . Aids education.

very difficult virus to pick up. It is not spread by kissing, or hugging, or tea cups or lavatory seats.

Dr Evian says 25-50 percent of babies born of HIV-positive mothers develop Aids in infancy. That says something about this virus: consider that a mother and child share the same blood stream for nine months yet less than half the babies develop Aids.

In Africa HIV is spread more by normal sexual conduct than by homosexual practice, and women are as vulnerable as men.

People in deprived or destabilised communities where indiscriminate sexual activity is the norm are by far the main victims. In this respect, says Dr Evian, apartheid and its single sex hostels and as well as the overcrowded, underemployed townships create the right conditions for the spread of HIV.

Now that we live in a man-made compost heap where HIV is rampant, what do we do? Dr Evian has advice for medical workers as well as fellow workers.

He believes employers should make condoms conspicuously available.

He suggests all firms establish a "humane, dignified and rational Aids policy" (worked out between workers and employers), Aids education (posters at least) and, in the larger firms, Aids committees to keep everybody up to date.

Because of the changing nature of Aids, policy should be reviewed annually. "Develop your Aids policy now," the author says. "Don't wait for an Aids issue or crisis to arise before making policy."

Only in the last but one line does Dr Evian spell it out: "There is precious little time left to prevent a major disaster. Start your Aids campaign today." □

# Toll sparks new fears over male staff as pilots refuse to accept unsealed drinks

By ROGER MAKINGS

MORE than 40 SAA cabin attendants may have died of AIDS-related diseases since 1983. This has so alarmed some of the airline's pilots that they refuse to accept liquid refreshments from certain stewards unless the containers are sealed.

One of the most recent deaths was that of a cabin attendant who continued to serve passengers on SAA aircraft until up to just a few weeks before he died.

The man — who was known to friends and colleagues as "Esme" — was apparently unaware that he had full-blown AIDS until he became ill shortly before his death.

He was one of three male cabin attendants, whose names are known to the Sunday Times, who have died since May of AIDS-related diseases.

The others — one in his early 30s and the other in his early 40s — had stopped working long before they died.

SAA spokesman Leon Els said this weekend the airline was aware of only 21 deaths among cabin staff since 1983, and could confirm only two deaths in the last three months.

However, airline sources said the mortality rate was at least twice as high, although not all had died while in the airline's employ.

SAA has a policy of not dismissing HIV-positive cabin attendants unless they develop AIDS-related diseases that interfere with their duties or threaten flight safety.

## Voluntary

"We have no idea how many of our cabin attendants may be HIV-positive, as there are no compulsory AIDS tests for existing employees, only for new applicants," said Mr Els.

Eighteen months ago, the Sunday Times reported that SAA had asked flight staff to volunteer for HIV tests after it was found that six cabin attendants had tested positive.

The SAA Pilots' Association accepted the request but the flight engineers' and cabin attendants' associations rejected it.

A spokesman for the flight engineers' association said this week that it had not changed its stance, although it did accept voluntary testing in principle.

"Management has not submitted a plan of action should one of our members be found to be HIV-positive and until this is done we reject the idea. All flight engineers have annual medical examinations, and to my knowledge none has been found to be HIV-positive," he said.

The SAA Cabin Association, which was not available for comment this week, said in December 1989 that its more than 1 000 members rejected compulsory AIDS testing outright.

"The scheme is an invasion of human rights and dignity and in view of the fact that there is no international or South African legislation enforcing compulsory testing, we reject it," said a spokesman.

## Fear

One of the main reasons the SAA scheme was rejected was a fear that disciplinary action would be taken against cabin attendants found to be HIV-positive — but this has proved to be unfounded.

Since 1989, there has been a marked decline in the number of male cabin staff employed by SAA, sources say. Intakes of male and female cabin staff used to be roughly equal, but this ratio had dropped significantly in recent years in favour of female cabin staff.

However, airline sources say that most male cabin attendants are not gay — "many are married and have families".

Although cockpit crews are subject to regular medical examinations, cabin attendants are not.

Professor Reuben Sher, head of the AIDS centre at the Institute of Medical Research, said there was no danger of passengers or crew being infected through in-flight contact.

## Coughing

"Although the virus has been found in saliva, there is not a single recorded case of infection through casual contact. Infection takes place after sexual relations, during pregnancy or from blood transfusions," he said.

"The virus cannot be passed on through coughing or sneezing, and there is no danger of infection through someone with AIDS serving food or refreshments."

Mr Els said SAA had continuing information programmes about AIDS and counselling for infected staff by its medical department.

# SAA Shock: 40 dead of AIDS

SUNDAY TIMES, July 28 1991 3

# Aids-care funds 'not coming from govt'

ET 29/7/91 Own Correspondent

(92)

**JOHANNESBURG.** — The burden of caring for Aids sufferers is falling increasingly on non-governmental agencies.

Mr Pietro Battistin, who founded the Sacred Heart House hospice for Aids sufferers last year, says the home is solely funded by private donations.

The home's plight was highlighted last week when the food supply ran out and patients had nothing to eat for a day.

● A total of 818 Aids cases have been reported in South Africa up to July 18 this year, figures from the Health Department show. In a statement released at the weekend, the department said 165 cases had been reported this year, 96 since the beginning of May.

## AIDS sufferers 'survive on private charity'

THE burden of caring for AIDS sufferers is falling increasingly on non-governmental agencies, says the founder of a hospice for AIDS sufferers.

Pietro Battistin, who founded Sacred Heart House last year, says the home is solely funded by private donations.

The home's plight was highlighted last week when the food supply ran out and patients had nothing to eat for a day.

"Thank goodness individuals, including members of a youth group, bailed us out," Battistin said.

□ A total of 818 AIDS cases have been reported in SA up to July 18 this year, figures from the Health Department show. At the weekend, the department said 165 cases had been reported this year.

## Arrests 'lead to further train attacks'

JONATHON REES

POLICE suspect last week's attacks on commuter trains in Soweto could be in revenge for the arrest last Wednesday of nine people in connection with the Kliptown train massacre of six people on June 25.

Three people died and 10 were injured in attacks on trains and stations in Soweto late last week.

A senior police officer investigating alleged SADF involvement in train massacres, Col Neels Langenhoven, said at the weekend nine people were awaiting a court appearance in connection with the Kliptown attack and firearms had been seized.

Three SAP teams are investigating train massacres which have left 60 dead since September. A Johannesburg police team is investigating the killings of over 30 people in attacks at Benrose and Jeppe stations in September.

A Soweto unit is looking into the Kliptown massacre and a Pretoria police unit under Maj-Gen Ronnie van der Westhuizen is coordinating the inquiry and conducting its own investigation into alleged SADF involvement in the killings.

Langenhoven said police were still searching for three people in connection with September's attacks.

Five people had already been arrested, but charges against them were dropped on instructions from Attorney-General Klaus von Lieres und Wilkau, he said.

Von Lieres had said it was useless to continue proceedings until the remaining suspects were arrested, Langenhoven said.

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## ABI

HOLDING

(Formerly The Property Group  
(Incorporated in the Republic of South Africa)  
(Registration Number 12909/90)  
("ABI")

- Proposed acquisition of Abbey Industries (Proprietary) and associated companies
- Fenix's proposed acquisition of Fenix and
- Transfer of Fenix to Abbey

### Proposed acquisition of Abbey

Shareholders are advised that the proposed acquisition of L.T.I.'s business conducted, with effect from 1 August 1991, will result in the acquisition of a 100% interest in South Africa. The proposed acquisition is of no more than 1,0 million shares. The proposed acquisition propose a scheme of arrangement.

It is anticipated that the further details will be available to shareholders in Abbey's annual report.

Abbey, Fenix's holding company, of the transaction has been approved.

### Fenix's proposed reduction of share capital

In an announcement on 27 July 1991, Fenix announced a reduction of share capital by R19 800 000, or 10 cents per share and the reduction will be effected in The Debonair Group.

However, as a consequence of the reduction of capital will be required to be approved by shareholders and therefore vote against the reduction of capital is considered at the general meeting and therefore not be passed. The result of the above, the reduction of share capital will be effected on 2 August 1991, but will be subject to the approval of the shareholders.

### Transfer of listing

The Johannesburg Stock Exchange has approved the transfer of the listing of the "Clothing, Footwear and Textiles" business to the Cape Town Stock Exchange.

Cape Town  
22 July 1991

# SAA considers compulsory crew tests

Staff Reporter <sup>Star</sup> 29/7/91

South African Airways will continue to discuss the possibility of introducing compulsory Aids tests for its cabin attendants, a spokesman for the airline said yesterday.

This follows disclosures in newspapers that more than 40 cabin attendants may have died of Aids-related diseases since 1983.

One of the most recent deaths was that of a man who had continued to serve passengers on SAA aircraft until just a few weeks before his death.

Reports said that other airline staff were so alarmed by

the situation that they had refused to accept liquid refreshments from stewards unless the containers were sealed.

The SAA spokesman said there were ongoing discussions between SAA management and the unions on the subject of Aids tests.

In 1989, the SAA Cabin Attendants' Association rejected compulsory Aids testing outright because it was an invasion of human rights and dignity.

There was also a fear that disciplinary action would be taken against cabin attendants found to be infected with the Aids virus HIV.

This was unfounded, said

the SAA spokesman.

"The type of work they do means it is impossible for them to infect passengers and they are therefore not grounded when we discover they are carrying the HIV virus," she said.

However, if the attendant contracted an Aids-related illness, he or she would be given other work.

SAA employees were constantly exposed to an Aids information campaign, the spokesman said.

Leon Els, also a spokesman for SAA, said at the weekend that the airline had no idea how many cabin attendants had Aids.

# Govt's answer to Aids <sup>Star</sup> falls short, claims expert <sup>29/7/91</sup>

By Carina le Grange <sup>(92)</sup>  
Medical Reporter

The Government's response to Aids has been totally inadequate, says Grania Christie of the Aids Centre of the SA Institute for Medical Research.

She compares South Africa's funding with the sums allocated by poorer countries, such as Uganda and Mozambique, to support her statement in the latest edition of the SA Foundation's publication South Africa International.

South Africa had spent R1 million in 1987, R5,4 mil-

lion in 1989 and had budgeted R5,5 million for 1990/92.

In comparison, Aids-struck Uganda had budgeted more than R18 million for 1990 and Mozambique had launched a campaign with R20,9 million.

Ms Christie questions whether the Government could play a major role in the local Aids epidemic. There was the situation where the State's programmes were flawed, but there was little chance of organisations altering complex socio-political phenomena in time to avoid the Aids epidemic, she said.

## Govt plans big AIDS project

TANIA LEVY <sup>92</sup>

GOVERNMENT will launch a R1,5m mass publicity campaign against AIDS next month.

A spokesman for the National Health Department's AIDS Unit said yesterday the campaign was aimed at bringing home the fact that 300 people were being infected with the disease every day in SA.

The message would be spread by TV, radio and newspapers, as well as billboards, pamphlets and workshops. *Business 30/7/91*

It is believed the campaign will be government's largest single anti-AIDS media campaign to date.

The spokesman said R1,5m had been budgeted for the first part of the campaign, which would last about four months.

The contract for this had been awarded to Sandton-based advertising company The Agency.

The second part of the campaign would be put out to tender at a later stage and more money would be allocated, she said.

Groups which would be targeted by the campaign included opinion makers and community leaders, parents and their children, people with sexually transmitted diseases and health care workers.

The campaign would urge parents to support safe sexual behaviour and teach interpersonal skills.

The public would be reminded that sexually transmitted diseases made people more susceptible to HIV infection.

# FNB to probe 'Buthelezi leak'

*Business 30/7/91*  
FIRST National Bank was probing allegations that it had not exercised sufficient control over information relating to its account holders, senior GM Jimmy McKenzie said yesterday.

He was speaking after Inkatha central committee member Musa Myeni warned at the weekend that R3bn in KwaZulu government business could be removed from FNB.

Myeni made his statement after it was reported that Inkatha had repaid R250 000 it received from government for two political rallies from a personal account of its president Mangosuthu Buthelezi.

### Secrecy

Myeni called on FNB to investigate the leaking of confidential details about its clients' accounts.

McKenzie said discussions "with our clients" on Myeni's allegations of collusion between some staff members and "anti-Inkatha" journalists were in progress.

"Every staff member signs a declaration of secrecy and should there be evidence of any of our staff anywhere in the country colluding with any party, that person will be dismissed," he said.

He would not say with whom FNB was holding discussions, saying "we respect the confidentiality of our clients".

WILSON ZWANE

Myeni said at the weekend the "ball is now in FNB's court". The bank should approach the Sunday Times and The Independent of London for their sources of information, he said.

An Inkatha spokesman told the Sunday Times that the money was withdrawn from Buthelezi's account and deposited in an Inkatha account before being given to Foreign Minister Pik Botha last Wednesday.

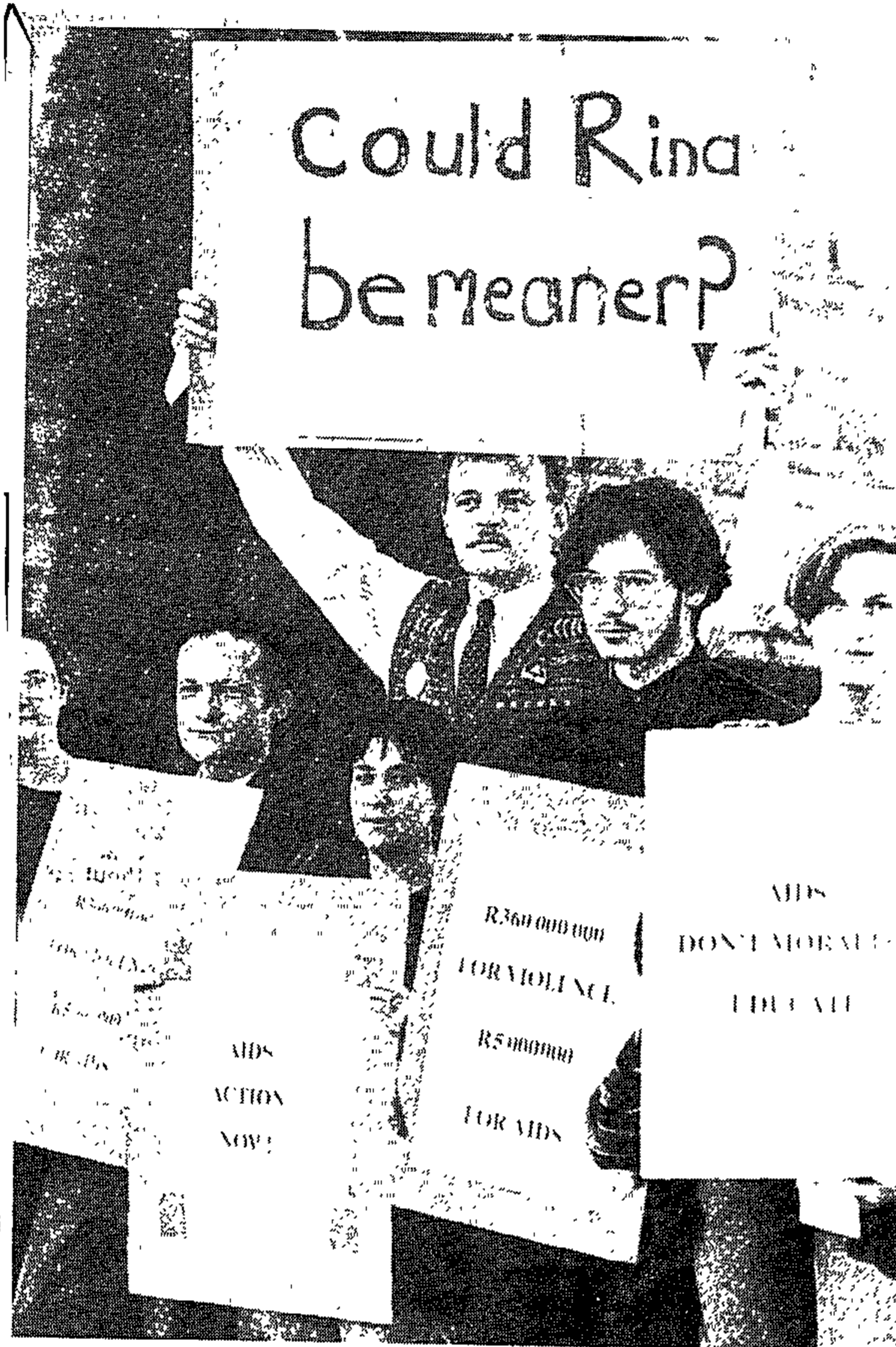
The spokesman also confirmed that the R1,3m Buthelezi account was set up for his personal use with funds provided by international friends, which included British casino boss John Aspinall and Australian television mogul Kerry Packer.

Myeni said the KwaZulu government deposited "well over R3bn a year" with FNB, adding "this could be business lost to the bank unless it comes clean on this apparent collusion between some of its staffers and anti-Inkatha journalists".

It was reported at the weekend that the R1,3m account was opened for Buthelezi's personal use in September last year and that it would earn R182 000 interest a year.

Until July 23 when the R250 000 was withdrawn, only one small withdrawal had been made, reports said.

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**LET DOWN . . .** The Cape Town branch of the Aids Coalition to Unleash Power (Act-up) staged a legal demonstration outside St George's Cathedral yesterday after the government "reneged" twice on holding a local Aids workshop before sending two junior officials who were "unable to answer any questions".

Picture: BENNY GOOL

# Huge drive against Aids

92

CT 30/7/91  
Own Correspondent

**JOHANNESBURG.** — The government will launch a R1,5m mass publicity campaign against Aids next month. A spokesman for the National Health Department's Aids unit said yesterday the campaign was aimed at bringing home the fact that 300 people were being infected with the disease every day in South Africa.

The message would be spread by TV, radio and newspapers, as well as billboards, pamphlets and workshops.

## Largest

It is believed the campaign will be government's largest single anti-Aids media campaign to date.

The spokesman said R1,5m had been budgeted for the first part of the campaign, which would last about four months.

The second part of the campaign would be put out to tender at a later stage and more money would be allocated, she said.

Groups which would be targeted by the campaign included opinion-makers and community leaders, parents and their children, people with sexually transmitted diseases and health-care workers.



# Govt apathy over help denied

(92)

ET 30/1/91 Staff Reporter

THE Department of National Health and Population Development yesterday rejected allegations of official "apathy" made by members of the Cape Town branch of the Aids Coalition to Unleash Power (Act-up) outside St George's Cathedral.

The group, a regional branch of an international activist organisation, held a legal placard demonstration at which they said the department had twice cancelled a proposed Aids workshop in the city.

Group chairman Mr Sean Mellors said

that when the workshop was finally held last Friday, two "junior" members of the department were sent instead of two senior members of the government's Aids unit.

The group had been trying for three years to speak to the government about the needs of HIV-positive people and the latest move proved that the relevant minister, Dr Rina Venter, "does not care if we live or die".

"We feel betrayed and let down," he said. "The two juniors there could not answer

any questions or make and offer any policies or decisions," he added.

However a Department of National Health and Population development spokeswoman said Mr Mellors' original request was for a Cape Town Aids-care home, costing R375 000.

Dates of the proposed workshop had been changed by Mr Mellors himself "on more than one occasion".

One of the "juniors" sent was the unit's social worker who had a post-graduate qualification in social work, she said.



Picture: HANNES THIART, The Argus.

**ACTION AGAINST APATHY:** Members of the Aids Coalition to Unleash Power, Act-Up, demonstrate against government apathy on Aids care and support.

APR 20/7/91 (92)

## Protest over 'State apathy on Aids'

**LINDA GALLOWAY**  
Staff Reporter

A GROUP of Aids workers, angered by alleged lack of support for Aids care by National Health Minister Dr Rina Venter, held a protest in the city centre to publicise their feelings.

"Could Rina be meaner?", "People are dying, silence equals death, action equals life" and "Aids, don't moralise, educate," were a few slogans shown by 20 demonstrators on the steps of St George's Cath-

edral during lunch-hour yesterday.

The picketers handed out leaflets accusing Dr Venter and the Department of National Health of not taking action to stop the spread of HIV or provide appropriate medical care.

Spokesman for Act-Up (Aids Coalition to Unleash Power) Mr Shaun Mellors said a support and care workshop organised for Aids care-givers and victims was arranged and postponed twice in order to include

senior representatives of Dr Venter's department.

The workshop was to be held last Friday with two doctors from the department answering questions on policy, but it was learned — two days before — that two junior members would attend.

"There was no explanation or apology and the two members could not answer questions or offer policy decisions. Delegates and organisers feel betrayed. It makes us realise the lack of concern and commitment given to HIV and Aids."

92  
Star  
31/7/91

# Mass Aids publicity drive planned

Medical Reporter

The Government will launch a R1,5 million mass Aids publicity campaign "with a big splash" soon, according to a spokesman for the Department of National Health and Population Development.

The message will be spread through television, radio and newspapers, billboards, pamphlets and workshops.

Among groups targeted for workshops were health care and HIV workers, teachers, pupils and students, the spokesman said.

She said there was no date for the launch of the publicity campaign — although August was likely — which would be aimed at bringing to the public's attention the fact that people were being infected every day with the HIV virus, which leads to Aids.

The contract has been awarded to The Agency in Sandton.

**A**IDS has been described as a metaphor for modern humanity's worst nightmare. It is deadly. It is incurable. Infection is insidious, occurring mostly in moments of intimacy and passion. And it is pandemic.

In SA, AIDS will take a frightening toll in the following years. It is perhaps the most awesome natural catastrophe our country has faced. According to one authoritative actuarial assessment, AIDS will halt population growth in SA by the end of the century. The cost in human pain, suffering and grief will be enormous.

No business or enterprise will be exempt. Lawyers and industrial relations consultants have been busy for some time now advising unions and employers on AIDS policy. Now the first AIDS cases are coming through.

□ A food and beverage manager at a well-known hotel is first sidelined and then dismissed. He is HIV positive. Could adverse reactions, whether actual or potential, whether from fellow employees or guests, justify management's sacking him just because of his HIV status?

□ A Durban truck driver tests positive for HIV. He is suspended on full pay. Is this justified? Someone in the personnel department phones the worker's wife to tell her the news. Is that a breach of confidentiality?

□ A Johannesburg construction foreman sends 14 new recruits to a public health clinic for them to be tested for HIV. Is he entitled to do this? Is the clinic obliged to test? And if the clinic agrees to run the tests, can he demand to know the outcome?

□ A job applicant does not tell the employer at her placement interview that she is HIV positive. Should she have disclosed her status? And is the employer allowed to dismiss her for not doing so?

**T**hese and other issues will be the stuff of SA industrial relations over the next few years.

Since 1981 the defining concept in labour relations has been the unfair labour practice. Fairness is not an abstract concept. In the labour field

# AIDS sets new posers for relations in the workplace

61paw  
1/8/91  
EDWIN CAMERON

it depends on practical considerations which take into account the relative interests and claims of all parties. What is fair therefore depends on good sense and rational considerations.

Thus when the Industrial Court and the Supreme Court come to provide answers to the crucial questions on AIDS, much will depend on medical and social facts about the virus. In the industrial relations context, there are certain crucial facts.

Firstly, AIDS advisers no longer recognise the existence of "high risk groups". There is now only high risk behaviour. Haitians, gays, blacks, Malawians, ANC exiles, truck drivers, prostitutes, suburban men and women — all are levelled before the appalling fact that anyone engaging in high risk behaviour — unprotected sexual intercourse — puts himself or herself into a high risk group.

Secondly, the AIDS virus is a fragile organism. Despite loony right pamphlets alleging the contrary, the virus struggles to survive outside the human body. And, it is extremely easy to kill.

Thirdly, AIDS is difficult to transmit. Apart from unsafe sexual intercourse, blood transfusion or maternal transmission, there are no known methods of acquiring HIV infection. Except through one of these methods, HIV cannot be transmitted.

While it is possible to envisage circumstances in which a worker is injured and his or her blood comes into direct contact with an exposed wound of a fellow worker this is unlikely. Precautionary measures against the risk are thus relatively easy to take.

As the quips go: yes, you can get AIDS at a restaurant or in a public toilet, but neither is a comfortable place to have sex; and, the only precaution you need to take against the risk that your Malawian gardener may have AIDS is to insist that he wears a condom while mowing the lawn.

**F**ourthly, HIV infection is compatible with many years of asymptomatic good health.

Fifthly, AIDS is a disease: nothing more and nothing less. At present it is ultimately fatal. AIDS is but one of many diseases that may incapacitate members of a workforce. AIDS and HIV infection should therefore be treated no differently from any other ailment, fatal or otherwise.

Finally AIDS is shrouded in awful overtones and suspicion-laden, almost mythological, connotations. To be known as HIV positive or as a person with AIDS exposes an individ-

ual to stigma, discrimination and ostracism.

In this it is unlike cancer or heart ailments or other life threatening conditions. Public ignorance, prejudice and fear mean that AIDS evokes devastating reactions for the carrier or the sufferer. This means that testing for AIDS is still fraught with danger for the individual. It also means the employer bears a high duty of confidentiality regarding HIV and AIDS in the workplace, as well as a duty to educate and inform.

The unfair labour practice concept will thus be crucial to working out the law of employment regarding AIDS. The rest of the law as yet says surprisingly little about AIDS. In 1987 AIDS was declared a "communicable disease" under the Health Act. This gives local authorities and health bureaucrats extensive powers to close schools, ban meetings, quarantine or isolate suspected carriers and subject them to compulsory medical examination.

Some doctors want AIDS also declared a "notifiable disease". In effect a central register of AIDS patients and HIV positive persons would be opened, with all the dangers of breach of confidentiality, blackmail and stigmatisation that would entail. The frightening consequences this would have for persons with HIV or AIDS has made most

AIDS experts and advisers oppose the step. They say it would inhibit voluntary testing and discourage responsible behaviour by those already suffering from or carrying the virus. The problem would thus be driven underground. Civil liberties lawyers oppose the step on similar grounds.

The only other legislation dealing directly with AIDS is in regulations which render anyone suffering from AIDS or who is HIV infected a prohibited immigrant. It is illegal to employ such a person.

Those mainly affected by this regulation are migrant workers from Malawi, Mozambique and Zimbabwe working on SA mines. But of course the stipulation also applies to, and can be used against, "First World" tourists, prospective immigrants to SA or workseekers.

Apart from the health and immigration regulations the law does not have a separate body of rules dealing with AIDS. Unless Parliament legislates on AIDS or HIV, the disease must therefore be dealt with in accordance with the basic principles of our law.

For instance, deliberately transmitting HIV to someone could, in accordance with the ordinary principles of criminal law, constitute a crime in certain circumstances. Negligently or deliberately infecting another person with HIV could give rise to a civil claim for compensation in terms of the law of delict.

**A**nd a person with AIDS, or who is HIV positive, has a right to privacy. Deliberate breach of this right — for instance if a doctor or health worker or employer wrongfully discloses the person's condition to others — constitutes an unlawful act which can result in liability for substantial damages.

In each of these cases the general principles of the law have to be applied to determine the legal rights and duties of the employer, worker, AIDS patient, lover, family, health worker and strangers.

□ This is an edited version of an article in the latest edition of *Employment Law*. Cameron specialises in labour and human rights law.

holders this week attack-  
Oceanans wrote to Etiam  
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ADVISE YOU WHY INDIVIDUALS FOR FINANCIAL SERVICES.  
range of financial services.

## BRIEFING

The Star Thursday August

# Shot in the arm for health care in Jo'burg

The Johannesburg City Council has the entire city's health at heart. An outreach programme to address community health and a radical Aids programme were launched a year ago.

Johannesburg is recognised as having one of the finest Aids programmes in the country and has received international recognition for its work. More recently, material on the council's Aids programme was requested by the USSR, Spain and Cuba. Health officials have also been asked to present papers in cities across the United States, Canada, Gabon, Zaïre and South America.

Johannesburg health and housing director and medical officer of health-elect, Dr Nicky Padayachee, said the council was trying to teach people to treat themselves.

"The whole concept of health has changed. We have moved away from the idea of disease as a medical condition requiring therapeutic intervention to a concept of total health care and the treatment of the economic, social and mental well-being of communities.

"This is in keeping with the World Health Organisation approach and international trends. All factors are tied up with environmental well-being. If we continue as we are, the country will have to pay out R60 billion alone in Aids care at the turn of the century. This is horrific — it is six times South Africa's total health bill.

"That is why we have to intervene now. We've looked at the first decade of the Aids epidemic — now we have to use innovative methods to change people's attitudes."

In a report released recently, health researchers of the Medical Research Council and the Centre for Health Policy of the University of the Witwatersrand estimate that 5.2 million people could be infected with the Aids virus by the year 2000. In the worst scenario, they predicted that by the year 2005, 2.9 million cumulative deaths from Aids could have occurred and the number of HIV-infected people could have reached 7.4 million.

Dr Padayachee believes the shocking scenarios presented by study groups recently can be prevented. He paid tribute to the council's management committee for its understanding of the Aids issue.

The initial cost of the outreach programme is R500 000. It will cost about R600 000 a year to run. The Aids programme costs more than R1 million a year to operate.

Dr Padayachee said City Health had been restructured to include in a single department health, urbanisation and housing.

"In the next 10 to 20 years, the well-being of cities will be very important. The crux is to empower families and communities with control over their lives and environment.

"For example, it is no use treating a child's pneumonia or bronchitis every time without treating the cause, which could be a draughty shack," Dr Padayachee said.

"We are not only treating the symptoms, but the total conditions underlying the problem."

The first outreach centre opened six months ago at 17 Esselen Street, Hillbrow. It includes a family-planning clinic, counselling service, free

testing for Aids and other sexually transmitted diseases, and it distributes condoms for free.

Dr Padayachee said: "Most basic health problems can be taken care of by individuals."

People who knew how to access clinic and hospital-based services were not necessarily the ones who needed them the most, and the council had to try to take health care to people such as drug abusers, sex workers, the unemployed, shack dwellers and others.

"Aids, for example, is a special issue. We have to go to communities and educate them concerning the dangers of Aids without waiting for HIV-positive patients to come to us."

Dr Padayachee said it was difficult to measure the success rate of the outreach and the Aids programme. "We have managed to gain access to, and the confidence of, marginalised communities."

The council's aim is to extend the outreach clinics throughout the city.

Actors are employed in a play on Aids education, a cabaret show is being organised for nightclubs, and the council has backed marches on Aids Awareness Day. An advertisement for cinemas and electronic billboards with Aids messages have also been produced.

Johannesburg has offered to train staff at the Soweto, Deerpark, Dobsonville and Alexandra town councils. □



Dr Nicky P

# SA to launch <sup>(92)</sup> R1,5 m mass Aids campaign

ARG 2/8/91

**The Argus Correspondent**

**JOHANNESBURG.** — The government will launch a R1,5 million mass Aids publicity campaign "with a big splash" next month, a Department of National Health and Population Development spokeswoman said.

The Aids message will be spread through television, radio and newspapers as well as billboards, pamphlets and workshops.

Among target groups for workshops over the next two months are health care and HIV workers, teachers, school pupils and students, the spokeswoman said.

She said a date had not been set for the launch of the publicity campaign, although some time this month is likely.

"The campaign will be aimed at bringing to the public's attention the fact that every day 300 people are infected with the HIV virus, which leads to Aids.

"The contract for the campaign has been awarded to an advertising company in Sandton.

"Different groups will be targeted, ranging from opinion-makers to children. There will be an emphasis on the fact that sexually transmitted diseases increase the risk of HIV infection."

# Local blood exported to East London

EAST LONDON. — Blood from predominantly white low risk donors in Cape Town is being "exported" to the Border area.

This is because there is currently "no clear-cut low-risk donor group" in the black community, the head of the Border Blood Transfusion Service, Mr G du Toit, said yesterday.

The "low-risk" category comprised donors with the least possible risk of being infected with Human Immuno-deficiency Virus (HIV).

He said blood was being imported to cover a shortfall resulting from a new policy to accept blood exclusively from "low-risk" donors.

Statistics released by the Department of National Health and Population Development in May 1991, indicated that since 1982, the incidence of HIV-positive cases was higher in the heterosexual black community than in its white equivalent.

WP Blood Transfusion Service medical director Dr Arthur Bird said last night that high- and low-risk categories of donors were determined by means of a confidential questionnaire all donors were obliged to complete.

He said donors were not excluded on the basis of race. "In the Western Cape our blood donors are largely white, followed by coloured and Asian and then a smaller percentage of black people.

"We do not exclude donors on the basis of colour, but on the basis of risk categories — nor do we dish out blood on that basis." — Own Correspondent and Staff Reporter

# Traveller Aids test available

Medical Reporter (92) ARG 7/8/91

GROUPS of people worried about HIV infection when travelling abroad now can have their blood tested and cross-matched so they can give each other transfusions in an emergency.

This service is being offered by the WP Blood Transfusion Service at medical aid rates.

"Tests include antibody screening, ABO-grouping, Rh-type, and tests for hepatitis B, syphilis and HIV," said spokeswoman Ms Riette Burger.

The tests will be done at the service's headquarters in Pinelands, and results will be available in five days. People do not need to be blood donors.

Phone 531 0964 (Ext 207).





he cenotaph for the morning. They were

Picture: AP

### Colgate strike?

**JOHANNESBURG.** — The Chemical Workers' Industrial Union said yesterday it would ballot its members at Colgate-Palmolive on strike action, following a deadlock in wage talks.

## 'Integrate aliens', Clase urges

Political Staff

NO values belonged exclusively to white people, and nowhere in the world was race the criterion for admission to schools, the retiring Minister of Education and Culture in the House of Assembly, Mr Piet Clase, said last night.

The government had already given notice that racial exclusivity would no longer be acceptable, he told a meeting of the Suid-Afrikaanse Onderwys Unie branch in Oudtshoorn.

Mr Clase, criticised for his approach to the racial integration of schools, strongly supported the opening of schools. He stressed, however, that they should remain part of community life.

"Let us get some perspective. Over the years we have allowed children from other cultures into our schools.

"There are thousands of Portuguese, Greek, Jewish, Chinese and other alien children in our classrooms," he said.

## Boerestaat boss slams tourism

Own Correspondent **CT 7/8/91**

**DURBAN.** — Tourism is the greatest contributor to prostitution, sexually transmitted diseases, Aids and lower morals, according to Boerestaat Party leader Mr Robert van Tonder.

Reacting to Fedhasa's annual conference on tourism here, he said in a statement his party strongly objected to the "misuse and contamination" of the natural beauty of the Transvaal by "foreigners".

The "Boer" nation benefited little from tourism.

The Kruger National Park had not been created for Americans and Japanese, but to be enjoyed by the "Boer nation", he claimed.

The present situation, where admission to and accommodation in the park had become too expensive for his people, would be changed drastically in a proposed "Boer homeland", Mr Van Tonder said. — Sapa

## 'Education is the only Aids vaccine'

Own Correspondent **CT 7/8/91**

**DURBAN.** — There is only one vaccine against Aids, and that is education.

Speaking at the Fedhasa national congress here yesterday, Professor Rubin Sher of the South African Institute for Medical Research said people had to learn to practise "safer sex".

"There is no such thing as safe sex — all people can be taught is to practice safer sex, and to move from promiscuity to monogamy," he said.

Speaking on Aids in the Workplace, Prof Sher said discrimination against HIV-positive employees was "unacceptable".

"Pre-employment testing should not be undertaken," he said, adding that it would merely be a waste of money, money which would be better spent on in-company information programmes on Aids prevention.

Discrimination against Aids carriers in the workplace was "totally unjustifiable", and an infected worker should be judged only on his mental and physical capabilities.

## Interdict against security boss

THE managing director of a Cape Town security firm who allegedly threatened employees with a gun has been interdicted by the Supreme Court following an urgent application by the Transport and General Workers Union.

Mr Justice CT Howie issued the order against Mr James Michael Rentzke and Table Bay Security Patrols on Monday night.

The application was not opposed, the union's attorney said. — Sapa

## Tourist robbed in city garage

A CANADIAN tourist was robbed of an 18-carat gold watch worth R30 000 and R2 700 in cash when he was held up in the Golden Acre parking arcade on Monday afternoon, a police spokesman said yesterday.

The spokesman said Mr James Dunnett, 42, from Toronto, was climbing into a car on the J level when the men threatened him with cut-throat razors and robbed him.

### 5 000 teachers march in CBD

TANIA LEVY

ABOUT 5 000 singing and chanting teachers marched through Johannesburg's CBD yesterday, demanding immediate recognition of the SA Democratic Teachers' Union (Sadtu), a "living wage" and a single education system.

They converged on the Department of Education and Training offices in Braamfontein where memoranda were handed to DET Johannesburg assistant director Peet Fourie, flanked by two armed policemen in camouflage uniform. *B/day 8/8/91*

Similar marches were held countrywide to highlight Sadtu's demand for recognition by the National Education Department.

Leaders of the Johannesburg march said they were "deeply disappointed" that DET Johannesburg regional director Richard Motau had not met them in person. They were angry that they had been refused entry to the building.

"We believed the DET had an open door policy," said Sadtu southern Transvaal chairman Ismail Vadi.

Vadi said President F W de Klerk and National Education Minister Louis Pienaar had until August 30 to respond to demands or teachers would take further mass action.

# Insurers probe a surge of fraud

SEAN VAN ZYL

SHORT-term insurance companies are conducting an urgent investigation into what they claim is an alarming escalation in the number of fraudulent claims.

Spokesmen said yesterday that in many cases companies had reported a rise in false claims in excess of 70% compared with 1990.

They said insurance fraud had increased in most classes of cover but the recession had pushed the public to "desperate measures", resulting in personal-lines and motor insurance-related fraud claims soaring.

Insurers reported cases of people re-registering old vehicles and insuring them as new models. The vehicles later disappeared or were written off in accidents.

General Accident head office claims manager Jeffrey Smith said his company had now appointed a full-time fraud investigator. However, it was almost impossible to investigate every claim due to the volumes involved.

Smith said if the incidence of fraud-related claims continued to climb, insurers would be forced to investigate every claim submitted and to value the property prior to the

issue of cover.

A number of vehicle-related claims found to be fraudulent involved false registration papers. He added that these incidences usually involved professional confidence tricksters, who were in the minority.

Most fraudulent cases were perpetrated by people "reporting exaggerated values on their property".

Auto & General spokesman Nick Mew said that cases of "double insuring", in which the same property was insured twice through two different insurers, had become more noticeable.

Insurance brokers PFV Group director Brian Gillespie said about 99% of the risk underwritten by insurers would not normally be evaluated at the time of the policy being signed.

While insurers have levelled criticism against some brokers for signing up unsound business, Gillespie said "there is nothing more a broker can do above that of an insurer to detect fraudulent claims".

However, it would be almost impossible for frauds to work if proper claim-handling control systems were maintained.

## Researcher: AIDS has entered explosive phase

TANIA LEVY

SA's AIDS epidemic had already reached the start of its "explosive phase" and the disease would spread rapidly in the next five to six years, Wits Health Policy Unit senior researcher Jonathon Broomberg said yesterday.

In a paper read out at the same AIDS conference at the Wits Medical School in Johannesburg, ANC health spokesman Dr Manto Tshabalala said AIDS was a political issue.

The battle against AIDS had to be linked to the fight for racial and economic equality, the emancipation of women, compulsory education, adequate housing and the overhaul of the migrant labour system and the health system, Tshabalala said.

Broomberg said it was vital for government to improve the detection and treatment of other sexually

transmitted diseases (STDs) *92*

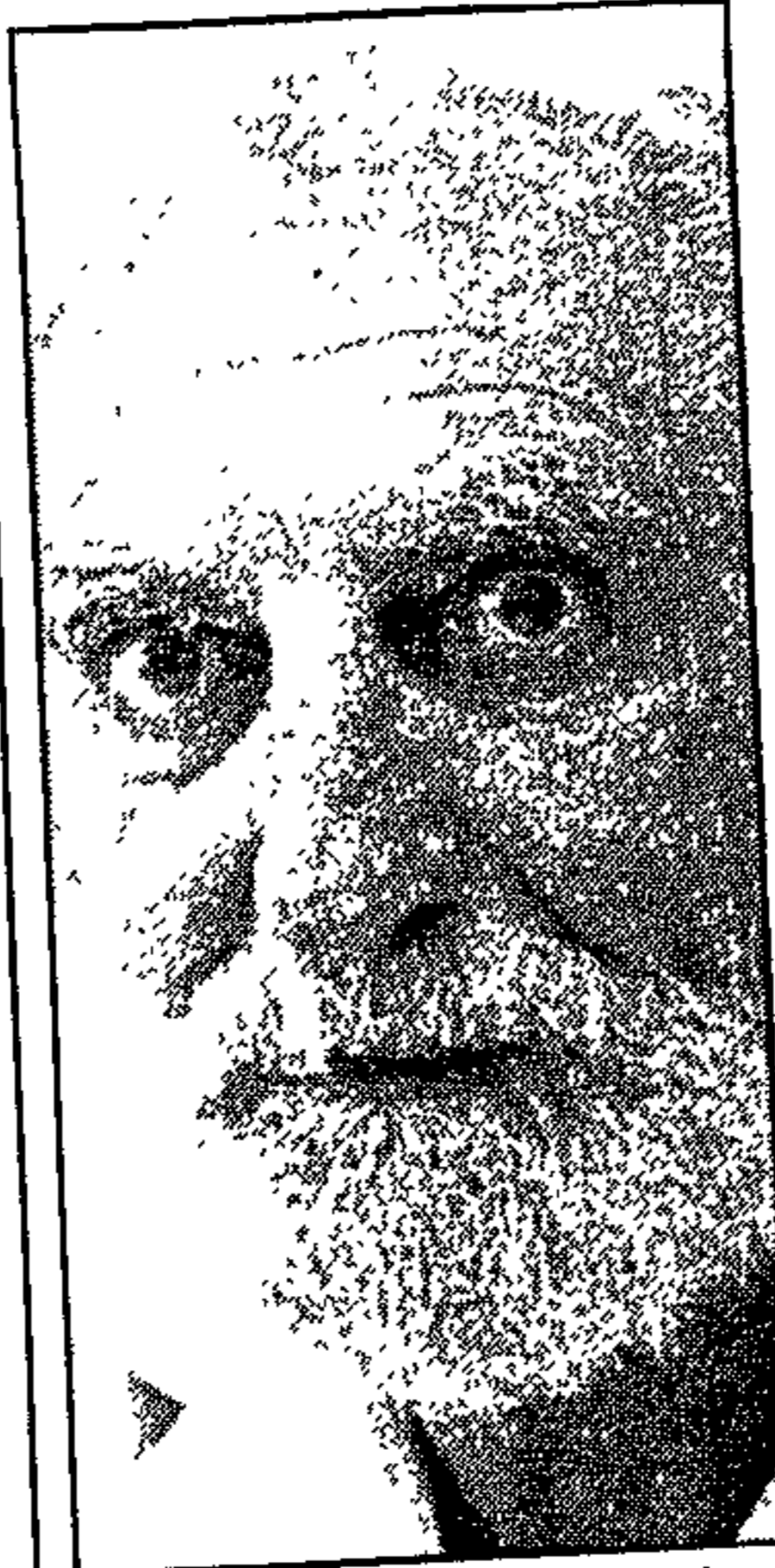
People with STDs were more likely to become infected and pass on the AIDS virus.

Broomberg said the incidence of STDs was as high as 25% in some sectors of the SA population. He said about 180 000 people were believed to be HIV-infected at present.

By the year 2005 about 892 000 people would have already died of AIDS.

24/11/92  
92

## 10-m orphans from Aids - prof



Prof Rubin Sher ... vaccine would be expensive.

Sub-Saharan Africa can expect to have 10 million orphans in the near future because of Aids, according to Professor Rubin Sher of the South African Institute of Medical Research.

Speaking at the annual Fedhasa congress in Durban, he said Africa would have about 17 million cases by 1994.

In South Africa, the "worst case" projection was that there would be about 3 million deaths from Aids by 2006. *Star 8/8/91*

There was little prospect of a vaccine before at least the mid-Nineties. Even if one were discovered, it would be expensive.

Professor Sher said education remained the only "vaccine".

Making the disease notifiable would serve no purpose, nor would pre-employment testing.

Money should be spent on in-company information programmes on Aids prevention. — Medical Reporter.

**T**HE WORLD HEALTH ORGANISATION (WHO) estimates that by the year 2000, over 90 percent of AIDS cases will occur in Third World countries where Western medicine is either unavailable or unaffordable and nearly 80 percent of the population is primarily treated by traditional healers.

Traditional healers are indigenous health workers who inherit their naturally based remedies from ancestral practices.

According to WHO, traditional healers are using folk medicines with some success in treating illness in all its regions, particularly China and Africa. The organisation has long acknowledged the potential value of traditional healers in contributing to health care services in developing countries. One of the objectives of its Traditional Medicine Programme, established in 1976, is to explore the merits of traditional medicine in the light of modern science in order to maximise useful and effective practices and discourage harmful ones.

Now the AIDS pandemic is stimulating international dialogue and research on alternative (non-Western) treatments for HIV disease. The collaboration between modern scientists and traditional healers investigating naturally based therapies that are beneficial, cheap and can be delivered with little technical support will have global implications for treating HIV infection and illness.

Researches are optimistic that important discoveries for the treatment of HIV disease will be made when traditional medicines are systematically studied. Of 110 plant-derived drugs in professional use throughout the world, two-thirds were investigated and subsequently synthesised and marketed because of their reputed benefits in traditional practice.

Traditional healers are more than dispensers of medicines. Respected as teachers and makers of public opinion in their communities, their valuable role in AIDS prevention and care is still untapped. And for those with AIDS, the counselling and spiritual comfort they provide can never be scientifically quantified.

A Kenyan woman (who recently died from the disease) wrote:

"I am taking medications they give me at the pharmacy. They are very expensive, but I always save enough money to go to the traditional healer. She makes me feel easier and sometimes her medicine helps when nothing else works. I have also taken my two daughters to her for counselling and I know she will help them when I am gone."

While the investigation into alternative therapies is merely a pragmatic choice for some, for many people AIDS illuminates the urgent need for mankind to use the full breadth of the planet's intellectual resources to address the disease — whether wisdom comes from the Nigerian bush, Brazilian rain forests, Arizona Indian pueblos, laboratories of the United States National Institute of Health, or from behind the Great Wall of China.

Green Cross Inc. is a US Non-Governmental Organisation committed to examining the healing traditions of all cultures and finding common elements that are accessible to Western scientific inquiry.

According to its journal, "Ancient Roots," which published a cross-cultural discussion on AIDS in 1990: "We are forging ahead with a common heritage and a common purpose to

# Call for traditional healers to help combat AIDS

South 8/8-14/8/91

As the need for a lasting treatment for AIDS grows, the pressure is on Western medical practitioners to start looking to their brothers and sisters in ancestral practices for help:



ABOVE: Sarah Davids has been selling herbs for traditional medicine on the parade for 24 years  
PHOTOGRAPH: Yonus Mohamed

join our ancestor medicine with our modern scientific knowledge and pass this amalgamation on to our children."

African tradition medicine — with its vast medicinal herb cache — is part of popular culture. In the last 10 years it has gained new

respect and many Western-trained African doctors are beginning to value their roots and develop research and training facilities to preserve ancestral scholarship long obscured or destroyed by colonialism.

Perhaps more important than training tradi-

tional healers to diagnose and to care for AIDS patients, is the overdue recognition of their moral authority.

Sociologist Dr John Rutayuga has been inspired by traditional medicine. His mother, Ma Maria, was a traditional Tanzanian healer.

He recounts: "Ma Maria's skill and success were derived from her love for the wholesomeness of the people, which in turn motivated her constant study and research.

"She was a herbalist, pharmacist, physician, birth attendant, surgeon, counsellor, psychotherapist, and more. With the exception of major infections and incurable diseases, Ma Maria's practice covered a wide spectrum of illness, both physical and psychological."

Rutayuga remembers his mother's keen interest in the causes and prevention of diseases. She counselled people to change their behaviour or actions, but she never blamed them for heeding her warnings or not taking their prescriptions.

FORMER PATIENTS considered themselves part of her family and some gave her the honorary title of "aunt", he recalls. She continued practising until her death at 93.

Modern science and traditional medicine are both rooted in the ancient concept of wholeness. However, in the early 20th century, chemical medicine began to dominate and supplant older therapies.

But new discoveries in science, including quantum physics, are leading back to the notion of wholeness, which challenges the Western concept that illness can be treated as separate and independent from individuals and their communities.

The global health crisis of AIDS is the first in modern history where those infected with the virus have initiated cross-cultural medical research. And the epidemic's disproportionate impact on the Third World has led to new interest in the health care system of a developing country like China, where the successful synthesis of modern and traditional medicine serves the largest population in the world.

A Nigerian microbiologist Dr S Fadulu, director of the Institute of Plant and Traditional Medicine at Texas Southern University in the US, urges that "we must have the courage to express our wider views from the top of the mountain and create parallel health care systems that include traditional medicine".

But, he cautions, the process is not merely a matter of translation. In reclaiming lost knowledge, trust and respect must be nurtured on both sides.

The outcome of such collaboration will be health care, greater cultural understanding — and new treatments for HIV disease. □

WORLD AIDS

Star 6/8/91  
**Concern over  
HIV-positive  
infants' care**

Staff Reporter **92** ~~2/8~~

The most compelling problem facing the Johannesburg Child Welfare Society is the spread of Aids, and Government and private-sector support is urgently needed to care for HIV-positive babies, the society's chairman said yesterday.

Speaking at the 81st annual meeting of the society, N. Barlow said the already extended health and welfare resources in the Johannesburg region had not yet fully begun to feel the effects of "this devastating problem".

The society had drawn up guidelines for staff-training programmes and investigated ways of promoting Aids awareness, Mr Barlow said.

Another problem was the considerable number of orphaned children who were returning to South Africa from exile.

## Aids epidemic 'will leave 10 million orphans'

The Argus Correspondent

JOHANNESBURG. — Up to 10 million children in Saharan Africa will be orphaned in the near future because of the Aids epidemic, says a professor from the South African Institute of Medical Research. (2) AAG 9/8/91

Professor Rubin Sher told the annual Fedhasa congress in Durban that Africa, one of the designated "hot spots" for Aids, would have some 17 million cases within three years.

He said 80 percent of African prostitutes had been infected and truck drivers moving across Africa provided one of the most effective ways of carrying Aids.

In South Africa the "worst case" projection is that there would be about 3 million deaths from Aids by 2006.

There was little prospect of a vaccine before, at least the middle of the 90s.

Even if one was discovered, the virus mutated to such an extent that while it may work in one part of the world it might not do so in another.

# Spread of HIV virus could spark racism

Weekend Argus Foreign Service (92)

LONDON. — Doctors in Britain are worried that statistics showing an African link in the spread of the HIV virus could spark off a racist backlash.

Studies carried out by Aids voluntary groups in London have showed that most British cases of heterosexual HIV infection occur in Africans, or British residents who have partners in, or from, Africa.

Doctors at St Thomas's Hospital reported on an increase in "imported" HIV.

At Guy's, doctors found seven out of 11 positive cases in women to be from Uganda, most of them political refugees.

At St Stephen's, doctors discovered that out of 252 HIV patients 85 had heterosexual contact as their sole mode of infection — and of these 60 per cent were born outside the United Kingdom and were thought to have been infected abroad.

Doctors at Charing Cross Hospital said their findings were similar to those at St Thomas's.

In Berkshire doctors reported that out of 30 heterosexual cases 14 were Africans.

A spokesman for the National Aids Trust said: "The prospect of racism replacing homophobia as a result of these studies is one that worries us considerably. It would be a very foolish judgment by people in the UK that they are not at risk."

# Illness should be 'demystified'

By RAMOTENA MABOTE

DOCTORS should "demystify" illness by giving their patients enough information about their diseases. Dr Ivan Toms of the Programme for Primary Health Care Network said yesterday.

Addressing more than 60 UCT medical staff and students during the 37th annual general meeting of the Students' Health and Welfare Centres Organisation (Shawco), Dr Toms said that

withholding information and giving only medication left patients ignorant and did not help them.

He also said doctors should teach people about the prevention of Aids because it was "hitting" economically active people.

With 300 people testing HIV-positive every day in South Africa, it was also important that projects to educate people about Aids were taken to rural areas.

10/8/91  
(12)



# 47 SAA stewards found to have the AIDS virus

FORTY-SEVEN of SAA's 1 200 cabin attendants have tested HIV-positive, but the real figure could be higher.

The airline says it cannot tell how many, in total, have the virus as only 85 percent of all cabin attendants have voluntarily undergone blood tests.

Two weeks ago the Sunday Times revealed that more than 40 cabin attendants had died of AIDS since 1983.

SAA said it is continuing its talks with the unions "concerning the question of AIDS" and that it is con-

S/Times 11/8/91.  
By ROGER MAKINGS

ducting a continuing awareness programme.

Media manager Leon Els said: "Besides the fact that AIDS cannot be contracted through casual contact, we would also like to point out that the disease is not unique to the aviation industry. The entire population is exposed to the virus in any working environment."

Meanwhile, the SAA Pilots' Association said it would object to any of its members being disquali-

fied from flying merely because they tested HIV-positive.

The medical spokesman for the 600-strong pilots' group, Captain Tony Snelgar, said the policy was in accordance with international policies which SAAPA had helped draw up.

However, Captain Snelgar said that if a pilot developed secondary symptoms from the HIV infection, he would fail his six-monthly medical examination and be grounded.

Star 12/8/91.

## Support for Aids screening

Medical Reporter (92)

The "hottest" issue about Aids in the business world was whether prospective employees should be screened, human resources general manager Dr Penny Krige said in Johannesburg last week.

"Employers need to have a formal policy on HIV and Aids, formulated in consultation with experts and employee representatives. Confidentiality and built-in support must form part of the policy," she said.

Dr Krige was addressing the Aids Prevention and Care conference, organised by the dean of St Mary's Cathedral, the

Very Rev Godfrey Henwood.

Dr Krige said employees always had to undergo medical examinations, and an exception should not be made with Aids. However, it was understood that one of the major concerns in this respect was the fear of stigmatisation.

The motive for screening was to give business the right to make sound and rational decisions on appointments.

Regarding health screening to assess underwriting for pension and medical schemes, she knew of no insurance scheme which insured pre-existing conditions.

# Nearly 500 in W Cape with Aids virus

VIVIEN HORLER  
Medical Reporter

(92)

ARL 14/8/91

THERE are almost 500 confirmed HIV-positive people in the Peninsula and Boland — more than in the rest of the Cape Province, according to the latest figures from the Department of Health.

And, says a spokesman for the department's regional office in Bellville, this figure represents only the people who have been tested, who are "a small proportion" of the number of

people actually infected.

Another 65 people have tested HIV positive in the Southern Cape, 40 in the East London area, 14 in the Port Elizabeth area, and nine in the Kimberley area.

There are now few areas in the Cape which are HIV-free. Six cases have been reported in Namaqualand, two in Gordonia, 16 in the Karoo, and three in Walvis Bay.

The spokesman said: "There is no reason to suppose we're not going to develop the same kind of epidemic

that has happened in countries north of South Africa. We certainly seem to be heading the same way."

In October last year about 14 000 pregnant women — half the pregnant women in South Africa — were tested for HIV, and this wide-ranging test will be repeated in October this year. "Those results will be interesting, seeing how the figures have changed."

The last results indicated that just under one percent of the population, excluding the national states, are infected.

## Zim Aids crisis 'nearing end'

HARARE. — Zimbabwe has the second-highest number of Aids cases in Southern Africa after Malawi — but the country is nearing the end of the HIV epidemic, a visiting South African senior research fellow said in Harare yesterday.

Mr Alan Whiteside, of the Economic Research Unit of the University of Natal and fellow of the Southern Africa Foundation for Economic Research, said this at a breakfast seminar on the industrial implications of Aids.

Mr Whiteside quoted the latest World Health Organisation figures, which show that Malawi leads with 7 160 confirmed cases, followed by Zimbabwe with 5 249.

— Sapa

# Benchmark trial for HIV carriers 92

**A** BUSINESSMAN who went for a routine medical examination is suing his doctor for R50 000 for breaking confidence after the doctor allegedly told friends and colleagues that he is an Aids carrier.

In the first civil case of this kind in South Africa, the East Rand businessman is taking the Brakpan-based doctor to the supreme court next week for breach of confidence, invasion of privacy and breach of the rights of person-ality.

The young man — a university graduate now working in business — went to his doctor for a routine medical examination for insurance purposes. This included an Aids test, for which he tested HIV positive. It is alleged that the doctor then let the test results be known to the man's business and social circle — a milieu that the doctor and he shared.

The case, which will be heard on Tuesday, will establish for the first time the privacy rights of people diagnosed as HIV positive. Expert witnesses — an international-

ly acclaimed microbiologist and a psychologist — will be called to explain to the court the adverse physiological and psychological effects stress has on the HIV-positive patient, and the severe effect that disclosures of the

In the first case of its kind in South Africa, the privacy rights of a person diagnosed HIV positive will be tested in the supreme court.

**By JENNIFER POGRUUD**

patient's status can have on their social, psychological and physical condition. The clinical psychologist, Grania Christie, who heads the Aids Advisory Council of the South African Institute of Medical Research (SAIMR), had counselled the man when he discovered his HIV status. The microbiologist, Professor Steven Miller, heads the HIV clinic at the Johannesburg General Hospital. A lawyer involved in Aids and HIV work said the trial would be important in drawing attention to the duties of

medical personnel in keeping a person's HIV status secret. Many lawyers and social workers believe human-rights abuses around Aids information are widespread, while health care professionals have long been alarmed at the lack of HIV confidentiality in hospitals and clinics. "As this is the first case of its kind, it will explore the roots of medical confidentiality and ethics, based on the plaintiff's stigmatisation and the adverse social reactions he has experienced," said the lawyer.

# Insight into problems of safer sex for black women

Argus Correspondent

092  
APR 23/81

DURBAN. — The inferior status of black women severely limited their ability to combat the spread of Aids and made it difficult for them to persuade their lovers to practice safe sex.

Dr Manto Tshabalala, deputy chair of the ANC Women's League for Southern Natal and national training co-ordinator in the Progressive Primary Health Care Network, said that the State's role in Aids prevention had been inadequate, especially for blacks.

# Aids test 'gossip': Patient sues doctor

412 CT 23/8/91

JOHANNESBURG. — A Brakpan businessman's life was "destroyed" and he did not want to go on living after his doctor told friends, during a game of golf, that he had tested positive for the Aids virus, the Rand Supreme Court heard yesterday.

Stress, like that occasioned by public knowledge, could have a devastating effect on an HIV-positive person and prove the difference between life and death, the court heard.

Mr Barry McGeary has claimed R50 000 in damages from Dr Matthys Kruger for breaching the confidentiality between doctor and patient.

The "entire Brakpan public" had known before Mr McGeary had had time to deal with the news himself, Mr Edwin Ca-

meron, representing Mr McGeary, said in his opening address.

"I still have not told my own parents, because they are not ready for it yet and they have enough on their plate as it is," a weeping Mr McGeary told Mr Acting Justice Levy.

He was shocked when he heard that Dr Kruger had told two friends, a doctor and a dentist, on the golf course that he, Mr McGeary, had tested HIV positive.

"This was a betrayal of the highest social order because they all knew each other," Mr Cameron said.

He said there would also be evidence that one of Dr Kruger's employees had leaked the news the day before Mr McGeary was told he was HIV positive.

After his condition had become known, Mr McGeary did not want to go on living.

His lover for the past 11 years, Mr Johannes van Vuuren, was upset by the news.

"He grabbed me. He was crying — he could not believe it. He probably also had fears about himself," Mr McGeary said.

Mr Cameron said Dr Kruger had wrongfully and unlawfully disclosed his patient's HIV status. As a result, Mr McGeary suffered an invasion of his personality, right to dignity, privacy and feelings.

He added that Dr Kruger had a duty in terms of guidelines set down by the South African Medical and Dental Council, to treat the condition of his patients as confidential.

The two men had had a doctor/patient relationship for more than seven years. They were also personal friends and moved in the same social circles.

The hearing continues today. — Sapa,



# HIV patient betrayed, court told

92  
Star 23/8/91

By Susan Smuts

Doctor-patient confidentiality was breached on a golf course when a Brakpan doctor told two men that a mutual friend was HIV-positive, the Rand Supreme Court heard yesterday.

The businessman, whose name The Star has chosen not to publish, is suing Dr Matthys Kruger for R50 000 for allegedly breaching confidence between patient and doctor and disclosing he was HIV-positive.

Edwin Cameron, for the businessman, told the court the breach amounted to an invasion of his client's right to personality and privacy.

"It was a betrayal of gross proportions," said Mr Cameron.

"The day after the doctor told his patient he was HIV-positive, he told other friends while playing golf. The impact of the disclosure on the man was devastating — it is an HIV-positive

person's nightmare. Stress to HIV is often the difference between life and death. That everyone else knew, when he himself had not come to terms with it, was an extra stress."

The man told the court he discovered in April 1990, after taking blood tests, that he was infected with the HIV virus. In the presence of the owner of the laboratory which tested the blood, Dr Kruger told him he was infected and promised the results would "remain within these four walls".

He spoke to another friend, who subsequently died of Aids. He went with the friend to a doctor who counselled HIV-infected people and also went to the SA Institute of Medical Research.

Expecting to die "soon" after receiving the news, the man said he wanted to close himself off from other people. He had moved away from Brakpan and now visited the town only for business.

The hearing continues.



# HIV <sup>(92) of 24/1/91</sup> man in court in wheelchair

JOHANNESBURG.—A Brakpan businessman suing his doctor for revealing he was HIV-positive woke up lame on one side of his body yesterday and had to be brought to the Rand Supreme Court in a wheelchair.

Mr Barry McGearry slurred his speech and was unable to complete his evidence-in-chief, which started on Thursday. Mr McGearry was allowed to stand down and will complete his evidence when his condition improves.

He spent the remainder of the day's proceedings slumped in his wheelchair or propped up with pillows in a normal chair.

Mr McGearry is suing a Brakpan doctor, Dr Matthys Kruger, for R50 000 damages for allegedly breaching doctor-patient confiden-

tially by disclosing his positive HIV test result in April last year.

Mr McGearry's counsel, Mr Edwin Cameron, has told the court that Dr Kruger and Mr McGearry were social friends and part of a closely interrelated social circle.

Dr Kruger has denied there was any disclosure either by himself or his employees.

A psychologist, Ms Grania Christie, who has counselled Mr McGearry since he discovered he had the Aids virus, told the court Mr McGearry had felt angry and betrayed after learning others knew about his condition.

"(The knowledge) affected (Mr McGearry's) way of coping ... he became obsessed other people might know," she told the court.

She said that before the alleged unauthorised disclosure Mr McGearry had been adjusting well to his situation and had a positive attitude.

Ms Christie, who is the operational head of the Johannesburg-based Aids Centre, testified that Mr McGearry's self-esteem had suffered after the alleged breach of confidentiality and he had isolated himself.

She said research had shown that one of the greatest fears of Aids sufferers was that other people would find out.

She said Mr McGearry was under a lot of stress and his health had deteriorated in the "last couple of days".

Mr McGearry's lover for the past 11 years, Mr

Johan Janse van Vuuren, testified that Mr McGearry had been upset after being informed that he had tested positive, and was concerned that people would find out.

Mr Janse van Vuuren, who has tested negative for the Aids virus, said both he and Mr McGearry knew that people known to be HIV-positive or to have Aids were ostracised by society.

He said Mr McGearry was shocked and devastated when he learnt that people in Brakpan knew of his condition.

"He was devastated that information so confidential (had) been discussed in a small town like Brakpan," Mr Janse van Vuuren said.

The hearing continues on Monday.



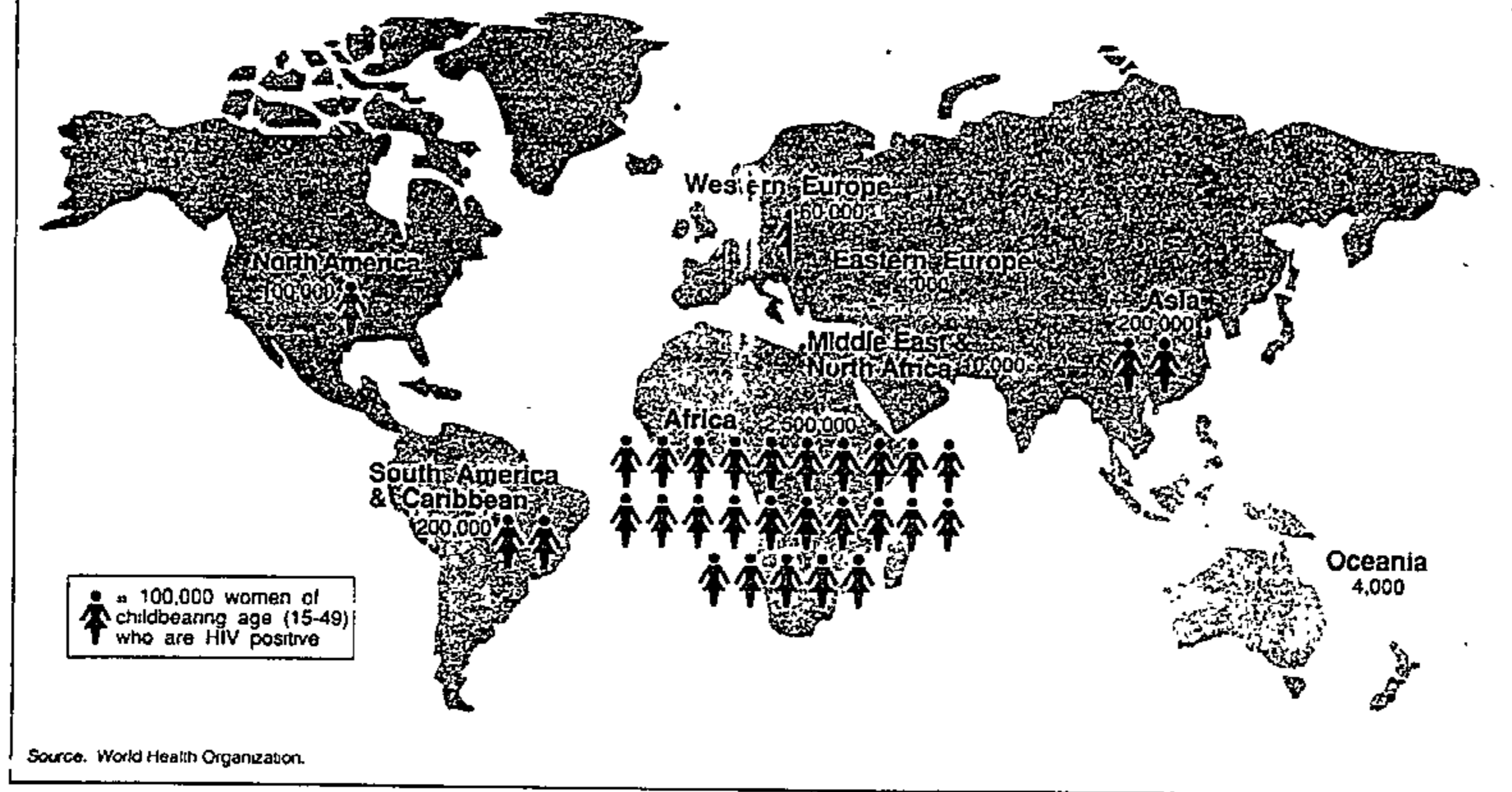
IN COURT ... Barry McGearry

# African babies' Aids nightmare

Star 24/8/91

(92) (11) (12) (13) (14)

Estimated numbers of HIV-infected women



THE devastating impact that Aids is going to have in Africa is dramatically shown by this graphic.

One of the most tragic aspects of the Aids pandemic in Africa is that, unlike other regions of the world, nearly half of those infected with the disease are women.

This means there are more doomed babies being born with Aids in Africa than anywhere else. The graphic, based on figures supplied by the World Health Organization, is published in the latest edition of the United Nations magazine Africa Recovery.

Whichever way it is looked at, it shows the severity of the Aids infection in Africa compared with the rest of the world. The situation has been described by the UN Children's Fund (Unicef) as "a ca-

## AFRICA NEWS SERVICE

lamity whose dimensions are scarcely comprehensible".

Of every 100 000 women of child-bearing age in Africa, 2 500 are infected with HIV, the virus that causes Aids. The comparative figure is 140 in North America, 70 in Western Europe and 30 in Asia.

Of the 8 million to 10 million adults estimated to be HIV-infected throughout the world, nearly 6 million are in Africa. And of these, 800 000 have full-blown Aids. In addition, 900 000 children are HIV-infected and nearly 500 000 of them have Aids.

The International Research Office of the United States Census

Bureau estimates that in 25 years' time 70 million Africans could be infected with HIV.

UN estimates are that "child mortality rates may rise as much as 50 percent in much of sub-Saharan Africa during the Nineties, wiping out the gains in child survival that have been achieved over the past two decades.

"Another 10 million children may be orphaned by the deaths from Aids of their mothers or both parents."

Unicef says the key to preventing a massive toll among children is to contain the spread of Aids among women, since about a quarter of all pregnant women who are HIV-positive pass the infection on to their new-born.

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# SA doctors call for urgent attention to Aids orphans

Star 26/8/91

By Shirley Woodgate

South Africa's first Aids orphan was put up for adoption in Johannesburg last week — less than four years after the virus was identified at Baragwanath Hospital in 1987.

Leading doctors have reacted by calling for urgent attention to the problem of uninfected children of couples who will die from the disease by the turn of the century.

Dr Keith Heimann, a member of the executive of the National Council of Child and Family Welfare, called for increased Aids education at school level and in-depth investigation and education about fostering, coupled with improved Government subsidies for fostering and continued subsidies for foster parents who adopt Aids orphans.

"The figure could be up to 50 000 in SA, yet at this stage we are unable to deal with 8 000

street children," he said.

Institutionalisation was not the answer as all children should ideally be placed in private homes. If there was nobody available of the same race, trans-racial fostering would be the second best option which, although legal, was opposed by certain sectors.

While Professor Ruben Sher of the SA Institute for Medical Research has estimated there will be 10 million Aids orphans in sub-Saharan Africa in the near future, no such figures are available in SA, said Professor Keith Klugman, head of the medical microbiology department at the University of the Witwatersrand.

He said a survey at Baragwanath Hospital revealed one in every 100 women now attending the ante-natal clinic is HIV-positive. In 10 years, half these women will be dead and for every woman's death there will probably also be a male death.

"It is reasonable to extrapolate that up to 50 percent of babies born to these women will

be infected and that half will die.

"The problem of Aids orphans (non-infected children of parents who die from the disease) will be the need for parenting, housing and education on a scale never seen before in SA."

One year ago, four out of 1 000 women attending the Baragwanath ante-natal clinic were diagnosed HIV-positive.

Today it is 10 out of every 1 000, doubling every eight to nine months, Professor Klugman warned.

The number of infected babies from infected women varies from a low of 12 percent in Europe to 50 percent in Africa. Exact SA figures are not known.

Since 1987, when the first HIV-positive cases were identified in Johannesburg, the incidence has increased to the stage where in June this year, eight expectant mothers at the Baragwanath ante-natal clinic were identified as infected.

In July a total of 76 adults and 11 children were identified

as HIV-positive at the Soweto hospital.

"After starting in Central Africa where up to 30 percent of pregnant women are already infected with Aids, the figure in SA is 1 percent. But it is clear this country is already on the verge of an epidemic."

Reasons for the rapid spread included the break-up of families, migrant labour, the number of wives attached to some men and the status of certain women which made it impossible for them to keep a partner from having multiple partners.

Poor education is a major factor. So is the lack of Aids and condom education in schools, specifically in Standards 4 and 5 since it is difficult to change sexual habits once individuals become sexually active.

The doctors stressed there was no hint of a cure at present, merely an expensive method of slowing down the progress of the disease by a year or two, which made urgent action imperative.

# Wife denies revenge <sup>(92)</sup> motive in 'HIV leak'

APR 27/8/01

The Argus Correspondent

JOHANNESBURG. — The former wife of a doctor being sued for allegedly breaching patient confidence denied in the Rand Supreme Court that she was "trying to get back at her husband" when she told the court his receptionist leaked the news that a man was HIV-infected.

Mr Barry McGeary is suing Dr Matthys Kruger for R50 000 for allegedly breaching patient/doctor confidence by telling people Mr McGeary had tested HIV-positive.

Dr Kruger's former wife, Riana Kruger, said yesterday that the receptionist, Helen Bibbey, told her Mr McGeary had the Aids virus the day before Mr McGeary was informed. She also heard from Leona Vos, wife of André Vos, who earlier said Dr Kruger had told him of Mr McGeary's condition.

She was cross-examined by Dr Kruger's lawyer, Mr Pierre Bruerre, after listening to a tape-recording of a telephone conversation between her and Mr McGeary

in which Mr McGeary asked her whether she had heard rumours about him and from whom.

She made no mention of Miss Bibbey during the telephone conversation. Mrs Kruger said she had been trying to protect her husband at the time and did not want Mr McGeary to think the leak came from his rooms.

Mr Bruerre said: "Mr McGeary promised not to involve you and you promised not to protect Thys. You said you and Thys were fighting and you would not stand up for him."

Mrs Kruger said she had heard the news from two people and had told Mr McGeary about only one of them.

"It was important for me to protect Thys at the time. I have no reason to lie today," she said.

# Stress from 'gossip' led to full-blown Aids

JOHANNESBURG.—A businessman who is suing his previous doctor for allegedly telling mutual friends he was HIV-positive, now suffers from full-blown Aids due to the stress, the Rand Supreme Court heard yesterday.

Mr. Barry McGeary's present doctor, Dr Steven Miller, testified that he should have reached his current condition in only about two years' time. He became infected with the HIV virus 10 years ago.

Mr. McGeary is claiming damages of R50 000 from his former medical practitioner, Dr Matthys Kruger, who also lives in Brakpan, for breach of doctor-patient confidentiality.

Dr Miller said his patient was admitted to hospital at the weekend. He had a brain infection which was linked to full-blown Aids. The condition was accelerated by unresolved stress from the disclosure of his medical status, he said.

Another Brakpan medical doctor, Dr Chris van Heerden — subpoenaed to testify on behalf of the businessman, told the court Dr Kruger had informed him and a Brakpan dentist, a Dr Vos, of Mr McGeary's HIV-positive status while the men were playing golf.

Dr Van Heerden testified that he was quite disturbed and later told his wife Mariette, who was a business partner of Mr McGeary.

He was not bound by doctor-patient confidentiality as the businessman had not been his patient.

The case continues. — Sapa

# Stress 'adds to decline in Aids cases'

By Susan Smuts

Star 27/1/91 (92)

A Brakpan businessman suing his doctor for breaching confidentiality has developed full-blown Aids since the case started in the Rand Supreme Court last week.

Barry McGeary was admitted to hospital on Friday and was unable to attend the hearing yesterday.

A mutual friend, Chris van Heerden, told the court Dr Matthys Kruger had told him about Mr McGeary's condition in a "friend to friend" discussion.

Dr van Heerden, who was subpoenaed to give evidence, told Mr Justice D Levy he was playing golf with Dr Kruger and Andre Vos, a dentist. They discussed whether Aids should become a notifiable disease or not, and Dr Kruger mentioned that Mr McGeary had tested positive for the HIV virus.

Dr van Heerden said he told his wife because she was a partner in some of Mr McGeary's businesses and had an interest in knowing. He did not consider this a breach of confidentiality

since he was not Mr McGeary's doctor.

Dr Kruger, while not admitting breaching confidentiality, said that if the court found that he had, his defence would be that he had a legal duty to inform certain people.

Clinical microbiologist and acting head of the HIV clinic at the Johannesburg Hospital Dr Steven Miller said Mr McGeary had developed an Aids-defining brain infection, toxoplasma, as a result of stress and lowered immunity. Only HIV-positive people are susceptible to this infection, he said.

Mr McGeary was probably infected about 10 years ago. His health started to deteriorate towards the end of last year, and the rate of decline was faster than usual, he said.

"Unresolvable stress contributed to this decline. He felt outraged and impotent about the disclosure of his HIV status, and was unable to gain control of the situation."

HIV-infected people had special needs and confidentiality was essential. If confidentiality was not observed, people could become reluctant to go for Aids tests, Dr Miller said.

The hearing continues.

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# Aids fund<sup>(92)</sup> for children launched at Red Cross

**VIVIEN HORLER**  
Medical Reporter

A FUND for the care and comfort of children with Aids has been set up at the Red Cross Children's Hospital with R11 000 raised in a fun-run.

So far 22 HIV-positive children have been treated in Greater Cape Town of whom seven have died.

The course of the disease is much quicker in children, and many die before they reach two years of age.

The 10km fun-run, held a month ago, was launched as a planning and co-ordinating exercise by Cape Technikon students led by Mr Mike Smith, a part-time student and full-time planning officer at the hospital.

"We set a target of R3 500, so the fact we actually raised R11 000 is tremendous," he said.

The Children with Aids Fund has been set up under the auspices of the Friends of the Children's Hospital group, which raises money to provide comforts for patients.

Children with Aids frequently face long hospital stays, and the money will be used for toys, clothing and, as the needs arise, says Sister Gail Bulbring.

"We'll use it to bring families to visit, or to help mothers find accommodation near the hospital — anything that makes the children more comfortable.

"Money is tight at the moment, so I think the fact people contributed R11 000 for children with Aids is wonderful."

# Test results 'leaked'

JOHANNESBURG. — A doctor's receptionist leaked the news that a man was infected with the Aids virus before he had been informed by his doctor, the Rand Supreme Court heard yesterday.

Mrs Riana Kruger was subpoenaed to give evidence in a case in which Mr Barry McGeary is suing Dr Matthys Kruger for allegedly breaching confidence and telling people Mr McGeary had tested HIV-positive.

Mrs Kruger, who had previously been married to Dr Kruger, said Ms

Heleen Bibbey phoned her to ask for Mr McGeary's telephone number because Dr Kruger needed to get hold of him urgently.

"I asked why and she said Barry's HIV tests were positive."

After receiving the news she walked into the sitting room and told her parents and sister because "Barry was a good friend and Johan (his lover) was like a brother".

The hearing continues today. — Sapa



August 28 1991

# Receptionist leaked Aids info <sup>92</sup> - witness

Star 28/8/91  
By Susan Smuts

A doctor's receptionist leaked the news that a man was infected with the Aids virus to the doctor's former wife before the patient himself had even been informed, the Rand Supreme Court heard yesterday.

Barry McGeary is suing Dr Matthys Kruger for allegedly breaching confidence by telling people he had tested HIV positive.

Dr Kruger's former wife, Ri-ana Kruger, who was subpoenaed to give evidence, said the receptionist, Heleen Bibbey, had asked her for Mr McGeary's telephone number because Dr Kruger needed to get hold of him urgently.

"I asked why, and she said that Barry's HIV tests were positive," said Mrs Kruger.

After hearing this, Mrs Kruger then told her parents and sister of Mr McGeary's condition because "Barry was a good friend and Johan (his lover) was like a brother. They were part of the family," Mrs Kruger told the court.

Leona Vos (wife of Andre Vos who earlier told the court that Dr Kruger had informed him of Mr McGeary's condition) telephoned four days later to ask if she had heard the news, Mrs Kruger said.

While she was still married to Dr Kruger, Mrs Kruger worked

as his receptionist, and said she had had access to information such as reports from laboratories.

"As his wife I knew I couldn't let out any confidential information. I don't know what he told the other people."

Clinical microbiologist and acting head of the HIV clinic at the Johannesburg Hospital Dr Steven Miller told Mr Justice D Levy that of all the factors which could contribute to a decline in HIV-infected people, stress was the only one Mr McGeary had not resolved. This stress was allegedly caused by Dr Kruger telling mutual friends of Mr McGeary's state.

Mr McGeary became infected after an "unsafe" sexual encounter as a university student about ten years ago.

When Dr Kruger's lawyer, Pierre Bruerre, asked Dr Miller whether doctors should be told if their patients were HIV infected, Dr Miller said some doctors had "overreacted" to the HIV virus. The routes for HIV infection were known and doctors should be able to protect themselves, he said.

"The patient does not go out and infect the doctor; the doctor allows the situation to occur. The risk to health care workers is small."

Many health care workers who had tested positive for the virus had contracted it in the usual ways, and not in the course of their duties, he added.

The hearing continues.

# Dangers of Venereal disease

Sowetan 29/8/91. 92

AS a doctor one of the most common sicknesses I see in people are the sicknesses that people get from each other while having sex - venereal disease.

Some people believe these are not serious illnesses. My friends, believe me, they are very serious. You can die from these sicknesses.

**"Is Aids one of these sicknesses?"**

Yes, Aids is one of these sicknesses. I will talk more about Aids next week.

**"How does a person know they have one of these sicknesses?"**

In the man: A few days after having sex the man may have:

- \*Feel a burning in the tip of his penis, especially when passing water;
- \*Have a yellow discharge, also called "drop";
- Get a swelling around his private parts; and
- \*Get sores on his private parts.

In the woman: she may:

- \*Get pain around the womb;
- \*Get burning when passing water;
- \*Get a bad discharge; and
- \*Get sores around the private parts.

Every Thursday in Sowetan a doctor from the Alexandra Health Clinic gives advice on medical matters. It would be a good idea to cut these articles out and keep them in a safe place so that you can use them when you need them. Also, you can write to the doctor at A Healthy Nation, PO Box 6663, Johannesburg, 2000. He might not be able to deal with every question individually, but he will do his best to deal with most of them in this column.

**sickness?"**

It is passed by a germ from a sick person to a well person during sex.

**"Is there treatment for these sicknesses?"**

Yes. Most of these sicknesses can be treated. It is important to go to the clinic or doctor as soon as possible. It is important that your partner is also treated even if they look and feel well.

**"What happens if someone is not treated?"**

- They may seem to get better but
- \*They can still pass the sickness onto other people;
- \*Pregnant mothers can pass on the sickness to babies so that the babies get sick and can die;
- \*The sickness can work slowly in the body so that people can become blind, go mad, have heart disease and even die; and
- \*The sickness can affect

the womb so that a woman cannot have children.

The sickness can also affect a man's private parts so that he can't make a

woman pregnant.

**"How can a person prevent getting these sicknesses?"**

1. If possible a person

should have one sex partner for life.

2. The more sex partners you have, the more chance of getting these sicknesses (including Aids).

3. If you must have many different partners, then use a condom.

**"Is Aids like these sicknesses?"**

Yes. It is transmitted in the same way - from one person to another while having sex. But, there is no cure for Aids. I will speak more about Aids next week.

onset of the fatal haemorrhage.

is just R300, so operators are winning."

weight-bridge. So these operators just take a different route."

## Aids victim to be tested before taking stand

By Susan Smuts <sup>Star</sup> 29/8/91.

Aids sufferer Barry McGeary, who is suing his doctor for an alleged breach of confidentiality, is to be assessed by an independent neurologist to find out whether he can be cross-examined.

Mr McGeary, who is suing Dr Matthys Kruger for R50 000, is in hospital with a brain infection related to the HIV virus.

Mr Justice D Levy yesterday adjourned the case for the defence to try to find a neurologist to examine Mr McGeary.

The judge also accepted an amendment to Dr Kruger's plea. Dr Kruger, who originally denied telling anyone that Mr McGeary had Aids, asked that if the court found he had told anyone, it should find that he had a

legal obligation to do so.

Dr Kruger's former wife, Riana Kruger, denied she was trying to get back at her husband because he had charged her with assault when she told the court that his receptionist, Heleen Bibbey, had leaked the news about Mr McGeary.

### Protect

She was cross-examined by Dr Kruger's lawyer, Pierre Bruerre, about a telephone conversation between her and Mr McGeary which Mr McGeary had taped.

She had told Mr McGeary she heard he had Aids from Leona Vos (wife of Andre Vos. Mr Vos earlier told the court Dr Kruger had informed him of McGeary's condition on the golf course).

Mrs Riana Kruger said she

did not mention Mrs Bibbey in the conversation with Mr McGeary because she wanted to protect her husband. She had heard the news from Leona Vos and Mrs Bibbey, but had told Mr McGeary about only one of them.

"It was important for me to protect Thys at the time. I have no reason to lie today," she said.

Mr Bruerre said Mrs Bibbey would tell the court she had not telephoned Mrs Kruger, nor did she know Mr McGeary's test results the day she allegedly told Mrs Kruger. She would say Mrs Kruger had told her about Mr McGeary.

Mrs Kruger's parents, Joggie and Judy Hamman, both told the court their daughter had told them the news after talking to Mrs Bibbey on the telephone.

# SA doctor 'imagines'

## better Aids management

Star 29/8/91 (92)

"Imagine F W and Rina and company going off to some bushveld retreat and strategically planning the total onslaught on Aids.

"Imagine Nelson or Cyril going to world centres to see how they are coping with the Aids epidemic.

"Better still, imagine if they all went off to Kampala or, Kinshasha or somewhere nearby to see at first hand what we are soon to see here in SA ..."

These words formed part of the ruminations of Dr Clive Evian when he spoke the introductory words to a health care session at a recent conference titled "Towards an effective response in HIV/Aids management".

British singer John Lennon, he said, who was assassinated just over 10 years ago, wrote a song called "Imagine".

"In his song he said something like 'Imagine if there were no countries, nothing to kill or die for, imagine all the people living life in peace, imagine all the people sharing all the world ... you may say I am a dreamer ...'

"So, let's imagine a bit ..."

"Imagine if the potential millions soon to become infected and suffer and die (from Aids) were the more elite of the society, the educated and economically powerful, or from the society which votes the Government into power.

"Imagine what kind of a response we might have seen or yet get to see. Imagine what a truly concerted national response would or could be.

"Firstly imagine our mass, state-controlled media. Imagine the innovative, sustained and brilliant advertising campaigns. Imagine using the variety of advertising companies which have produced innovative adverts persuading people to buy various commodities.

"Imagine hearing and seeing messages about Aids with the same enthusiasm as we hear and see them about VAT, TV licenses, how to vote, Ithuba, world soccer ... Imagine regular information talk-back radio, on all radio stations, all over the country.

"Imagine seeing Aids messages on billboards, in cinemas, on buses and at sports events.

"Imagine if sexuality and Aids were a formal part of the curricula at schools with a compulsory examination question on the subject in matric and in teacher-training colleges.

"Imagine medical schools with departments specifically created to research, teach and manage sexually transmitted diseases and more specifically, Aids. Imagine if medical students, their teachers and doctors in general were more concerned with managing people with HIV/Aids than avoiding infected people for fear, albeit irrational, of contracting HIV from their patients.

"Imagine if the workplace really met its responsibility to its workforce in the education and management of Aids. Imagine management and unions making a joint and concerted effort to deal effectively with the Aids problem.

"And finally, imagine if there was real political commitment to fight and overcome Aids. Imagine if there was real political will.

"Just imagine if there was secret funding to promote Aids awareness and to support organisations in the struggle against Aids ..."

"... Yes, we could go on imagining ..."

"Here we are in 1991, 10 years into the epidemic, and where have we got so far?"

CARINA LE GRANGE

# AIDS case doctor 'warned colleagues'

SUSAN RUSSELL

A BRAKAPAN doctor told the Rand Supreme Court yesterday he had told a dentist colleague during a round of golf that a mutual friend and patient had tested positive for AIDS so that the dentist could establish how exposed to risk he had been in the past.

Dr Matthys Kruger was giving evidence in a R50 000 damages claim brought by Brakpan businessman Barry McGear.

McGear is suing his former medical practitioner for allegedly breaching doctor-patient confidentiality by telling two colleagues during a round of golf that he was HIV-positive.

McGear's health has deteriorated to the extent that the court yesterday appointed his attorney as curator of his affairs.

He was forced to stop his testimony because of slurred speech and was hospitalised last weekend.

Neurologist Charles Kaplan testified

yesterday that the chances of any improvement in McGear's health within the next two or three weeks were very slight.

Kruger yesterday told the court he informed two colleagues, both of whom had treated McGear before, about his condition after a general discussion about AIDS and the risk doctors were exposed to in treating HIV positive patients.

In his mind, Kruger said, was the concern that the dentist, a Dr Vos, did not take all the necessary precautions.

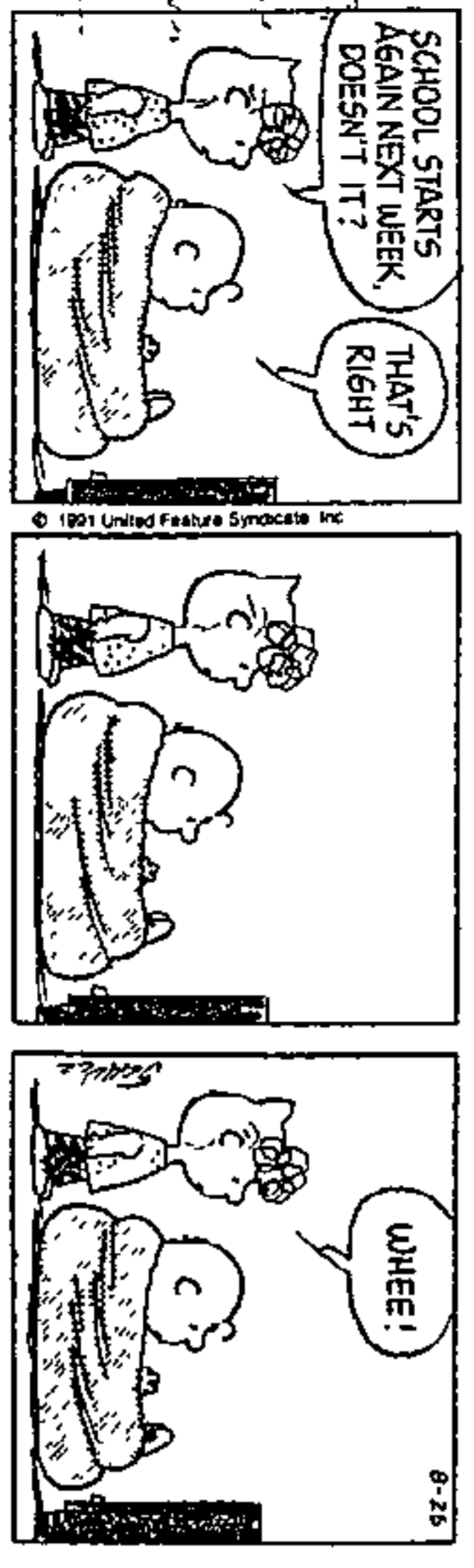
Kruger said he told his two colleagues he had a patient known to both of them who had tested HIV positive.

The medical practitioner, a Dr van Heerden, asked if it was McGear. Kruger said he confirmed this.

The trial has been adjourned until September 11.

## PEANUTS

By Charles Schulz



## Big drive to woo northern suburbs

WILSON ZWANE

THE ANC is set to embark on a major recruitment drive in Johannesburg's northern suburbs.

ANC Johannesburg northeast official Giles Muhlolland said yesterday the local leadership resolved last weekend to canvass "actively" in Johannesburg's northern suburbs, including Sandton.

The resolution was expected to be endorsed by the ANC's Johannesburg northeast branch at its meeting next Thursday, Muhlolland said.

He said the ANC Alexandra branch would also be involved in the recruitment campaign.

Muhlolland said bogus ANC officials had been demanding R1 monthly membership fees from domestic workers in Bryanston, and issuing fake membership cards.

He said the ANC intended taking appropriate steps to curb this.

Muhlolland also dismissed reports that his organisation had advertised its Saturday meeting by distributing pamphlets in Bryanston. "There was no meeting but a workshop attended by 26 active ANC members in Bryanston. The members were notified of the workshop through our regular newsletter," he said.

## Langeberg shuts factory after violence, deaths

WILSON ZWANE

LANGEBERG Corporation said it had temporarily closed its Boksburg factory after inter-ethnic violence involving its workers over the past two weeks left seven people dead.

The fighting involved members of the Cosatu-affiliated Food and Allied Workers Union (Fawu) and Inkatha supporting United Workers Union of SA (Uwusa).

### Protection

Fawu official Ernest Buthelezi has said clashes between the members began shortly after the Langeberg management had dismissed casual workers belonging to Uwusa.

Langeberg Corporation and Caning spokesman Dev du Toit said the factory stopped operating on Wednesday after its workers had expressed fears for their lives.

Du Toit said Langeberg management agreed "as protection" to let workers stay away until it and Fawu had decided on "safety measures" to be taken. "The factory will remain unoperational until Fawu and Langeberg have found a solution to this problem," he said.

He would not speculate on losses the factory would incur during its closure.

Uwusa spokesman Duke Sennak-gomo said his union would meet Langeberg management soon to negotiate the reinstatement of its dismissed members.

Sennakgomo said 38 workers — "the entire Uwusa membership at the factory" — was dismissed unfairly.

Management had allowed itself to be "bullied by the Fawu-Cosatu alliance into driving out not only casual workers but all Zulu-speaking workers belonging either to Uwusa or Inkatha."

Du Toit said the dismissals had no "political connotations" as his company did not keep records of workers' political affiliations. "The dismissals were a normal practice," he said.

No arrests have been made. Police spokesman Capt Ida van Zweek has said police investigations had come to "a dead end".

"We appeal to the public to come forward with any information which may assist the police," Van Zweek said.

# Aids case doctor (92) CT 30/8/91 'warned dentist'

JOHANNESBURG. — A Brakpan doctor told the Rand Supreme Court yesterday he had told a dentist colleague during a round of golf that a mutual friend and patient had Aids so that the dentist could establish how exposed to risk he had been.

Dr Matthys Kruger was giving evidence in a R50 000 damages claim brought against him by Brakpan businessman Mr Barry McGeary.

Mr McGeary is suing Dr Kruger for allegedly breaching doctor-patient confidentiality.

In his mind, Dr Kruger said, was the concern that the dentist, a Dr Vos, had not taken all the necessary precautions while treating Mr McGeary.

Meanwhile, Mr McGeary's health has deteriorated so much that the court yesterday appointed his attorney, Mr Mervyn Joseph, as curator of his affairs. Mr McGeary was forced to stop his testimony because of slurred speech and was hospitalised.

Neurologist Dr Charles Kaplan testified yesterday that the chances of any improvement in Mr McGeary's health in the next two to three weeks were very slight.

All legal charges incurred on behalf of Mr McGeary were to be paid out through the state, the judge ordered. — Sapa

# Community needs information on Aids

(92)

ST. HELENS REVIEW

30/8/91

□ From Page 1  
positive they were devastated, sometimes suicidal."

She is counselling nine people, one of whom is a woman. It takes months before she is able to gain their trust: "The main concerns expressed are those of confidentiality. They are terrified I will let their families, friends or the local authority know they have tested positive. This fear is unfounded as we guarantee complete confidentiality."

"Lack of support is an issue. Generally they are shunned, family support is withdrawn and, in some cases, have lost their jobs."

## Nursed friend

"Although I have no statistics I believe the number of HIV positive cases is on the increase in the area. It is also affecting the heterosexual community in increasing numbers."

She said: "We guarantee confidentiality. I can be called at (024) 56-1312."

A man who prefers to

remain anonymous said: "I shared a monogamous relationship with a professional man for 10 years. He was diagnosed Aids positive three years ago and I nursed him until his death six months ago. Now I have tested positive for the HIV virus."

"I feel very hurt but don't think any real breakthrough will come until it starts hitting the heterosexual community in a big way."

Dr Cato van Wyk, medical superintendent of Hottentots Holland Hospital, said: "We've had Aids-related deaths here. I can't give statistics regarding Aids in the area because those we receive are broken up into postal code areas. The last notice received quoted 1 000 positive cases in the Western Cape."

"The area is vulnerable, with the high number of squatters. We have an exceptionally high incidence of TB — typical when the HIV virus becomes active in an immune system."

The community needs to be educated about Aids and an ATICC

(Aids Training and Information Counselling Centre) is being formed, which will reach out into the community from school level through to community service workers. It will also help Aids sufferers go about their

daily lives with the least change, while recognising the need for safety and prevention.

The ethical issues are obscured as Aids has not been declared a notifiable disease. However, there are instances when in the best interests of the patient and to secure the safety of those coming into direct contact with the Aids sufferer, nursing personnel have informed those close to the sufferer that Aids had been diagnosed.

# Aids total rising in False Bay townships

(92)

ET HELDER-  
BERG-REIRE

30/8/91

By COLLEEN INGRAM

THE incidence of Aids is increasing rapidly in the Helderberg area and is cause for grave concern, according to community workers involved in the screening, testing and treatment of patients.

A community worker said: "The spread in the black and coloured community is through heterosexual sexual activity, while it still seems confined to the homosexual community in the white group. Fortunately most drug users in the area do not use syringes as this would increase the numbers noticeably."

The higher incidence among residents in the lower socio-economic group has increased the number of reported tuberculosis cases and routine screening has shown the emergence of the HIV virus among TB sufferers.

Sister Avril Fox of the Temperance Town Clinic in Gordons Bay is a trained Aids counsellor. She believes people are not sufficiently prepared when they submit to an Aids test. She said that when the results came back

□ To Page 2

P.T.O.



## Soweto thugs hamper work on trenches

Staff Reporter

Star 30/8/91

Thugs are thwarting efforts by an engineering firm to cordon off or cover trenches dug to replace old underground pipes in Naledi, Soweto.

Residents recently threatened protest action because of the danger the open trenches presented.

Jack Saunders, site manager for the consulting engineers for the Central Witwatersrand Regional Services Council, which is carrying out the project on behalf of the Soweto Council, promised to remedy the situation urgently.

Mr Saunders said yesterday that his company was doing all it could to cover the trenches or mark them, but the effort was being hampered by thugs and vandals who either robbed the contractors of their equipment and materials or removed safety tapes around the trenches.

Truck drivers had also been robbed while cleaning up after new pipes had been installed and expensive copper fittings were forcibly taken from workers last week.

"There is nothing the contractor can do. We just look the other way for fear of reprisals."

Soweto Council spokesman Mojalefa Moseki expressed concern at the possible danger to residents, especially on rainy days. He asked residents, in the light of problems experienced with similar projects in the past, to report open trenches to township managers to enable the council to monitor the situation.

# It was my duty to talk, says doctor

By Susan Smuts

Star 30/8/91

A Brakpan doctor yesterday said he had a professional duty to tell a dentist and doctor that a patient and mutual friend was infected with the Aids virus.

Dr Matthys Kruger is being sued by Barry McGeary for allegedly breaching confidence by disclosing he was HIV infected.

Dr Kruger told the Rand Supreme Court he had been playing golf with dentist Dr Andre Vos and Dr Chris van Heerden.

They were discussing Aids and the risk to doctors. Dr Kruger mentioned he had a patient who had tested HIV positive, and said he was known to Dr Vos and Dr van Heerden.

Dr van Heerden asked if it was Mr McGeary, because he had treated him earlier for a groin fungus. Dr Kruger confirmed it was Mr McGeary.

He told Mr Justice D Levy he felt he had a duty to inform Dr Vos because Dr Vos did not take precautions with his patients. He knew this because he was Dr Vos's patient. He asked Dr Vos and Dr van Heerden to treat the information confidentially.

The Medical and Dental Council rules stipulated that people who might be placed at

92  
risk by HIV-positive patients should be warned, he claimed.

Dr Kruger said he had received the results of Mr McGeary's tests on April 5 last year. He made a note of the results on Mr McGeary's patient file and kept the file in his office until he saw Mr McGeary on April 10. His receptionist, who allegedly told his former wife about the results before Mr McGeary had been informed, did not have access to the file.

Dr Kruger said he thought Mr McGeary suspected that the results might be positive because an insurance company told him that the vial of a previous blood test had been broken.

Mr McGeary cried when he heard the news, and Dr Kruger gave him a tranquilliser.

Mr McGeary's attorney, Mervyn Joseph, was appointed curator ad litem (a person to represent him in legal matters) because he was found incapable of looking after his own affairs, physically or intellectually.

Neurologist Dr Charles Kaplan, who examined Mr McGeary on Wednesday night, said in a report handed to the court that it was unlikely Mr McGeary would recover sufficiently to take part in court proceedings.

The case was postponed to September 11.

# It was my duty to talk, says doctor

By Susan Smuts

star  
30/8/91

92

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Garner Thomson reports on a UK debate on how to treat Aids victims

# Protection versus persecution

92  
Star 30/8/91

**T**HE battle to establish legal and social protection for people with HIV or Aids, already rocking the US, has exploded on to the British political scene with rival organisations lining up armed with wildly contradictory bills of "rights and responsibilities".

Even before publication of the UK Declaration of the Rights of People with HIV and Aids — a document backed by 17 voluntary organisations and supported by the Archbishop of Canterbury and leading politicians — the Conservative Family Campaign launched a vicious attack on what it called "a Trojan horse for homosexual rights".

Then it published its own HIV Infected Citizens' Charter of Re-

sponsibility, a document regarded as so homophobic and inflammatory that two of the campaign's 30 members immediately resigned.

The declaration of rights demanded the following rights, to be guaranteed under international law, for all UK citizens:

- Information about HIV status to be kept confidential.
- No forcible detention, segregation, or isolation purely on the grounds of HIV or Aids.
- No worker dismissed or refused employment on the ground of infection, no tests by employers for the virus.
- The right to housing, food, social security, medical assistance and welfare.
- The right to marry and found a family, counselling to be made available.

● Public education to eliminate discrimination.

Ceri Hutton, of the National Aids Trust, dismissed the Conservative Family Campaign's attack as provocative and homophobic. She said: "We are not asking for more rights. We are just stating rights that already exist and that they include people with HIV or Aids."

However, the Christian Campaign moved to accuse the Christian clerics and politicians of siding with homosexuals who had a "hidden agenda".

It called for people with Aids to be prevented from starting families, mingling with other prisoners, treating patients in the health services, preparing food to be eaten by the public and concealing

their HIV status from their employers.

The two documents have polarised not only the Conservatives themselves, but also newspapers, some of whom believe these are only the opening shots on a battle that will be fought some time before it is resolved.

The Daily Mail's right-wing columnist Mary Kenny strongly supports the Conservative Family Campaign's stance, and even the liberal Guardian, which broadly supports rights for sufferers of HIV and Aids, expresses some disquiet about concealing the health status of victims and questions whether a "ringing Declaration of Rights" is the best way to achieve equality. — Star Foreign Service. □

# Testing the barriers of HIV privacy

92  
W/ Mail 30/8 - 5/9/91

Did a doctor who told his colleagues his patient was HIV-positive do so for professional reasons, or was he merely a gossip? And which is more important: the welfare of the patient or the alleged good of society?  
By MARK GEVISSER

**D**ID Brakpan doctor Mathys Kruger disclose the HIV-status of his patient and close friend Barry McGeary to two colleagues after a round of golf because of professional responsibility, or because it was hot news among a tight clique of friends in a small town?

Did Kruger break the rules of confidentiality by divulging the fact that McGeary was HIV-positive? Does Aids change the age-old ethic of doctor/patient confidentiality? How risky is it for health-care workers to treat someone infected with HIV? Should the law protect people with Aids from discrimination? Should Aids be a notifiable disease?

McGeary wants answers to these questions, which are being explored, for the first time in the South African courts, in his R50 000 suit against his former physician.

It was Tuesday morning, and even though McGeary was seriously ill with an Aids-related brain infection, he was adamant about coming to court. "Nothing would keep him away," said his lover, Johan Janse van Vuuren, as he wheeled him into the Rand Supreme Court.

Connected to a maze of drips after having been admitted to hospital and diagnosed with full-blown Aids last Friday, McGeary first showed symptoms of the infection while testifying in court. His current physician believes that the stress of the trial has rapidly accelerated his decline, tragically illustrating McGeary's own point: that, for someone who has contracted HIV, stress is a major contributor to the decline of the immune system, and that the stress of "the entire town of Brakpan" (as his lover put it to the court) knowing about his HIV-status had caused untold damage to his psyche and his health.

As a result of his illness, McGeary cannot speak. But, before entering the courtroom, he was able to strain out one monosyllabic word: "No." It was in response to my question about whether his decline in health had caused him to have any regrets about bringing the case to court.

In the absence of her nephew's speech, his aunt elaborated for him: "He has put his life and his health on the line to fight for what is right. It's not just for himself, but it's so that no one else has to go through what he did when his confidence was betrayed." McGeary nodded emphatically.

Kruger, the court heard, had told two close friends and colleagues — one of whom was McGeary's dentist and another who had once treated McGeary in Kruger's absence — about McGeary's HIV-status.

The doctors, the dentist and their wives were all close friends of McGeary, and the wife of the second doctor, Chris van Heerden, was his business partner. The news, not sur-

type of people who contract it.

People with HIV, particularly those who are gay, are often considered to have contracted the virus because of promiscuity and immorality. They are considered to be irresponsible, and therefore dangerous. These themes seem to emerge in Kruger's defence, as his counsel repeatedly asked witnesses whether people with Aids shouldn't be labelled and whether the disease shouldn't be made notifiable (which means that public health authorities would have a list of the names of all those who have tested HIV-positive). Underlying these questions was the contention that Kruger had a duty to tell his colleagues of McGeary's status, because McGeary might act irresponsibly and not tell them himself.

In their testimonies, both McGeary's counsellor, Grania Christie, head of the Aids Advisory Council at the South African Institute for Medical Research, and his current physician, Dr Stephen Miller, head of the HIV clinic at the Johannesburg Hospital, stated that there was no danger of HIV-transmission during regular consultation, and emphasised that even the South African Department of Health was opposed to making Aids notifiable.

Miller told the court that confidentiality about HIV-status is crucial because "of the stigmatisation that comes with it. HIV is associated with drugs, sex and death; it is associated with marginalised groups". Because of social misconceptions, peoples' lives can be ruined if it is found out they carry HIV — as McGeary claims his was.

Underlying the cross-examination of Miller and Christie seemed to be the following question: what is more important — the well-being of one individual, or the supposed good of society? This question puts Aids at the crossroads of traditional public health practice and human rights. In the United States, for example, the rights of HIV-carriers are protected — but some epidemiologists are arguing that this is at the expense of containing the epidemic. They claim that confidentiality prevents standard disease-control practices like contact-tracing.

"Of course," said Miller, "it is important to track the epidemic by requiring that Aids cases be anonymously reported to the authorities. But there is no need to have a list of people with the virus. Aids is not an epidemic like the bubonic plague or typhoid. It is transmitted along specific routes, and a person with HIV is no danger to the community at large."

"The best possible result of this case," added Christie, "will be that people understand this. By enforcing confidentiality, we can protect HIV-carriers from unnecessary discrimination while simultaneously fighting the epidemic by combatting unnecessary paranoia."

prisingly, spread like fire on the winter Highveld and culminated with a call, to McGeary's lover, from Kruger's ex-wife's mother, asking if it was true.

Confidentiality is one of the cornerstones of a doctor-patient relationship, but the advent of Aids has modified it. The South African Medical and Dental Council's guidelines state that, in the interests of all concerned, a doctor may inform other health-care workers of a patient's HIV-status. But the guidelines are very clear on one point: the disclosure can only be made after consultation with the patient.

But within the South African medical profession, the arguments about confidentiality rage. Some feel that, because of the dangers of transmission, it is in the public interest to notify society — or at the very least other health-care workers — about who is carrying the virus.

Others feel that doing so would only serve further to ostracise already-stigmatised people, and would discourage people from testing, thereby driving HIV-carriers underground.

While many doctors are becoming more concerned about the risks they face from HIV-infected patients, those who work specifically with Aids are unanimous in their belief that standard hygiene procedures — like the wearing of gloves during surgery — will protect health-care workers. They believe that health-workers' fears are irrational, rising out of and playing into a general paranoia around Aids that is borne of a misunderstanding of how the virus is transmitted, and a mistrust of the

# 'Mothers can pass Aids to babies by breast-feeding'

(92)  
30/8/91  
ARG

**BOSTON.** — Doctors working in Africa have confirmed that women infected with the HIV virus, which causes Aids, can spread the disease to their babies through breast milk.

Although unable to quantify the risk of spreading Aids through mother's milk, Aids experts found the link so evident they recommended that infected women or potentially-infected women avoid breast-feeding if safe, bottled formula was available.

Some 78 percent of the 20 000 Aids cases among women in the United States reported to the US Centre for Disease Control involve women of child-bearing age.

The finding is particularly troublesome for mothers in underdeveloped countries, where the safe water needed for infant formula is often in short supply.

Aids destroys the body's immune system, leaving patients helpless in fighting a host of diseases ranging from pneumonia to very rare cancers.

The new study, published in the New England Journal of Medicine, involved a systematic examination of

212 healthy women whose blood was tested for Aids when they gave birth and at three-month intervals thereafter.

Sixteen of the women showed signs of the HIV-1 virus in their blood after giving birth. Nine of their 16 babies developed the infection and traces of the virus always appeared in the babies at the same three-month interval in which the mother became infected.

Because all infected infants were breast-fed, researchers concluded that the colostrum initially secreted by the breast and breast milk "may be efficient routes for the transmission of HIV-1 from recently-infected mothers to their infants".

Colostrum is a fluid released by the breast during pregnancy before milk production begins. It contains white blood cells, water, protein, fat and carbohydrate.

"When a safe alternative to breast-feeding is available, women at risk should refrain from breast-feeding their babies," said the research group, led by Dr Philippe Van de Perre of the National Aids Control Programme in Kigali, Rwanda. — Sapa-Reuter.

# Health Dept gives grim Aids warning

Star 2/19/91.

By Carina le Grange  
Medical Reporter (92)

Anybody can get Aids — that is the official message from the Department of Health in an advertising campaign in the print media.

The advertisements include the grim message that every five minutes another person in South Africa becomes infected with Aids.

Yesterday's advertisements in the Sunday press were directed at the country's opinion-makers, said Dr Manda Holmshwa, of the department's Aids Unit. The three half-page ads, on consecutive pages, were a work-up to the launch of a R1,5 million multi-media campaign.

"The present advertisements serve to remind opinion-makers that there is Aids in the country," Dr Holmshwa said. "The target of the big campaign will be children of school-going age, parents and health workers."

Yesterday's advertisements state that "men and women (and their newborn babies) of all races, social classes, ages, parts of the country and marital status, can become infected with Aids due to their or their partner's sexual behaviour".

● The fact that about 300 people are infected with HIV (which can lead to Aids) daily was announced by the Aids Unit in May.

IT IS hard to believe that AIDS and its twin viruses HIV-1 and HIV-2 have been with us for only 10 years. In a decade they have become what is probably the worst epidemic to afflict humanity since the Black Death.

Caring for those with AIDS or infected with HIV will cost about \$5.8bn this year in the US alone. Quite simply, AIDS has become the biggest medical show in town.

This may sound distasteful to those who find the subject too mind-numbing even to contemplate a change in their free-wheeling sexual behaviour, but the huge sums devoted to the AIDS business recently drove one respected academic journal, Nature, to describe this year's international conference on AIDS as a "carnival". Some 8 000 delegates crammed into Florence at the height of the tourist season to hear who was achieving what in research.

With its sideshows and sales booths, demonstrations and flag waving, the annual AIDS conference has become a cross between a US political convention and a soap company sales trip, say its critics.

**B**ut for all the razzmatazz, and the \$1.9bn that the US public health services are throwing at the problem this year, mankind still does not have a cure or prophylactic for AIDS. Only one drug, AZT, is licensed for its treatment, and that can cause nasty side effects. It is also expensive in Britain, a year's treatment costs about £2 000. Manufacturer Wellcome's worldwide sales of AZT last year were about \$170m.

Two other drugs, ddI (made by Bristol Myers Squibb), and ddC (Hoffman La Roche), show promise and are under test in the US. Under the weight of great social, political and medical pressures, the most agonising decision facing the regulators concerns when to license the use of new anti-AIDS drugs.

How successful is the fight against AIDS? There are two common points of view. The first is predominantly gloomy. After hopes of a swift breakthrough, scientists have settled down to a hard slog to find perhaps only partial solutions. In the meantime, some AIDS budgets are being cut (as in Germany) while others, such as the World Health Organisation's

# AIDS has become biggest medical carnival in town

11 Nov 1991

**REX WINSBURY**

92

(WHO) \$100m Global Programme on AIDS, are being underfunded.

The other view is only slightly more sanguine, and holds that research into AIDS has made more progress in a decade than research into any other major diseases over a comparable period. Dr Jorg Eichberg of the Southwest Biomedical Research Centre in Texas, once a pessimist, said: "I'd almost stick my neck out that we will have a vaccine this decade."

At the social level, key segments of the population in the developed countries are modifying their behaviour. With a combination of safer sex and better drugs these countries are thought likely to contain the disease — subject to occasional outbreaks. Forecasts for its spread have been lowered in the UK and the US.

The pessimistic part of this scenario holds that AIDS may be relegated to the status of "just another Third World problem", alongside famine, drought, malaria and other afflictions. This is a cynical view, but one which reflects the realities of international aid where "donor fatigue" has become common and funds are diverted to Eastern Europe rather than to Africa.

As far as they can be relied on, the statistics are daunting. Some 366 000 cases of full-blown AIDS have been reported to the WHO, of which 175 000 have been in the US. But these figures understate the

picture. For one thing, they leave out all those with Arc (the so-called AIDS-related complex) and those who are infected with HIV but who have yet to develop the exterior symptoms of AIDS. Many African countries at first refused to acknowledge that AIDS existed. In spite of a new openness, they simply do not know the extent of the problem: their meagre resources are too stretched even to monitor the disease, let alone combat it.

The best guess of the chief statistician in these matters, Dr James Chin of the WHO, is that Africa may

have up to 6-million cases of HIV infection, out of a world total of 8-million to 10-million. By 2000, he says, there may be 40-million infections worldwide. Even these guesses could be far off the mark if the disease takes hold in Asia. Japan has so far reported a mere 374 cases of AIDS.

Africa has an ambivalent attitude towards the disease. It deeply resents having been labelled by some Western scientists as the birthplace of AIDS. This resentment, and consequent attempts to prove the opposite — that the disease was imported into Africa by white sex-tourists — have greatly impeded rational debate about how to deal with the epidemic.

At the same time, Africa has reacted with typical humour by developing a plain man's language to describe the epidemic. In Uganda, AIDS is known graphically as "Slim". One African newspaper editor told me, only half jokingly, that AIDS were the right initials for Africa's worst problem, but the wrong words: AIDS really stood for "Acquired Investments Deposited in Switzerland".

Apart from money there is the vexed question of how to change people's sexual behaviour. A recent survey showed that many British women on holiday in continental Europe still had sex with men they had met perhaps only hours before. Yet awareness of AIDS must be near-total in the UK. Experience in Africa

shows even more clearly that awareness of AIDS does not necessarily lead to changed behaviour.

For large parts of Africa, AIDS may be a doomsday machine with profound social effects. It may wipe out the gains made in the past few decades in decreasing infant mortality. It will cause a sharp reduction in the population growth rate, perhaps even leading to a fall. It may affect farming and cattle-grazing patterns. It may wipe out men in their productive and physically active years and divert women from farming to nursing at home. There may be millions of AIDS orphans and babies born with HIV. Health care, fragile at best, is swamped when 40%-50% of cases admitted to hospitals are HIV-related.

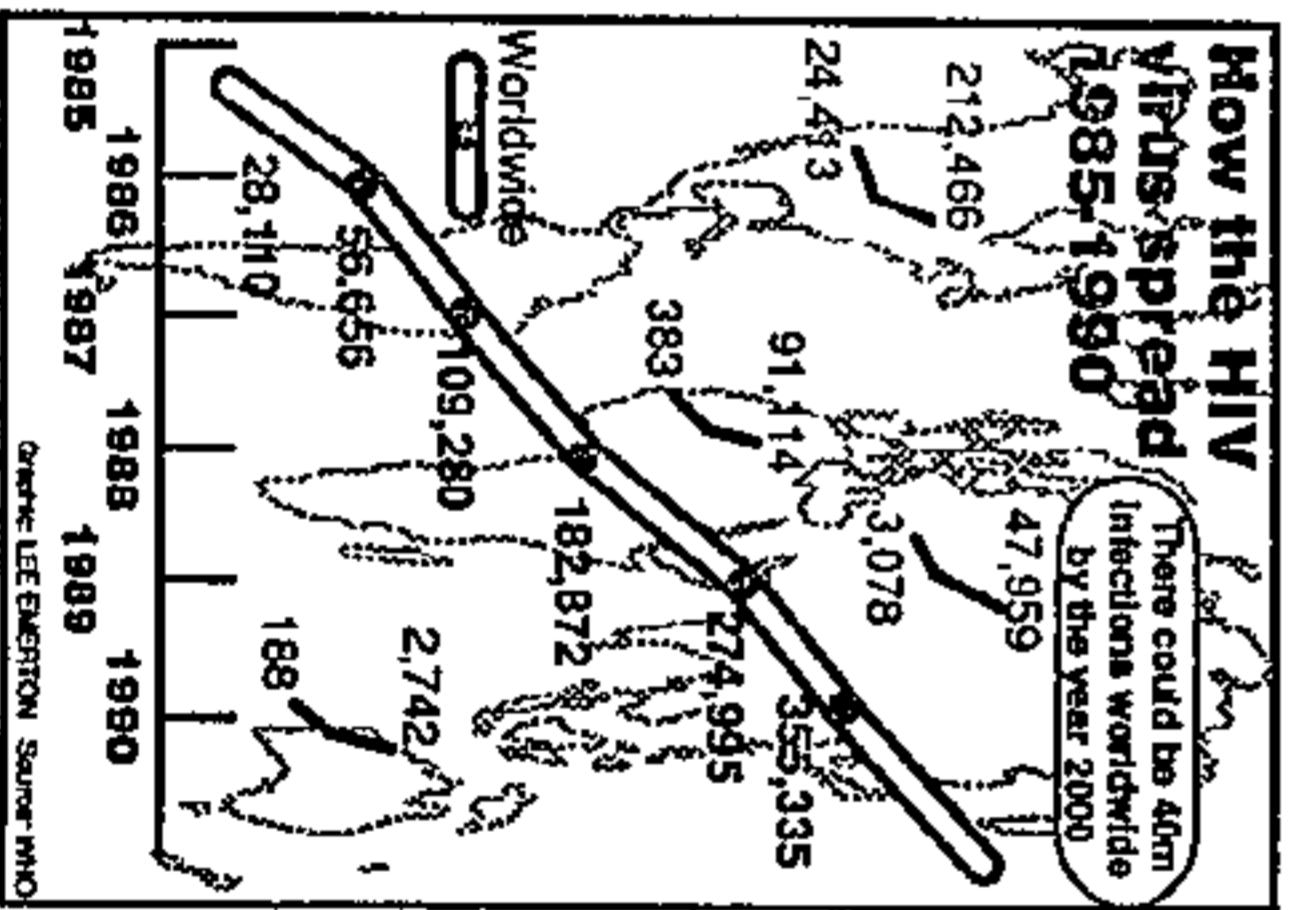
Just as AIDS raises questions about equality among nations, so it raises issues about equality among individuals. In the US, HIV sufferers are still barred under visa regulations from entering the country, unlike sufferers from other diseases — despite the fact that the US can be said to be an exporter rather than an importer of AIDS.

In the UK there is still a fear that a yes to the question put to applicants for life assurance — "Have you ever been tested for HIV?" — could lead to the application being refused, even if the test was negative. This could deter people from being tested for HIV. These practical and moral issues also intertwine in matters of access to credit, rights to housing and screening of job applicants.

**T**he answers to AIDS may lie not with governments or with scientists, but with individuals. As Prof Roy Anderson of Imperial College said at the 1990 World AIDS Day Conference in London: "The central message generated by these numerical studies is the need to induce behavioural changes urgently. Perhaps the most vital area of research is investigation into which types of education... have the greatest impact in changing behaviour."

By their behaviour, it is the people who will decide whether AIDS is contained and tamed, or allowed to run its destructive path — Financial Times.

Winsbury is editor/publisher of AIDS Analysis Africa.





# Time to fight against AIDS

THESE days we hear and see the word Aids all over the place, on the radio, in the newspaper and we hear people talking about it.

People say it is a very dangerous disease but how can we believe this if we have never buried anyone in our community who has died of Aids? Friends, it is real. Over

the next four Thursdays I will talk about Aids. I ask you to read "A Healthy Nation", so that you can see why this disease is so serious and you can see what you can do about it.

You will also learn why you have not seen many people with Aids. Many people with this disease look and feel well for up to 10 years - but all will die.

*Southern*

*5/9/91*

If we don't stop Aids, then it could destroy our family, our friends and our country.

"Where does Aids come from?"

No one is sure. Doctors first found this disease in 1982, but it may have been around longer.

It is not:

- An American invention to destroy sex.
- From monkeys.

● A trick from the Government.

Just because we don't know where it comes from does not mean that we must not believe it is real. We don't know where this world comes from, but we all know it is real.

"What is Aids?"

Aids stands for Acquired Immune Deficiency Syndrome. Some people call it HIV infection. HIV is the gene that causes Aids.

"Who can get Aids?"

Anyone, black, white, rich or poor.

"How does the Aids germ make you sick?"

Each one of us has a defence system in our body called the immune system. This system fights sickness when it attacks us. If the defence system is working properly, we soon get better after being sick. The Aids germ attacks this system and makes it weak so that our bodies cannot fight sickness. So we then die of sicknesses that a healthy body would not have got sick from.

"How long does it take for the Aids germ to make our defence system weak?"

It may take as long as 10 years. During this time you may have the Aids germ but because it has not yet won the fight against your defence system you may feel and look well.

"Could you explain this another way?"

*92*

*5/9/91*

Yes. If I wanted to kill a famous leader I would first have to fight his guards. Only once I had beaten his guards could I kill the leader. It is the same with Aids, first it must fight your defence system. Only, once the defence system is beaten can sicknesses come and kill you.

"What sort of sicknesses do people with Aids get?"

Remember, I said for up to 10 years a person with Aids may be well. Then, as the defence system gets weaker a person may get these sicknesses:

- Loss of weight;
- Swollen glands;
- Fever;
- Running stomach;
- Weakness; or
- Flu that will not go away.

"All these sicknesses any person may get?"

Yes, but healthy people quickly get better. In people with Aids these sicknesses go on for a long time.

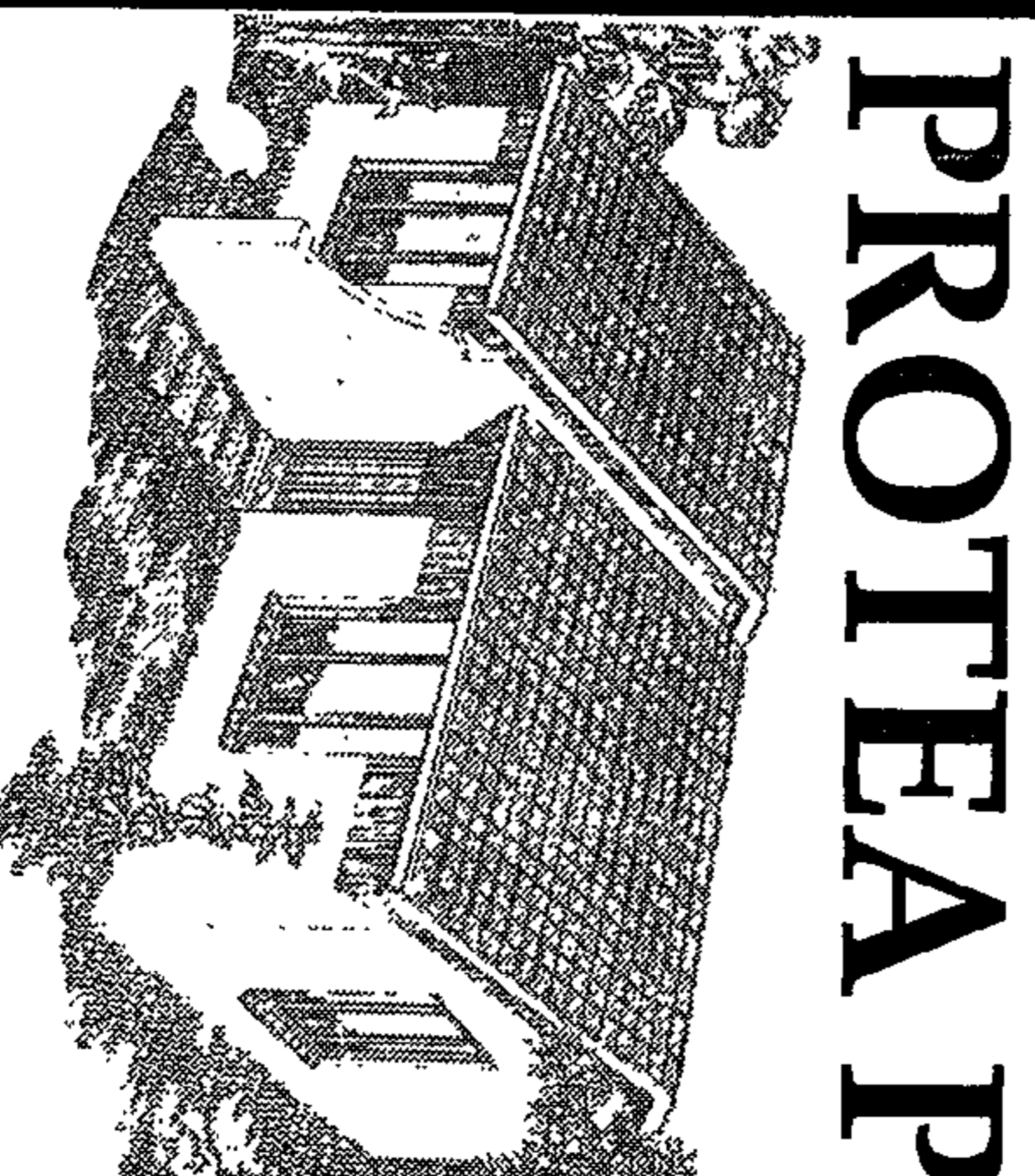
When the defence system is very weak the person with Aids gets very bad sicknesses like TB, cancer and pneumonia. They cannot fight these sicknesses and soon die.

"Is there a cure for Aids?"

No. There is not. Everyone with Aids will die.

I will talk about how you get Aids next week.

For more information about Aids phone 725-6710 or 725-0511.



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# THE FIGHT AGAINST AIDS

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It may take as long as 10 years. During this time you may have the Aids germ but because it has not yet won the fight against your defence system you may feel and look well.

"Could you explain this another way?"  
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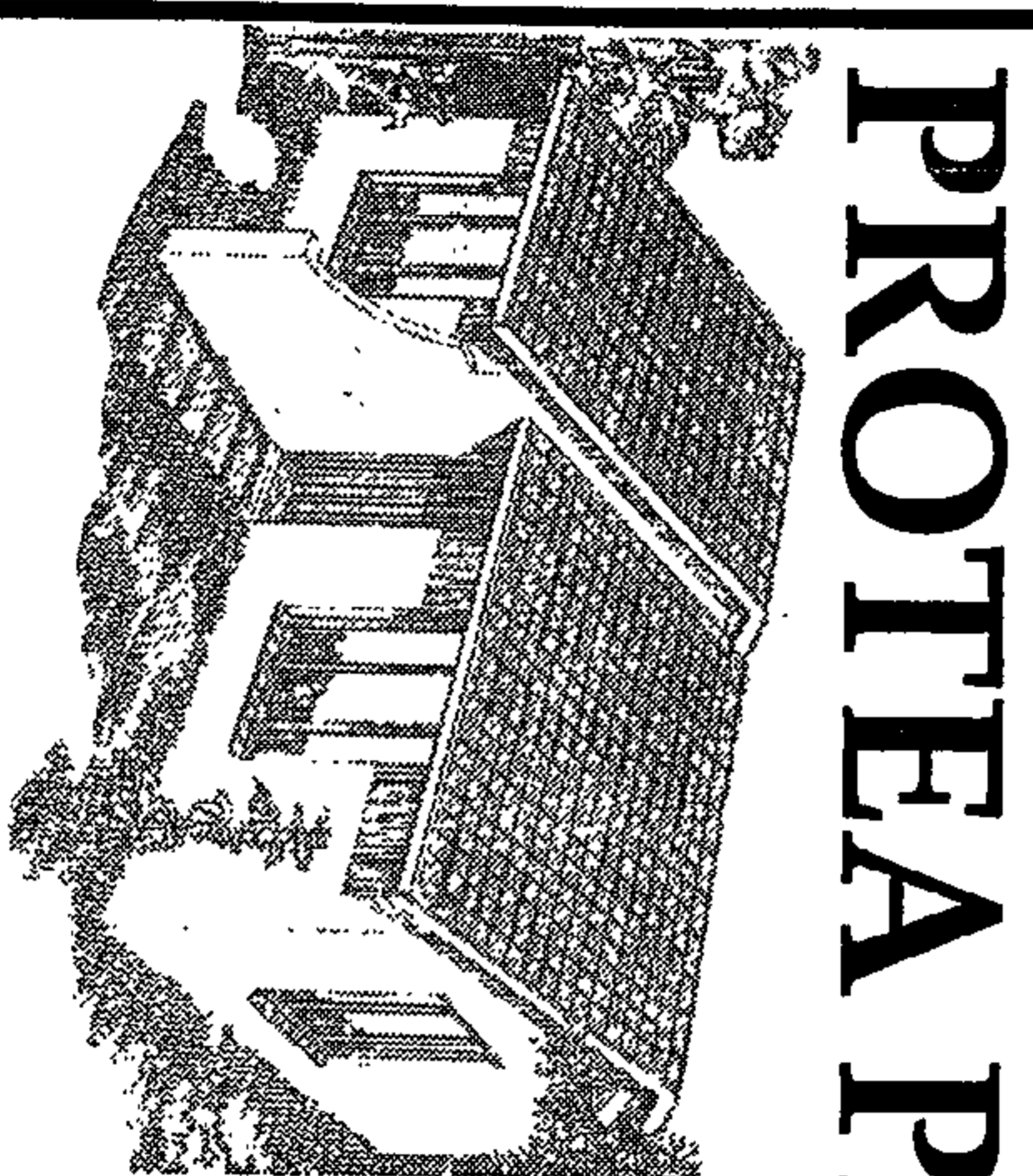
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Tests not <sup>92</sup>  
Star 5/9/91  
focused on  
Aids - SAP

Although random medical tests were being conducted on police officers around the country, police today denied they were specifically concentrated on Aids.

A spokesman said officers were being given random tests "to determine the state of health of the police force and to obtain a medical profile of the whole force".

Officers would be tested for the Aids virus, he said, but this was "just one of several tests".

The spokesman said he had not received any reports of officers refusing the tests, but said the Police Act did make provision for members of the police force to be compelled to undergo medical tests. — Staff Reporter.

## Random Aids tests conducted in police force

**DON HOLLIDAY**  
Crime Reporter

92 ARG/SP/19/11

RANDOM Aids tests are being conducted in the police force, a spokesman has confirmed.

And a Cape Town Aids expert has warned that medical ethics prohibit any employer — whether in the private or public sector — from conducting such tests without the employee's consent.

A spokesman for the Police Directorate of Public Relations in Pretoria would not detail the selection process for the tests. He rejected allegations that they were being conducted on a racial basis.

It is understood that the Police Training College in Bishop Lavis was used yesterday for testing members of the police force from the Cape Town, Athlone and Wynberg districts.

The Aids expert, who asked not to be named, said that if an employee consented to a test, it was important that he or she understood the consequences of being found HIV-positive.

This included the question of dismissal and counselling on matters such as psychological effects and maintaining a safe sexual lifestyle.

KAMPALA. — Uganda, which suffers one of the world's highest incidences of Aids, has ordered state-run media to withdraw advertisements on condoms and their role as a deterrent against the virus's spread.

Mr Paul Etyang, the Minister of Information and Broadcasting, issued the directive on Friday without any explanation for the

# Uganda stops Aids ads

move, according to the state-run newspaper New Vision.

The order follows strong criticism of the government's anti-Aids campaign from Christian and Islamic religious leaders who argue that the promotion of condom use encourages promiscuity and immorality, especially among the young.

More than 70% of Uganda's 17 million people belong to the Anglican and Roman Catholic churches. Another 5% of the population are Muslims.

Uganda has the highest number of confirmed cases of the acquired immune deficiency syndrome on the continent. Officially, 23 000 cases have been recorded, which are expected to double by the end of the year.

But state health officials say the true figure is more than 100 000 Aids victims with an estimated 1.5 million infected with HIV, the virus which causes the incurable disease.

The government's four-year-old Aids-control programme has relied heavily on the promotion of the use of condoms. — Sapa-AP

# Police Aids testings sparks controversy

Staff Reporter

CONTROVERSY surrounds the nationwide random testing of policemen for Aids and Hepatitis B following disclosures at the weekend that two of the force's top officers differed on the practicality of the project, begun last month.

A weekend national newspaper also reported that although the chief of police personnel services, Lieutenant-General P M du Plessis, said the project was aimed at establishing a "general health profile" the company carrying out the tender said they were conducting exclusive random

tests to establish the extent of Aids and Hepatitis B in the police force.

The report also quoted Commissioner of Police General Johan van der Merwe as saying the project had been scrapped — until he later heard otherwise from General Du Plessis.

General Van der Merwe initially described the project as "impractical and unable to be carried out".

General Du Plessis said that "at this stage" there was no question of policemen testing positive being discharged from the force.

One of the county's top Aids experts, Dr Ruben Sher, criticised the project as "a

futile, expensive exercise" and said the money could be better spent buying protective clothing for policemen.

He also expressed concern over what would be done with the information gathered and the ethical aspects raised.

Last night police headquarters liaison officer Major Reg Crewe said that since August the SAP were carrying out medical tests on thousands of policemen of all ranks, ranks and units to establish a health profile on policemen.

He confirmed that screening for Aids and Hepatitis B was included in the medical tests which would continue until the end of the year.



ANTI-AIDS GLOVES . . . Warrant Officer L P Lourens of the SAP dog unit shows the gloves issued to policemen last week to protect them from infected blood during their work.

Pictures: ANNE LAMING

# City Aids epidemic looms

92

9/9/91

Staff Reporter

INFANT deaths during the winter months in the city showed a marked decline this year — but the spectre of the Aids epidemic dulled the good news, Medical Officer of Health Dr Michael Popkiss said.

Cape Town municipal area recorded infant deaths up to one-year-olds for May, June, July and August months was 49, down on last year's deaths of 159 for the same period.

"The slow trend downwards" was attributed by Dr Popkiss to education programmes and pre- and post-natal care at the city council's 50 clinics.

However, he said the figures were viewed with "guarded optimism" as the Aids epidemic, which not yet taken hold, "loomed".

In Zimbabwe's capital of Harare, Aids was the third-biggest killer of infants, Dr Popkiss said, and this "would happen" in South Africa.

A nationwide survey conducted last October by the Department of National Health showed that the incidence of the HIV virus was 0,02% in Cape Town, compared to 0,74% nationally.

There had been 118 cases of full-blown Aids in the Western Cape, which had resulted in 59 deaths so far, Dr Popkiss said, with 1 001 HIV-positive cases, of which 33 were children.

PRIEST  
REV. D.

TEL:

HIP

# Dilemma of Aids tests on police

By Bronwyn Wilkinson  
Guy Jepson and  
Own Correspondent

Members of the South African Police having compulsory random medical examinations are also being tested for Aids — a move which has drawn criticism from Aids expert Dr Ruben Sher, who said HIV tests should be conducted only with the "informed consent" of the individual.

Police spokesman Major Reg Crewe told The Star that police members would be tested for Aids, but that this was "just one of several tests".

He said he had not received any reports of officers refusing to have the tests, but added that the Police Act did make provision for members of the police force to be compelled to undergo medical tests.

A high-level police source, who asked not to be named, said the provisions of the Police Act

would not be used to conduct a witch-hunt against Aids carriers. Nevertheless, as in the case of a force member who was physically debilitated, a policeman who contracted Aids or was HIV positive would "not be fit to do the job".

The SAP, he said, would have to devise a way to cope with the rise and spread of Aids. But the question of tests for policemen was "a complex moral issue".

Dr Sher, of the Aids Centre at the South African Institute for Medical Research, said the ideal ethic was that informed consent should be given by anyone who was to undergo an Aids test.

"There should really be pre-test and post-test counselling," he said. Pre-test counselling would include telling the patient why he was to be tested. If he were to test positively, he should then be told what that would mean.

"I am against compulsory

testing. I am for informed consent," he said. "We are in the process of trying to set the medical ethic on this."

If medical tests on the police force were being conducted to establish a medical profile of its members, he said, then a full range of medical tests should be conducted on all policemen.

A senior officer said he believed Aids should be a notifiable disease and that every citizen should be tested.

"If, in terms of the Criminal Procedure Act, the drawing of blood to test alcohol levels (in suspected drunk drivers) is allowed, then why not compulsory Aids tests? Aids is a killer."

Law and Order Ministry spokesman Captain Craig Kotze said the question was being approached by the police with sensitivity and in a balanced fashion. "All factors — moral, physical and ethical — will be taken into account in handling the issue."

*Star 9/9/91*

Star 11/9/91

## 'Women more likely to get HIV infection'

Research indicates that women are more likely to be infected with HIV (which may lead to Aids) than men, and are infected at an earlier age, Dr Wilson Carswell, medical adviser to the Aids Unit of the Department of National Health, said at a workshop on sexually transmitted diseases at the Johannesburg Hospital yesterday.

There was also a close link

between Aids and other sexually transmitted diseases as well as high-risk sexual behaviour.

"Surveys show that HIV transmission is closely linked to ordinary heterosexual activity. Groups that have many more partners than the norm are more likely to be infected.

"In countries where Aids (has) been present for seven to

nine years, the prevalence of HIV infection in the general population as represented by blood donors has reached huge proportions," he said.

Children between five and 12 years were free from HIV infection. "If we ... can maintain this, the next generation ... will remain free from infection," he said. — Medical Reporter.

92

# Mangope may release prisoners

PATRICK BULGER

*B/0aw 12/9/91*

BOPHUTHATSWANA'S President Lucas Mangope would probably announce a partial release of political prisoners today, the homeland's opposition Progressive People's Party (PPP) leader Rocky Malebane-Metsing said yesterday. Mangope would be making such an announcement in the face of intense pressure from the UK and US to release the 166 soldiers who attempted to overthrow him in 1988. The president is also holding eight members of the PPP's national executive. Malebane-Metsing, whose party is effectively banned in the homeland, is also a member of the ANC's national executive committee. He fled to London after the coup failed. He said the ANC believed the prisoners should be released in terms of the Pretoria Minute agreement negotiated and agreed on between the ANC and government last year.

# Pensions, medical funds hurt by AIDS

SEAN VAN ZYL

*B/0aw 12/9/91*

PENSION fund managers and medical aid societies will face cost escalations and diminishing returns as AIDS spreads in SA.

Southern Life benefits actuary Don Brown said yesterday a mass spread of AIDS would also ultimately boost medical aid and life insurance costs beyond reasonable access by the general public.

Addressing a Southern Life seminar in Johannesburg yesterday, Brown said the virus could be on the point of an endemic upsurge, resulting in about 25% of the population being infected by the year 2005.

A 1% incidence rate of AIDS among a company's employees would probably require an increase of more than 30% in medical aid contributions:

"Medical aid societies will probably respond by imposing limits to treatment for AIDS sufferers."

Brown said the increased risk of AIDS on the average

mortality rate would boost the average cost of death benefits by 300% annually by 2000.

While AIDS presented immediate problems for the medical aid and insurance industries, Brown said, the cost implications would also embrace general industry through loss of manpower, skills and escalating medical treatment costs. Eventually, he said, it would result in lost profits and declining share prices.

## Carriers

"Estimates suggest an endemic incidence of AIDS in SA would result in the gross domestic product dropping by 5% over the next 15 years."

Current trends indicated a dramatic surge in AIDS by 1995, with more than 20 000 AIDS-related deaths expected a year.

Statistics also suggested that roughly one-million people would be carrying

the HIV virus at this stage. The incidence trend was expected to climb rapidly from this point, with more than two-million carriers in 1997, before levelling off by about 2005.

However, the actuarial-panel noted that pinpointing the future spread of AIDS was difficult. "The fact that sexual intercourse is a regular and essential activity thoroughly enjoyed by most adults makes it difficult to predict who may be infected by the virus."

The panel added that statistics showed a dramatic swing in 1990 from homosexual transmission to heterosexual incidence.

Life actuary Paul Tryuens said life insurers would have to adjust their premium rates in line with the greater risk and also implement procedures to limit their exposure.

"Life companies are building up AIDS reserves to meet future AIDS-related claims, but these funds will eventually be depleted. The only answer is to reduce our exposure and regularly adjust rates."

As a result, Tryuens said, Southern might soon introduce AIDS tests for all applications for life and disability cover. He felt AIDS policy exclusion clauses were ineffective. He expected the market eventually to adopt AIDS testing regardless of the size of the policy concerned.

## PEANUTS

By Charles Schulz



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**CONGENITAL** syphilis is the second-highest cause of perinatal deaths in Khayelitsha, delegates to the UCT Department of Paediatrics and Child Health Research Day at the university's School of Medicine heard yesterday.

Dr George Swingler of the Red Cross Hospital was presenting a report by him and Professor Herman van Coeverden de Groot on "The Antenatal Prevention of Congenital Syphilis in a Periurban Settlement".

Congenital syphilis is contracted by babies from their mothers during pregnancy, Dr Swingler said. If untreated, some 40% of them die.

Twenty-four percent of perinatal (up to a week

# 24% of K'litsha babies die of syphilis

after birth) deaths in Khayelitsha are as a result of congenital syphilis, despite an antenatal screening and treatment programme.

According to a survey, 13% of pregnant mothers undergoing antenatal care have or have had syphilis.

A small sample of

mothers not undergoing antenatal care showed an incidence of the disease of 32%.

Dr Swingler said two major problems were being experienced with the prevention programme in Khayelitsha:

The first is the fragmentation of health services. Some 25% of patients with syphilis, referred from antenatal clinics to sexually transmitted disease clinics, which are controlled by another health authority, drop out of treatment.

Secondly, antenatal clinics are decentralised, but laboratory testing is not. This leads to problems in the treatment process, including tracing of patients testing positive and wastage of time in effecting treatment. CT12/9/91

# Aids brings a new wave of tuberculosis

Star 12/9/91  
By Shirley Woodgate

A renewed wave of tuberculosis has surfaced in South Africa since the link between TB and Aids was revealed, says SA National Tuberculosis Association (Santa) director of community tuberculosis education Dr Theo Collins. (92)

New cases of TB increased from 55 000 in 1986 to 80 000 in August 1990.

"Tuberculosis and Aids go hand in hand. There are probably about 15 million people in South Africa who have dormant TB infection.

"In normal circumstances, the disease would never have erupted in most cases, but where the HIV virus has appeared, the resistance of these people is so low that the TB infection becomes active."

TB, which had virtually been wiped out in the US, had resurfaced since the advent of Aids, and in Uganda the World Health Organisation claimed the disease had doubled since the appearance of the virus.

Dr Collins claimed that some 36 people were dying daily of TB in South Africa and at any one time about 250 000 were being treated.

Warning that the cost of treatment was likely to soar, he said about R5 400 was spent on each patient admitted to hospital for about six months.

It is claimed that the degree of success of State anti-TB measures depends on the extent of voluntary support.

Santarama Miniland at Wemmer Pan, south of Johannesburg, not only provides a valuable education and entertainment venue, but supports Santa. But the miniature town needs R150 000 to revamp the models and replace the income-producing pleasure boat.

The Star has launched the Santarama Fund with its own donation of R5 000, and invites businesses, schools and individuals to add their contributions.

Please send your ideas or donations to the Santarama Fund, Box 1014, Johannesburg 2000 (Sauer St Charities No 011 001 22 000 5).



Gigantic effort called for . . . Jan van Riebeeck stands guard over Santarama, which is in need of funds to boost the fight against tuberculosis. Picture: Karen Fletcher

# HIV silence 'not gagging'

92 CT 12/1/91

JOHANNESBURG. — Doctor-patient confidentiality did not mean doctors' mouths had to be gagged, Brakpan doctor Matthys Kruger told the Rand Supreme Court yesterday.

Dr Kruger is being sued by Mr Barry McGeary for allegedly breaching confidence by disclosing that he was HIV-positive.

Mr McGeary, who has developed full-blown Aids since the case started last month, was not in court.

Mr Edwin Cameron, Mr McGeary's lawyer, cross-examined Dr Kruger on a booklet on confidentiality issued jointly by the Medical Associa-

tion of South Africa and the Medical Defence Unit in London.

Dr Kruger agreed that confidentiality did not end when the doctor-patient relationship was terminated or if the patient died.

In certain cases, it would be necessary to inform people such as other doctors or a spouse of a patient's condition but scandal-mongering was unacceptable, he said.

He did not agree that a doctor had to consult Masa or the MDU if confidentiality was to be breached.

The hearing continues. — Sapa

# Aids 'will cost SA billions' in next decade

92  
AUG 12/9/91

**BLAISE HOPKINSON, Business Staff**

AIDS will cost the country billions in the next decade and up to 10 million people could test HIV positive by the turn of the century, an Institute of Personnel Management seminar in Bellville has been told.

As many as 220 000 people could die from Aids each year, Mr Andre Spier, the director of the Aids Policy Research Group, told the seminar.

Mr Spier said the direct costs in terms of medical care would run into hundreds of millions of rands, but this would account for only 30 percent of the costs. Absenteeism, re-training and general economic damage would account for the rest.

He warned that business would have to take a major proactive role in combating the spread of the disease and that every single company would be affected by it.

In a wide range of presentations, representatives from industry, government, the ANC and organised labour all pointed to the singular lack of progress in the fight against Aids in this country.

Dr Neil Cameron of the Department of National Health and Population said R50 million was being spent by the government on Aids in this financial year.

Mr Francois Marais of life-giant Sanlam said the group had allocated R200 million to an Aids contingency fund.

Industry-wide statistics showed R8,5 million had been paid so far in Aids claim settlements.

He predicted the cost of death benefits would double and said there was no "right price" for life insurance that included Aids cover, given that the relative mortality of an HIV-positive person was 2 600 percent higher than a standard non-smoker.

Eskom's corporate medical consultant, Dr Charles Roos, spoke on the contentious issue of pre-employment screening for HIV-positive candidates, a policy the company had pursued since 1988. So far 15 cases had been identified.

He denied the policy was discriminatory and said: "Everybody from the chairman down is tested."

The ANC's Dr Kamy Chetty said the party rejected pre-employment screening outright because it was "discriminatory".

Labour lawyer Mr Michael Bagrain said the law had yet to contend with Aids.

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# Commission divided over Wage Act for domestics

~~2/11/91~~ ~~2/11/91~~  
B/Dam 13/9/91  
VERA VON LIERES

THE National Manpower Commission is divided on whether to recommend inclusion of domestic workers under the Wage Act.

Recommendations to extend labour legislation to domestic workers are contained in a 19-page report to be published in the Government Gazette today. The report has been handed to Manpower Minister Eli Louw for consideration.

Main recommendations are that domestic workers be covered immediately by the Basic Conditions of Employment Act and the Labour Relations Act. The Workmen's Compensation Act and the Unemployment Insurance Act should also be extended to domestic workers.

Although it was recommended that domestic workers be included under the main labour laws, specific amendments had to be made to provide for the special circumstances.

Members who felt that domestic workers should not be included under the Wage Act — which determines

minimum wages for employees not covered by negotiated wage agreements — recommended instead that there should be wage guidelines.

These should be non-binding and drafted by the Wage Board or similar institution. Wages could be recommended according to area, worker competence and training and employers' financial ability.

Members who recommended that domestics should be included under the Wage Act, said that the Wage Board was a forum for debate, argument and the presentation of evidence on whether there should be minimum conditions of employment, including a minimum wage.

Inclusion under the Wage Act would allow the Wage Board to investigate wages and other conditions of employment in the domestic sector.

The board would take account of relevant factors and could recommend minimum wages for different areas. Manpower Minister Eli Louw

would, however, retain a discretion as to whether to give effect to the recommendations by making a determination.

The commission was also split on a contract of employment for domestic workers. One group supported the view that provision should be made in the Basic Conditions of Employment Act that no domestic workers may be employed for longer than three months without a written contract. The contract should be signed by both parties, be available for inspection, and both employer and domestic worker should have a copy.

Other commission members felt that no statutory compulsion should exist.

It was recommended that domestic workers be entitled to 12 weeks maternity leave, as provided by the Basic Conditions of Employment Act.

The commission decided to investigate whether female employees in all sectors should be guaranteed their jobs back after pregnancy.

## AIDS drive to get R5m

DAVE LOURENS

NATIONAL Health and Welfare Minister Rina Venter announced yesterday the allocation of R5m to a six-month AIDS communication campaign and a further R1,5m to a children's lifestyle training programme.

The allocation of more resources was "essential" because over 300 people a day were becoming HIV-infected.

AIDS Unit head Dr Manda Holmshaw said the campaign would feature an African approach.

## 'Explosive' township crisis warning

PRETORIA — An explosive financial crisis was developing in black townships despite spending by regional services councils, Central Witwatersrand RSC chairman John Griffiths said yesterday.

Griffiths told a public administration conference at the Human Sciences Research Council the growing crisis could lead to a total breakdown of services and could contribute to problems with health services.

He warned that SA could enter an era of potentially uncontrollable inflation, a "suspect" balance of payments and an even more bloated public sector if the authorities went for quick-fix solutions to buy political goodwill.

Griffiths said accelerated urbanisation had placed extreme pressure on infrastructure and services. Part of the interim

GERALD REILLY

solutions required the involvement of white local authorities in providing administration and technical assistance for the joint provision of services.

Joint administrations would be even better, he said.

In the PWV area, 40 000 to 50 000 hectares would be needed for housing by the year 2000. About half of this would be needed to meet the current backlog.

It was accepted SA had to provide housing for more than 200 000 families a year between now and the end of the century.

Griffiths said identification of land was being hampered by statutory and inflexible policy and planning documents.

He said the plethora of bodies involved in urbanisation should be rationalised into one department.



## SA men 'trained' Zaire's soldiers

KINSHASA. — South African instructors trained at least 100 Zairean soldiers in urban terrorism techniques, Zaire's Human Rights League said yesterday.

The 34 South African instructors taught members of Zaire's elite Owl Regiment techniques of sabotage, kidnapping, the laying of mines and other aspects of non-conventional warfare, the league said in a report.

The training took place at the Kitona military base in southern Zaire and the trainees were responsible for several acts of terrorism in Kinshasa, the report said.

Among them was an attack on the headquarters of the Union of Federalists and Independent Republicans (Uferi) party of Mr Nguza Karl-I-Bond last week.

One Uferi official and a member of President Mobutu Sese Seko's ruling party were killed in the ensuing fighting. — Sapa-Reuter

# 300 new Aids cases a day

PRETORIA. — The government is to spend R5 million on a publicity drive to fight the spread of the Aids virus, HIV, which infects 300 people each day, National Health, Health Services and Welfare Minister Dr Rina Venter said yesterday.

She also announced that a toll-free telephone service providing pre-recorded Aids information and an Aids help-line would be set up.

Dr Venter said President F W de Klerk had decided to allocate special funds because of the urgency and extent of the Aids pandemic.

About 300 people a day were becoming irreversibly infected with the Human Immunodeficiency Virus, she said.

Various advertising agencies had been approached to design the communication campaign. The agency that came up with the strongest proposals would be appointed.

Dr Venter said the number of health personnel would be in-

## Police Aids tests 'not compulsory'

Staff Reporter

POLICE who have been randomly selected for a variety of medical tests, including screenings for Aids and Hepatitis B, will not be compelled to undergo the tests.

It was also learnt that members of the police who test HIV-positive will not be discharged from the force.

This was disclosed this week by the chief of police personnel services, Lieutenant-General P M du Plessis, who was reacting to the controversy surrounding the nationwide random testing of thousands of police for a host of contagious diseases, including Aids and Hepatitis B.

The wide-ranging tests were devised to form a health profile of the police force.

created over the next few months, so that more effective technical assistance could be provided.

If callers had further questions after calling the toll-free number — which would be made public in due course — they would be able to dial an Aids help-line.

If necessary, they would be able to visit an Aids Training, Information and Counselling Centre.

"Children between the ages of five and twelve years are essentially free from HIV infection and we aim to retain their infection-free status as they grow into their teenage years," said Dr Venter.

"As a direct result of this we are researching an Aids and life-style training package for children in secondary schools."

This programme would cost a further R1,5 million.

Aids Unit head Dr Manda Holmshaw said the campaign would feature an African, as opposed to European or North American-oriented, approach.

The chief medical adviser to the unit, Dr Wilson Carswell, was optimistic that the spread of Aids in South Africa could be checked. — Sapa and Own Correspondent

## Aids: Receptionist denies leak

JOHANNESBURG. — A receptionist denied in the Rand Supreme Court yesterday that she had told a doctor's former wife about a patient who had tested positive for the Aids virus.

Instead, the doctor's wife had informed her about the man's condition, Mrs Heleen Bibbey told Mr Justice D Levy. (92) CT 13/9/91

She was giving evidence in a case in which Mr Barry McGeary is suing Dr Matthys Kruger for R50 000 for allegedly breaching confidentiality by dis-

closing that Mr McGeary was HIV-positive.

Mrs Bibbey said she had not been on good terms with Dr Kruger's former wife, Mrs Riana Kruger, because she had given evidence against Mrs Kruger in a custody battle.

Mrs Kruger earlier told the court she first heard about Mr McGeary's condition when Mrs Bibbey asked her for Mr McGeary's telephone number in Nylstroom, where he was living at the time.

Mrs Bibbey denied this. — Sapa

## Squatter shacks demolished

JOHANNESBURG. — Daveyton Town Council (near Benoni on the East Rand) has sent 13 trucks and personnel to break down shacks that house 2 000 families in Chris Hani Park, just outside the township, former town councillor Mr Tom Boya said yesterday. CT 13/9/91

Squatter spokesman Mr Mahlomola Skhosana said in a statement: "This senseless act by councillors is likely to add to the violence on the East Rand."

A spokesman for Daveyton Town Council said a statement would be issued later. — Sapa

## Anti-Mob march

PALERMO, Sicily. — Shops, banks and industries closed, buses came to a halt and thousands marched through the streets yesterday in a protest against the Mafia. The march was spurred by the killing of a businessman who refused to pay bribes. — Sapa-AP

# 10-m S Africans face Aids threat

*Sowetan 13/9/91 (92)*  
THE Aids epidemic will cost South Africa billions of rands in the next decade and as many as 10 million people could test HIV positive by the turn of the century, a top-level seminar heard yesterday.

As many as 220 000 South Africans could die from Aids each year, Mr André Spiers, director of the Aids Policy Research Group, told an Institute of Personnel Management seminar in Bellville, Cape Town.

Spiers said the direct costs in terms of medical care would run into hundreds of millions of rands but this would account for only 30 percent of costs, with the rest being incurred through absenteeism, retraining and general economic damage.

He warned that business would have to take a major proactive role in combating the spread of the disease and that every single company would be affected by the spread of the disease.



# Women 'more prone to Aids'

RESEARCH indicates that women are more likely to be infected with HIV - which may lead to Aids - than men and that they are infected at an earlier age.

This was said by the medical adviser to the Aids Unit of the Department of National Health,

Dr Wilson Carswell, said this in Johannesburg this week, at a training workshop on sexually transmitted diseases at the Johannesburg Hospital.

There is also a close link between Aids and other sexually transmitted diseases as well as high-risk sexual behaviour.

## Partners

"Surveys also show that HIV transmission is very closely linked to ordinary heterosexual activity.

"Groups that have many more partners than the norm are much more likely to be infected with HIV than the so-called general population.

"However, in countries where Aids cases have been present for seven to nine years, the prevalence of HIV infection in the general population as represented by blood donors has reached huge proportions," he said.

The good news about HIV infection was that children of primary school age - five to 12 years - were free from HIV infection.

"If we as health educators can maintain this infection-free status, then the next generation of adults will remain free from infection," he said.

# More Govt cash to <sup>92</sup> fight Aids

By Carina le Grange  
Medical Reporter <sup>Stew</sup> 13/9/91

The Government has allocated a further R6,5 million to be spent on Aids communication strategies, Health Minister Dr Rina Venter announced yesterday.

Of the total, R5 million will be spent on a multi-media advertising campaign over the next six months. The remaining R1,5 million will go towards a school package on life skills for children, Dr Venter said.

The R6,5 million allocation is in addition to a R1,5 million advertising campaign announced earlier this year.

Dr Venter said the daily infection rate of 300 new HIV cases in South Africa — 100 000 new cases this year — was very worrying.

She said that apart from the information campaign, the staff compliment of the Aids unit as well as regional offices of the Department of National Health and Population Development would be increased over the next few months.

On the launch date of the advertising campaign in November, a toll-free telephone information system will come into operation.

Conclusion  
The present system still is even susceptible to  
market fluctuations than its predecessor. This  
presents a major problem since

# More Govt cash to <sup>92</sup> fight Aids

By Carina le Grange <sup>Staw</sup>  
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On the launch date of the advertising campaign in November, a toll-free telephone information system will come into operation.



Reflections of peace . . . grassbark forests of the far north

## Women 'more likely to get HIV than men'

The Argus Correspondent  
JOHANNESBURG. — Research shows that women are more likely to be infected with the HIV virus than men.

Dr Wilson Carswell, the medical adviser to the Aids Unit of the Department of National Health, said that women were also infected at an earlier age.

Dr Carswell was speaking at a training workshop.

"Surveys also show that HIV transmission is very closely linked to ordinary heterosexual activity."

People who have many more partners than the norm are much more likely to be infected with HIV than the so-called general population.

"However, in countries where Aids cases have been present for seven to nine years the prevalence of HIV infection in the general population as represented by blood donors has reached huge proportions," he said.

92 AUG 13 1991

# Doctor's receptionist denies telling of patient's Aids virus

**The Argus Correspondent**

**JOHANNESBURG.** — A receptionist has denied in the Rand Supreme Court that she told a doctor's former wife about a patient who had tested positive for the Aids virus.

Instead the doctor's wife had informed her about the man's condition, Mrs Heleen Bibbey told Mr Justice D Levy.

She was giving evidence in a case in which Mr Barry McGeary is suing Dr Matthys Kruger for R50 000 for allegedly breaching confidentiality by disclosing that he was HIV positive.

Mrs Bibbey said she had not been on good terms with Dr Kruger's former wife Riana because she had given evidence against Mrs Kruger in a custody battle.

Mrs Kruger earlier said she first

heard about Mr McGeary's condition when Mrs Bibbey asked her for Mr McGeary's telephone number in Nylstroom.

Mrs Bibbey denied this, saying it was not necessary to contact anyone to obtain Mr McGeary's telephone number as it appeared on his medical insurance files.

Under cross-examination by Mr Edwin Cameron, Mr McGeary's lawyer, Mrs Bibbey said it seemed that Mrs Kruger was trying to find out more about Mr McGeary.

Mr Cameron: "I put it to you that you telephoned Mrs Kruger for Mr McGeary's telephone number because you knew she had it. She asked why you wanted it and you replied that Mr McGeary's HIV tests were positive."

Mrs Bibbey denied this.  
The trial continues today.

# SA 'on the verge of Aids'

Star 14/9/91.

(92)

**TAPE TOWN** — Aids will cost South Africa billions of rands in the next decade and up to 10 million people could test HIV positive by the turn of the century, a top-level seminar heard here this week.

As many as 220 000 people could die from Aids each year, Aids Policy Research Group director Andre Spier told an Institute of Personnel Management seminar in Bellville.

Mr Spier said the direct costs in terms of medical care would run into hundreds of millions of rands. But this would account for only 30 percent of the costs, with the rest being incurred

through absenteeism, retraining and general economic damage.

He warned that business would have to take a major proactive role in combating the spread of the disease and that every company would be affected by the spread of the disease.

"South African businessmen often have the attitude towards future events of 'we will cross that bridge when we are there'," Mr Spier said.

"In the case of Aids, this attitude is fatal. In fact, if we do not develop effective strategies towards Aids now, there will be no bridge to cross. We will stare aghast into a chasm opening up before us."

A wide range of presentations from industry, the Government, the ANC and organised labour

## 10 million could be positive by 2000, insurers brace for financial disaster

all pointed to the singular lack of progress in the fight against Aids.

Dr Neil Cameron of the Department of National Health said R50 million was being spent by the Government on Aids in this financial year.

Francois Marais of Sanlam said the group had allocated R200 million to an Aids contingency fund. Sanlam's projections show the real cost of Aids-related claims still had to filter

through to the insurance market but that payouts by Sanlam alone could top R100 million a year by the end of the century.

Industry-wide statistics show that just R8,5 million has so far been paid in Aids claim settlements. Mr Marais cautioned that the implications of Aids had not been fully confronted.

"Medical schemes in particu-

lar have largely been avoiding the problem. No one has really come to terms with the medical costs of treating Aids," he said.

He predicted that the cost of death benefits would double and said there was no "right price" for life insurance which included Aids, given that the relative mortality of an HIV-positive person was 2 600 percent higher

than a standard non-smoker.

Eskom corporate medical consultant Dr Charles Roos spoke on the highly contentious issue of pre-employment screening for HIV-positive candidates, a policy the company has pursued since 1988. So far 15 cases have been identified.

"We have spent R100 000 on testing but more than R3 million on education," Dr Roos said.

He denied that the policy was discriminatory and said "every-

one from the chairman down is tested". He also suggested that companies such as Eskom should test bursary students for Aids since as much as R500 000 was invested in each bursar before he or she began contributing to the company.

The ANC's Dr Karry Chetty said the organisation rejected pre-employment screening of bursary students because it was discriminatory. She said the Government's HIV campaign had been grossly inadequate.

"Communities have not been involved, nor have representative organisations been consulted. Too few funds have been allocated to HIV prevention and the care of people with the HIV disease. The media and education campaigns have promoted

fear, stigmatisation and discrimination," Dr Chetty said.

While the ANC had not formalised its policy on Aids, it would become one of the major pillars in the fight to contain it.

Tina van der Maas, a trainer with Aids Education Services, told delegates there was chronic ignorance about Aids and that as many as 60 percent of people on farms and in factories "have never heard of Aids. People don't protect themselves because they don't have the knowledge," she said.

Labour law expert Michael Bagrain said the law had yet to evolve to contend with Aids. While the rights of individuals had to be protected, the commercial viability of businesses deserved equal protection.

ESKOM 14/9/91

THODOX CHURCH

# Aids can be cured, claims Free State's white sangoma

92

PHILIPPE MILLAN

CONVENTIONS have the habit of drawing together the strangest people. The Rev Peter van Zyl, for instance, claims to be the only registered white sangoma in South Africa, and on top of that he is a Zionist Mission of God dominee who practises in the small CP-controlled town of Lindley in the OFS.

"Curing Aids is not impossible," says the colourful Mr van Zyl. "With the correct preparations of herbs, faith and prayer it can be done."

Mr van Zyl, who charges anything from R10 for curing a headache to R450 for an exorcism, claims that spiritual healing is unfairly reviled by the orthodox medical community.

"Give me one Aids patient and I will cure him," he says. "Scientists like Professor Ruben Sher have invited us to hand over our preparations for laboratory trials, but do not understand that healing cannot be done out of con-

text. It would be a long, protracted affair involving much prayer and singing," he says.

Mr van Zyl is not prepared to divulge his secret. It involves some 15 different herbs, mixed in various proportions and either drunk or used as an enema.

Although he guards his formula more closely than Coke guards its secret seventh ingredient — "We don't want people experimenting and harming themselves now, do we?" — he says he uses a herb from Natal called katza and another called ouswazi.

"I am looking for an HIV-positive person who is willing to undergo treatment with me. There is no disease that the Devil can give you that God cannot cure," he says.

# Health lecture leaves sangomas sceptical

EASTERN AFRICA

P.O. BOX 4005  
KWANOBUHLE TOWNSHIP  
6242  
UITENHAGE

92  
Jaw 14/9/91

EDUCATION has often been cited as the key to limiting the spread of Aids in South Africa. Educate the masses about its dangers and how to avoid it, and half the battle is won, was how the theory went.

So when the SA Black Social Workers Association was invited to speak at the third annual Congress of Traditional Healers and Inyangas in Phuthaditjhaba, QwaQwa, last week, they leapt at the chance.

The need to educate traditional medicine men and women, who are in the front line of health care among black communities, on the realities and dangers of Aids would appear to be crucial. However, the reality was shockingly different.

As National Aids Programme co-ordinator Sinnah Ramakhula set up her audio-visual presentation, murmurs and clucking could be heard from the auditorium. As she asked all to gather round for the lecture, only a small percentage did so.

As she whipped through the flash cards detailing the root causes of Aids, already I could see it was lost on most of the audience. When it got down to talking about white blood cells, symptoms and counselling, feet started to shuffle and eyes began to scan the roof for Lucifer dancing his merry quadrille. Water-based lubricants? Asymptomatic carrier states? Sero-conversion?

I had been warned beforehand that there was a structural resistance among blacks to being educated about Aids. The initial reasons are obvious: the lack of a clear understanding of the biological nature of Aids, inability to conceive how one could be an HIV carrier yet not show symptoms, and the issues surrounding casual contact and the transmission of the virus all add up to the fact that Aids is not an easy disease to understand.

However, the denial systems that spiritualist blacks employ when dealing with Aids reach much deeper than mere lack of education. They are within the realms of the magico-religious.

"You get them on their own and

PHILIPPE MILLAN

speak to them one-on-one, we may make some progress," says Ms Ramakhula. "But as a group there is a real resistance to the message you are trying to put across. The message that the causes for the spreading of Aids lie in the non-spiritual realm threatens their philosophical basis for existence.

"You tell them not to use the same needle twice, they will nod their heads and say yes, but by tomorrow they will have used that same needle again at least 20 times."

"Many blacks see disease, particularly TB, as a punishment from God," says Julia Setanane, a primary health adviser attached to the family planning unit of the TPA.

"The danger here is that TB is becoming confused with Aids. The symptoms are very similar (coughing, weight loss) so they cope with Aids in the same way they coped with TB."

Another disturbing factor emerges — the black attitude towards condoms. Many won't use them because they are seen as a Government plot.

"In the days before Aids, many blacks said they would not use condoms because they were handed out by the Department of Health and Welfare," says Ms Ramakhula. "They saw, rightly or wrongly, that the Government drive towards smaller families was merely a ruse to keep down the number of blacks. Now the Government is saying 'use condoms and help prevent the spread of Aids' — it is regarded as the same plot under a different guise."

The major stumbling block towards getting the Aids message through, says Ms Ramakhula, is that not enough is known about black sexual activity.

"Unfortunately, among black South Africans, death is taboo and sex is taboo — and Aids combines them both."

Fortunately, none of the social workers sees their task as impossible. With sufficient time, money and repetition of the message, headway will be made, they claim.



# Illiterate miss Aids education

By PEARL MAJOLA

ILLITERATE people cannot learn anything about Aids and other diseases as long as education about them is concentrated in the print media.

Most of the health education is not accessible to people who cannot read or do not have access to other media like television.

While the Government and other organisations concerned about Aids have tried to educate communities about the disease by using the mass media, the illiterate people are left out of this education programme.

## Posters

Speaking at a workshop on sexually transmitted diseases (STDs) organised by the Department of National Health's Aids Unit, Mrs Emelda Boikanyo of the Women's Health Project, said the department should commit itself to eradicating illiteracy and involve the community in Aids education projects.

"Posters with written messages do not service illiterate people.

"Let us rather get the people to design posters that will be suitable for their own educational needs," she suggested.

"Illiterate people depend on the public health services and these are not accessible to the people who most need them."

## Women

She said that health workers had to be considerate and sympathetic towards illiterate people so that these people would feel comfortable talking to them.

This would make education about Aids and sexually transmitted diseases easy for the health workers because they will have gained the trust of the people.

According to the Unit's Dr Wilson Carswell, more women than men are likely to be infected with the HIV which leads to Aids and they are infected at an earlier age.

92



The number of infected children is also increasing due to mothers passing the disease on to them.

An information document released by the Unit said sexually transmitted diseases and HIV transmission were intimately interlinked.

It was therefore no sur-

prise that groups of individuals or countries with the highest rates of classic STDs had also the highest rates of HIV.

The conclusion would then be that a reduction of the incidence of classic STDs would be associated with a fall in the incidence of HIV.



# Changing sex partners increases risk of Aids

80 wlfen 1999

**THIS week I continue talking about Aids.** These are the main things I have said so far.

●The Aids germ makes your body's defence system weak so that you die of sicknesses you would normally have got better from.

●It may take up to 10 years for the Aids germ to make you sick. During this time you look and feel well. But you can spread the Aids germ.

●There is no cure for Aids.

Every Thursday in *Bowetan* a doctor from Alexandra Health Clinic gives advice on medical matters. It would be a good idea to cut these articles out and keep them in a safe place so that you can use them when you need them. Also, you can write to the doctor at A Healthy Nation, PO Box 6663, Johannesburg 2000. He might not be able to deal with every question individually, but he will do his best to deal with most of them in this column.

A person can catch Aids from:

- 1: Sex with someone who has Aids.
- 2: By using the same razor or needle as a person with Aids.
- 3: From a pregnant

woman with Aids to her baby.

“So you can only get Aids in these 3 ways. Can't you get Aids from kissing or touching someone with Aids?”  
No. You cannot get Aids from toilets, hug-

ging, kissing, holding hands, telephones, sharing food, dancing, talking to someone with Aids. You can't get it from mosquito bites either.

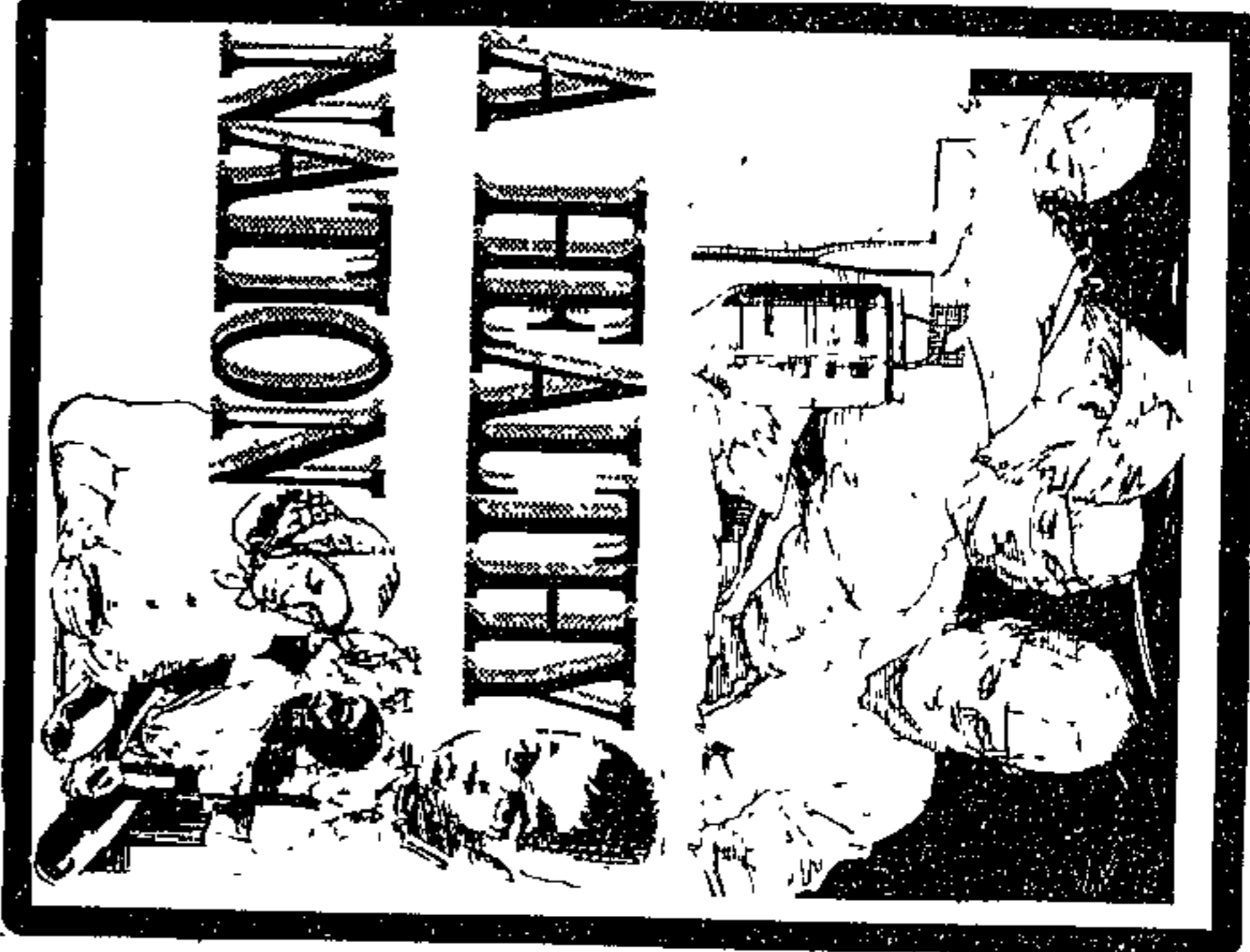
Unless you have sex without a condom with someone with Aids, or if some of their blood goes into you, you cannot get Aids from them.

“I understand everything you have said but how would I know if I had Aids or if my sexual partner has Aids?”  
There is a blood test that the clinic can do to check for Aids. People

who have had many different sex partners or people who are worried should have the test.  
The test is free and is between you and the person doing the test. They will not tell anyone else the result.

If the result shows you do not have Aids, it does not mean that you can never get it. It means that you must now be very careful so that you never get it.

“How can I stop getting Aids?”  
The best way is to have only one sex partner for



life. Your partner should not be having sex with anyone but you.

It is some men's custom to have more than one girlfriend or wife. He must have these girlfriends or wives for life.

But if you or your partner have many different partners, the man must always wear a condom.

Many people say ‘I don't believe in Aids. We have never buried anyone with Aids in our community, so how can it be true?’

Most people who become infected with Aids today will only feel and look sick in five to 10 years.

It may seem that Aids is not a problem now but we are fooling ourselves if we believe Aids is not here with us.

Aids is here and infecting people in our communities every day.

In the new South Africa people will still suffer from Aids, even if poverty and discrimination begin to disappear.

We need to learn about Aids and teach others. Aids could destroy our families and our country if we don't learn how we can stop it.

●Next week I will discuss Aids further. For more information on Aids telephone (011) 725-6710 or 725-0511.

# AIDS victim dies hours before court hearing ends

AIDS victim Barry McGeary, who sued his former doctor for allegedly making his condition public, died on Wednesday night just hours before his damages claim was concluded in the Rand Supreme Court yesterday.

McGeary, who discovered he was HIV positive in April last year, died in hospital from complications caused by the disease.

The businessman sued Brakpan doctor Matthys Kruger for allegedly breaching patient/doctor confidentiality by informing two colleagues during a round of golf that McGeary had tested positive for the AIDS virus.

This week McGeary's counsel, Edwin Cameron, applied to increase the claim to R250 000.

The judge reserved his decision on this until his judgment in the case.

During the trial Mr Justice Levy heard that the day after breaking the news to McGeary, Kruger told doctor Andre Vos and dentist Chris van Heerden — both of whom had treated the businessman in the past.

It was also alleged a woman work-

ing for Kruger, Heleen Bibbey, told the doctor's former wife about McGeary's condition the day before he heard the news himself.

Kruger said it was his legal duty to inform the other two medical practitioners. He denied informing anyone else.

Bibbey also denied disclosing the information to anyone.

Although McGeary testified on the first day of the trial, his health deteriorated to the extent that he was not able to attend court or resume his evidence.

His doctor, AIDS expert Stephen Miller, attributed McGeary's rapid deterioration to the stress caused by the publicity surrounding his illness and the court case.

When the trial resumed for argument yesterday Mr Justice Levy said counsel had informed him of McGeary's death. He allowed the case to proceed.

Kruger's counsel, Pierre Bruwer, submitted that before litigation commenced McGeary had indicated he did not want to proceed with the case.

Bruwer submitted that Miller and another AIDS expert, Grania Christie, who were treating McGeary, were the "driving force" behind the case.

"It is unthinkable that a man in the condition the plaintiff was would want to spend his last few days in a law court," Bruwer said.

Both Miller and Christie, he said, had demonstrated their subjective involvement with the case and could not be seen as objective expert witnesses. "The nature of the illness is such that disclosure is inevitable."

He asked the judge to dismiss McGeary's claim with costs.

Cameron described Bruwer's submission about Miller and Christie as "scurrilous".

Bruwer, he said, had submitted that the pair had used McGeary to obtain judicial approval of their view of how the law should treat the disclosure of information about the condition of AIDS patients.

This submission, Cameron said, amounted to alleging that they drove McGeary to his death.

Cameron said both were the finest authorities on the disease in SA. Judgment was reserved.

31 Day 20/9/91 92  
SUSAN RUSSELL



# Case goes on despite death

92 CT 20/9/91

JOHANNESBURG. — The case of Aids victim Mr Barry McGeary, who sued his former doctor for allegedly making his condition public, is to proceed despite his death on Wednesday.

The case is continuing with his attorney acting as plaintiff. Mr Mervyn Joseph was earlier appointed curator ad litem when Mr McGeary was declared unfit to take care of his own affairs.

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DEAD ...  
Barry McGeary

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His doctor, Aids expert Dr Stephen Miller, attributed Mr McGeary's rapid deterioration to the stress caused by the publicity surrounding his illness and the court case.

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Mr Cameron described Mr Bruwer's submission about Drs Miller and Christie as "scurrilous". Judgment was reserved. — Own Correspondent

# Aids tests for all hospital patients?

ATLANTA. — Federal health officials have proposed that all hospital patients be tested for Aids in the course of their treatment.

The recommendation comes in a draft report the Centres for Disease Control sent on Wednesday to health experts for comment.

If adopted by the CDC, the poli-

cy — which includes patient consent for testing — would not be binding. But it would serve as guidance for doctors and hospitals.

The testing is "especially indicated" for hospitals where the patient population has an estimated infection rate of 1% or more. The CDC suggests that hospitals con-

sider anonymous testing surveys to see if they fall in that category.

The CDC noted that a 1988-89 survey of 257 emergency room patients in Detroit hospitals showed 5% to be infected with the HIV virus.

The CDC plans to finalise its recommendation in November. — Sapa-AP

92 CT 20/9/91

# Anti-Aids

## group leaves

## for France

92  
Star 20/1/1991  
Medical Reporter

The Aids education programme Puppets Against Aids leaves South Africa today for Charles Mezieres, France, to participate in the World Puppet Theatre Festival.

Puppets Against Aids is a project of the African Research and Educational Puppetry Programme (Arepp).

The project will present two programmes at the French festival.

It will also take part in the International Conference on Puppetry and Aids which is to be held under the auspices of the World Health Organisation.

Arepp started Puppets Against Aids in 1986, and also recently completed a two-month tour of Zimbabwe.

The programme deals with the dangers of the Aids pandemic in southern Africa and the puppets act out a simple drama which illustrates and educates people of all cultures and ages about the disease.



Acting it out . . . Puppets Against Aids' Harry comforts sick Joe during a performance of the programme in Zimbabwe.



**FIGHTING AIDS ...** Aids experts Dr Melinda Moore (left) with Dr Malcolm Steinberg, head of the Medical Research Council Aids research programme, and Dr Helene Gayle. Picture: Stewart Colman

## Major epidemic 'threat'

Staff Reporter

THE potential for a major Aids epidemic in South Africa was enormous and sustained and effective Aids prevention and control programmes remained urgent priorities, a world authority on the disease warned in Cape Town yesterday.

"The Aids epidemic started later in South Africa than in neighbouring countries and it would be a great shame if South Africa was hit by a major Aids epidemic just when things are looking so hopeful here at last," said Dr Helene Gayle, Chief of Aids International Activity Division, Centres for Disease Control in Atlanta, Georgia.

Dr Gayle is a member of a seven-member delegation of specialists in Aids education visiting South Africa to assess and contribute to the country's Aids prevention and control programmes.

In a lecture at the Medical Research Centre in Parow yesterday she said an estimated 10 million adults were infected with Aids worldwide, and of these six million were in sub-Saharan Africa.

Globally about one million children were estimated to have been infected with HIV prenatally, most being African children.

Dr Gayle said Aids had the potential to reverse many of the advances made in health in Africa.

# Dead Aids victim 'had no regrets about court case'

Own Correspondent

JOHANNESBURG. — Aids victim Mr Barry McGeary, who died while suing his former doctor for allegedly disclosing that he had the Aids virus, told friends days before his death he had no regrets about the stressful court case which destroyed his health.

Aids expert Dr Stephen Miller has attributed the rapid decline in Mr McGeary's health to the stress caused by the publicity surrounding his illness and the court case.

Mr McGeary, 33, sued Brakpan doctor Matthys Kruger for allegedly breaching patient/doctor confidentiality by informing two colleagues during a round of golf that Mr McGeary had tested positive for the Aids virus.

Mr McGeary died on Wednesday night just hours before his damages claim hearing was concluded in the Rand Supreme Court.

A close friend, who asked not to be named, said he had visited Mr McGeary last Thursday and he had said he had no regrets about the court case and was confident he would win.

"He said that if he had his life over he would not have changed a thing," the friend said.

The presiding judge, Mr Justice D Levy, allowed the case to continue after Mr McGeary's death with Mr McGeary's lawyer, Mr Mervyn Joseph, being substituted as plaintiff (a standard legal procedure).

Should Mr McGeary's claim be successful the money will be placed in his estate and distributed as indicated in his will.



# 6-million infected by AIDS in Africa

9 times  
22/9/91 By EVE VOSLOO (92)

THE World Health Organisation estimates that about 10-million adults worldwide have been infected with the HIV virus, six million of whom are in sub-Saharan Africa.

Dr Helene Gayle, of the Centre for Disease Control in Atlanta, in the US, also told a Medical Research Council conference in Parow that about one million children were believed to be infected, most them in Africa.

"While early data highlighted the importance of the epidemic in central and eastern Africa, increasing evidence indicates the rapid rise of HIV prevalence in western and southern Africa as well," Dr Gayle said.

She said there was an urgent need for effective AIDS prevention programmes in SA.

She said the spread of AIDS started later in SA than in neighbouring countries and it would be a shame if the country was hit by a major epidemic "when things are looking so hopeful here at last".

# No HIV fear about donor blood

Dr Wilson Carswell, Medical Adviser to the Aids Unit of the Department of National Health, was reported as stating that "... the prevalence of HIV infection in the general population as represented by blood donors had reached huge proportions" (The Star, September 11).

It is important to clarify the relationship between a "blood donor" and epidemiological data obtained from a Blood Transfusion Service, as referred to by Dr Carswell.

When a person presents at a transfusion service for the first time he is tested for HIV-antibodies and hepatitis B-antigen, and is examined medically. Such a person is at this stage regarded only as a prospective member of the service. The SA Blood Transfusion Service (SABTS), as a matter of policy, does not issue (except in dire emergency) blood cells of such a prospective member to patients.

However, the information that can be obtained from such prospective members may be used by epidemiologists to estimate the prevalence of the disease in the general population.

A person who is accepted by the SABTS as a blood donor, becomes a member of a select group of the population and will have been tested for HIV and other diseases at least once in the preceding year, but as many as six times. The prevalence of HIV-seropositivity among such regular blood donors is infinitely lower than that in the general population. Therefore, the risk of a regular blood donor transmitting HIV to patients is correspondingly extremely small.

It is important to realise that even regular donors are tested

for the presence of transmissible diseases every time they donate blood. If such a donation is found to be HIV- or hepatitis-positive, the blood is destroyed and the person is excluded permanently from the ranks of blood donors.

It would be a pity if statements such as those by Dr Carswell are interpreted by the public, the medical profession and patients, to indicate that the prevalence of HIV among blood donors is similar to that in the general population. It should be understood clearly that the regular, non-remunerated, voluntary

blood donors are members who are known to be HIV-seronegative.

We therefore want to assure the public that blood issued by the SABTS is now safer than ever before. This is partly due to the introduction of sophisticated laboratory screening procedures. Our policy to use, wherever possible, for transfusion, blood cells procured from a regular voluntary donor adds to the safety of our blood.

Professor A Du P Heyns  
Medical Director,  
SA Blood Transfusion Service  
Johannesburg

Spur 25/9/91

92

# 1 000 in the Cape have Aids virus

VIVIEN HORLER, Medical Reporter

92  
FF24 25/91  
THE number of people who have tested positive for HIV infection in the Cape has passed the 1 000 mark for the first time, the Department of Health said.

It said 60 new cases of infection were diagnosed in August, compared with 34 in July.

"There has been a worrying jump," said Dr P T Vurgarellis. "At this stage we're not sure if it is purely coincidental — perhaps because of a new survey somewhere in the area on blood samples — or whether the increase will be sustained.

"We think it is coincidental, but we won't know until the next monthly report. We have to keep tabs on this."

Of the 1 000 cases, almost 500 are in the Greater Cape Town area.

# 'Polygamy can fight Aids' **WOMAN**

By SIZA KOOMA

**POLYGAMY** and initiation schools were cited as possible areas to look at in the fight against Aids at a workshop organised by the Township Aids Project in Soweto.

A group discussing cultural issues that hamper Aids education said past marriage practices, which allowed a man to marry more than one woman, would have kept the spread of the virus under control.

"Today's society is very permissive. Most single and married people have more than one sexual partner, a situation that

puts a lot of innocent people at risk," a member of the group said.

If polygamy was not a good choice, they said, it would be better for women who shared one man to know each other.

The group also thought that initiation schools should be investigated. They said the fact the schools dealt with blood and cuts made its pupils vulnerable to Aids. They expressed concern over the blades used.

The workshop highlighted the importance of using other in-

stitution, other than Aids centres, to create Aids awareness. The workplace, homes, recreational places, hospitals and various other organisations were mentioned.

Ways in which to ensure the Government to fund Aids projects were also discussed. Mass action, in the form of signature campaigns, marches and sit-ins, to name a few, was one of them.

Meanwhile, the urgency of the need for Aids and sexual education among the youth, came out at an Aids Awareness Day meeting held at the DH Williams Hall in Katlehong, NatalSpruit.

Ignorance about the subject was evident as the close to 500 pupils who attended howled at the speakers who addressed them.

The pupils were told of the ways in which the Aids virus can infect them, the period in which it can be diagnosed in their blood, symptoms of

the disease and how it can be prevented. They were told to know their priorities as youth and withhold from sex until they were ready, to

refrain from promiscuity and to use condoms. They were also told that it was their right to inquire about their sexual partner's sexual life.



The "great shoe trade-in", initiated by Operation Hunger and Cutberts, was launched at Sandton City Monday night. Shoes traded-in at all Cutberts stores will be donated to the needy. Pic: PAT SEBOKO



# Aids affects everyone

Sowetan 26/9/91 (92)

**FRIENDS** why is such a fuss being made about Aids? Why have I talked about it in the newspaper for the last three weeks?

Aids is a terrible disease. It can affect anyone, black, white, rich or poor. It is a threat to you and me and our families.

No matter what government there is in this country, we will still have to fight Aids.

There are now about 150 000 people in the country with Aids. That number is doubling every eight to 10 months.

So, in the next two to three years, there will be over a million people with Aids. Most of these people look and feel well now. They don't know they have Aids but in a few years may die.

## Dying

In a few years we will all know some one who has Aids. We must not wait to do something about Aids until we know someone who is dying.

I will tell you about a person I saw, Mr NM. He was a 35-year-old man with a wife, Mrs RM. They had two children, Siphos (3) and Basisiwe (5).

Mr NM was a truck driver and he had many girlfriends. He got Aids from one of these girlfriends. He came to see me after he had lost weight. He had a runny stomach and had been feeling weak for two months.

## Sick

I did a test and he had Aids. Two months later when the Aids had made his defence system very weak, he got TB and died.

Mrs RM also got sick and died. She had Aids which she got from her husband. Siphos and Basisiwe were left without a father.

There are going to be many children like Siphos and Basisiwe in this country, whose parents will die of Aids. In the next four years, 10 million children will have parents who will die of Aids in Africa.

"I now understand how terrible this disease is, but what can we do about it?"

Every Thursday in Sowetan a doctor from the Alexandra Health Clinic gives advice on medical matters. It would be a good idea to cut these articles out and keep them in a safe place so that you can use them when you need them. Also, you can write to the doctor at A Healthy Nation, PO Box 6663, Johannesburg 2000. He might not be able to deal with every question individually, but he will do his best to deal with most of them in this column.

have sex with them?

"In our culture it is not good to talk about sex."

We are going to have to change. We must speak to our children about the

dangers of sex and Aids. Children must have sex education at school.

"Shouldn't the Government stop Aids?"

Yes but only with

everyone in this country to help. Each one of us must teach others about what we know about Aids and how to stop it.

## Test

"Why do we not just test everyone for Aids and make sure that all those with Aids must stay in their own community so that we don't get Aids from them?"

This is not possible. These people can do you no harm unless you have sex without a condom

with them. These people could be your friend, brother, sister, husband or wife, it could even be you. It is not their fault that they got Aids.

We must treat people with Aids with love and understanding, not with anger and violence.

Learn about Aids, tell others about it. Let us stop this terrible disease before it kills you and me, your family and my family.

For more information telephone (011) 725-6710 or (011) 725-0511.

## Sex

Friends if we are going to fight this terrible disease we are going to have to change the way we think about sex.

You must talk to your partner about Aids before you start having sex. Don't leave it until it is too late to talk about Aids and how to stop it with condoms.

"I have found men tell me not to be stupid if I talk about Aids and condoms."

If your partner does not care about preventing Aids, does your partner care about you? If you do not know someone well enough to talk to him or her about Aids and condoms, do you know the person well enough to

# AIDS poses threat to pension benefits

Star 14/9/91

DEREK TOMMEY

AIDS is threatening the contractual savings of every one in this country, warns a group of experts from Southern Life.

They said that if the incidence of AIDS was not checked, payouts by pension fund will be reduced and life insurance will become far more costly — not just for new policy holders but for existing policy holders as well.

They also said that few policy holders were aware that for the past six years insurance companies had the right to increase life insurance premiums should circumstances warrant this.

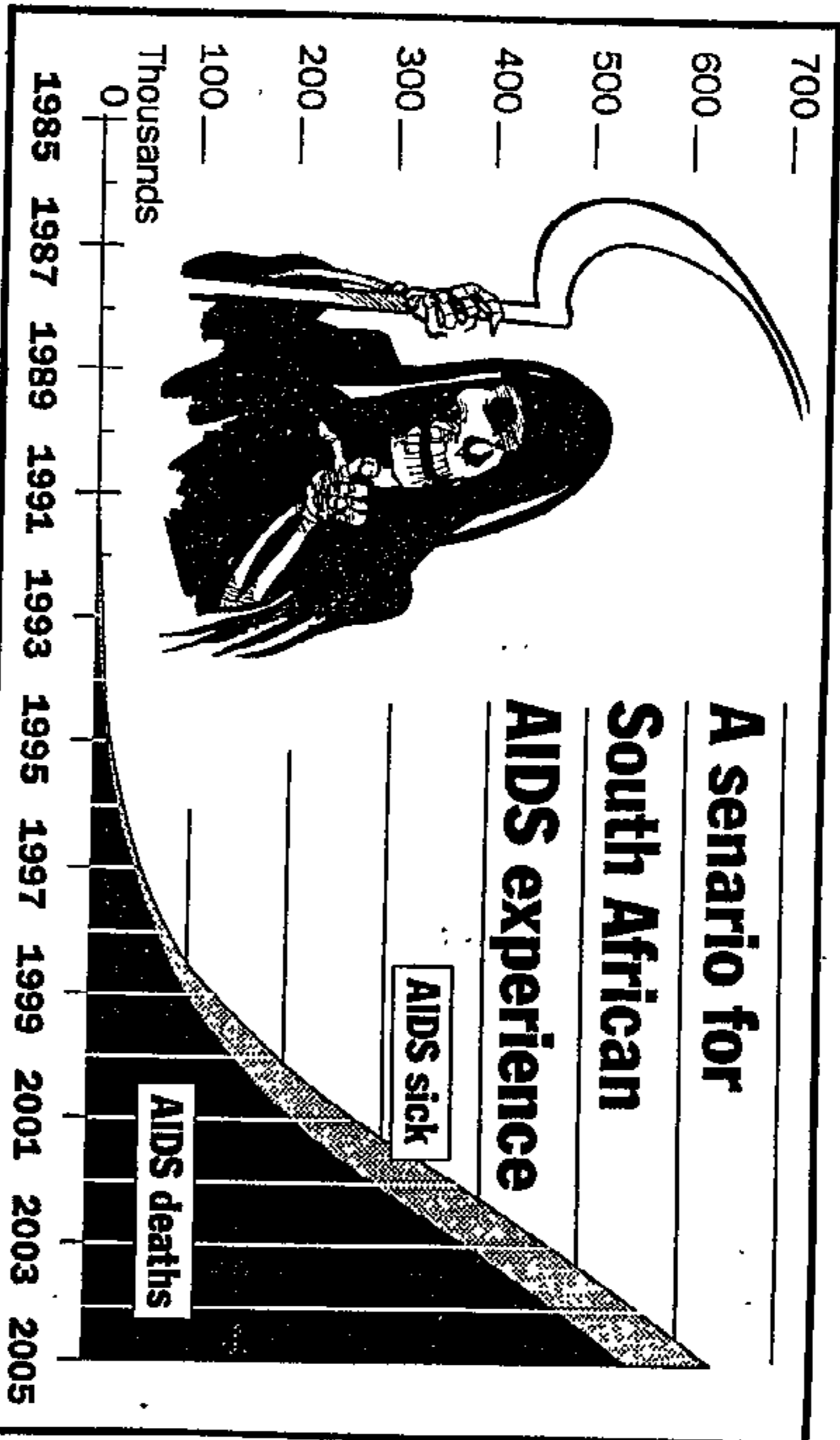
As more people die from AIDS and change mortality estimates, it is certain that policy holders will be asked to pay higher premiums.

## Limited time

The experts made clear that the spread of AIDS could still be stopped if people changed their sexual habits. But as AIDS was spreading rapidly the amount of time left was limited.

So far only 818 AIDS cases have been reported in the country. But for a variety of reasons research experts believe the actual figure is five to 10 times this number, said Adrian Pinington senior manager (corporate actuarial) Southern Life.

But AIDS sick cases were only the tip of the iceberg. Projections based on an anonymous testing survey of ante-



natal clinic patients in October and November last year indicated that the actual prevalence of AIDS carriers — that is people who are HIV positive — may be about 1.5 percent of the total population or about 200 000.

Under current conditions the number of AIDS carriers in the country is expected to reach one million by 1995. However, total deaths from AIDS are expected to be relatively insignificant for the next few years, amounting to around 20 000 a year by 1995 of which only about 4 000 are likely to be reported if current trends continue.

Mr Pinington said that current models indicate that eventually one out of every four adults will be an AIDS carrier which, when compared with what is happening in central

African countries, is not seen as unrealistic.

AIDS carriers do not die immediately and experience to date suggests that death can take as long as 12 years, according to the amount of support available.

Therefore to make things equitable a 35-year-old person infected with HIV three years ago should be charged 35 times the risk premium for an uninfected person. For someone infected 10 years ago the relative charge should be about 60 times that of an uninfected person.

Mr Pinington said the mortality rate for people infected with the HIV virus was similar to that of an average 72 year old.

But progression to death in Africa was expected to be much quicker owing to the endemic

levels of other diseases such as TB and malaria.

Don Brown (senior manager, employee benefits) said that on current projections for AIDS sickness and deaths, the average cost of death benefits to a company providing these will have risen four-fold by the year 2000. The cost of disability claims is also expected to quadruple by then.

This increased cost of death benefits will mean that companies will have to reallocate funds from retirement benefits resulting in smaller pensions — unless employers paid more money into the pension funds.

But apart from having to pay out more in death benefits, AIDS will also affect companies' expenses and markets. This will lead to reduced profits and pre-

sumably declines in share prices which will affect the value of a fund's assets.

Although the impact of AIDS is still speculative at this stage, it is estimated that it will reduce the GNP by about five percent over the next 10 to 15 years.

And while employers might try to screen out HIV positive applicants for jobs and exclude people ill or dying from AIDS from benefits, Mr Brown said he doubted whether such schemes would work in practice.

## Pariah attitude

He said this treatment propagated the "pariah" attitude to AIDS as something morally repugnant that justifies punishment. It also raised the question why people with AIDS should be treated differently from those with other self-inflicted diseases such as lung cancer through smoking.

The employer may also find that his moral responsibility is not lessened because the sick employee has AIDS. And this attitude may encourage employees to commit suicide or engineer an accident to try to avoid the AIDS exclusion and provide for their dependants.

Mr Brown said that the increasing incidence of AIDS-related claims in the future will require careful determination of premiums. "The Southern's approach will be to apply the minimum conditions but charge the correct premiums for the risk.

"Our greatest challenge will be to increase premiums quickly enough to meet the worsening experience on a highly competitive market".

# '12 million SA Aids victims in eight years'

92

REG 2/10/91

**The Argus Correspondent**

**JOHANNESBURG.** — The Aids virus threatens to hit as many as 12 million adults and children in South Africa in the next eight years, according to new estimates.

The sombre warning — one of the worst scenarios yet drawn — comes from the authoritative Development Bank of Southern Africa.

It disclosed yesterday that research showed that the lives of almost one in every three of the entire population could be endangered by the disease between now and the year 2000.

The death toll could rocket above 5,2 million — about 4,5 million aged between 15 and 64 and more than 700 000 infants.

The Aids crisis would tend to proliferate most among urban dwellers, especially educated people and members of the uniformed services.

Studies commissioned from the economic research unit at the University of Natal projected that should efforts to curb the disease through education fail, the cumulative number of minors and adults who would test HIV posi-

tive could be as many as 12 million by the end of the decade.

The grave warning was carried in a special report entitled "South Africa: An inter-regional profile".

Researchers estimated the direct cost of treating a single patient to be about R15 000. That would entail overall total costs between R10 000 million and R16 000 million.

"Should patients be treated intensively with prohibitively expensive drugs such as AZT," the bank added, "the cost per patient could escalate to between R60 000 and R100 000 — a burden the economy can definitely not afford.

"Even if direct costs could be kept to about R15 000, this is likely to be only 20 percent of total (direct and indirect) costs, especially if the African pattern of Aids among educated people is repeated.

"With education already in short supply, it would be a double disaster to lose to the disease people who have been educated at great cost.

"The Aids problem highlights the need for a preventive as opposed to a curative health system."

Aids is a terrible disease. It can affect anyone, black, white, rich or poor.

Current statistics show that there are about 150 000 people in this country with Aids. That number is doubling every eight to 10 months, so in the next two to three years there will be more than a million people with Aids.

Most of these people look and feel well now. They don't know they have Aids, but in a few years they will all die.

I treated Mr N M, a 35-year-old man with a wife. They had two

## DOCTOR'S COLUMN

# We must all fight Aids

92

Star 26/9/91.

Each Thursday a doctor from the Alexandra Health Clinic gives advice on medical matters in this column. If you have a problem, write to The Doctor, A Healthy Nation, Box 6663, Johannesburg 2000.

children, Siphon (3) and Busisiwe (5). Mr N M was a truck driver and he had many girlfriends. He got Aids from one of these girlfriends.

He came to see me after he had lost weight, had had a running stomach and had

been feeling weak for two months. I did a test and he had Aids. Two months later, when the Aids had weakened his defence system, he got TB and died.

Mrs R M also got sick and died. She had Aids which she got from her husband.

Siphon and Busisiwe were orphaned.

In the next nine years it is estimated that 10 million children will have parents who will die of Aids in Africa. Already many villages in other African countries have no people because they have died of Aids.

"I now understand how terrible this disease is but what can we do about it?"

If we are going to

fight this disease we are going to have to change the way we think about sex. Aids is making us all think carefully about whom we have sex with.

You must talk to your partner about Aids before you start having sex. Don't leave it too late to talk about Aids, and how to stop it with condoms.

"In our culture it is not good to talk about sex."

We are going to have to change. We must speak to our children about the dangers of sex and Aids. Children must have sex education at school.

"Shouldn't the Government stop Aids?"

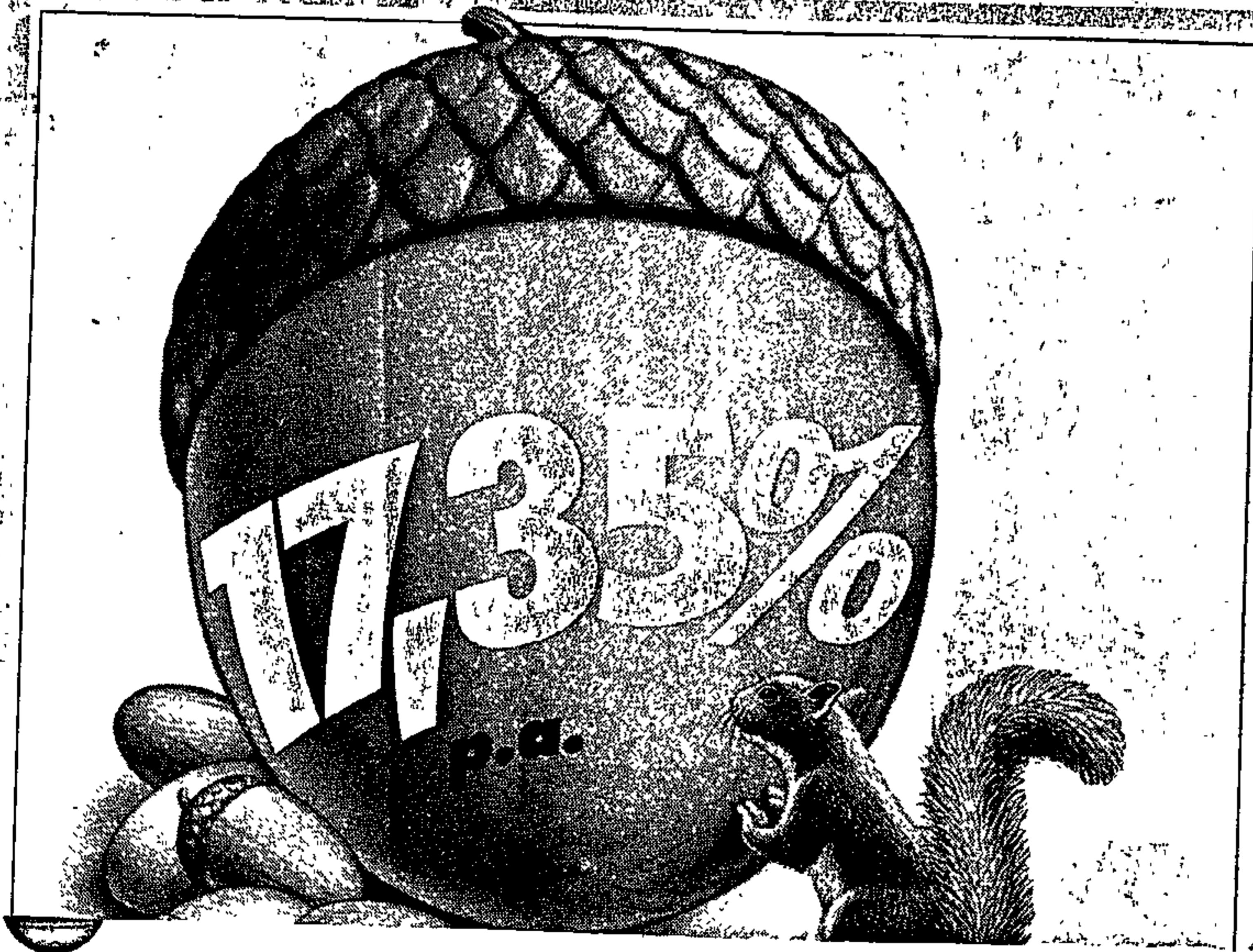
Yes, but only with the co-operation of everyone in this country. Each one of us must teach others what we know about Aids and how to stop it.

"Why do we not just test everyone for Aids and make sure that all those with Aids must stay in their own community so that we don't get Aids from them?"

This is not possible. These people can do you no harm unless you have sex without a condom with them. These people could be your friend, brother, sister, husband or wife, it could even be you. It is not their fault that they got Aids.

We must treat people with Aids with love and understanding, not with anger and violence.

● For more information telephone (011) 725-6710/0511.





92 Mar 26/91

# Heterosexual Aids: Surprise facts

## Men more likely to pass HIV virus on to women than other way round

CHICAGO. — Heterosexual men infected with the Aids virus are at least 17.5 times more likely to give the infection to women during sex than the other way around, a study that supports previous findings show.

Investigators in the study published on Wednesday tested the sex partners of 72 infected women and 307 infected men to determine the rates of HIV transmission between the heterosexual couples.

The researchers said they found that just one man had become infected by the woman, and even that case was inconclusive since both partners said they had had many unprotected sex encounters with other partners before their relationship.

Sixty-one, or 20 percent, of the women had been infected by the man, the study said. The study expands on a preliminary report last year suggesting men were 14 times more likely to give the virus to women than vice versa.

"This really shows the relative risk," said lead researcher Dr Nancy Padian of the University of California, San Francisco. "It doesn't say anything about the exact magnitude of the risk."

The imbalance in transmission rates appears, to result

from a combination of factors, including physical differences between men and women, Padian said.

An editorial accompanying the study in Wednesday's Journal of the American Medical Association said the findings emphasize how slow the United States has been to acknowledge the rise in heterosexual Aids and to do more to prevent its spread.

Scientists believe the proportion of heterosexually transmitted Aids cases will double in the next decade, from about 7 percent now, said authors of the editorial, Drs James Allen and Valarie Setlow of the National Aids Program Office at the Department of Health and Human Services.

Mary Guinan, special assistant in the office of the deputy director of HIV at the federal Centers for Disease Control, said the study bolsters previous findings that "Women are more susceptible in a heterosexual relationship than men."

A total of 183,696 US cases of Aids in adults and adolescents had been recorded by the CDC as of July 31, including 10,279 cases attributed to heterosexual transmission, 4,070 of them among men and 6,209 among women.

In the US and Europe, Aids

has so far been largely confined to male homosexuals, haemophiliacs and intravenous drug abusers. In Africa, it is believed to be transmitted primarily through heterosexual contact.

A separate study in Wednesday's JAMA reported that the Aids epidemic in Africa has spread beyond women usually considered most likely to catch the disease to women without known risk factors.

Aids tests on 1,458 childbearing women in the central African country of Rwanda revealed that 32 percent were infected, most by steady male partners, said the researchers, led by Dr Susan Allen of the University of California, San Francisco. — Sapa-AP.

# Putting children first

Children and teachers of Lethabong Lower Primary School in Soweto celebrate the R500 they won from Citrus Exchange. Pic: WINKIE DIBAKWANE.

THE child with Aids and the family to which it belongs presents unique, demanding and exciting challenges to deliver effective care and support on terms that are acceptable to the child, the family and the community in which they live. *Sowetan 27/9/91*

This was said by Mr Richard J Wells, head of rehabilitation services at Royal Marsden Hospital in London, at the centenary conference of the SA Nursing Association in Bloemfontein this week.

Wells said the child infected with HIV and the unaffected child of infected parents would make enormous, though disparate, demands on society, and health care providers in particular.

If the spread of HIV continued its established pattern, there might be 40 million people infected by the year 2000, which was the year it was hoped to proclaim the achievement of "Health for all".

The predictions were that, by the year 2000, about 10 million infants would have been born HIV-positive.

Wells said that, to protect children from infection with HIV, the issue must first be addressed of health education among adults.

People of all political persuasions, ethnic origins, health and social welfare disciplines must unite to address the issues that mitigate against children who already suffer the assaults of the condition, and those not yet born.

## Emphasis

The child with Aids could expect to be beset by numerous illnesses during its troubled and short life. The wherewithal in developing countries to treat those illnesses and infections was limited, and the emphasis must be based towards quality, rather than quantity, of life.

If care was to be effective it must involve many disciplines at many levels.

Mrs Arjan Herpertz-van Nieuwenhuijzen, chairman of the Dutch Oncology Society, on the child with cancer, said that children could be helped most when caregivers and parents were open and created an atmosphere where the child might express his concerns and feelings.

Van Nieuwenhuijzen said that childhood cancer affected the whole family. It was the parents, not the child, who first heard the diagnosis and were most acutely aware of the implications.

The impact of a life-threatening illness in their child was such that parents were thrown into a tangle of emotions that made it difficult for them to cope with the practical problems, not least of which were to maintain and security and sense of well-being of their child.

The other children in the family should also be told as much about the child's illness as they can comprehend.

Sister Clara Fenwick, of St Bartholomew's Hospital, London, said that once cancer was confirmed it came as a profound shock to the family. They needed time to grieve and adjust. At this time of maximum vulnerability it was vital that the family unit be maintained.

Fenwick said that at St Bartholomews they were able to accommodate whole families if necessary. - Sapa



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## HIV 'not sole cause of Aids'

(92)

LONDON. — A scientist who once threatened to inject himself with the Aids virus to prove it does not cause Aids has received unexpected support from the scientific journal "Nature".

In 1988 Professor Peter Duesberg, of the University of California at Berkeley, was attacked by the journal "Science" for his heretical view that there is no proof that HIV causes Aids.

Now an article in yesterday's "Nature" predicts he will soon be crowing "I told you so."

The article describes research showing that the virus alone is not a sufficient cause. — Sapa-AP and Daily Telegraph

## BBC's 'Living with Aids' series visits SA

LONDON. — The BBC World Service starts a three-part series called "Living with Aids" on Sunday with a visit to South Africa.

A BBC statement said the series, produced by the weekly feature and discussion programme, African Perspective, would take an intimate look at how Aids affects people's lives.

"The series begins with a visit to South Africa. Sufferers speak out about social stigmatisation and health campaigners explain why they use theatre and music to communicate the risk of Aids."

● British doctors warned yesterday that people who regard oral sex as safe are still at risk of contracting Aids. — Sapa-Reuter (92) CT 28/9/91

# Sex slaves

## flee ordeal

By SOPHIE TEMA

THREE women, victims of the Mozambican slave trade, told City Press how they were held captive as sex slaves by a man who acted as an agent for the Mozambican police.

Doris Thembe, 17, Zodwa Mathenjwa, 24, and Sibongile Mhlongo, 20, said they were collected by KwaZulu police at Emangozi near Empangeni on September 7.

They were kept in a cell for seven days before being driven in a bakkie to the Mozambican border by four black men and one white man.

Although the women said they were not Mozambicans, the men maintained they were because of the vaccination marks on their arms.

Mhlongo told City Press they were handed to Frelimo soldiers and kept in a tent for two days. "On the third day a man came to the border and told the soldiers he wanted to buy us because he had jobs for us in South Africa," Doris said.

The man took them into the bush and raped Doris and Sibongile, leaving the elder Zodwa. He then took them to his

house in Komatipoort where he kept them as sex slaves, raping them at random.

"On Monday last week he drove us to Gazankulu where he left Zodwa and me in the care of his brother and other family members and took Sibongile with him in a minibus," Doris said.

Sibongile told City Press that after she had left with the man in the minibus, they drove towards Lydale, where the vehicle broke down.

"We went to a nearby garage for help.

"The man left me at the garage and went to a nearby house to look for another vehicle to tow him.

"While he was away I ran to the home of a nearby businessman, Sam Mzima, who called the police to arrest the man.

"When the police arrived at the scene he had left and could not be found.

"He left his minibus at the garage and the following morning the minibus was also missing."

The women are being looked after by Operation Hunger, which is trying to establish their background and resettle them.

## Millions of free condoms

CP Correspondent (92)

ABOUT 40 million condoms will be distributed next year as part of government anti-Aids measures.

The free condom exercise was disclosed recently by Department of National Health and Population Development spokesman Dr Neil Cameron at an Aids seminar in Cape Town organised by the Institute for Personnel Management.

He was outlining the new State strategy developed in the wake of criticism of its first Aids prevention campaign.

The R50-million strategy calls for Aids education to be part of school curricula and to concentrate on promoting healthy behaviour.

The strategy report also suggests it might be necessary to change some laws regulating homosexuality and prostitution to make Aids education programmes more acceptable.

The campaign aims at a short-term goal of ensuring 80 percent of sexually active people in South Africa are "literate" in Aids and sexually-transmitted diseases (STDs) within 18 months.

# Brave singer fought to highlight Aids

Star 30 | 9 | 91

(92)

"Today it's me, tomorrow it's someone else" — these are the words from a song by Ugandan singer Philly Lutaya, who spent his last days making people in Uganda aware about Aids. Speak magazine looks at Lutaya's role in educating Ugandans about Aids.

Philly Lutaya played an important part in making Ugandans aware of Aids and in helping them face up to the problem.

Dorothy Kawesi, a member of an Aids education organisation in Uganda, spoke about this at the 6th International Women's Health Meeting in the Philippines last year.

She showed a video about the famous Ugandan singer who took the brave step of telling the world he had Aids.

Ms Kawesi said: "In the beginning people refused to believe there was such a disease. They said it was witchcraft."

"But later the Ugandan government came out in the open and said to the world and ourselves 'we have Aids'."

"Journalists did a great job," said Ms Kawesi.

"They talked about Aids in the newspapers and in the different languages. They played a role in educating the people. But one of the most powerful educators about Aids was Philly Lutaya who himself had Aids."

Lutaya not only made a name for himself in Uganda but also won acclaim in Sweden. Then he discovered he had Aids.

He could have kept quiet about it. Instead, he decided to use his talent to tell other people about the disease.

This is what he said: "I was afraid. I knew I was in trouble. I felt so alone. I decided to come out into the open. To start a crusade to see if I could save

other lives."

Lutaya's brother was shocked when he discovered his brother wanted to tell the world about having Aids.

But Lutaya went ahead. At that time Lutaya looked healthy. No-one would have said by looking at him he had a deadly disease.

When Lutaya came out in public and said he had Aids it was like a bombshell. It made headlines.

At first the news was dealt with in a dignified way. People were compassionate. But then things changed. People started to say he told the story so that more people would buy his records.

People said Western powers were trying to make some money. Lutaya was badly shaken.

He decided to fight back. He wanted to make a speech at the university in Uganda. It was a chance he wanted to take. He was worried that nobody would believe him.

He gave the speech and it went down well. In his heart, Lutaya knew the time would come when people would understand the truth.

His health began to get worse. Sores sprung up all over his body and he lost the sense of feeling. He had severe headaches, diarrhoea and TB.

By September 1989, he had at least five infections which his body could not fight because he had Aids.

He tried to get his strength back. He started to work on his music in Stockholm.

where he was being cared for.

He wanted to work on the most important song of his life — his song about Aids.

He wanted to go back to Uganda to sing and to make a film. The song was called "Alone", and these are some of the words: "Out there somewhere, alone and frightened, today it's me, tomorrow it's someone else."

By this time, Lutaya could not stand because of the sores on his feet. His doctors did not believe he could make it back to Uganda. But he managed to build up his strength and walk again.

As a single parent, going back to Uganda was a difficult decision. It meant leaving his children behind.

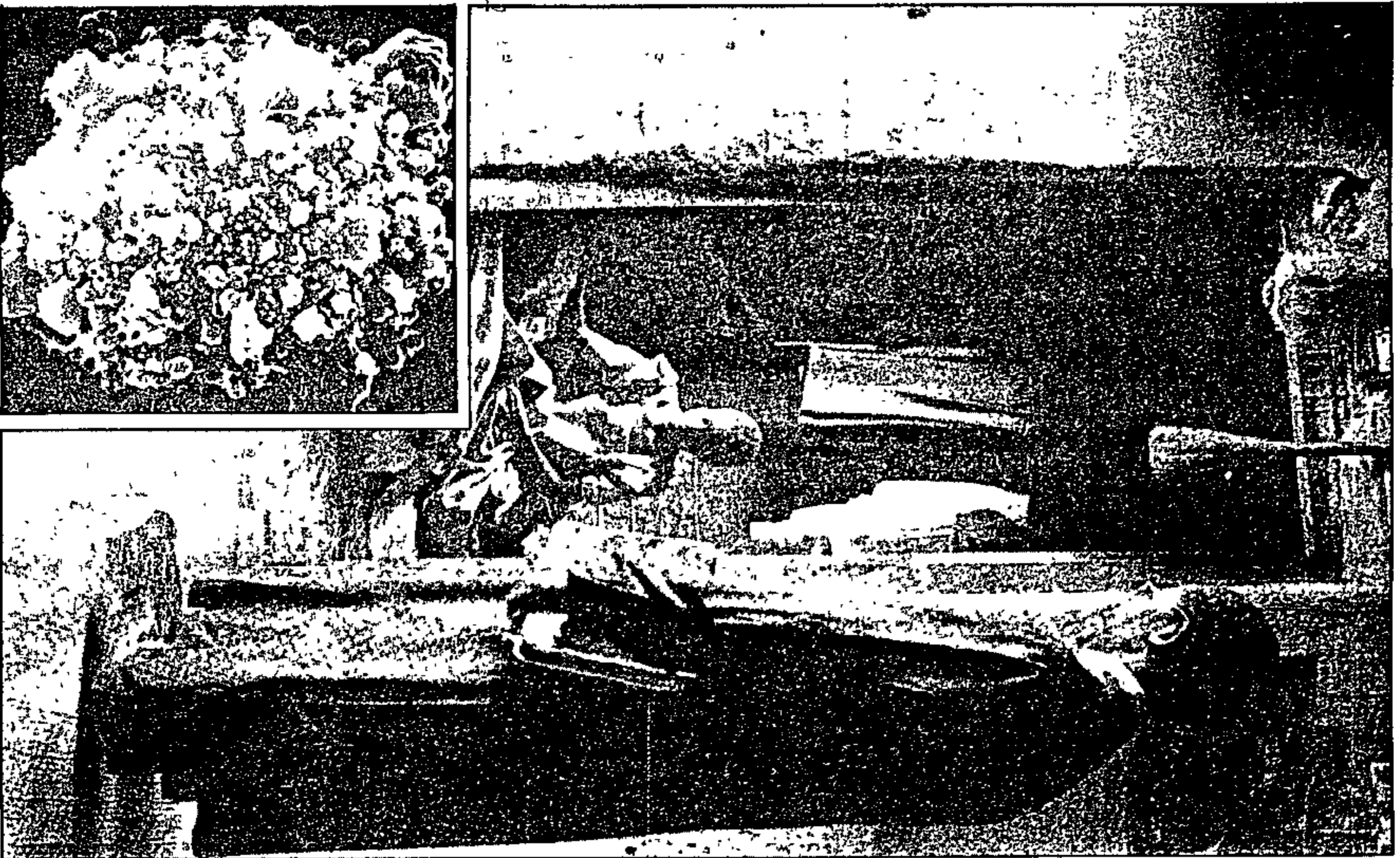
Lutaya was able to give his final message to Uganda and the world about Aids. He went around the country, speaking to people and singing his song about Aids.

He told the people they must understand what Aids is really about, and how important it is to prevent it spreading.

"Today it's me, tomorrow it's someone else," he sang.

Lutaya died in Uganda in 1990. He died having offered Ugandans and the world a strong message: Aids is real. You die from it. Anybody can get Aids. Do all you can to stop the spread of Aids.

● For further information contact Speak, Box 45213, Mayfair, Johannesburg 2108. Tel: (011) 29-6166.



A priest in rural Uganda visits a 45-year-old man dying from Aids. His 30-year-old wife also has the disease. (Milne Goldwater/Network) This T4 helper cell (inset) is infected with HIV. The virus is multiplying rapidly within the cell and is "budding" on its surface, ready to burst out of the cell, killing it and going on to infect other lymphocytes (magnification 20 000X). Reproduced from "Aids and the Third World", published by the Panos institute

Over 5 000 <sup>(92)</sup>  
test HIV+ <sup>ARG 30/91</sup>  
in Natal and  
Kwazulu areas

**The Argus  
Correspondent**

DURBAN. — Up until August 8 this year there have been 5 268 cases of people testing HIV-positive in the Natal/Kwazulu area. Over 1 000 of them were detected by blood bank tests.

This was revealed by Professor Dennis Pudifin, a member of the national Aids advisory group, at a conference at a Durban hotel.

Professor Pudifin said that since 1982 there have been 893 cases of Aids recorded in South Africa, according to the latest official figures. Children accounted for 126 of these cases.

Although HIV cases were reported from many regions of Natal, the highest incidences occurred in the Durban/Maritzburg areas and the Richards Bay, Empangeni and Eshowe areas, he said.

"We are nowhere near stopping it, the epidemic is rampant," he said.



**D**OES IT not seem rational? You are taking on a middle manager. The investment in training as well as the outlay in salary and related benefits will be considerable. You want to make sure the applicant is fit and healthy: no psychotic tendencies, no heart problems, and particularly no AIDS. You do not want to invest all that effort only to discover you have an invalid on your hands in the next year or two.

As far as your unskilled workforce goes, you might be able to put up with a few personality disorders, the odd heart murmur, even a spot of TB. But AIDS, you would probably say, is still a no no. You do not want your workforce living in mortal fear of infection by this deadly disease.

AIDS is going to grip our country by its neck over the next decade. Even the most reasonable assessments suggest one-quarter of South Africans will be infected by HIV by 2005. Why not anticipate the problem by simply weeding out the HIV cases before you take them on?

The law seems to allow you to do this. Traditionally, common law has permitted employers to hire — or refuse to hire — whoever they please. The Labour Relations Act (LRA) does not prohibit discriminatory or unfair hiring practices. So common law applies.

**T**he same rules that confer that right also allow the employer to insist on a pre-employment HIV test and make a decision about the applicant's fate accordingly.

This is just what some big employers are doing. Eskom, for instance, the municipalities of Pretoria, Bloemfontein and Germiston, and probably others; and many of the big insurance companies. Applicants who test positive are not always turned away, but those who are employed are given a worse employment package than their colleagues.

Whether this is fair or advisable is the subject of intense debate. The consensus emerging is that it is not. Many big employers (including AECI and Anglo Alpha) take this view.

# AIDS checks on job applicants are unfair and futile

6/Day 1/10/91.

EDWIN CAMERON

Why? Because they accept that screening is futile, misleading, socially irresponsible and unfair.

It is futile because pre-employment testing cannot achieve what it sets out to do. It cannot guarantee a sanitised AIDS-free workforce. The test is not conclusive: there is a "window" period in which the presence of the virus in the bloodstream is not revealed by the test. More significantly, an applicant who tests negative may contract the disease after being hired.

In any event, many employers probably already have an AIDS problem. The national infection rate is almost one in 100. Statistically, therefore, employers with a hundred or more employees already have AIDS/HIV in their workforce. The rate is, moreover, rising, and fast, so if the workforce is still AIDS-free, it will not stay that way for long. Employers can, and should, give workers facts and training about the disease, but there is little more they can do about preventing it, and its incidence is bound to rise. The enemy is already within, and preventive methods are largely useless.

Discrimination against HIV carriers is also misleading. Pre-employment screening can lead to misconceptions and false confidence. Members of the workforce can be

lulled into believing quite wrongly, that it would be safe to have sex without taking protective measures. People tend to convince themselves they are not at risk; this seems to be a psychological "defence mechanism" by which they block out fear of the disease. To bolster this belief they grab at anything even vaguely reassuring, and pre-employment screening has precisely this quality.

**D**iscriminatory testing has adverse social consequences. It encourages stigmatisation and ostracism. It enhances "us" versus "them" perceptions. This is dangerous. AIDS is everyone's problem. Transmission follows not from membership of a "risk group" (returning exiles, gays, blacks) but from unsafe sexual practices or (more rarely) other exposures. Isolating HIV-positive job applicants and thereby stigmatising them does nothing to help solve a problem that affects us all.

Further, as an AECI policy document points out, if all employers screened out HIV-positive people, "a leper colony of unemployed and unemployable people would be created: the social consequences of this (alienation, deprivation, discrimination) are undesirable."

HIV-positive job applicants may have years of constructive, healthy service ahead of them. To exclude them from employment lacks a rational foundation and is unfair.

They can be hired without compensation. When the symptoms eventually emerge and the sufferer becomes incapacitated, the usual rules of employment law apply to protect the employer. No employer can be forced to retain someone who is unfit for the job, and this applies equally to AIDS sufferers. Nor is the employer obliged to give AIDS sufferers the same medical aid and provident benefits as other employees; the rules can make express provision for AIDS-related claims.

Extracting and testing blood for the virus is also time-consuming and expensive. But the cost does not stop there: standard guidelines indicate that before the test is administered employees should be counselled on its implications and, if it proves positive, they should be intensively counselled about the devastating consequences of the disease. Are employers ready to pay for this counselling? Or are they going to toss the rejected applicant out on the street, jobless and without professional guidance?

Discriminatory testing is also wasteful. The money spent on it

could be better used on education and information about AIDS. Having an HIV-positive employee on the payroll is extremely unlikely to present any danger of infection to fellow employees (unless unsafe sexual intercourse or blood transfusions take place there).

It is for reasons such as these that EC health ministers concluded that pre-employment screening of job applicants for HIV was "inappropriate". Countries as diverse as France, Italy, Malawi and Zambia have prohibited this practice.

In SA unions are becoming increasingly sensitive to the issue. At Cosatu's national conference on AIDS in June, participants deliberated how to challenge employers who practise anti-HIV hiring. Unionists, in fact have a means to hand.

While the LRA offers no protection to job applicants, it does enable employees and their unions to challenge unfair labour practices in the workplace. Since April an unfair labour practice again means (among other things) any act or omission which may unfairly affect an employee or class of employees or prejudice or jeopardise employment opportunities or work security or which may promote labour unrest or detrimentally affect the relationship between employer and employee.

**D**iscriminatory hiring practices — against, for instance, blacks or women — could well be argued to influence employer/employee relations detrimentally. Just as race or gender prejudice in taking on new employees may promote a sense of resentment among existing staff who are members of the rejected category, so too can anti-HIV discrimination. Pre-employment screening could thus be challenged as an unfair labour practice.

With the infection rate rising and likely to continue climbing, litigation along these lines no longer seems far-fetched.

Prof Cameron is a co-editor of Employment Law. This article is published in the latest edition of the journal.

Simon Barber's column has been delayed.

Chilling <sup>92</sup>

SA Aids  
Jan 2/10/91  
forecast

By Michael Chester

The Aids virus threatens to hit as many as 12 million South Africans in the next eight years.

This sombre warning — one of the worst scenarios yet drawn — comes from the authoritative Development Bank of Southern Africa.

It disclosed yesterday that research showed that the lives of almost one in every three of the entire population could be endangered by the disease between now and the year 2000. The actual death toll could rocket above 5,2 million — about 4,5 million minors and adults aged between 15 and 64, and more than 700 000 infants.

Studies commissioned from the economic research unit at the University of Natal projected that should Government efforts to curb the disease fail, the cumulative number of people who would test HIV positive could be as many as 12 million by the end of the decade.

The warning was carried in a special report entitled "South Africa: an inter-regional profile".

Researchers estimated the direct cost of treating a single patient to be about R15 000. This could entail overall total costs of between R10 billion and R16 billion.

"Should patients be treated intensively with prohibitively expensive drugs such as AZT," the bank added, "the cost per patient could escalate to between R60 000 and R100 000."

# New saliva test for Aids 'faster than blood test'

MEXICO CITY. — Researchers here claim to have found a low-cost method of detecting the Aids virus through human saliva.

A statement from the state-run Mexican Social Security Institute said tests using the method were conducted on 1 000 Aids-infected people in Mexico, the United States and Malaysia.

The saliva method of detecting the virus was faster and less expensive than traditional blood tests, the statement said.

Results of the test are available within 30 minutes and the test has been 99,8 percent accurate so far.

The statement said the chemical agent used in the tests, dubbed "Inmuno-Punto", was "totally Mexican and its discovery puts our country in the forefront of the search for new methods of diagnosing Aids (infection)".

Mexico, which has reported more than 7 500 Aids cases, has the third largest number of people with Aids in the Western hemisphere after the United States and Brazil. — Sapa-Reuter.

**Business Editor**  
ALTHOUGH the Western Cape has fewer reported Aids cases than the rest of the country it is "fast galloping towards the national trend", the President of Cape Town Chamber of Commerce, Kenneth Marcus, told delegates to the Sacob regional conference.

Stressing the need for immediate action he suggested that business and industry should consider introducing a corporate HIV and Aids policy, addressing a consistent set of guidelines for handling HIV and Aids infection in the employer-employee relationship.

"CEOs and the executive management should actively participate in the structuring and management of such a policy. "There is a very real need for the introduction of education programmes in all companies relative to the prevention of HIV and Aids."

## 'Immediate' action on Aids needed in SA

Pointing out that government and business had so far done very little to educate the population on Aids and how to avoid it, Marcus said: "SA and the southern African region face a crisis over the epidemic. "High priority must be placed on making a realistic assessment of available resources and on mobilising resources to initiate urgent action."

# As the Aids holocaust stares us in the eye, all we do is dither 92

Star 5/10/91

**A**RE WE really dying of dithering. If life were a loan, who would take it? Chances are that right now it might be considered a bad risk.

If life were a loan, would anyone underwrite it? Chances are that right now you'd get better premiums on the Oceanos or the Titanic.

If life were a loan, management would say "no".

Chances are that right now, with all the violence, uncertainty, poverty and disease, it would be deemed too complicated and altogether avoidable.

Do I sound pessimistic? Well, I am, after catching sight of the latest set of figures about Aids from the Development Bank.

They have crunched some numbers and done some scenario planning (who would have understood that jargon 10 years ago?) and come up with a frightening prospect.

At the turn of the century, which used to be a long way away but is now closer than the day most of us will pay off the bonds on our houses, nearly 12 million people in South Africa will test HIV positive.

Upwards of 5 million will already be dead.

The effect will be shattering. It will be with you everywhere, and you will be as likely to see corpses rotting in the street as you are now to see dead dogs and cats.

Loftus Versfeld will be packed with people today. It holds about



50 000. if memory serves.

Now work out for yourself how many stadiums it would take to hold 5 million people. Can you conceive in your most awful nightmares of such a charnel-house?

Which really brings me to the point. If the Development Bank figures are right, we are faced with unimaginable catastrophe. Literally, disaster on a scale that is beyond imagination.

And what do our politicians do?

They dither about VAT and multi-party conferences. They throw accusations about hit squads and assassinations. They sling mud and lies at each other and make pronouncements on weighty matters like smoking in restaurants and daylight saving.

Nowhere do I see evidence that politicians of any persuasion are taking heed of the Aids threat.

Sure, advertising campaigns are launched. Speeches are made. Initiatives are developed.

But to what effect?

What would mankind do if tomorrow it were revealed that Aids was man-made? If it were found that a government planned, with some

home-cooked virus, to slaughter 5 million people? Or planned to send 5 million to forced labour camps? If it were found that a government planned simply to gas 5 million people, and another million more besides?

Why, we might even launch an Operation Desert Storm.

Although I think that was designed for oil wells and not people, because several hundred thousand Kurds had already perished long before Kuwait was seized — with no response from anyone.

We could do as we did when the Jews went to the ovens of Auschwitz and Belsen. Which was nothing at first and very little later that did not coincide with both Allied military and national self-interest.

We could carry on doing what we are doing now in South Africa. Which is nothing.

Is life a loan? Not in my book.

Life is the most precious gift we ever get. I cannot think of a religion that would disagree. Yet the politicians pontificate and posture and puff themselves up as millions of us wait to lose this gift to Aids.

Once upon a time, I might have suggested that you go out and shoot a politician or two, just for the hell of it. They do nothing worthwhile anyway, so you might as well have some fun.

Now, I suggest you don't bother. Don't waste the ammunition. The way they're behaving, Aids will get them anyway.

SA Reserve Bank and Even Ogden... Special adviser to the... the association. How many other... of the companies concerned... seemed to have... with money, either because of... having too much or too little.





# Aids grips 1.5-m — a third of them children

Star 5/10/91.

GENEVA — About 1.5-million people, a third of them children, have now developed full-blown Aids, the World Health Organisation said yesterday.

Presenting its first quarterly update of Aids cases, WHO said 418 403 cases had been reported to date, an increase of 46 600 since July 1.

But taking into account under-reporting and delays in reporting, the Geneva-based body said it believed about 1.5 million people had already developed the disease.

Aids is a late stage of infection with the HIV virus,

taking an average of 10 years to reach. WHO estimates that between 9 million and 11 million people have been infected with the HIV virus, mainly through sexual intercourse.

Aids strips the body of its immunity, leaving it vulnerable to a host of dangerous illnesses from pneumonia to rare cancers.

"We need to step up our prevention campaigns if we are to slow the alarming

growth of the pandemic," said Dr Michael Merson, director of the WHO Global Programme on Aids.

"With every day that passes, 5 000 people worldwide become infected with the virus. Young people and adults alike need frank and clear information."

The United States, with 191 601 reported cases, accounts for almost half of the global Aids total. Uganda has the second-highest total

worldwide with 21 719 cases, but has not notified any new cases to WHO this year.

Brazil had notified 19 361 cases as of June 1, the highest total in Latin America. France, with 15 534 cases, has the most of any European country.

WHO estimates that between 30 million and 40 million people will have been infected with the HIV virus by the year 2000.

● The number of known

Aids cases in South Africa has risen to 893, with 235 cases diagnosed this year alone.

Of those, 21 are in the Pretoria area, according to statistics released by the Department of National Health and Population Development yesterday.

Heterosexual contact is now the most important mode of transmission of the disease, with 156 cases being

reported this year.

This has brought with it a corresponding rise in the rate of paediatric Aids cases, where 126 children have acquired Aids as a result of mother-to-child transmission since 1988.

The recently announced R5 million mass media campaign to combat the spread of Aids in South Africa, scheduled to start next month, will be supported by

a three-tiered information system.

The three stages include a toll-free telephone information service, which will supply people with information about Aids in the language of their choice.

More specific questions can be answered on another toll-free number, which will connect the caller to a specially trained Lifeline counsellor, while the third "tier" of the system involves person-to-person services available from the nine Aids training centres. — Sapa-  
Reuter, Own Correspondent.

for a silk scarf! That money would feed a lot of hungry children in Africa for a long time." - *New African*

## Thousands in Aids survey

*CP/rev 6/10/91*

THOUSANDS of women around South Africa will be tested next month in one of the most important surveys of the Aids epidemic yet undertaken.

A survey of blood samples is being taken at ante-natal clinics throughout the country.

This year's survey will show if the epidemic is spreading more or less rapidly than predicted.

Present estimates are that the number of people affected by the Aids virus doubles every 12 months and on this basis various important projections have been made about the economic and social effects of the disease over the next decade. (92)

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# Fanning racism's fire with Aids

*Sowetan*  
*7/10/91*

92



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SOWETAN Monday October 7 1991

**WINDHOEK** They say the tricky thing about the Aids virus is that it changes its structure and pops up in different guises, making it difficult to establish a cure.

It's funny, but racism is using the same survival tactics... like an elusive mutant.

The disputed South African enclave of Walvis Bay was recently blitzed with an Aids pamphlet attributed to the Conservative Alliance, which had a Transvaal box number, and offered: *The Truth about Aids*.

One glance at the contents and an alternative title suggested itself: *The Truth about Racism*.

Written in doomsday language by a Mr PDG Quirke, MB.Ch (Rand), DO (RCP Lond, RCS Eng), specialist ophthalmologist (RTD), the "truth" was that Aids could "retain full infectivity in water for a week or more and in a dry state for seven to 10 days".

The virus could be transmitted by coughing and sneezing, through water, milk and food: "Blood and serum as well as saliva and mucus on toys, sweets etcetera may pass from one little tee-

thing Aids mouth to another.

"Nursery schools please note. As the virus can survive in chlorinated water, the use of home pools should be restricted to a small circle. Public pools will become increasingly unsafe."

This was only page one, in which the message was still somewhat veiled, although one could guess what was to come.

For example, page two: "Aids can still be controlled in most white areas if this last chance is seized." The public was called upon to apply "individual and group good sense" and mothers were exhorted to serve their children "personally".

### Squatters

The Aids-like behaviour of racism became a full-blown disease in the next paragraph: "Recognise the threat of infection from heavily infected alien groups. Squatters and marchers can bring infection into your air, your streets and homes. Mixing is crazy." In the face of this "truth" about Aids, separate amenities were rated essential, the Group Areas Act had "fresh value" and the old Immorality Act was now needed, not

just for its "ethic merit", but to save lives.

The good old swart *gewaar* developed new significance as *The North*, meaning everything black from whence communism used to come, was now "that huge pool of Aids".

"Be warned, Aids will march increasingly with uhuru and football crowds. Avoid such situations. Stay in your own circle."

### Football

Presumably, if you don't play football, march or venture outside your group, your neighbour's wife or husband is ripe for the picking as long as they're pure, white and obey these rules.

It's easy to make light of such nonsense, but the dangers in a society already suffering the plague of racism are incalculable in respect of stamping out racism and controlling the very real problem of Aids.

A recent BBC programme investigated Aids attitudes in South Africa and one of the significant problems for those trying to raise awareness in the black community was the belief that Aids was a white invention to keep blacks under control.

Mr Abner Xoagub, head of the social mobilisation unit of the Namibian National Aids

## AIDS... the deadly virus "marches with football crowds", says a pamphlet distributed in Windhoek.

Awareness Campaign, says the disease in Namibia has not significantly attached itself to political issues.

Some people do, however, suggest the condom is being distributed by whites to keep the black population down.

Political groups in Namibia have been helpful in spreading a responsible Aids-awareness message, says Xoagub. President Sam Nujoma personally launched the campaign in July last year, which now

had representatives in almost every town in the country.

Namibian authorities have displayed an open and taboo-bashing attitude towards the Aids problem plus its awkward partner in the awareness campaign - sex.

### Safe-sex

Health Minister Dr Nickey Iyambo appeared on television during "safe-sex week" recently wearing a T-shirt emblazoned with a large, bright-pink, smiling con-

don.

Xoagub says the campaigners have made a special effort to eliminate taboos, which have been major problems in African countries. He says Namibia is the first African country to have a "safe-sex week".

The Namibian campaign works at local, district and regional levels with representatives organising workshops and activities plus training

specialists.

Walvis Bay, which Namibia considers part of its territory, is included in the campaign and Xoagub says about 12 of the town's people have attended Aids-counselling workshops.

Namibia's Aids statistics at the end of June were 1 324 HIV positive cases plus 58 deaths between 1986 and this year. - *Sowetan Africa News Service*.

## Cape NP congress to debate taxes, Aids



Political Staff

ET 3/10/91

PROPOSALS to lower personal income tax levels, abolish VAT on medical services and for a more comprehensive government campaign to fight Aids are among those that will be submitted to next week's Cape National Party congress.

The congress kicks off in the city on Monday.

There is strong concern in the NP's Cape constituencies over the VAT issue and taxation in general.

The high incidence of squatting in the Cape has prompted a number of constituencies to propose that the congress examines the problem.

President F W de Klerk has announced that he will address a public meeting in Stellenbosch on Monday night.

# Huge Aids problem in Soweto

92  
Sowetan  
8/10/91

**A TOTAL of 235 Aids cases and 51 Aids-related deaths countrywide were reported this year, a considerable drop on last year**

Last year 305 Aids cases were reported and 74 people died, the highest yet recorded.

Soweto, with 89 cases and 39 deaths recorded since 1982, has the highest figure for any South African township. It is second only to Johannesburg, which in that period had 259 cases and 141 deaths.

The figures were released by the Department of National Health and Population Development.

Since 1982, when the first Aids victim was diagnosed, 893 cases have been reported and 353 people have died of the disease countrywide.

Transmission of Aids through heterosexual contact had become increasingly common, a statement from the department said.

"The heterosexual spread of Aids has been accompanied by an increase in paediatric Aids. About 126 children have contracted Aids as a result of mother-to-child transmission since 1988," it said.

The Government has pledged a total of R5 million for Aids prevention campaigns, due to start next month.

# Half the world's HIV cases in Africa, say experts

**M**ORE THAN HALF of the world's HIV cases are to be found in Africa. This was disclosed by a team of United States experts on world-wide Aids and HIV trends, who visited South Africa recently.

Six million people in sub-Saharan Africa, 8.7 percent of the region's population, are estimated to be infected with the virus, which means they are susceptible to contracting Aids and are capable of transmitting the virus.

Compared with Europe and North America, relatively few of Africa's HIV cases are presently suffering from Aids. Dr Helene Gayle of the Centre for Disease Control (CDC) in Atlanta, said that this reflected the different stages reached by the development of the epidemic in the two regions.

In Europe and North America HIV had been at epidemic level for a longer period of time, which meant that the HIV virus had had time to

develop into Aids in a greater number of cases. In Africa, conversely, the vast majority of HIV cases have yet to develop into Aids.

Heterosexual contact is by far the greatest cause of HIV transmission in Africa, with the result that HIV carriers on this continent are evenly split along gender lines.

A South African Aids expert has subsequently said that in South Africa, which previously followed a first-world model of Aids transmission, the more typically African pattern of transmission is now dominant. Dr Ruben Sher, head of the Aids Centre, said that while Aids in South Africa used to be spread primarily by male homosexual contact and by intravenous drug users, it is now spread chiefly through heterosexual contact.

The American delegation also indicated that the child mortality rate in Africa, which has shown a downward trend recently, is expected to rise again as a result of Aids being transmit-

South (South side) 9/10-16/10/91

ted from mother to child during pregnancy. There is now increasing evidence of the prevalence of the virus in western and southern Africa, in contrast to earlier data which emphasised its presence in central and eastern Africa.

The spread of Aids is governed by social factors such as the frequency of sexual partner change, and political-economic factors such as the presence of war and the size of a country's health budget. Equally important are demographic variables such as the proportion of sexually active age groups, rapid urbanisation and the existence of major roads.

Dr Gayle said that South Africa's well-developed road system could hasten the spread of the virus from urban to rural areas. The movement of Aids into South Africa's rural areas would have far-reaching effects on population dynamics and the economy, Gayle said.

Dr Malinda Moore, also of the CDC, emphasised the importance of what she called the

programmatic context of disease prevention work. While individual research and intervention in the field of Aids prevention were of some value, what was crucial was to build an integrated strategy.

**D**eveloping a health programme required the three stages of policy development, programme planning and programme implementation, she said. Each stage necessitated research, training and evaluation.

Emphasising the value of a multi-disciplinary approach to Aids strategy she recalled an example from Zaire. Here church leaders altered their message in consultation with health planners: originally they would not take into account any kind of sexual activity outside of marriage, but changed their position to accommodate the reality of the situation, saying that if celibacy could not be sustained, then they advocated the use of condoms.  JUSTIN PEARCE

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14 SOUTH

October 9 to October 16 1991

as horses are put up for sale, the story is told in a book by the author of 'The Horse'.

the book is a collection of stories about the horse world.



# Urban black mothers in high Aids risk category

LIBBY PEACOCK  
Staff Reporter <sup>(92)</sup> AG 10/10/91

URBAN black mothers, regardless of marital status, are at high risk of acquiring Aids and despite their knowledge of the ways of transmission and prevention of the disease, they have not begun using condoms as a preventive measure, according to a recent study.

They have also not spoken to their teenage children about the risk of unprotected sex.

The survey, conducted in a Durban township by members of the Research Institute for Diseases in a Tropical Environment, sought to understand knowledge of Aids among young urban mothers of teenagers and to assess communication between these mothers and their children.

Questionnaires were issued

to 122 mothers, who collectively had 221 teenage children, in Lamontville, south of Durban.

All the mothers had heard of Aids and most knew how Aids was transmitted and were aware that monogamous relationships and the use of condoms reduced the risk.

But, misconceptions about Aids included the belief that it could be transmitted by touch or by living in the same house as someone with Aids, and that eating good food prevented Aids.

Two thirds of the mothers believed that Aids could be cured by treatment from a doctor and about 10 percent said muti from the traditional healer could cure Aids.

None of the mothers had spoken to their teenagers about Aids.

## RTY CONGRES

# 300 infected with HIV a day in SA

Star 10/10/91  
By Peter Fabricius  
Political Correspondent

STRAND — About 300 people are being infected every day in South Africa with the HIV virus, which almost invariably leads to death by Aids, National Health Minister Dr Rina Venter disclosed at the Cape National Party congress yesterday.

"The seriousness of the Aids pandemic is best illustrated by the fact that, by comparison, 24 people die every day from tuberculosis, 31 in motor accidents, 35 through smoking-related diseases and 10 in political violence," Dr Venter said.

She was replying to a resolution from the congress asking the Government to establish a more comprehensive programme to combat Aids.

She detailed several measures, including a recent Cabinet decision that Aids education would become compulsory in schools from next year.

Dr Venter said that of the 300 people being infected by HIV every day, between 120 and 140 were women, 110-130 men and 20-40 children.

# Ignorance about Aids is still rife <sup>(92)</sup>

*Edwelen 11/10/91*

**Staff Reporter**

URBAN black mothers are a high risk group for contracting Aids.

Despite their knowledge of the ways the disease is transmitted and its prevention, they do not use condoms as a precautionary measure, according to a recent study which relates to mothers regardless of their marital status.

The survey, by members of the Research Institute for Diseases in a Tropical Environment, set out to understand the awareness of Aids among young urban mothers of teenagers and to assess communication between mothers and their children.

Questionnaires were issued to 122 mothers, who between them had 221 teenagers & children, in Lamontville, south of Durban.

All the mothers had heard of Aids and most knew how Aids was transmitted and were aware that monogamous relationships and the use of condoms reduced the risk.

But misconceptions included that Aids could be transmitted by touch or by

living in the same house, and that eating good food prevented Aids.

Two-thirds of the mothers believed that Aids could be cured by a doctor and about ten percent said traditional healers' muti could cure Aids.

Almost 90 percent had not discussed contraceptive methods with their children.



## Aids move welcomed

*20welcom 11/10/91*  
THE Institute of Personnel Management has welcomed the Government's strategy to fight the increase in Aids by making more information available on ways of preventing the disease.

*92*  
The IPM said that the real solution, however, lay in changing people's behaviour and not something that could be done through board decisions, regulations or labour practices.

# Cape has best record<sup>(92)</sup> in AIDS survey<sup>(CM)</sup>

By FRED ROFFEY

A NATIONAL survey of antenatal clinics has shown that the Cape had the lowest incidence of HIV-positive pregnant women in South Africa.

The highest incidence was in Natal (1,6 percent) followed by Free State (0,6 percent) and Transvaal (0,5 percent), with the Cape lowest (0,16 percent).

A major reason for the low Cape figure, says Douglas Keir, deputy managing director of Swiss-South African Reinsurance Company, is that the disease is spreading from east to west in South Africa, probably because of the higher mobility and more developed transport systems of the east coast of southern Africa.

The antenatal survey also gave figures by race. Of the black pregnant women tested, 0,9 percent were found to be HIV-positive compared with 0,16 percent coloureds and 0,06 percent whites.

## Treatment

Mr Keir points out that vast costs in the treatment of AIDS will arise in the new South Africa because non-discriminatory medical care means that the large Third World population will have the same treatment as the First World sector.

Some politicians may play on this by saying it will place an unfair financial burden on whites, who pay higher taxes. Other problems would arise with exclusions, where an insurance claim would not be paid if the death resulted from AIDS.

"Within the black population, if exclusions were to be rigidly applied, 10 to 15 years from now roughly two-thirds of all claims will be repudiated," says Mr Keir.

At a recent conference in Cape Town held by the Cape Assurance Industry Liaison Committee (CAILCOM), Mr Keir told delegates the insurance industry had already paid claims specifically identified with AIDS amounting to about R10-million from 1984 to 1991.

# Mothers fail to warn daughters about AIDS

BLACK urban township mothers do not warn their teenage daughters about the risks of AIDS, a survey has revealed.

BY EVELYN HOLTZHAUSEN

These findings come in the wake of estimates released in Cape Town this week by a leading life insurance company that there may be as many as 200 000 AIDS carriers in South Africa and that over 500 000 people will die as a result of AIDS by the year 2005. *STimes 13/10/91*

the University of Natal, in Durban, say their research indicates black mothers in urban areas, regardless of marital status, are a high HIV risk.

"Despite their knowledge of the modes of transmission and of prevention of infection, they have not been using condoms." (92)

Writing in the latest edition of the South African Medical Journal, Mrs Q Abdool Karim and Mr J Nkomakazi of the Medical Research Council and Dr Saliem S Abdool Karim of

their research supports a recent finding that over 75 percent of black pupils between the ages of 13 and 26 had engaged in sex, often with more than one partner.



LN

92 'No need to shun workers with Aids'

CARINA le GRANGE ARG 16/10/91

PEOPLE with full-blown Aids or the HIV virus should be treated the same way as those with chronic, life-threatening diseases, says Dr Clive Evian, of Johannesburg's health department.

There are no grounds for discriminating against such people, says Dr Evian in his newly published book, *Aids in the Workplace in Southern Africa* (Russel Friedman, R14,95).

He says the development and implementation of an appropriate AIDS policy in the workplace would contribute significantly to a rational approach to the national Aids problems.

Humane and dignified policies would help to ensure that the disease had the least negative effect on HIV-infected people, in the workplace and the community as a whole.

He gave the assurance that in virtually all occupations and occupational settings, there was little chance of HIV infection between workers, between employer and employee, from worker to client or client to worker.

Given that HIV-positive people are generally expected to have an average of seven disease-free years, Dr Evian also recommends that if a person fulfils his or her duties, the HIV status of such people should not affect the decision to employ staff.

"It is an extremely dangerous practice to dismiss HIV-positive employees for (so-called) ulterior motives when the real intention is to remove HIV-positive employees from the workplace," he says.

Dr Evian says all employees should be regarded as being potentially HIV-infected and the necessary precautionary steps taken in cases of accidents and bleeding.

Pre-employment testing for the virus is not recommended because a person could test negative for about eight weeks after infection (the window period) yet actually be infected with HIV.

Other reasons include the fact that a person could become HIV-infected at any time during employment in spite of previously being free from infection.

By CHRIS BATEMAN  
**GROOTE SCHUUR**  
Hospital medical staff could not afford to take "every single possible precaution" against Aids as they were faced with major financial cutbacks, staff reductions and an ever-increasing patient load.

This was admitted yesterday by Professor John Terblanche, head of surgery at UCT and Groote Schuur, who added that these factors

## Cutbacks affect measures for Aids

92 CT 16/10/91  
were making it very difficult for staffers to cope.

"Doctors and nurses may also have to move quicker than the Aids precautions require in order to save people's lives," he added.

It was standard prac-

tice to wear protective gloves and masks while goggles and glasses were freely available at trauma units and operating theatres.

Other precautions introduced were the changing of surgical techniques to minimise the passing of sharp instruments between staff.

The danger in this was that it all took longer and increased the risk to the patient, he added.

# HIV: 300 new cases daily in SA

92 CT 16/10/91

### Own Correspondent

DURBAN. — The number of HIV-infected patients in South Africa is increasing at the rate of 300 a day, the deputy director-general of the Department of National Health, Dr Hans Steyn, said in a media briefing here yesterday.

Dr Steyn said the incidence of Aids in Natal/KwaZulu was the highest in the country.

He said the department believed this figure could be the result of Zulu men not being circumcised and could

also be attributed to the activities of "commercial sex workers".

Dr Steyn said a major advertising campaign against Aids would be launched on November 1.

"We are trying a different approach. "Campaigns overseas have captured the attention of the public but they have not been responsible for changing peoples' behaviour."

Dr Steyn said the Department of Health wanted parents to be involved in educating their children about sex.

# Spread of AIDS will impact on costs and payouts

AIDS is spreading rapidly and will impact on pension/provident funds and assurance policies as the disease changes mortality estimates.

Set to threaten the contractual savings of everyone, payouts by pension funds may be reduced and life assurance become more costly.

The problem could apply equally to existing fund members and policy holders, whose fund contributions and premiums stand to be increased, as well as to people taking out new cover.

Old Mutual assistant GM, employee benefits, Chris Newell says the effects of widespread AIDS on pensions could bring about a reduced cost in the retirement benefits offered by the fund.

"On the other hand, the cost of death cover would go up, while there may have to be some restructuring of these benefits."

Newell, who chairs the pensions and legal sub-

committees of the Life Officers' Association and Institute of Retirement Funds, says it may be better to convert a lump-sum benefit into a widow's benefit.

"This meets the needs of the widows and could give a lower cost."

The widow of a man who dies of AIDS may have a shorter life expectancy as she may have contracted the HIV virus from him.

## Impacts

Meanwhile, current models indicate that 10 years from now one in four adults could be an AIDS carrier.

Fedlife Industrial Pensions (FIP) actuary Vivian Cohen says if AIDS impacts as heavily as suggested, many now in the sexually most active 20 to 40 age group may not enter their pension years.

"Pension fund managers may face cost escalations and some anti-selection as those who realise they are infected enter an industry to get the protection of

their group benefit schemes."

First Bowring Consulting & Actuarial Services alternate director Deneys Mann says many employers require a negative HIV test as a pre-condition to entering their employ.

"Pension and provident funds may follow suit."

Southern Life, employee benefits, senior manager Don Brown says the increasing incidence of AIDS-related claims in future would require careful determination of premiums.

"On current projections for AIDS sickness and deaths, the average cost of death benefits to a company providing these would have risen four-fold by the year 2000."

The cost of disability claims is also expected to quadruple by then, says Brown.

"This increased cost of death benefits will mean companies must reallocate funds from retirement benefits, resulting in smaller pensions — unless employers pay more into pension funds."

B/day 16/10/91

92

# 'Aids gossip' case dismissed with costs

Own Correspondent

JOHANNESBURG. — The Rand Supreme Court yesterday dismissed with costs a R250 000 defamation suit brought by Aids victim Mr Barry McGeary against his former GP, Dr Matthys Kruger, who he claimed breached patient-doctor confidentiality by making his condition public.

Mr Justice D Levy found it had not been proved that Dr Kruger acted wrongfully by informing two colleagues, both of whom had treated Mr McGeary in the past, that the businessman had the Aids virus.

Mr McGeary, who developed full-blown Aids and died during the trial last month, claimed that Dr Kruger's disclosure to a dentist and another GP led to his condition becoming public knowledge in Brakpan where they

92 17/10/91  
were all part of a closely knit social and business circle.

Dr Kruger told his two colleagues about Mr McGeary during a game of golf the day after he broke the news to the businessman.

The GP initially defended the action on the basis that neither he nor any of his employees had made a wrongful disclosure. He later amended his plea on the basis that he had had a legal duty to inform his two colleagues.

The judge accepted Dr Kruger's evidence that he had asked both doctors to keep the information confidential and was entitled to assume they would do so.

Mr McGeary took ill during the trial and died on September 18.

Mr McGeary's attorney, Mr Mervin Joseph, said afterwards that he would apply for leave to appeal.

# Africa slated over Aids

*Iswefer*  
BANGKOK — African nations are failing to confront an Aids epidemic that threatens to devastate the region's economy along with the lives of its victims, a top World Bank official said.

"Countries are still in the denial stage," Mr Edward Jaycox, head of the bank's Africa division, said this week.

Aids has struck more people in Africa than anywhere else in the world, Jaycox said. He said more than six million people were believed infected by the Human Immunodeficiency Virus, precursor of Aids.

*17/10/91*  
"It's a major problem, not just a health problem. It has a tremendous development impact," Jaycox told reporters.

Jaycox said he was disturbed by the apparent failure of Africa's leaders to come to grips with the epidemic.

He criticised African finance ministers for failing to attend a lecture earlier in the week by a leading Aids expert.

"There was one African in the whole room," Jaycox said. This is tragic." - *Sapa-Reuter.*



# Polygamy

Sowetan 17/10/91 17/10/91

**NURSING** sister Meisie Botsane believes that polygamy is the answer to the Aids problem.

Botsane was addressing an Aids workshop.

She said that polygamy, whether official or not, could help control the spread of Aids - if the wives kept each other informed.

Statistics released by the Department of Health and Population Development showed that 893 Aids cases and 385 Aids-related deaths were reported countrywide since 1982.

## Permissive

"Today's society is very permissive," Botsane said.

"Most single and married people have more than one sexual partner. This situation puts a lot of people at risk."

She said a safer option is for women who share one man to know each other.

"This could make it easy for either woman to trace the origin of a sexually transmitted disease she has been infected with. It would also

help to keep husbands under control," Botsane said.

Sixty-three-year-old Vakashela Shange, who has five wives, does not agree that wife-mistresses relationships should be forced.

Shange married his first wife in 1951. He said she knew about every consort immediately when he started courting them

"I married five women because it is my custom and that of every black man to marry polygamously," Shange said.

# and

★ Women ★

# Aids

92

of his behaviour when the elder wife is this side. They have been married for a long time and I suppose she does not want him around her all the time," she said.

Pilusa does not believe that men could be totally faithful. She said men are never satisfied even if they have more than one wife.

## Sexual

"The situation could never be like a monogamous marriage, though. He has to satisfy his wives at home before he could go out. This means even if he could have an affair it would not be very convenient for him."

Aids educator for women and children at the Soweto Township Aids Project S bongile Jack said that the sexual history of the husband and the wives in a polygamous marriage was the most important factor.

"How they conducted themselves in their past relationships is what matters. If either one of them was promiscuous then safety in the marriage is not guaranteed," Jack said.

She said faithfulness was also a safety determining factor. If the husband or the wives were not faithful to each other the possibility of contracting the disease would be high.

"When I meet a woman I love I marry her. My custom does not allow me to live with a woman I am not married to. I could be arrested. I can have a mistress if I want one but she would have to live at her home and my wives would also have to know about the relationship.

## Content

"If they do not approve of it I have to stop seeing the woman

"It is not easy for women to accept mistresses, which is why I think they should not be forced to. A husband who has a mistress should rather not tell his wife about it.

"I do not think of having an extramarital affair because I am content. A man who has only one wife would never be satisfied. It's impossible. Men are lusty. They need more than one sexual partner to satisfy their lust."

Shange said there was no way he could get Aids because his wives took turns coming up from Zululand to be with him in the city. He said they were comfortable with the condition of the marriage, they liked each other and never fought.

Mamolatela Pilusa, one of two wives in a polygamous marriage, said there could never be an absolute solution for Aids.

The Tzaneen mother of four was chosen by the elder wife during her search for an appropriate consort for her husband in the village.

Pilusa has been married to her husband for 14 years but says she cannot guarantee that he does not see other women. She and the elder wife take alternate turns, two-year terms, to be with their husband in the city.

## Affair

"Some people could argue that, because a man has more than one wife he would not have an affair outside the marriage, but that seldom happens," Pilusa said.

"I make sure that my husband does not stray when I'm this side. Everything he needs is always at his disposal. I brew beer at home every Friday so that he can drink it over the weekend. This way he has no excuse to go to a shebeen.

"I cannot be certain

# Aids: Doctors' interests vital <sup>(92)</sup>

THE interests of health care workers outweighed those of Aids-infected patients, a Rand Supreme Court judge ruled yesterday.

Mr Justice D Levy dismissed an action brought by Brakpan businessman Mr Barry McGeary against Dr Matthys Kruger for allegedly breaching patient-doctor confidentiality in April last year by disclosing that

17/10/91  
Sowetan  
McGeary had tested HIV positive.

Kruger told Mr Andre Vos, a dentist, and Chris van Heerden, a doctor, of McGeary's condition while playing golf a day after he had told McGeary.

McGeary developed an Aids-related brain infection during the trial and died before its conclusion.

In his written judgment, Justice Levy said it

seemed unreasonable not to warn doctors to exercise particular care or to take special precautions when handling HIV positive patients.

## Appeal

"The very nature of the disease, its incurable and fatal consequences and the absence of any known inoculation, seem to demand a more generous approach to the need for

health care workers to be kept fully informed and to subordinate the interests of the patient to that need," the judge said.

During the trial, Kruger's former wife, Riana Kruger, said she had heard the news from his receptionist.

McGeary's lawyer, Edwin Cameron, said he would seek leave to appeal against the decision.

*Sowetan Correspondent.*

# AIDS 'breach of confidence' suit dismissed

THE Rand Supreme Court yesterday dismissed with costs a R250 000 defamation suit brought by AIDS victim Barry McGeary against his former doctor.

McGeary claimed the doctor, Matthys Kruger, had breached patient-doctor confidentiality by making his condition public.

Mr Justice D Levy found it had not been proved Kruger acted wrongfully by telling two colleagues that the businessman had contracted the AIDS virus.

McGeary died last month during the trial. He had claimed that Kruger's disclosure to a dentist and another doctor led to

B/Day 17/10/91  
SUSAN RUSSELL

his condition becoming public knowledge in Brakpan, where they were all part of a closely knit social and business circle.

Kruger told his two colleagues about McGeary during a game of golf the day after he broke the news to the businessman.

The doctor initially defended the action on the basis that neither he nor any of his employees had made a wrongful disclosure. He later amended his plea on the basis that he had had a legal duty to inform

his two colleagues about McGeary.

McGeary died before concluding his evidence. The judge said he relied on McGeary's evidence only in so far as it was found to be incontrovertible, accepted by Kruger or corroborated by witnesses.

Mr Justice Levy said he did not consider the fact that Kruger told his colleagues about McGeary during a game of golf had made the conversation between them any less professional or confidential than it might have been otherwise.

The judge accepted Kruger's evidence

To Page 2

## AIDS suit From Page 1

that he had asked both doctors to keep the information confidential and was entitled to assume they would do so.

The dentist had treated McGeary, and as far as Kruger knew was likely to do so again. The doctor was duty-bound to inform him of the businessman's HIV status, Mr Justice Levy said.

Kruger was not aware that the other

doctor, Chris van Heerden, had treated McGeary before, the judge said. However, Van Heerden was one of a group of Brakpan doctors who stood in for off-duty doctors, and it was also necessary for Kruger to inform him of McGeary's status.

McGeary's attorney, Mervin Joseph, said he would apply for leave to appeal against the judgment.

# Furore over the Aids disclosure judgment

W/Week 18 10 - 24/10/91.

The controversial judgment concerning an Aids sufferer's lawsuit against his doctor has been called 'a flagrant disregard for human rights'.  
**MARK GEVISSER** reports

It is considered that the interests of society outweigh the individual's rights to privacy." With these words, Mr Justice Levy of the Rand Supreme Court dismissed, with costs, the lawsuit of Barry McGear, the Brakpan businessman who sued his doctor for disclosing that he was HIV-positive, and who died of Aids-related complications during the court case last month.

The nature of the judgment has created a storm of dissent among Aids organisations and authorities, who have labelled it "factually inaccurate" and "a flagrant disregard for human rights and also for societies' broader interests in fighting Aids".

Justice Levy ruled that, far from contravening medical ethics, Dr Mathys Kruger "had a duty" to tell two colleagues of McGear's HIV status. But, says Warwick Allan of Aids-activist organisation Act-Up, "it is difficult to understand how the two doctors who were told of Mr McGear's HIV status had a right or need to know. One dentist had seen Mr McGear 30 months before and the other briefly for a mouth infection".

Allan comments further that "all doctors should adhere to recognised infection control. HIV does not therefore prove grounds for what the judge called 'a generous approach' to health care workers, especially those with vague and

tenuous links to the HIV-positive patient."

"The decision is very unfortunate," adds Dr Reuben Sher, head of the Aids Centre at the South African Institute of Medical Research, "because we have always believed that absolute confidentiality is critical if we are to contain the epidemic, and because the guidelines of the South African Medical and Dental Council (SAMDC) state very clearly that a doctor may not disclose HIV status without prior consultation of the patient."

Nevertheless, adds Sher, "I do believe that the case will have positive consequences. Other doctors have registered the trouble that this case has caused Dr Kruger, and have seen that peo-

ple do know their rights and are willing to fight for them — and so they will think twice before acting irresponsibly in the future."

McGear's attorney, Mervyn Joseph, who has taken over as plaintiff after his client's death, says: "If medical confidentiality around Aids means nothing, then the judgment is right. But if it means anything at all, then we have a good appeal."

Despite hard medical facts that Aids was heterosexually transmitted in Africa before it attacked gay communities in the West, Justice Levy said in his ruling that "the spread of the disease among persons practising normal sexual behaviour presumably originates from homosexuals or bisexuals or from persons who had become infected through sharing drug-injecting apparatus with infected persons."

And, despite the fact that expert witnesses during the trial made it clear that Aids was not a result of promiscuity and that HIV can be transmitted through one unsafe sexual contact, the judge said "the disease was originally thought

to be confined to homosexuals, but with the spread of the disease it is likely to infect people whose sexual habits are indiscriminate or uncaring of the consequences".

Dr Steven Miller, head of the Aids Clinic at the Johannesburg General Hospital, said: "I am extremely concerned by the level of ignorance displayed in the judgment, specifically about the origins of HIV and its spread amongst communities." He adds that "the government should take note that if educated people are not responding to its campaigns, than it is unlikely that the rest of society will."

Simon Nkoli, co-ordinator of Gays and Lesbians of the Witwatersrand and an educator at the Township Aids Project, says "the judgment further stigmatises people with Aids and all gay people. As well as vindicating Dr Kruger's actions, the judgment condemns McGear for being gay and for having Aids, despite evidence before the court that McGear at no point acted indiscriminately or uncaringly".

And, adds Allan of Act-Up, "the precedents set in this case are dangerous in the extreme.... It is certain that people perceiving themselves to be at risk for HIV infection will now be reluctant to undergo testing for HIV. This will result in the disease being driven underground and will increase the likelihood of infection being spread. Since this could be a net effect of this judgment it is doubtful whether this judgment has been in the best interest of society."

## Aids not to be <sup>92</sup>notifiable disease

ARG 19/10/91

Weekend Argus Correspondent

THE Minister of National Health has decided not to declare Aids a notifiable disease — but she could change her mind if a vaccine or cure for the disease is found.

Dr Rina Venter yesterday said one of the purposes of making a disease notifiable was to trace and treat sufferers.

As there was no cure or vaccine for Aids, making the disease notifiable would not bring any treatment benefits to people who had Aids, Dr Venter said in a statement.

However, should an effective treatment become available, the situation would "obviously" be altered.

At present, there were no sound scientific reasons for making Aids a notifiable disease, she said.

## Aids still not notifiable disease, says Venter

Star 19/10/91

THE Minister of National Health has decided not to declare Aids a notifiable disease — but she could change her mind if a vaccine or cure for the disease is found.

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Aids, making the disease notifiable would not bring any treatment benefits to people who had Aids.

92

However, should an effective treatment become available, the situation would "obviously" be altered. — Own Correspondent.

# Aids education on cards

Alarming figures prompt Govt to propose something stronger than sex education for South African schools

Star 20/10/91  
Trish Beaver

"LET ME tell you about the birds and the bees, the virus HIV, death because of drugs and a thing called LOVE"

A for Aids, B for Birth control, C for Condoms — that may be a modern alphabet for six-year-olds entering school for their first lesson on reading and writing.

In the wake of new Aids figures released by the National Health Department, Minister of National Health and Population Development Dr Rina Venter has prescribed Aids education in schools as compulsory.

Prudish parents and conservative educationists who shuddered at the words "sex education" now have a worse worry. Sex itself is old hat. In the wake of startling statistics that more than 300 people are being infected by the HIV virus every day, safe sex and Aids education are the things of the future.

Researchers are still no closer to finding a cure for the deadly virus, and it is still only a matter of time before HIV carriers die from full-blown Aids.

Children now will be made aware of the frightening consequences of Aids along with their first reading and writing lessons.

In a recent speech at the National Party's Cape Congress, Dr Venter said a more comprehensive programme must be developed to deal with the Aids epidemic, with one of the mea-

asures to be instituted in schools next year being compulsory "Aids Education".

A breakdown of those people likely to be affected by Aids was given by Dr Venter this week: out of the 300 people infected with the HIV virus every day, 120 to 140 were women, 110 to 130 were men and 20 to 40 were children.

A spokesman from the Department of Education and Culture said that sex education was present in schools countrywide and was presented as part of "The Family Life Education Programme".

But she added that parents had the right to remove their children from the programme if they wished, and that it was a common practice for school principals to make use of outside experts to make presentations after school hours.

Psychologist "Dr Paul", presenter of Radio 702's "Sexually Speaking" programme, said this week that Aids education for children was a "brilliant idea".

"Children are sexually aware from the day they are born. I believe that children must be armed with information and knowledge. Millions of people are going to die of Aids ... they must be given a chance to avoid catching the HIV virus," he said.

"Obviously the age of the child is important, and the information they are given must be aimed at their own level of understanding. But I feel it is vital that they are educated. Parents in South Africa are very bad when it comes to talking about



BIRDS AND BEES... Sex therapist "Dr. Paul" teaches a group of children about the facts of life.

Picture: Ruvan Boshoff

sex to their children. That is why we have a high teenage pregnancy rate. Aids can be cured if our kids are educated.

"Children watch sex on television. It may not be explicit but they are aware of it. But the problem with television is that most of the sex is promiscuous and negative. It is important to

stress safe sex within a monogamous relationship," Dr Paul said.

Officials from the Department of Health refused to disclose details of the Aids education plan this week. All they would confirm is that there would be a working model by

the first school term of next year.

Aids researcher Professor Ruben Sher has given his approval to the plan, saying: "I wouldn't like to comment on the actual programme as I do not know the details but, in theory, it is an excellent idea which is long overdue."

"I would recommend that it is taught in conjunction with sex education because the two go hand-in-hand. My main concern is that it reaches the black schools first and is not only directed at private white schools. The immediate problem is in the black community. Action must be taken now."

# 100 000 people in SA infected with Aids

92  
cr 26/10/91

Staff Reporter

ABOUT 100 000 people in South Africa are already infected with the Aids virus and about half of these are likely to die as a result within the next ten years, a study by the Department of National Health and Population Development has shown.

The study was presented at a seminar held by the South African Communication Service in Cape Town yesterday.

The department's Aids Unit,

which was established in response to the Aids epidemic, reveals that the epidemic is still spreading rapidly and at current rates of spread the number of people infected with HIV will be at least 200 000 at this time next year.

This implies that about 300 people become infected with the HIV virus every day, and as many as three in every 400 pregnant women are already infected with the HIV virus.

All the evidence in this country

points to ordinary heterosexual intercourse as being responsible for transmission in the vast majority of cases. Spread from infected mother to unborn child accounts for most of the other cases.

People at great risk of HIV infection are young adults, both females and males, living in high population density, who have other sexually transmitted infections and who have limited access to health services, including preventive education.



train yesterday.

# 51 die of Aids in SA

(92)  
Sowetan  
23/10/91

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120

THE KILLER disease Aids has claimed 51 lives in South Africa so far this year but the fatality rate has declined, authorities said yesterday.

The Department of National Education and Population Development said 235 Aids cases had been reported this year and that the death rate had fallen from 24 to 22 percent.

Seventy-four people died of the disease in 1990 out of 305 known cases, according to statistics released by the department.

At least 353 people have died of the disease since 1982.

## Killing active groups

The statement said 129 victims of the fatal disease were aged up to nine years, 257 in the 30-39 age group and 193 between 20 and 29 and 105 in the 40-49 age group, indicating the disease was killing the most active groups.

It has claimed 141 lives in Johannesburg, 68 in Cape Town, and 22 in Durban - the major metropolitan areas. At least 39 people have died of the disease in Soweto.

The statement said 338 homosexuals had contracted the disease in the past 10 years as compared with 390 heterosexuals.

Sixteen of the victims were haemophiliacs, 22 people had contracted Aids through blood transfusion and one person had contracted the disease through an intravenous drip. - Sapa.

# Aids<sup>92</sup>

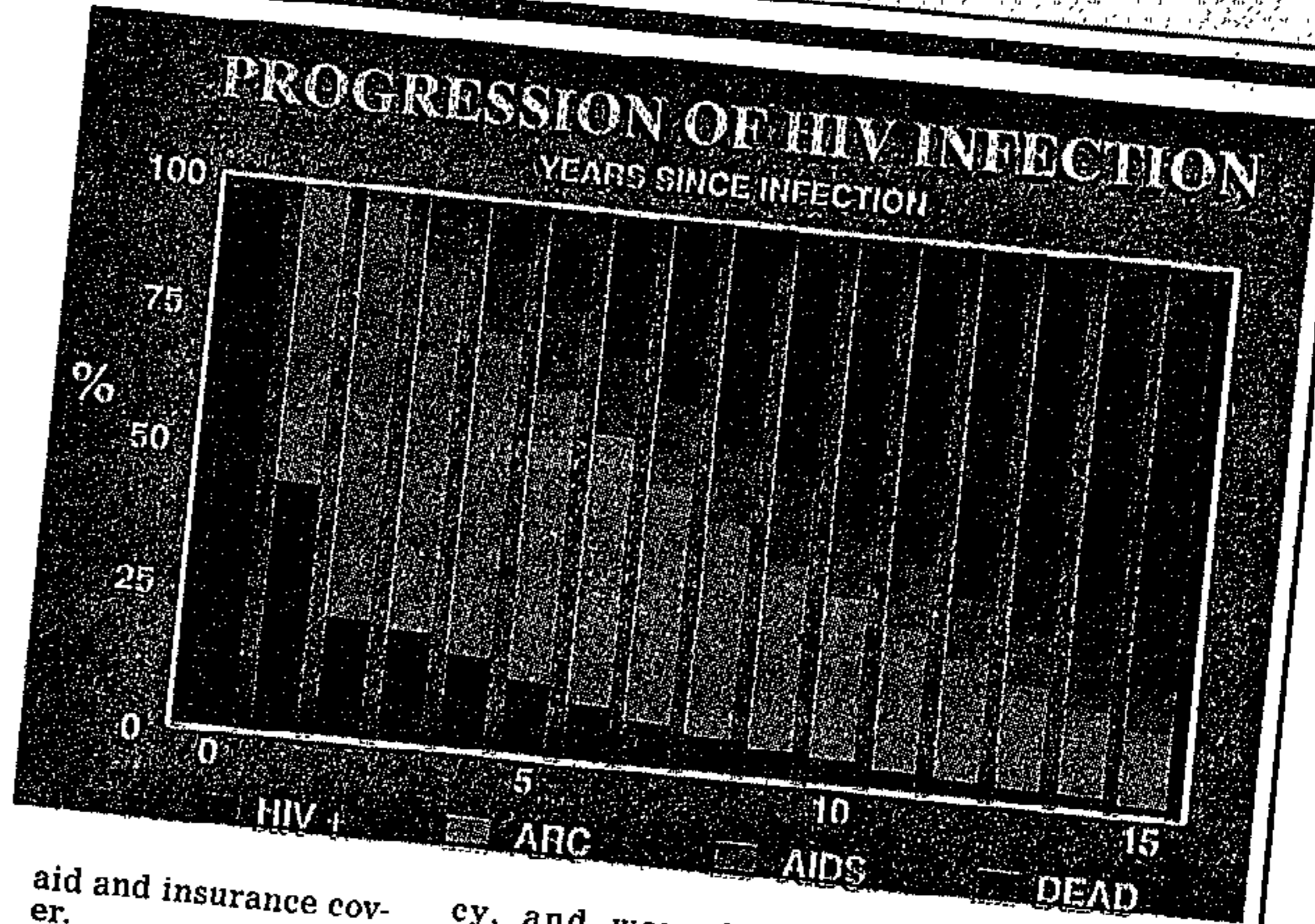
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Business Editor

IT costs \$80 000 (about R225 000) a year to treat an Aids sufferer with the life-prolonging AZT drug, Old Mutual's chief medical officer, Dr Ivan Lockyer, told a media presentation in Cape Town yesterday.

He pointed out that this made the treatment prohibitively expensive for most individuals, and for medical

aid and insurance cover.

Dr Lockyer said the expense of treating Aids sufferers, who would be abnormally susceptible to a wide variety of diseases over a period of years, meant they were excluded, worldwide, from health and disability cover.

This was the case even if they were found to be free from Aids when applying for the poli-

cy, and were later found to be suffering from the infection as well as from some other illness.

Dr Lockyer explained that this was because it was impossible to tell whether the other illness was a result of the Aids infection.

He said Aids was a new illness and it was therefore impossible to calculate the life expectancy of the average sufferer.

They could survive for 15

years or more after being infected — but would need medical care for most of this time.

The expense of having large numbers of such policy holders would be too great.

Dr Lockyer said one forecast — possibly optimistic — was that 27% of South Africans would be HIV-positive by the year 2 005 and Aids-related deaths would number 700 000 a year.

# Teach the lesson of Aids from pulpit, preachers told

Political Staff

(92) ARG 25/10/91

SOUTH African churches have been urged to educate congregations on the cause, effect and prevention of Aids.

Delegates at the meeting of the World Council of Churches and the SA Council of Churches urged the church to exercise a healing ministry to Aids victims and their loved ones.

The church had a moral responsibility to challenge lifestyles which promoted the spread of Aids and to advocate faithfulness within intimate relationships, delegates said.

● In Britain cases of babies developing Aids after being infected by their mothers have more than trebled in a year.

This was revealed by Health Minister Virginia Bottomley, who said although the numbers were still small, they showed "a worrying and marked" increase that could become worse.

In 12 months 19 new cases of Aids were reported in children born to HIV-positive mothers, compared to six the previous year.

# Danger of medical waste gets reduced

VIVIEN HORLER  
Medical Reporter

92  
ARC 25/10/91

THE danger of accidental needlestick injury — one of ways medical personnel can contract Aids — at Tygerberg, Conradie, Karl Bremer and Somerset hospitals has been lessened by a privatised system of medical waste-disposal.

These injuries, which are most common during emergency surgery and in peak casualty hours, can be a special hazard to doctors and nurses, particularly if the patient has a blood-borne disease such as HIV or hepatitis B.

Waste-Tech has won the contract for the removal and incineration of all medical waste generated by provincial hospitals and clinics within 80km of the centre of Cape Town.

Hospitals such as Groote Schuur and Red Cross have their own incinerators but do not intend to use them at present.

Participating hospitals have been provided with specially lined boxes for medical waste, including swabs, bandages and body parts. They also have sealable plastic boxes for sharp items such as syringes, scalpels and broken ampoules.

Personnel will be able to dump items into both the "sharps" and the waste containers without having to touch them, and the sharps containers will be incinerated unopened.

The waste is collected and burnt at Waste-Tech's incinerator at Vissers Hoek on the West Coast road.

Company spokesman Mr Steve Kimber said the incinerator had been built according to air pollution control guidelines, and contained a secondary burner which cleared the stack emissions of impurities. The plastic sharps containers burnt without emitting toxic fumes.

"Medical waste, known in the United States as 'red bag waste', is the second biggest waste product in the US. If waste workers find red bag waste among ordinary domestic waste they, down tools."

Cape Provincial spokesman Mr P J Roussouw said the decision to privatise medical waste disposal was taken because the growth of health facilities demanded "a scientific approach".

"Hospitals are in the business of health. It is simply not viable for individual medical centres to operate expensive incinerators and employ the technical staff necessary to man them."

The new system was "safer and more economically viable". Waste-Tech had a "centralised and sophisticated incineration facility which can be monitored more effectively than overseeing individual hospitals whose waste units vary in age and capacity".

A second spokesman for Waste-Tech, Mr Jacques de Villiers, said medical waste still found its way on to domestic dumps in South Africa.

"You hear real horror stories. Just last week one of our workers was on a dump and stepped on to a syringe needle which penetrated his rubber boot. Fortunately it turned out the needle was one of a batch of rejects that had never been used."

"There have been stories from the Maritzburg area about children being sent to the dump to find removed uteruses for witchcraft purposes and organs that have presumably been removed because they are diseased."

"Incineration is a far safer solution."

## Aids expert hits out at media

Medical Reporter <sup>ARG 28/10/91</sup>  
AN Aids expert has hit out at the way the media handles the issue of Aids, claiming journalists are "obsessed with numbers".

Dr Malcolm Steinberg, co-ordinator of the Medical Research Council's Aids research programme, said 90 percent of all media stories on Aids were about numbers, and just 10 percent were about people.

"But there is no evidence that information about numbers helps stop the spread of the disease. In fact, there is evidence that people see the numbers and flip past them."

He said research had shown that even the knowledge that someone in your town or street had Aids was unlikely to affect behaviour.

"The only thing that affects knowledge and behaviour is knowing someone individually who has been infected.

"Aids is a growing epidemic, and journalists should be asking why. They should know that it can grow at different rates, and that if people are taught how to alter their behaviour and be persuaded to do so, then the number of people who become infected can be lowered."

There were two priority issues in the war against Aids, said Dr Steinberg. One was the status of women in society.

Women generally lacked power in their sexual relationships, and this affected their ability to protect themselves and their children from HIV infection.

The second priority was to focus on the factors in society that tended to tear relationships apart. "You don't get Aids in a stable, monogamous relationship. You increase your chances if you have many sexual partners.

"Research has shown that societies with a great deal of migration tend to have much higher rates of HIV infection," he added.

"We can't do anything about the number of people who are infected already, but we can help prevent more infections. And we have to learn how to cope with the burden of the people already infected."

Simple knowledge of the danger of Aids was not enough, he said. "People know that measles is a dangerous childhood disease, and that the measles vaccine is available free. Yet only 50 percent of children are immunised against it."

By the year 2010 as many as 27 percent of South Africans could be infected with the HIV virus if no preventive action was taken.

"Yet if everyone reduces the number of sexual partners by 40 percent in the next seven years, we could cut that figure of 27 percent to just 16."

# Mayor Urges

92 MKG 28/10/91

# Aids test sense

**VIVIEN HORLER  
Medical Reporter**

IT should be illegal for companies to test people for the HIV virus before employing them, says the Mayor of Cape Town, Mrs Frish van der Velde.

Mrs Van der Velde, who is manager of the city's Aids Training, Information and Counselling Centre (Attic), said she knew of a firm in Cape Town that had spent R80 000 on Aids testing over a four-year period, and had picked up just four HIV-positive people.

"It would have been a lot more helpful if they had spent that money educating their workforce about Aids," she said.

She was speaking at a one-day seminar on Aids organised by the government's SA Communications Services, formerly

the Bureau for Information.

Pre-employment testing for HIV was now illegal in France, Italy and West Germany, and should be here too, she said. One reason was so that the cost of the epidemic could be more evenly distributed across the community.

"The disease is going to affect many men in their 30s and 40s, and will have a severe impact on the economic viability of companies.

"Companies need to develop Aids policies, which would look at issues such as the employment of people who are HIV positive, confidentiality, conditions of service for HIV employees, prevention of discrimination, education of staff, and support for HIV employees," Mrs Van der Velde said.

There were good reasons for

not testing people. These included:

- Not employing HIV people was a waste of skills, and would ultimately mean a greater drain on State resources.

- People who were HIV positive were physically well for many years. "We know of people who tested positive in 1982 who still have no symptoms at all."

- The so-called window period, between the time a person was infected and before the antibodies showed up in their blood, could be anything between one and 18 months, although in most cases the antibodies would show up within six months.

This meant that someone could be infected, and infectious, yet test negative.

"And of course other conditions can impair people's ability to do their work. For instance, alcoholism is more likely than Aids to be a problem in a company."

Mrs Van der Velde said she entirely understood the feelings of people who did not want their HIV status made public.

"People could lose their jobs, they would most likely be refused dental treatment, some doctors will not treat them, they can't get mortgages or insurance.

"A lot of discrimination against HIV-positive people is still going on in this city.

"We have to destigmatise the disease. And we all have to take responsibility for not passing on the virus to other people. We are all potentially infected," said Mrs Van der Velde.

## 'Impact as drastic as that of apartheid'

Medical Reporter (92) ARG 18/10/91

THE impact of Aids in South Africa is going to be as drastic as that of apartheid, says an Aids expert.

Mr Geoffrey Taylor, deputy manager of Cape Town's Aids Training, Information and Counselling Centre (Aticc), said at a one-day seminar on Aids that no corner of society would be untouched.

"As the number of sick people increases society will start straining at the seams," he said. "We have to start planning for this epidemic. The luxury of believing it won't happen to us is one we can no longer afford.

"I believe the Aids epidemic will be as fundamental an issue as the Holocaust during World War 2 or the nuclear holocaust.

"If we don't prepare ourselves it'll hit us anyway, and we'll go through all the anger, denial, blaming, prejudice and other nasties."

Speaking at the same seminar, Dr Helene Visser, assistant Medical Officer of Health for Cape Town, said that so far the Cape had the lowest incidence of HIV infection, with Cape Town the city with the lowest.

Based on figures obtained from women having blood tests at ante-natal clinics in 1990, it was found that the total incidence of HIV infection countrywide was about 0,76 percent of the population.

The figure for the Cape was 0,16 percent compared with 0,53 percent in the Transvaal.

The figure for Cape Town was 0,02 percent, for Durban 0,7 and Johannesburg 0,83.

# Promoters, trainers ignore meeting

## Boxing Board to tackle Aids threat and safety

*Sowetan 28/10/91 (92)*  
A SPECIAL medical committee will be appointed soon by the South African National Boxing Control Board to deal specifically with the threat of Aids and to improve safety standards in the sport.

This was disclosed by Transvaal Provincial Boxing Control Board chairman Dr Joe Jivhuho at the inaugural medical symposium of the SANBCB at Nasrec in Johannesburg on Saturday.

"We continue on a daily basis to improve safety in boxing, but the new national medical board, which will be formed within the next couple of weeks, will oversee all aspects of safety," Jivhuho, also an SANBCB executive member, stated.

Among the committee's duties will be to educate boxers, trainers and promoters about the dangers of Aids.

"To say we are concerned (about the disease) is an understatement," said SANBCB chief, judge Eddie Stafford.

"A close watch is being kept on Aids and the neurological effects of blows to the head - our



**Dr Martin Schwellnus, a senior lecturer in the department of physiology at the University of Cape Town's Medical School.**

By HAROLD PONGOLO and Sapa

two major concerns - and we must be seen to be taking serious safety precautions."

During lengthy discussions on Aids, there was some disagreement among delegates concerning the institution of regular testing for boxers, but all were unanimous that this procedure should become common practise.

Professor Ruben Sher, head of the Aids Centre at the SA Institute for Medical Research, proposed that all boxers should have an Aids test before every fight - which, on average, is twice or three times a year in this country.

### Feasible

But Jivhuho argued this was not feasible, for logistical and financial reasons.

"Once a year would be a good start, when every registered boxer is required to renew his licence," he said.

"Obviously, our ultimate aim would be to stop HIV-infected boxers from entering the ring at all."

Sher, who gave an overview of the disease in his informative but frightening presentation, said that by October 1 about 1.5 million people worldwide had been infected.

"But by the middle of this decade, 17 million will have the disease, and boxers in particular are in the high-risk category.

"The mixing of blood, like in boxing and sexual behaviour, are the two most common ways of transmitting the HIV virus, and it will be many years before a vaccine is found."



**Elizabeth Xaba, an Aids educator and counsellor at the King Edward V111 Hospital with Dr John Fleming, a neurologist and member of the TPBCB. Pic: LEN KUMALO**

Dr Martin Schwellnus, a senior lecturer in the Department of Physiology at the Medical School of the University of Cape Town who dealt with the HIV disease in sport, said this was unheard of five years ago but was becoming increasingly prevalent.

"We don't know yet the percentage of prevalence of HIV cases in sportspeople, but it is there - at this stage confined to contact sports like rugby, soccer, boxing and wrestling.

"In boxing, we know that on average a laceration, or open bleeding, occurs every hour throughout a boxer's career, and the mixing of blood with an opponent's is frequent."

Swellnus said: "HIV in sport cannot be ignored. There is a real threat of transmission and administrators have a responsibility to inform sportspeople.

"Boxers must refrain from high-risk behaviour and make themselves available for voluntary Aids tests.

"I recommend that the SANBCB establish a national policy on the issue and form a body to deal with it."

Dr May Magwai, a member of the Eastern Province Board, suggested that the different boxing boards call meetings of boxers and talk to them about Aids.

Dr John Fleming, a neurologist and member of the Transvaal Boxing Provincial Control Board, addressed the symposium on deaths related to ring injuries and the punch-drunk syndrome.

He said the following aspects of boxing needed attention:

\* Earlier stoppage of bouts - especially one-sided fights; restrictions on careers and come-

backs; recording punishment; sparring; suspension after KOs, gloves; headgear; ringside physician; medical examination; dehydration and awareness of dangers in the game.

But the disappointment of this important and informative symposium was the poor attendance by boxing trainers, managers and promoters.

Fewer than 10 attended.

Norman Hlabane, trainer/manager of the World Boxing Organisation's lightweight champion Dingaane Thobela; Don McLoughlin and Obed Mbolekwa (CWJ) were among those present.

Not a single promoter was present.

Elizabeth Xaba, a nursing sister and Aids educator and counsellor at King Edward VIII Hospital in Durban, travelled to the Reef for the symposium.



**These baseball fans went to cheer Bosmont Rascals during the "Night Ball Series" tournament in Alberton on Friday but were disappointed when the game between Rascals and Alberton was called off because of rain. See story on page 31.**

Pic: VELI NHLAPHO



8/Day 28/10/91.

## Rampant SA sex diseases a spur for AIDS (92)

**MORE** than three-million cases of sexually transmitted diseases (STDs) are treated in SA every year.

The National Health Department views these statistics in a serious light because STDs help the spread of the AIDS virus.

**TANIA LEVY**

The department's infectious and communicable diseases control director Dr Buks Lombard says SA will inevitably be faced with an epidemic of sexually transmitted HIV-infec-

tion in the next few years.

And in Sanlam's latest AIDS Scan, National Institute of Virology director Barry Schoub says that at the start of the second decade of AIDS there is still despondancy about controlling the infection.

# The Aids generation — plight of children

VIVIEN HORLER  
Medical Reporter

92 Art 29/10/91

NEW strategies on children with Aids and children orphaned by Aids have been called for by a conference on child health priorities.

And the conference was reminded that the issues facing South Africa included confidentiality about Aids, accommodation for families with HIV-positive children and the lack of community sympathy for people with Aids.

About 14 percent of Aids cases in South Africa were children infected by their mothers. They invariably lived fewer than five years, although in future they might survive longer.

The conference, organised by the Child Health Unit at the University of Cape Town, heard horror stories of families with Aids-infected children being shunted from lodging to lodging once news of the illness became public.

There were calls for more money for foster care, for more community-based centres for the care of patients, and more compassion.

Dr Malcolm Steinberg, co-ordinator

of the Medical Research Council's Aids research programme, said there were likely to be about 31 000 Aids' orphans in South Africa by 2010 if people did not change their sexual behaviour.

Yet there were only 3 240 places in children's homes, including reformatories, for black children at present, according to the Department of Co-operation and Development. There was a need for 17 250 places.

Dr Steinberg said by 2010 nearly a million South African children might have died of Aids.

Ms Jan Hollingshead, chief social worker at the Red Cross Children's Hospital, told of several cases of families being forced to move from lodging to lodging.

In one case employers of the child's mother, a domestic worker, threatened to fire her and disclose her child's illness to potential employers if she spent more time with her child.

In another case a girl of two was infected by her 34-year-old single mother. They were made to leave a house in Guguletu once the people they were staying with realised the little girl was ill.

"The mother is extremely articulate

and says she hopes her child dies before she does, otherwise she does not know who will care for the little girl."

In another case a child was cared for by his grandmother in Cape Town while his mother worked as a teacher out of town.

"The grandmother battles for money to bring the child in for treatment, yet she does not know the child has Aids. Her daughter has been insistent that she be the one to tell her mother, but until now hasn't done so. Who has the right to know?"

Ms Hollingshead said people who had HIV-positive children faced "alienating attitudes from a suspicious community". These attitudes had to be changed, but until this happened, there was a pressing need for somewhere for people with sick children to stay.

Ms Jackie Loffel of the Johannesburg Child Welfare Society said money needed to be poured into foster care facilities and the recruiting of families who were prepared to take on abandoned children with Aids.

Professor Dan Knobel, professor of forensic pathology at UCT, said: "No child with Aids should die without love."

# Aids 'will orphan 750 000 by 2010'

Staff Reporter

SOUTH Africa will have between 750 000 and 930 000 Aids orphans by the year 2010, an Aids researcher warned yesterday.

Dr Malcolm Steinberg, head of the Medical Research Council's National Aids Research Programme, was speaking at a conference on child health priorities at the MRC conference centre.

The projections, based on sophisticated models of the epidemic, also indicated that by the year 2010 between 20 000 and 31 000 children will be infected with the virus.

Working on assumptions, he said at least 30% of children born to HIV-

positive mothers will pick up the virus, and that at least 80% of these children will die by the age of five.

"The existing services are not coping with the burden of Aids. To cope a new health care system will be needed," he said.

● The state of malnutrition in South Africa was not known and obtaining this information on a regular basis should become state policy, an expert on nutrition, Professor M A Kibel, told the conference.

"It is deplorable that this seemingly simple but vitally important measure of the population's health and well-being should be so elusive and measured only on a piecemeal basis," said Prof Kibel.

# Move over apartheid, here comes AIDS

Sowetan 30/10/91 92

**THE impact of Aids in South Africa is going to be as drastic as apartheid, says expert Mr Geoffrey Taylor.**

Taylor, deputy manager of Cape Town's Aids Training, Information and Counselling Centre, said at a one-day seminar on Aids that no corner of South African society would be untouched by the epidemic.

"As the number of sick people increases society will

start straining at the seams," he said. "We have to start planning for this epidemic. The luxury of believing it won't happen to us is one we can no longer afford.

"I believe the Aids epidemic will be as fundamental an issue as the Holocaust during World War 2 or the nuclear holocaust, and will affect how we see ourselves as a society.

"If we don't prepare ourselves it'll hit us anyway, and we'll go through all the anger, denial, blaming, prejudice and other nasties. There is a pressing need to start addressing this."

### Infection

Speaking at the same seminar, Dr Helene Visser, assistant Medical Officer of Health for Cape Town, said that so far the Cape had the lowest incidence of HIV infection in the country, with Cape Town the lowest city.

Based on figures obtained from women having blood tests at antenatal clinics in 1990, it was found that the total incidence of HIV infection countrywide was about 0,76 of the population.

### Doubling

"While there is currently a doubling time of eight months countrywide, the doubling time of cases in the Cape is 16 months.

"This means we still have some time left to do something about the problem." - *Sowetan Correspondent.*

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S 2575

# Children with Aids need care, love

NEW strategies for dealing with children with Aids and children orphaned by the disease need to be worked out, a conference on child health priorities has heard.

Issues facing South Africa include confidentiality about the disease, care for Aids orphans, accommodation for families with HIV-positive children and the lack of community sympathy for people with Aids, it emerged during the conference organised by the Child Health Unit at the University of Cape Town.

About 14 percent of Aids cases in South Africa are small children who acquired the disease from their mothers. They invariably die before their fifth birthday, although in future they may survive for longer.

There were calls at the conference for increased funding for foster care, for additional community-based centres providing care and more all-around compassion for patients.

Dr Malcolm Steinberg, co-ordinator of the Medical Research Council's Aids research programme, said if people did

not change their sexual behaviour to avoid Aids, there were likely to be about 31 000 Aids orphans in South Africa by 2010.

Yet there are at present only 3 240 places in homes for black children, including reformatories, according to the Department of Co-operation and Development. There is currently a need for 17 250 places.

Steinberg said by 2010 almost a million South African children might have died of Aids.

Ms Jan Hollingshead, chief social

worker at the Red Cross Children's Hospital, told of several cases of families being forced to move from lodging to lodging.

In one case, employers of the child's mother, a domestic worker, threatened to fire her and disclose the child's illness to potential employers if she spent more time with her child.

In another case a child was cared for by his grandmother in Cape Town while his mother worked as a teacher out of town.

"The grandmother battles for money

to bring the child in for treatment, yet she does not know the child has Aids," said Hollingshead.

Ms Jackie Loffel of the Johannesburg Child Welfare Society said money needed to be poured into foster-care facilities and the recruiting of families to take on abandoned children with Aids.

Professor Dan Knobel, professor of forensic pathology at UCT, said: "No child with Aids should die without love." - Sowetan Correspondent.

Sowetan 30/10/91

92

92

# Aids sure to bring holocaust - expert

*Sowetan*  
A HOLOCAUST due to Aids could depopulate South Africa and cause economic and social chaos, according to an international monitor of population trends.

By the end of 1995, as many as 12,8 million people in South Africa could be infected with the Aids virus, said the latest bulletin of the American-based Population Research Institute.

The October-November issue of "PRI Review" - quoting the Johannesburg physician and public health administrator Dr Claude Newbury - said the Aids epidemic in South Africa was about five years behind the Aids epidemic in Zimbabwe.

## Fiddle

"While South African officials fiddle with dubious statistics, promote a string of sex education programmes, and work to reduce the number of people by implementing vigorous family control programmes, the impending Aids epidemic threatens to

31/10/91.  
decimate the nation's population," said Newbury.

"The Aids virus, which attacks the body's immune system, will expose the nation to a wave of other dreadful diseases barely kept in check now on a continent that in former times was known as 'the white man's grave'.

"Aids will almost certainly depopulate this country and probably reduce our population to less than one quarter of its present size by the year 2010," Newbury said.

At the beginning of 1990, there were about 100 000 South Africans infected with the HIV virus

that causes Aids. By the end of 1991, there will be at least 200 000 people in South Africa infected with the virus, according to the report.

## Evidence

"Despite overwhelming evidence that Aids will depopulate South Africa, officials refuse to deal with the realities. Instead, they plod ahead with programmes that limit childbirth and that further threaten the future of the nation.

The Department of National Health and Population Development has been asked to comment on the report. - *Sapa*.

# Aids deaths not down

*South African*  
THE Department of National Health and Population Development yesterday cautioned against interpreting the latest statistics on Aids too positively.

The department said while it was true that the latest figures showed a decline in the number of Aids fatalities, the interpretation that things were getting better was "contrary to what is reflected in the data released".

It said the number of cases reported was increasing faster than the number of deaths. Improved medicines and treatments also

*31/10/91*  
meant that more Aids sufferers were living longer.

*(92)*  
The department also said it monitored Aids on a voluntary and anonymous basis, making it difficult to follow up cases.

"It is therefore quite conceivable that some of the patients diagnosed with Aids die without the death ever being reported.

"The number of patients that will die unreported can be expected to increase, resulting in an artificially low case-fatality rate," the department said. - *South African Press Association.*

B/P/eq 31/10/91

**Depopulation warning**

AIDS could depopulate SA and cause economic and social chaos, says the US-based Population Research Institute.

(92)

By the end of 1995, as many as 12.8-million South Africans could be infected. It quotes Johannesburg public health administrator Dr Claude Newbury as saying SA's AIDS epidemic is about five years behind Zimbabwe's.



# Aids could depopulate SA, says report

Star 31/10/91

By Julienne du Toit and Sapa

Aids could depopulate South Africa and cause economic and social chaos, according to the Population Research Institute, an American-based international monitor of global population trends.

By the end of 1995, as many as 12.8 million people in South Africa could be infected by the Aids virus.

The warning is sounded in the latest issue of PRI Review, reported by Universal News Services in the US yesterday.

South African Aids expert Dr Isobel Windsor said that while this prediction seemed too high, there were no properly collated South African figures on which to base projections.

Medical epidemiologists and actuaries, employed by insurance and pension companies and quoted by PRI, predict an Aids holocaust in South Africa during the next 10 years.

The latest issue of PRI Review — quoting Johannesburg physician and public health administrator Dr Claude New-

bury — said the Aids epidemic in South Africa was about five years behind the epidemic in Zimbabwe.

“While South African officials fiddle with dubious statistics, promote a string of sex education programmes and work to reduce the number of people by implementing vigorous family control programmes, the impending Aids epidemic threatens to decimate the population.”

“The Aids virus will expose the nation to a wave of other

diseases barely kept in check now on a continent that in former times was known as ‘the white man’s grave.’

“Aids will almost certainly depopulate this country and probably reduce our population to less than one-quarter of its present size by the year 2010,” Dr Newbury warned in the magazine article.

At the beginning of 1990 there were about 100 000 South Africans infected with the HIV virus that causes Aids. By the end of this year, there will be

at least 200 000 people in South Africa infected with the virus, according to the report.

“The time taken for the number of infected people to double in South Africa is now about eight months,” says Dr Newbury. “This means that, by the end of 1993, about 1.6 million people could be infected, and by the end of 1995 there could be as many as 12.8 million infected with Aids.”

“Despite overwhelming evidence that Aids will depopulate South Africa, officials re-

frain to prevent infection, and strategies to combat the disease.

Dr Grazioli said the prevalence of HIV infection has increased exponentially in South Africa, with a doubling time of 8.5 months.

The mobilisation of local public resources required more than verbal encouragement from local authorities.

It also needed vigorous tactical assistance and imaginative financial incentives, Dr Grazioli said.

use to deal with the realities. Instead, they plod ahead with programmes that limit childbirth and that further threaten the future of the nation.”

Dr Windsor, head of the department of serology at the SA Institute for Medical Research (SAIMR), told The Star that no one at this stage could be sure of how many Aids cases there were in the country because the disease was not reportable.

The private pathologists, clinics for sexually transmitted diseases, institutes and hospitals were under no obligation to report Aids cases they had identified, she said.

It was all done by voluntary people working part-time.

There were very few concrete figures to base projections on, said Dr Windsor. Figures taken from various parts of the country would show different rates of infection and therefore different projections.

South Africa’s leading expert on Aids and head of the SAIMR’s Aids centre, Professor Ruben Sher, was not available to give comment last night.

## Vaccine won't stop epidemic — expert

Own Correspondent

CAPE TOWN — The discovery of a vaccine would not stop the Aids epidemic, the congress of the Institute of Public Health has been told.

The director of the Sex Education and Dysfunction Unit of South Africa, Dr Angelo Grazioli, said this week: “Unless changes in sexual behaviour decrease the rate of high-risk sexual activity, vaccination will be unsuccessful.”

Finding a vaccine would not affect the millions already infected and the cost of vaccinating all intravenous drug users, prostitutes and the millions at risk would be astronomical. “Nearly every person in Africa will have to be vaccinated if vaccination is to have any effect in stemming the epidemic.”

Major government action and radical health care programmes were necessary to establish an awareness of Aids, personal motivation, be-

HEALTH AND DISEASE — V. D.

NOV, DEC 1991

QUIETLY and unobtrusively, the government has done away with one of the two laws dealing specifically with Aids. As of the beginning of October, aliens who are HIV-positive are no longer on the list of people prohibited from entering South Africa.

"The revision of the Act is good news," comments Dr Reuben Sher, head of the Aids Centre at the South African Institute of Medical Research and an executive member of the government-appointed Aids Advisory Group (AAG), which made the initial recommendation that the law be changed.

"It was a law that was out of touch with reality and that served no purpose at all, except to put South Africa in a bad light internationally."

Edwin Cameron, of the Centre for Applied Legal Studies, believes that by changing the "prohibited persons" law, "the government has implicitly acknowledged that compulsory testing and public exposure are ineffective in stemming the spread of Aids". But a companion law, which defines Aids as a "communicable disease", remains on the statute books — despite the fact that the AAG has called for its repeal too.

This law is the medical equivalent of a State of Emergency decree: it gives state health officials wide-sweeping powers, including the right to test, detain and even quarantine people at will.

"While such measures might be necessary for the containment of highly infectious epidemics like cholera or yellow fever," says Sher, "there is simply no need for them with Aids, which is only transmitted in very specific ways."

In 1987, people with HIV were added to a "prohibited persons" list that includes people suffering from cholera, pestilence and yellow fever. The law, which was written expressly to screen migrant labourers

# Aids law relaxed but HIV-positive stigma remains

*W/M work  
11/11-11/11/91*

*(92)*

The government has repealed a law banning aliens who are HIV-positive from entering South Africa but Aids testing remains a bone of contention on the mines, reports MARK GEVISSER

from Aids-stricken countries like Malawi, Zambia and Mozambique, was never enforced. But the AAG and human-rights activists felt that its mere existence served further to stigmatise people with Aids.

And though it was effectively a dead letter, the law did have an actual result: it gave the Chamber of Mines an excuse to cease recruiting potentially HIV-infected migrant labourers from Malawi.

When the chamber used the law to demand that migrants from Malawi be pre-tested before being offered employment and Malawi refused to comply, a stand-off ensued that has dramatically reduced the number of Malawian migrants.

Perhaps coincidentally, the law has been repealed at almost exactly the same time as the chamber is revising its intentions of making a negative HIV test a precondition for employment.

The inclusion of HIV sufferers in the "prohibited persons" list in 1987 was a direct response to an influential 1986 Chamber of Mines study, which

found that the infection rate among Malawian migrant miners was 10 times higher than among South African-born miners.

Explains Dr Daniel Pollner, senior general manager of the chamber's Health Care Services: "At that early stage of the epidemic, it was believed we could stem the epidemic in South Africa by pre-testing migrant labourers from the rest of Africa before employing them here."

As recently as 1989, the chamber wrote that "by running down the number of Malawians from the workforce (the mining) industry removed one-fifth to one-sixth of all the estimated infected persons in South Africa, thereby reducing the infective pool, which in theory should assist in slowing down the spread of the epidemic".

Pollner concedes, however, that this logic is faulty as "the pool of infected persons within South Africa is so large that it would make no difference whether or not aliens with HIV are allowed into the country". Economic considerations, too, have swayed the mining houses away from

mandatory testing policies. Comments Goldfields chief medical officer Dr Pete Louw: "At this stage in the epidemic, it costs far less to treat those few workers with Aids than it would to test every potential recruit and current employee."

He adds, however, that "this might change as the epidemic spreads".

Another major factor in the change of opinion in the mining houses has been the strong stand taken by the National Union of Mineworkers (NUM), which claims that the living conditions of migrant labourers — and not their place of origin — is the major cause of the spread of HIV among miners, and that making a negative HIV test a condition of employment is not only discriminatory but irrational.

In the 1980s, the Chamber of Mines was adamant that each mining house be allowed to decide upon its own testing policy. But, at NUM's insistence, the chamber has agreed to apply an industry-wide policy and negotiations on this are currently under way.

NUM national health and safety coordinator May Hermannus says that "while some mining houses, like Anglo American, have a stated policy to do no HIV testing unless the employee requests it, we get frequent reports that other mining houses test without consent and summarily dismiss people who are HIV-positive, even if they are fit to work".

While Louw says that Goldfields has no testing policy and that it only retrenches HIV sufferers when they are no longer fit to work, NUM is currently disputing the dismissal of a miner from a Goldfields mine in Witbank who seems to have been dismissed because his HIV-positiveness rendered him, in the opinion of his employers, "an adverse effect" on "the health of the community in and around the mine".

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WORLD

# 4 countries chosen for WHO Aids tests

(92) 11/11/91

GENEVA. — The World Health Organisation has selected four developing countries as trial sites for vaccines to prevent infection by the Aids virus.

The UN agency is to provide financial and technical support for research in Brazil, Thailand, Uganda and Rwanda.

It is the first time WHO has sponsored national vaccine studies. The health agency is not involved in small-scale trials being conducted in the United States, Canada, Britain, France, Sweden, Switzerland and Zaire.

Dr David Heymann of WHO's anti-Aids campaign said 12 vaccines were being tested.

But he said it was impossible to predict when a vaccine would be

ready for large-scale effectiveness trials.

Uganda has the second highest number of registered Aids victims after the United States, reporting 21 719 cases to WHO by the end of last year. Brazil has the fourth highest official total with 19 361 cases, while Rwanda has registered 5 100 cases.

Thailand has notified WHO of only 119 Aids cases, but health officials fear there will be a huge increase in victims because of the high number of people infected with the virus but not yet displaying symptoms of the full-blown disease.

At the beginning of October, 418 403 Aids cases had been registered worldwide. But because of under-reporting, WHO estimates the real figure is close to 1.5 million. — Sapa-AP.

## Action needed now as SA heads towards terrible Aids epidemic

AIDS and HIV infection will cut down masses of skilled and educated young adults in the Southern African workplace and impact heavily on job effectiveness, productivity and training — leading to overburdened medical services and discrimination in employment, insurance and housing.

This view is given in a detailed report on Aids which says the situation is likely to be aggravated in South Africa, where the epidemic has the potential to be worse than in other African countries because of the efficient transport system and labour mobility.

Tourism and investment potential will also be affected.

This is indicated in a monograph sponsored by Cape Town-based Metropolitan Life on "Aids in South Africa: the demographic and economic implications", published by the Centre for Health Policy, Department of Community Health, of the Medical School at the University of the Witwatersrand.

Conclusions reached by Peter Doyle, senior general manager, finance and information services, Metropolitan Life, include:

- In the absence of significant

behavioural change, the HIV epidemic is likely to peak at a prevalence rate of about 30 percent of the adult population, while with some behavioural change peak prevalence may be below 20 percent

- The impact of the HIV epidemic could significantly reduce the rate of population growth by the year 2005.

- The HIV epidemic will cause the sickness and death of many young adults and could have the following critical effects: many of them will be skilled and educated people in the workplace which will impact on productivity and training. Severe pressure on health care facilities is likely.

- Many family units will be affected, causing large numbers of orphans and a noticeable change in the population's age structure.

These and other conclusions are given in part one of the monograph.

Part two gives research undertaken by the Centre for Health Policy in conjunction with the Centre for Epidemiological Research of the Medical Research Council.

The researchers make the following observations:

3/11/91  
● The impact of Aids on health services will be profound "and may well be devastating".

- The total costs of the epidemic will grow to enormous proportions but the overall economic impact is likely to be sustainable to the end of the decade.

"Our estimates suggest that if significant prevention efforts and health services policies are not in place, the epidemic may begin to pose a serious threat to ongoing economic growth. It is also possible that some sectors of the economy will be seriously affected."

- Although the economic costs of the Aids epidemic are likely to be sustainable over the next 10 to 15 years, they are substantial and will expand rapidly with the epidemic

- There is likely to be increasing discrimination in the workplace, resulting in large numbers of those who are HIV positive losing their jobs.

- The burden on families who have to care for and bury people dying of Aids, and those who lose breadwinners, will be enormous.

- This will be aggravated by unemployment, inadequate medical

and social support services, and discrimination in access to insurance and housing.

- The Aids epidemic will also have a negative effect on the country's ability to attract foreign investment, skilled immigrants and tourism, "all of which are crucial to ongoing economic development".

The final observation is that the Aids epidemic in South Africa "will be an awful and enormous tragedy, through the potentially avoidable loss of hundreds of thousands and ultimately millions of lives".

The relevant state agencies and private sector organisations plus trade unions and employers are urged to take action now.

"It is too late to stop the hundreds of thousands of deaths of those who are now carrying the HIV virus.

"It is not too late, however, to prevent further millions from dying, and to mitigate the impact that this epidemic will have on our health services and on our society as a whole.

"Whether or not we can succeed will depend on actions taken now and in the immediate future."

# Rape victim (11) dying of Aids

CAPE TOWN — An 11-year-old rape victim is dying of Aids in the Conradie Hospital.

This was evidence in the Kuils River Magistrate's Court yesterday when two men — one of whom has tested HIV-positive — were refused bail following their recent arrest in connection with the alleged rape in 1990.

Phillip van Rhee (23) of Alabama Street, Belhar, and Martin Jooste (24), address unknown, both pleaded not guilty to raping the then 10-year-old

child. They were arrested on October 23 and 25 this year.

In opposing bail, prosecutor Mrs T E Theron said the child was at risk of dying soon.

The State wished the matter to be finalised as a matter of urgency. She said both men were unemployed and Mr Jooste had no fixed address.

"If they fail to make their court appearances the police may not be able to retrace them before the imminent death of the child," she said.

Mr van Rhee said he knew of no physical evidence tying him to the alleged rape and did not know why he had been arrested.

Mrs Theron said his HIV test results were still awaited, but Mr Jooste had tested HIV-positive.

Mr Jooste told the court he had witnesses to the rape who had seen the culprits and he denied involvement.

The case was postponed to November 22. — Sapa.

star 6/11/91

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# Aids 'biggest killer' in Africa

92

APC 7/11/91

WASHINGTON. — Aids is spreading rapidly throughout Africa and has become the leading cause of death in many parts of the continent, says a US official.

"Already the leading cause of death in some urban centres of Africa, HIV/Aids is now spreading to rural areas and may become the leading killer of young and middle-aged adults by the end of decade," Mr Richard Cobb of the Agency for International Development told the House Africa subcommittee.

"During the next several decades, Aids will be the leading cause of death among young and middle-aged adults and will also be one of the leading causes of infant and child mortality in this region," Mr Cobb said.

Mrs Janet Museveni, the wife of Ugandan President Yoweri Museveni, said up to 1.5 million Ugandans, or almost 10 percent of the population, have the acquired immune deficiency syndrome virus.

"The impact of Aids on many aspects of life

in Uganda is devastating. On the children, it is particular harsh," she said.

"Great suffering and death, with the sweeping socio-economic and political repercussions, can be expected to haunt the continent for decades to come," Ms Ann Marie Kimball of the World Health Organisation said in her statement.

Mr Cobb said more than six million Africans were infected with the Aids virus — about one in every 40 adults — and 500 000 African infants had been born infected with Aids.

"By the end of the 1990s, an additional 10 million or more infants may be stricken," he said.

Mr Cobb said the US would provide funds to African nations as part of a co-ordinated Aids prevention plan that included technical assistance, increased condom use, diagnosis and treatment of sexually transmitted diseases. — Sapa-Reuter.

# PF recruits to be tested for Aids

JOHANNESBURG. — The South African Defence Force has introduced Aids testing of its Permanent Force recruits.

The medical screening by the SADF — briefly raised at a seminar by Mr Jurie Wessels, deputy director of the Life Offices Association of South Africa (Loasa) yesterday — was later confirmed by Brigadier Tristan Dippenaar, director of the SADF Medical Service in Pretoria.

The Loasa seminar highlighted the impact of the growing Aids pandemic in SA on the life assurance industry.

Brig Dippenaar confirmed that blood tests for the HIV virus formed part of a large battery of voluntary medical tests — but Aids testing was undertaken only by short-term and long-term Permanent Force recruits who wanted to become career soldiers.

Civilian applicants and national servicemen were not tested for Aids.

Brig Dippenaar said any PF recruits who tested HIV-positive were given counselling in the strictest confidentiality before they were referred to one of the nationwide aids training and counselling centres.

He said the SADF's rigid medical criteria for prospective career soldiers could not be compared with the health requirements in civilian life.

He pointed out that any wounded HIV-infected soldiers could also infect other soldiers and medical personnel, and would be unable to donate blood during battlefield emergencies.



# Serious challenges lie ahead as AIDS spreads

*B/Daw 7/11/91*  
AIDS will have a strong impact on medical schemes and retirement benefits, with the cost of providing death benefits expected to rise considerably over the next 10 years.

Outlining the effect AIDS could have, Southern Life senior manager Don Brown says no company can responsibly plan for the next five years without making allowance for its impact.

## Alter

Medical aid benefits will alter and death and retirement planning will have to change to meet the challenge.

"Medical aid societies will almost certainly face extreme difficulties with AIDS; in fact SA's medical system will be stretched to deal with it.

"Difficult decisions will have to be made as to the

level of treatment AIDS sufferers will receive.

"This will impact on medical aid," says Brown.

First Bowring actuary Deneys Mann says it is widely and authoritatively predicted that AIDS will exert an escalating negative influence on domestic, social and economic life.

Production sources will become strained and increasing health care costs will drag taxation upwards.

Old Mutual's chief medical officer Dr Ivan Lockyer says one projection is that about 27% of the population will be HIV-positive by the year 2005, when Aids-related deaths could number 700 000 a year.

Because the cost of disability claims would be expected to quadruple by the year 2000, medical aid schemes will be affected by AIDS earlier than pension

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funds.

Brown says the cost of treating AIDS patients can be very high even if life-extending drugs are not given.

"For example, one estimate is that a 1% incidence of AIDS in a company's employees would require an increase in medical aid contributions of over 30%."

## Respond

Medical aid societies will respond by imposing limits to treatment for sufferers.

This will have two implications. It will throw the cost of treatment back on the individual and it may be some time before the medical aid recognises that a claimant actually has AIDS.

In the latter instance, treatment will usually be in respect of opportunistic infections such as pneumo-



DON BROWN

nia. Even with severe monetary limits on AIDS claims, substantial costs are likely to be incurred before AIDS is identified.

When the HIV infection worsens into AIDS, this results in sickness, progressing to disability and culminating in death.

However, full-blown AIDS victims take from one to two years to die (HIV virus carriers live up to 12 years before getting AIDS) and life-prolonging anti-AIDS drugs are costly.

## 'Special resources' for AIDS claims

THE expected dramatic increase in the number of claims from AIDS victims and their beneficiaries will not cause widespread insolvencies among life assurers.

Sanlam GM Francois Marais said at a Life Offices Association (LOA) information seminar in Johannesburg yesterday that special resources would be used to fund these claims.

About 160 claims for deaths resulting from AIDS had been settled since the beginning of the epidemic, compared with an average of 130 claims a month from fatal car crashes.

By the year 2005, however, about 150 000 people in SA would die from AIDS every

year, resulting in a huge increase in claims, he said.

Marais said existing policies would have to be guaranteed but premiums, life cover and maturity values could be affected in future policies.

Lower bonus rates on traditional policies and higher mortality clauses on Universal Life policies were further possible effects of the epidemic.

The association had an AIDS agreement that all applicants for policies over R200 000 would have to undergo HIV testing or have an AIDS exclusion clause attached to their policy.

B/Day 7/11/91

PAUL ASH

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# No hope for rape girl, 11, dying of AIDS

ETHU

By DIANA STREAK

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A BRIGHT-EYED girl of 11 should be looking forward to Christmas with her family — instead she is dying of AIDS in a Cape Town hospital, the tragic victim of a rape.

While other children are packing for holiday, she will be experiencing the terminal stages of the disease — and prosecutors hope she will survive long enough to testify against the men accused of raping her.

When the child was admitted to

Tygerberg hospital at the beginning of October, just a week after her 11th birthday, doctors discovered that she had AIDS. *S/Times #0/11/91*

After questioning the girl, the hospital called in the police and reported that she had been raped some time during 1990 while living with her grandmother in Eerste Rivier.

Police later arrested two men, one of whom subsequently tested HIV positive. This week Mr Phillip van Rheede, 23, and Mr Martiens Jooste,

24, both pleaded not guilty to rape when they appeared in the Kuils River magistrate's court.

Both were refused bail and the case was adjourned to November 22 when a regional court date for the trial will be set. The prosecutor, Mrs TE Theron, said she had opposed bail because the child could die soon.

"If they fail to make their court appearance, the police may not be able to retrace them before the death of the child," she said.

IT IS five years since the first local case of HIV was reported — during which time the number of infected people has soared to an estimated 200 000, which is still growing at a rate of around 300 a day.

Yet government and medical practitioners continue to play ostrich, says Warwick Allan, co-ordinator of the Aids Coalition To Unleash Power (ACT UP).

“Government, the general public and health care professionals are scared of the problem, so they pretend it isn't there,” he said.

“The lack of co-ordinated action in the past will cost literally hundreds of thousands of lives — and the best they have

# ‘We dare not ignore HIV’

been able to come up with is a pathetic R6.5 million education budget this year.

“No meaningful provision has been made for the care of people who are already infected,” he says.

Clearly, any education campaign must run parallel with a care programme for people who are already infected — and it must be designed to have impact at every level of society.

Mr Allan is bitterly critical of suggestions that home-based

care is the best that can be offered HIV victims.

“Ultimately families, backed up by community care workers, can be trained to look after their own. Sheer numbers will make this necessary.”

“But at this stage people just aren't ready to cope — and government must not be allowed to pass the buck.

“Lack of education has fostered an irrational fear of the disease, which also carries a tremendous social stigma. Some

families and support groups will reject the victim — and where homosexuals are infected many of them will have been rejected already,” he comments.

Mr Allan says the tendency to reject and ignore the HIV sufferer carries over into the medical profession.

“If someone who is HIV-positive lands up in hospital — even with a totally unrelated problem — he is likely to be stuck in a corner and ignored.

“And although GPs could

treat HIV sufferers, at least in the early stages of the disease, they have chosen to remain ignorant so that even those who are willing to treat their patients don't really know how to do so,” he says.

Instead, says Mr Allan, “Aids tests” have gained an almost tabloid significance.

“The irony is that during the first three months after infection a person carrying the HIV virus will not test positive — but, because no antibodies will have built up in his system, he

will be far more infectious than when he does test positive.

“The only rational approach is to treat every patient with the same precautions as if he were HIV-positive — or carrying any other blood-borne disease — and then the risk of infection is negligible.”

At the same time, he says, patients must become more vocal in demanding that doctors take sensible precautions.

“Now patients must learn to insist that needles used in their treatment come direct from a sterile package, that instruments are taken out of an autoclave, and that doctors and dentists wear gloves,” Mr Allan says.

(92) Star 15/11/91

AIDS

Working it out

As the Aids virus threatens to reach pandemic proportions, it seems that most people will be affected in some way, however indirectly. A recent actuarial estimate says that by the turn of the century Aids will halt SA's population growth.

The disease will increasingly make its impact felt in the workplace and in the realm of legal rights and duties.

A recent Supreme Court decision (McGeary) — giving preference to a doctor's duty to disclose his patient's HIV status above the patient's right to privacy — highlights just some of the dilemmas.

Reflecting public concern, the travel agents' association earlier this year demanded that SAA ground all HIV-positive cabin staff and members of the SA Police are now expected to undergo HIV testing. Business is seeking guidelines to deal with affected employees, while unions are demanding non-discriminatory practices.

Labour lawyer Edwin Cameron suggests that the Industrial Court and the Supreme Court will be guided largely by medical and social considerations in determining what is "fair" in relation to Aids and HIV.

Given the scientific evidence that Aids is difficult to transmit and that precautionary

measures are relatively easy to take, Cameron (who acted for the now deceased McGeary), bases his arguments on the premise that there is virtually no chance of infection at the workplace. It would, therefore, be difficult to justify any discrimination against an HIV-infected employee.

The Labour Relations Act provides the parameters of what is fair and unfair in relation to Aids and HIV, through its wide definition of unfair labour practice, according to Cameron. But many workers are not protected by this Act. In such cases, the common law and ordinary principles of contractual breach apply. Thus if a worker is too sick to do the job, the employer can dismiss him — whether the cause is an Aids-related infection or any other illness, says Cameron.

But the consensus among labour experts is that dismissal on the grounds of HIV infection alone cannot be justified. Cameron points out that an HIV-infected worker may have years of service ahead and that mere infection cannot be a rational basis for termination of services. This view is supported by the International Labour Organisation and the World Health Organisation.

Common law also protects an employee from any unilateral diminution of his status by the employer. In other words, demotion, change in income or responsibility is not on; it would amount to a breach of the employment contract and entitle the employee to

common law remedies.

While irrational reactions from colleagues could probably not justify unfair action by an employer, says Cameron, irrational consumer reactions might ultimately allow an employer to dismiss an HIV-infected employee. An example here might be restaurant patrons who stay away because the chef is said to be HIV positive. However, the employer would have to prove that his market share was actually affected by news of his employee's HIV status and that every other alternative had been exhausted.

Cameron argues that because the disease is heavily stigmatised, employers bear a special duty of confidentiality regarding their employees' status. That said, the consensus among labour experts is that there is no onus on the employee to inform his employer of his HIV status.

Anglo-Alpha's aids policy affirms this position — unless, of course, the employee is unable to perform his job or if he is advised to stop working by a counsellor or doctor. Nevertheless, the company stresses its obligation to provide a safe working environment for employees and customers and says precautions should be taken to ensure that an employee's condition does not present a health or safety threat to other employees or customers.

Unisa law professor Christa Van Wyk also argues that an HIV-infected employee has a



Cameron... non-discrimination the only humane response

duty to inform his employer of his status where he poses a threat to the safety of others. This would include those performing medical and emergency procedures. Says Van Wyk: "Such persons should ideally not be involved in any invasive procedures, for example, surgery." Airline pilots and others entrusted with public safety would also need to own up, she says.

"Aids Dementia, which can appear at the onset of the disease, impairs the ability to concentrate and could severely endanger the public and cause problems of vicarious liability for employers," she says. Van Wyk also believes an infected patient is legally obliged to inform his medical practitioner of his condition.

Labour law expert Pak le Roux suggests

that an employee who is to be trained at great cost might be under an obligation to inform his employer of his HIV status

Cameron and Van Wyk say that deliberately or negligently transmitting HIV could give rise to a civil claim for damages or, in certain circumstances, could constitute a crime. "Theoretically, a charge of murder is possible," says Van Wyk, though she admits that providing evidence would be difficult if not impossible. Test cases abroad have, instead, been based on charges of attempted murder, she says.

Making the HIV infection a "notifiable disease" would help, argues Van Wyk. It would oblige medical practitioners to report cases of HIV infection to the authorities who would keep a national register of names, addresses and the likely source of infection. "This would give us a better and more accurate idea of how widespread the disease is. Also, unsuspecting people at risk could be notified." She denies that the system would be abused, provided that confidentiality is protected.

Health Minister Rina Venter recently rejected such a proposal.

Says Cameron: "The only responsible answers to the Aids epidemic lie in prevention, education and non-discrimination. Non-discrimination is not only the humane and compassionate response. It is the most sensible."

CATHOLIC bishops are trying to decide on a proposal that candidate priests be tested for AIDS before being admitted to seminaries.

The SA Catholic Bishops' Conference is considering a recommendation by the Commission for Seminaries that mandatory HIV tests be introduced.

According to the latest edition of the SACBC's official mouthpiece, *Internos*, the commission proposed in July that the tests be "an essential part of the medical test for all seminarians" and called on the August Plenary Session of the SACBC to give the matter urgent attention.

The SACBC has adopted an enlightened attitude towards AIDS in the past, and one of South Africa's first AIDS hospices was established in Cape Town by Catholic Welfare and Development, a church service agency.

Sister Brigid Flanagan, associate secretary general of the Pretoria-based SACBC, said the "obviously delicate and sensitive" issue was under consideration.

"It is one thing for a commission to make a recommendation — it is quite another for the full board to approve it," she said.

# Catholic bishops to make final decision on 'sensitive issue'

SITimes 17/11/91 92  
By DIANA STREAK

"The issue is important and requires much study and consideration."

Bishop Michael Coleman, head of the Commission for Seminaries, said he could not remember the exact reasons for the recommendation, "but we thought it would be a good idea".

"Like anyone else, aspirant priests could contract the virus through blood transfusions and things like that," he said.

"It has been our policy for years not to accept anyone who has a life-threatening condition such as heart disease, renal failure or cancer. The proposed tests should be seen in the light of this policy."

Mrs Cecilia Moloantoa, who is researching AIDS for the SACBC, said a London expert had recently addressed the bishops on the issue.

She suggested that the SACBC consult more experts and examine legal aspects, possible violation of human rights and the cost effectiveness of human resources.

"The issue requires intensive study, and it is unlikely that a decision will be made this year," said Mrs Moloantoa.

## Fatal

Father Graham Rose, rector of the St John Vianney Seminary in Pretoria, said the HIV testing proposal was in line with policy on "any terminal illness".

"Training for the priesthood takes up to seven years. If you know a seminarian has a condition that could see him die within five years, it makes no sense to admit him.

"The AIDS issue should be seen in context of a changing world. If there was a cancer epidemic, we would also consider a screening process. The AIDS test proposal in no way reflects on the calibre of seminarians.

"A seminarian may well have had a chance sexual encounter in the past, but this in no way reflects on his character."

Call to AIDS-test young priests

# No Aids depopulation

*Star 18/11/91*  
The Aids epidemic is a big enough problem without being compounded by the nonsense that Dr Claude Newbury is reported as saying in "Aids could depopulate SA says report" (The Star, October 31).

The Centre for Health Policy has published what we believe to be the most thorough exploration of the likely course of the epidemic and its economic impact. It shows Dr Newbury to be incorrect in every respect.

He says that the doubling time of the epidemic is eight months, and uses that figure to project 12,5 million infected South Africans by 1995. Any self-respecting public health administrator will know that

the doubling time increases as an epidemic progresses. By 1995 the doubling time will probably be 36 months. We predict 1,6 million South Africans will be HIV-positive in that year.

He claims "overwhelming evidence" that Aids will "depopulate" the country, and reduce our population to less than one quarter of its size by 2010. We predict that (even if there is no change in sexual behaviour) by the year 2005 there will have been about 3 000 000 Aids deaths and the population will continue to grow at 1 percent per annum instead of the 3 percent expected in the absence of the epidemic.

In that year (2005) the South

*92*  
African population will be 50 percent greater than it was in 1985. Thus the claims that South Africa faces dramatic depopulation is hysterical and inaccurate.

We expect the epidemic to reach a "steady state" with a maximum of 27 percent of the adult population infected by the year 2005. This figure can be substantially reduced with effective intervention programmes which must begin now, before the epidemic really takes off.

Cedric de Beer  
Director,  
Centre for Health Policy,  
University of the Witwaters-  
rand  
Parktown, Johannesburg

prints — as well as a guarantee of 200 screening weeks — are included.

In 1992 there will be similar Brat Packs available for Easter, the July holidays and Christmas.

## TV threatens black radio

A MAJOR threat to black radio is the increasing number of black television viewers. *By Day 19/11/91*

According to Hunt Lascaris TBWA, the number of black and white TV sets in black households has increased from 1.4% of the market 11 years ago to 17.9%. The percentage of colour sets in black households has risen from 1% to 14.6% in the same period.

The agency said this threat could cause radio stations to change their format and become more community driven, "developing a localised focus that TV cannot match".

Amps figures show that 49.4% of people in the PWV area watched TV in 1991 compared to 42% in 1988/1989, while radio listenership increased from 65.7% to 67.6%. In the rest of the Transvaal there was a decline in radio listenership, and an increase in TV viewership.

But there is still a wider audience for radio. Amps figures show that radio listenership among blacks varies between 54% and 75% depending on regions, while TV viewership is between 19% and 39%.

## AIDS campaign out soon

HUNT Lascaris will soon break its new anti-AIDS campaign. It was awarded the account in one of the most hotly contested pitches for a new account in SA. *(92)*

Lascaris was selected from 19 agencies which made detailed presentations to an independent panel of adjudicators. *By Day 19/11/91*

The new campaign will form part of a broader communications and awareness campaign being arranged by the AIDS Unit.



# Test regularly for AIDS says expert

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Sowetan  
22/11/91

LOVE carefully and have a voluntary HIV test once in three months, Dr Sydney Lachlan told *Sowetan*/Radio Metro Talkback Show listeners yesterday.

Lachlan said in the beginning Aids was seen as a homosexual disease but now 60 percent of new cases have been found among heterosexuals.

"The main problem is that men in urban areas tend to be more adventurous with their sexual exploits and most do not believe in wearing condoms," he said.

"When they return home to their wives they then pass on the virus. It has been found that HIV is normally passed from men to women rather than the other way round."

Lachlan urged insurance companies and employers not to discriminate against people who had been tested



HIV positive.

He said it could take up to 20 years for AIDS symptoms to show after the infection.

"Much as I am against anonymous testing, which is practiced mostly on pregnant women, I would urge people to be tested voluntarily and regularly. Today you may not have it but the next day you might."

A caller complained about anonymous testing, saying she was shocked when her doctor said the test was negative. "How would I have reacted if I was positive, without any prior counselling?"

# Mercy smugglers fly in AIDS drug

By DAWN BARKHUIZEN

THE life-prolonging AIDS drug, Azido Thymidine (AZT), is being smuggled into South Africa and distributed to AIDS sufferers who cannot afford sky-high local prices.

The cost of the Schedule 4 drug — between R440 and R800 for 100 tablets — has put AZT out of the reach of many HIV-infected South Africans.

One of the recipients of the black-market supply was a Brakpan businessman, Mr Barry McGeary, who died in September.

A friend bought AZT for him in Germany and brought it in on an over-seas flight, Mr McGeary's former lover, Mr Johan van Vuuren said.

## Network

"Had Barry not been able to get AZT this way, he would never have been able to afford it. He had to take six tablets a day. Some months his bill for AZT alone was R1 000."

The Sunday Times was told this week that a loose underground network of AZT users had been operating for at least three years.

During that period the death rate from AIDS dropped from 95 in 1989 to 74 in 1990, and 51 to date this year.

Experts say the drug has proved effective in pro-

## Getty heir near death

AILEEN GETTY, the oil heiress granddaughter of the late J Paul Getty, has revealed she has AIDS.

Miss Getty, 32, of Los Angeles, said on TV she had been given six months to a year to live.

"I found I was HIV-positive six years ago," she said. "I had a blood transfusion and about a year ago I found I had full-blown AIDS."

"I guess part of me is angry but I am hoping that by going public about it I will be able to really bring home the fact that this disease spares no one."

longing the lives of people with full-blown AIDS and delaying the onset of full-blown AIDS in HIV-positive patients.

The contraband drugs are supplied at a nominal cost or free of charge to South Africans, on a strictly "need-to-know" basis.

"There's no syndicate involved. The system is based on sympathy rather than financial gain," a source said.

"People bring AZT in from Britain, where you

get it free through the National Health Service, or from Europe and America where it is readily available and cheap."

But he warned against unscrupulous operators.

"I believe fake AZT is finding its way into South Africa and people could end up with capsules of talcum powder."

## Powder

Doctors consulted by the Sunday Times said the number of AIDS-related deaths reported in South Africa had dropped since the advent of AZT in November 1987.

Dr Stephen Miller, head of the HIV clinic at the Johannesburg Hospital, said no AZT was being administered to patients.

"We have more than 1 000 people on our books and, because the government refuses to subsidise AZT and medical-aid societies limit payouts for medication, it is beyond their reach."

Dr Ruben Sher, head of the Aids Centre at the SA Institute of Medical Research, said: "Ideally, AZT should be given to all people infected with the virus."

Dr Manda Homeshaw, head of the Department of Health's Aids Unit, said the drop in the death rate had "nothing to do with AZT". It was a "normal blip typical of any epidemic".

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STimes 24/11/91

## Zimbabwe holds Aids week

HARARE — Zimbabwe's official tally of Aids victims has passed the 8 900 mark — but authorities estimate the figure could be three or four times that number.

Thousands more have become infected with the

HIV virus. Some studies show 700 000 people will die from Aids-related diseases in the next few years.

Zimbabwe is holding an Aids Awareness Week this week. — Star Africa Service.

STAR 25/11/91

(92)

# 141 insurance claims for AIDS

*B/day 26/11/91*  
CAPE TOWN — The insurance industry had received 141 AIDS claims, 94% of them from male policy-holders, as at October 28 1991, statistics compiled by reinsurer Mercantile & General (M & G) show.

The total amount of life claims was R2,9m.

While single people still constituted the highest category of claimant (85 of the total), there was a definite increase in the number of married people lodging AIDS

claims, the latest report said.

The average age of claimants was 38 years, with 46% in the 31 to 40 age group and 29% in the 41 to 50-year category.

The statistics show that individual life policies made up about 60,5% of the total AIDS claims.

There was no apparent anti-selection as far as the sum assured was concerned.

92  
LINDA ENSOR

## Policeman killed in Kwa Mashu

JONATHON REES

NINE people, including one policeman, died in unrest incidents reported by the SAP and Kwazulu police (KZP) yesterday. One woman was killed and four injured in Alexandra township.

Police said a man was killed and two injured in White City, Soweto, on Sunday when a group attacked them with sharp objects. The KwaZulu police reported seven deaths. An off-duty SA policeman died after being shot six times in the chest in Kwa Mashu.

## HIV-positive women 'need abortion option'

GERALD REILLY

PRETORIA — SA was on the verge of an "AIDS precipice" and it could only be a human response to offer HIV-positive women the option of abortion, Baragwanath Hospital obstetrics consultant Dr James McIntyre said yesterday.

Speaking at a legal and ethical workshop on AIDS hosted by the HSRC, McIntyre said in SA abortion was legal where there was a risk of serious illness for the unborn child.

This appeared to fit the case of HIV infection, McIntyre said, adding that terminations were already being performed in some cases.

The World Health Organisation (WHO), along with most AIDS workers had backed recommendations that pregnancy terminations be a choice for HIV-positive women, he said.

According to WHO estimates, of the more than 10-million people infected with the HIV virus, 3-million were women and 500 000 to 1-million were children.

About 90% of all infected women were in Africa where heterosexual transmission accounted for 80% of all positive HIV cases.

In contrast, McIntyre said, in the US heterosexual transmission accounted for only 6% of all AIDS cases.

Most HIV-positive women treated at Baragwanath were under 25 and unmarried.

McIntyre said many women knowing they would die within 10 years would not want to give birth to a child.

This was particularly so when they had no husband or other support. Many women were refused services during pregnancy by private practitioners who had tested them for HIV and referred them to state hospitals when the test was positive.

R4736

R3809

## Aids 'can kill as surely as an AK'

AIDS can kill you "as surely as an AK", says the ANC in an educational video for "comrades".

The ANC video, showing today in the Bell Tower of St George's Cathedral at lunchtime, will be one of the offerings this week by the city council's Aids Training, Information and Counselling Centre.

The shows are a contribution to World Aids Awareness Week.

The half-hour video was made by

Solidarity Films for the ANC and tackles the Aids issue from the perspective of South African political exiles living in Lusaka and finding it "hard to be responsible so far from home".

92 25/11/91  
Yesterday's video, entitled "Does Dracula have Aids?", comprised a lively discussion among Aids experts, editors and businessmen of issues such as condom and hypodermic needle distribution in prisons.

# Guide out for STDs

*Southern* 24/11/91

THE Department of National Health and Population Development, in conjunction with the Institute of Medical Research, has published a guideline for the diagnosis and management of sexually transmitted diseases.

Sexually transmitted diseases constitute a major public health problem in Southern Africa and it is estimated that over three million STD cases are treated annually.

This is according to the department's director of infectious and communicable disease control, Dr Buks Lombard.

"Since there is no curative treatment available for HIV infection and Aids, prevention of HIV infection is the cornerstone of Aids control," he said.

"A broad spectrum of STDs is to be found on the subcontinent, which has resulted in the emergence of considerable diagnostic and therapeutic problems.

"The situation is aggravated because STDs also facilitate transmission of HIV, leading to Aids."

The manual, the second to be published in South Africa since November 1983, will be available to health bodies and institutions treating patients suffering from STDs.

"Since the first manual, significant changes have been made in the diagnosis and treatment of many STDs, both locally and elsewhere, and we have witnessed the emergence of Aids as a complicating factor," said a statement released by the department.

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# Presentation on Aids for Standard 5s

92  
ARG 27/11/91

**VIVIEN HORLER**  
Medical Reporter

IF a teacher or a friend became infected with HIV, 12-year-old Inge Haeck would be "sad but not afraid".

"I know now that you can't get Aids from ordinary contact," she said after she and 40 Standard 5 classmates from Pinehurst Primary School in Pinelands attended a presentation on Aids at the Red Cross Children's Hospital.

Of the school's complement of 56 Standard 5 pupils, 16 did not get permission from their parents to attend.

"I think Aids is going to affect everybody one way or another," said Jessica Morgan. "It was very interesting. I didn't know you could live for 10 years after you'd been infected — I thought you just died."

The pupils were given basic facts about the disease by the hospital's Sister Hawa Khan, and then shown two videos. In one actress Whoopi Goldberg talks about the disease, interrupted by information from a doctor and by comments from teenagers.

The video also provided replies to the old arguments in favour of teenage sex.

"What do you mean I'd have sex with you if I really loved you?" demanded one indignant girl of her boyfriend. "If you really loved me you wouldn't try to persuade me."

And the pupils were told: "It's your body, you're in charge of it, not your boyfriend."

Abstinence was emphasised as the only sure way to avoid HIV, followed by a faithful, monogamous relationship. If teenagers decided however to sleep with their partners, they should use condoms and spermicides.

If a teenager had sex with just two people in a month, and each partner had in turn slept with another two and so on, the number of contacts in a year would be 8 190, of whom 60 would be likely to be HIV-positive.

Pupils were also shown a video featuring harrowing interviews with people dying of Aids.

Afterwards principal Mr Richard Street commented: "I think this sort of information is necessary today. It was pretty strong medicine, but it was done tastefully and appropriately for this age level."

Sister Khan will speak at schools or classes can go to the Red Cross Children's Hospital for her presentation. For more information telephone 685 5011.



# HIV-infected pregnant women 'should be able to have abortion'

STAR 27/11/91

By Helen Grange  
Pretoria Bureau

Statistics indicate that there will be about 10 million Aids orphans in the world by the year 2000 as a result of their parent or parents dying from the killer disease.

Consulting obstetrician and gynaecologist at Baragwanath Hospital Dr James McIntyre yesterday argued at a legal and ethical workshop on Aids in Pretoria, that, in the light of the statistical projection, HIV-infected women should have a choice of abortion.

In Africa, the ratio of women to men infected with the Aids virus was 14 to one, and if they gave birth, their babies had an up to 60 percent of inheriting the virus.

These women should have the option of terminating their pregnancies, Dr McIntyre said.

He was staunchly opposed by Dr Claude Newbury, president of Pro Life, who vehemently insisted that unborn foetuses be accorded "the most fundamental human right — the right to life".

Confidentiality in the testing of suspected HIV-positive patients also inspired lively debate.

Warrick Allan, co-ordinator of Act Up "Aids Coalition to Unleashed Power", said the social stigmas attached to Aids were not the same as in the case of other diseases, and that there should never be breach of confidentiality.

"I have never come across a case (during counselling) where breach of confidentiality is acceptable," he said.

However, Dr Manda Holmshaw, head of the Aids unit at the Department of National Health, said confidentiality about Aids was a way of saying it should be hidden, adding that a Western approach to Aids counselling and treatment was not necessarily fitting in Africa.

"In Africa, individualism is not the highest value... patients are more interested in having a community representative, a way of getting Aids education to the community.

"We need an African response to Aids, not one that is imposed from the Western world," she said.

Debating the role of legislation on Aids, Dr Edwin Cameron of the Centre for Applied Studies at Wits University, said the time had come for a charter of rights for HIV sufferers to be adopted in legislation.

STAR 27/11/91  
Aids project shaky

An important Aids research project, Projet Sida (Project Aids), has been hit by political chaos in Zaire. The project is the largest of its kind in the world and researchers believe its findings could have been "invaluable". Trials on a new vaccine GP-160, which delays the progress of Aids, have been suspended and other research may be halted.

# Bank aims to cut out virus risk

By Zingisa Mkhuma

The first privately owned autologous blood bank in South Africa, which will allow patients expecting surgery to have their blood stored, began operating this month and was launched in Sandton yesterday.

The bank will provide an autologous blood service to collect and re-infuse a patient's blood at a fee. The blood could be stored for five years.

This method of banking blood will eliminate the risk of catching the Aids virus and other viruses associated with volunteer donor blood, Professor Harry Seftel of Johannesburg Hospital said at the launch.

He said existing testing methods were not safe, as they failed to determine if donors had the HIV virus during the "window period" which can last up to a month.

Give blood

# Killer Aids under focus in video

92  
Sowetan  
28/11/91

**AIDS is no laughing matter - it can kill you "as surely as an AK", the African National Congress says in an educational video.**

The ANC video, shown on Tuesday in Cape Town, was one of the offerings this week by the Cape Town City Council's Aids training, information and counselling centre.

The shows are a contribution to World Aids Awareness Week.

The half-hour video was made by Solidarity Films for the ANC and tackles the Aids issue from the perspective of South African political exiles living in Lusaka, Zambia.

Informal comradeship men's and women's discussions are featured, with people of both sexes showing some dangerously unliberated views, for example towards women who carry condoms around with them.

One of the people in the video says quite openly that "Aids is here, in the movement".

He notes that some people in the ANC are principled about some things but not in their dealings with their sexual partners.

An ANC man dying of Aids in a hospital complains about being isolated and ostracised by his comrades.

The video is entitled "Does Dracula Have Aids?"

It comprises a lively discussion among Aids specialists, doctors and businessmen of issues such as condom and hypodermic needle distribution in prisons and how frank and vivid the language and imagery of anti-Aids campaigners may be in the media and in public places. - Sapa.

# AIDS losses may be 1% of GNP <sup>(92)</sup> study

DAVE LOURENS

AIDS could cost the SA economy 2,5-million working years by 2005, but losses could be restricted to as little as 1% of GNP, a study by Wits University's Centre for Health Policy predicts.

The centre's director Cedric de Beer said while AIDS would have a negative effect on the economy, it would not be as significant as factors such as levels of political violence or the degree to which constitutional negotiations succeeded.

Senior research officer Max Price said the economy would be hit by direct costs in

health care services and indirectly from productivity losses.

Up to 900 000 of the lost working hours could be recovered by replacing AIDS sufferers with labour drawn from SA's pool of unemployed people. If all unskilled workers and 50% of semi-skilled workers could be replaced from the ranks of the unemployed, the impact of AIDS on GNP could be kept to 1%. If all unskilled but no semi-

To Page 2

## AIDS <sup>01/02/91</sup> <sup>28/11/91</sup>

skilled sufferers could be replaced, losses to GNP would be closer to 1,5%, Price said.

The impact on health care services was likely to be far more pronounced. The cumulative cost of AIDS-related health care between now and the year 2000 would be between R14bn and R30bn. Total health expenditure for this year was R12bn, of which less than 1% was AIDS-related.

Price said it was vital to establish appropriate precedents for the treatment of

From Page 1

AIDS sufferers. It was possible now, while the number of sufferers was low, to treat sufferers with high-cost medicine but this would not be feasible once the number of sufferers increased.

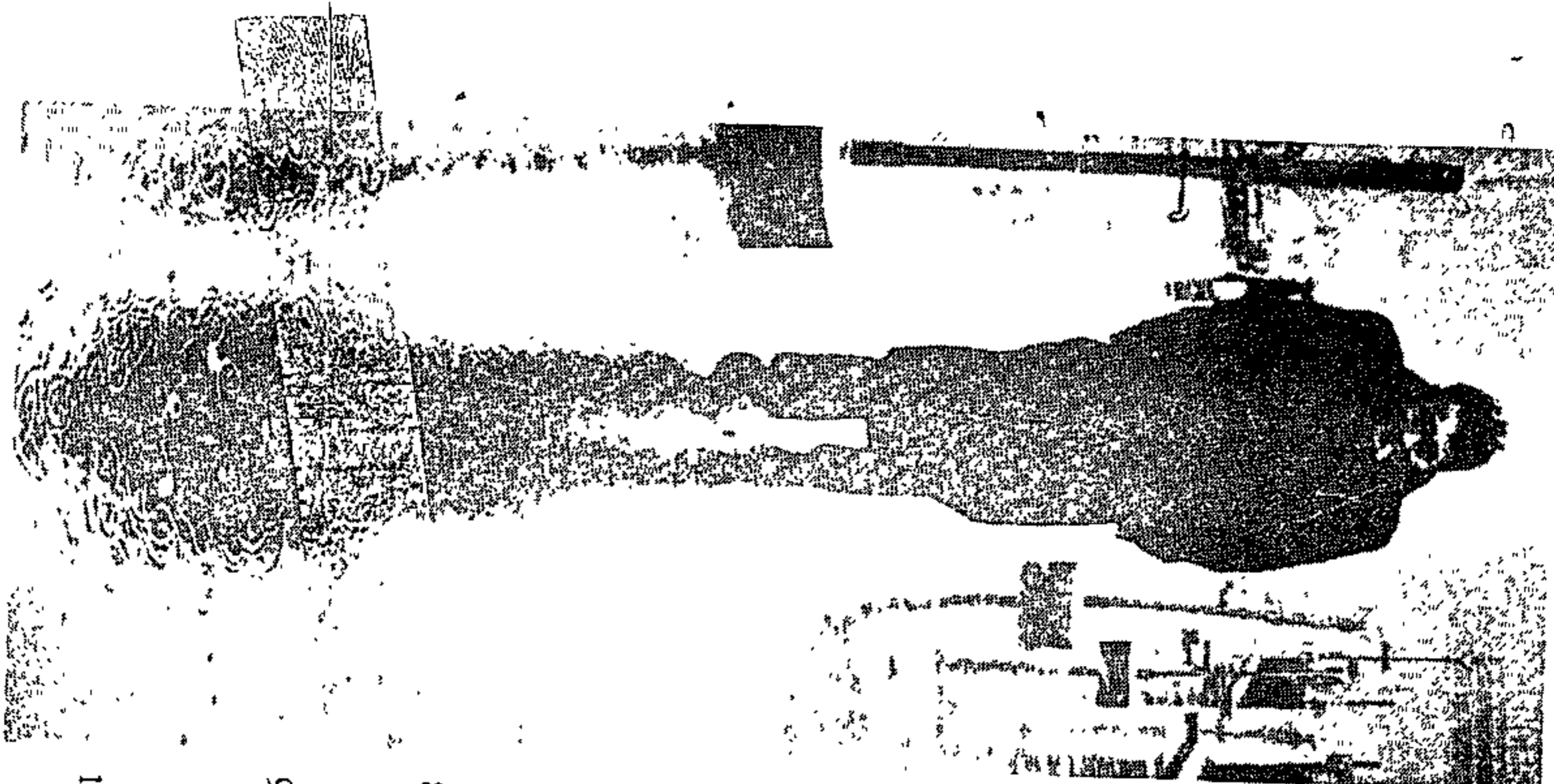
The study predicted the epidemic would reach its peak in 2005, when about 18% of the adult population would be infected. This allowed for a significant change in sexual behaviour once large numbers of people began to die from AIDS.

# PURSUING TRIVIA

- In the 1920s, the "Workers' Herald" newspaper was the mouthpiece of which South African political grouping? (a) The Communist Party of South Africa; (b) The Industrial and Commercial Workers' Union of Africa; (c) The African National Congress.
- Who wrote "The Cruel Sea", a story of the men who did battle with the German U-boats in the Atlantic during the Second World War? (a) Herman Wouk; (b) Ernest Hemingway; (c) Nicholas Monsarrat.
- Who played the part of the "Acid Queen" in The Who's film, "Tommy"? (a) Phil Spector; (b) Tina Turner; (c) Millie Jackson.
- At the 1952 Olympic Games in Helsinki, who won gold medals in the men's 5 000m, 10 000m and marathon events? (a) Emil Zatopek (Hungary); (c) Paavo Nurmi (Finland); (c) Herb Elliott (New Zealand).
- What is the capital of Mali? (a) Bamako; (b) Sikasso; (c) Timbuktu.
- Clint Eastwood starred in this story of a 1960 escape from a supposedly escape-proof prison on a rock in San Francisco Bay. Can you name the film? (a) Papillon; (b) The Bird Man Of Alcatraz; (c) Escape From Alcatraz.
- What is a willy-willy? (a) A desert whirlwind in Australia; (b) An Afghan watering-car; (c) Tibetan parrot.
- Which novel by DH Lawrence sold 200 000 copies on the day it was published? (a) Sons And Lovers; (b) Women In Love; (c) Lady Chatterley's Lover.
- In 1974, a group consisting of Fayette Pinkney, Sheila Ferguson and Valerie Holiday had a hit with "When Will I See You Again". What was the name of the group? (a) The Three Degrees; (b) Heart; (c) The Ronettes.
- Who is the captain of Cape Town Spurs Football Club? (a) Johnny de Souza; (b) Mark Williams; (c) Gary Wynmers.
- In which city were the 1964 Olympic Games held? (a) Tokyo, Japan; (b) Munich, West Germany; (c) Melbourne, Australia.
- Who plays the part of a shy, crippled girl who seeks escape from life in St Louis, in the 1987 version of Tennessee Williams' "The Glass Menagerie"? (a) Gertrude Lawrence; (b) Jane Wymann; (c) Joanne Woodward.
- What is a tumba? (a) a percussion instrument resembling a large conga drum; (b) a cart used for carrying dung; (c) a leather or cloth band strung across the forehead.
- The medical term for hardening of the arteries is what? (a) atheroma; (b) sclerosis; (c) thrombosis.
- Which Irish playwright wrote "The Quare Fellow", based on eight years he spent in prison? (a) Sean O'Casey; (b) Brendan Behan; (c) Peter Shaffer.
- What instrument does jazz musician Ahmad Jamal play? (a) piano; (b) trumpet; (c) saxophone.
- In which province of South Africa is Hope-town? (a) Cape; (b) Orange Free State; (c) Natal; (d) Transvaal.
- Name the England soccer captain who played against Nottingham Forest in the 1980 European Cup final. (a) Gerry Francis; (b) Ray Wilkins; (c) Kevin Keegan.
- In which African country is the copper-mining town of Ndola? (a) Nigeria; (b) Zimbabwe; (c) Zambia.
- What is cacography? (a) noise; (b) incorrect spelling; (c) bad choice of words.
- Quicksilver is another name for what? (a) silver oxide; (b) potassium; (c) mercury.
- Which author — he won the Nobel Prize for literature in 1957 — burst into the public eye with a novel called "The Outsider"? (a) Truman Capote; (b) Jack Kerouac; (c) Albert Camus.
- "John Barleycorn Must Die" and "Low Spark Of High Heeled Boys" were two albums of a UK "supergroup" that never quite lived up to its name. Can you name the group? (a) Blind Faith; (b) Deep Purple; (c) Traffic.
- The Auگرabies Falls are on which river? (a) Orange; (b) Tugela; (c) Crocodile.
- In which sport would you come across the term "yorker"? (a) horseracing; (b) walking; (c) cricket.
- In which country would you be if you paid for your taxi ride in wons? (a) Zaire; (b) South Korea; (c) Sao Tome and Principe.
- What is a naevus? (a) a mercenary navy of Roman times; (b) a birthmark or skin blemish; (c) a Roman sailor.
- A young squirrel is called a what? (a) nestling; (b) whelp; (c) kit.
- Which actor who starred in such movies as "East of Eden" and "Rebel Without a Cause" died in a car crash? (a) John Wayne; (b) Elvis Presley; (c) James Dean.
- Pat Sefolosha and Kenny Mathaba were members of which South African group? (The group was formed in 1978 and broke up in 1985.) (a) Savuka; (b) Harari; (c) Malopoels.

26 - 30 Excellent 21 - 25 Good 16 - 20 Average 11 - 15 Weak 6 - 9 Very weak 0 - 5 Hello, Turkey!

ANSWERS: 1. (a); 2. (c); 3. (a); 4. (c); 5. (a); 6. (c); 7. (c); 8. (a); 9. (c); 10. (a); 11. (b); 12. (c); 13. (a); 14. (c); 15. (a); 16. (a); 17. (b); 18. (c); 19. (b); 20. (c); 21. (c); 22. (c); 23. (c); 24. (c); 25. (a); 26. (a); 27. (c); 28. (c); 29. (c); 30. (c).



# SOUTHERN STARS

PO... CA... HEALTH CARE... The pandemic scale of the disease and the speed with which it has spread have left a gaping need for new strategies to combat it. State health authorities worldwide have failed to meet the challenge — a failure related to the prevalence of Aids among disempowered groups such as blacks, gay men, drug users and prostitutes.

But the lack of state involvement has left a space for infected people and their supporters to mobilise around the epidemic, setting precedents for addressing health as a political issue.

The best known of the Aids activist organisations is the Aids Coalition to Unleash Power (ACT-UP), which has spread to three continents since its first demonstrations in New York in 1987.

In South Africa, similar official negligence leaves room for activist groundwork.

"The status quo has alienated the HIV community," says Gaby Koonin, spokesperson for Cape Town ACT-UP. "No attempt has been made to win their support or to involve them."

"As a result the virus has to some extent gone underground — we are faced with a situation where prejudice surrounding the virus abounds."

"The state persists in withholding subsidies, claiming there is no money for such projects. What about new hospital wings and slush funds? We really need to address the human side of the disease. Unless there is a political and attitude change with regard to HIV, there will be no chance of stopping the virus."

Surcharges, taxes and profits made by private enterprise on drugs such as AZT result in the price of treatment being astronomical. Medical aid schemes will pay only a tiny fraction of the expenses involved in treating an Aids patient.

"The present health budget only allows for two people in any major city to be on AZT at a time," says Koonin.

"Yet AZT is supplied at no charge to nurses and health workers who are suspected of having been infected with the HIV virus. Under such circumstances other people are being denied the AZT treatment."

State health policy deliberately obstructs the obtaining of Aids-related medications and makes it very difficult for people to be administered



adequate treatment.

"One of the horrific aspects of HIV/Aids emergencies is a condition known as CMV Retinitis which results in eventual blindness. A patient with this condition requires the drug Gancyclovir within 24 hours.

"Our hospitals refuse to make the drug available until the patient has turned blind in one eye."

At present there exists only one official Aids clinic serving the whole of South Africa. "In Cape Town there's been a refusal to establish an

official Aids clinic," Koonin says. "Somerset Hospital has an unofficial unit — they try their best under the circumstances." There has been pressure to close down this service from people opposed to it.

State protection for the rights of those infected with HIV or who have developed Aids does not exist. There is no bill of rights covering the questions of housing, jobs, freedom of travel, freedom of immigration and the right to anonymity. Being infected with HIV has nothing to do

There has been no attempt to remove the import duty and VAT placed on the sale of condoms. Free condoms are available only in certain places, and often people who are unable to get to town centres cannot obtain any condoms. There has been no campaign to distribute condoms in the areas where they are least obtainable.

In September this year, a newspaper report revealed that police were confiscating condoms to use as evidence against suspected prostitutes, thus discouraging them from carrying condoms.

Prison authorities refuse to face up to the existence of homosexuality in prisons, and do not provide inmates with condoms.

**E**DUCATIONAL CAMPAIGNS are largely aimed at the white middle class, ignoring hostels and squatter communities, and gay people. For three years Shaun Mellors, chairperson of ACT-UP in Cape Town, attempted to raise these issues by setting up a conference with the state and other organisations involved in HIV/Aids care. Eventually a conference was arranged after two postponements in order to accommodate the state representatives.

"Without an apology two juniors who were unable to answer any of our questions and appeared unaware of the facts or information were sent," Koonin says.

"The conference was organised for the purpose of informing the Department of Health of the plight of people living with HIV and Aids. Representatives from organisations such as the ANC, the Gay Association of South Africa, the Haemophilia Foundation, the Organisation of Lesbian and Gay Activists, the Medical Research Council and Progressive Primary Health Care attended the workshop," says Koonin.

An open letter was sent to Dr Rina Venter, Minister of National Health and Population Development, demanding an explanation and apology for the inadequate response to the conference. "Along with our open letter, we sent a list of 25 demands, and detailed questions on medication, taxes, Aids awareness campaigns and discrimination," says Koonin.

"The Department's only response was to send a policy statement drafted without consultation of organisations." □

# Aids: Sharing the challenge may

Southside 28/11 - 4/12/91 (92)

**T**HE AIDS EPIDEMIC has become everyone's problem — it can no longer be regarded as a gay disease because the virus has infected about 10 million people worldwide, mainly heterosexuals. Governments, big business, the medical profession and international agencies have all begun to respond to this crisis — or so they would have us believe.

With this development, Aids activism has begun to lose the fighting spirit pioneered by the gay community. Governments are anxious to avoid criticism of neglect and are prepared to issue statements and support the WHO's call for "Sharing the Challenge". Yet they pursue health and social policies that contribute to the spreading of the HIV virus.

Dr Rina Venter, the minister responsible for severe cuts in the health services, has said about AIDS care: "All those who are role-players in the provision of health care services will have to work together to provide optimum care within the parameters of available funds."

Many progressive doctors, health workers and Aids activists are prepared to develop a policy of "constructive engagement" with state and local government agencies. We are encouraged to "share the challenge" by sitting on committees with them and even engaging in joint advertising campaigns.

While this is not wrong in itself, the government's intention is to neutralise any challenge to its policies from Aids activists who expose, mobilise and lobby.

In this context "working together" means pushing the burden onto working-class communities and the rural poor because the government will not provide the resources to cope with the Aids epidemic.

We need to examine the issues that can be addressed by our organisations and those which are the responsibility of the state, big business and international agencies.

In May this year Aids Counselling Trust (ACT) in Zimbabwe hosted the launch of an Aids networking organisation for Southern Africa. The delegates to the Southern African Network of Aids Service Organisations (SANASO) heard the testimony of Harry, an Aids sufferer.

When it was first discovered he carried the Aids virus Harry lost his job in Harare. He returned to his village keeping his infection a secret from his family. They insisted he get married because the household needed additional labour.

He did not inform his wife of his infection so

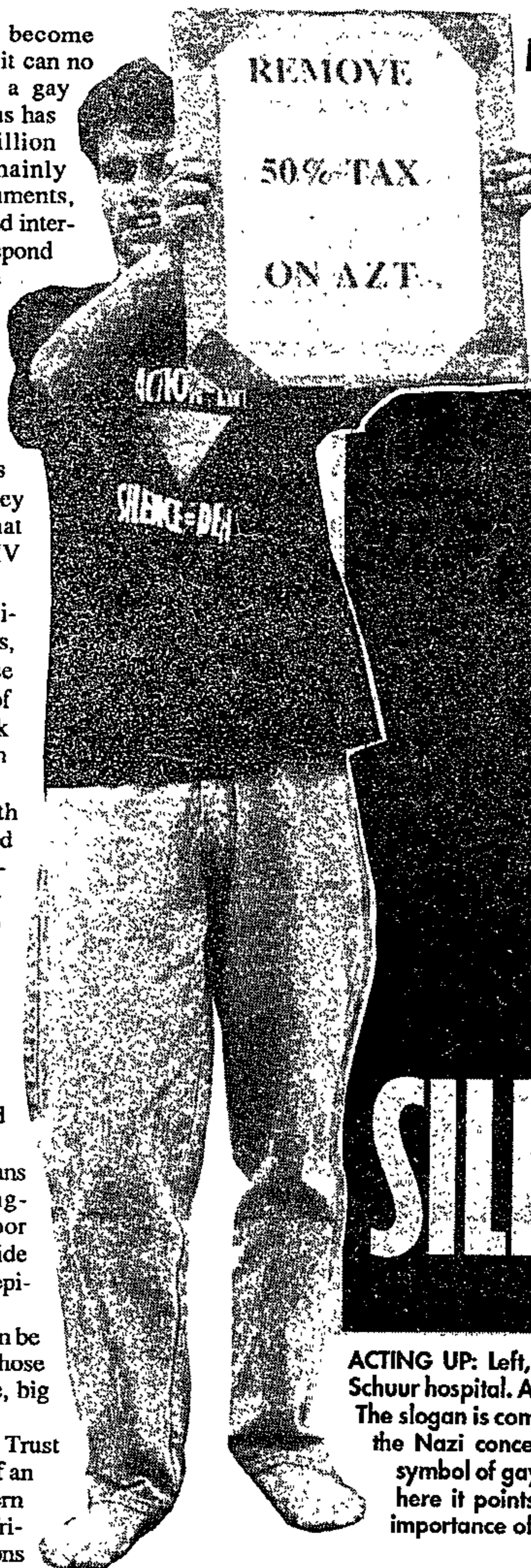
she could not understand his motivation for wearing a condom, and eventually she stopped him. Then she had a child who died of Aids. Harry and his wife were driven from the village. She became ill and died.

He returned to Harare where he was unemployed, homeless and starving. Occasionally Harry received support from the overburdened

Aids service organisations.

The participants at this Z\$250 000 conference listened to Harry's story in the plush surroundings of a five-star hotel in the Eastern Highlands of Zimbabwe.

Harry's experience shows Aids is more than an illness. It raises questions of sexuality and sexual practices; poverty and economic policy;



Monday December 1 is World Aids Day. The theme of the worldwide focus will be "Sharing the Challenge" which was determined by the World Health Organisation (WHO). ZACKIE ACHMAT argues that the WHO's focus may serve only to absolve high-level authorities and big business of their responsibilities in combatting the disease.

women's oppression; social security and the priorities of governments, politicians and international agencies; the role of big business and the profiteering of drug companies; prejudice and discrimination against infected persons.

**I**N 10 YEARS TIME, about three out of 10 workers in South Africa could have the Aids virus. Cosatu has developed a policy around this issue, but progressive Aids organisations need to link up with unions to campaign for legislation enforcing the right of HIV-positive workers to keep their jobs.

Aids education needs to struggle against women's oppression. Three million women worldwide have the virus. It is extremely difficult to negotiate safer sex practices with a husband or lover. In South Africa, activists have yet to link up with women's organisations to deal with these questions. It will mean a political challenge to male power. What does "Sharing the Challenge" mean in this context?

Like millions of rural poor and working-class people, Harry faces unemployment and homelessness. He is one of 22 million people in Africa who will suffer starvation this year.

The SANASO Conference outlined the economic crisis in Africa and the absence of health services. Some doctors said they have chosen not to supply expensive drugs to Aids patients ("who will inevitably die"). Instead they will concentrate on people with TB who have the chance of recovery. Health workers and Aids activists must demand more money from governments and international agencies to buy drugs.

Hundreds of thousands of workers from all over Southern Africa have helped make South Africa a regional economic giant. Yet, Aids activists have not demanded that the government and the Chamber of Mines (the chief beneficiary of cheap labour) contribute financially to the health budgets of these countries to fight Aids. This is a challenge.

AZT is the only licensed drug on the market which delays the onset of incurable Aids. One year's treatment on AZT costs at least R10 000. Many African countries have a health budget which is less than R20 per person per year.

AZT is manufactured by Wellcome-Borouhgs, a British company. Worldwide sales of AZT brought the company more than R1,35 billion. Two weeks ago Wellcome-Borouhgs announced, a 28 percent increase in profits taking it to the

**SILENCE=DEATH**

**ACTING UP:** Left, A Cape Town ACT-UP member protests outside Groote Schuur hospital. Above, SILENCE=DEATH has become an ACT-UP trademark. The slogan is combined with the pink triangle used to stigmatise gay men in the Nazi concentration camps and which has subsequently become a symbol of gay liberation. Originally the triangle pointed downwards — here it points upwards as a sign of hope and resolve. It reflects the importance of gays and lesbians in pioneering Aids activism.



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# 'Origin of Aids' claim by scientist

(92)  
APR 28 11 41

NAIROBI. — A British medical scientist working in Aids research in Kenya believes he may have discovered the origin of the killer disease.

Charles Gilks of Oxford University has uncovered several cases of people being injected with chimpanzee and monkey blood during virtually unknown and largely forgotten experiments over the last 50 years in malaria research.

Mr Gilks, a visiting researcher at the Kenya Medical Research Institute, says the experiments in Belgium and the United States could have led to accidental transmission between species of the HIV-viruses which cause full-blown Aids.

"Direct transfer of infected blood is the most efficient mechanism of virus transmission," he told Reuters.

His findings are published in the latest edition of the British scientific journal Nature.

The origin of Aids has baffled scientists since the epidemic first surfaced in significant size among homosexual men in the United States in the early 1980s.

But the HIV-viruses which cause Aids are widely believed to have crossed over to Man from African apes.

● An experimental antibiotic is effective against a form of pneumonia that frequently afflicts people with Aids, according to a study in Boston.

The drug, called 566C80, can relieve pneumocystis carinii pneumonia, the most common dangerous infection among people with Aids-ravaged immune systems. The medicine appears to be less toxic than two other drugs used to treat this infection.

In their report, the researchers described the medicine as "safe, effective and well-tolerated" for mild to moderate pneumocystis.

● In Paris the French government has unveiled plans to compensate thousands of people infected with Aids during blood transfusions but has sidestepped the tricky question of who was responsible for the contamination scandal.

Social Affairs Minister Jean-Louis Bianco told parliament that a High Court judge would head a commission to decide who should receive payments from a specially created fund. — Sapa-Reuters-AP

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# Aids events will sweep country

Soufan

29/4/91

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**SOUTH Africa will witness an unprecedented number of events marking World Aids Day this weekend.**

WAD has been established by the World Health Organisation to expand and strengthen the worldwide effort to stop Aids.

The events, starting today, have been planned in many parts of the country to "join forces and share the challenge."

Cape Town, Pretoria, Johannesburg, Port Elizabeth, Durban and Bloemfontein will participate by providing mobile clinics offering educational videos, talks, tapes and personal interviews. Processions are planned for a number of centres with Soweto showing the most activity. Regional radio stations are co-operating by playing jingles and inviting experts to appear on shows.

An article in the South African Medical Journal says the Planned Parenthood Association has pamphlets for distribution. They are **Aids: What is your risk?, Loving Safely, and Talking to Your Partner about Safer Sex.**

## Sermons

Many towns are organising exhibitions, businessmen information courses, and plays presented by schoolchildren. Many churches will hold relevant sermons on Sunday.

Old Mutual has sponsored a prize of a computer for the school producing the winning poster in a competition organised by the Western Province Aids Training and Information Centre.

## Infected

The WHO has listed several points for contemplation on World Aids Day:

Aids is a worldwide problem. Everyday about 5.000 people are newly infected with HIV;

Information and education are vital. Until a cure or vaccine is found, changes in personal behaviour must be the way to prevent its spread; and

Isolating people with Aids is not the answer. Violating their human rights or discriminating against HIV-infected individuals will drive the disease underground.

The main events in the Witwatersrand will take place at the following venues:

**FRIDAY:**

## By MOKGADI PELA

Stratford Clinic in Orange Farm (10am);

Dresser Clinic in Tokoza (9am to 2pm); and

HSRC Building in Pretoria will host a meeting at 8.30am. Speakers will include Dr Manda Holmshaw, head of the Aids unit at the Department of National Health and Population Development, Dr Rina Venter, Minister of Health, and Ms Rachel Seabi of the Soweto City Health Department.

**SATURDAY:**

## Future

South African Institute for Medical Research, Corner De Korte and Hospital streets (9am to 1pm). Speakers will include Professor Ruben Sher, Professor Ron Ballard, Dr Nicky Padayachee, Ms Veronica Blanchard of Future Communications and Sowetan medical reporter Mokgadi Pela;

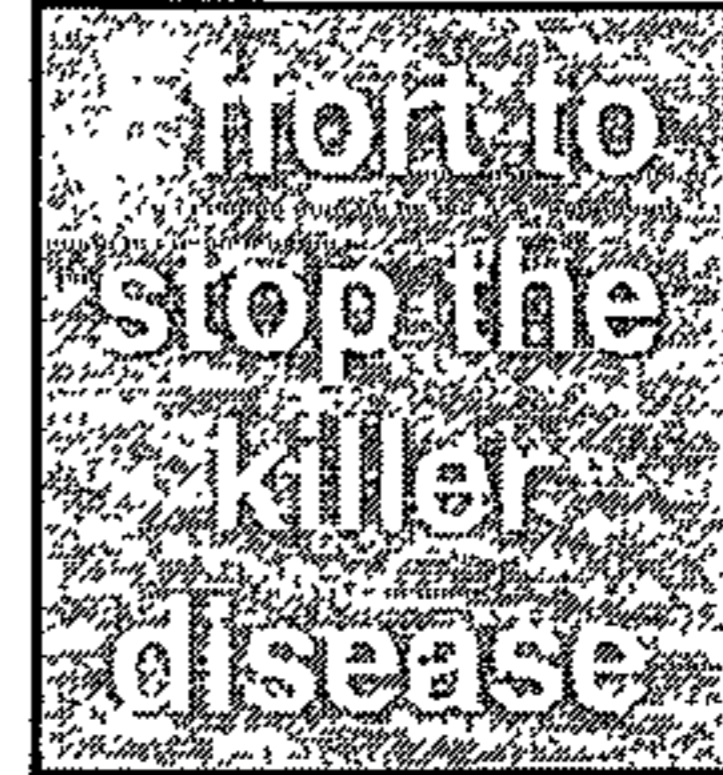
In Tsakane, an Aids awareness campaign will be held at the local hall (9am);

The Meadowlands Clinic and staff invites the community to join in the Aids float at 9am. The procession will leave from the Meadowlands Clinic and the TB Clinic and reconverge at the Bapedi Hall; and

A trophy float will start at the New Mofolo Clinic at 9am. At 10am an expert will deliver a talk.

**SUNDAY:**

The Outreach programme, a Johannesburg health and housing directo-



cessions all over the township giving out leaflets and condoms. It invites the public to participate; and

In Mamelodi, a seminar will be held at the local community hall from 8.30am to 1pm.

Other events will be held in Kattlehong on the East Rand on December 5 at the local health centre from 9am to 2pm.

The South African Black Social Workers Association will hold its symposium marking World Aids Day on December 7 at the Johannesburg Hotel.

## Women run greater risk

NEW HAVEN - Women face greater risks of contracting Aids than men and they die sooner from the virus, US university researchers in Connecticut reported this week. *Sowetan 29/11/91*

Women are 12 times more likely than men to get Aids and they die 20 percent sooner, said psychologist Ms Judith Rodin in her article *Women and Aids*, which will be published in January.

The study by Rodin and other research-

ers at the prestigious Yale University represents the most comprehensive analysis to date on women and Aids, she said.

Women are more prone to contracting Aids: (92)

"Because the spread of the virus in the heterosexual population is more likely to occur from an infected male to a female.

"Therefore, heterosexual females are at a greater risk than heterosexual men," says Rodin. - *Sapa-Reuter*.

**H**OW does an entire society change its sexual behaviour? How can South Africa prepare itself to fight the snowballing Aids epidemic when sexual attitudes are so entrenched that, according to Aids Unit director Dr Manda Holmshaw, "a municipality is taking us to task because one of our pamphlets says that masturbation is safe — they feel that a comment like this is encouraging their children to be promiscuous"?

That municipality had better brace itself: from Sunday — World Aids Day — the South African sexual landscape will never be the same again. For on Sunday the Aids Unit, which is part of the Department of National Health and Population Development, will launch a R6,5-million national media campaign in the Sunday papers.

The campaign will use prominent personalities to put its message across, which, according to Minister of Health Rina Venter, will be that "Aids is a behavioural problem more than merely a health problem".

According to the Aids Unit's National Communication Strategy, the campaign will be "empowering", "empathetic", "neutral and non-judgmental" and "user-friendly".

The campaign, awarded to advertising agency Hunt Lascaris, will start quite traditionally with a logo and mass media announcements but will go on to include much interactive activity, like participatory theatre — which has been found by groups like Puppets Against Aids to be highly successful.

"We have learnt from other countries," says Holmshaw, "that simple information campaigns don't work. In Kenya, for example, everyone knows how Aids is transmitted, but people haven't changed their behaviour.

And so our communications campaign won't just give information — it will teach skills, so that people are able to do something with the information." Announcements, for example, will depict families or couples or groups of friends talking to each other about Aids.

The campaign will also key into another important — if tardy — government initiative: mandatory Aids education that will be introduced next year in all South African secondary schools. In 1993, mandatory Aids education will be introduced in primary schools. The Aids Unit's aim is nothing less than to have all South Africans above the age of 12 "Aids-literate" within the next couple of years.

Already, comments Dr Clive Evian, head of the Johannesburg City Health Aids Programme, "the Aids Unit works within a hostile environment where most government people don't care at all about Aids". Now, with the awareness campaign, it will have to negotiate between the intransigence of Afrikaner Calvinism, which prescribes very strict sexual mores, and black communities, where any public talk about sex is taboo.

But perhaps the greatest problem will be the following: while Aids Unit research shows that the vast majority of South Africans sees Aids education as being the responsibility of the government, any government-initiated programme is likely to be viewed with suspicion by most South Africans. This is particularly true for Aids, which, with its 10-year latency period, is distant and remote from everyday life.

Dr Ruben Sher, head of the Aids Centre at the South African Institute for Medical Research, says: "Certainly, it's a step forward

# R6,5m to fight Aids - but can it change sexual mores?

92

W/ Mail 29/11 - 5/12/91.

On Sunday, World Aids Day, the government will launch a R6,5-million Aids awareness campaign. **MARK GEVISSER** speaks to Dr Manda Holmshaw, director of the Aids Unit, which devised the campaign — and looks at its possible effects



Dr Manda Holmshaw  
Photo: GUY ADAMS

that the government is finally taking Aids education seriously. But, because of the severe political situation here, I fear that no emissary of the current regime will ever get through to those who most need to hear the message — black people."

How can a mass media campaign break the misconception — rampant in urban black society — that Aids and condom-promotion are part of a sinister government plot to control black population growth? How can a government with a 40-year history of oppression con-

vince black people that it has their interests at heart?

"Honesty is crucial," says a Hunt Lascaris copywriter working on the account. "The most important target group, sexually active teenagers, want accurate information. They want us to call a spade a spade. So our campaign might shock people, for in some cases it will be very explicit."

Holmshaw modifies this by saying: "We will not be giving how-to manuals on sex. South Africans aren't ready for that, and they would respond negatively to it." Rather, both education and media campaigns will focus on what she calls "lifestyle education — how to live your life responsibly".

She adds that "we have learnt from the example of the coffin campaign" — a spectacularly unsuccessful government campaign which tried to terrorise people into changing their sexual behaviour by instilling in them, literally, the fear of death. "Such finger-wagging doesn't work. We can't be prescriptive. All we can do is give people options and let them decide for themselves."

Monogamy, for example, is often upheld by religious leaders and teachers to be the surest way of avoiding HIV-infection. "But this isn't necessarily true. If all the parties in a traditional polygamous relationships are practising safe sex, then it might be appropriate to say that polygamy is also safe."

Holmshaw also says "experience in the rest of Africa has taught us that education must be community-based and community-specific". Education "modules", for example, will be available for all schools to use. But it will be up to the schools themselves to decide which of them to use — or whether to use material that they devise themselves.

There are clearly problems with this: what if a particular community decides that the only way of teach about Aids is the fire-and-brimstone thou-shalt-not approach? "At this stage," Holmshaw says, "all we can do is hope that people learn from experience to be more pragmatic."

While Holmshaw emphasises community autonomy, others in the world of Aids education are sceptical about the Aids Unit's commitment to this. An educator at one of the 10 government-funded ATICs (Aids Training and Information Centres) comments: "We are meant to be community-based, but our funding from the Aids Unit comes through the white municipality, which means that we have two masters — the town council and the government — and so our hands are often doubly-tied."

The major problem with the Aids Unit, critics say, is that it has a staff consisting largely of people who have little contact with larger political currents in South Africa and with the people it most needs to reach.

An example: at a workshop this week on the legal and ethical issues around Aids, Holmshaw stated that confidentiality has become an issue in South Africa only because of its importance to gay people in the West and that it has little place in Africa, where "people are community-spirited" and where group responsibility is more important than individual rights.

"I think that Dr Holmshaw must be very naive," says one black Aids worker, "if she feels that black people are not interested in individual rights and issues of personal power — like the right to confidentiality."

# 18-million to get Aids <sup>(92)</sup>

GENEVA — At its fourth annual Aids Day on Sunday, The World Health Organisation (WHO), predicted that up to 18 million people will have full-blown Aids by the end of the century.

Dr Michael Merson, head of WHO's Global Programme on Aids, said 5 000 people were being infected every day.

The number of Aids sufferers worldwide would increase tenfold by the year 2000, WHO said.

"We'd love to have a vaccine by the end of the century, but we can't wait for that. We must rely on the only vaccine we have now — education," Dr Merson said. — Sapa-Reuter.

MAR 29 11/11

# Trish wants first mobile Aids crew on the road

**VIVIEN HORLER**  
Medical Reporter

92 AMG 30/11/91

TRISH van der Velde has had a hell of a week.

It's been Aids Awareness Week and as both Mayoress and manager of Cape Town's Aids Training, Information and Counselling Centre, she has been in constant demand to speak at symposiums, judge poster competitions and give interviews.

Tomorrow she has another speech to make at the memorial service at St George's Cathedral being held to mark World Aids Day.

This speech is close to her heart.

"I'm going to launch my Aids Home Care challenge. I want to raise enough money to get at least one vehicle with back-up service on the road and fully operational in Cape Town by December 1, 1992."

Her idea is based on similar schemes operating successfully in Zambia and Uganda. A vehicle, staffed with an experienced nursing sister or doctor, plus possibly a counsellor and an educator, will visit the homes of people who are sick with Aids-related diseases, providing medical care, counselling, support and possibly even food for the

patient and his or her family. In Zambia a mobile team sees between five and eight patients a day.

"The vehicle will carry patients' folders, medical supplies, food parcels, equipment for drawing blood, perhaps blankets, and go to people who are perhaps not sick enough to be in hospital but are not well enough to be up and about.

"These could be people who are out of work, short of food, ill, people who've been up all night vomiting, with diarrhoea and night sweats, people without the money to pay for transport to get them to the hospital for their regular treatment, and without the stamina to wait in endless queues once they reach the hospital, and then get themselves home again.

"This sort of system has been shown to be cost-effective in Zambia and Uganda."

Current projections from the Centre for Health Policy, part of the University of the Witwatersrand's Medical School, are that the Aids epidemic will consume at least 34 percent of all funds available for health care by the year 2005.

At that time there are likely to be at least 4,7 million people infected with HIV in South Africa,

and at least 618 000 people sick with Aids. By then 2,3 million South Africans are likely to have died from the disease.

Funds to treat all who will eventually become sick will be scarce. Home care is going to be a reality in South Africa, and family and communities are going to have to shoulder much of the burden.

In Guguletu, says Mrs Van der Velde, there is a young man sick with an Aids-related disease who is not ill enough to be in hospital, but whose family shuns him completely.

"The answer is not to send him back to hospital. We should go out and talk to the family, provide them with support, information and some practical nursing skills, and also talk to the community around the patient.

"With a home care vehicle a lot could be done for this man and his family."

Contact tracing would also be easier with a mobile unit.

Mrs Van der Velde said the details of the Home Care project still had to be worked out, and at this stage the type of vehicle needed had not been decided. "It has to double as an ambulance, a clinic,

an office, a drama theatre and an education centre, so a combi might be the answer.

"What we're hoping for is that a company will come forward and donate the vehicle, and other companies will sponsor maintenance, tyres, petrol and other running costs."

Mrs Van der Velde wants the Home Care project to link into the existing network of Aids support groups, interested church groups, child welfare groups, service organisations such as Leos, and the facilities provided by provincial hospitals and clinics.

"Home care does not take the place of hospitals, but it should take the place of unnecessary hospital visits. We need to join forces.

"I believe if we can get it right for Aids we'll get it right for other things like tuberculosis, malnutrition, family relations and relationships between different groups — because Aids cuts across everything."

■ If you want to support the Mayoress's Home Care Challenge, make sure that contributions are clearly marked as such, or they will go to the Mayoress's more general Christmas and Charity Fund.

# Aids Day prediction<sup>(92)</sup> grim as cases rocket

GENEVA. — The number of Aids cases around the globe will increase 10-fold by the year 2000.

The World Health Organisation made this dire prediction at the launch of its fourth annual Aids Day.

Dr Michael Merson, head of WHO's Global Programme on Aids, said that while scientists searched for an elusive vaccine, 5 000 people were being infected every day.

"We'd love to have a vaccine by the end of the century, but we can't wait for that," Dr Merson told a news conference to launch Sunday's Aids Day.

"We must rely on the only vaccine we have now — education."

The official theme of World Aids Day 1991 is "Sharing the Challenge" — spreading the message that Aids is too big a problem to be tackled by just one organisation or country.

But Aids Day is primarily designed just to get people talking about Aids, through media interviews, conferences, fund-raising sports events and pop concerts.

WHO says events have been organised in all 168 of its member states, ranging from a mass "walkathon" in Bangkok to a "Day without Art" in the United States.

According to WHO figures, nine to 10 million people worldwide have already been infected by the HIV virus which causes Aids. Of those about 1.5 million have already contracted the disease.

By the end of the century many of the people now carrying the virus will have developed full-blown Aids.

WHO predicts that up to 18 million people out of a total of 30-40 million infected will have the disease.

"The Aids pandemic is still in its infancy. We expect Aids cases to increase 10-fold by the year 2000," Dr Merson said.

In the United States, which has almost 200 000 reported full Aids cases, Aids Day has been given a special impetus by the recent announcement by bas-

ketball star Earvin "Magic" Johnson that he has been infected — apparently through unprotected heterosexual sex.

Dr Merson said Johnson's revelation appeared to have brought it home to many in the United States that Aids was not always "someone else's problem". Three-quarters of those infected worldwide caught HIV through heterosexual activity.

WHO is also concerned with the situation in developing countries, home to 75 percent of the world's infected.

In Africa, where "straight" sex has been the main transmission route for the past decade, 7 million people are infected, including nearly a million children.

In Asia and South America the explosion is waiting to happen. WHO predicts that by the mid to late 1990s, more Asians will be infected each year than Africans. The potential for rapid epidemic spread also exists in South America.

In Europe, Aids has been brought back into the headlines by the death of Freddie Mercury, the bisexual singer from the British pop group Queen.

Mercury's death will give extra poignancy to one of this weekend's biggest fund-raising events, a series of concerts in a dozen cities worldwide tonight featuring such names as Irish rock group U2 and American singer Prince.

WHO has tried to reinforce the educational value of World Aids Day by issuing a list of "tips for safer sex".

It advises that condoms should always be used during vaginal or oral sex, except in long-standing monogamous relationships. It gives the same advice for anal intercourse.

Safer still is "imaginative, non-penetrative sex" such as caressing or masturbation. Although there have been no proven cases of transmission through kissing, WHO does not recommend "deep kissing" if one partner has mouth sores or bleeding gums.

The safest course of all, it adds, is abstinence. — Sapa-Reuter.

# R6,5m spent on AIDS (92) drive in SA

THE government is launching its first long-term, fully integrated AIDS-awareness campaign today, World AIDS Day.

The R6,5-million campaign kicks off with a supplement in the Sunday Times. 1/12/91

A striking advertisement headed "The plain and simple truth about AIDS" is certain to cause a stir with its directness about sexual intercourse and masturbation and because of the forthright words used.

Dr Clive Evian, of Johannesburg's City Health AIDS Prevention Programme, said at a symposium yesterday that city residents who had tested HIV-positive could fill Ellis Park stadium.

## Drama

"With the present rate of increase, we will fill Ellis Park and Soccer City stadiums by the end of 1992. By 1993/4, our Johannesburg stadiums will not be enough to house all those carrying and spreading the virus," he said.

There are between 120 000 and 180 000 HIV-positive people countrywide, of whom about 24 percent are from Johannesburg.

The city's awareness campaign includes advertisements on buses, educational drama seen by more than 150 000 people, an educational comic with a distribution of 500 000 and distribution of AIDS educational brochures.



# Aids: Govt is 'inhumane'

92

CT 2/12/91

THE government's response to the Aids epidemic is "inhumane", says the Aids Support and Education Trust.

Speaking at a service to mark World Aids Day at St George's Cathedral yesterday, Mr John Pegge, a member of the trust, said that though South Africa is the wealthiest country in Africa, it has the "meanest response" to the disease.

He said Aids support groups were "tired" of hearing there was no money to combat the disease, when at the same time government "slush funds" were being uncovered.

Among about 150 people attending the service were grieving family members and friends of a city man who died from the disease 24 hours earlier.

The Dean of Cape Town, the Very Rev Colin Jones, said those who retreated from the disease with "finger-pointing and gay-bashing" were the true victims of Aids. He said the church had to spread the message of not discriminating against sufferers and of "loving without reserve".

Also at the service, Mayoress Mrs Trish van der Velde said Aids conjured up fears and prejudices, but a country's reaction to Aids was also a barometer of "our



**AIDS CAMPAIGN** ... Captain Condom (Mr Kevin Richards), the CPA Health Promotion's educational weapon against Aids, with Ricardo Williams. Pamphlets and not condoms were handed out at the campaign's launch.

capacity for justice and compassion".

She said discrimination against Aids sufferers would "encourage secrecy" about the disease.

An ANC statement read out at the service said discrimination against those infected by the virus could not be tolerated.

● Captain Condom, a Cape Provincial Administration initiative to educate all about the killer

disease, made his first appearance at the Kenilworth Centre at the weekend.

The campaign was launched in conjunction with World Aids Day.

● Aids could be stopped before it started, Minister of National Health and of Health Services and Welfare Dr Rina Venter said in a message to mark World Aids Day yesterday.

In a press release, the minister said international experience indicated that the involvement of parents, teachers, community leaders and people with Aids was essential if effective measures were to be taken against the pandemic.

● Johannesburg residents who had tested HIV positive could comfortably fill Ellis Park stadium, Dr Clive Evian of Johannesburg's City Health Aids Prevention Programme said at a symposium to mark World Aids Day on Saturday.

"With the present rate of increase we will fill both the Ellis Park and the Soccer City stadiums by the end of 1992," he said.

There were between 120 000 and 180 000 HIV positive people in South Africa, of whom about 24% were from Johannesburg, he said. — Staff Reporter and Sapa-Reuter



**SIBONGILE JACK ...** Between 130 000 and 200 000 people in South Africa have the killer Aids virus. Pic: ANDRIES MCINEKA

By **LULAMA LUTI**

**TODAY** is World Aids Day and as the dreaded killer disease once again comes under scrutiny in countries throughout the world, South Africa will be no exception.

According to Aids educator Sibongile Jack, between 130 000 and 200 000 people in South Africa have been identified as being HIV positive.

This means they have been infected with the Human Immuno-Deficiency Virus which destroys the body's natural defence system.

Doctors and scientists estimate that it takes between five and eight years for an infected person to develop, and subsequently die of, Aids.

A conservative projection by the University of the Witwatersrand's Centre for Health Policy indicates that by the year 2000, between 3,7 million and 4,1 million South Africans will have been infected with the Aids virus.

In a recent study, the centre further projects that by 2000 about 200 000 people will die of Aids, bringing the total number of deaths to 600 000 by the turn of the century.

Centre director Cedric de Beer says that the country's present health service is unable to cope with the whole population. The effect is that hundreds of thousands – and later millions – of Aids-infected patients presenting themselves for treatment will not be properly treated.

"By the year 2005 the total cost of the epidemic to the health service could be as high as R18-billion. This would be about 75 percent of all expenditure on health care," said De Beer.

And this is one of the reasons why the Township Aids Project (Tap) was begun in 1989.

Since Monday, as part of the events of the National Aids Awareness Week, Tap was out on the streets of Soweto in an educational drive aimed at raising awareness about the seriousness of the disease.

"The project was begun primarily to make our people aware that Aids is a

reality we cannot turn a blind eye to. Not only are we here because we see ourselves as a resource bank but also because people can identify with us.

"While we provide education to the wider public on how its spread could be prevented, together with qualified psychiatrists, we also offer counselling to those infected," said Jack.

She adds that the Aids awareness campaign was faced with an uphill battle because of the myths that have been doing the rounds about the disease.

Her particular concern is the general attitude towards Aids.

"In dealing with the people I've noticed that they feel it is not their problem. Many say it's a white thing. Others think it happens only to gay people and prostitutes.

"Our elderly folk say it is a young people's disease while churchgoers say it is a punishment from God because man has sinned against Him," said Jack.

This was borne out at the Tap stall which City Press visited at the Black-chain Centre in Diepkloof. Among the people interviewed, many said they had heard talk about Aids but did not think they could be affected.

Livingstone Sinthumula of Diepkloof said there was no chance he could get infected: "Aids is not from here (Soweto). When I was in Venda people used to say it was brought to this country from Zimbabwe. But I think women should learn to control themselves. We get these ailments from them," he said.

Municipal worker Zolile Njilo from Orlando East said he knew nothing about Aids and only heard talk about it on the radio. He did not think there was a chance he could get it.

Jack said it was time people stopped the "blaming syndrome" about Aids.

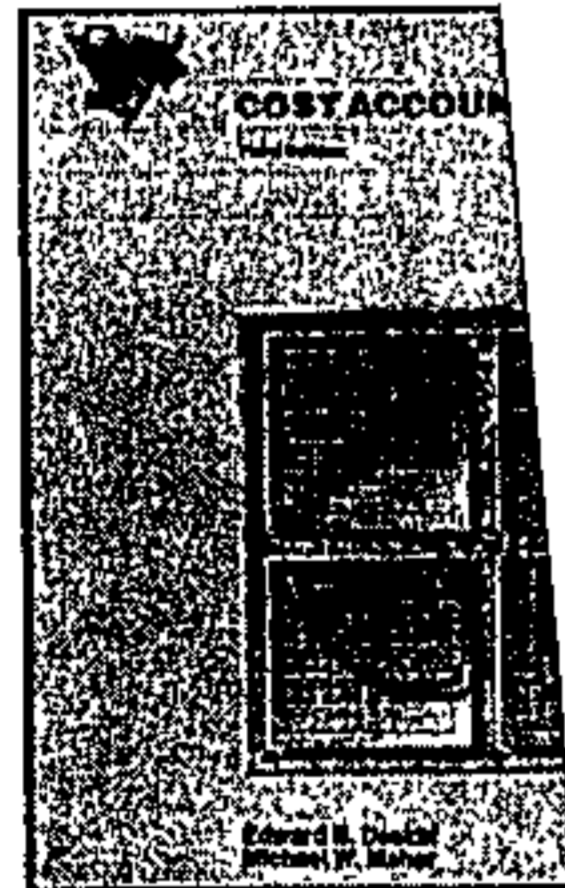
"The truth is, it's not a black problem, neither is it a white problem. It is our problem – all of us. And the onus is on us to stand up and fight it," said Jack.

92

11/2/91  
SP 27

# IRWIN's New Cost Accounting Texts

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# Aids kills — but few are afraid of it



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# R1-m appeal for Aids fund

Mayoress asks people of Western Cape to help buy vehicle for patients

VIVIEN HORLER  
Medical Reporter

THE Mayoress of Cape Town has called on the people of the Western Cape to meet her Aids challenge and help to raise R1 million by December 1 next year to buy a vehicle to be used to help care for Aids patients at home.

Mrs Trish van der Velde was speaking at a World Aids Day forum at St George's Cathedral yesterday, at which the Mayor, Mr Frank van der Velde, lit a candle of hope and remembrance.

Mrs Van der Velde said: "As much as Aids is a standard by which we can measure our scientific ability, it is also a standard by which to measure our love and concern. We have to help empower families and the community to cope with Aids."

"Unless we join forces and make sure they remain productive members of the community for years, the harsh reality for many newly diagnosed HIV positive people is inferior health care, losing their jobs and being rejected by friends and family."

Mr John Pegge of the Aids Support and Education Trust said Aids brought many normal human problems into focus, including discrimination, poverty, the attitude of insurance companies, oppression, prejudice and health care.

"We hope we'll be able to help prevent the further collapse of the country's health-care system. We support the Medical Association of South Africa's call for the resignation of the Minister of Health — we're tired of hearing there is no money for our lives at the same time as further slush funds are uncovered."

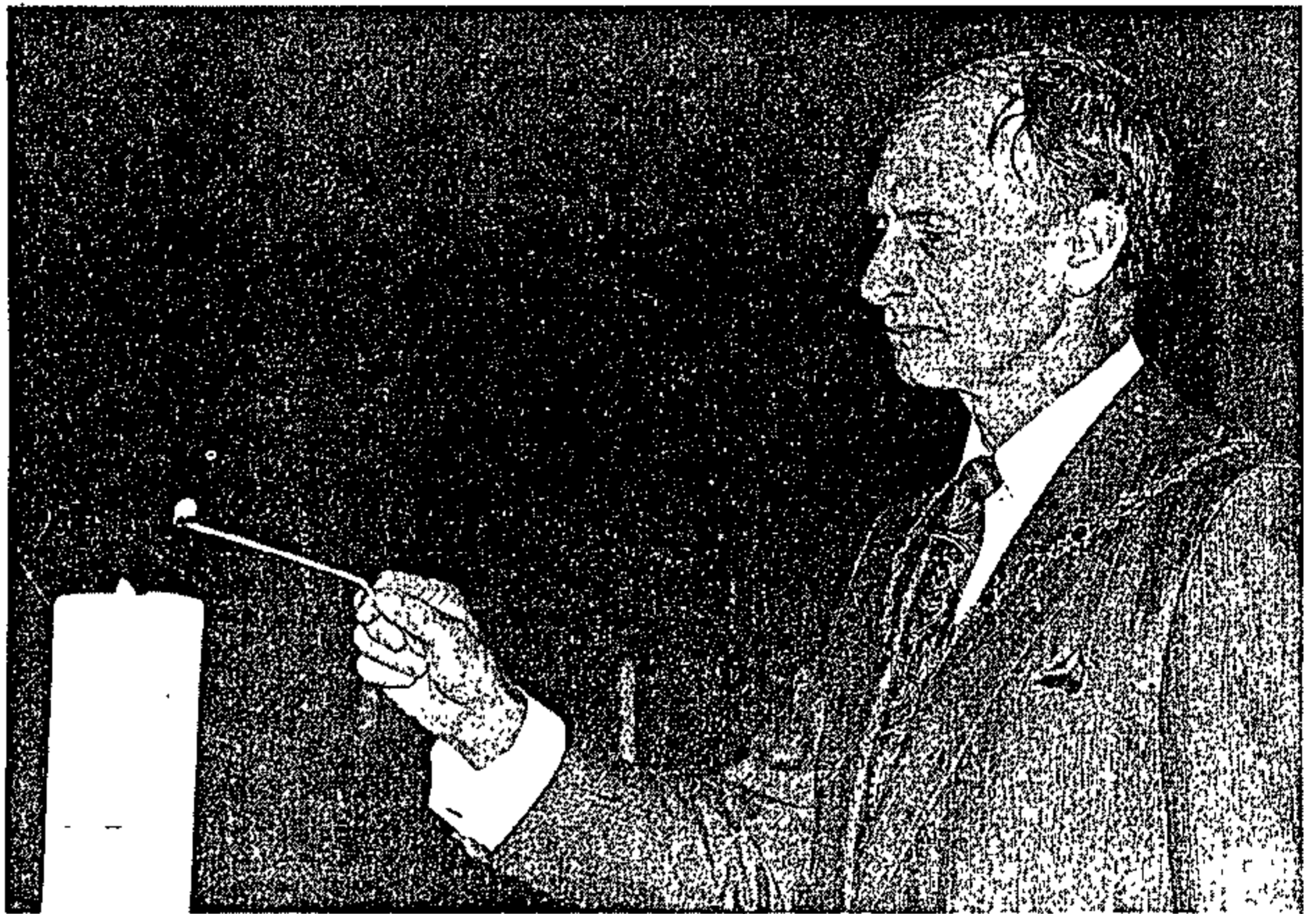
The Dean of Cape Town, the Very Rev Colin Jones, said moral issues involved with Aids could not be allowed to get in the way of compassion.

"The churches have a God-given task of loving without reserve. We have to be where Jesus would be: compassionate, non-judgmental, alongside those who suffer."

He added, "Aids is everyone's problem. It is not a 'smart' bomb — it is an instrument of indiscriminate destruction. We have to fight it, not pretend there isn't a war on."

● One of the first to respond to Mrs Van der Velde's challenge was impresario Peter Tocrien, who pledged to give ticket sales of the January 15 premiere of the play *Love Letters*, starring Sean Taylor and Jana Cilliers.

So far R26 200 has been given to the Home Care Challenge, including a R10 000 computer which will be the Home Care data base, storing all patient records. The computer was given by a private family.



Pictures ROY WIGLEY, The Argus

**FLAME OF HOPE:** The mayor, Mr Frank van der Velde, lights a candle of hope and remembrance at a World Aids Day forum and service in St George's Cathedral.

## ANC wants law to protect rights of those with Aids

VIVIEN HORLER  
Medical Reporter

THE ANC has called for legislation to protect the human rights of all people who are HIV positive or who have Aids.

The general-secretary for health, Mr Ralph Mngijima, yesterday released an Aids policy document to mark World Aids Day.

The document said the ANC was committed to a comprehensive programme for prevention and care based on the principles of non-discrimination, compassionate care, a community-based response and the social upliftment of disadvantaged communities.

"Aids is a problem we're all going to have to deal with and attempts to stigmatise and discriminate against people living with Aids cannot be tolerated."

The statement was read by Mr Geoffrey Taylor to people attending a forum at St

### Chart on sale

IF you missed the full-colour chart "Meeting the challenge of Aids" in The Argus last Friday it is not too late. Back copies of the chart are available at the front desk at Newspaper House, 122 St George's Mall, Cape Town. Bulk orders can be made to Allied Media Distributors at 511 0003.

George's Cathedral to mark World Aids Day.

The document called for pre-employment HIV tests, pre-employment HIV tests, HIV testing without informed consent and the denial of medical and other benefits to people with HIV and Aids to be made illegal.

The ANC also wants legislation to recognise and protect the empowerment of women in society and the protection of the rights of employees, immigrants and migrant workers.



**I'VE GOT WHAT?** Bo Petersen, left, and Nana Mngoma from the Community Arts Project, perform their play, *A Matter Of Fact*, at the forum.

# International alert over <sup>(92)</sup> mass killer

Star 2/12/91

GENEVA — The world marked its fourth annual Aids Day yesterday by trying to focus the minds of millions across the globe on threatened catastrophe from the killer disease.

People in more than 160 countries gave their support to the fight against Aids in media interviews, silent processions, pop concerts and fund-raising soccer matches.

In a bid to alert public awareness to the disease, health campaigners gave pride of place to the condom, regarded by many as still the best defence against the spread of Aids.

Figures from the Geneva-based World Health Organisation show that 9 to 10 million people worldwide are already infected. About 1.5 million have developed full-blown Aids.

By the end of the century, WHO predicts 30 to 40 million

Aids 'no more impact on economy than gold' — Page 6.

people will be infected. Up to 18 million will have had their immune systems attacked by the disease.

Although tests are being carried out on more than a dozen vaccines, either to protect against HIV infection or prevent the onset of Aids itself, doctors say a medical solution is some way off.

But they also say that Aids is already preventable, that it is just another sexually transmitted disease.

WHO, which leads the global fight against Aids, has sent thousands of condoms in special "safe sex" key-rings to its staff around the world.

In New York, Aids campaigners handed out sheaths to passers-by in an attempt to heighten public awareness of a disease that has already killed thousands in the city.

In India, a group of prostitutes' children waving banners saying "Don't give Aids to our mothers!" distributed free condoms outside Bombay's largest

railway station.

"India may be sitting on an Aids volcano that will soon erupt, engulfing millions," said IS Gilada, secretary of the health group which organised the rally.

WHO officials said Aids Day was being marked in all 168 WHO member states.

In Africa, where 7 million people, including nearly a million children, are believed to be infected, politicians called for more open discussion on the disease.

"Teachers, politicians, churchmen, doctors, parents, brothers and sisters must all share information on Aids, discuss it and teach about it," said Kenyan Health Minister Mwai Kibaki in an Aids Day message.

His Rwandan counterpart warned in a similar message that someone contracted Aids every 90 minutes in Kigali, the capital of the tiny nation.

Ugandan President Yoweri Museveni said Ugandans should not shun Aids victims, but should care for them in the community.

In the United States, which has the highest number of reported Aids cases of any country, Aids Day was observed across the nation.

In San Francisco, America's "gay capital", where more than one percent of the population has died of Aids, lights on landmarks including the Golden Gate Bridge were put out for 15 minutes last night.

"It will be a metaphor for the losses we have had due to Aids," said organiser Maureen Keefe. "Re-illumination of the lights will provide a sense of hope and an acknowledgement of the further fight against the disease."

Some campaigners, however, were finding the Aids prevention message difficult to spread.

In Japan, a poster showing a naked woman inside a condom sparked controversy. The Society for Women of Action said the poster — bearing the caption "Thin, but strong enough for Aids" — depicted women as sex objects. — Sapa-Reuter.

# Govt launches massive education campaign

Star 2/12/91

Medical Reporter (92)

Aids could be stopped before it started and everybody had a role to play in this preventive strategy, Minister of National Health Dr Rina Venter said in her World Aids Day message yesterday.

This year's World Aids Day theme was "Sharing the Challenge".

Dr Venter was speaking as the Government yesterday launched a massive multi-million rand information campaign with advertisements which provided explicit information on some of the ways people could — and could not — get Aids.

The advertisement warned that some of the words it contained could shock because the words "until now have not been considered polite or acceptable in everyday conversation".

Dr Venter said in her message that international experience had indicated that broad involvement by parents, teachers, community leaders and role models, peer group educators and people with Aids was essential if effective measures were to be taken against the pandemic.

Dr Venter said: "Aids prevention education is already being integrated into life skills education at school level with the aim of involving children and parents and the other important members of the educational community."

She called on community leaders, social and women's groups, clubs even concerned individuals, to contact the Government's Aids Unit directly or their local Aids Information and Training Centres to find out more about Aids education and counselling.

# Aids 'no more impact on economy than gold'

Star 2/12/91 (92)

Political violence, the price of gold, and the success of constitutional negotiations were all likely to have as great, or greater, effect on the economic future of South Africa than Aids, says health expert Cedric de Beer.

He was speaking after the publication of a report of the University of the Witwatersrand's Centre for Health Policy last week entitled "The Aids Epidemic: Beyond the Myths".

The report was based on research by the Medical Research Council's Dr Malcolm Steinberg and Metropolitan Life actuary Peter Doyle. It sets out to dispel three myths about Aids, Mr de Beer said.

The South African economy would be adversely affected by the Aids epidemic, but the effect would not be disastrous, says Centre for Health Policy director Cedric de Beer. CARINA LE GRANGE reports.

The myths were about the doubling-time of HIV-infection, the assertion that there was "no limit to the spread of Aids", and the belief that South Africa's population would decline dramatically as a result of Aids.

The doubling time of a disease is the length of time it takes for the number of infected people to double. It had been predicted that from a base of 100 000 HIV-positive people in 1991, the number infected would be 12,8 million by 1995.

gressed, so the doubling-time increased ... by 1995 it will be about 36 months," Mr de Beer said. Slightly less than one million people would be infected by 1995.

From the doubling-time error, other inaccuracies followed. One was that there would be no limit to the spread of Aids.

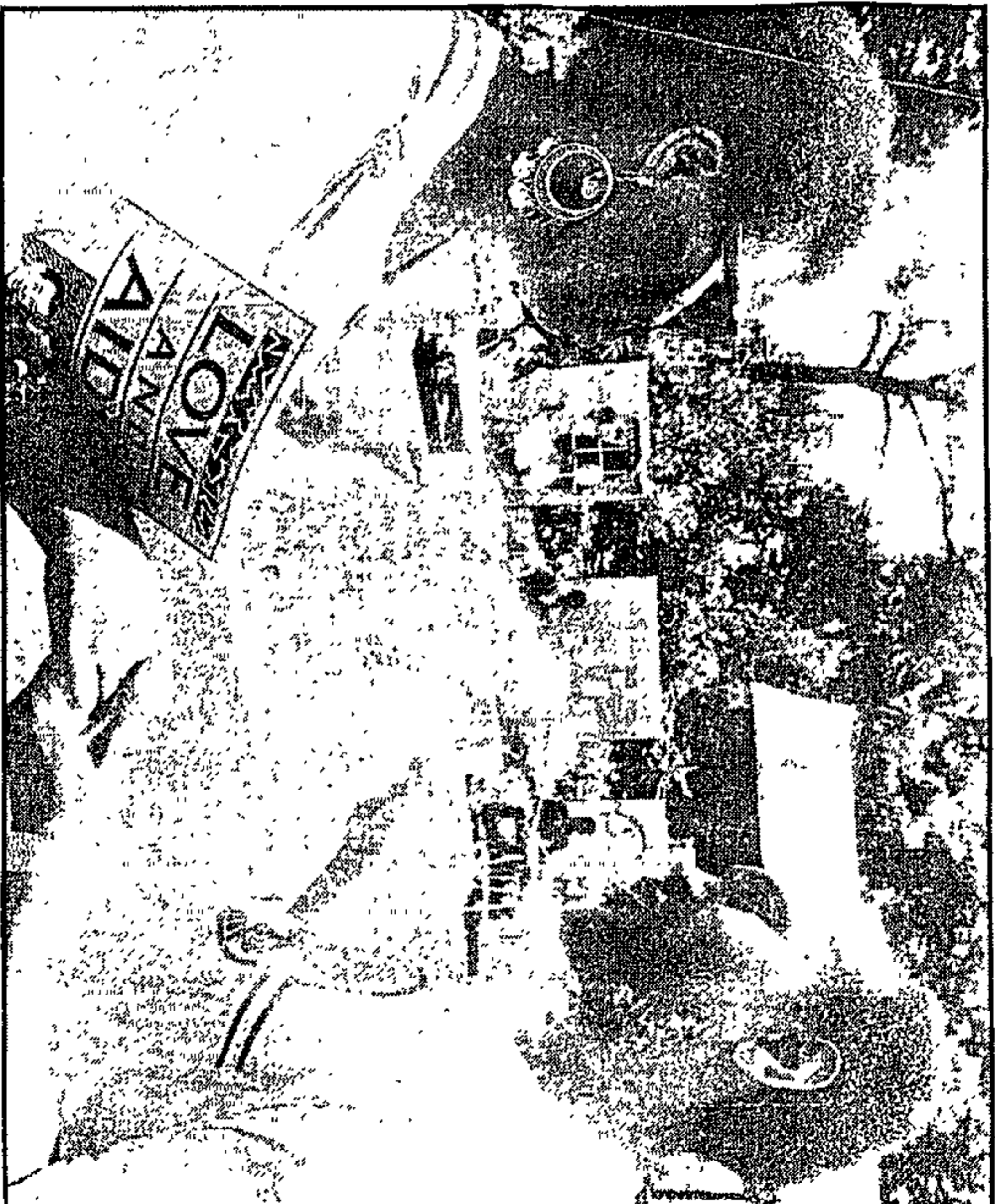
The centre predicts that the epidemic would reach a plateau by 2010 if there was no change in sexual behaviour. Mr de Beer said, however, that evidence showed that some

change in sexual behaviour occurred once a significant number of people began to die from Aids. Should this happen in South Africa, the plateau would be reached in 2005, with about 18 per cent of the population infected.

Worst scenario predictions were that the population would be reduced to a quarter of its present size by 2010, he said.

The evidence was that the population would continue to grow. He said a realistic estimate was that by 2005 the population would be about 53 million.

Mr de Beer said doomsday predictions undermined the recognition of the tragedy of Aids and the need to develop realistic steps to minimise its impact.



Love and Aids ... Cindy and Jack, two actors in the educational drama group of the Johannesburg Health Department, yesterday entertained visitors to the Zoo Lake with their play on Aids to commemorate World Aids Day. Picture: Karen Fletcher

3



# Syphilis a killer for Khayelitsha babies

VIVIEN HORLER, Medical Reporter

SYPHILIS, which is preventable and curable, is the second biggest killer of babies in Khayelitsha, says a Cape Town paediatrician.

Thirteen percent of Khayelitsha mothers tested in a survey last year were found to have syphilis, compared with 7,6 percent of mothers from other areas and who use Groote Schuur Hospital.

The baby of a recently infected mother has a 90 percent chance of having syphilis. Without treatment most will die. Even with treatment, almost half die.

ARC 2/12/91

Dr George Swingler, now based at the Red Cross Children's Hospital, studied the records of more than 600 Khayelitsha mothers who went to day hospitals and clinics for ante-natal care in January and February last year.

He found only half went to the Sexually Transmitted Diseases Clinic for the full set of injections.

However, it was clear this was not because the mothers did not care: they were regular visitors to their ante-natal clinic, held in the same building.

"It may be a result of communication difficulties and that we don't explain clearly enough the importance of having the full course of injections."

Dr Swingler said that, since the survey, efforts were being made to sort out the problems. The possibility of a laboratory at Khayelitsha Day Hospital was being investigated.

● The biggest cause of death in Khayelitsha babies is shortage of oxygen either before or just after birth.



# e Huge rise in HIV population

JOHANNESBURG residents who tested HIV positive could fill the Ellis Park and Soccer City stadiums by the end of 1992, Dr Clive Evian of Johannesburg's City Health AIDS Prevention Programme told a symposium on Saturday to mark yesterday's World AIDS Day, Sapa reports.

"By 1993/4 our Johannesburg stadiums would not be enough to house all those carrying the virus," he said in his paper AIDS in Johannesburg at the SA Institute for Medical Research (SAIMR).

It was estimated there were between 120 000 and 180 000 HIV positive people countrywide at present, of which about 24% were from Johannesburg.

In a statement released yesterday National Health Services and Welfare Minister Rina Venter said AIDS could be stopped before it started.

She said international experience indicated involvement by parents, teachers, community leaders and people with AIDS was essential if effective measures were to be taken against the pandemic. This strate-

gy had already been adopted by SA.

At the SAIMR symposium Evian said the City Health department had tested patients anonymously at sexually transmitted disease (STD) and ante-natal clinics.

The resulting graph showed "an alarming rise in the HIV prevalence among black men and women".

"HIV and AIDS has now firmly established itself in the Johannesburg community and nothing short of a miracle will prevent an expected 20% to 30% prevalence among sexually active adults and babies within the next 10 to 15 years."

LINDA ENSOR reports that the number of people infected with HIV in the western Cape had increased by 71% year on year.

In October 1 170 cases were reported compared with 683 in October 1990. Cape Town's City Health Department said 126 AIDS cases had been reported by September 16 and there had been 68 deaths. By September 21 1990 the respective figures were 80 and 39.

## Aids can be stopped - Venter

AIDS could be stopped before it started, the Minister of National Health and of Health Services and Welfare, Dr Rina Venter, said in a message to mark World Aids Day yesterday.

In a Press release issued on her behalf, the Minister said everyone had a role to play in the strategy of prevention.

She said international experience indicated involvement by parents, teachers, community leaders and people with Aids was essential if effective measures were to be taken against the disease.

Prevention

Source (92)  
2/12/91

This multi-faceted strategy had already been adopted by South Africa.

Venter said Aids prevention education was already being integrated into life skills education at school level, and although "some community and voluntary groups are also making a contribution", more needed to be done.

"Let's all make a start now." - Sapa.

# Aids image shock

Soweto 2/12/91

THE newspaper images of Aids are familiar - doctors and dentists in space-age suits covering every orifice, gaunt Aids victims staring dolefully from the pages under headlines reading "Gay Plague" and "Black Death".

These were some of the disturbing findings of Johannesburg journalist Mr Mark Gevisser while researching his paper *The Journalists' role and responsibility* at a Johannesburg newspaper library.

"I read about gay plagues and black deaths, about innocent victims and malicious infectors," the *Weekly Mail* journalist told a media symposium held at the South African Institute of Medical Research in Johannesburg to mark World Aids Day on Saturday.

"More than anything, these photos of 'Aids victims' struck me ... every single media image of a PWA (person with Aids) I could find had that PWA in a passive, submissive position - reclining,

huddled over a suitcase, lying in a hospital bed, their wrists were limp and they were useless.

"I am fully aware that Aids is not a gay disease in South Africa. But I don't think one can overestimate the damage that this misconception - created by the media - has done."

## Heralded

92

Aids was heralded in South Africa with the banner headline "The Gay Plague".

Although journalists could respond they were acting in good faith - everyone at one point thought Aids did only affect urban homosexual men - why the word "plague"?

"By using the word 'plague' the media was, either consciously or subconsciously, defining a public consciousness of the epidemic that exists to this day: retribution, punishment for sin." - *Sapa*.

# Placid start to SA's AIDS campaign <sup>B/Day 3/12/91</sup> 92

THE launch of the much publicised AIDS campaign was "a low-key affair".

Weekend newspapers carried fullpage ads featuring a yellow hand with the slogan "AIDS. Don't let it happen". They went on to offer some AIDS information and telephone numbers for inquiries.

SA's first AIDS awareness campaign, awarded to Hunt Lascaris TBWA in what has become a controversial pitch, is being run by the AIDS Unit, with a budget of R6m for the first four months.

While observers were impressed by the simplicity of the campaign, which was easy to read and accessible to a wide range of people, some expected more from such a big budget campaign which was so keenly contested.

AIDS Unit head Manda Holmshaw said that although there was the expectation of a "multi-media, mega-excitement affair", the campaign's "low-key beginnings are deliberate" and in line with the responsible stance being taken by the AIDS Unit and Hunt Lascaris.

Holmshaw said there was speculation that the launch would be high powered and high profile — given the substantial communication budget and the fact that the campaign would begin on World AIDS Day

Reports by  
MARCIA KLEIN

— but the more restrained approach reflected the fact that AIDS communication had to be relevant and responsible.

Hunt Lascaris client service director Reinher Behrens said Press advertising would continue over the next few months, and would be backed up by radio and TV spots, and "some novel interactive communication techniques".

The ads were kept simple to make the message as effective as possible.

The controversy surrounding the award of the AIDS campaign took a new turn this week when a complaint lodged with the Tender Board was rejected.

P de V agency head Pierre de Villiers, who has handled other government campaigns and was one of the four agencies on the shortlist for the AIDS campaign, said yesterday he received a reply from the board rejecting his questioning of the procedure.

Association of Advertising Agencies (AAA) executive vice-president Peter de Klerk said the AAA had expressed its reservations at the way the AIDS pitch was handled, in terms of briefings, evaluation and selection.

● Comment: Page 8

# ANC fights to protect all the Aids victims

92  
Sowetan 3/12/91

**Sowetan Correspondent**

THE ANC has called for legislation to protect the human rights of all people who are HIV positive or who have Aids.

In an Aids policy document released on Sunday to mark World Aids Day, the general secretary for health, Mr Ralph Mgijima, said the ANC was committed to a comprehensive programme for prevention and care based on the principles of non-discrimination, compassionate care, a community-based response and the social upliftment of disadvantaged communities.

"Aids is a problem we're all going to have to deal with. Attempts to stigmatise and discriminate against people living with Aids cannot be tolerated."

The statement was read by Mr Geoffrey Taylor to people attending a forum at St George's Cathedral to mark World Aids Day.

The document called outlawing of pre-insurance HIV tests, pre-employment HIV tests, HIV testing without informed consent and the denial of medical and other benefits to people with HIV and Aids.

## Aids: Social workers <sup>92</sup> <sup>CT 4/12/91</sup> 'must assist'

SOCIAL workers who refused professional services to Aids sufferers would be guilty of "unprofessional conduct" the South African Council for Social Work said yesterday in a policy statement.

The council had decided that there was no danger of social workers being infected with the HIV virus while providing professional services to Aids-infected clients, a spokesman said. Any complaints of such "unprofessional conduct" would be pursued.

Meanwhile, Medical Association of South Africa (Masa) president Dr P J Schutte said doctors in private practice could choose whether to accept Aids sufferers as patients, but should "exercise compassion".

Doctors and nurses at provincial hospitals had no choice.

By GRACE RAPHOLO  
FEARS of transmitted diseases such as Aids have led to a new option of blood transfusion called the autologous system.

The system essentially entails the collection, storage and use of a patient's own blood for himself.

The medical director of the Highveld Blood Transfusion Service Institute, Professor GT Nurse, said the system allowed a patient who anticipated transfusion - for instance, when one was due to undergo surgery - to donate blood to himself, provided his general health was satisfactory.

# Safest blood is your own

249  
912

*So wefer 4/12/91*

He said the autologous transfusion provided a way to stem the spread of the HIV.

He said there was a "window period" in which there was a delay between the time when the person con-

tracted the virus and when it could be detected in blood. This period usually lasted about three months.

He said this was a great problem for the organisation because they could not say with absolute certainty

that blood was not HIV positive.

"The blood can test negative now but positive three months later," Nurse said.

The system was based on the idea that the safest

blood was the patient's own.

Although there had been no reported cases of HIV transmission through transfusion of properly tested blood since testing started in 1985, receiving one's

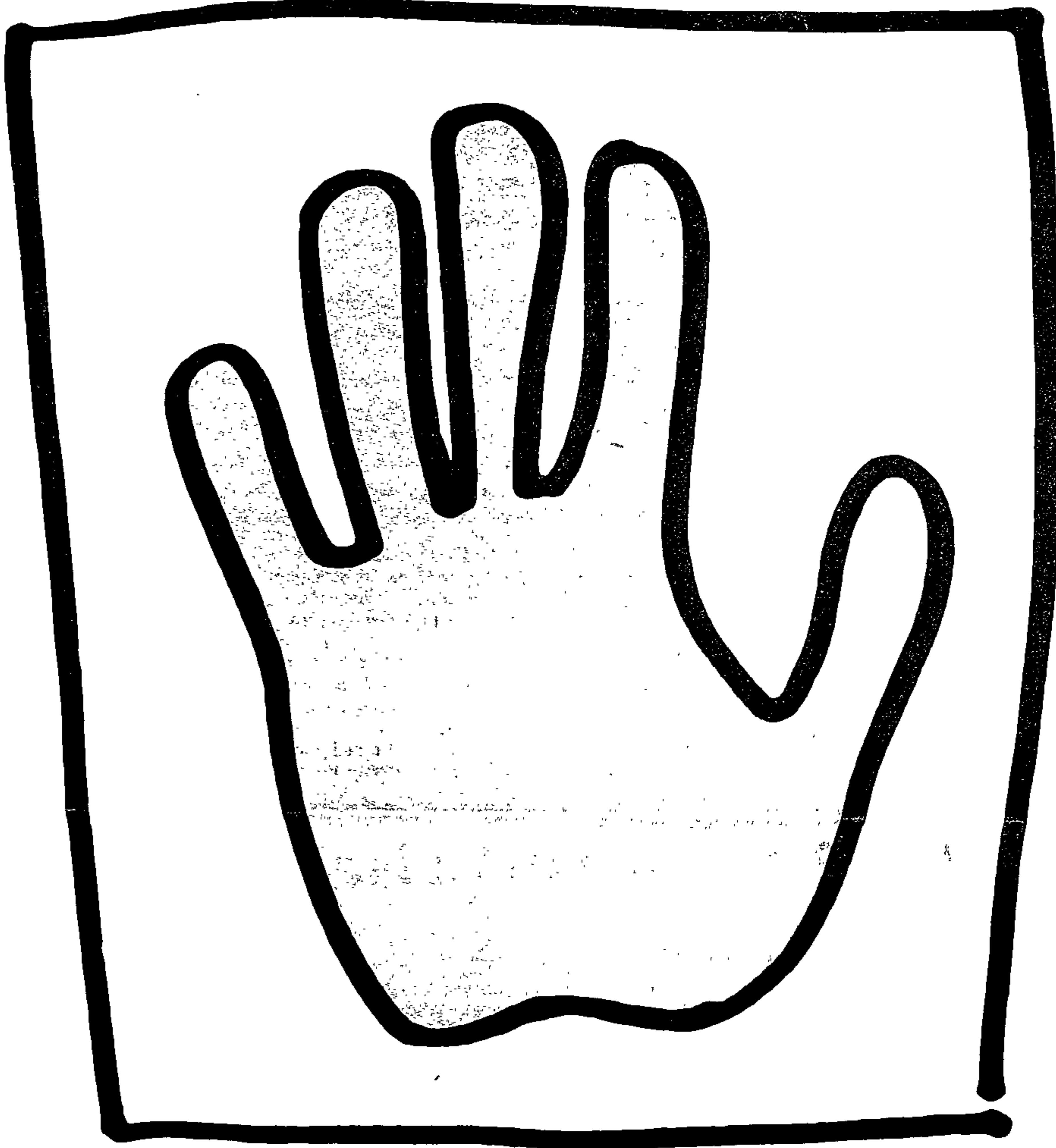
own blood was a safer option, Nurse said. He said the patient had to be approved by his medical practitioner as suitable for autologous donation before referral to the Blood Transfusion Service.

But, he said: "Autologous donation ought not to be used as an insurance against emergency situations. It should only be used when there will be a definite need for blood."

Citing advantages of the autologous system, Nurse said blood-transfused into the patients was absolutely compatible because it was the patient's own.

92

South 5/12-11/12/91



# AIDS. Don't let it happen.

WHENEVER YOU SEE THIS HAND REMIND YOURSELF THAT YOU  
HAVE THE POWER TO STOP AIDS HAPPENING TO YOURSELF.

YOUR FAMILY. YOUR COMMUNITY.

REMIND YOURSELF THAT AIDS IS NOT A DISEASE THAT ONLY  
HAPPENS TO OTHER PEOPLE IN OTHER PARTS OF THE WORLD.

IT'S HERE. AND WE ARE ALL AT RISK.

REMIND YOURSELF TO GIVE PEOPLE WITH AIDS ALL THE  
HELP AND SUPPORT YOU CAN.

THEN REMIND YOURSELF THAT AIDS WON'T HAPPEN TO THE  
UNINFECTED IF WE START LEARNING ALL WE CAN ABOUT  
HOW TO PREVENT IT.

IF WE STOP BEING AFRAID TO TALK ABOUT  
OUR RELATIONSHIPS.

IF WE TAKE THE TIME TO TEACH OUR CHILDREN WHAT WE KNOW.  
AND MOST IMPORTANT OF ALL, IF WE STOP SAYING IT CAN'T  
HAPPEN TO ME.



(92)

# THE PLAIN AND SIMPLE TRUTH ABOUT AIDS.

South 5/12 - 11/12/91.

On this page you will find a simple and practical guide which tells you how you can get AIDS, how you can't and how you can avoid it.

Some of the words used here may shock you because until now they have not been considered polite or acceptable in everyday conversation. But please understand that times have changed. Now that AIDS is here we can no longer be afraid to say them.

Because by discussing AIDS and by bringing relationships between men and women into the open we're taking the first step in making sure that AIDS doesn't happen. To us. To our families. To our community.

#### YOU CAN GET AIDS FROM:

SEXUAL INTERCOURSE EITHER VAGINAL OR ANAL.  
SHARING NEEDLES FOR SELF INJECTION OF DRUGS.

#### YOU CANNOT GET AIDS FROM:

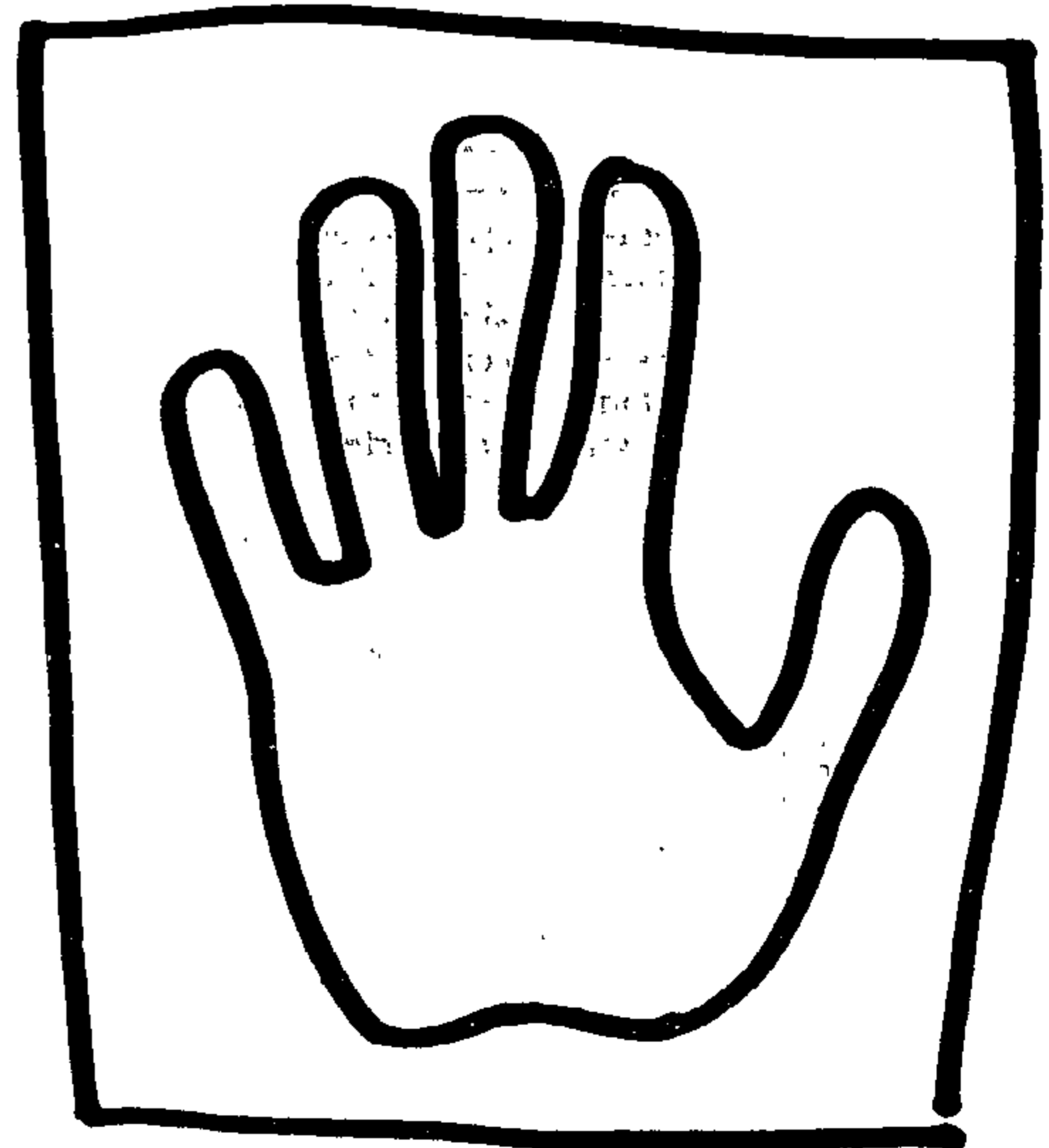
CONTACT SPORT EG. SOCCER AND RUGBY.  
CROWDED VEHICLES.  
FOODS PREPARED BY AIDS INFECTED PERSONS.  
HUGGING AND HOLDING HANDS.  
MANICURES, PEDICURES AND WAXING.  
MASTURBATING.  
MOSQUITOES AND BED BUGS.  
NOBODY HAS GOT AIDS FROM ANY KIND OF KISSING.  
SHARING A BED.  
SHARING CROCKERY AND CUTLERY.  
SHARING THE COMMUNION CUP.  
SNEEZING, COUGHING AND PERSPIRATION.  
SWIMMING POOLS.  
TOILET SEATS.  
TODDLERS CANNOT GET AIDS FROM MIXING AND PLAYING TOGETHER.

#### YOU CAN PREVENT AIDS BY:

HAVING A LONG-STANDING RELATIONSHIP IN WHICH BOTH PARTNERS ARE FAITHFUL AND UNINFECTED WITH AIDS.  
HAVING SEX WHERE THE MAN'S PENIS DOES NOT ENTER HIS PARTNER.  
ALWAYS USING A CONDOM IN SHORT TERM OR CASUAL RELATIONSHIPS.

IF YOU'D LIKE TO KNOW MORE: IT'S NOT EASY TO TALK ABOUT SOMETHING SO PERSONAL. WE HOPE THAT BY TALKING SO OPENLY IN THIS AD WE HAVE HELPED YOU TO FEEL MORE COMFORTABLE WITH DISCUSSING THESE ISSUES. AT THE AIDS TRAINING AND INFORMATION CENTRES YOU'LL FIND A SYMPATHETIC EAR. OUR COUNSELLORS ARE TRAINED TO ANSWER WHATEVER QUESTIONS YOU MAY HAVE. AND IT'S ABSOLUTELY CONFIDENTIAL. PHONE OR VISIT NOW. TOGETHER WE CAN MAKE SURE THAT AIDS DOESN'T HAPPEN.

BLOEMFONTEIN : (051) 405 8544/28.  
CAPE TOWN : (021) 210 2682/3400.  
DURBAN : (031) 300 3104/3020.  
EAST LONDON : (0431) 34 2383.  
JOHANNESBURG : (011) 725 6710/2/3/4  
HOTLINE.  
PIETERSBURG : (01521) 91 4962.  
PORT ELIZABETH: (041) 506 1911/1415.  
PRETORIA : (012) 313 7988/7850.  
RICHARDS BAY : (0351) 3 111.



**AIDS. Don't let it happen.**

270 people. — *Sapa-News*

CT 5112141

## Female condom to be marketed next year

PARIS. — After years of research, the female condom is due to go on sale to the public for the first time next year, in Switzerland and France, its French distributors said yesterday.

Sold under the brand name "Femidom", the female condom is a polyurethane sheath that covers the sides of the vagina and blocks off the uterus, protecting the wearer from unwanted pregnancy and sexually transmitted diseases such as Aids.

**LONDON** - The search for an Aids drug treatment remains agonisingly slow despite major advances over the past year in experts' understanding of the deadly disease.

The struggle was highlighted by decisions announced last week to curb the development of two promising drugs after early trials showed patients quickly developed resistance to them.

### Secure

As a result, medical experts and drug analysts now say the position of AZT as the primary treatment for Acquired Immune Deficiency Syndrome is secure for some years. AZT could also become

# Aids still has the drugs on the run

even more widely used as a result of heightened public awareness of the impact of Aids since America basketball star Magic Johnson announced in November he was HIV-positive.

Health authorities in the United States and Europe reported a surge in the number of people seeking tests for the disease after Johnson's announcement. This, they said, could

lead to a greater number of infected people being identified and treated.

### Failures

The two latest drug failures - Merck and Co's L661 and Boehringer Ingelheim International GmbH's BIRG-587 - may also have a positive impact by narrowing down the field of research.

Both drugs, like AZT, were designed to inhibit a protein produced by the HIV virus which enables it to replicate in the body.

"One of the principles that comes out of the Merck and Boehringer decisions is that the inhibitor is only one approach to take," said Andrew Porter, pharmaceuticals analyst with Nikko Securities in London. "There are several other

approaches under development and it may well be that one of these new classes of drugs will prove to be a better way."

### Approved

For four years AZT was the only approved treatment for Aids, an incurable disease, caused by the HIV virus which destroys the body's immune system. AZT does not cure the

disease but does slow its progression. But it can cause severe nausea, among other side effects, in some patients.

In July the US Food and Drug Administration approved a second drug, DDI made by Bristol-Myers Squibb Co, for the 30 per cent of Aids victims patients who cannot tolerate AZT.

### Target

The Merck and Boehringer drugs do not work in the same way, although they target the same enzyme, which means they face the problem of all drugs in this class: the HIV virus's ability to mutate and become resistant.

It can take two years or more for such resistance to AZT to develop, but Merck found that patients developed resistance to L661 in six to 12 weeks.

Boehringer scientists observed resistance to BIRG-587 after just four weeks.

### Fail

In the meantime, even drugs that fail on their own may be effective when used in combination with AZT or with other drugs - an approach commonly used to treat cancer.

Merck said that while it was abandoning L661, it would continue studying an alternate drug, L229, for use in combination with AZT. - Sapa-Reuter.

However, medical experts cautioned against undue pessimism over the

failure of the two drugs, since it is normal in drug development for compounds that look promising in the laboratory to fail when first tested on people.

There are still some 150 Aids drugs under development around the world, and some of these will prove effective in holding the disease at bay.

### Infection

"Over 150 different drugs have been or are being developed against HIV infection and opportunistic infections associated with Aids," said Dr Michael Merson, director of the World Health Organisation's Aids programme in Geneva.

"That is enormous progress in only 10 years." Researchers noted it took 25 years to find an effective treatment for childhood leukaemia and most scientists in the field expect an effective cure or vaccine against Aids to emerge by the end of the decade.

No Wage Regulatory Mac  
Agricultural Workers.

CALVIN PETERSEN

# Number of Aids carriers rockets

By MOKGADI PELA

Forty-four new cases of HIV-infected people were diagnosed at the Hillbrow Hospital in November, Sowetan learned yesterday. In the same month, five fully-blown Aids patients died at the hospital. There are presently four full-blown cases of Aids at the hospital, two men and two women.

According to two nursing sisters at the Hillbrow Hospital's HIV Clinic, the figures are rocketing every day.

Sowetan further learned that in October 54 new cases were identified and 42 in September at the same hospital.

The patients, all black, present different symptoms ranging from weight loss, skin rash, swollen glands and recurring sexually transmitted diseases among males in particular. Sisters Pauline Vunandiala and Hazel

Twala, who counsel HIV-infected patients every Wednesday at the hospital, said the carriers came from Soweto, Alexandra, Hillbrow and Tembisa. They counsel about 30 patients every Wednesday.

Their age group ranged from 18 to 36 years. The male/female ratio is almost equal and had been sexually transmitted.

"Our main worry is that some patients have gone underground and cannot be traced. These are among the most dangerous people on the loose. We appeal to people to go for regular blood tests at their nearest clinic or blood transfusion service," the nurses said.

ANC plans  
S/Time C.C.M.  
new video  
B/12/91  
on Aids 72

By EUGENE ABRAHAMS

THE ANC is planning a video to raise awareness of the killer disease Aids among its members.

The video will be the second the movement has made on Aids. An earlier film, "As Surely as an AK", was made for exiles three years ago by ANC members in London and was shown in Cape Town last week for World Aids Awareness Week.

The ANC's health secretary, Dr Ralph Mgiijima, said this week the new video was intended to reinforce Aids awareness among ANC members.

One of the problems with the first video was that it showed a British environment and was "not South African", Dr Mgiijima said.

# AIDS AT WORK A BUSINESS TIMES FEATURE MARCH 1, 1992

92

Much has been written about AIDS in recent months and World Aids Day on December 1, again highlighted the ramifications of this disease for all South Africans.

One particular area which the Sunday Times feels needs to be written about in greater depth is AIDS as it affects the workplace.

S/Times (BUS) 8/12/91

Just what are the considerations that must be borne by both the employer and the employees? What are the responsibilities of each and how best can attitudes be positively formed?

This feature will be written for Sunday Times Business Times. Our writer will cover such topics as:

- ★ Essential information that guides company policy on AIDS — what are the facts about the disease, is pre-employment testing desirable or necessary;
- ★ Practices that spread AIDS in the workplace and methods of prevention;
- ★ Discrimination, prejudice and misconceptions;
- ★ AIDS education and creating an awareness;
- ★ Company policy for managing AIDS-related problems;
- ★ Medical aid, pension and provident fund contributions;
- ★ Insurance and life assurance;
- ★ Economic implications, health services that can be contacted for further information, guidance and counselling.

Business Times is the country's widest-read business publication offering advertisers powerful market penetration on a cost efficient national basis.

**For further information and advertising please contact: Drora Stepto on (011) 497-2489**

DS4274

# Number of Aids cases in SA triples in a year

STAR 9/12/91  
92  
Staff Reporter

The number of full-blown Aids cases in South Africa has tripled in the past year and the number of children who are diagnosed with Aids as a result of mother-to-child transmission is increasing steadily, according to the Department of National Health.

Statistics released by the department last week revealed that the number of South Africans with Aids had risen to 969 by November 21. Heterosexual contact accounted for most — 65 percent — of the newly diagnosed cases.

The largest hospital on the Reef, Baragwanath Hospital, says the number of children with Aids contracted from their mothers has increased.

According to an obstetrician at the hospital, Dr James

McIntyre, the incidence of pregnant mothers with Aids has increased from 0,8 percent to about 2 percent in a year, therefore the case of mother-to-child transmission would have increased accordingly.

However, it was difficult to monitor the phenomenon of mother-to-child transmission of Aids because the virus could only be detected 15 months after birth and by that time the hospital no longer had contact with the child, he said.

The Department of Health said that 20 percent of newly diagnosed Aids cases in 1991 were children. Baragwanath and the Johannesburg Hospital have launched research projects to monitor cases of paediatric Aids.

Hillbrow Hospital does not treat child Aids victims, but reported 44 new adult Aids cases in November. Deputy superintendent Dr Jack Norman-Smith said the increase

in the number of patients suffering from full-blown Aids had been "dramatic".

It is estimated that there are close to 200 000 HIV-infected people in SA and this number is increasing by about 300 every day.

In the light of increasing statistics, the department has increased its resources devoted to Aids prevention.

A nationwide Aids information campaign was launched at the beginning of this month and was the forerunner of a major community campaign, the department said.

An aspect of this campaign would be to ensure that children remained free from HIV infection as they passed through adolescence.

A Life Skill programme, incorporating relevant Aids prevention education, is being formulated and a number of different modules will be available in all secondary schools at the beginning of next year.

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# Medical aid claims too high, says Rina

*B/D ay 12/12/91*  
SOUTH Africans are the world's biggest medical aid claimants and there is no encouragement for the consumer or supplier to act less wastefully, says National Health and Health Services and Welfare Minister Dr Rina Venter.

Speaking at the Golden Achiever Awards in Johannesburg last night, Venter said the aged and pensioners were worst affected by spiralling costs resulting from this practice.

She pointed out that the spreading of the risk of health care was until now one of the principles by which medical aid schemes operated. However, there was a growing resistance to the practice which expected the young and healthy to subsidise the aged and chronically ill.

"If this resistance to the present system becomes established, other methods will have to be found to subsidise the aged."

Several investigations had been launched to promote methods of limiting the rising costs of medicines, Venter said.

She said discussions would be held with interested parties in February about possible remedial steps. These included:

- A system of accepting and implementing "a maximum medical scheme price"

by medical schemes;

- The acceptance of the principle of a single base price determined by volume purchased by manufacturers;

- The payment of pharmacists and dispensing doctors to be decided by a professional dispensing fee and not by a percentage added to the cost of the medicine; and

- The introduction of parallel importation of certain medicines.

Earlier yesterday Venter met a Medical Association of SA (Masa) delegation in Pretoria. In a statement after the meeting she said the structure of health services was unaffordable and a balance would have to be achieved between a sophisticated medical model and a broad health approach.

In response to Masa's request for inclusion in the policy-making process, Venter indicated that quarterly meetings with Masa's executive committee could be arranged to ensure direct access to the Minister. Liaison with the department by way of the professional forum was viewed as important.

Venter told Masa she had been given the task of restructuring the health service and ensuring it was brought within the financial ability of the state. — Sapa.

## AIDS 'may force insurance firms to switch investments'

*(92)*  
SOARING AIDS-related claims in the next decade could force life insurers, the major investors on the stock exchange, to switch from equity investment to liquid assets, research by African Life Assurance deputy GM Hugh Roberts shows.

"SA may not be able to rely on the life industry for the expansion of capital," he said. *B/D ay 12/12/91*

Life insurers held about 50% of their assets in equities, 20% in property and the balance in capital and money markets.

Roberts said this was one of many potential scenarios illustrating the effect that AIDS could have on the economy.

AIDS would probably reach the peak of its cycle in about 15 years' time, when there could be 1 500 deaths a day from the disease. At present 300 people were contracting the HIV virus daily, he said.

Old Mutual chief actuary Theo Hartwig disagreed: "The impact of AIDS on life insurers' investment holdings will be relatively small and there will be no large-scale switching of assets," he contended.

The proportion of the population holding life insurance was small and claims could be paid out of current cashflow.

**SHARON WOOD**

Companies more involved in the third-world sector of the SA market would be worse hit, he said.

Roberts countered that the policies sold in these markets contained a higher investment element and carried a lower mortality risk.

"In any event, company medical aid schemes and pension funds which cater to all sectors of the population will be among the first to be affected," he added.

The economic implications of the AIDS crisis were far-reaching, both in the public and private sectors, Roberts said.

The government budget could be stretched to its limit because it would have to bear the health costs and this, in turn, would have inflationary consequences.

The impact of AIDS on SA's labour force would be more severe for semi-skilled and skilled labour. Unskilled labour could be rapidly replaced because of SA's high population growth.

Employers should rather look at changing pension packages to reduce the cost of AIDS deaths to their companies.

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# Malawi steps up anti- aids drive

CIP news 15/12/91  
AS concern over Aids-related deaths increases in Malawi, new prevention projects are taking shape.

Official figures, good only up to October 1990, estimate 12 000 cases.

Health Minister Dr Hetherwick Ntaba says the figures are much higher a year later. Ntaba heads the National Aids Committee (Nac). He says that with an infusion of foreign donor money various anti-Aids campaigns have been launched.

The European Community has pumped in nearly R2,8-million for information, education and communication activities aimed at preventing sexual transmission of the Human Immuno-deficiency Virus (HIV).

The target for such campaigns is high risk behaviour groups, like truck drivers, bar attendants and prostitutes.

92  
Survey

The United States Agency for International Development (Usaid) has also chipped in about R1,27-million for a demographic and health survey to furnish planners and policy makers with up-to-date information on Aids, fertility, mortality, malaria and child spacing knowledge and practice.

Although free condoms are issued at government hospitals, the health ministry has launched a new programme which seeks to increase their availability and use.

Called Health Social Marketing Project (HSMP), the project is selling condoms at a small fee to low income consumers. Says HSMP Coordinator Ndidza Mbvundula: "We have so far received 780 000 condoms."

The condoms are donated by Usaid and sold in packets of three at about 75 cents or 12 at about R1,84. They are distributed by the multinational Lever Brothers through its 6 000 wholesale and retail outlets throughout the country.

Recent research revealed that 84 percent of men knew that condoms are effective against Aids.

- AIA

# Swazi Aids workers trained

**VOLUNTEER** Aids counsellors are being trained in Mbabane, Swaziland, in a bid to stem the spread of the incurable disease which is spreading at an alarming rate worldwide.

The World Health Organisation estimates that 16 000 people in Swaziland, out of a population of 800 000, may be HIV positive.

So far this year 71 people have been diagnosed with full-blown Aids, of whom 20 have already died.

Available statistics show the income-earning 18 to 40 age group are the most vulnerable.

Local industries are worried about the potential loss of labour and have encouraged the counselling campaign.

Industries like Ubombo Ranches Limited, Mananga, and Mhlume Sugar Estates, as well as Swaziland Railways, have requested that

Aids awareness counsellors conduct talks and demonstrations at the workplace.

In June 1990, the Swaziland government initiated a public health campaign known as the National Aids Prevention and Control Programme which together with the Family Life Association of Swaziland (Flas) coordinates and implements

Aids awareness programmes in the country. A similar programme is being mounted by the foreign development agency, Project Hope.

The aim of this national venture is to train Aids counsellors who are then made available to counsel, educate and support nationals at home and at clinics, schools and places of employment.

Within the last 16 months, Flas and Project Hope have trained 95 volunteer counsellors, more than the government's

earmarked figure of 60.

Says Project Hope's national co-ordinator Thandi Nhlengetwa:

"The first phase of our training programme involved nurses and other paramedical people.

"We soon realised that the objective was to go beyond paid staff to prepare for the possible and unforeseen time when the demand for counsellors will be greater than the available staff with a medical background."

She says the next phase will be the distribution of trainers to the rural areas and industries to educate, demonstrate and counsel people.

Swaziland Railways has asked to be the first on the list in two weeks' time, to be followed shortly by Ubombo Ranches.

Flas's director Nomcebo Manzini says her organisation's health education programme deals with counselling the

members of the public either as family units or individually.

"She says training of school counsellors has already been undertaken.

"We believe in peer group counselling, because young people understand and accept each other's opinions much better than when an adult is involved.

"We had to remove the morality barrier which always affects adult-youth relations. Hence, our helpline and youth counselling are staffed by trained young people."

Flas introduced a telephone helpline during the September independence celebrations this year. The service has received much acclaim and has been a permanent source of help for all kinds of problems.

Nhlengetwa says the Project Hope programme targets the 20 to 35 age

group, since statistically 2,8 percent of this age group has been found to be HIV positive or Aids affected nationally.

"She says the main problem with this group is that it tends to cover a wide interest area.

"That is why it was important to ask for volunteers from all groups to come forward for training to avoid clashes.

"For example in rural areas we have trained Aids counsellors who will be acceptable to the community chiefs and *tinkhundla*, making it easy for their communities to accept.

"Church groups also need to deal with their flocks in their appropriate language.

"That is how we hope to draw in the non-school-going, non-working and young brides who have no access to posters, films and condoms. They will be educated within their communities." — AIA

# AIDS:

## Africa's real enemy

AFRICA's biggest catastrophe in the 1990s – worse than war, famine or economic chaos – is likely to be the spread of Aids.

Despite widespread attention to Aids in the United States and Europe, health experts and scientists around the world agree that sub-Saharan Africa's problem is of far greater magnitude.

Some warn that it could change the very fabric of African society, negating efforts at economic development.

The World Health Organisation estimates that some six million adults in Africa are infected with the HIV virus, out of 10 million worldwide.

In some African countries, one in 10 adults is infected, and so many people have died from Aids that it has wiped out recent progress in reducing mortality rates from other diseases.

It looks set to reverse population trends – something that war, famine and pestilence have not done.

These disastrous facts and figures lend special urgency to the Sixth International Conference on Aids in Africa, to be held in Dakar, Senegal, next week. About 1 500 delegates will grapple with the question of

- More of a threat than war or famine
- Forgotten people in the chase for a cure

how to stop a disease that has no cure.

World Bank economist Jill Armstrong echoed the concerns of many development groups in a recent report on finance and development in Africa.

She said the Aids epidemic "threatens to alter dramatically the economic and social fabric of many societies, raising serious questions about the development process itself".

No part of a country's economy was safe from Aids, she said. In agriculture, for example, productivity would drop along with shortages of healthy adults able to work on the land.

Another recent study of the impact of Aids on Africa, published by a team of British researchers, predicted that in a

few decades some areas of Africa will for the first time show a net population loss rather than a gain. The report estimated that the number of Africans infected will double in three to five years.

The African Aids conference is unlikely to attract the same international press attention as the annual International Aids Conference, of which there have been seven so far.

African health officials and researchers frequently complain that the Third World is virtually ignored at the "main event" meetings, where Western scientists eagerly report on treatments under development that might work, at a cost of up to R255 000 a patient.

Such solutions are wildly unrealistic for Africa, where some

countries have a total health budget of just R10,50 a person.

The pattern of Aids in Africa differs from the developed countries in two key respects. The disease is contracted primarily by heterosexual sex rather than through homosexual sex or drug use, and the prevalent HIV virus has a different structure from strains found in the West.

Africa is afflicted not only by the HIV-1 virus but also by another strain, harder to diagnose, called HIV-2.

The HIV-2 strain is now beginning to show up in industrialised Western countries, where no Aids blood tests in regular use screen for it.

Scientists at the African conference will also highlight research into vaccines under development that are specifically targeted for the Third World, an area virtually ignored at the International Aids Conference in Florence last July.

African officials are concerned that drug companies are ignoring research into medications that could work in Africa because governments there have no money to pay for them, no refrigeration in many areas to store them and even a shortage of needles to administer them. – Sapa-Reuter

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# New global threat of African Aids

ET 16/12/91 (92)

DAKAR. — An international conference on Aids in Africa starting today will focus on HIV-2, a strain of the virus sweeping the Third World that is resistant to drugs and does not show up on routine screening tests.

In Europe and North America, Acquired Immune Deficiency Syndrome is almost exclusively caused by the HIV-1 virus, passed through the bloodstream either by sexual contact, blood transfusions or infected needles.

But in parts of Africa HIV-2 is just as widespread. The virus is transmitted in the same way as HIV-1 but has not yet shown up in the West, for reasons that are not yet clear.

However, health officials in the United States are warning that the new strain may emerge as a Western problem as cases of Aids victims infected by it are beginning to appear.

## Disaster

Because Aids is primarily a heterosexual disease in Africa, rather than homosexual as in the West, scientists wonder if the structure of the second virus allows it to be passed on more easily through normal sexual intercourse.

Although HIV-2 destroys the body's immune system in the same way as HIV-1, it has a very different structure and consequently most of the drugs and vaccines developed are ineffective against it, scientists said.

Routine Aids tests used to screen blood supplies in the West are only designed to pick up the presence of HIV-1, so if HIV-2 does spread

there could be untold numbers of victims before it could be detected, scientists say. For Africa, the lack of research into HIV-2 could spell disaster, since no effective cure or vaccine to combat it is being developed. Sub-Saharan Africa has been harder hit by Aids than any other region in the world, and predictions are mounting that the disease

## From page 1

could reverse population trends and wipe out hard-won progress. The World Health Organisation (WHO) estimates that some six million adults in Africa are infected with either HIV-1 or 2 out of a total of eight to 10 million victims worldwide. The Sixth International Conference on Aids in Africa will be chaired by

Professor Souleymane Mboup of Senegal, credited with discovering HIV-2.

The Africa Aids meeting will also address the difficult problem of designing preventive programmes in countries where up to 80% of the population is illiterate and religious taboos often prohibit open discussions of sexual behaviour. — Sapa-Reuter

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# Aids to kill six million in Africa

ET 17/12/91

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DAKAR. — Aids will kill more than six million Africans in the next decade and will eclipse all other diseases as the continent's No 1 killer, a World Health Organisation conference was told yesterday.

Delegates also heard:

- That there will be four million infants born with Aids in the next 10 years.
- That the disease is already decimating the most productive members of Africa's population and that in many rural villages entire families have died from Aids.
- And that in some African cities 80% of hospital beds are already allocated to Aids patients, no fewer than 50% of whom are suffering from tuberculosis.

"TB is a veritable epidemic within the Aids pandemic," Dr Michael Merson, director of WHO's Global Programme on Aids, told the 6th International Conference on Aids in Africa. He said the number of adult Africans killed by Aids during the '90s would double or triple the total number of deaths from all other causes.

WHO estimates that some six million African men and women have already been infected by the HIV virus that causes Aids — one in every 40 adults — and that the number is expected to grow to 14 million by the year 2000.

Dr Merson said Aids would have a far worse impact on Africa during the '90s than the previous decade because 90% or more of those now infected but not yet sick would die from the disease.

"It is clear that during the remainder of this decade the vast majority of infected adults in sub-Saharan Africa will die of Aids, and the number of Aids cases and deaths in this region will continue to increase into the next century from those HIV infections which are projected to occur during the 90s," he said.

## Health care

Delegates to the four-day conference heard a grim litany of economic, social and political disasters expected to befall sub-Saharan Africa due to Acquired Immune Deficiency Syndrome.

Aids, which destroys the body's immune system, has always been far worse in Africa than any other region of the world due to a combination of poverty, poor health care, political upheaval and the ways in which the disease is transmitted.

In Europe and North America, where about 1.5 million people have been infected, the disease so far has primarily struck homosexuals and drug users. In Africa, however, some 80% of all HIV-infected adults have acquired the virus through heterosexual intercourse. — Sapa-Reuter



## Six million African adults infected

# Aids catastrophe

LONDON - Africa's biggest catastrophe in the 1990s - worse than war, famine or economic chaos - is likely to be the spread of Aids.

Despite massive attention to Aids in the United States and Europe, health experts and scientists around the world agree that sub-Saharan Africa's problem is of far greater magnitude.

Some warn that it could change the very fabric of African society, negating efforts at economic development.

The World Health Organisation estimates that some six million adults in Africa are infected with the Aids-causing HIV virus, out of eight to 10 million worldwide.

In some African countries, one in 10 adults are infected, and so many people have died from Aids (Acquired Immune Deficiency Syndrome)

that it has wiped out recent progress in reducing mortality rates from other diseases.

It looks set to reverse population trends - something that war, famine and pestilence have not done.

These disastrous facts and figures lend special urgency to the Sixth International Conference on Aids in Africa, to be held in Dakar, Senegal, next week. Some 1 500 delegates will grapple with how to stop a disease that has no cure, no vaccine.

World Bank economist Ms Jill Armstrong echoed the concerns of many development groups in a recent report on finance and development in Africa.

She said the Aids epidemic "threatens to alter dramatically the economic and social fabric of many societies, raising serious questions about the development process itself."

No part of a country's economy was safe from Aids, she said.

In agriculture, for example, productivity would drop off along with shortages of healthy adults able to work the land.

Another recent study of the impact of Aids on Africa, published by a team of British researchers, predicted that in a few decades some areas of Africa will for the first time show a net population loss rather than a gain. The report estimated that the number of Africans infected will double in three to five years.

### Attention

The African Aids conference is unlikely to attract the same international Press attention as the annual International Aids Conference, of which there have been seven so far.

African health officials and researchers frequently

complain that the Third World is virtually ignored at the "main event" meetings, where Western scientists eagerly report on treatments under development that might work, at a cost of up to R210 000 dollars a patient.

Such solutions are wildly unrealistic for Africa, where some countries have a total health budget for all diseases of just R10 a person.

The pattern of Aids in Africa differs from the developed countries in two key respects. The disease is contracted primarily by heterosexual sex, rather than through homosexual sex or drug use, and the prevalent HIV virus has a different structure from strains found in the West.

Africa is afflicted not only by the HIV-1 virus but also by another strain, harder to diagnose, called HIV-2.

The HIV-2 strain is now beginning to show up

in industrialised Western countries, where no Aids blood tests in regular use screen for it.

Scientists at the African conference will also highlight research into vaccines under development that are specifically targeted for the Third World, an area virtually ignored at the International Aids Conference in Florence last July.

There, American researchers said that all strains of the virus under study for potential vaccines were from the West, so that any drug developed to stop them would not work in Africa.

African officials are concerned that drug companies are ignoring research into medications that could work in Africa because governments there have no money to pay for them, no refrigeration in many areas to store them and even a shortage of needles to administer them. - Sapa-Reuter.

Sowetan 17/12/91

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# Aids will be Africa's top killer - expert

17/12/91  
DAKAR — Aids will kill more than 6 million Africans in the next decade and eclipse all other diseases as the continent's number one killer, a World Health Organisation (WHO) conference was told yesterday.

Delegates were also told:

- There will be 4 million infants born with Aids in the next 10 years.
- The disease is already decimating Africa's population and in many villages entire families have died.
- In some African cities 80 percent of hospital beds are allocated to Aids patients. Half are suffering from tuberculosis.

"TB is a veritable epidemic within the Aids pandemic," Dr Michael Merson, director of WHO's Global Programme on Aids, told the 6th International Conference on Aids in Africa.

He said the number of adult Africans killed by Aids during the 1990s would double or triple the total number of deaths from other causes.

WHO estimates that about 6 million African men and women have been infected.

Dr Merson said Aids would have a far greater impact on Africa during the 1990s than the previous decade because 90 percent or more of those now infected, but not yet sick, would develop the disease and die.

"It is clear that during the remainder of this decade the vast majority of currently infected adults in sub-Saharan Africa will die of Aids, and the number of Aids cases and deaths in this region will continue to increase into the next century." — Sapa-Reuter.

## Aids strain that does not show up in tests

STAR 19/12/91

**A**N INTERNATIONAL conference on Aids in Africa starting in Dakar on Monday will focus on HIV-2, a strain of the virus sweeping the Third World that resists drugs and does not show up on screening tests.

In Europe and North America, Acquired Immune Deficiency Syndrome is almost exclusively caused by the HIV-1 virus, passed through the bloodstream either by sexual contact, blood transfusions or infected needles.

But in parts of Africa, HIV-2 is just as widespread. The virus is transmitted in the same way as HIV-1, but has not yet shown up in the West, for reasons that are not yet clear.

However, health officials in the US are beginning to warn that the new strain may emerge as a Western problem as cases of Aids victims infected by it are beginning to be reported.

Because Aids is primarily a heterosexual disease in Africa, rather than homosexual as in the West, scientists wonder if the structure of the second virus allows it to be passed on more easily through heterosexual contact.

### Ineffective

Although HIV-2 destroys the body's immune system in the same way as HIV-1, it has a very different structure, and consequently most of the drugs and vaccines under development are ineffective against it, scientists said.

Routine Aids tests used to screen blood supplies in the West are only designed to pick up the presence of HIV-1, so if HIV-2 does spread there could be untold numbers of victims before it could be detected, scientists say.

For Africa, the lack of research into HIV-2 could spell disaster, since no effective vaccine is being developed.

Sub-Saharan Africa has been harder hit by Aids than any other region in the world, and predictions are mounting that the disease could reverse population trends and wipe out hard-won economic progress.

The World Health Organisation (WHO) estimates that 6 million adults in Africa are infected with either HIV-1 or 2 out of a total of 8 million to 10 million victims worldwide.

By 1995, WHO predicts that 10 million will be infected in Africa alone.

The Sixth International Conference on Aids in Africa will be chaired by Professor Souleymane Mboup of Senegal, credited with discovering HIV-2.

### Deadly

The four-day meeting, attended by 1500 delegates, will also focus on the deadly combination, endemic to Africa, of Aids and other sexually transmitted diseases.

The vast majority of African Aids victims also suffer from such venereal diseases as syphilis and gonorrhoea, and researchers are trying to understand the role each plays in the spread of the other.

The Africa Aids meeting will also address the difficult problem of designing preventive programmes in countries where up to 80 percent of the population is illiterate and religious taboos often prohibit open discussions of sexual behaviour.

A recent editorial in Nairobi's Sunday Times summed up common attitudes in Africa.

"Unfortunately, some people are still taking it as some kind of sick joke, a hoax being played on them by the gods, and have been going on blithely ignoring all warnings about casual and irresponsible sex."

SAPA-REUTER



# Aids 'to eat up health money'

92 <sup>et</sup> 19/12/91

## Political Correspondent

AIDS could swallow up to 75% of South Africa's health expenditure by 2005, according to a major Medical Research Council (MRC) survey on the state of health and health services.

The report, entitled "Changing Health in South Africa", cites a Witwatersrand University study on the economic implications of Aids which projects that the direct costs of the disease, as a proportion of total health expenditure, could vary from 33,64% to 75,12%.

The low estimate is based on the assumption of "low" hospital costs while the higher figure assumes "high" hospital costs. The 1991 estimated Aids cost ranges from 0,5% to 0,76%.

The same Wits study projected that the total cost of the HIV-virus and Aids (including personal, tests, research and prevention) would climb from a

R75 million-R113m bracket in 1991, to R686m-R1,259 billion in 1995, to R4,714bn-R10,008bn in 2000.

In the report MRC notes that although Aids has not yet affected South Africa to the degree that it has other African countries, "it provides a serious threat to the social and economic well-being of the country".

Official figures on the number of Aids cases in South Africa severely underestimate the true case load, with some experts estimating that fewer than 20% of Aids cases are being reported as such.

● South African blood transfusion services are able to pick up the presence of the HIV-2 virus, a strain of the Aids virus recently discovered in West Africa and causing concern because of previous tests' reported failure to detect it, said a spokesman at the UCT medical school.

The senior lecturer in the department of Medical Microbiolo-

gy, who asked not to be named, was reacting to a report in the Cape Times on Monday which said that the routine Aids tests used to screen blood were only designed to pick up the presence of HIV-1.

"In South Africa today almost every testing laboratory, including blood transfusion services, use a combined HIV-1 plus HIV-2 screening test despite the rarity of HIV-2 in this country."

Scientists, he said, had been quick to realise the potential implications of a second Aids virus and had incorporated additional HIV-2 detecting features into the Aids screening tests.

"In South Africa only two or three cases (of HIV-2) have been identified, with only one apparent indigenous case."

Dr Arthur Bird of the Western Province Blood Transfusion Service confirmed all blood donated to the service was screened for both HIV-1 and HIV-2.

DAKAR. — A vaccine to combat the Aids virus may be ready as soon as 1997 — but that will be too late to prevent another 12-to-18 million people around the world from dying from the disease this decade, leading researchers said yesterday.

Dr Luc Montagnier, head of France's Pasteur Institute and discoverer of the HIV virus that causes Aids, told the final day of the Sixth International Conference on Aids in Africa: "We should have a vaccine in five years."

But he warned that many scientific hurdles remained.

A second strain of the HIV

# Vaccine<sup>(92)</sup> may be <sup>CT 20/12/91</sup> ready in '97

virus, called HIV-2, has also been identified almost exclusively in West Africa. Any vaccine developed for the more predominant HIV-1 strain alone will not work against HIV-2.

Dr Montagnier said that, if his

prediction came true, it would be a remarkably fast development when compared to the time it took to discover vaccines for other viral diseases.

But in the meantime, 5 000 new people are infected with the HIV virus every day, according to the World Health Organisation.

WHO estimates that by the year 2000 there will 30-to-40 million men, women and children infected with the virus around the world.

During the same period 12-to-18 million of the infected will succumb to the symptoms of the deadly disease. — Sapa-Reuter

# Aids to orphan <sup>92</sup> millions in Africa

LONDON. — Two million African children will die of Aids this decade and 10 million may be orphaned by the disease, according to a United Nations report.

CT 20/12/91  
The report, released yesterday and titled "The State of the World's Children", describes the African Aids epidemic as the final assault on the spirit of a continent sliding back into poverty, warfare, hunger and environmental disaster.

Already, the report says, almost three million African women are infected with the Aids virus and one million children have been born HIV-positive. The report's author, Mr James Grant, executive director of the UN Children's Fund (Unicef), says the only hope of saving Africa is to cancel all its R450bn debt.

The interest paid is more than the total spending on the health and education of its people, he says.

The proposal to cancel the debt is part of a 10-point plan launched by Unicef to improve the plight of children around the world and save the estimated 40 000 who die every day from preventable diseases and malnutrition.

Although the general tone of the report is gloomy, Mr Grant says his goal of ending the "absolute poverty of one quarter of mankind" is within reach.

Citing the success of vaccination and clean-water programmes, he said: "We have already travelled three-quarters of the way towards a world in which every man, woman and child has adequate food, clean water, basic health care and at least a primary education.

"There is no technological or financial barrier to prevent the completion of that journey in our times." — Daily Telegraph

# AIDS impact worst on developing countries

92  
E/Day 20/12/91  
NINA SHAND

THE high incidence of AIDS and HIV infection could have dire economic consequences for developing countries — including many in Africa, says World Bank economist Jill Armstrong.

In a report compiled for the World Bank and the IMF, Armstrong says about 90% of the 30-million people who will have contracted the HIV virus by the year 2000 will be living in the developing world.

Presently there are an estimated 10-million people infected with the virus, 80% living in Africa, Asia, Latin America and the Caribbean.

"The epidemic threatens to dramatically alter the economic and social fabric of many societies, raising questions about the development process itself," she says.

No sector of a country's economy is safe from AIDS.

Productivity in the agricultural sector may drop off in rural areas as the incidence of AIDS increases. Shortages of manpower may lower overall agricultural output in countries where production is labour-intensive.

On smallholder plots farm production may also fall as funds are diverted away from key farm inputs to medical expenses.

Armstrong says AIDS-related deaths are wiping out recent progress in reducing mortality rates. The health sector, while

struggling to improve general health conditions, is now also having to cope with a growing demand for hospitalisation, health personnel and drugs for AIDS patients.

School enrolment is likely to drop with many breadwinners falling ill and no longer being able to send children to school or needing them to do tasks that used to be done by parents. Up to 10-million children will have been orphaned by 2000 because of AIDS, says Armstrong.

"The extended families in parts of Africa are already beginning to feel the strain. Often the responsibility to feed, clothe, shelter and educate the children falls on elderly grandparents, with little means of financial or physical support."

In the event of the death of a male head of household, insurmountable problems may result due to local customs often prohibiting the transfer of land titles to anyone but a man.

"Without access to means of production, widows and children may be forced into petty theft or prostitution to support themselves," says Armstrong.

To lessen the economic impact of the epidemic, development strategies will need to take into account the effects of AIDS on people and the economy.

## 'Justice on wheels' on the expansion trail

Own Correspondent

DURBAN — Another 24 mobile courts will be established throughout the country in the next four months.

This was announced by Justice Deputy Minister Danie Schutte in Port Shepstone yesterday when he opened one of three mobile courts established recently to deal with unrest, traffic and other cases.

The other were at Thokoza and Vosloorus on the East Rand.

Schutte said he believed the mobile court or "justice on wheels" concept was the first in the world.

Apart from the setting up of the mobile courts, 80 other courts next to major routes had been placed on 24-hour standby to deal

with cases arising during the holiday season.

Justice Minister Kobie Coetsee's Press secretary Werner Krull said there would be no short cuts in the mobile courts and accused people would not lose their right to a fair trial.

More than R1m had been spent on the initial three courts, he said.

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Consumer Council deputy secretary said while the drop in the inflation rate is seasonal



## New strain of Aids is found in Africa <sup>(92)</sup>

DAKAR - A less virulent strain of Aids virus discovered in Africa appears to spread and kill victims more slowly, promising important clues in the search for a vaccination against the deadly disease, scientists say. <sup>(92)</sup>

African researchers at the Sixth International Conference on Aids in Africa have complained the HIV-2 virus has been largely ignored by their Western counterparts because victims were Africans.

"The world has become too small for this. The same effort must be made for the treatment and vaccination of these two viruses," said Professor Souleymane Mboup, the Senegalese conference chairman who was on the team that discovered the African strain. 20/12/91

Americans and Africans working on the project said it could answer questions about the HIV-1 virus plaguing the West. Souleymane 20/12/91

"Because the HIV-2 virus has distinctive immunobiologic properties, vaccine development with this virus will also yield important information to help the development of an effective HIV-1 vaccine," Max Essex, chairman of the Harvard Aids Institute in Boston, told the conference that ended yesterday. - Sapa-AP.

**Aids will halt growth** STAR 2/12/91

ABIDJAN — The Aids epidemic in Africa is threatening to reverse the continent's population growth, devastating economic development. Latest estimates suggest that adult infection rates will double to 14 million in the next five years. Already, 6 million people out of the 10 million infected worldwide Africans. Nearly one million African children carry the HIV virus received from their mothers. Foreign News Service. (92)

### Aids claim blocked (12)

A man who contracted Aids after a blood transfusion at a provincial hospital will not receive any compensation from the Government. A Delmas farmer was allegedly promised that his claim would be considered if he dropped a lawsuit against the Minister of Health. Haemophiliac Gavie Stolz got the virus in 1984 after receiving contaminated blood at Johannesburg Hospital.

SIPAZ 23/12/91

News in Brief

**Aids pledge denied** (92)

CT 24/12/91

PRETORIA. — The Minister of National Health, Dr Rina Venter, denied she promised Aids sufferer Mr Gawie Stoltz a settlement after he contracted the virus at a provincial hospital.



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## Home care call for people with AIDS

SPOUSES, children and other immediate relatives of AIDS victims will need to be trained to take care of the sufferers in their own homes, because hospitals will be unable to cope, says AIDS expert Prof Ruben Sher. (B1)(XU) 27/12/91

Sher estimated that more than 200 000 South Africans were already HIV positive. "There is no way we will be able to hospitalise all these people, and the number of cases doubles every 10 or 11 months. Some form of (home) care is the only answer."

The latest independently published AIDS Bulletin and Information Update reports that in the US the average life-

DAVE LOURENS

time cost of treating an AIDS patient is about R250 000. The annual cost of treating HIV positive people prior to their developing full-blown AIDS is about R14 500.

Sher said in SA treatment costs tended to be lower, depending on the amount of prophylactic medicines used to suppress symptoms.

The most widely used drug, AZT, sells for about R4 a tablet in SA. Dosage varies between three and five tablets a day, driving costs beyond the reach of all but the most affluent.

## Sanctions on the agenda of Labour Party's congress

THE annual Labour Party congress, which starts in Durban today, would renew its calls for the lifting of sanctions and the dismantling of the tricameral system, party leader the Rev Alan Hendrickse said yesterday.

About 100 delegates would attend the congress, which Inkatha president Mangosuthu Buthelezi and ANC international affairs director Thabo Mbeki were expected to address tomorrow.

Hendrickse said the congress theme, "forward together", emphasised Labour's need to establish an independent identity in changing political circumstances and its policy of co-operation with other parties.

### Resign

Congress delegates would elect a new chairman, secretary and treasurer, as these portfolio holders had defected to the NP.

Hendrickse said all the MPs who had defected to the NP had been sent letters demanding that they resign their seats and fight elections. However, no response had been received.

Labour almost lost control of the House of Representatives in June this year.

It survived a no-confidence motion by three votes after a mass exodus of MPs to the NP.

There are currently 43 Labour MPs and 35 NP MPs in the House.

The party suffered another blow when

its national chairman, Willie Hoods, resigned last month in protest against Labour's association with the Patriotic Front.

"We have always said that it was immoral for the NP to accept these people who were elected on a Labour ticket, but so far none of them have resigned."

Despite having lost many of its leading figures, Labour's support had remained intact, Hendrickse said. "The hoi polloi are still with us," he said.

Delegates would be briefed on the recent Codesa convention and would be called on to ratify decisions taken at it.

Hendrickse said Labour would reaffirm its call for the lifting of sanctions.

It was the right time to call for the lifting of sanctions as SA was on the road to democracy, he said.

Although Labour felt Parliament should continue, it wanted the separate administrations, including the tri-cameral Parliament, dismantled now. "There is no sense in waiting."

Hendrickse, who is unlikely to be opposed as party leader, said current party chairman Mylie Richards and acting treasurer Duggie Josephs were likely to be returned unopposed.

There was doubt about whether Chris April would stand for the post of deputy chairman, but if he did he was also likely to be unopposed, Hendrickse said.

TIM COHEN

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# Dutch to host Aids talks

*Sowkhm 27/12/91*  
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By MOKGADI PELA

AMSTERDAM has been chosen as the venue for the eighth world conference on Aids to be held in July next year.

The conference, which was originally planned for Boston in the United States, was changed after the World Health Organisation's protests over American policy restricting entry of HIV-infected people. The Netherlands has no such restriction.

Professor Ruben Sher of the South African Institute for Medical Research praised the changing of the venue and said the WHO's move showed its opposition to countries discriminating against people with Aids.

Sher dismissed speculation that a cure could be found before 1995.

# Grim Aids warning <sup>92</sup>

*Sowetan*  
By MOKGADI PELA

*27/12/91*  
A LEADING Aids expert has dismissed the world-wide belief that the risk of HIV infection was waning.

Dr Jonathan Mann, director of the Harvard Aids Institute states unequivocally that the worst is yet to come.

From 40 000 to 80 000 new infections are projected in the US this year. Another 75 000 infections are expected in Europe.

In Africa up to 10-per-cent of the adult population in some cities are now infected.

GUEST  
COLUMN  
by  
PAUL  
JOHNSON



# Isn't it time we stopped chattering about AIDS?

S/Times 29/12/91

92

**O**NE good rule in contemporary life is: never believe anything you read about AIDS. It is just conceivable that it may be 100 percent true. But this likelihood is so small that, for all practical purposes, it can be discounted.

Thanks to the exertions of the homosexual lobbies, AIDS is the first epidemic to be politicised and information about it is correspondingly muddled. Homosexual activists have a clear motive: they want spending on AIDS research to increase astronomically, in the hope — probably vain — that a miracle “cure” can be found, so that they can resume their hyper-promiscuous activities.

To increase public spending, they need to convince electorates that AIDS is not confined to sexual deviants and drug-addicts, but is spreading with terrifying speed among the normal population. They have enjoyed enviable success in getting this fantasy accepted by governments, international agencies, medical establishments and the media. Indeed, it should be a lesson to all of us how easily such supposedly intelligent and well-informed people are conned.

As a result, statistical assertions about AIDS, often from exalted quarters, are an inextricable mixture of half- and quarter-truths, tendentious projections, propaganda and downright falsehoods. Sorting out the facts from the fables is hard going, often impossible, so the best thing is to ignore the AIDS noise altogether.

And that, one is relieved to observe, is what the great majority, who rightly believe they have nothing to fear, are increasingly doing, thus showing a good deal more sense than their rulers. Just for once, all the wiles of the advertising industry, which of course has a huge vested interest in keeping the scare going, all the finger-wagging from solemn-faced medics, all the blatherings from concerned clergymen, compassionate showbiz personalities and caring intellectuals — in short, all the effort of the chattering classes — have failed.

It is worth pointing out that during the Black Death of the late 1340s — and that really was a scourge on a formidable scale — the activities of the rulers and chatters were similarly misguided and ineffectual. The conventional wisdom then, among many eggheads, was that the Jews were responsible.

They had poisoned the wells and so forth. As Michael Fumento has pointed out, AIDS and the Black Death have certain characteristics in common, which they share with polio and the great ‘flu outbreak of the early 20th century. Such epidemics follow a curve which is neither linear nor properly exponential.

“Even as they grow larger,” Fumento writes, “they always grow more slowly, until eventually they level and drop off.” AIDS is much less serious than the 14th-century form of bubonic plague because it is far less easily transmitted. But it seems to be following a similar history. Fumento points out:

From 1981 to 1982, diagnosed AIDS cases increased 170 percent, then 103 percent to the next year. By 1986 the epidemic had slowed to a 63 percent increase from the year before.

He argues that the percentage increases, as opposed to absolute figures, show that the real crisis had passed even before, perhaps well before, the first big media scare.

Fumento has been one of the few people who has written sense about AIDS throughout. The homosexual lobbies made immense efforts to rubbish and even suppress his book, *The Myth of Homosexual Aids*, but it has, in fact, been vindicated.

**F**ROM time to time he reports, in the New York monthly *Commentary*, on the phoney claims and bogus statistics being published on the subject by interested parties. I particularly recommend his latest demolition job in the December issue, which reveals considerable backtracking and changes of strategy by the panic lobbies.

They still demand massive advertising campaigns to alert heterosexuals to their “peril”. But governments are getting more wary of the AIDS alarmists, especially when it comes to spending money. Members of the public shrug their shoulders. When told that a heterosexual black sports star has got AIDS, they note that, on his own admission, he had sexual intercourse with “thousands of women”.

Highly promiscuous people are in obvious danger of infectious complaints of all kinds, especially venereal ones. We do not need governments and experts to tell us that. So what is new? The contraceptive industry is obviously

keen to have everyone, male and female, carry around condoms at all times. But ordinary people know that the best advice is contained in the sensible wartime slogan, which I remember as a schoolboy: “Clean Living is the Only Safeguard”.

Why don't our concerned clergymen return to this approach, just for a change?

There are signs that even the most ardent lobbyists are aware they have failed to panic the Western heterosexual masses. So attention is being switched to “Third World AIDS”. The Guardian newspaper had a front-page splash recently, headlined “AIDS to Rise Tenfold”, quoting the director of the World Health Organisation AIDS programme, who says that the “epidemic is only at its beginning”.

**H**E claimed the fate of Africa was likely to be shared by “India, south-east Asia, China and Latin America”, with “devastating economic and social consequences”. The statement was designed to alarm governments into coughing up more funds: “What happens in Asia and Latin America in 10 to 20 years' time will depend on what we do now.” But it is worth pointing out that, in 1986, WHO predicted as many as 100-million worldwide AIDS infections by 1990.

When 1990 came, as Fumento notes, the prediction had to be scaled down to eight to 10-million, and even this is an exaggeration. No doubt areas with very high population increases will indeed be subject to Malthusian checks, wars and famine as well as disease, and AIDS may well play some minor role in the process.

But to select, from all the multitudes of evils, natural and man-made, which make the lives of the poorest people on earth nasty, brutish and short, one particular medical problem for special Western attention and finance simply because it is the subject of fashionable chitchat in New York, London and Paris, makes no sense; there are many other areas where money is not only more urgently required but could be more profitably spent.

To divert it into the bottomless pit of AIDS spending is wicked. What the whole subject requires is a long, thoughtful silence.

● *Historian Paul Johnson writes for the Spectator, London.*

CITY/INTERNATIONAL

Aug 24 30 12/91

# Herpes drug could be <sup>92</sup> key to control of Aids

LONDON. — A drug hitherto used to treat herpes and shingles may help open a new route to treating Aids patients.

But British experts urged caution in assessing the outcome of clinical trials on the drug Acyclovir.

Dr Paul Griffiths, professor of virology at London's Royal Free Hospital, said the discovery was a significant development in research into Aids.

He said it raised hopes that Aids could eventually be controlled, like other conditions such as diabetes, so that infection with the HIV virus need no longer be regarded as a death sentence.

But he said: "It is not a cure. I do not anticipate a cure."

The trials used Acyclovir in a cocktail with AZT, the first licensed anti-Aids drug, discovered five years ago.

In the tests on 300 Aids patients in Britain, Germany and Australia, the death rate among those given the cocktail was halved from 20 percent to 10 percent in a year.

Dr Griffiths said the trials had been halted so that control patients who were given only a placebo could also have access to the treatment.

Dr Griffiths, one of the co-ordinators of the trials, expected that other drugs would be found that could be added to a cocktail that would in time delay the full onset of Aids in HIV-infected patients beyond the length of a reasonable life span.

Acyclovir was "a significant part of the jigsaw".

He said recent research had focused on why anything from two to 20 years might elapse before someone infected with the HIV virus actually developed the fatal disease.

Researchers at the Royal Free Hospital had discovered that people infected both with HIV and with another virus, the cytomegalovirus or CMV, a member of the herpes family, were two to three times more likely to develop Aids.

This suggested that CMV was among things that acted as a "driver" of the HIV virus, and researchers decided to use Acyclovir in a bid to knock it out.

Dr Brian Gazzard, Aids co-ordinator at London's Westminster Hospital, which has 150 patients on the trial, said there had been some improvement in survival.

"But the trials have only just been completed and the results have not been published yet. I would not say that it is a dramatic effect." — Sapa-Reuter.

retreat into the Jagers and

# AIDS 'breakthrough' drug long used in SA

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SUSAN RUSSELL

A DRUG which researchers believe could lead to a breakthrough in controlling AIDS has been prescribed for patients in SA for a number of years.

Acyclovir has been used to treat some of the viral infections associated with AIDS.

Head of the AIDS Centre at the SA Institute of Medical Research Dr Reuben Sher said Acyclovir had been used on its own to treat herpes and shingles.

However, British researchers announced at the weekend that they had completed clinical trials which involved treating AIDS patients with a combination of Acyclovir and AZT, an early anti-AIDS drug developed five years ago.

Results of the trials have not yet been published and experts have warned that the tests should be assessed with caution.

According to reports, however, the death rate among 300 British, German and Australian AIDS patients given the AZT/Acyclovir combination was reduced from 20% to 10% in one year.

These initial statistics from the AZT/Acyclovir trials have raised hopes that even if an outright cure for the disease is not found, it might be possible to control it — as is the case with conditions such as diabetes.

People infected with the AIDS virus would remain infectious, but with treatment might be able to live a normal lifespan.

Sher said Acyclovir had not been used as an anti-Aids drug but to treat some of the associated viral complications, which often prove fatal to AIDS sufferers.

Sher said Acyclovir would not directly help AZT overcome the AIDS infection itself, but it could prevent further viral infections and prolong life.

He believed that ultimately all effective AIDS treatment would be through a combination of drugs.

sponsored by Identipet.



# Africa on collision course with Aids

Southern 3/12/91 92

**DAKAR - Even the most conservative official estimates of the Aids infection rate expect the disease to wipe out at least 25 per cent of Africa's workforce by the year 2010.**

Economists warn that the Aids pandemic threatens Africa with economic chaos beyond anything it has yet endured as it kills five million or more adults in the next eight years.

African officials say the entire world has a stake in helping their countries stem a disease that is already laying to waste some economic sectors of the continent.

"Africa must not be abandoned," said Dr Kekoura Kourouma, head of Guinea's national Aids programme. "Remember, a sick population will not be able to work, will not be able to pay its debts."

One in every 40 adults in Africa is already infected with the HIV virus that causes Aids. These victims are part of Africa's economic engine - 15 to 49-year-old farmers, mine workers, even the educated elite.

Research presented at an International Conference on Aids in Africa held here this month found that the labour-intensive agricultural and mining industries, the two most important economic sectors of sub-Saharan Africa, are already suffering the impacts of Aids.

Satellite pictures show evidence of farmland returning to the bush and homes abandoned in some African villages where the population has been decimated, researchers said.

In Zambia, where infection rates are as high as 20 percent in

**FOCUS**

SAPA-REUTER

cities, the country's critical copper mining industry is threatened with collapse as Aids cuts into the workforce.

The economic impact of the disease is being felt in the more economically stable countries and classes of the continent as well.

Kenya, for example, lost several million shillings in foreign exchange in 1988 after Western Press reports of the Aids breakout there caused a steep drop in tourism. The government has since been accused of suppressing public dissemination of information on infection rates.

## Infection

In Uganda, a study found that women with high income male sexual partners were at significant risk of infection.

Even South Africa will face huge economic costs, despite having fewer than 1 000 Aids cases to date. A mathematical model designed by South African researchers predicted that, based on the most conservative projections, Aids will cost South Africa 2.3 to four per cent of its Gross National Product by the end of the century.

The costs to South Africa of caring for victims and of lost productivity could total R30,6 billion rand between 1991 and 2000.

Acquired Immune Deficiency Syndrome has hit Africa harder than any other region of the world. The World Health Organisation estimates that six to seven million African adults are already infected with the HIV virus, out of 10 million worldwide, and one million Africans have died so far.

WHO projects that at least 14 million adults in Africa will carry the infection by the year 2000. Since virtually all HIV-positive adults develop the fatal Aids symptoms within 10 years of infection, WHO says it is clear that more than five million currently infected adults in sub-Saharan Africa will die in the next eight years, and deaths will continue to increase into the next century.

"These millions of projected Aids deaths will double or triple the total number of deaths in young and middle-aged adults from all other causes by the end of the 1990s," said Dr Michael Merson, director of WHO's Global Aids Programme.

Aids systematically destroys the body's immune system, leaving the victim prey to infections. It can only be contracted through blood and bodily fluids, usually through sexual intercourse or intravenous drug use.

But its pattern of infection in Africa has been far different from that in industrialised nations.

In North America and Europe HIV initially hit homosexuals and drug users the hardest, but in sub-Saharan Africa 90 percent of HIV infections have always been spread through heterosexual intercourse.

Preventative measures, especially condom use, have been slow to get off the ground through

a combination of government disinterest, lack of funds, illiteracy, religious taboos and widespread promiscuity.

The burden on overstretched public health budgets is already crushing, African officials said. In some cities 80 percent of hospital beds are occupied by Aids victims.

Few patients can afford AZT, the primary drug for the symptoms of Aids, which costs R238 000 a year to administer. Even wealthy South Africa has decided not to offer AZT to Aids victims in its public hospitals.

But even without AZT, caring for victims is still expected to take up between 34 and 70 percent of South Africa's total health care expenditures by the year 2000.

Costs go beyond health care and lost workers, however. In Africa, extended families are the norm and one wage can support several dependents.

Researchers say that as parents die, 10 million African children may be orphaned by 2000, overwhelming the orphanage system.

Productivity will drop off even before death, as weakened workers stop to rest and family members take time off from their labours to care for them. Regular funerals and the traditional grieving time they require, will also reduce productivity among survivors.

Governments are already hard pressed to manage other indirect costs of Aids. Uganda's policy of paying funeral allowances for civil servants, including the cost of a coffin, may have to be withdrawn, economists say, as death rates in this group continue to rise.

HEALTH AND DISEASES - V. D.

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# Aids drugs claim met with caution

Medical trials hailed as 'most significant'

LONDON. — Britain's Department of Health has reacted with caution to the outcome of clinical trials indicating that deaths among Aids patients might be halved if they are given a drug that has been used for a decade to treat people with herpes.

British doctors involved in tests on 300 patients with Aids in the United Kingdom, Germany and Australia have hailed the results of trials as the most significant advance in the treatment of the disease since the discovery of AZT five years ago.

They found that 20 percent of patients on AZT alone died within a year, compared with 10 percent who had been given a mixture of

AZT and the anti-herpes drug, Acyclovir.

The trials, intended to span three years, were halted to allow all the patients access to Acyclovir.

Data is now being collected and reanalysed before publication. If the results are confirmed, Wellcome Foundation, who manufacture Acyclovir, will apply to the Committee on the Safety of Medicines to extend the licence application for the drug's use in Aids patients. The company also manufactures AZT.

Paul Griffiths, professor of virology at the Royal Free Hospital in North London and one of the UK co-ordinators of the British tests, said the results held out the

prospect that Aids could be treated as successfully as diabetes by the end of the century.

However, the Department of Health said the trials' results would have to be examined with care, and it emphasised that a swift decision from the Committee on the Safety of Medicines, in response to the expected application from Acyclovir's manufacturers, should not be regarded as automatic.

"Where there is an existing licence for a drug, as there is in this case, the process is usually quicker," the department said.

"But sometimes it can be months and even years before approval is given. Obviously the department will be interested in studying the findings." — The Independent.

ARGT 3/1/92  
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SPI/E TISA

**Some guidelines** for companies to follow in the Aids era about to descend on us have been prepared by Sanlam's group benefits division.

First sketching the likely situation: about 5m infected in 10 years' time and no cure in sight — Sanlam's *Insight* newsletter argues that far too few companies have yet formu-

FM 3/1/92

92

lated a policy for the problem and others are not facing up to practicalities, which include:

- Additional costs in maintaining levels of employee benefits, including medical aid, disability cover and group life cover;
- Disruptions in the workplace as Aids-related sickness sets in and deaths increase;
- The cost of educating employees about Aids;
- Increased training costs, the result of higher labour turnover; and
- Higher taxes because of the cost burden carried by government.

Apart from facing up to budgetary problems, Sanlam says, every employer needs a corporate policy dealing with not just Aids but all life-threatening diseases. "Broadly speaking, it should seek to avoid discrimination against those infected and respect their productivity. It should avoid moralising while at the same time exhibiting compassion. Most of all, it should be proactive."

Components of the policy, Sanlam suggests, could include:

- Education of the work force about Aids, its consequence and avoidance;
- Provision for counselling;
- Confidentiality of any medical data, especially the results of HIV tests;
- A policy to accommodate fellow workers who refuse to work with Aids sufferers;
- A policy decision on the separation of carriers of potentially dangerous diseases such as TB, from HIV carriers; and
- A ruling on the question of continued rights to medical aid and disability benefits.

Any policy must be discussed and agreed with employee organisations, then explained to every employee whom it could affect. Otherwise, Sanlam warns, "the firm opens itself to the possibility of actions against it in, as yet, uncharted legal territory." ■

# Aids workers group coming

CT 4/1/92



**SHE CARES ...**  
Sister Margaret Lewin

Staff Reporter

92

AIDS workers intend forming a support group to help them cope better with problems relating to their intense work with Aids patients, an award-winning Somerset Hospital nursing sister said.

Sister Margaret Lewin, 57, of Ysterplaat, yesterday received a specially designed Aids Memorial award and a cheque for R2 500 from Aids patients, their families and doctors for her dedicated care to HIV/Aids patients.

Sister Lewin, who heads a 34-bed medical ward, said she was "surprised" when told of the award.

"Looking back on my life, I get involved with my patients. I receive a lot of support from the same support groups as the patients do," said Sister

Lewin.

She started work on the HIV/Aids unit at Somerset Hospital when it started in 1986 as it was a natural progression from working in the high-care unit and the geriatric and terminal-care wards.

Dr Frank Spracklen, head of the HIV/Aids unit, said Sister Lewin was a "highly gifted and dedicated nursing sister" who provided "loving care" and made an "invaluable contribution to the smooth, efficient running" of the large unit.

Emphasising the importance of education, she said it was imperative to get "heads out of the sand".

Sister Lewin, who began her nursing career in the early 1950s at Addington Hospital, has also nursed in England.

# Aids, in the end, may be largely Africa's horror

STAR 4/1/92

ONE thing is becoming clear in the Aids pandemic — the world's advanced nations are shaking it off. I doubt Aids will have much effect on Britain or Germany.

The people of the West are obviously showing some sort of sexual restraint and, most importantly, they understand Aids.

According to the World Bank 90 percent of all known Aids cases are in the developing world — three quarters are in Africa.

One does not have to be clairvoyant to realise that the thought of Aids tearing through Africa's population will not evoke much sympathy in the West.

The thought might even satisfy many who regard Africa as terminally backward and its youth as ineducable when it comes to sexual behaviour.

It is possible that the populations of Africa's more backward nations could be massively reduced leaving this continent vulnerable to renewed colonisation — maybe by Asians this time.

Jill Armstrong, World Bank economist who works in the Population and Human Resources Division of the bank's Eastern Africa Department believes Aids could seriously hamper Africa's already slow development. In some countries, she says, one in 10 are HIV-infected and the gains made in reducing child mortality are being reversed.

Greenpiece

92

JAMES CLARKE



Agricultural productivity is dropping. One reason is illness in the villages — HIV precipitates TB and other potential killers long before Aids develops — and people become too weak to farm. Money needed for fertiliser is being taken up by medical treatment.

Ms Armstrong expects school attendances to drop as children stay home to look after Aids-stricken families. In some regions, she says, Aids has affected more women than men and it is women who raise crops — and families.

She speaks of 10 million orphaned children by 2000 in Africa — many will have to be supported by the elderly because the middle generation will be gone. But the elderly will be financially and physically unable to cope.

Aids in Africa is no longer just a health problem — it now an economic problem too. Africa needs money.

I wonder how it might affect tourism — Africa's one easy way to earn foreign exchange?

Will people be put off coming here?

## Many are <sup>STAN 6/1/92</sup> 'innocent' victims (92)

Throughout history, when the lives of his fellows are threatened by disease, Man has thrown his intellectual and economic weight (to varying degree) behind finding a cure or at least, the means to alleviate suffering.

Sexually transmitted diseases have, however, often provoked controversy, syphilis in its day and Aids in ours, and there will always be people like F.W. Thorpe (Readers' Views, December 23) who believe that anyone who contracts such a disease deserves it and the cure "lies in the hands of those whose sordid lifestyle puts them at risk".

Given humankind's propensity for erring, it is debatable whether he has the right to judge and condemn to death those who do not subscribe to his particular moral code.

What is not debatable is the innocence of hundreds of thousands of Aids sufferers. What of people involved in long-term relationships (be they heterosexual or homosexual) who are exposed to the virus through their partners, over whose sexual activities they have no control? Babies who obtain the virus from their mothers during pregnancy? Teenagers with little or no sex education who make one or two careless sexual mistakes?

If you can extend compassion to at least some of the above, where do you draw the line? Should every Aids sufferer be placed on a morality trial?

No person is "guilty" of having Aids. I sincerely hope that none of those close to F.W. Thorpe ever contract the disease because unless he changes his attitude, they would be unlikely to receive the support, love and understanding that every Aids patient desperately needs.

P.D. Bloy

Bellevue

# Return to morality the only cure

STAR 6/1/92

92

On October 31 The Star quoted excerpts from an article written by me, entitled Aids in southern Africa, published by the American-based Population Research Institute.

I stated that the potentially genocidal Aids epidemic was primarily the result of gross sexual immorality and predicted that the Aids epidemic in South Africa would drastically reduce our population to less than one quarter of its present size by the year 2010.

Mr de Beer, in The Star of November 18, claims that my predictions are "nonsense". He states that "The Centre for Health Policy has published what we believe to be the most thorough explanation of the likely course of the epidemic and its economic impact. It shows Dr Newbury to be incorrect in every respect."

He thereby judges my predictions on the sole basis of his belief in the infallibility of his own predictions. Obviously the accuracy of any predictions will only be able to be judged in the future, and only time will tell whether his predictions or mine were closer to the truth. Such dogmatism by an individual representing a university research centre is disturbing.

Another illogical statement made by Mr de Beer, is the following: while claiming that my prediction about the Aids depopulation is nonsense, he states that "we expect the epidemic to reach a "steady state" with a maximum of 27 percent of the population infected by the year 2005". This will mean the death, on an ongoing basis and within a short time, of more than one quarter of the population and this is nothing less than genocidal depopulation.

I cannot understand first, why Mr de Beer is attempting to minimise the depopulation aspects, and second, my opinion that population control programmes in the face of this epidemic will further imperil the future of the nation.

Perhaps the reason is to be found in the report of the Centre for Health Policy of the University of the Witwatersrand. On Page 71 thereof, it is clear that the authors see depopulation as a potential "benefit" of the Aids epidemic. They entirely overlook the fact that human beings are the most valuable resource of any country.

Mr de Beer also makes this statement about my article: "Any self-respecting public health administrator will know that the doubling time increases as an epidemic progresses."

Mr de Beer should not take comfort from his irrelevant and unscientific statement, because obviously the time

taken for the number of victims of Aids to double must be prolonged as fewer and fewer susceptible persons remain alive.

Finally my article, and not the truncated version of it in the press, was intended to convey a simple message, ie that the Aids epidemic is essentially the result of gross immorality; that the epidemic could be easily stopped by the return to sexual morality; that if fornication, adultery and sodomy were to cease, the epidemic would quickly come to an end; and that the basic cause of the epidemic is personal sexual immorality.

In spite of this, the personal responsibility of the individual for his own immoral behaviour is ignored in Mr de Beer's report.

For example on the last page thereof the following statements appear, first, "It is

obvious that both the State and the private sector have been grossly negligent in the lack of resources and attention paid to this problem so far"; and second "The responsibility for such action lies with all the relevant State agencies, as well as with a range of private sector organisations, including the trade unions, and employers."

To blame others for the results of one's own immorality is always an easy escape, but this attitude will only continue to accelerate the Aids epidemic.

A widespread and very disturbing illustration thereof is the encouragement of immorality among children by providing them with condoms instead of encouraging them in chaste and commonsense sexual values.

Dr Claude E Newbury  
Northcliff,  
Johannesburg

## Global Aids total more than 446 000

GENEVA. — Governments reported 132 071 new cases of Aids by the end of last year, bringing the official global total to 446 681, the World Health Organisation said.

In its quarterly update, the WHO said yesterday it was notified of 28 278 new victims between October and December. This was mainly due to updated statistics from the United States and Africa.

Washington informed the WHO of 11 242 more cases in a report dated

(92) ARCT 8/1/91  
the end of November. The US has recorded 202 843 cases since records were started in 1981.

Southern Africa has the second highest toll in the world. The number of registered victims in Tanzania jumped from 21 208 to 27 396. Uganda follows with 21 719.

But under-diagnosis and delays in reporting means the true worldwide total of people infected with Aids is about 1,5 million. — Sapa-AP.

# World's Aids cases soar

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Washington informed the UN health agency of 11 242 more cases in a report dated the end of November. The US has recorded 202 843 cases

STAR 9/11/92  
since records were started in 1981, nearly half the world's total.

The number of registered victims in Tanzania jumped from 21 208 to 27 396. The impoverished African nation now has the second highest toll in the world. Uganda follows on 21 719, though it has not updated its records since the end of 1990.

Brazil registered 21 023 cases, 1 662 up from its previous report.

In Europe, France has the highest toll with 16 552 reported cases. Italy follows on 10 584.

However, because of under-diagnosis and

delays in reporting, the true worldwide total of people infected with Aids is estimated at close to 1.5 million. This includes 500 000 children.

WHO estimates that between 9 million and 11 million people have been infected with human immunodeficiency virus, HIV, and this will rise to between 30 million and 40 million by the end of the century. It takes on average 10 years for HIV carriers to develop the symptoms of full-blown Aids.

The Geneva-based agency estimates that 5 000 people are newly infected with HIV daily.

The vast majority of

(92)  
Aids infections are spread through sexual intercourse. The fatal disease can also be contracted from contaminated blood supplies and sharing infected needles.

There are no registered Aids victims in 21 of the 163 nations reporting to WHO. These include Afghanistan, Iraq, Albania, Mongolia, Burma and Cambodia.

The Bahamas has the highest rate of infection in terms of its population size, according to WHO statistics. It has a per capita Aids rate of 66.1 per 100 000 people. Bermuda follows on 57.9 and Malawi on 50.1. The US rate is 15.2. — Sapa-AP.



# Equality in sex: Can it stop Aids?

92 MKG 11/1/92

**T**HE figures are appalling and so huge as to be almost meaningless.

There are now, we are told, 10 million adults around the world with the Aids virus, of whom a horrific six million are in Africa. About a million have died.

The impact of the epidemic has been brought home to Dr Malcolm Steinberg, head of the Medical Research Council's national Aids research programme and one of a group of South Africans who recently returned from the sixth international conference on Aids in Africa.

The conference in Dakar in Senegal attracted about 1 000 delegates from Africa and beyond, including Dr Michael Merson, head of the World Health Organisation's Global Aids Programme.

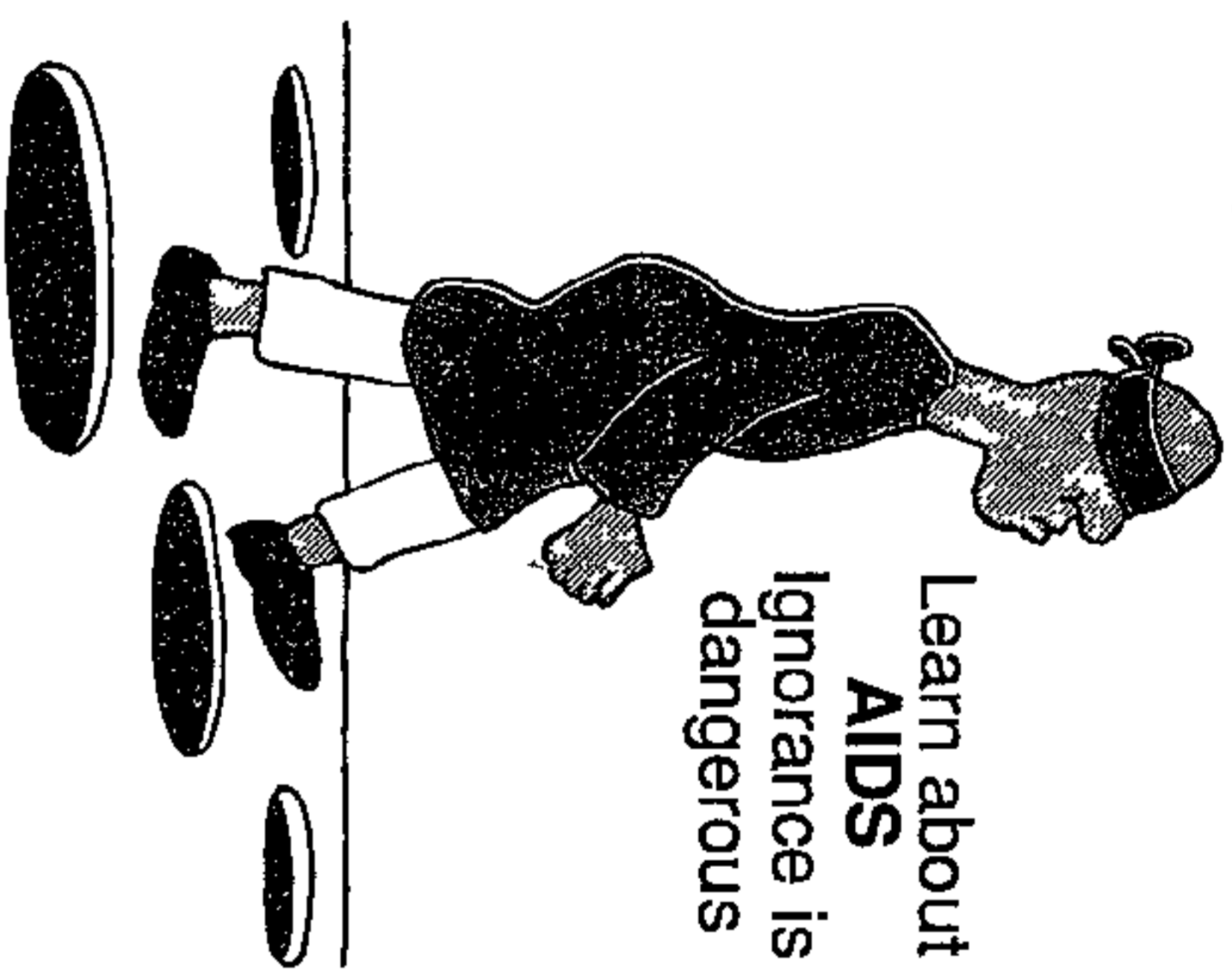
He told the conference that heterosexual sex was the mode of transmission in 90 percent of cases in sub-Saharan Africa and as a result there were about as many infected women as men.

About two million babies had been born to HIV-infected women in Africa, of whom about 750 000 were infected themselves. One third of the babies have died.

In Zambia a staggering 25 percent of women seeking ante-natal blood tests are infected.

"The conference has given me an incredible sense of realism — the impact of this epidemic is real," says Cape Town's Dr Steinberg.

"Apart from attending the conference I also visited Aids programmes in Zimbabwe, Zambia,



Spreading information about Aids is important, but information alone does not make people change their behaviour — ask a smoker. If we are going to tackle the Aids epidemic here we have to find out what the social pressures are that make people take multiple sexual partners. Weekend Argus Reporter **VIVIEN HORLER** talks to Dr Malcolm Steinberg, head of the Medical Research Council's national Aids research programme.

Kenya and Senegal, and the thing I found astounding is that you can walk around in a country where 25 percent of the population is infected and not be aware of it on a day-to-day level.

"It has been said that when people start dying of Aids around you that behaviour will change. But that's nonsense. Even with huge numbers of the population infected, people are dying in obscurity and anonymously as to who they are and what they're dying of."

The WHO's Dr Merson told the conference that five major challenges faced Africa:

- National Aids programmes need the backing and full commitment of government leaders at the highest political level.
- Uninfected people, particularly the young, need to be protected by giving them frank information about Aids and by encouraging them to refuse unsafe sex.
- Planning for medical and other care of the millions of infected people expected to become ill in the next decade is essential.
- Africa must see to it that the benefits of biomedical research, including drugs for the prevention and treatment of HIV-related infec-

tions, and any safe drugs and vaccines that are developed, must be available in Africa.

● Compassionate, non-stigmatising attitudes to infected people are necessary to preserve their rights and dignity.

Africa has a long way to go to meet these challenges, says Dr Steinberg.

"In South Africa the fight against Aids does not have sufficient backing from the entire political leadership. What we have is a token commitment, but there is not sufficient understanding of the social issues involved in the spread of the epidemic. Information alone doesn't change behaviour."

"A commitment to social upliftment programmes is likely to have the greatest impact on the prevention and containment of the Aids epidemic in South Africa."

Fine words, but what does he mean in practical terms?

The key, he believes, is to find out the social pressures that fragment human relationships and to help women gain more equality in their sexual and other relationships.

□ **AIDS IN COLOUR:** Zambia's Anti-Aids Project has issued a colouring book aimed at primary school children, warning them of the dangers of Aids. Children are told to look at the pictures, colour them in, then stick them onto a window where others can see their message. Children are told that ignorance about Aids is dangerous, left, and that they should stick to one partner for life. "Don't be tempted by easy partners," they are warned.



**ONE IS FUNI**  
Stick to one partner for life, don't be tempted by easy partners.  
Protect your family by avoiding casual sex!

In communities which are under stress human relationships will be fragile and women will have little sexual and economic power.

Dr Steinberg says the particular circumstances of communities need to be studied so that appropriate programmes can be devised. There is little point, for example, in issuing condoms free to communities which have a social taboo against using them.

"We need to isolate the factors why people in some communities have multiple sexual partners. For example, in one part of Mozambique there is a cultural belief that when a woman goes into the menopause any sperm inside her will go rotten.

"Odd as this belief may seem, in a traditional society with high infant mortality it was important to ensure that as many children were born as possible to keep the community going. So a man would take a new sexual partner once his older partner was no longer able to have children.

"Now that this practice has been uncovered, a programme will be devised to avoid its dangerous aspects.

"In Zambia there is a widespread practice in rural areas that a widow and her children will be taken on by her husband's brother. When the

husband dies the widow undergoes a cleansing ceremony which involves sexual intercourse with the husband's brother.

"Now if the husband died of Aids, the woman is probably infected and she will infect the brother, who may in turn infect his own wife and their unborn children.

"Once this practice was understood a programme was devised, with the support of headmen and chiefs, to persuade people that while the cleansing ceremony could still go ahead, the sexual component should be left out. This programme is gaining acceptance.

"It's a small step, but small advances are important in the fight against Aids."

There is a high rate of prostitution in Africa, usually as a result of economic pressures on women. "And if we don't understand this we'll miss the boat when we come to devising strategies that will work.

"It is not all bad news. Aids is a project — and if we tackle the issues that affect Aids, we'll be tackling a lot of the other problems facing South Africa at the same time.

"If we are able to shift the power imbalance in sexual relationships just a centimetre — imagine what that will do for society as a whole."

## Women in fear of Aids after

### doctor's death

STAR 13/1/92  
DURBAN — A number of Transkei women are living in fear after the death of a doctor in the homeland of Aids.

Some have already undergone tests to establish if they are HIV-positive. Efforts are being made to trace other women named by the doctor before his death.

A top government official said the names of the women were given to doctors treating the Aids victim at Umtata General Hospital. It is not clear whether the women were patients of the victim.

The doctor, who died of Aids on Thursday, spent some time in East Africa and has been in Transkei for about a year. — Own Correspondent.

# Aids scare in Transkei after death of doctor<sup>(92)</sup>

ARC 13/1/92  
The Argus Correspondent

DURBAN. — Several Transkei women are living in fear after the death of a doctor four days ago of Aids.

The identities of the women are known to the health authorities in the Transkei and some have already had tests to establish if they are HIV-positive.

Efforts are being made to trace other women who were named by the doctor before his death and they will be subjected to extensive medical examinations. If they had other sex partners they, too, will be called in for tests.

A top government official said that the names of the women were given to doctors treating the Aids victim at Umtata General Hospital.

"We will know some time this week whether those women who have been tested are HIV-positive or not, but even if they are free of the virus at this stage, they will be monitored carefully because it could be some while before it manifests itself," said the official.

The doctor who died from Aids on Thursday spent some time in East Africa and had been in the homeland for about a year.

The official said another doctor who had served in East Africa had died eight months ago while working at Zitulele Hospital.

"We have had six known deaths from Aids so far and about 100 people have been tested HIV-positive."

He said Transkei had an anti-Aids campaign aimed at various levels including high schools, factories and at hospitals.

By James Clarke

# African Aids figures don't give full picture

STAR 15/1/92

92

While Aids statistics remain sketchy, the picture appears to be getting more and more serious in central and southern Africa, according to WorldAids, journal of the Panos Institute in London.

The bimonthly journal, funded by the Ford Foundation and the World Health Organisation (WHO), reports that in South Africa there are

19 people with full-blown Aids for every million of the population.

South Africa up to May last year reported 764 cases of full-blown Aids and had between

74 000 and 102 000 with the Aids virus. It had also found 1 469 blood donors — out of 4.3 million — to be infected with the Aids virus.

Zimbabwe reported 7 411 cases of full-blown Aids — 558 for each million — compared with South Africa's 19 for every million.

But Zimbabwe believes 18 percent of its sexually active population is infected. The Aids virus (known as HIV) becomes full-blown Aids in about 10

years but it often renders the infected person open to other diseases, such as tuberculosis, which kill sooner than that.

Zimbabwe's infection rate shows that almost one in five of its sexually active population will die prematurely and four out of 10 of their offspring will die in childhood of Aids.

Malawi comes off as the worst case: it reported up to October 1990 12 074 cases of Aids, which is 1 284 for each million. One in five sexually reproductive people have the virus.

South Africa is among the most up-to-date in supplying data to the WHO (although Aids is not yet a notifiable dis-

ease and therefore exact figures are not known). But many countries have failed to supply figures for years because most have very poor statistical services.

Angola last reported to WHO in 1988 when it said 104 had Aids. But the WorldAids journal says unofficial estimates show that about a fifth of

its sexually active population is infected. Botswana has 166 for every million with full-blown Aids, and about 6 percent of its sexually active are infected.

Kenya has recorded 19 725 with Aids, but estimated in August that 7.5 percent of its population was infected.

Mozambique says 8 percent of its sexually active population is infected, and Swaziland says 4 percent is.

## 9 000 with Aids by 2000 in PE

ARG 15/1/92  
The Argus Bureau (92)

PORT ELIZABETH. — Port Elizabeth could have 175 000 Aids carriers by the year 2000, says the deputy medical officer of health, Dr Sydney Carstens, who estimates that of these, 9 000 could have full-blown Aids.

In a report to the city council's community services committee, Dr Carstens said statistics showed that in 1989 there were 30-HIV positive carriers. Five died. In 1990 there were 70 new cases and nine Aids deaths.

Sowetan 15/1/92

## Aids news is good and bad

BY THE end of last year 1 011 Aids cases had been reported in South Africa.

The Department of National Health and Population Development said one-sixth of 345 people tested positive last year were young children who had been infected by their mothers before or during birth.

Only 59 cases were related to homosexual activity. "This suggests that self-

initiated education has been successful and the worst of the pandemic may be over.

"For heterosexuals the news is less optimistic and there is little sign of the pandemic slowing down." (92)

The statement said that two-thirds of the 345 had become infected heterosexually and most were young adults in their prime.

An educational programme was available.

# Big concern as doctor dies of Aids

Sowetan 15/1/92

92

THERE was no reason to fear for the health of patients treated by doctors suffering from Aids, an official of Transkei's health department said yesterday.

Responding to concern after the death of a doctor of the disease, the official said: "It is unlikely that a doctor or a nurse suffering from the disease can infect the patients."

The doctor, who came from an unidentified Central African country, died last Thursday. He has not yet been

identified.

This is the second doctor from Central Africa to die of Aids in Transkei in the last eight months.

●An Aids victim in the United States recently died after being infected by her dentist.

Her death resulted in representations to the US Congress for the compulsory testing for Aids of health workers. - *Elnews*

# Latest figures show heterosexuals are largest group of Aids victims (92)

Staff Reporter

HETEROSEXUALS have become South Africa's main Aids victims, forming two-thirds of the 345 cases diagnosed last year, according to the latest figures of the department of National Health and Population Development.

These figures confirm suspicions that the disease is escalating among heterosexuals.

The report said there was little sign of this pandemic slowing down as it has in the case of homosexual Aids.

Most of the heterosexuals infected were young adults with the next most numerous group being very young children who became infected before or during birth. They make up one-sixth of all new cases and brings the number of cases reported in South Africa

ARG 16/1/92  
since 1982 to 1 011. Of these, 140 are from Cape Town.

Johannesburg has 272 diagnosed cases. This is followed by Durban with 150 cases and Soweto with 114.

South Africa joins the "club" of 14 African countries who have reported at least 1 000 Aids cases.

A programme aimed at preventing Aids in young people is to be launched soon.



# Aids <sup>92</sup> tops <sup>Soweto</sup> 1 000 <sup>16/1/92</sup>

By MOKGADI PELA

SOUTH Africa has joined 14 African countries which have reported more than 1 000 Aids cases.

Of those 399 have died since the first Aids case was diagnosed in 1982. Figures show that 229 died in the Transvaal, 110 in the Cape, 32 in Natal and 28 in the Free State.

A media release from the Department of National Health and Population Development said 1 011 full-blown Aids carriers were identified at the end of last year.

Cities topping the list are Johannesburg (141), Cape Town (78), Soweto (51), Port Elizabeth (24), Durban (22), Pretoria (16) and Bloemfontein (14).

About 200 000 HIV-positive cases had been diagnosed in the country by December 31 last year.

Most of those infected are heterosexuals and children.

An Aids education campaign will be launched next month to target these groups.

# Protest over Aids column

South 16/11-22/1192

HEALTH workers and activists who occupied the Cape Town offices of a Sunday newspaper for an hour last week in protest against an "offensive" column on Aids were promised equal space in the paper in which to reply.

The group demanded the newspaper dissociate itself from the views in the column and space to reply. Their statement was endorsed by 13 health organisations, and seven medical doctors.

The column, by British historian Mr Paul Johnson, implies concern about Aids is the work of "homosexual activists" who "want spending on Aids research to increase astronomically in the hope ... that a miracle cure can be found, so that they can resume their hyper-promiscuous activities". (92)

It was agreed that the paper would publish their response.

The group said Johnson's article "ridicules the efforts of those fighting the disease and is a reactionary slur on the millions of infected children, women and men.

"In his attempt to prove that all serious Aids work and research is part of a homosexual conspiracy, your guest columnist distorts known facts," they said.

**Aids barometer (92)**

TWO thirds of the 345 South Africans diagnosed with Aids in 1991 were heterosexual, according to health department statistics issued this week. One in six cases were children infected by their mothers before or during birth. W/W/23/11/92



The fight continues . . . Gawie Stoltz, who received HIV-contaminated imported blood and blood products, fears his wife Leslie may have been at risk. Picture: Debbie Yazbek

# Infected haemophiliac to sue Dept of Health

By Carina le Grange 92  
Medical Reporter

Haemophiliac Gawie Stoltz, of Delmas, who was infected with the HIV virus after he was transfused with contaminated blood in 1984, yesterday said he was going ahead with legal action against the Department of National Health and Population Development to obtain compensation.

And Mr Stoltz appealed to other haemophiliacs suffering the same plight to contact him with a view to legal action.

The department had informed him last month that he did not qualify for an *ex gratia* payment he had applied for. Mr Stoltz (38), a married man with three children, was given untested imported blood during a shoulder operation.

According to National Health Minister Dr Rina Venter, 69 haemophiliacs received contaminated blood at the time.

Mr Stoltz said he had known seven of them — but they had

all since died of Aids. He believed another 22, with whom he had no contact, were still alive.

He appealed to these people to contact him with a view to legal action.

He said the *ex gratia* payment was necessary in order to provide for the future of his family. "The Government has in effect killed me and possibly my wife, affecting the future of my children. The Government is responsible," he said.

## Denied

He initially instituted court action against the Department of National Health two years ago, and dropped the case only after he was asked to do so. He said he was led to believe that he would receive the *ex gratia* payment if he did so.

Dr Venter has since denied that promises of payment had been made.

The department confirmed that Mr Stoltz received HIV-contaminated imported blood and blood products.

Dr Venter said last month that between 1980 and 1985 its

was "extremely difficult" to test for HIV with complete certainty.

Deputy director Dr Hans Steyn said it was decided not to grant the payment because no appropriate mechanisms for possible compensation of individual cases existed at present.

"The department is presently investigating the establishment of a special fund to compensate haemophiliacs who were infected with HIV," Dr Steyn said.

Mr Stoltz, however, said he had not abandoned plans to obtain compensation.

"My only problem in going ahead is one of finance. If you take on the Government, it is as if you are taking on the whole country," he said.

He said he was told he was HIV positive only two years after first being infected — despite the fact his wife, Leslie, was at risk during that time.

"It was criminal negligence," Mr Stoltz said.

His wife was last tested in 1987, when she tested negative. She does not wish to be tested again.

STAR 17/1/92

# End the silence on AIDS

Si Times 19/11/92

IT WAS six years after the epidemic started in the US that Ronald Reagan used the word AIDS for the first time in a public speech. Initially, in Africa, the epidemic was also marked by silence from governments, often in fear of the effect on tourism.

Paul Johnson, in his article in the Sunday Times (December 29), argues in favour of a long silence on AIDS. We argue that silence will, and has, already led to countless AIDS deaths.

Silence from governments, the media, the medical profession and individuals has contributed to a situation in Africa where masses of the economically active population are infected and entire villages have been wiped out.

Since the virus knows no national boundaries, it is to be expected that AIDS in South Africa could follow the same pattern as in the rest of Africa.

Scepticism of statistical projections is essential, but does not require cynicism on human life.

Johnson's argument that it is "senseless" to select AIDS as a "special" case for finance shows ignorance of the extent and immediacy of the disease in Africa. The bulk of AIDS cases in the world are located in Africa.

The USA has a population of 270-million people and is estimated to have 1.5-million HIV carriers. Compare this to Uganda, which has a population of 17 million with more than 1-million people suffer-

**ZACKIE ACHMAT and GERDA de KLERK examine the scope of AIDS in Africa in response to Paul Johnson's recent article on the disease in the United States and Britain** (92)

ing from HIV infection. Malawian hospitals report more than 500 new cases of full-blown AIDS monthly.

A health care official of the Zimbabwe Congress of Trade Unions says they have 500 000 people infected with HIV, most of them between the ages of 18 and 45.

These infections occur across race and class barriers and affect mostly heterosexuals.

## Attack

It is evident from available data that in Africa, AIDS is spread mainly through heterosexual contact. For Johnson to suggest that AIDS is a gay disease not only displays gross ignorance, but also irresponsibility. It creates a false sense of security and complacency among the masses at risk.

In South Africa, like elsewhere, the gay community first broke the silence about AIDS and showed compassion. The pioneering work of the Gay Association of South Africa is the foundation for AIDS education, counselling and care in South Africa.

Johnson's attack on gay people veils the burden faced by heterosexual women who

carry the brunt of AIDS infection in Africa.

The majority of women infected with HIV are found in Africa. Many infants have already acquired the virus through their mothers. Every day, an HIV-infected baby is born in South Africa. In Harare, AIDS is the biggest killer of infants.

Women are especially vulnerable to AIDS because of their subordinate position in the family and society which restricts their ability to protect themselves.

They rarely have any say in sexual decision-making and do not have the same access as men to information, health care and social services, thereby increasing the risk of infection.

AIDS will have a disastrous impact on African economies. The loss of productive labour and cash income from agriculture, shrinking sources of food supply and diverting productive labour to care for the sick are among the consequences of AIDS.

Drugs are available which can prolong the life of HIV-infected persons. The price of AZT, for example, is made prohibitive through profiteer-

ing. AIDS has exposed chronically under-funded health services throughout the world.

Because of their material conditions, AIDS hits poor working class and rural households hardest. The virus spreads faster and AIDS symptoms develop more rapidly among the poor who also don't have the material resources to cope with prolonged illness.

## Solution

AIDS activism cannot be divorced from campaigning for work, homes, health, social security, education and gender equality. AIDS activism cannot be a fringe activity.

There is no single solution to the problem of AIDS. What is clear though is that silence equals death.

South Africa is an economic giant in Africa. We have the infrastructure and access to information to combat AIDS and to assist neighbouring countries to do so. We have the opportunity to raise our awareness, promote safer sex practices, expose government negligence and be compassionate (an emotion sadly lacking from Johnson's article). Time though, is not on our side.

■ Zackie Achmat is the coordinator of the AIDS programme of the Belville Community Health Project. Gerda de Klerk develops education materials on AIDS.

# Business urged to prepare for Aids onslaught

(92) ARG 20/11/92

**AS the Aids spectre looms over South Africa, businesses are being urged to prepare for the effect of the disease in the workplace and to adopt an Aids policy. While the prospects are grim, they are not hopeless. By Labour Reporter SHARON SOROUR.**

HUNDREDS of thousands of South Africans are expected to die from Aids by the end of the decade.

About 100 000 people are infected with the HIV (Human Immunodeficiency Virus) in South Africa and the number could soar to 3,7-million by 2000.

This could have a dire effect on the country's economy as the workforce is steadily wiped out by the dreaded disease.

South African businesses can no longer ignore the problem of Aids and have to prepare themselves to employ people who have tested HIV positive and are potential Aids victims.

A few companies have already devised and adopted their own Aids policies, but now, for the first time, a comprehensive Aids policy has been developed by a Cape Town industrial relations firm to enable companies, and employees, to deal with Aids in the working environment.

Researched and written by labour lawyer Ms Cecilia Brümmer and industrial relations consultant Mrs Geraldine Coy of Gouws Woods and Partners, the 25-page policy covers debates and legal aspects and aims to educate and direct management approach to Aids.

It is expected to change the face of industrial relations by providing opportunities for workers effectively to manage a policy, going beyond the normal employer/employee relationship.

"It is also an opportunity to engender trust between the two parties which will make the next steps easier because it is an accepted, negotiated, co-opted agreement between the work force and management," says Mrs Coy.

The idea is not to frighten people, but to enable a company to deal with the problem if an employee gets Aids.

The policy's objectives include providing managers with a framework in which to identify, understand and deal with the reality of Aids; reducing fear and preventing panic and disruption among employees; avoiding discrimination and prejudice; maintaining maximum stability and productivity in the workplace and helping to curb the spread of the disease by educating employees.

Companies have a responsibility to educate their workers about Aids and the policy focuses on Aids because it is a specific, contagious disease which could lead to industrial relations problems on the shop floor.

Mrs Coy says that while trade unions have taken up the fight against the killer

disease to protect workers, companies are still ignorant about Aids and how it will affect the workplace.

They are still hesitant to address the issue or employ people who test HIV positive, says Ms Brümmer.

Pre-employment testing for Aids is discouraged in the policy and should not be a requirement for employment, she believes.

"There is no risk to other company employees if an HIV positive person is employed. Aids cannot be transmitted through normal interaction in the workplace.

"It is unfair to exclude economically active people from the job market if they test HIV positive because they may still contribute between seven and 10 productive years to the economy and the company."

Excluding Aids carriers, she warns, will also create extra unemployment and add to the burden on the State and taxpayers.

The current unfair labour practice definition in terms of the amended Labour Relations Act protects existing employees, not potential employees, against an unfair labour practice committed by employers.

However, the International Labour Organisation has accepted that any labour practice that discriminates against an HIV positive worker or an Aids sufferer will constitute an unfair labour practice.

Therefore, the policy accepts that no discrimination or victimisation in any form should be tolerated against an employee who is HIV positive, and the employee should be allowed to continue working until he or she is physically incapable of doing so.

If employees are unable to perform contractual obligations, the normal incapacity options — like early retirement, an alternative position, or termination of services with severance packages — should be explored, the policy says.

It advocates post-employment testing only under certain circumstances. Testing should be done anonymously and be paid for by the company; workers should be tested only as a means of allowing the company to assess the adequacy of its educational programme, and the results should be made available, if requested, only to the employee.

Workers who refuse to work with HIV positive colleagues should be educated about Aids in the workplace and if this proves ineffective, they should be disciplined by management for insubordination.

STAN 27/1/92

## 'More have Aids than recognised'

By James Clarke (92)

A research group in Johannesburg which supplies data to an international agency says the incidence of the Aids disease in South Africa is a great deal higher than official figures indicate.

The South African Institute for Maritime Research (Saimar) which is monitoring Aids for the world shipping industry says that almost half the black women who report to STD (sexually transmitted diseases) clinics have the Aids virus.

Official figures indicated only 9,8 percent in September last year.

The research group says the official doubling time for the Aids virus is now 8,5 months in South Africa.

Saimar says that, this month, 44,25 percent of women tested for STD are likely to have the Aids virus HIV. The incidence in men is about one third of those tested.

# Rape accused should have test for Aids — Women's Bureau

Staff Reporter

92 APR 28/1/92

THE Women's Bureau of South Africa has called for harsher sentences for rape and for all men charged with rape to be automatically tested for Aids.

In a statement, the bureau expressed shock at the 10-year sentence imposed in the Kuils River Regional Court last week on a man with Aids who raped an 11-year-old girl.

The girl is dying of Aids in Conradie Hospital.

Executive director of the bureau Mrs Margaret Lessing said: "Rape is a growing and largely hidden crime

against society. The law has the responsibility of protecting the public."

She said penalties for rape varied according to the court in which the case was heard.

There were severe penalties for rape, including life imprisonment and the death sentence, for cases heard in the Supreme Court, but sentencing was limited to 12 months in magistrate's courts and 10 years in regional courts.

"Sentencing officers should ensure stronger rape penalties and remission of sentences should be approached with the greatest of care," she said.



# AIDS epidemic likely to hit African copper supplies

STAR 29/1/92 (92)

The Aids epidemic will make a gradual, but unavoidable, impact on copper mining in Zaire and Zambia, two of the world's biggest producers of the metal, suggests the Economist Intelligence Unit in a special report today.

In an otherwise fairly optimistic view of world copper consumption, demand and prices it says: "Essentially, the danger is that skilled workers, supervisors and managers will die of aids faster than replacement can be trained."

"The result will be not a sudden collapse in mine output. Rather there will be a slow but steady increase in the incidence of breakdowns, accidents, delays and misjudgements, and output will suffer."

The report shows that copper mine production in the two countries peaked at 1.2 million tons in 1974 and gradually fell to 850 000 tons in 1990. The EIU sees their combined output falling to 600 000 tons by 1993 before recovering a little in the following three years.

Mr Peter Parkinson, author of the report, says that transport systems in the African copper belt will always be precarious and will also be affected by the aids epidemic. So the amount of copper in the "pipeline" will tend to increase.

The report points out that Indonesia is emerging to take up some of the slack caused by Africa's problems and is becoming a "sizeable low-cost producer". Between 1990 and

1996 the EIU forecasts Indonesia's copper output will jump by 85 percent to 315 000 tons.

Mr Parkinson suggests copper companies will take a lesson from their precious metal counterparts and in future attempt to stabilise revenue through long-term forward sales and linked loan techniques.

"This may lead to downward pressure on prices, as has happened with gold and silver, and hence to lower profits and/or continued efforts to reduce costs."

"In the shorter run this will be of most benefit to the more efficient producers; in the longer run it will be of greater benefit to those with higher ore grades".— Financial Times.

Western World Refined Copper ('000 tons)

	1996	1995	1994	1993	1992	1991(e)	1991(a)
Production	10,390	10,010	9,530	9,075	8,890	8,530	8,460
Consumption	10,520	10,250	9,840	9,360	8,985	8,810	8,742
Balance	— 130	— 240	— 310	— 285	— 95	— 280	— 282
Net imports	190	180	325	320	310	300	236
Stock change†	+ 60	— 60	+ 15	+ 35	+ 215	+ 20	— 46
Reported stocks	973	913	973	958	923	708	688
Price (US cents/lb) §	110	125	120	105	97	105	120

Source: EIU (a) actual. (e) estimated. \* from centrally planned economies † apparent. § dollar equivalent of LME cash settlement price.



Co-ordinator . . . Angela  
du Plessis. (92)

## Network to fight Aids in workplace

STAR  
By James Clarke 30/1/92

An Aids network has been established in Johannesburg to co-ordinate the work of company members appointed to devise strategies regarding Aids in the workplace.

The Institute of Personnel Management (IPM) has established the network to co-ordinate ideas and resources and to maximise expert advice and quality information.

IPM Aids Network co-ordinator Angela du Plessis says a problem facing companies seeking a strategy to deal with Aids is the number of conflicting Aids scenarios, especially as to the numbers who could die of the disease.

"There is a definite need for a forum where people influencing Aids strategies can be kept up to date and share ideas and experiences."

Inquiries: Riana  
Greenblo (011) 788-0604.

● Last word? — Page 25

13/LEFT

# Last word on Aids in SA — maybe

STAR 30/1/92

92

THIS week various firms met in Johannesburg to discuss Aids strategies and to hear the latest figures.

Meanwhile, a recent briefing document from the Centre for Health Policy is being accepted as the last word on how Aids will probably affect SA.

The centre does not believe Aids will be as dramatic as many predict.

It estimates Aids will peak 13 years from now when the death toll will be between 429 000 and 525 000.

The cumulative total of deaths by that year — 2005 — will have been between 2,3 million and almost 2,6 million.



The new figures represent the situation if, by 1995, there is a change in sexual behaviour.

The researchers believe this could happen because in 1995 the number of deaths from Aids will have become conspicuous enough to frighten people into being more careful.

The Centre for Health Policy's research was in collaboration with Peter Doyle, an actuary with Metropolitan Life, and Dr Malcolm Steinberg of the Medical Research Council.

The Centre for Health Policy has brought out a briefing document on Aids and how it will affect the country. JAMES CLARKE reports.

The Centre says that wild guesses in the press have been based on two common errors. It quotes, as an example, a report carried by The Star based on figures supplied by the Population Research Institute in the United States and reported by Universal News Services.

The PRI's prediction that 12,8 million South Africans will have the Aids virus by 1995 was supported by a South African health official. The PRI based its finding on the fact that 100 000 had the disease in 1991 when the doubling time — the time it takes for the number of infected people to double — was 8,5 months.

But the Centre for Health Policy points out that as a disease progresses the doubling time lengthens and therefore the progression of the disease slows down. "Already it must have lengthened (since 1991) although it is still probably less than 12 months.

"We predict that by 1995 the doubling time will be about 36 months. Thus we expect that by the year 1995, slightly less than 1 million people will have been infected," says the report.

"The doubling time error cre-

ates the impression that quite soon practically the whole population will be infected. The reality is bad enough, but not quite so disastrous.

"The epidemic will reach a steady state when the groups at most at risk are saturated and the number of people newly infected equals the number of people dying of Aids.

"If there is no change in sexual behaviour the epidemic will reach a plateau in about 2010. At that stage about 27 percent of the adult population will be infected. This appears to be the likely upper limit."

The centre does not believe South Africa's population growth will be dramatically cut.

"If there is no change in sexual behaviour then the rate of population growth will be reduced to about 1,2 percent a year. With the expected change of behaviour in the mid-1990s the population will continue to grow at about 1,7 percent a year."

The scenario for the year 2000 is "that between 3,7 million and 4,1 million South Africans will have been affected with the Aids virus. That year about

200 000 will die of Aids bringing the total number of deaths during the epidemic to 600 000 by the turn of the century.

"Five years later the total number of deaths will have increased to between 2,3 and 2,6 million. The reason for this sudden increase is that the period between being infected and dying of Aids is about 8,5 years."

The centre believes, whichever way it goes, the disease will have a "potentially devastating" effect on the health service. But it should have little effect on the economy "because many of those dying will not be formally earning an income."



Will this be the last word on the future of Aids? Probably not because the report does not look beyond 2010 but a graph in the report indicates a population of between 57 and 66 million by then. If half are adults then the "27 percent of adults" whom the report says will be infected by then translates to well over 7 million with the Aids virus.

Assuming Aids remains incurable South Africa stands to lose more than 10 million in the space of one generation. □

courses get down to the small-scale development strategies, added value selling.

Since every topic in the course is covered between one and two days of intensive theory and practice, these courses get down to the small-scale development strategies, added value selling.

- Customer Service Public Relations.
- Motivation in the Business World.

Effective Executives and of the Integrated Management South Africa, says: "Companies need to become effective learning environments. Training is not

# PLAYBOY DOCTOR DIES OF AIDS

A DOCTOR'S wife said this week her husband had died from AIDS contracted from casual sex with women in the Transkei. (92) (92)

He is one of six people — including another doctor — who have died of AIDS in the homeland since January 1988. SITHES

But health officials say the figure could be a lot higher. 2/2/92.

The 36-year-old Ugandan-born doctor died of organ failure in Umtata General Hospital just seven months after the disease claimed another expatriate doctor working for the Transkei government.

By TERRY VAN DER WALT

Concerned health officials declined to give details about the two doctors or the circumstances of infection. Their patients have not been tested.

The bitter and grieving wife, who asked not to be identified, said her husband took a post at a hospital in Transkei in April 1989 and she joined him from Kenya the following year.

"When I got here in August 1990 I discovered he was involved with other women," she said.

"I was not happy and refused to have sexual con-

tact with him. He did not try to hide his affairs and his friends told me he was having sex with nurses at the hospital and with girlfriends at Port St Johns when he went there to do clinic work."

The couple continued living together for their daughter's sake.

"He would disappear on a Friday and only return on Sunday. If I asked him where he was, he would tell me to leave him alone, that he had been with women.

"The women here want to go with foreigners and are very loose. Even married women have boyfriends.

"These people either don't know about AIDS or don't believe it exists."

She got the first sign that her husband was not well in October.

He had been on the Reef to register for a post-graduate course at Wits and returned home with a continual nose bleed.

"He went to the Umtata General Hospital and was given medicine, but his condition worsened and he was admitted on October 19.

"They were treating him for tuberculosis and, because of this, I had tests, but they were negative."

The doctor insisted on being treated at home and was discharged three days later.

His condition improved and he was even able to take a two-hour trip to Port Shepstone on the Natal South Coast to buy gifts for his daughter's birthday party on November 3.

"He was doing well until November 13, when we had to take him back to hospital. He died two days later.

"They only did an HIV test on him when he was unconscious and he died without knowing he had AIDS," she said.

The woman is planning to return to Kenya with her daughter.

# Public concern over AIDS infected doctors

HEALTH authorities in South Africa and its satellite states have a major task to convince the public that there are no practising doctors infected with the HIV-virus.

This concern by patients comes in the wake of the death of a Transkeian physician who died of Aids a month ago.

Hot on the heels of the Transkeian case are fresh rumours that two hospitals near Pretoria have doctors who are infected with the virus.

The authorities better be advised not to take the public for granted.

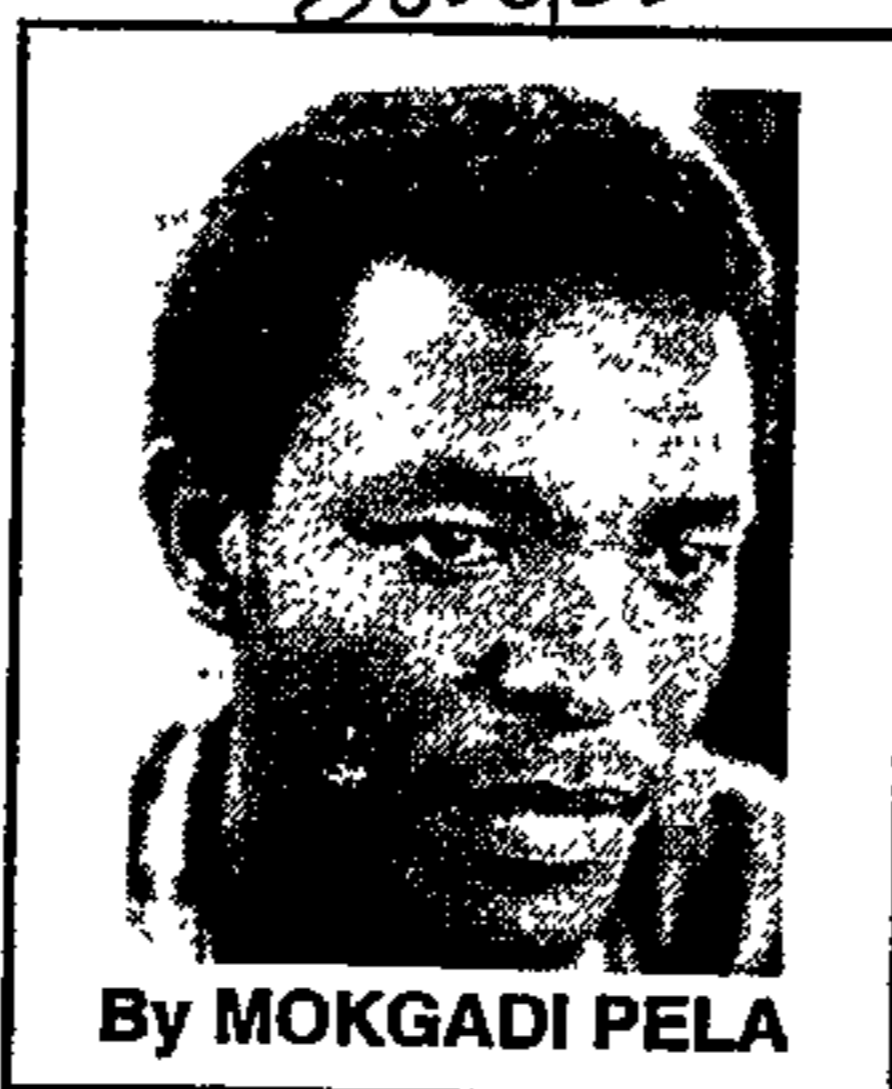
Their denial that some doctors could be HIV-positive suggests that they are being economical with the truth.

The Transkeian case only came to light after the doctor's death from the disease. Surprisingly, the Transkeian health department said patients should not fear to be infected by HIV-infected doctors.

Bophuthatswana epidemiologist, Dr Delphin Tshibangu, categorically denied suggestions that some practising doctors could be HIV-positive.

He could not explain how he reached that conclusion judging by the fact that there is no compulsory testing of practitioners.

He eventually conceded that "the possibility exists that some could be HIV-positive."



In its guidelines on the duties of doctors infected with HIV, the South African Medical and Dental Council said: "It is imperative that any doctors who suspect that they could be HIV-positive, should be tested and if found to be infected, they should be counselled.

"They should also seek specialist advice on the extent to which they should limit their practice in order to protect patients. It is unethical for doctors who know or believe themselves to be infected to put patients at risk by failing to seek appropriate advice or act upon it when given," SAMDC said.

The organisation further says the doctor who has counselled a colleague who is infected with HIV to modify his practice in order to safeguard patients, and is aware that such advice is not being

followed, has a duty to inform an appropriate body that the doctor's fitness may be impaired.

If the circumstances so warrant, the council is empowered to take action to limit practice of such doctors or to suspend their registration.

These arrangements also safeguard the confidentiality and support which doctors when ill, like other patients, are entitled to expect.

The issue of HIV-infected health workers is a subject of serious debate in the United States.

In its July 1991 guidelines, the Center for Disease Control recommends that providers who perform exposure-procedures should have themselves tested for HIV.

If positive, they should refrain from performing those procedures unless they have sought counsel from an expert review panel and been advised under what circumstances, if any, they may continue doing such duties.

Illinois and Alabama require public health officials to review records of HIV infected providers and to notify patients treated by those providers if they deem it necessary.

In Texas, one the first states to turn the CDC guidelines into law, infected health workers who fail to comply are subject to disciplinary measures by the appropriate

licensing authority.

Under the Illinois law, if the health department determines that patients may have been exposed to HIV, providers are given an opportunity to notify their patients.

If they refuse, the health department will notify patients and offer them HIV counselling and testing.

The law was passed after a dentist in Illinois died of Aids and the health department chose not to notify patients. A senior health officer said "Our health department doesn't understand that the public health folks have a policeman function."

South Africa and some states in the US seem to favour informed consent of the patient. For invasive procedures like taking of blood and caesarian operations, the consent of the patient is mandatory.

This right of the patients to know if they are being treated by healthy doctors and health workers should be protected.

It is therefore not enough for Transkei to tell patients that they will not be infected by HIV-positive health workers.

Equally, doctors have the right to know if their health is not being endangered by treating HIV-infected patients. This right however, falls away in cases of emergency.

# Hospitals rocked by Aids rumours

92 (scribbles)

Sowetan 3/2/92

**TWO Pretoria hospitals have been rocked by allegations that some doctors were practising at the institutions while infected with the HIV-virus.**

A highly placed medical source, who spoke on condition of anonymity, said a practitioner at Garankuwa Hospital and three at Odi Hospital were suffering from the virus which causes Aids.

However, Professor Ephraim Mokgokong of the Medical University of Southern Africa, who was attached to the clinical section of Garankuwa Hospi-

**By MOKGADI PELA**

tal until recently, denied any knowledge of an HIV-positive doctor at the Hospital.

He confirmed, however, that in October last year, Garankuwa Hospital deported a Ugandan doctor after he tested HIV-positive.

The superintendent of Odi Hospital, Dr Lekojoane Sebati, dismissed the allegation saying she did not believe that any doctor, nurse or cleaner at her institution was HIV-positive.

Dr Vincent Msibi, the

district surgeon of the Odi region under whose jurisdiction Odi Hospital falls, said if any doctor was diagnosed HIV-positive, he would be allowed to continue working as long as he did not perform any "inva-

sive procedures."

Msibi said HIV-positive doctors would have to take precautionary measures like wearing gloves.

The South African Medical and Dental Council document on the subject

says: "it is unethical for doctors who know or believe themselves to be HIV-positive to put patients at risk by failing to seek appropriate counselling or to act upon it when given."

\* See Page 7

## More exiles return

MORE South African exiles and refugees are expected to arrive in the country today.

A spokesman for the United High Commission (UNHCR), which is coming, said about

Sowetan 3/2/92

# New drug delays Aids symptoms

ET 4/2/92  
92

LONDON. — A new drug can extend by two years the symptom-free period between infection with HIV, the virus that leads to Aids, and development of the disease, according to research unveiled yesterday.

Professor David Cooper, head of the Australian National Centre for HIV Epidemiology and Clinical Research in Sydney, said the research showed the 10-year average time between infection with the virus and development of Aids could rise to 12 years in those given the drug.

He was here giving provisional results of a trial involving 1 000 patients worldwide. — Daily Telegraph

610007  
26/12/92

**HIV cases rise (92)**  
A TOTAL of 1 255 positive cases of HIV had been noted in the western Cape at end-December last year, compared with 1 212 in November 1991 and 743 in December 1990, a report to the Cape Town City Council's amenities and health committee said yesterday.



(2) whether she will make a statement on the matter? *B26E*

The MINISTER OF NATIONAL HEALTH:

(1) The Department of National Health and Population Development has developed a model for the restructuring of health services in co-operation with the various role-players. The key aspects of the model constitute the following:

- Devolvement of primary health care services to local authorities. This implies that the functions rendered by the six authorities be rationalised to one authority.
- Granting of maximal management autonomy to academic hospital complexes.
- Transfer of academic hospitals to the Department of National Health and Population Development. This implies the financial and administrative consolidation of the function which at present vests with five authorities, under the control of the Department of National Health and Population Development.

Meaningful progress has already been made with the implementation of the new health dispensation.

(2) various statements relating to the new health dispensation have already been made by the Minister.

\*9. Mr M J ELLIS asked the Minister of National Health: *9/2 Hansard 4/2/92*

(1) Whether she has approached the Minister of Home Affairs with a request for free air-time on radio and television for anti-Aids advertisements of any form and/or

HOUSE OF ASSEMBLY

Aids information or education programmes; if so, what was the response; if not, *9/2*

(2) whether she intends making such a request; if not, why not? *Hansard 4/2/92* *B27E*

The MINISTER OF NATIONAL HEALTH:

(1) No,

(2) an Interdepartmental AIDS Committee was established at the beginning of 1991 and consists of departments that are directly or indirectly involved in AIDS prevention. These departments are contributing to the National Strategy for AIDS Prevention, as well as to internal AIDS prevention activities within their respective departments. Each department was requested to indicate via the Interdepartmental AIDS Committee in what ways departments will utilise resources at their disposal in the prevention of AIDS.

The SABC is autonomous and decides for itself on its advertisement policy. The AIDS Unit approached the SABC for free transmissions but the request was not granted.

*Van den Heever Commission: report*

\*10. Lt-Gen R H D ROGERS asked the Minister of Education and Training:

(1) Whether, with reference to his reply to Question No 28 on 20 February 1991, the fourth report of the Van den Heever Commission has been received; if so, when;

(2) whether any action is contemplated against persons named in that report; if so, (a) what action and (b) against whom? *B34E*

The MINISTER OF EDUCATION AND TRAINING:

(1) The Fourth Report of the Van den Heever Commission, dated November 1991, was submitted to the Government and is at present being studied.

(2) (a) and (b) fall away.

Pensions: widows of SADF members

\*11. Lt-Gen R H D ROGERS asked the Minister of Finance:

Whether, with reference to the reply by the Minister of National Health and Population Development to Question No 280 on 26 April 1990 and his reply to Question No 140 on 13 March 1991, further consideration has been given to raising the pension of a widow of a deceased member of the South African Defence Force to 75 per cent of the pension paid to her late husband; if not, why not; if so, with what result? *Hansard 4/2/92* *B35E*

The MINISTER OF FINANCE:

No. As previously stated such a step is not affordable.

*Police recruits*

\*12. Mr P H P GASTROW asked the Minister of Law and Order:

(1) Whether, in comparison with 1991, there is to be any reduction during 1992 in the number of recruits being trained for the South African Police at police training colleges in the Republic of South Africa; if so, (a) why and (b) how many police recruits (i) will the South African Police train at such colleges during 1992 and (ii) were so trained in 1991;

(2) whether he will make a statement on the matter? *Hansard 4/2/92* *B36E*

The MINISTER OF LAW AND ORDER:

(1) (a) and (b) (i)

It is not possible to reply to the question at this stage, as the number of students to be trained during 1992 depends on the amount of money approved to the post of Law and Order in the Main Budget by Parliament.

(b) (ii)

6 442 students were trained during 1991.

(2) No.

Additional teaching posts: Cape Peninsula

\*13. Mr K M ANDREW asked the Minister of Education and Training:

Whether any additional teaching posts have been created at primary and secondary schools in the Cape Peninsula in 1992; if not, why not; if so, (a) how many were created at such (i) primary and (ii) secondary schools and (b) what are the names of the schools involved? *B41E*

The MINISTER OF EDUCATION AND TRAINING:

Yes.

(a) (i) 70

(ii) 43

(b) Primary

Nkazimlo

Chuma

Iifa

Sosebenza

Emithini

Ebulunkweni

Kukhanyile

Niwasahlobo

Vuzamanzi

Sobambisana

Mkhangelii

Hlangisa

Mfuleni

Linge

Langabuya

Mkhanyiseli

Walter Teka

Secondary

Inlanganiso

Muzemvuze

Masiyile

Luhlaza

Malizo

Thandokulu

Posts

1 Principal	1 Head of Department
17 Teachers (new school)	2 Heads of Department
5 Teachers	1 Head of Department
1 Teacher	1 Teacher
1 Teacher	1 Teacher
1 Teacher	1 Teacher
1 Teacher	1 Teacher

HOUSE OF ASSEMBLY

**W**HATEVER the AIDS epidemic might hold in store for SA, nightmare projections of how it could affect the US have proved exaggerated. There is a growing body of evidence to suggest that here, at least, the disease may have reached a saturation point typical of previous plagues and may now be heading into relative decline.

The good news apparently holds true not just for homosexuals, who have widely been seen as more responsive to "safer sex" campaigns and who have had greater access to prophylactic drugs like AZT, but also among intravenous drug users, the second major risk category. Doubt is also being cast on claims of increasing heterosexual transmission.

Ironically, this comes at a time when the dangers of HIV infection through heterosexual activity are being massively publicised thanks to basketball superstar Magic Johnson, who stunned his countrymen last November by publicly admitting that he had picked up the virus in the course of thousands of sexual encounters with women.

**T**he Centre for Disease Control (CDC) in Atlanta puts the total number of people in the US infected with HIV since the epidemic began at about 1-million. By the end of last August 188 348 had developed full-blown AIDS, of whom 121 196 were dead. Diagnosed heterosexual AIDS cases — in which category the CDC includes cases originating in the Caribbean and Africa — numbered 10 279. Children who had contracted AIDS through their mothers were put at 2 696.

These figures are well down from what was being officially predicted in 1987. Then, the CDC said there would be 1.5-million virus carriers by 1991, while the US General Accounting Office projected the total number of AIDS cases at up to 480 000.

Less official predictions from the mid-'80s were even higher. One best-seller talked of there being 64-million HIV positive Americans by the

# Decline of AIDS in the US confounds prophets of doom

Simon Barber in Washington

end of last year. Talk show host Oprah Winfrey predicted that one in five heterosexuals would have already died of the disease.

There is considerable debate over what has caused even the professional predictions to go unmet.

One thesis, put forward recently by AIDS journalist Michael Fumento, is that the epidemic is turning out to be just like any other, whether it be bubonic plague in the 14th century or influenza in the early '20s. That is to say, the spread is neither exponential nor even linear. Instead, even as the disease claims more victims, it does so more slowly until eventually it reaches a plateau and then begins to decline. Sure enough, for AIDS in the US, it does appear that the plateau has been achieved.

The rate of increase in US AIDS cases, Fumento notes, has declined steadily since 1981, from 264% that year to 170% in 1982, to 103% in 1983. By 1986, the figure was down to 63%.

Meanwhile, the incidence of HIV infection among homosexuals had begun to level off in most US cities between 1982 and 1984. Since HIV carriers start to exhibit AIDS symptoms only after two to three years — and in most instances the incubation period is even longer — it would have been logical to expect some

flattening in the AIDS growth rate by 1987. Not only logical, it did in fact occur.

Some attribute this flattening to the increased use of AZT which can mitigate AIDS symptoms and is increasingly used prophylactically by HIV carriers to delay the onset of the active disease.

Fumento argues convincingly that AZT and another similar drug, inhaled pentamidine, became available too late and in too limited quantities to have had any marked statistical effect in 1987, when the slowing of the AIDS diagnosis rate first began to make people sit up and notice.

**E**ven thereafter, the effect of AZT in slowing the rate of increase is questionable, given reports that it has been successful only in delaying the onset of AIDS in between a third and a half of the HIV carriers who have used it.

Fumento's argument is strengthened by the existence of a control: a population of HIV carriers, intravenous drug users, who have not had the same access to AZT as homosexuals. Were AZT to have been behind the stabilisation of AIDS' spread, the expansion rate among non-homosex-

ual drug users should have remained relatively unchanged. And yet, according to CDC figures for 1989, that year's increase in AIDS cases among the latter category was actually less (5.1%) than what it was among homosexuals (8.4%).

By the same token, one might have expected the promotion and widespread adoption of safer sex practices — which do not apply to drug users who contract HIV from contaminated needles — to have contributed to a relatively faster decline of AIDS growth among homosexuals. But, as Fumento points out, the trends for both groups have remained fairly level, a phenomenon which also tends to reinforce the saturation theory.

Perhaps because the heretofore most studied categories seem to be stabilising, focus is now shifting more forcefully than ever before to heterosexual transmission of HIV. Indeed, one senses from the media and AIDS activists something akin to desperation to prove that "normal" people are the great new frontier for the disease.

Indisputably, AIDS is spreading faster among heterosexuals than any other group. However, given that the heterosexual community had to wait until it was infected by the others, it

is hardly surprising that its trend lines have lagged somewhat. What matters is that the increase of AIDS diagnosed among heterosexuals is slowing, too.

At the time Magic Johnson made his announcement, the CDC put the number of heterosexual AIDS cases diagnosed in the US over the past decade at about 5 500, a fraction of the overall total, and even then the figure is widely considered to be exaggerated. Many men — perhaps, according to some reports, even Johnson himself — would rather not admit to homosexual activity or drug abuse.

So-called "partner studies" that have traced the incidence of HIV transmission in couples, one of whose members has tested positive for the virus, show remarkably low infection rates even after the couple has been together for several years. Among women the rate was about 20%. For men, it was even lower. One uninfected male in a sample of 61 later tested positive, and in his case the sexual activity involved was found to have included more than 100 unusually violent encounters.

These studies have not been broad enough to be deemed totally conclusive. However, they are borne out by New York Health Department records showing that, out of the 30 000 AIDS cases diagnosed in the city since the epidemic began, in only 12 verifiable instances could a man be said to have contracted HIV from a woman during sex.

**L**ast April the CDC conducted a study in Florida, which previously had the nation's highest rate of AIDS cases attributed to heterosexual contact — about 15%. Nearly a third of the patients were found to belong in other categories. Most of the remainder were Haitians, among whom heterosexual HIV transmission is extremely common, as it is in Africa. If, indeed, AIDS is under control in the US, it may have serious ramifications for regions like Africa, where clearly it is not. Funding to find vaccines and other treatments may well begin to decline. The will to help others confront the problem could even be replaced by attempts to exclude them.

# Rules for doctors

with HIV  
Star 5/2/92  
Pretoria Correspondent

It is unethical for doctors who know they are infected with the Aids virus to carry on practising without seeking and acting on specialist advice.

This is according to guidelines drawn up by the SA Medical and Dental Council last year, following public anxiety that doctors who are HIV-positive might endanger their patients.

The issue was highlighted by reports this week that a Ugandan doctor working at Ga-Rankuwa Hospital was found to be HIV-positive.

TPA director of communications Piet Wilken yesterday confirmed the doctor had left the hospital at the end of last year, and had apparently returned to Uganda.

Mr Wilken stressed that the doctor had resigned of his own accord, and said it was not TPA policy to summarily dismiss employees who were suffering from an illness, whether from Aids or any other medical condition.

The SAMDC's guidelines state that doctors who know or suspect they are infected with the Aids virus are obliged to undergo testing.

If found to be HIV-positive, they should have regular medical supervision, and should seek specialist advice on whether they should limit their practice to protect patients.

If the circumstances so warrant, the council is empowered to take action to limit practice of such doctors or to suspend their registration.

# Guidelines for HIV doctors

*Sowetan 5/2/92*  
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92  
**Sowetan Reporter**

If doctors are found to be HIV-positive, they should have regular medical supervision, and should seek specialist advice on whether they should limit their practice to protect patients.

"They must act upon that advice, which in some circumstances would include a requirement not to practice or to limit their practice in certain ways," the guidelines say.

Further, where a colleague who has advised a doctor to modify his practice is aware that this advice is not being followed, he has a duty to inform an "appropriate body" that the doctor's fitness may be seriously impaired.

## POLITICS

### SABC rejects AIDS ad plea

*5/10/92*  
*ST2/92* Political Staff *92*  
CAPE TOWN — The SABC had turned down a government request for free air time for anti-AIDS advertisements, Minister of Health Dr Rina Venter said yesterday.

"The SABC is autonomous and decides for itself on its advertisement policy," Venter told Parliament.

She was replying to a question from DP health spokesman Mike Ellis.

He had asked whether she had approached the Home Affairs Minister with a request for free broadcasting on radio and television of anti-AIDS ads or AIDS information or education programmes.

ARG 6/2/90 (92)

# HIV doctors urged to get special advice

The Argus Correspondent

PRETORIA. — It is unethical for doctors who know they are infected with the Aids virus to carry on practising without seeking and acting on specialist advice.

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If found to be HIV-positive, they should have regular medical supervision and should seek specialist advice on whether they should limit their practice to protect patients.

"They must act upon that advice, which in some circumstances would include a requirement not to practise or to limit their practice in certain ways," the guidelines say.

No doctor should continue in clinical practice merely on the basis of his own assessment of risk to patients.

"If the circumstances so warrant, the council is empowered to take action to limit practice of such doctors or to suspend their registration."

# Insurer says anti-selection is taking place in AIDS claims

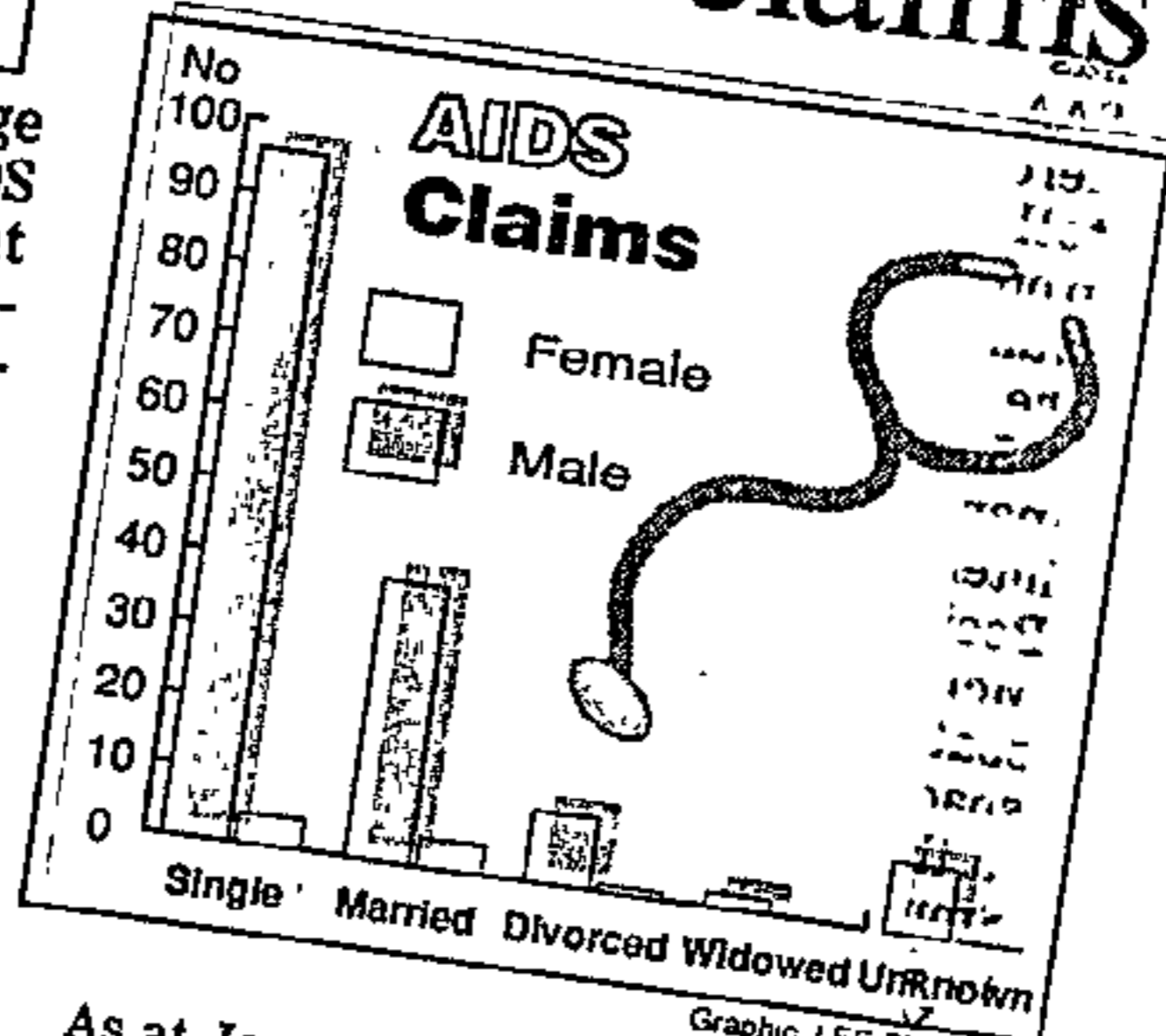
6/24/92 7/2/92  
LINDA ENSOR

CAPE TOWN — The short average duration of policies on which AIDS claims were made suggested that anti-selection was taking place, a report on AIDS claims compiled by reinsurer Mercantile & General said.

Anti-selection means a person with AIDS or HIV infection takes out a policy with a view to shortly receiving a payout. Nearly 70% of the 281 AIDS claims received by the life industry from 168 people by January 14 occurred within the first five years of the policy's existence.

A survey of the industry found that virtually all the policies had sums assured lower than the limit of R200 000 imposed by the Life Office's Association before an HIV test was required. Mercantile and General said many life offices had already reduced their HIV testing limit to well below this, adding that the statistics suggested that this was the correct course of action.

"In view of the increasing rate of HIV infection in SA, it is important that life offices regularly review their HIV testing limit," Mercantile & General said.



As at January 1992 there were 109 more claims than the 172 as at January 1991, with the number of claimants escalating to 168 from 96 during the year. The total amount claimed soared 50% or by R3,5m during the year.

Of the claimants, 159 were male of which 98 were single, 39 married, 10 divorced and two widowed. The status of 10 was unknown. There were nine female claimants. The average age of claimants was 37 years.

Graphic LEE EMERTON

HOUSE OF ASSEMBLY

QUESTIONS

Indicates translated version.

For written reply:

General Affairs:

Free air-time: Aids

8. Mr M J ELLIS asked the Minister of Home Affairs:

- (1) Whether any representations concerning free air-time on radio and television for anti-Aids advertisements of any form and/or Aids information or education programmes have been made to him by bodies other than Government Departments; if so, (a) by what bodies, (b) when and (c) what was (i) the purport of and (ii) his response to these representations; if not,
- (2) whether he will give consideration to the matter?

The MINISTER OF HOME AFFAIRS:

- (1) No. (a), (b) and (c) fall away.
- (2) Should such a request be received, it would be considered as in all other cases, in accordance with the guidelines for such programmes and advertisements

Aids cases: number identified

10. Mr M J ELLIS asked the Minister of National Health: How many cases of Aids were identified in the Republic, (a) excluding and (b) including the independent Black states, in the latest specified calendar year or 12-month period for which figures are available?

The MINISTER OF NATIONAL HEALTH:

- Data available as at 30 December 1991:
- (a) 343 and
- (b) 345.

Refusal to render community service

16. Lt-Gen R H D ROGERS asked the Minister of Manpower:

- (1) Whether any persons were sentenced in terms of section 72(1)(2)(d) of the Defence Act, No 44 of 1957, by magistrates in 1991 as a result of their refusing to render community service; if so, (a) how many persons, (b) to what period of detention was each sentenced and (c) where are these detentions served;
- (2) whether any of these persons were given suspended sentences; if so, how many?

The MINISTER OF MANPOWER:

- (1) Yes.
  - (a) 158 (all are Jehovah's Witnesses).
  - (b) 1 x 3 hours
  - 4 x 18 days
  - 1 x 20 days
  - 1 x 30 days
  - 1 x 50 days
  - 2 x 75 days
  - 1 x 136 days
  - 1 x 150 days
  - 1 x 198 days
  - 2 x 200 days
  - 1 x 280 days
  - 3 x 300 days
  - 1 x 312 days
  - 1 x 397 days
  - 1 x 400 days
  - 1 x 500 days
  - 135 x 800 days
- (c) No period of detention is served. All of them applied to be released on parole and are doing community service in state departments, provincial administrations and local authorities.
- (2) No.

Senior Certificate examinations: departmental schools

18. Mr K M ANDREW asked the Minister of Education and Training:

How many pupils at schools falling under the control of his Department (a) wrote, (b) passed, (c) obtained matriculation exemption



# W Cape challenged to raise R1-m for Aids care

(92) AUG 11/2/92

ESANN van RENSBURG

CAPE Town mayoress Mrs Trish van der Velde has challenged the people of the Western Cape to raise R1-million this year towards home-based care for Aids patients.

But why the Aids Home Care Challenge? Why a special project? Why not leave the care and support work to the hospitals, the State or existing organisations?

Mrs Van der Velde, who also manages the Aids Training, Information and Counselling Centre, explains: "Hospital care is expensive and generally reaches only the patient. Yet Aids is a disease which, in one way or another, affects the entire family, indeed community.

"For this reason it is essential that we address all aspects of it and involve everyone in care, counselling and education," says Mrs Van der Velde.

Home-based care thus incorporates medical care for the patient, educating communities about the nature of the disease and the special needs of Aids patients as well as providing psycho-social support and counselling for family members of people with Aids.

"It can be a cost effective system of support and the challenge to reach the R1 million target is the first step towards community involvement in the project."

Mrs Van der Velde says home-based care will reach full potential when people start to understand the disease. "We have to get rid of the stigma surrounding it and let people know that it is preventable."

Her project proposal is based on similar schemes operating in America, Europe and African countries such as Zambia and Uganda where vehicles staffed with a nursing sister or doctor, counsellor/educator visit people with Aids-related diseases in their homes to provide medical attention, counselling and support.



Mayoress Trish van der Velde — "private initiative is vital".

But, each community will have its own needs, she says. Already a committee of representatives from formal and non formal health organisations in the Western Cape is investigating the specific needs of patients in different areas.

Mrs Van der Velde says existing structures dealing with patient care would obviously continue to function as usual and, where necessary, all available support should be utilised. These efforts could be strengthened by home-based care, linking up with

hospital and hospice-based care.

"We appeal to individuals, businesses, churches and organisations to act on their own initiative and come up with unusual sponsorships and fund-raising ideas for this project.

"We need people to think up ways to raise money and to get down and actually do it. No one should sit and wait for others to do the job — this is a project where private initiative is vital."

If people respond to this challenge as they did to the *Women Can Make It Happen* campaign, then real relief lies just around the corner, she says.

Four vehicles as well as a project co-ordinator, a base from which to operate such as an extended hospice, and councillors are needed for the project. The areas of operation will be determined by patient need. "We must ask them what they need and what their feelings are."

Mrs Van der Velde says home-based care could incorporate even more than physical care, counselling and education. The public can, for example, also donate groceries, offer to do the shopping or laundry of an Aids patient, donate maintenance on one of the vehicles or sponsor the petrol.

Based on the system of challenges, she hopes to keep sponsorships on-going. More than R30 000 has been raised so far.

One of the first businessmen to rise to the Aids Home Care Challenge was Pieter Toerien who offered a charity performance of the play *Love Letters*.

Others who have come forward are the French Consul Mr Jean Michel, the Taipei Folk Dance Troupe in association with the Chinese Consulate General, the Electrical Contractors Association, Mercantile and General as well as artist Louis Janse van Vuuren in conjunction with Petrusa Rood.

● If you would like to help, contact the Mayoress's secretary at ☎ 210 2900.

# New policy for anti-Aids fight

THE World Health Organisation has adopted a revised strategy to combat Aids that focuses more on women, saying they are increasingly at risk of contracting the deadly disease. (92)

It is the first time the agency has changed its Aids strategy since 1987. ARG 11/2/92

The WHO's executive board said Aids imposed a double burden on women because they were more likely than men to be infected with the virus through heterosexual intercourse and often care for relatives who have the disease.

Dr Michael Merson, director of the agency's Aids programme, said revisions in the strategy were needed because the world was entering a new phase of the epidemic as more and more people infected with the virus come down with full-blown Aids.

Aids still predominantly affects men in North America and Europe, but it is much more evenly spread in the Third World.

"Poverty makes whole communities vulnerable to Aids by forcing men to leave their families in search of work, by leaving people hopeless enough to turn to the solace of drugs, and by making prostitution a survival strategy for women and children.

"Aids then completes the vicious circle by making the community even poorer," the WHO said.

"The global strategy thus calls for the social and economic empowerment of women," it said.

The new strategy approved by the WHO executive board urges:

- Frank advertising about how Aids is transmitted sexually, with a campaign for "the removal of legal and other barriers" to such messages.

- Stopping enforcement of laws against adult male homosexuality. Merson said the laws caused homosexuals to go underground and thus become harder to reach with information about Aids.

- Teaching pre-adolescent children and teenagers safe sex practices. Merson said it was vital for children to learn the facts of Aids transmission before they became sexually active. — Sapa-AP.

## 'One new Aids case every day'

CT 11/2/92

AN average of one new Aids victim was identified every day in South Africa last year — but only two cases were registered in the TBVC homelands in 1991, Minister of Health Dr Rina Venter said yesterday.

Minister of Home Affairs Mr Gene Louw said no representations concerning free air-time on radio or TV for anti-Aids advertisements had been made to him by bodies other than government departments.

Last week Dr Venter said the government's inter-departmental Aids unit had approached the SABC for free anti-Aids transmissions but the request had been turned down.

She said: "The SABC is autonomous and decides for itself on its advertisement policy."

**NEWS IN BRIEF**

**One AIDS victim a day**

AN AVERAGE of one new AIDS victim was identified every day in SA last year — but only two cases were registered in the four independent homelands in 1991. National Health Minister Rina Venter said in reply to a question in Parliament yesterday that 343 AIDS cases had been identified in SA last year. *610-4 11/2/92*

**Bail is estreated**

RIGHT-winger Lodewyk van Schalkwyk yesterday did not oppose a State application in the Pretoria Supreme Court that his bail be finally estreated, and that he be held at Pretoria Central Prison's maximum security section until his trial on April 8. The former hunger striker, facing charges of murder and attempted murder, was arrested at Bronkhorstspuit on February 3 while in the company of Vrye Weekblad reporter Jacques Pauw. A warrant of arrest had been issued after he failed to turn up for his trial on January 27.

*610-4 11/2/92*

**Gaynor Young trial**

THE trial of PACT director Francois Swart and assistant director Michael Williams on charges under the Machinery and Occupational Safety Act resumed in the Pretoria Regional Court yesterday. The charges follow a 17m fall from the set by Gaynor Young during a 1989 performance of Camelot. Swart testified that he and set designer Andrew Botha had worked for a year on the concept of the Camelot production before casing and rehearsals started. The concept was approved by representatives of three performing arts councils when it was first presented to them. They were told that moving lifts would be used.

*610-4 11/2/92*

REPORTS: Political Staff, Sapa.

REPRODUCED FROM THE ORIGINAL SOURCE



Lebowa	(a)(i)	(b)(i)	(c)(i)
OwaOwa	Unknown	Unknown	None
KwaZulu	None	2 500	None
KaNgyane	None	1 000	None
KwaNdebele	Unknown	Unknown	None
Gazankulu	None	Unknown	None
	(a)(ii)	(b)(ii)	(c)(ii)
Lebowa	Unknown	Unknown	Not applicable
OwaOwa	Unknown	Dec '92	Not applicable
KwaZulu	Unknown	Ongoing	Not applicable
KaNgyane	Unknown	Unknown	Not applicable
KwaNdebele	Unknown	Unknown	Not applicable
Gazankulu	Unknown	Unknown	Not applicable

The South African Government has not built houses in the self-governing territories since 1984.

The self-governing territories were requested to forward information but to date not all replies were received.

**Political violence: number of people killed**

7. Mr R V CARLISLE asked the Minister of Law and Order:

- (a) How many persons died in or as a result of political violence during the 1991 calendar year and (b) how many such persons were (i) members of the South African Police Force, (ii) members of the South African Defence Force and (iii) councillors or other elected office-bearers?

Hausaal 12/2/92  
The MINISTER OF LAW AND ORDER: B17E

- (a) 2 239
- (b) (i) 50  
(ii) 2  
(iii) 4 councillors

Note:  
No statistics regarding other elected office-bearers are kept.

Number of persons tested HIV-positive  
9. Mr M J ELLIS asked the Minister of National Health: Hausaal 12/2/92 92  
How many (a) White, (b) Black, (c) Coloured and (d) Indian persons in the Republic tested

- (2) (a) Cape 33, Natal 3, Orange Free State 9, Transvaal 43 and (b) Cape 16, Natal 3, Orange Free State 9, Transvaal 31.

"Children of God": Cape Town riot police

17. Mr J VAN ECK asked the Minister of Law and Order:

- (1) Whether he and/or the South African Police were informed that the British Broadcasting Corporation television service was making a film of the Cape Town riot police called "Children of God" for use on British television during 1991;
- (2) whether this film was made with the full knowledge of the South African Police;
- (3) whether the Police imposed any restrictions on the producers in making this film; if so, what restrictions;
- (4) whether he and/or the Police have seen the completed version of this film, if so, whether he and/or the Police found any of the comments made in this film by individual members of the Police in Cape Town to be unacceptable; if so,
- (6) whether he intends taking any steps against any of the policemen quoted in this film; if not, why not; if so, what steps?

The MINISTER OF LAW AND ORDER: B37E

- (1) Yes, my predecessor and the Commissioner of the South African Police.
- (2) Yes.
- (3) No.
- (4) Yes, my predecessor the Deputy Minister and Commissioner of the South African Police, but only after it was televised by the BBC.
- (5) Yes.
- (6) Yes, individual members who were guilty of statements which cannot be reconciled with the image and credo of the South African Police, were reprimanded by the Regional Commissioner.

Note:  
Although no restrictions were placed on the production of the film, there were certain

conditions for monitoring. These conditions were not complied with by the BBC.

**SAP members: retirements**

24. Mr A GERBER asked the Minister of Law and Order:

- How many members of the South African Police Force retired from the Force on accelerated pension in 1990 and 1991, respectively, as a result of (a) physical injuries and (b) stress?

The MINISTER OF LAW AND ORDER: B58E

- 1990 (a) not available.
- (b) not available.
- 1991 (a) 97
- (b) 34

**Note:**

Reasons for accelerated retirement were not recorded during 1990.

**SAP members: convictions/civil claims**

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

- (1) How many policemen and policewomen were convicted of crimes committed in the course of duty in 1991;
- (2) (a) how many complaints of assault were laid against the South African Police in 1991 and (b) how many (i) prosecutions and (ii) convictions have resulted from complaints of assault by members of the Police in that year;
- (3) (a) how many civil claims arising out of complaints laid against the police in 1991 have been filed to date and (b) in respect of what date is this information furnished?

The MINISTER OF LAW AND ORDER: B73E

- (1) 713
- (2) (a) 6 203
- (b) (i) 844
- (ii) 246
- (3) (a) 2 334
- (b) 1 January 1991 until 31 December 1991.

## No requests for free anti-Aids ads

NO requests for anti-Aids advertisements or education programmes on free air-time on radio and television had been made to the Department of Home Affairs by non-government bodies, Home Affairs Minister, Mr Gene Louw, said yesterday.

He was replying to a written question by Mr Mike Ellis (DPDurban North).

He said if such a request were received it would be considered in accordance with the guidelines for such programmes and advertisements. — Sapa. (92) ARG 12/2/92

# Warning on Aids link

Sowetan 12/2/92 (92) (15/07)

**THERE is a growing link between HIV infection and tuberculosis in South Africa, experts warn.**

Grim statistics show that one in 20 TB patients in the densely-populated areas are also infected with HIV.

The experts cited poor socio-economic conditions

and rapid urbanisation as being responsible for TB.

They concluded that wherever there was an epidemic of HIV, there was an increase of TB.

## Increasing

The incidence of TB in the USA was increasing for the first time since 1984, especially in high fre-

By MOKGADI PELA

quency areas of HIV infection like New York.

A correlation between TB and HIV infection in Africa was first reported in Kinshasa, Zaire, where 33 percent of patients suffered from both ailments.

TB symptoms include fever, night sweats, weight loss, cough, sputum production and chest pains.

## Diagnosis

As many of these were common to Aids with an accompanying infection, diagnosis of TB was difficult or delayed.

Standard anti-TB drugs were effective for treating TB in patients with HIV.

The drugs include isoniazid, parazinamide and ethambutol.

The experts argue that these "unusual" features persuade them to consider a diagnosis of TB in a person with HIV and vice versa.

## Dr Venter: 14 019 HIV cases reported

92 CT13/2/92

A TOTAL of 14 019 individuals had been "anonymously" reported HIV-positive in South Africa by November 28 last year, Minister of Health Services in the House of Assembly Dr Rina Venter said yesterday.

The figure does not include reported HIV cases in the TBVC territories.

Replying to a question from Democratic Party's health spokesman Mr Mike Ellis, Dr Venter said that no data was available for individual years.

The number of blacks reported HIV-positive was 12 198, whites 1 420, coloureds 336 and Indians 65, she said.



# 47 000 Aids orphans in Zim province

Ca

MUTARE. — Some 47 000 children under the age of 14 in the Manicaland province of Zimbabwe have been orphaned as a result of their parents dying of Aids-related diseases. Of them 10% have lost both parents, the annual meeting of the Zimbabwe Aids Network was told here yesterday.

In a paper she presented to the meeting, Dr Ruth Shakespeare said that a survey conducted last September by the Ministry of Health had revealed that out of 294 randomly selected households in the province 29,9% had Aids orphans.

The survey, sponsored by the World Health Organisation, had shown that 61 (6,8%) of 904 children under the age of 14 surveyed had lost parents to Aids-related diseases.

"For Manicaland, this means that we have about 47 000 children who have lost either one or both parents through Aids," Dr Shakespeare said, adding that 60% of Aids orphans in the Mutasa district alone had lost a parent in the last two years.

● A drug that can halve the rate of disease progression in HIV-positive patients has

proved so successful that a trial involving 1 000 patients has been stopped early, the Wellcome drug company announced yesterday.

The decision to stop the trial of the company's Aids drug Zidovudine, previously known as AZT, was made by the International Co-ordinating Committee. The trial was halted because the value of the treatment had been reliably demonstrated.

Professor David Cooper, chairman of the ICC, said: "The study confirms the efficacy of

Zidovudine therapy in slowing disease progression. The results offer the possibility of applying Zidovudine therapy in even earlier stages of HIV infection to keep people healthier for longer."

Meanwhile, an Aids-inhibiting gene has been discovered, at the Oklahoma Medical Foundation, the head of protein studies at the foundation, Dr Jordan Tang, said in Oklahoma City on Wednesday. However, the discovery had to be tested in animals before it could be tried on humans. — Sapa

92 CR 14/0/92

**AIDS cases**  
So far 14/2/92  
**escalate**

GENEVA - More than a million new cases of Aids infection have been registered in the past eight months, mostly in the Third World and through heterosexual contact, the World Health Organisation said in Geneva yesterday. (92)

Nearly half the new cases are in sub-Saharan Africa, a quarter in Asia and one-sixth in South America, said a report.

So far, between 10 million and 12 million people have been infected with the HIV virus.

The figure of HIV-infected people is expected to escalate dramatically. - Sapa-AFP.

# Breast is best, HIV mothers told

92

**H**IV-POSITIVE mothers at Baragwanath Hospital are being advised to breastfeed their babies as it is believed it will delay the progression of Aids in HIV-positive infants.

Although in Europe women are being advised to bottle-feed, in South Africa — and the rest of the continent — doctors are encouraging them to breastfeed.

Breastfeeding slows down the advent of Aids in an HIV-positive

baby. Paradoxically, a baby can contract the virus from the infected breast milk of an HIV-positive mother.

Despite the recommendations coming from Europe, the incidence of "vertical transmission" from mother to child is much lower there than in Africa.

European statistics show that the rate of transmission from HIV-positive mother to infant is less than 13 percent whereas in Africa the rate is between 30 and 40 percent.

*Should HIV-positive mothers breastfeed their babies? The complex issue is the subject of heated debate, reports PHILIPPA GARSON*

Breastfeeding slows down the onset of Aids in HIV-positive infants by bucking up their immune systems.

But a baby uninfected at birth can contract the disease from the breast if the mother becomes HIV-positive shortly after giving birth, either from a blood transfusion or through sexual contact.

Researchers say the lower immunity of African mothers (caused by the advancement of the virus and environmental factors) explains why they are more likely to pass on the disease to their infants than those in Europe.

Many African mothers have several

pregnancies while carrying the virus. For the African woman particularly, transmission to the infant is not the only detrimental effect of an HIV-positive pregnancy: the chances of miscarriage, low birth weight and premature birth are more than double in HIV-positive women.

An HIV-positive woman is most likely to pass on the disease to her baby when the virus has been in her body for three months or less or when the virus is at an advanced stage. Aids-related illnesses have begun to manifest themselves.

Transmission to the baby is common in the last three months of pregnancy — not, however, at birth.

"The baby's passing through the birth canal does not seem to be a time of risk," says Professor A. Flemming, chairman of the Baragwanath Hospital and Soweto Clinic Aids committee and attached to the South African Institute of Medical Research.

"If the woman is infected during pregnancy and the infant has not been infected during pregnancy, transmission by breast milk does not seem to happen. But if the woman is infected after pregnancy and is breastfeeding, she is likely to transmit by breast," says Flemming.

"This is because the mother, if she has recently contracted the virus, is highly infectious."

He adds, however, that breastfeeding delays the progression of Aids in the HIV-positive infant and "is best" for the baby in every other sense.

He recommends that the HIV-positive woman "in a position to bottle-feed in safe and sterile conditions should do so."

"But in the sub-Saharan African setting breastfeeding is recommended. Also, most African mothers do not afford infant formulas and they always have access to correct sterilisation procedures."

The issue of vertical transmission of the virus is further complicated by the fact that all babies born to HIV-positive mothers will automatically be positive, reflecting the mother's own body.

Tests to immediately determine whether a baby is a carrier are not available or too expensive.

However, one test will soon be available in this country.

"The only practical way (at the moment) is to monitor babies and if their antibodies decline."

"If by 15 months the antibodies are still present, one must presume the baby is producing them itself — therefore infected with the virus," says Flemming.

Most HIV-positive babies die within the age of two years.

## 'Granny' Leah's mine enterprise

215 108  
107  
241  
208  
2-20-21-92  
village, an impoverished town 'coal mine'.  
NXUMALO  
Leah is like taking a long day more  
may not be as  
ing  
to help  
Zulu



Photo: RAYMOND NXUMALO

for 100 bricks. Most of the bricks are made from home-made bricks. Leah is "mined" by her employer, who has freehold rights over the surface. Leah has 10 children, she is 40 years old.

## Aids 'ignored' by industry

APR 17/2 1992  
The Argus Correspondent

DURBAN. — Aids in industry is probably hundreds of times worse than managers believe, and business leaders have been urged to act on a problem that threatens to overwhelm them.

While a recent survey of manufacturing companies employing more than 100 000 showed only 14 reported HIV positive cases and eight employees with full-blown Aids, the University of Natal's virology department estimates a payroll of 1 100 could include 80 HIV-infected people.

Quoting these figures at a Natal Chamber of Industries seminar, Tongaat-Hulett group corporate planning manager Ms Jane Wiltshire said the difference suggested companies were ignoring the threat.

# Natal firms 'blind to threat of Aids'

STAR 17/2/92  
Own Correspondent

92

DURBAN — Aids infection in Natal industry is probably hundreds of times worse than managers believe — and business leaders have been urged to take steps to cope with a problem that threatens to overwhelm them.

In contrast to a recent survey of manufacturing companies in the province with total employment of more than 100 000 — which disclosed only 14 reported HIV positive cases and eight employees with full-blown Aids — the University of Natal's virology department estimates a company with a payroll of 1 100 could have 80 HIV-infected staff members.

Quoting these figures at a Natal Chamber of Industries seminar on the impact of Aids on business, Tongaat-Hulett group corporate planning manager Jane Wiltshire said the difference suggested companies were ignoring the threat.

"With figures like these, Natal industry cannot afford to ignore the problem and should do something about it immediately," she said.

She believed few companies had adequately assessed the impact of Aids on their businesses.

"One can't help getting the impression these assessments of the differential impact on the economy and the (survey) respondent's businesses was based not nearly so much on logic as on the familiar problem of denial — that feeling of 'it won't happen to me', or 'if I ignore it, the problem will go away'."

On behalf of the Natal Business Aids Forum, which conducted the survey, Mrs Wiltshire appealed to researchers and to government authorities to make available information on the spread of the disease.

Without information, firms were unlikely to take the disease seriously enough to start assessing its potential impact.

# All parties urged to combat Aids explosion

TOM HOOD, Business Editor

THE number of deaths from Aids could reach 200 000 a year by 2000 — more than the deaths from all other causes combined, Dr Abe van den Berg said in his chairman's address at Sanlam's annual meeting in Bellville today.

Various reliable project models in-

ARG 19/2/92  
dicated that South Africa could expect to have about five million HIV carriers by the year 2000.

All parties negotiating the political future should work together to fight Aids as a common enemy without politicising the problem, he said.

"Besides the tragic loss of life, our economy cannot afford the negative

effects of the epidemic such as the loss of trained manpower, increasing medical costs and the unfavourable reaction of potential overseas investors and tourists.

"To date, education is the only weapon against Aids. What we do in the next two years will be decisive in our attempts to curb the epidemic," he said.

Democratic South Africa (Codessa) is paid by the State: *(91)*

(2) (a) what is the financial contribution by the State to Codessa to date and (b) in respect of what date is this information furnished: *(91)*

(3) who pays the travelling and subsistence costs of members of Parliament involved in the business of Codessa? B81E

**THE MINISTER OF CONSTITUTIONAL DEVELOPMENT:**

(1) The state is paying for the expenditure related to the operation of Codessa.

(2) (a) and (b)

A provisional calculation indicates that the following expenditure was incurred up to and including 31 December 1991 in regard to the preparatory meetings (including meetings of the preparatory committee, the steering committee and the task groups) and of the first plenary meeting of Codessa:

(i) Accommodation expenses of participants in the said meetings;	R905 580
(ii) Travel expenses (road and air)	R822 400
(iii) Telecommunications	R30 020
(iv) Snacks in connection with the above meetings	R61 700
(v) Hire of venues, furniture, offices, electricity, sound and lighting, flowers and plants	R1 294 300
(vi) Printing, stationery and other supplies	R157 000
(vii) Hire of electronic data processing and other equipment	R86 000
(viii) Private expert and professional services	R119 000
(3) The subsistence and travel expenses of participants not travelling officially at state expenses are recompensed out of state funds.	

\*11. *Mr J J S PRINSI* asked the Minister of Law and Order: *(91)*

How many firearms lost to members of the South African Police were lost in 1990 and 1991, respectively; and (b) what subdivision of the police lost the most firearms in each of these years? *(91)*

**THE MINISTER OF LAW AND ORDER:** B82E

(a) 1 January 1990 until 31 December 1990

Robbed from members	461
Housebreaking	125
Theft out of vehicles	34
Stolen at motor accidents where members were killed or injured	12
Stolen out of charge offices during handling over procedures, etc.	222
Lost out of members' possession	118
Lost during riot control and performance of normal duties	65
Lost in Neighbouring States	4
Total	1 041

1 January 1990 until 31 December 1990

Robbed from members	362
Housebreaking	113
Theft out of vehicles	21
Stolen at motor accidents where members were killed or injured	9
Stolen out of charge offices during handling over procedures, etc.	164
Lost out of members' possession	146
Lost during riot control and performance of normal duties	30
Lost in Neighbouring States	3
Total	848

(b) Division: Visible Policing.

Note:

In almost all these cases, the loss went hand-in-hand with some offence or another that was committed in this regard and which varied from robbery and theft.

**HIV-positive cases: reporting of**

\*12. *Mr M J ELLIS* asked the Minister of National Health: *(92)*

(1) What steps are being taken by her Department to ensure that all HIV-positive cases are reported: *(92)*

(2) whether a central statistical record is being kept of all HIV-positive cases; if so, by whom: *Continued*

(3) whether all (a) pathology laboratories, both private and public, and (b) other institutions involved in HIV testing are obliged to report all HIV-positive cases; if so, in terms of what statutory or other provisions in each case: *(92)*

(4) whether she will make a statement on the matter? *(92)*

B83E

**THE MINISTER OF NATIONAL HEALTH:**

(1) The reporting of HIV-positive persons, be they asymptomatic or persons with full-blown AIDS, is based on the principle that reports shall be voluntary and anonymous. It depends on obtaining informed consent. Such consent can also be withheld. The Department therefore cannot ensure completeness of reporting without violating this principle.

The option of making AIDS/HIV-positivity statutorily notifiable was considered but rejected since it was felt that this route would drive the condition underground.

Yet knowledge of the extent of the epidemic is critically important for health planners.

The most practical and scientifically reliable way of gaining this knowledge is by conducting well-planned, ethically irrefragable surveys. A family of these have been carried out in South Africa, many supported by the Department of National Health and Population Development.

A comprehensive up-to-date review of all HIV-related data was recently published by the Department of National Health and Population Development in Epidemiological Comments Vol. 18 No 11 (Nov 1991): AIDS IN SOUTH AFRICA: Status on World AIDS Day 1991.

(2) yes, at the South African Institute for Medical Research, Johannesburg.

(3) (a) and (b) no;

(4) no.

New police base: Rooiwal

\*13. *Mr P H P GASTROW* asked the Minister of Law and Order: *(94)*

Whether the South African Police plan to have a new police base constructed on the farm Rooiwal in the Transvaal; if so, (a) what purpose will the base serve, (b) when (i) will construction commence and (ii) is it expected to be completed and (c) what is the estimated total cost of the base? *(94)*

**THE MINISTER OF LAW AND ORDER:** B88E

No.

(a), (b) and (c) Fall away.

**National Peace Accord: firearms**

\*14. *Mr P H P GASTROW* asked the Minister of Law and Order:

(1) Whether the Government has complied with the undertaking given in the National Peace Accord to issue the necessary proclamations in order to implement the principles relating to weapons or firearms contained in paragraph 3.6.2 of the said accord, the text of which has been furnished to the South African Police for the purpose of the Minister's reply; if not, why not; if so, to what extent;

(2) whether he will make a statement on the matter? *(94)*

B89E

**THE MINISTER OF LAW AND ORDER:**

(1) On 14 September 1991 the signatories to the National Peace Accord agreed to the provisions embodied therein, and of special importance are the provisions contained in clause 3.6.1, in terms of which the parties agreed that the disastrous consequences of widespread violence and the urgent requirement of peace and stability on which to build the common future of South Africa, makes it necessary to act decisively to eliminate violence or the threat of violence from the political sphere.

Moreover, in clause 3.6.2 it is agreed that in pursuit of this understanding the parties agree that no weapons or firearms may be possessed, carried or displayed by members of the general public attending any political gathering, procession or meeting.

In view of the above-mentioned clauses, the Government made the undertaking embodied in clause 3.6.4, namely to issue

*encl 1-2*

HOUSE OF ASSEMBLY



A bleak future . . . Linda and Marc Hansen cuddle up to comfort each other.

Picture: Jacobo Rycliff

## Hospital refuses medication to Aids sufferer

By Carina le Grange

92

A 35-year-old Johannesburg man, Marc Hansen, who has full-blown Aids, is being refused medication by the Johannesburg Hospital, his wife claimed yesterday. **STAR 2012/12**

The medicine, gangcyclovir, could stop him from going blind.

Marc Hansen developed CMV retinitis which is one of the complications of Aids, his wife, Linda (25) said. Gangcyclovir

prevents blindness caused by CMV retinitis while it is being administered.

Mrs Hansen said that initially Mr Hansen had been promised by doctors at the hospital that he would be given the medication through a drip and he underwent a procedure during which a permanent Hicklemann line was inserted high on his chest on January 30.

The Hicklemann line makes it possible to administer the medication intravenously. "We were told by doctors at

the hospital that they were waiting for the TPA's approval to give him the medication. Nothing happened."

Mrs Hansen, who nurses her husband at home, said that doctors at the hospital told her that only haemophiliacs and other Aids patients who developed the disease as a result of transfusions with contaminated blood, were being given the drug.

The couple knows of two such people being treated with the medication at the hospital. Mr

Hansen said he got Aids as a result of "playing around when he was younger".

Professor Ruben Sher of the South African Institute of Medical Research said the medication gangcyclovir is a life-long treatment since blindness would return the minute treatment was stopped.

"But to treat one disease and not another is discriminating," he said.

The TPA is expected to respond to the Hansens' claims today.



# Aids education 'has not altered behaviour'

A RECENT study assessing the impact of national Aids prevention programmes has shown that while knowledge increased there was little change in behaviour.

The study was done on 50 Johannesburg women attending family planning clinics which determine the knowledge, attitudes and practices of these sexually active women, aged between 20-29.

They agreed to participate and a pre-tested questionnaire was completed.

Most individuals had in excess of seven years' edu-

By MOKGADI PELA

cation. The majority were aware of Aids but only few felt their knowledge was adequate. Fifty-two percent knew sexual intercourse was a mode of transmission.

However, many misconceptions existed: 64 percent cited toilet seats, sharing utensils and donating blood as routes by which HIV infection could be acquired.

Few respondents admitted to having more than one sexual partner. None used condoms and had negative feelings towards them.

ing Makwetu could result in an at-  
on the "regime". — Sapa.

## '200 000 AIDS deaths a year'

CAPE TOWN — The number of deaths from AIDS could reach 200 000 a year by the year 2000 — more than the deaths from all other causes combined, Abe van den Berg said in his chairman's address to insurance group Sanlam's AGM in Bellville yesterday.

Reliable project models indicated SA could expect to have about 5-million HIV carriers by the year 2000, he said. (92)

All parties negotiating the political future should work together to fight AIDS as a common enemy without politicising the problem, he said. B10/20/2/92

"Besides the tragic loss of life, our economy cannot afford the negative effects of the epidemic such as the loss of trained manpower, increasing medical costs and the unfavourable reaction of potential overseas investors.

"To date, education is the only weapon against AIDS.

"What we do in the next two years will be decisive in our attempts to curb the epidemic," he said. — Sapa.

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CT 21/2/92

## Aids not to become a notifiable disease

THE government had dropped the idea of making Aids or HIV cases legally notifiable as it believed this would drive sufferers underground, the Minister of National Health, Dr Rina Venter, said yesterday.

Replying to the DP's health spokesman, Mr Mike Ellis, she said the government felt reporting of cases should be voluntary and anonymous.

However, knowledge of the Aids epidemic was "critically important" for health planners.

A record was being kept by the Institute for Medical Research, but institutions involved in HIV testing were not obliged to report all cases.

FM 21/2/92

92

But Natal University's virology department believes that more than one in 15 employees could be HIV positive.

Natal is believed to be the province worst hit by Aids. But the statistics reflect only those who volunteer for testing.

Tongaat-Hulett's group corporate planning manager, Jane Wiltshire, suggests that the disparity could mean firms are ignoring the problem. Most seem to take the attitude "it won't happen to me" and hope it will disappear.

But the good news, according to Liz Towell of Durban's Aids Training and Information Centre, is that companies are increasingly facing up to Aids. They employ people with Aids and have defined policies. "Aids is treated like another illness rather than a plague."

She says there has been a sharp increase this year in firms wanting education and information on Aids from the centre. There are also more requests for the training of counsellors. Even so, considering the many businesses out there, the scale of training is probably nowhere near adequate.

The danger is that Aids won't show up in companies which do not acknowledge it. If they don't offer the facilities, HIV-positive employees will either seek help elsewhere or not at all. Such suppression results in panic and fear when it emerges that someone has the illness. This, in turn, causes a dramatic

loss of production.

Sufferers can remain productive workers and present little or no danger to colleagues. Recognising this and taking steps to deal with Aids through enlightened information and education programmes will undoubtedly help to maintain productivity in the future. ■

AIDS FM 21/2/92  
**Time to face up**

92

**The incidence** of Aids among people employed in Natal industry could be worse than managers believe — though they are becoming more aware of the problem.

A recent survey among manufacturers showed just eight cases of Aids and another 14 employees who had tested HIV-positive.

PREDICTIONS on the effect of AIDS on society are assuming the deliberate ambiguity of the predictions of Nostradamus or the pronouncements of the Delphic oracle.

There are too many variables and too many unknowns for there to exist the kind of simple, mathematically calculated compound projection which planners seek.

Nor is it possible to generalise about a "world AIDS crisis". The circumstances differ from continent to continent, from community to community. In SA, which contains elements of the developed, developing and underdeveloped world, "expert" projections over the next 20 years range from under 400 000 deaths to more than 2-million.

Yet even amid wildly varying prognostications it is safe to predict, with vague Delphic wisdom, that within the foreseeable future AIDS will have a profound effect on every activity in this country. It certainly can put at risk company benefit funds such as medical aid schemes and pension funds.

A dramatic increase in financial claims for hospitalisation, early retirement and death in service may be on the cards and this would threaten schemes' solvency. Far-

# Charting a fair AIDS policy

By way 2/2/92

92

**ROD HARPER  
and DES BARRY**

sighted companies are now reassessing the rules and management of their benefit funds in an effort to ensure they keep afloat. But in doing so they may be running into a number of legal hazards.

Many medical aid societies have amended their rules to drop the ceiling for claims resulting from AIDS — some down to as low a limit as R100 a claim. Straightforward differentiation of this kind is not necessarily wise nor fair and, in certain circumstances, may be unlawful.

At the same time there is a trend today towards fettering the normally wide discretionary powers which trustees and administrators of pension, benefit and related funds have in making awards. The Financial Institutions Amendment Act 1991, for example, introduces the yardstick of "reasonable benefit expectations" of members of certain aspects of the administration of pension funds — a seed for the growth of members' rights, for example, to regular pension adjustments for inflation. More important is the trend to

view employee benefits as falling within the ambit of industrial relations and employment law — which means that decisions over pension and other benefits may increasingly fall subject to intervention by the Industrial Court as unfair practices.

The recent Industrial Court decision of Van Copenhagen vs Shell and BP Petroleum Refineries seems to confirm this trend. The court held that a dispute concerning an early pension was one involving the employment relationship and intervened to award an early pension, where this had been refused.

It is possible the court will also intervene where unfairness to employees is alleged in relation to AIDS. A decision to limit social security benefits in the case of employees who have contracted AIDS could be challenged in the Industrial Court.

However, what also has to be considered in the future, is the possibility that, unless AIDS claims are treated differently, the illness will drain resources to the point where pension funds and medical aid schemes will be unable to function in providing social security for all employees.

One solution is to limit benefits to the particular member's contributions and matching employer contributions much along the lines of a provident fund. This would entail radical restructuring. But the solution may be undesirable in principle, for it reduces a fund's ability to cater for the varying needs of different members and, in the absence of an AIDS epidemic, it may be unduly restrictive in the award of benefits to employees with AIDS.

A variation of this solution is to fix costs to the employer, thereby reducing his risk. But this does not prevent the dissipation of the funds' resources.

Another potential solution which has been fiercely debated is the use

of pre-employment testing for HIV and the exclusion from employment on that basis. It seems clear in the face of an epidemic that this will not provide a safe screen.

The best course may be to vest trustees and administrators with a clear but circumscribed discretion that where an epidemic objectively places the financial future of a fund in jeopardy — and only in these circumstances — they may limit benefits where the application is traceable to AIDS.

Differentiation in the face of such a catastrophe should be permissible but care should be taken to frame rules and to empower the trustees in a manner so as to avoid statutory constraints, such as the restriction on benefit reductions contained in the Pension Fund Act and also claims for unfair discrimination.

To do so it will be necessary to revisit and revise AIDS policies and the rules of benefit funds, pension and similar schemes and to empower the trustees and managers so as to enable them to steer a successful course between the Scylla of financial collapse and Charibdis of multiple unfair discrimination claims.

□ The authors are attorneys in Webber Wentzel's employment law department.

## Businesses look at Aids

A SEMINAR on the industrial relations and legal implications of Aids will be held by the Cape Chamber of Industries on March 12.

It will start at 9 am in the Eskom auditorium, Eskom head office, 60 Voortrekker Road, Bellville.

Industrial relations consultant Geraldine Coy will discuss whether or not a formal Aids policy should be implemented by a company and what such relevant documents should contain.

Labour lawyer Cecilia Brummer will look at the status of HIV positive or Aids employees in the context of the Labour Relations Act. (Times CM)

A case study will be presented by a representative from a company which has an Aids policy/programme.

Johan Schiebush, of Shell SA, will explain the operation of the Western Cape Aids Forum. 2312192

Erica Greathead, director of the Planned Parenthood Association, will describe how the association develops Aids programmes and provides organisations with advice.

# 5-m in SA may be HIV positive by the year 2000

Staff Reporter (92)

By the end of this decade 5 million people in South Africa would be infected with the Aids-causing HIV virus. After that, 200 000 a year were likely to develop Aids and die from it.

These figures were given by SA Communication Service regional director Alan Conradie at an Aids awareness campaign this week attended by eight organisations working against the disease and campaigning for those who suffer from it and for their families.

"To date, education is the only effective weapon against Aids," Mr Conradie said, adding that what this country did during the next two years would be decisive in the control of Aids.

Major aspects of campaigns by the various or-

ganisations included education, counselling and the distribution of the 700 000 condoms provided by the provincial authorities each month.

Herman van der Watt of the Outreach programme spoke of an American and a Canadian, both HIV positive, who are walking around the world to increase awareness of Aids.

They have already visited 21 countries and covered more than 20 000 km. They will meet the mayor of Johannesburg today, after walking from Cape Town.

Gary Friedman spoke about the African Research and Educational Puppetry Programme's efforts to educate people in southern Africa and Canada through puppet plays.

He told of his frustration because his organisation could not produce its plays in SA schools, particularly Government schools.

STAR 27/2/92

# Fury at claim that Aids is hurting SA tourism

STAR 29/2/92

92  
CAROLINE HURRY

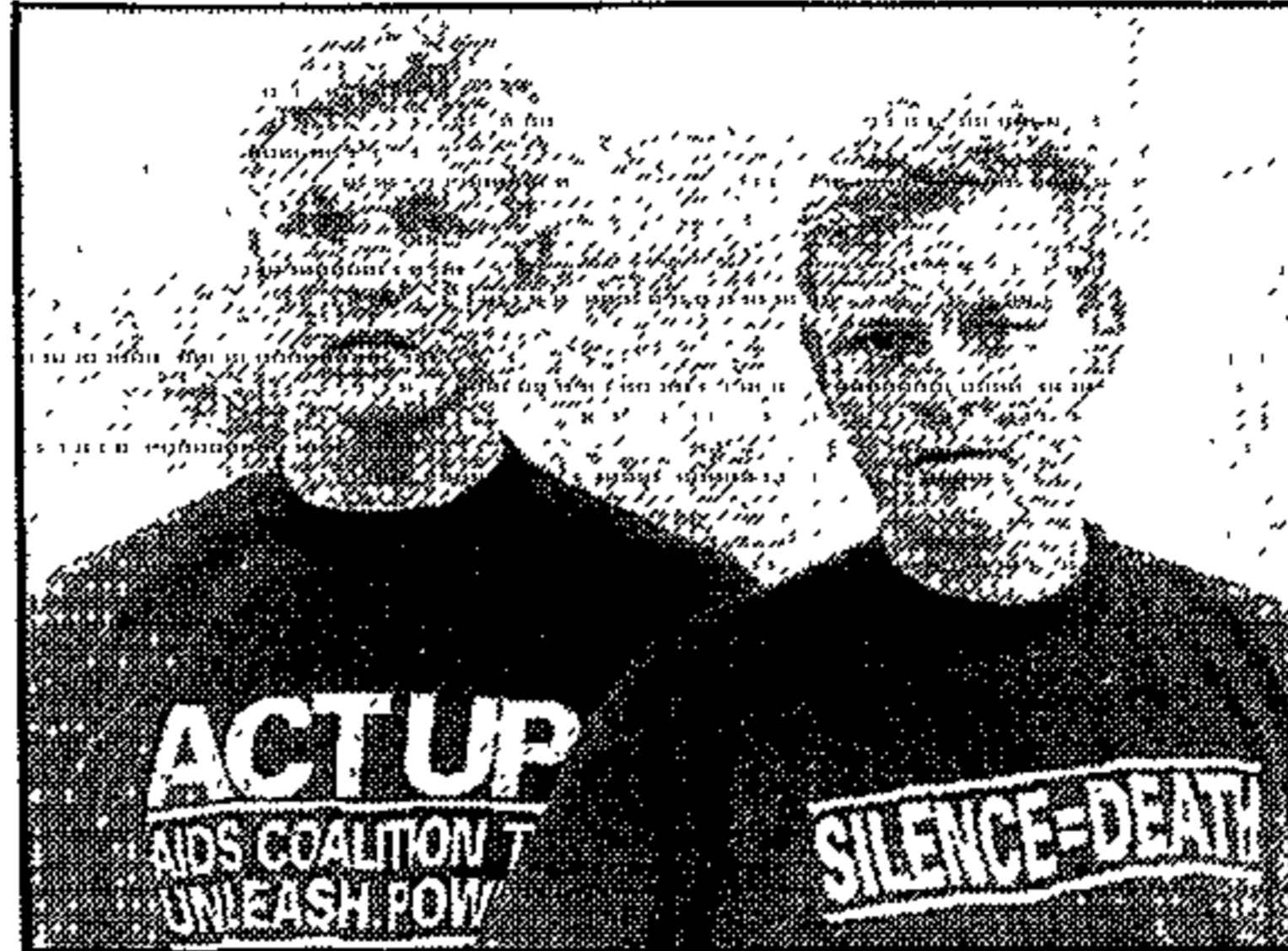
THE national co-ordinator of Aids Coalition to Unleash Power (Actup), Warwick Allan, has reacted to suggestions from the travel industry that Aids has adversely affected tourism and that HIV patients should have their blood test results stamped in their passports.

Johan Geyer, head of research and statistics at the SA Tourism Board, stated in Travel News Weekly that Aids had already negatively affected SA tourism and could do considerable damage to the industry unless South Africa marketed itself as a medical pioneering country.

Mr Geyer suggested that advertisements should stress that, while our wildlife is wonderful, so are our hospitals.

Mr Geyer told the Saturday Star that no formal statistics had been done on how Aids was affecting tourism. "But it is my personal belief that Aids represents a huge tourism loss for Africa."

Richard Daneel, chairman of the South African



APPALLED: Warwick Allan and Chris Smith of Actup say comments on Aids and tourism are not based on research. ● Picture: PETER MOGAKI

Regional Travel Association Committee, (Sartac), and the Sure Travel Group in Stellenbosch suggested that HIV-positive tourists should have their blood results stamped in their passports and be prohibited from travelling in and out of their country. In this way, Aids would be confined.

Said Mr Allan: "Mr Geyer's bold statements that the HIV epidemic has affected tourism in South Africa has no research foundation at all.

"His information is not based on generated

statistics, but are his own subjective beliefs. This is particularly disturbing, considering his designation at Satour.

"Furthermore, for him to propose that South Africa be marketed as a medical pioneering country is ridiculous, and clearly demonstrates how unqualified he is to comment on Aids.

"Medical care and HIV prevention programmes are of Third World standard and arguably what one might expect to find in the Dark Ages."



# Aids rate way over forecast

(92)

CT 29/2/92

By GUY OLIVER

AIDS infection rates in South Africa have already surpassed projections made five years ago for 1997 by the Department of National Health.

In 1987 a Department of National Health study concluded that just over 1 000 Aids cases could occur over the next 10 years.

Official figures for Aids infection released for the end of 1991 show 1 111 cases of Aids to date and 24 000 South Africans HIV positive.

Professor Ruben Sher, head of the Institute for Medical Research for Aids, said unofficial estimates of HIV infection showed between 200 000 and 220 000 South Africans were carrying the killer virus at the end of 1991.

He said predictions were "tiger country" as South Africa did not have good data on the disease and "so we don't know what is going on".

Prof Sher said in 1987 the disease was predominantly confined to the homosexual community but was "ex-

## Finding boosts HIV study

WASHINGTON. — Aids researchers said on Thursday that pregnant women infected with HIV pass only a single form of the deadly virus on to their children, a finding that could help the discovery of a vaccine.

Dr Steven Wollinsky said follow-up studies could help develop ways to interrupt the transmission of the virus in the womb and could help them narrow down their targets to a single strain of HIV.

About 6 000 mothers infected with human immunodeficiency virus which causes Aids give birth each year in the United States and up to 30% of their babies are infected. The number of infected women is higher in Africa. — Sapa-Reuter

ploding" into the mainly black heterosexual community.

Within the white heterosexual community HIV infection was still only a "handful and a half".

He said South Africa was reaching the "critical two percent phase" of the disease and "if we don't do something within a few months it will be uncontrollable".

"Aids education is the only vaccination" against the spread of the virus, Prof Sher said.

But unfortunately "only when more people are infected will people sit up and say we have a problem", he said.

# HIV figure doubles <sup>(92)</sup> in W Cape

ARG 3/3/92  
Municipal Reporter

THE number of HIV-positive people in the Western Cape has nearly doubled since this time last year.

And the number is expected to double again by the start of next year.

Figures given to the city council amenities and health committee by medical officer of health Dr Michael Popkiss showed there were 1 327 HIV positive people in January 1992 compared to 787 in January 1991.

Dr Popkiss said that with the "exponential growth" of the problem, these figures could be expected to double in a similar period.

By December 1991 there were 78 reported deaths from Aids in the Western Cape.

PRICES A

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By December 1991 there were 78 reported deaths from Aids in the Western Cape. <sup>3</sup>

# City HIV<sup>92</sup>

## cases double

CT 31/31/92  
Staff Reporter

THE number of people in Cape Town tested as HIV-positive had almost doubled during the past year and the number of deaths from Aids had also escalated sharply, the city's Medical Officer of Health, Dr Michael Popkiss, said yesterday.

More than 1 300 people had tested HIV-positive by January this year compared with 787 at the same time last year.

Aids deaths had increased from 53 to 78, Dr Popkiss told the city council's amenities and health committee.

"We are still in the early phase of accelerated growth. These figures show that there is no room for complacency," he said.

CT 31/31/92  
Lubbers to

# Sinners — or the victims of not-so-subtle discrimination?

W/Mail 6/3-12/3/92

92

**MARK GEVISSER** looks at new evidence of a disturbing trend of discrimination against Aids sufferers

**I**F SOCIETY did not consider people with Aids to be sinners who deserve their affliction, would the Transvaal Provincial Administration have discontinued a critical Aids drug in its HIV clinic at the Johannesburg Hospital?

And if most people with Aids were not black or gay, would the burghers of Boksburg be up in arms about the establishment of an Aids hospice in the plush suburb of Boksburg West?

Certainly, there are reasons for the TPA's decision to discontinue Gancyclovir, used to treat CMV retinitis, a common HIV-related affliction which usually leads to blindness: its manufacturer, Pharmatex, used to give it away for free to the TPA but decided recently to charge for it. "It's a highly expensive drug, costing about R5 000 per patient per month," explains the TPA's chief public relations officer, Rikus Delpont. "And it is not yet registered by the Medicine Control Board. It also has severe side effects."

And, certainly, there are reasons for the Boksburg town council's objections to the hospice: its operators did not apply for permission to place a medical care centre in a residential area.

But the citizens of Boksburg have made no bones about their real reasons for opposing the hospice: when, on Tuesday night's *Agenda*, Adrian Steed asked one Boksburg West resident whether he was "objecting because the people are black", the reply was an unabashed "yes". Chairman of the Boksburg Management Committee Beyers de Klerk added that allowing an Aids care centre to operate in Boksburg West was equivalent to allowing a "scrapyard".

Would De Klerk have used the same language if the inhabitants of the hospice were white cancer patients rather than black Aids patients?

And why does the TPA refuse to pay for an expensive drug that improves the lives of dying Aids patients, when it continues to pour millions of rands into drugs that improve the lives of dying cancer patients?

Comments Dr Reuben Sher, head of the Aids Centre at the South African Institute for Medical Research: "I have absolutely no doubt that people with Aids are being discriminated against when it comes to facilities and treatment, and I have absolutely no doubt that this discrim-



Boksburg residents protest against an Aids hospice in their town

Photo: STEVE HILTON-BARBER

ination is because of the nature of their illness."

AZT, for example, is the only registered drug that has been proven to control the spread of the HIV virus, but the only people in South Africa who qualify for it free of charge (it costs about R400 a month per patient) are haemophiliacs who contracted the virus through transfusions and health-care workers who contracted it through needles.

"The implication is that health-care workers and haemophiliacs are innocent victims who deserve the state's help, while the rest deserve their fate," says a Johannesburg physician who treats many Aids patients.

Currently only six patients in the

second category receive AZT free of charge at the Johannesburg Hospital. But this week the TPA's chief director of planning and medical auxiliary services, Dr Cronje, stated that for these patients "AZT is going to be phased out, just as Gancyclovir is".

Sher acknowledges that "it's a difficult issue. AZT and Gancyclovir are very costly, and it is true that no other African country gives them away. Since Aids is a terminal illness, it's hard to justify spending money on these drugs when it could go to something like measles inoculations. But this is South Africa, the country that always boasts it has one of the highest medical standards in the world".

Warwick Allen, national co-ordi-

nator of Act-Up, an Aids activist organisation, believes that "the government failed miserably to educate South Africans about Aids. Now that it has allowed people to become infected through its own negligence, it must be responsible for their care".

The government did finally set up an Aids Unit in 1990 — the year, not surprisingly, in which the epidemic first began having a demonstrable effect on white heterosexuals. And last year the unit was allocated a budget of several million to mount an education and media campaign.

But, though it is estimated that 300 people contract HIV every day in South Africa, there is still no special, centrally allocated Aids budget for

hospitals and it is up to the severely cash-strapped provincial administrations to decide how much goes to Aids care and where it goes.

"The government has had time to prepare," comments Allen. "They knew we would have an epidemic, but they did nothing about it and now there is a budgetary crisis in the hospitals."

One of the victims of this bad planning is Marc Hansen, a 35-year-old Aids sufferer who has CMV retinitis. He underwent a complicated and risky surgical procedure called the "Hickman Line" on January 30, so that he could be administered Gancyclovir.

Tragically, the TPA decided, after the operation had been performed, to discontinue the drug.

Pharmatex has refused to comment on the incident and the Legal Resources Centre (LRC) has decided to take up Hansen's case.

LRC attorney Mahendra Chetty wrote last week to the hospital, stating that since the operation was "performed with the specific object of treating our client with Gancyclovir ... your hospital is obliged to complete the treatment by administering and/or supplying the drug to be applied through the Hickman Line".

If the hospital fails to do this, the letter continues, Hansen "will be compelled to turn to the Supreme Court for relief".

The TPA is currently investigating the charge, but a source at the hospital says that the initial operation was not authorised.

What is at stake for Hansen is simple: his eyesight. What is at stake for all the other people who have HIV-related CMV retinitis, or who might contract it in the future, is a little more difficult to determine.

If what Sher believes — that people with HIV are discriminated against — can be proved in court, the TPA might be forced to supply its HIV patients with Gancyclovir (and AZT), and the whole state health-care system might be forced to re-examine its attitude towards people who have Aids.

By then it might be too late to save the eyesight of Marc Hansen. He can, however, take small comfort in the fact that he is looked after at home by his wife. If he were at the Boksburg West hospice, he might find himself not only blind but also out on the street.

## Legal panel <sup>92</sup> asked to focus on Aids issues

Justice Minister Kobie Coetsee has asked the South African Law Commission to investigate all aspects of the law with regard to Aids. *STAR*

In a statement yesterday, he said: "A substantial measure of uncertainty and difference of opinion exists about legal and ethical aspects with regard to Aids."

That included the rights of sufferers; the rights of health services staff; the role of testing for Aids; Aids and employment; abortion and rape; and aspects in connection with security of information. *6/3/92*

Mr Coetsee said that if necessary the commission would hold public sessions for hearing evidence in connection with the investigation.

# One year in jail for Aids-virus prostitute

ANDRÉ MARTIN  
Staff Reporter

ARG 6/3/92  
A PROSTITUTE who continued having sex with clients after she was tested HIV-positive has been sentenced in the Cape Town Magistrate's Court to one year in jail.

During questioning yesterday by the prosecutor, Mr B Berg, it was disclosed that Maureen Stevens, 32, of Eastridge, Mitchell's Plain, was HIV-positive. She pleaded guilty to a charge of soliciting.

She was arrested on Wednesday by an undercover policeman who pretended he wanted sex. She got into his van in Main Road, Green Point, and told him she wanted R30, after which he identified himself.

In mitigation of sentence, she told the court she was unemployed and lived with her grandmother. She asked the court to show mercy and give her a suspended sentence.

She said she visited the city two or three times a week and earned between R100 and R150.

When asked if she had heard of Aids, she said she had gone for a check at a clinic two weeks ago and was tested HIV-positive.

"If you know the dangers of the disease, why did you go ahead with your actions?" Mr Berg asked.

"I use condoms," Stevens replied.

"And if the clients do not want to use condoms or if you do not have any, what do you do?" Mr Berg asked.

"Then I just go ahead," she said.

Stevens admitted she did not tell her clients she was HIV-positive. She agreed that her clients would not want sex or give her money if they knew.

Mr V M Delpont was on the Bench. Stevens was not represented.

## Vaccine, Aids linked?

HOUSTON — A researcher has found evidence that polio vaccines used in the 1950s carried a virus that causes Aids in monkeys — which could explain how Aids entered the human population.

Dr Robert Bohanon, a molecular virologist, said on Wednesday that some stocks of polio vaccines used in Chicago in the mid-1950s have tested positive for the monkey virus.

The possible link between polio vaccines and Aids is investigated in the current issue of Rolling Stone magazine, in which prominent polio researchers such as Dr Jonas Salk and Dr Albert Sabin confirm that vaccines were later found to be contaminated with numerous monkey viruses. — Sapa-Reuter

(92) CT 6/3/92



# HIV positive, but plied her trade

By DALE GRANGER

A WOMAN found guilty of soliciting and who recently tested HIV positive told the Cape Town Magistrate's Court yesterday that she still performed services for her clients even when they preferred not to use condoms.

Maureen Stevens, 32, of Eastridge, Mitchells Plain, was arrested in Main Road, Green Point at 10pm on Wednesday night. She pleaded guilty yesterday to charges of soliciting.

92 CT 6/3/92  
She was sentenced to one year's imprisonment.

Replying to questions by the prosecutor Mr B Berg, Stevens admitted that she had heard about Aids at the clinic where she had tested HIV positive a few weeks ago, but that she had continued with her business.

"I don't go with just any man, and I use condoms," she said.

She admitted, however, that if clients preferred not to use condoms she still

"went ahead", and that she did not tell them beforehand that she had tested positive, because they would not have sex with her if they knew about it.

Mr Berg then asked her: "Is it correct then that they will not give you money?"

"Yes," Stevens said.

In mitigation of sentence Stevens said she was unemployed, lived with her mother and had been soliciting about two to three times every week for only the past year.

# Child was killed in police attack on house, says ANC

*B/Dan 6/3/92*  
A CHILD was killed yesterday morning when police fired on a house in the Vaal Triangle township of Sharpeville, the ANC has alleged.

ANC PWV spokesman Ronnie Mamoepa said the attack was part of a police campaign to eliminate ANC activists in the township.

Mamoepa said on Sunday ANC activist Montoedi Molebatsi was shot by a policeman after he had been to his niece's birthday party. "Information reaching our office indicates that someone whom the police had attempted to recruit as an informer, was shown 15 photographs of ANC Sharpeville members. Molebatsi's photograph was among these."

He said a Sharpeville station commander told marching students and local ANC Women's League members on Tuesday police had declared war on Sharpeville residents. The marchers were demanding the arrest of Const Skuta Marumo, who allegedly shot Molebatsi, Mamoepa said.

Vaal Triangle police spokesman Capt Piet van Deventer could not be reached yesterday afternoon as he was in discussions with an ANC delegation about the Molebatsi shooting.

WILSON ZWANE

□ Meanwhile, Sapa reports that SA Institute of Race Relations head John Kane-Berman told a meeting in Johannesburg of the SA Institute of Management that violence could continue in the post-Codesa period if people and parties believed their voices were not being heard.

Kane-Berman said violence was central to the quest for political power and government, through years of repression and bannings, had taught its extra-parliamentary opposition that violence was the only strategy to which it responded.

Over the years this had included actions such as strikes and stayaways and the killing of black town councillors labelled as collaborators.

Warning that a culture of violence was developing, he said a recent survey by the institute showed one-third of the people in SA had been intimidated or had experienced coercion at some time in their lives.

"We have reached the point where the threat of violence and coercion has become an accepted strategy in certain circles."

## Commission to probe AIDS law

KATHRYN STRACHAN **92**

JUSTICE Minister Kobie Coetsee yesterday announced that the SA Law Commission would investigate all aspects of the law regarding AIDS. *B/Dan 6/3/92*

In a statement the Justice Ministry said there was a lot of uncertainty and difference of opinion about legal and ethical aspects of AIDS which made the investigation necessary.

Issues included the rights of people suffering from AIDS, the rights of health services staff, the role of AIDS testing, employment, abortion and rape, and security of information.

"If necessary the commission would hold public sessions."

Coetsee also said the SA Law Commission would be extended for a new term, ending on October 31, 1994. The commission had proved itself to be one of the most successful law reform bodies in the world, he said.

Mr Justice of Appeal H J O van Heerden has again been appointed commission chairman by President F W de Klerk.

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By GLYNIS UNDERHILL  
THE Cape Town prostitute who admitted in court this week that she had failed to practice safe-sex after being tested HIV-positive must have left behind a trail of worried clients, said Dr Michael Popkiss, the city's Medical Officer of Health.

"But possibly this case will get the message across to the community at large. There is no way that any sensible person should practice unsafe

## Unsafe sex 'revolver at their heads'

sex in today's society. Anyone having sex without protection is pointing a revolver at their heads," he said.

A spokesman for the Aids Training and Information Counselling Centre (ATICC) said a client of prostitute Mauleen

Stevens, 32, had approached the centre for counselling yesterday.

Stevens was found guilty in the Magistrate's Court of soliciting and sentenced to one year's imprisonment. (92)

She said in court that she had tested HIV-positive but had sex without using condoms if the client preferred this.

Dr Popkiss said that it would be futile to track down a list of Stevens' clients. CT 7/3/92

# Mandela praises Aids hikers

By Carina le Grange

ANC president Nelson Mandela yesterday received Americans Bill Mole and Ron Reichart during the South African leg of their around-the-world Aids walk.

The two men have already walked more than 23 000 kms through 19 countries, and will meet Archbishop Desmond Tutu in Cape Town next week. The aim of the "Race Against Time" tour of the men — they are both HIV positive — is to promote Aids awareness and to dispell misconceptions about the disease.

Mr Mole told Mr Mandela that he was the "biggest celebrity we have met on our tours". He told Mr Mandela about their travels and thanked him for meeting them.

Mr Mandela praised the men for their courage in fighting back against the disease, saying: "The determination of the individual is a great complement to the actual medical treatment."



Getting together . . . ANC president Nelson Mandela with Race Against Time walkers-for-Aids Ron Reichart (left) and Bill Mole.

Picture: Etienne Rothbart.

# Doctor designs safety needle 92

CT 12/3/92

Staff Reporter

A 27-YEAR-OLD Stellenbosch doctor has designed a safety syringe which could help prevent the spread of Aids.

Dr Marius van der Merwe's design has earned him two prestigious British awards and almost R30 000 in prize money.

The syringe is designed to combat the spread of fatal diseases such as Aids and hepatitis B by guarding against medical personnel being pricked by needles after their use on infected patients.

The safety syringe also prevents the re-use of needles by drug addicts, since both the needle and syringe are rendered useless after use.

Dr Van der Merwe designed the syringe plunger to enable the needle to be safely removed and locked into the plastic casing of the plunger at the patient's bedside. Modifications to the end of the plunger make it possible for the needle to be lifted off the end of the syringe without the need for even the slightest physical contact with the needle.

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# Aids set to hit health service

*Sowetan 16/3/92*

92

By MOKGADI PELA

AIDS will have a major impact on the South African health service and the economy, experts believe.

In a report written by Dr Malcolm Steinberg of the Medical Research Council and Metropolitan Life's Mr Peter Doyle, the two say the effect of millions of Aids patients presenting themselves for treatment would be potentially devastating.

According to the writers, most important assumptions among researchers were that:

- Expenditure on health would grow by 2,5 percent a year;
- Only about 50 percent of people with Aids would use the health service;

The present balance between private and public health care would be maintained.

By 2005, the total cost of the epidemic to the health service could be R18 billion, says the report. This would be about 75 percent of all expenditure on health care.

The economic cost would come in the form of lost productivity resulting from loss of earnings due to Aids-related illness and premature death, according to the pair.

They say Aids confronted researchers with a tragedy of unique dimensions.

*Provincial Administration of Natal*

- (1) Yes,
  - (a) (i) Provincial Medical Supply Centre
  - (ii) Port Shepstone Hospital
  - (iii) St Andrews Hospital and
- (b) R2 292,45. (Excluding losses routinely written off during annual stocktaking);
- (2) yes, the Health Services Branch of the Natal Provincial Administration investigates all cases of reported theft and these are also referred to the South African Police for investigation. Losses are written off under delegated authority if the South African Police are unable to resolve the case;
- (3) no.

**Aids: educational programmes**

\*3. Mr M JELLIS asked the Minister of National Health:

- (1) Whether her Department has drawn up any Aids education programmes for use in schools; if so, (a) (i) for which standards and (ii) in which education departments are these programmes available and (b) what has been the response of the above departments to these programmes;
- (2) whether she will make a statement on the matter?

B315E

The MINISTER OF NATIONAL HEALTH:

- (1) Yes,
  - (a) (i) an Aids and Life Style Education Programme for pupils in secondary schools, has been compiled after extensive research during 1991. Research is also being undertaken during this year for the development of programmes for children of primary school age as well as for pre-school children and (ii) the programme will be made available to all education departments, including those of the TBVC States and Self-governing Territories and

The Government would approach this matter very carefully and would not take steps before having available all the facts and before having consulted the churches. This process has not yet been concluded.

The Departments of Justice and National Health and Population Development are jointly in a process of preparing a Green Paper wherein certain proposals will be made in regard to amendments to the Gambling Act. The Green Paper will be published for comment and all interested parties will be afforded an opportunity to comment thereon.

Telephone services/private post boxes: Pretoria

\*5. Mr P G SOAL asked the Minister of Posts and Telecommunications:

Whether any applications for (a) telephone services and (b) private post boxes were outstanding in the Pretoria area as at the latest specified date for which figures are available; if so, (i) how many and (ii) when is it anticipated that the backlog will be eliminated?

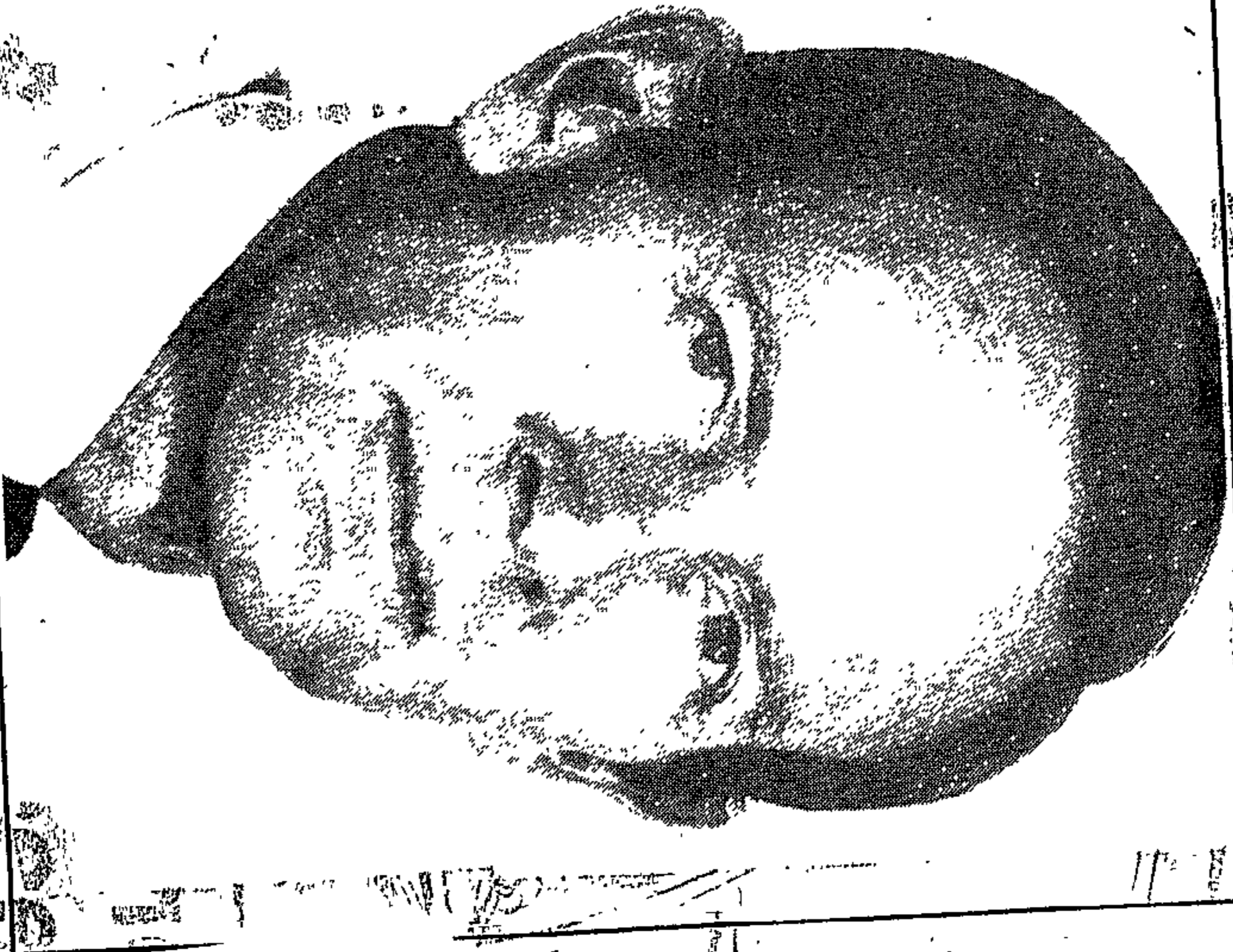
B340E

The MINISTER OF POSTS AND TELECOMMUNICATIONS:

- (a) yes;
  - (i) 6 497 as at 29 February 1992; and
  - (ii) approximately 3 440 of the waiting applicants will be provided with telephone service during the 1992/93 financial year. It is at this stage not possible to indicate when the requirements of the remaining applicants, whose applications are being deferred owing to a shortage of cable leads and insufficient capacity in certain exchanges, will be met.
- (b) Yes;
  - (i) 2 668 as at 29 February 1992 (Alkant-rant 50, Bon Accord 50, Brooklyn 200, Faerie Glen 200, Laudium 200, Lynn East 50, Totiusdal 50, Menlo Park 200, Onderstepoort 50, Pretoria 200, Pretoria West 100, Pyramid 100, Rosslyn 300, Silverton 300, Sinoville 200, Valhalla 50, Waterkloof 100, Oifantfontein 30, Pierre van Ryneveld 38, Hennopsmeer 200)

(ii) *Alkant-rant*—Negotiations are in progress to procure a suitable site for the provision of additional boxes for allocation to applicants residing mainly in Ashlea Gardens, De Beers, Lynnwood, Lynnwood Manor and Newlands. Some 600 vacant boxes are available at the Lynnwood Ridge Post Office which is situated approximately 2,5 km from the Alkant-rant Post Office.

*Bon Accord*—Additional boxes will be installed during 1992/93.  
*Brooklyn*—Space is not available for the installation of additional boxes at this office but 3 000 boxes will be installed during 1993/94 at the Hatfield Post Office, only 2 km away.  
*Faerie Glen*—Additional boxes will be provided during 1992/93.  
*Laudium*—A new post office with 2 400 boxes is being planned for completion during April 1993.  
*Lynn East and Totiusdal*—450 additional boxes have been installed at the Villiera Post Office which should relieve the demand at both Lynn East and Totiusdal.  
*Mentlo Park*—Additional boxes will be installed during 1992/93.  
*Onderstepoort*—Space is not available for the installation of additional boxes at this office but additional boxes will be installed at the Pretoria North Post Office during 1992/93 which should relieve the demand at Onderstepoort.  
*Pretoria*—The possibility of installing additional boxes is being investigated.  
*Pretoria West*—Additional boxes will be installed during 1993/94.  
*Pyramid*—Additional boxes will be installed during 1992/93  
*Rosslyn*—Additional boxes will be installed during 1992/93.  
*Silverton*—1 150 additional boxes will be installed during 1992/93.  
*Sinoville*—A new post office with



Professor Michael Kew has called for immunisation against Hepatitis-B

# Hepatitis-B: a plea for action

By MOKGADI PELA

*So wefan 19/3/92*

THE Government should introduce a massive vaccination programme against the hepatitis-B virus which afflicts more than two million black South Africans, a top virologist said this week.

Professor Michael Kew of the University of the Witwatersrand said as there was no known drug against the virus it was better to prevent it than cure it. "Most patients get it very early in their lives. The tragedy is that the virus is insensitive to chemotherapy and radiation. Those infected will almost surely die," he said in his sombre message.

There are about 300-million people chronically infected with the hepatitis-B virus in the world. Kew said the virus was responsible for about 80 percent of all cancers in the world. The virus, which is 10 times more infectious than the HIV-virus, is transmitted sexually, the passing of

infected blood to another, for example, from pregnant mother to child or more commonly scarification. Kew recently received an award from Wellcome and the Medical Research Council for his investigative work into the role of the virus in the formation of liver cancer.



# How Aids deaths affects sexual conduct <sup>Sweden</sup> research survey

By MOKGADI PELA  
A CHANGE in sexual behaviour usually occurs once a significant number of people have died from Aids, according to an article on the disease.

the Medical Research Council and Mr Peter Doyle of Metropolitan Life, in a collaborative study with the Centre for Health Policy, predicted such change to occur in 1995.

The researchers, said, if there was to be a change of behaviour, then by the year 2005 about 18 percent of the population would be infected.

<sup>19/3/92</sup> "The common error is to predict that the number of people suffering from the disease will double. At the beginning of 1990 the doubling time for the Aids epidemic was calculated at 8½ months.

"The error made by many analysts is to project this indefinitely into the future," the researchers said. They said if there was no change in sexual behaviour the population growth would be reduced to about 1.2 percent a year by 2010.

With the expected change in behaviour in the mid 1990s, the population would continue to grow at about 1.7 percent a year. These figures reflect the impact of the epidemic assuming the fertility rate remains constant.

A realistic estimate is that in 2005 the population will be about 50 percent greater than that in 1985 (53 million in 2005 compared to 32 million in 1985).

# Killer virus: women's double risk

STAR 19/3/92

(92)

**T**HE World Health Organisation has adopted a revised strategy to combat Aids that focuses more on women, who, they say, are increasingly at risk of contracting the deadly disease.

This is the first time the UN agency has changed its Aids strategy since 1987.

WHO's executive board in Geneva says Aids imposes a double burden on women because they are more likely than men to be infected with the virus through heterosexual intercourse and often care for relatives who have the disease.

Dr Michael Merson, director of the agency's Aids programme, says revisions in the strategy are needed because the world is entering a new phase of the epidemic as more and more peo-



ple infected with the virus come down with full-blown Aids.

He says 40 percent of the 10 million to 12 million people currently infected with the Aids virus are female, but women are an increasingly large percentage of Aids cases and will overtake men by the year 2000.

Aids still predominantly affects men in North America and Europe, but it is much more evenly spread in the Third World. WHO predicts the devastation

that is now affecting Africa, where more than six million people have Aids and whole villages are being wiped out, will spread to Asia by the mid-1990s.

WHO forecasts that by the year 2000 up to 40 million people will have contracted the human immunodeficiency virus, HIV, which causes Aids. It says a universally effective and affordable vaccine is unlikely to be available before then.

"Poverty makes whole communities vulnerable to Aids by forcing men to leave their families in search of work, by leaving people hopeless enough to turn to the solace of drugs, and by making prostitution a survival strategy for women and children. Aids then completes the vicious circle by making the community even poorer," WHO says.

SAPA-AP

## **NEWS IN BRIEF**

### **Spending on AIDS increased <sup>92</sup>**

GOVERNMENT has drastically increased spending on AIDS by 287%, budgeting R20,9m for the disease compared with R5,4m spent on prevention last year.

The AIDS programme, under the National Health vote, incorporates R2,5m for a training and information centre, R13,9m for education and guidance and R2,6m for administrative services. A further R880 000 was allocated for disease surveillance.

The funds were provided for in the estimates of expenditure. *6/04/92 19/3/92*

# Under-12s to learn about Aids

Political Correspondent

THE government planned to extend the Aids education programmes introduced in high schools to primary and pre-primary schools, the Minister of Health, Dr Rina Venter, said yesterday.

Dr Venter said the various education departments had all accepted in principle that children should be Aids-literate by Std 5.

She said research was being

undertaken this year for the primary and pre-primary education departments. (92) CT 208/92

The programme would be made available to all education departments, including those in the homelands.

Dr Venter said the Aids and Lifestyle Education Programme for pupils in secondary schools would be unveiled by her and the Minister of National Education, Mr Louis Pienaar, on March 30.

The package would then be

made available for distribution.

● Sapa reports that South Africa's major churches have banded together to mount an extensive campaign against Aids and its effects.

Known as the Churches Aids Programme, the denominations include the Salvation Army, the SA Council of Churches, Baptists, Anglicans, Methodists, Presbyterians, Dutch Reformed Church, World Vision, Youth for Christ and the Scripture Union.

ARG 21/3/92 (92)

# Aids scare over release of prostitute

**PHILA NGQUMBA**  
Weekend Argus Correspondent

**KING WILLIAM'S TOWN.** — News that a prostitute who tested HIV positive is about to be released from prison has caused a scare here.

She was sentenced last month to a 45 days in prison after being found guilty of soliciting.

Police said it was common procedure for anyone arrested for a sexual offence to be tested for Aids and other sexually transmitted diseases.

King William's Town police station commander Captain Gerhard Potgieter said he had requested the Department of Correctional Services to inform him when the prostitute was released to give him time to alert the public.

He said the police would try to make the public aware but there was nothing else they could do under the circumstances.

"People should take precautionary measures of the ladies that are hanging around town," he said.

Captain Potgieter warned the public to be careful of "such people" and avoid making deals with them.

A member of the King William's Town Aids Caring Team, Mrs Merrly Howes, said it was difficult to motivate people to be careful.

"We just hope that people will take warning," she added.

Major Wena Greyling, for Correctional Services in Pretoria, said the department — in co-operation with the Department of National Health and Population Development — was always alert to the occurrence of infectious diseases, including Aids.

All those with the disease — and carriers — were placed in separate sleeping quarters and were counselled, said Major Greyling.

By Quentin Wilson

BETWEEN 150 000 and 200 000 people die in South Africa every year. By the year 2000, Aids alone could cause this number of deaths.

This is the prediction made by three prominent research units, acting independently of each other and using different methods. Their conclusions, however, all match.

These indicate that within 10 years the number of people infected could increase from between 100 000 and 200 000 to around five million.

However, a research paper by the medical officer of health for Johannesburg, Dr Nicky Padayachee, warns that the findings could be an exaggeration of reality and "doomsday forecasts" would be premature.

### Estimates

"It must be realised that these are estimates based on the assumption that no interventive effects will be felt (an unlikely situation), and that they therefore only provide the maximum possible estimates — the true figures will be lower," he says.

"A more realistic prediction will be attained by building into the model estimated changes in behaviour over time."

Padayachee says the Aids epidemic will deeply affect the lives of all South Africans in the future.

"At worst, individuals will be infected with the virus, develop Aids and die a premature death as a

# Five million may have Aids by the turn of the century

South 21/3 - 26/3/92

result of the epidemic. "At best the lives of South Africans will be affected by the measures they, and the people they interact with, adopt to prevent infection.

"This may include profound changes in lifestyle, such as change in sexual behaviour.

"It will also include shouldering the social, medical and economic cost resulting from the infection and death of those who could not prevent infection," Padayachee says.

Mr Peter Doyle of Metropolitan Life says there will be an infection level of around 30 percent by the turn of the century.

This translates to roughly 4,5 and 5,4-million HIV carriers by the year 2000.

The more recent study by the Centre for Health Policy at the University of the Witwatersrand estimates that there will be 5,2 million HIV infected people in South Africa in the year 2000.

They also estimate that there will then be 600 000 Aids cases, with 200 000 Aids deaths during the year 2000.

Many employers do not appreciate the consequences of Aids. As a result, they have no policy on Aids, nor any contingency plans should

they lose part of their labour force as a result of Aids.

"The chances of even the smallest companies not being affected at all by Aids are remote," insurance giant Sanlam predicts.

"Most companies will either lose part of their labour force, part of their market or have their suppliers affected by Aids.

"Aids will probably affect every business and organisation, either directly or indirectly."

Sanlam urges every business to evaluate the possible effects of Aids and make appropriate plans. An essential component of this is a clear policy on Aids.

### Life-threatening

Human resource experts the world over are calling for companies to set out a policy not only on Aids, but on life-threatening diseases.

They warn of the problems that have been experienced by firms encountering Aids without an established policy for dealing with the disease.

"The policy should seek to avoid discrimination against those infected and respect their productivity," Sanlam argues.

"It should also avoid moralising

while at the same time exhibiting compassion, and most of all, it should be proactive.

"In this country particularly, it is crucial that the corporate health policy be discussed with employee organisations to ensure acceptance.

"Once the policy is decided on jointly, it should be explained to everyone it may impact on, including the entire workforce and all potential employees at the recruitment stage.

"If this is not done, the firm opens itself to the possibility of legal action against it in, as yet, uncharted legal territory," Sanlam says.

Padayachee says while the media has to be encouraged to increase their efforts to improve public knowledge about Aids and promote safer sexual practices, much harm has been done by "doomsday forecasts".

"Interest created by sensational forecasts of the Aids epidemic is usually superficial and short-lived," he says.

"It is well known that scare-tactics in health education efforts rarely lead to positive effects, such as lasting behaviour change.

"In the process they damage the

credibility of all Aids forecasts, including realistic warnings of a danger that is great enough without exaggeration."

Some forecasts claim, Padayachee says, that as a result of the Aids epidemic, industry will face a shortage of manpower from the mid-1990s onwards.

It has also been claimed that there would be an excessive black housing stock in 10 years' time.

"If these bizarre predictions were believed by planners in industry and government and efforts to create jobs, housing and social services decreased, the resulting unemployment, housing shortage and shortage of social services in South Africa could be another self-made catastrophe compounding the effects of Aids," he says.

### Epidemic

Padayachee argues, however, that despite the uncertainties involved with long-term assessments of the Aids epidemic, it will lead to a substantial decrease in the black population.

Although Aids prevention efforts are not a hopeless task, it can not be ruled out that millions of South Africans could die of Aids in the next decade.

"On the contrary, it appears probable that this will happen, since about 400 000 black South Africans are expected to be infected with HIV by the end of 1992.

"What will largely determine the size of the epidemic is the timeliness of prevention efforts."

(42)

## Aids 'no solution to problem'

THE government did not believe Aids could be seen as the solution to South Africa's population growth problem, Deputy Minister of National Health, Mr Fanus Schoeman, said in reply to debate on a private member's motion.

He was reacting to Dr F Pauw (CP Nominated) who said that, because of Aids, South Africa's real problem

was the lack of population growth, especially among whites.

ARG 25/3/92  
He said the white growth rate was decreasing disturbingly.

Mr Schoeman said the Population Development Programme faced stumbling blocks, but every leader had a responsibility to support it. — Sapa.

# Aids epidemic: what experts have to say

STAR... 25/3/92

By Carina le Grange

The Aids epidemic would not reduce South Africa's population numbers absolutely, but it might result in a slowing in the rate of population growth by the year 2000, according to the 1991/1992 edition of the South African Institute of Race Relations Survey.

Key statistical forecasts, based on data and research by a range of experts, are a feature in the latest survey.

In 720 pages, the 1991/92 survey provides data and projections with regard to the economy, population, labour and more.

It is estimated that the country's population (including the 10 homelands) will reach 47,5 million by 2000.

The survey puts the present population at more than 38,4 million.

The survey says there were widely differing perceptions by experts



Key in . . . to the latest survey on Aids.

during 1990 and 1991 of the effects of Aids on population growth, with some experts predicting it would halt or even reverse population growth, while others more cautiously predicted it would reduce the rate of population increase.

Nedbank chief economist Edward Osborn said in February last year that as a result of Aids, the total SA population in 2010 could be at the same level as in 1990 — 38 million, growing thereafter to 45 million by 2020.

But Dr Robert Schall of the SA Medical Research Council, in his most optimistic scenario,

believes the black population (which could be the worst affected) would not decline.

In "Facing Aids — a Strategy Manual", Andre Spier and Marcellé Edwards suggested the population could continue to grow after the year 2000, albeit at a reduced rate, and that it would then peak at between 55 million and 57 million around the year 2010.

This compares with an estimated 65 million which they would have predicted without Aids.

The senior research Fellow at the economic research unit of the University of Natal, Alan

Whiteside, provided differing figures for 1995 and 2000 predictions which depended on the length of doubling time (the time within which the number of people who become HIV infected doubles).

The present doubling time has been put at between eight and 12 months.

Mr Whiteside said that by the year 2000, nearly 12,7 million people would be HIV positive if the doubling time were six months, 12,1 if it were nine months, 8,6 if it were 12 months and 4,3 if it were 15 months.

The Centre for Health Policy at Witwatersrand University and the Medical Research Council both said last year that the doubling time of epidemics tended to lengthen rather than shorten as the epidemic spread.

Mr Whiteside projects that more than 7 million people would die (cumulatively) by the year 2000 if the doubling time were six months, while more than 1,4 million would have died with a 15-month doubling time.



# Church 'must break barriers'

STAR 25/3/92 (92)

Several churches and religious groups have come together to form an organisation called the Churches Aids Programme (CAP) to provide volunteer workers with home-care skills to be able to deal with people infected with the HIV virus.

CAP members will provide counselling to people with full-blown Aids and will also help to combat the spread of the disease through education, particularly among the youth.

The Salvation Army, which initiated the project, has about 20 trained counsellors already in operation in the Johannesburg/Soweto area.

Salvation Army director of medical services Dr Sandra Potgieter told a press conference held in Braamfontein on Monday that there were still misconceptions among church-goers about the Aids virus.

Dr Potgieter said the church needed to break down barriers among its congregation and then get volunteers who

would be prepared to be trained to deal with people who had the virus.

Current statistics estimated that 300 people were being infected with the HIV virus daily in South Africa, and CAP had set aside R15 000 a month to help deal with the situation, she said.

"Two million people will be infected with the Aids virus by the year 2000 and there is no way the hospitals and the hospices would be able to cope and take care of these terminally ill patients.

"But if we have volunteers visiting the sickly people at home and counselling them and their families, this would bring much-needed help to the community," Dr Potgieter said.

Organisations and church groups which are involved in CAP include the Anglican, Baptist, Methodist and Presbyterian churches, the Nederduitse Gereformeerde Kerk, the South African Council of Churches, the Scripture Union, World Vision, and Youth for Christ. — Staff Reporter.

## Third Aids chart on Friday

Aids is reaching critical proportions in South African society.

Aids is no longer attributable only to homosexual liaisons.

On Friday, The Star, and our sister newspapers nationwide, will be publishing the third chart in a series on

Aids, its causes and prevention.

92

The chart has been produced to coincide with the publication of an Aids and Lifestyle education kit available to every secondary and high school in the country.

STAR 25/3/92

# Aids — doctor's right to know is debated

ARG 26/6/92

92

**ANDREA WEISS**  
Medical Reporter

AIDS and the rights of doctors and patients in the operating theatre is the subject of heated debate in the SA Medical Journal.

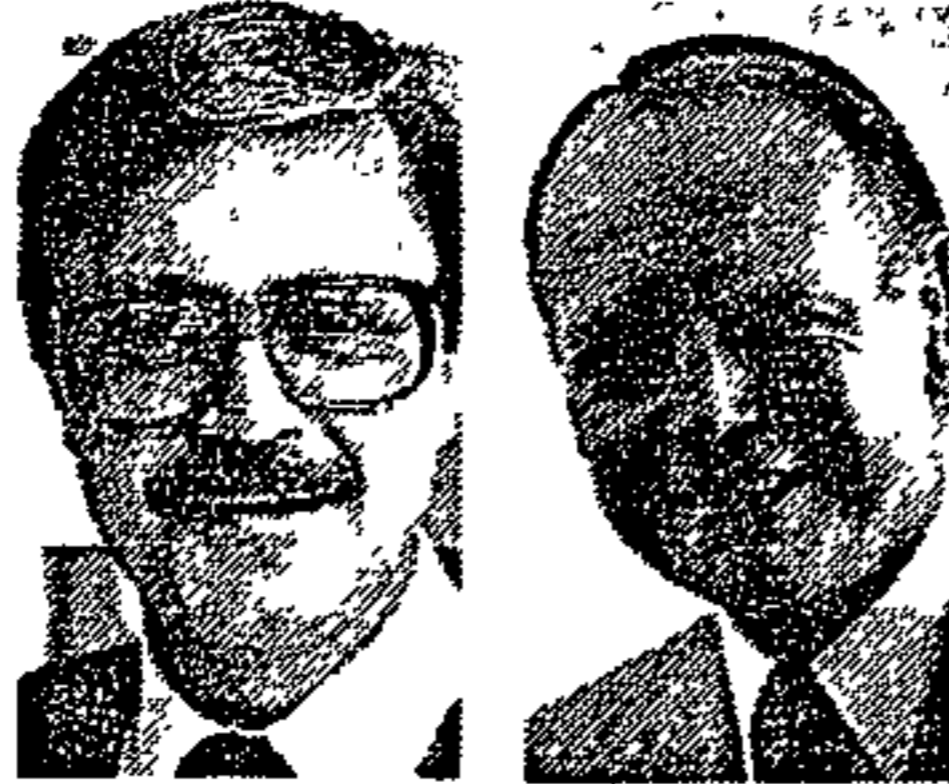
In the latest issue two writers ask whether a trained lifesaver would be expected to rescue a drowning person in the middle of a shark feeding frenzy.

"After all, is heroism not a personal matter?" the writers ask.

The issue is whether doctors have the right to know in advance of surgery whether somebody is HIV positive or whether the patient's right to confidentiality and to refuse a test should be sacrosanct.

In terms of an SA Medical and Dental Council ruling, no patient may be tested for HIV without consent and counselling and strict confidentiality should apply.

Although anybody in pri-



Knobel

Terblanche

vate practice has the right to choose who he or she treats, doctors in state hospitals are obliged to handle all patients regardless of whether they are HIV positive.

Now some surgeons are demanding to know whether patients are HIV positive so that extra precautions can be taken during surgery.

The debate was spurred by the College of Medicine of South Africa contradicting the SAMDC's "no testing without consent" ruling by saying such tests were justifiable in "an

emergency situation".

An emergency was described as a situation where a health worker was pricked by a needle used on a patient whose HIV status was unknown.

Letters to the Medical Journal have argued that because surgeons, and particularly surgeons in training, frequently cut themselves or get needle injuries, testing of patients should be mandatory.

Some writers have even suggested that surgeons should have the right to refuse to operate in an emergency situation if a patient is known to be HIV positive.

Leading the debate have been Professor Deon Knobel, UCT head of forensic medicine, and Professor John Terblanche, UCT head of surgery and president of the College of Medicine.

In an open letter to Professor Terblanche in the Medical Journal, Professor Knobel said numerous incidents of refusal by doctors and dentists

to treat HIV positive patients had been reported to him.

He was concerned at the college's departure from the SAMDC's ethical position. He also took issue with a suggestion that a patient who did not reveal his HIV positive status to a doctor could face prosecution.

Professor Terblanche replied that the College's guidelines represented a "balanced, ethical and responsible view... patients, health care workers and society should be satisfied (they) are in their best interest".

Cape Town Aids counsellor Mr Geoffrey Taylor said the debate was becoming increasingly acrimonious and emotional and the issue of human rights and medical practice was becoming blurred.

"There is a lot of ducking and diving here and many patients are being arbitrarily treated. Rational judgment is being clouded, which is putting doctors in Cape Town in a very dicey position legally."

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Sowetan Correspondent

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# Aids hazard now being stressed for teenagers

Medical Reporter

ARG 30/3/92

TEENAGERS at school are now to be warned about Aids for the first time in a programme compiled by the Pretoria-based Aids Unit of the department of National Health and Population Development.

The R6 million Aids and Lifestyle Education Programme beginning today has been designed to meet the needs of teenagers, their parents and teachers.

The project focusses on relationships, because Aids in South Africa is spread chiefly through heterosexual intercourse.

It also features information on sexual activities that can lead to HIV infection.

Self-assertion and decision-making skills feature prominently to show teenagers how to cope with demands from the opposite sex, as well as how to deal with pressure to experiment with drugs and alcohol.

The programme also encourages teenagers and adults to discuss sex more openly.

● Copies of *Parents, Children and Aids*, the educational chart published by The Argus last week, are available from the foyer counter in Newspaper House, 122 St George's Street, at 80c each.

# AIDS body to target needs of families and orphans

**KATHRYN STRACHAN** 92

A NEW AIDS organisation has been formed to meet the needs of those who are mostly forgotten about in the AIDS epidemic — the families and the orphans.

Society for AIDS Families and Orphans (SAFO) director Claire Fleming said the brunt of the AIDS epidemic fell heavily on women and children, but that their predicament had so far been ignored in SA. Already in Soweto there were about 200 families with children who were or would soon become AIDS orphans.

According to Fleming there were an estimated 7-million HIV infected people in Saharan Africa at the end of 1991. More women are affected than men for both biological and sociological reasons. Eighty percent of all infected women live in Africa. *BIDA 30/3/92*

In the next decade, 2-million infants are expected to die from AIDS and about 10-million orphans will be left behind by AIDS-infected parents.

Fleming said in Uganda whole towns and villages were virtually depopulated except for the aged and children. Studies have shown these orphans are in rags and starving within six months of their parents' deaths.

SA is only on the edge of the epidemic, but already in urban areas between 1% and 2% of pregnant women are infected with HIV. This means that in areas served by Soweto clinics and Baragwanath Hospital, between 10 000 and 20 000 pregnant women are infected with HIV.

Fleming said Safo would be devoted to raising money for and maintaining AIDS families and publicising the effect of the epidemic on women, families and children. Safo is also planning a "Tots Aid" concert.

# R6-m for school Aids programme

SOwetan 31/3/92

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THE Government yesterday launched a major R6 million Aids and Lifestyle education programme for teenagers in all schools.

It consists of six free-standing units or modules, containing a video, posters and quizzes for class participation. Each addresses a specific aspect of the problem, like relationships, peer pressure and physical and emotional development.

It has been produced after comprehensive research by the Aids Unit of the department of National Health and Population Development and will be supported by a concerted media campaign.

"As many as 300 new Aids cases a day are being identified in South Africa," said Dr Mando Holmshaw, head of the Aids Unit. "In countries to the north such as Uganda, Malawi and Zambia, one in four adult city dwellers is now Aids-infected.

"Scare tactics have been used in some countries and major Aids information exercises carried out in others - all without noticeable effect.

"The South African effort is different. It employs a comprehensive range of teaching techniques, including drama, role play, charts, group discussions,

video and general information.

"It teaches self-assertion and decision-making skills to help teenagers take responsibility for their own lives and withstand peer pressures.

"Nothing like this programme has ever been attempted. We will share results and experiences with our neighbours in Africa. We are all Africans and all engaged in the fight against African Aids."

The programme will be available free of charge, in seven languages. School principals are this week being informed of its availability.

# Govt targets children in campaign against AIDS

B/D ay 31/3/92

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CAPE TOWN — Children, as sexual innocents, are the target of a new government AIDS-prevention programme to curb the lethal virus which infects 300 people a day.

The AIDS and Lifestyle Education Programme for Teenagers was launched yesterday by National Health Minister Dr Rina Venter.

Government's AIDS Unit head Dr Manda Holmshaw said the challenge of fighting AIDS was based on the fact children between the ages of three and 13 were universally free of the disease.

"If we can keep them so as they move through their teenage years to adulthood, we will successfully meet and beat the African AIDS pandemic," she said.

Venter said there were insufficient funds to combat AIDS in SA.

However, government was able to cope with the R14m allocated to the disease. Of this, R6,5m has been set aside for education and publicity.

She said the Cabinet had

accepted a decision that all children should be "AIDS literate" by Standard 5.

Venter said more than 200 000 people were already infected and 300 new cases were reported a day.

"As AIDS is overwhelmingly spread by ordinary sexual activity, those not sexually active, such as children, are essentially AIDS-free.

"We intend to maintain this status," Venter told educationists and other interest groups at the project's launch in a Sea Point hotel.

She said the new AIDS package for teenagers would be presented in three formats.

A basic, comprehensive and expanded model will be available and the programme will be on floppy disk.

Venter said she hoped the programme would turn around predictions of how many people would get AIDS.

Holmshaw described the new educational drive as an African programme shaped by African needs and conditions.

AIDS was pandemic in Africa, she said, and was mostly transmitted by heterosexual intercourse.

This meant the general population was at risk, Holmshaw said.

The new AIDS and Lifestyle programme was based on comprehensive research to ensure it tackled relevant situations in an appropriate manner.

No similar programme had ever been attempted, Holmshaw said.

She said results and experiences would be shared with SA's neighbours.

"We are all Africans, and are all engaged in the fight against African AIDS," she said.

The State President's wife Marike de Klerk also addressed the subject yesterday at the official opening of St Luke's Hospice in Cape Town.

She said what SA needed in an age threatened by the scourge of AIDS was "people who can channel their caring attitude into deeds".

Meanwhile in Johannesburg Syncom director Albert Spier told an AIDS seminar SA appeared to be at the early stages of a potentially massive HIV epidemic.

Spier, whose organisation Syncom was described as "a national policy think tank involved in aspects of constitutional and institutional reform", told members at the Department of Manpower's seminar on the implications of AIDS on labour relations that government's R20m AIDS budget was not enough.

However, he pointed out that it was pointless raising the AIDS prevention expenditure if there was no joint strategy between the public and private sectors.

Spier said by the year 2000, between R5bn and R10bn could have been spent on the disease in SA.

— Sapa.



# Time for teens to tune into Aids risk

STAR 2/4/92

92

## AIDS AID

The only way young children can stay free of Aids is if they are able to take appropriate and healthy decisions on sexual activity based on enough relevant information which they are taught how to use. **MARIKA SBOROS** reports.

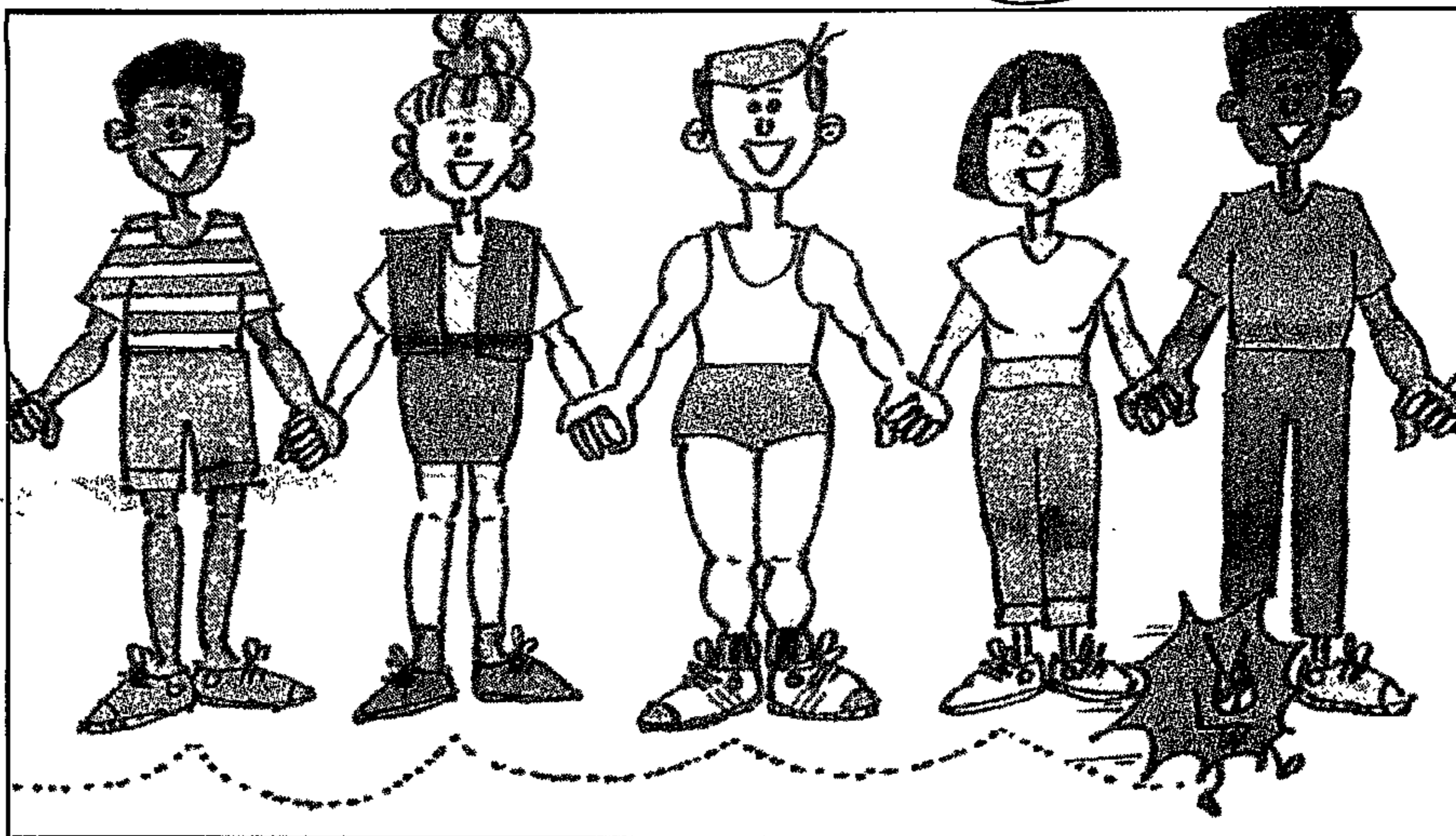
**C**HILDREN are not only uninfected with Aids, they are also uninfected with the kind of stereotypical gender behaviour patterns and habits that characterise most adult lives and constitute risk behaviour.

Armed with the right knowledge and skills, young children can be helped to remain free from Aids, says Dr Manda Holmshaw, head of the Department of National Health and Population Development's Aids Unit.

The department launched a draft Aids and Lifestyle Education package in schools this week, the first of its kind, that has been specially designed with the needs of local teenagers, their parents and teachers in mind, she says.

The programme will only work, says Dr Holmshaw, if parents are involved at all stages, so they can reinforce the process. Appropriate training of selected teachers is required, as the programme is unusual in its approach and needs teachers who would be comfortable with the topic and interactive approach.

The programme also needs wide consultation and the support of opinion-



makers, including church leaders, community leaders and politicians. Aids education programmes in other countries have been largely unsuccessful, says Dr Holmshaw, because they followed an incorrect approach, providing only facts about Aids,

and not enough to convince people to act differently.

Providing teenagers with information about Aids is only useful if they are told how and when to use the information.

Telling a young girl or boy not to have sex before mar-

riage or with multiple partners will only work if she or he is also taught how to cope with sexual demands from the opposite sex, as well as with the possible pressure from peers to experiment with sex, drugs and alcohol.

Teenagers have anxieties

and uncertainties about their appearance and acceptability to others.

The only way they can stay free of Aids is if they are able to take appropriate and healthy decisions on the basis of enough relevant information which they are

taught how to use.

After consultation with education authorities, parents and children, a search was commissioned for the possible content and format of an Aids and Lifestyle education package.

Among the aims of the package for teenagers are to reduce the fear of becoming casually infected, and to develop a positive and non-blaming attitude towards those with Aids.

The education package consists of modules dealing with:

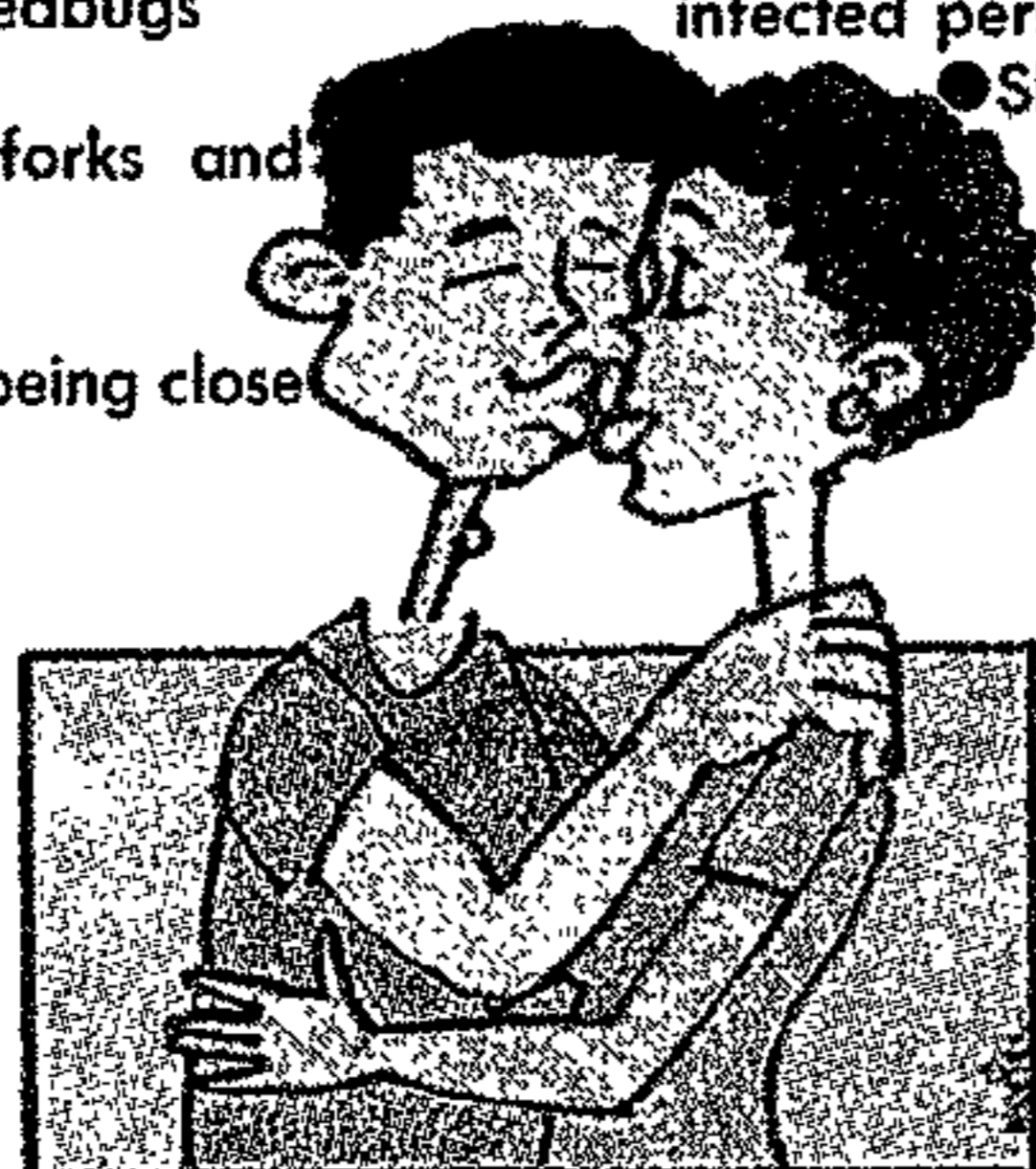
- Physical and emotional developments which take place during the teenage years;
- Important aspects of Aids and other sexually transmitted diseases;
- Relationships with important people in a teenager's life, including family, friends and the opposite sex;
- Skills to equip teenagers for the demands made by adulthood and maturation.
- Safe sex: abstinence is promoted throughout the programme. However, if a teenager decides to have sex before marriage, he or she needs knowledge on safe sexual behaviour.
- Practical ideas for follow-up work.

## You CANNOT get AIDS from

- A toilet seat
- Mosquitos, moths or bedbugs
- Doorknobs or rails
- Sharing cups, mugs, forks and spoons
- Swimming pools
- Working alongside or being close to someone with AIDS
- Blood donations
- Tears, saliva
- Open or French kisses
- Second-hand clothes

## You CAN get AIDS from

- Having unprotected sex with an infected person
- Sharing a needle for intravenous drug use (i.e. injecting yourself with drugs)



KISSING IS

SAFE

Information and illustrations taken from an educational package for schools on Teenagers and Aids, produced by the Department of National Health and Population Development.

## Ways of ensuring safer sex

Safe sex used to mean contraception, which was designed to prevent unwanted pregnancies.

Today safe sex is also about the prevention of sexually transmitted diseases, especially Aids.

Safe sex means:

- Not having sex at all.
- Long-term relationships with a faithful, uninfected partner.
- Other sexual practices such as cuddling, hugging and mutual masturbation.
- The correct use of a condom, which will help to protect against infection.

## It's incurable, it kills and it can hit anyone

What is Aids?

Aids is an incurable disease passed on by unprotected sexual intercourse and by infected mothers to their unborn babies, according to information from the Department of National Health and Population Development's Aids Unit.

The illness is caused by a germ, the Human Immunodeficiency Virus (HIV), which enters the body's white blood cells and makes it impossible for the body to defend itself against illness. The HIV does not kill people directly. It weakens the body to such an extent

that cancer, tuberculosis or other infections will kill the person.

A person may become infected and not know it for a long time (as long as 10 years). During this time, the person looks and feels healthy, but can infect others.

Once the person becomes ill, he or she may lose a lot of weight in a short space of time, have swollen glands and many other symptoms.

Although the distress of the Aids patient can be relieved, there is no cure, and no vaccine available to prevent people from becoming infected.

STAR 2/4/92

## 2-m Aids cases worldwide

GENEVA — There have been 37 467 new reported cases of Aids in the past three months, the World Health Organisation said yesterday. In its quarterly update, the UN health agency said it had received reports of a total 484 148 cases since records first began about 10 years ago. However, because of under-diagnosis and delays in reporting, the actual worldwide total of people who have Aids is estimated at close to 2 million. This includes 500 000 children. (92)

# Older women more at risk from HIV virus report

The Argus Foreign Service

LONDON. — Older women may be more at risk from the HIV virus than their younger counterparts, according to a new European study on the heterosexual transmission of Aids.

The study looks at the relative risks of female to male and male to female transmission among nearly 600 couples in stable relationships.

One-hundred-and-fifty-six of the women were HIV positive compared with 400 of the men.

However, according to the findings, published in The British Medical Journal, only 12 percent of men became infected compared with 20 percent of the women, suggesting that

(92) REC 2/4/92  
women are nearly twice as vulnerable to infection than men.

Factors which increased the risk included an advanced state of the disease, anal sex, sex during menstruation and the age of the woman, particularly if she was over 45.

● Evening primrose oil appears to improve the health of some Aids patients, according to a new study.

Doctors say the oil, already used in a range of complaints from pre-menstrual tension to multiple sclerosis, may help the body fight the virus.

Research in Tanzania found improvements in the health of Aids patients taking a combination of evening primrose and fish oils in 12 capsules a day for at least three months.

# HIV blood recipients to be paid

CT 2/4/92 (92)

PRETORIA. — Ex-gratia payments are to be made to individuals who have been infected by the HIV virus through untested or untreated blood products.

The Department of National Health and Population Development said in a statement yesterday that in the light of these circumstances this payment did not imply liability in any way.

"The administration will pay a significant amount of money into a fund specifically created for this purpose," said the statement.

The department's recommendations on the matter would be referred to the cabinet today.

The department said a responsible non-government organisation had agreed in principle to administer the fund, which was in the final stages of being established.

"It is anticipated that the trustees of the fund will include representatives from the administration, the indepen-

dent blood banks, the Haemophilic Society, legal advisers and representatives of the pharmaceutical industry."

The department said there were few precedents for this type of fund in South Africa, which explained the apparent delay in establishing it.

"Before 1985 there was no means of testing blood for HIV. Consequently a number of people who received whole blood or blood products became accidentally infected with HIV.

"About 80 people have become infected in South Africa as a result of having received HIV-infected whole blood or blood products. The absence of HIV testing meant that no one was to blame for these unfortunate consequences. This has happened in a number of other countries."

The department said that since 1985 all blood had been screened for HIV and, as an additional safeguard, had been heat-treated to prevent HIV being passed to recipients. — Sapa

# Aids sufferer takes TVI authorities to court

By Susan Smuts

92

An Aids sufferer who is going blind and has only a few months to live has taken the Transvaal hospital authorities to court to force them to treat him.

Former cabaret dancer, Kim Schmidt, also known as Marc Hanson, is too ill to attend the Rand Supreme Court where his application against the Admin-

istrator of the Transvaal, director of hospital services (Transvaal) and the chief medical superintendent of the Johannesburg Hospital began yesterday.

Mr Schmidt had been treated by the Johannesburg Hospital's HIV clinic in January for an Aids-related infection, cytomegalovirus (CMV) retinitis.

Clinic co-director Dr Stephen Miller prescribed Ganciclovir, a non-registered, non-coded drug.

To facilitate the administration of the drug, an intravascular catheter was surgically inserted into Mr Schmidt's body at the hospital.

The drug was initially freely available from the suppliers, but Mr Schmidt's treatment would now cost about R4 000 a month. Dr Miller's decision to prescribe the drug was overturned by the director of hospital services because of toxic

side-effects and the cost.

Mr Schmidt's lawyer, George Bizos, SC, told Mr Justice J Myburgh this decision reflected a lack of concern, and he questioned its validity.

Mr Bizos argued that the Johannesburg Hospital had accepted Mr Schmidt for treatment and had a contractual and statutory obligation to continue the treatment. Any doctor who

treated a patient did so on behalf of the hospital. Dr Miller was not paid by the hospital, but was "vested with the same authority as any other doctor."

Describing his client's plight, he said: "He has a couple of months to live. He is suicidally terrified he will go blind before he dies. The shorter his life becomes, the more valuable each moment becomes." The hearing continues.

STR 31492

# Deadly factor 8 haunts bleeders

STAR 2/4/92 92  
Pretoria Correspondent

The shadow of an Aids death hangs over 71 South African haemophiliacs who received foreign blood products almost 10 years ago.

Ten haemophiliacs have already died, and 71 have tested positive for Aids since they received blood transfusions containing an imported blood product known as "factor 8", between 1982 and 1984. Six of the 71 have full-blown Aids.

Professor Anton Heyns, chairman of the Aids Advisory Group, yesterday said contaminated batches of factor 8, which had been imported from America in the early '80s, had been linked to 81 haemophiliacs becoming infected with Aids.

Factor 8 is a special blood component used in the treatment of haemophiliacs.

Professor Heyns also said three haemophiliacs

using locally made factor 8 had become infected with the virus. One had since died.

He stressed that they had been infected between 1982 and 1984, before routine screening of blood was introduced in South Africa. No cases of haemophiliacs becoming infected had been reported since screening was introduced in 1985.

Professor Heyns said the SA Blood Transfusion Service, which he heads, had not been involved in importing the contaminated factor 8.

Dr Hennie van Wyk, deputy director-general of Transvaal's Health Services, also denied the TPA had imported the contaminated factor 8.

In a statement yesterday he said: "It is a fact that the TPA bought factor 8 blood from private suppliers — just like all other bodies who needed it — and that it was not actually responsible for the importation of that blood."



Staying put . . . Gawie Stoltz is demanding that "bleeders" infected with Aids from foreign blood be compensated.

## Aids man

### stages <sup>(12)</sup>

### sit-in

Stoltz  
3/14/92

Aids sufferer Gawie Stoltz, one of about 81 South African haemophiliacs infected with the virus HIV after receiving contaminated foreign blood, has staged a sit-in at the Department of National Health's Pretoria head office demanding compensation.

"We didn't bring this on ourselves. Whoever was responsible has a moral obligation to compensate us," Mr Stoltz (39), a Delmas farmer, said yesterday.

He was unmoved by a department statement that it had recommended an *ex gratia* payment.

"It's a promise that can be broken. When it's cleared by the Cabinet, I'll be happy," Mr Stoltz said. — Pretoria Correspondent.

The committee, which consisted of chairman G Steyn, D A Bregman SC and R M M Zondo, found a militant element in been involved in gestion of foreign

## AIDS sufferer goes to court over costly drug

*B10aw*  
*3/4/92* SUSAN RUSSELL *(92)*

A DYING AIDS sufferer brought an urgent application against the Transvaal hospital authorities in the Rand Supreme Court yesterday in a bid to force them to give him an expensive drug which would stop him going blind.

Former cabaret dancer Kim Schmidt, 35, is suffering from an AIDS-related disease, Cytomegalovirus (CMV) retinitis.

His counsel George Bizos SC told the court yesterday Schmidt was terrified of going blind before he died.

The hospital authorities, who are opposing the application, have refused to allow Schmidt to be given the unregistered drug Ganciclovir on the grounds that it is too expensive and because of its toxicity and side effects.

They also contend that when the co-director of the Johannesburg Hospital's AIDS Clinic Dr Steven Miller prescribed it, he did not have the authority to do so.

Bizos told Judge J Myburgh that Schmidt had wanted the drug despite being warned by Miller that its side effects could shorten his life expectancy.

The drug, which was supplied to the hospital free of charge until the end of last year, would otherwise cost about R4 000 a month for each patient.

Bizos submitted yesterday that the authorities had a contractual and statutory obligation to provide the drug.

The hospital authorities contend that Miller is not an employee and acted on his own when he prescribed it. The case continues today.

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## FIRST AID FOR AIDS

FM 3/4/92

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Whether because Africans tend to reject the very existence of Aids, or because Aids education has been misdirected, the fact is that there has been little success in persuading African adults to adopt safer sex practices.

For this reason, the Department of Health's Aids Unit has decided to concentrate its efforts on teenagers, hoping to catch them before they become sexually active. "Adults know how to avoid Aids, but are unwilling to change their behaviour," says Dr Manda Holmshaw, the head of the unit. "This is because the information given to them is not relevant."

vant."

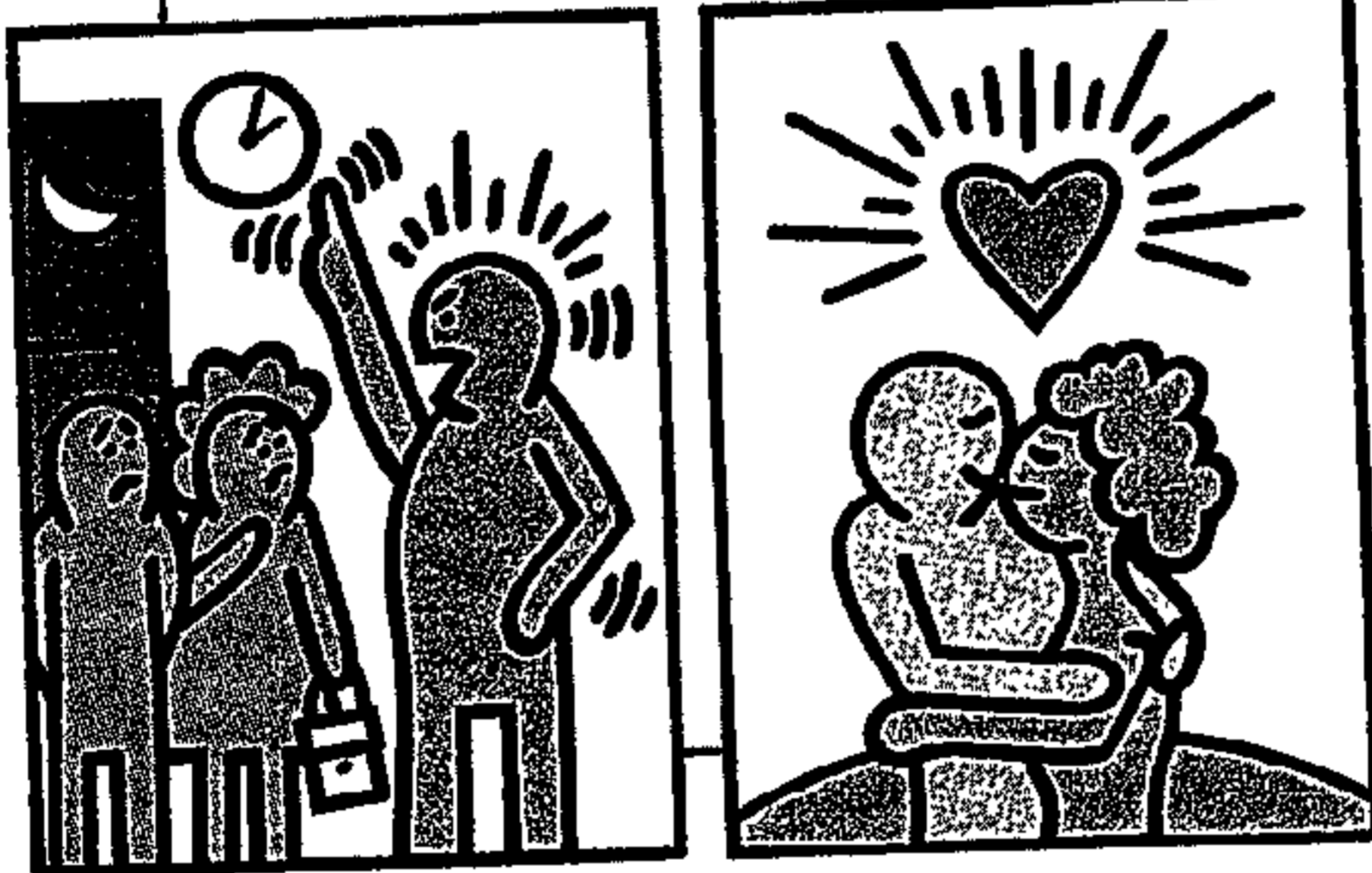
The unit's "Aids and life style education programme for teenagers" comprises packs of posters, pamphlets and a video, a copy of which will be distributed to every school in the country at a total cost of R1,5m. Selected teachers in each school will be trained to manage the programme, and parents will be fully involved.

In tackling the teens, the unit believes it must avoid shock treatment, instead combining education with guidance on how to handle peer group pressure. "Telling a young girl not to have sex before marriage will work only if she is also taught how to cope with sexual demands as well as with pressure from friends to experiment with sex, drugs and alcohol," says Holmshaw.

One can only hope that the programme's naive poster art and gentle radio spots aren't a little *too* unthreatening.

Beating Aids is probably the most challenging and most important communications task of the next decade. *Tony Koenderman*

**Kissing's OK, but ... don't stay out late**



# Urgent plea for drug by dying Aids man

CT 3/4/92 Own Correspondent

92

JOHANNESBURG. — A dying Aids sufferer brought an urgent application against the Transvaal hospital authorities in the Rand Supreme Court yesterday in a bid to force them to give him a drug which would stop him going blind.

Former cabaret dancer Mr Kim Schmidt, 35, has cytomegalovirus (CMV) retinitis.

His counsel, Mr George Bizos, SC, told the court Mr Schmidt was terrified of going blind.

The hospital authorities have refused to allow Mr Schmidt to be given the unregistered drug Ganciclovir on the grounds of its expense, toxicity and side effects.

# Boksburg balks at Aids home

home

## Residents fear 'tainted' bags of garbage

STAR 4/4/92

92 CAROLINE HURRY

THE Boksburg Town Council has demanded the closure of a home for the terminally ill — including Aids patients — after nearby residents refused to accept the institution in their area.

The St Francis Home for the terminally ill in Boksburg is fully staffed and equipped with enough beds for 14 patients.

Large windows framed by cheerful curtains overlook the garden, containing a small chapel. The problem is, there are no patients.

"We cannot accept patients here, knowing they may have to be moved again. It would simply be too traumatic for them," said Matron Allein Marshall.

St Francis's last patient, a young man of 35, died of Aids on February 14. His mother, who came up from Wakkerstroom to be with him, had nothing but praise for the staff of the St Francis home.

"As an Afrikaans woman from the platteland, I have never experienced such love, empathy and caring as shown me and my son by the black nurses. As Willem lay dying, too sick to speak, they even sang for him," she said.

"My son needed morphine and the kind of medical care I would not have been able to provide for him at home. As a mother, all I wanted was to be with my child. St Francis and its staff made this possible. Like it or not, Aids is here to stay and this home is an essential service to the community."

However, few people living in Boksburg West share these sentiments.

"F... out" and "Weg met Vigs" were two messages rudely scrawled across the gates of the home, while next-door neighbour, Mrs Rina Maartens circulated petitions signed by 350 residents, demanding that the Boksburg Town Council close the home down.

The council has since written to the home saying it contravenes the town's planning scheme and demanding it cease operations, or else the council will seek an interdict forcing them to do so.

Boksburg management committee chairman Beyers de Klerk says the

hospice was opened illegally by the owner, Father Stan Brennan, who "showed no consideration for the law".

However Brennan told the Saturday Star that his lawyers had applied to run the home and he was waiting for the management committee's decision. He said he was concerned about all the false information being spread about the St Francis Home.

Among residents' complaints are:

- Property devaluation because of an Aids "taint"
- Alleged mental instability of the home's residents;
- Alleged influx of "other racial groups" with the perceived alleged security risk this would pose.

"Who wants to live next door to an Aids home?" ask Oggle and Gertie Strydom, who live nearby. "We have nothing against a haven for the sick, but not in a residential area."

"Infected needles could be lost, and there are taxis bringing the black staff to work as well as ambulances entering and leaving the property."

Geraldine Pieterse was more concerned about the garbage. "Every Thursday night, garbage bags are put outside the gates. Dogs that tear the bags can get the virus and spread the disease by biting people."

In reply, Marshall pointed out that animals could not catch Aids, and infected needles did not get near the garbage but were carefully placed in a sealed box and destroyed. "Like any hospital, we are meticulously careful with our waste," she said.

Paul Herman, a spokesman for Aids Consortium — a project embracing 30 national and Transvaal-based organisations involved in Aids policy and care — said the manner in which the council, its management committee and some residents had responded to the situation showed bigotry and intolerance.



HEAVY HEART: Matron Allein Marshall contemplates the fate of the St Francis Home in the little chapel provided for staff, patients and the



SAFE WASTE: All medical waste is placed in this sealed container and destroyed.

# Society to assist

## affected families

STAR  
4/4/92  
**CAROLINE HURRY**

A NEW South African organisation has been established to help families destroyed by Aids. The Society for Aids Families and Orphans (SAFO) aims to:

- Publicise the impact of Aids on women, families and children.
- Raise money to purchase food, clothing, housing, basic funeral costs, education and support surrogate parents, such as older juveniles and grandparents.

SAFO defines an Aids family as one in which at least one parent is ill or dead due to HIV infection. An Aids orphan is a child who has lost one or two parents to Aids.

"Once families have been referred to us, SAFO will try to maintain the children in their present environment to cause as little disruption to their daily routine as possible," says SAFO spokesman, Claire Fleming.

"The family unit will be the responsibility of a particular SAFO representative, who will visit the children at least twice a month. Deliveries of food, clothing, bread and fresh vegetables will also be made and rentals will be paid directly to the appropriate landlords.

"The continuation of education is a precondition of the assistance. We also hope to get all the families together to share their experiences and learn from each other."

# Aids sufferer wins case against hospital services

STAR 4/4/92

A MAN with Aids won his case against hospital authorities who stopped giving him a drug that would save his sight.

The Rand Supreme Court yesterday ruled that neither expense nor the fact that Kim Schmidt may only have a few months to live were sufficient reasons for the Transvaal Hospital Services to deny him the drug gancyclovir to prevent him from going blind. The hospital authorities were also ordered to pay all costs.

Schmidt has CMV retinitis, an opportunistic disease that can affect people with Aids, and has already lost the sight of his left eye.

Schmidt (35), a former cabaret dancer, took the Transvaal Provincial Administration to court after the Johannesburg Hospital refused to administer gancyclovir to



**KIM SCHMIDT: battling for his sight.**

## STAN HLOPHE

him, on the grounds that the drug had "very severe side effects" and was very expensive, costing about R5 000 a month.

Schmidt said he was told he would be given the drug and had a special operation to insert a line into his chest in

order to administer the drug intravenously.

Mr Justice J Myburgh said Schmidt was made to believe that he was to go to receive gancyclovir. Schmidt's doctor, Dr Steve Miller, had already administered the treatment to five other patients at no charge.

George Bizos, for Schmidt, argued that the policy decision of the authorities discriminated against Aids patients.

● ● Gawie Stolz of Delmas, also an Aids sufferer, intends to spend the weekend at the Department of National Health offices in Pretoria to demand compensation for haemophiliacs who have contracted the HIV-virus.

He started his sit-in on Thursday and is himself a haemophiliac who contracted Aids after receiving infected blood.

92

# I won't end sit-in until state pays Aids victim

ANDREA WEISS, Medical Reporter

PRETORIA. — Haemophilic Gawie Stoltz, 39, who was infected with the Aids virus after a blood transfusion, is staging a sit-in at the Department of Health here to get compensation.

Farmer Mr Stoltz has been ensconced in a boardroom of the department's Aids unit on the 18th floor of the Civitas building since Wednesday and plans to stay there "for as long as it takes".

His demand is that Health Minister Dr Rina Venter pay compensation to an estimated 80 haemophilics infected with the Aids virus by Factor 8, a blood product imported from the United States.

Mr Stoltz was infected in 1984 during an operation at Johannesburg General Hospital. Two years later he was informed of his infection and since then has had to live with the knowledge that he could become seriously ill and die at any time.

On Thursday Dr Venter promised to "investigate" an ex-gratia payment for haemophilics with HIV, but Mr Stoltz believes this is not good enough.

"I have been misled by these investigations for the past two years. I don't trust Dr Venter and I don't like her attitude in deal-



□ **SIT-IN:** Gawie Stoltz in the boardroom of the Aids unit. He plans to stay "for as long as it takes".

ing with me. I will stay here 10 years if necessary."

Mr Stoltz, who is married with three children, said he was unable to get life insurance or a bank loan for his family.

"I know I am going to die. The chances are great. But I want to die with a little dignity and know that at least my family's future is secure. I want to take my family on holiday. I want to put my daughter through university without having to beg."

Mr Stoltz's daughter Lily, 18, is a first-

year law student at Pretoria University. Some of her friends have visited Mr Stoltz in his impromptu office, bringing food and wishes of support.

He set out for the department's headquarters on Wednesday, intending to stay put until he had found out what had happened to the promised fund.

While Mr Stoltz concedes that the department may be correct in saying it did not have the technology to test the blood product at the time of his infection, he believes the

government is still responsible for what happened to him.

"I am a victim of something I did not bring upon myself."

Mr Stoltz is full of praise for the staff of the Aids unit, who have let him use their facilities and have interceded on his behalf.

Equipped with a radio, food and a sleeping bag, he intends to continue his sit-in over the weekend, watched over by the police who guard the civil service building.

300 a  
day get  
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virus

CT 4/4/92

By ANTHONY JOHNSON  
Political Correspondent

THE Aids problem reached "alarming proportions" in 1991 with about 300 people being irreversibly infected by the HIV virus every day, the Department of National Health said in its annual report tabled in Parliament yesterday.

"More babies are being born infected as the pandemic spreads among the community," the report said.

A national 30-year Aids strategy has been devised and sent to interested parties for their comments.

An Aids strategy for Southern Africa will also soon be developed in collaboration with the TBVC territories and a non-independent homelands.

Research on an Aids and life-style educational package for implementation at secondary schools was also initiated last year.

The report noted that the chances of HIV-positive people contracting active tuberculosis were increased six-fold.

The incidence of TB had increased by 26,8% from 1988 to 1990 after a progressive decline from 1960 to 1986.

The rising TB trend continued unabated in the Western Cape, where the incidence is about three times the national average.

# Drug for Aids man, court rules

CT 4/4/92

92

Own Correspondent

JOHANNESBURG. — The Rand Supreme Court yesterday ordered the Transvaal hospital authorities to supply a dying Aids patient with an expensive drug which could stop him going blind.

However, Mr Justice John Myburgh made it clear that his judgment should not be seen as a precedent for all Aids patients to receive the R4 000-a-month drug Ganciclovir for the treatment of the eye-disorder Cytomegalovirus retinitis — which many Aids patients develop in the advanced stage of the disease.

Last night Mr Ken Schmidt, 35, who brought the application after being refused the drug in February, said he was pleased with the decision.

Late yesterday afternoon Mr Schmidt's junior counsel and Johannesburg director of the Legal Resources Centre, Mr Mohammed Navsa, said the judgment was important.

Mr Justice Myburgh had refrained from commenting on whether Johannesburg Hospital's own policy not to give Ganciclovir to Aids patients was reviewable, which left the door open for the policy to be challenged, he said.

Mr Justice Myburgh said he was ordering the hospital authorities to supply Mr Schmidt with the drug immediately because of the circumstances surrounding his particular case.

Mr Schmidt believed he was going to receive the drug when the Medi-

## Haemophiliac stages sit-in

Own Correspondent

PRETORIA. — Aids sufferer Mr Gawle Stolz of Delmas, a haemophiliac who contracted the disease after being given imported blood, began a sit-in at the Department of National Health offices here this week to demand for compensation to haemophiliacs who have contracted the HIV-virus.

He said yesterday that the time for investigation had passed, and that it was now time for action. He would continue with his protest action until a final decision had been made on his appeal for compensation.

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Mr Justice Myburgh made it clear he was not saying the policy of the Transvaal hospital authorities not to supply the drug to all Aids patients suffering from Cytomegalovirus retinitis was wrong.

Hospital authorities had decided not to supply the unregistered drug on the grounds that it was too expensive and because of its toxicity and side effects.

Mr Justice Myburgh ordered that the Transvaal hospital authorities pay the cost for both counsels.

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From page 1

### Tragic life

News in Brief

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From page 1

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# 'Hysterical' pamphlet in circulation

STAR 4/4/92

CAROLINE HURRY

92

A misleading pamphlet on Aids is circulating among the residents of Boksburg, adding fuel to the fears surrounding the establishment of the St Francis hospice within the neighbourhood.

Called The McAlvany Intelligence Advisor, the pamphlet published in September 1990, gives the following suggestions to try to counteract the spread of Aids.

- Avoid highly congested areas as much as possible. Coughing and sneezing can spread Aids.
- Traditional dating, kissing and hecking are high risk activities.
- Wash your hands thoroughly if you have shaken hands with other people. Remember, the Aids virus can live on a dry surface for 10 days (probably longer).
- Always cover a toilet seat with paper. Flush the commode with your foot.

- Avoid restaurants that employ high risk groups.
- Do not let people kiss your children or you. Instead shake hands.
- Avoid public hot tubs, steam baths and saunas.
- Use gloves in gyms.
- Avoid public swimming pools frequented by high risk groups or large crowds. Chlorine will not kill the Aids virus.

## Airlines

- Avoid sticking pencils, fingers or other objects in your mouth.
- All meat should be cooked to 169 degrees to kill any virus.
- In hotels avoid taking baths, take showers instead.
- On airlines, either refrain from eating or order a vegetarian meal

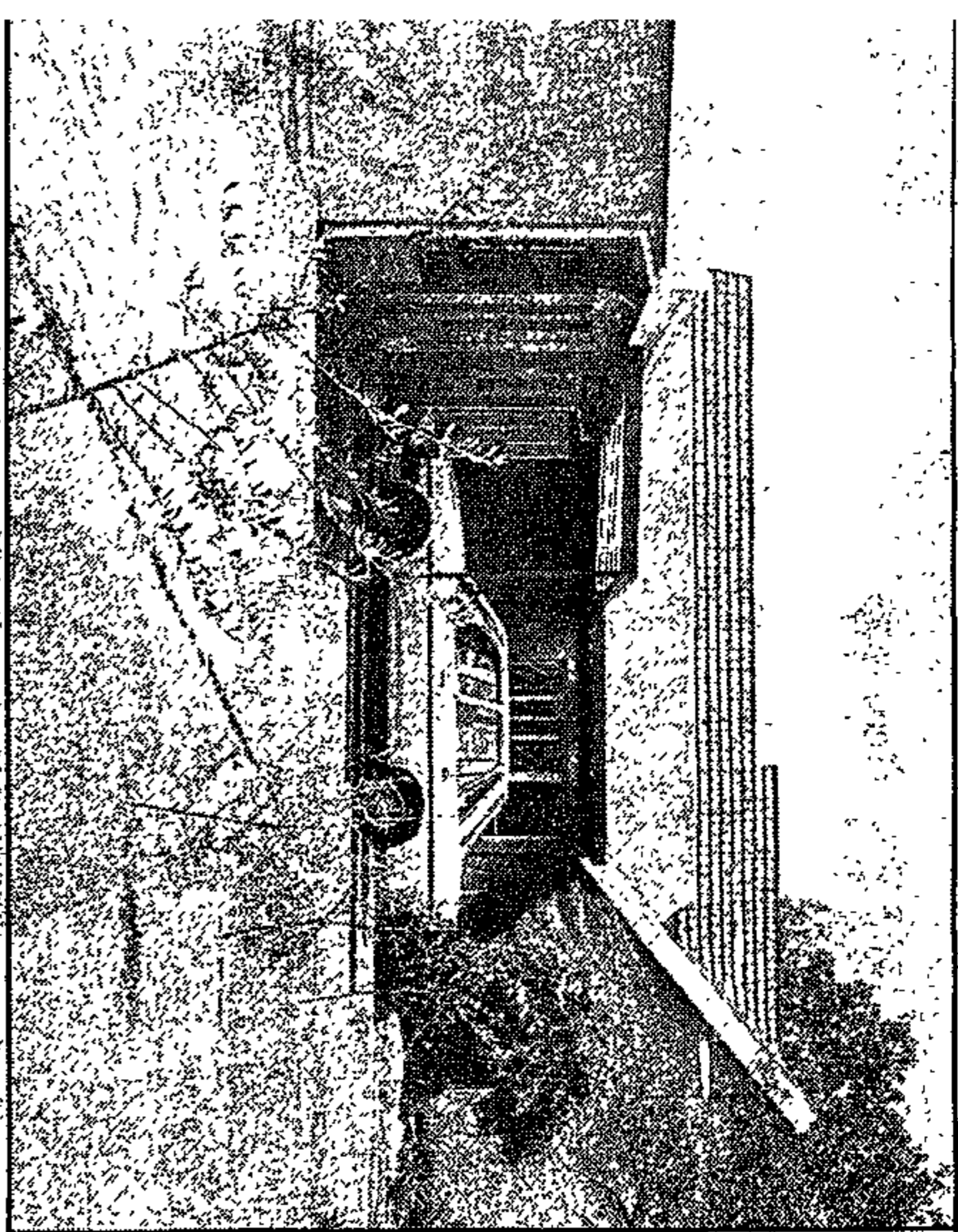
in advance.  
 ● Avoid sitting next to people who are either coughing or sneezing repeatedly.

Paul Herman, a spokesman for the Aids Consortium dismissed the pamphlet as being "completely unfounded — full of blatant inaccuracies and facts which have been medically proven to be false.

"For example, the Aids virus is actually delicate and chlorine will kill it in 100th of a second.

"There is no way it will survive on a dry surface for more than a couple of minutes, and it has been proven that mosquitos cannot carry the virus.

"The pamphlet is clearly the product of an hysterical imagination and should be treated with the contempt it deserves as complete fiction," he said.



exterior view of the St Francis Home in Boksburg which the Boksburg Town Council is demanding be closed down.

# SHOCK RATED HIV IN SOUTH AFRICA WOMEN

By HEATHER ROBERTSON

ONE in 80 pregnant women in South Africa has the HIV infection, says the AIDS unit of the Department of Health and Population Development.

This is more than twice the number since the unit's last survey in 1990.

The latest statistics were "conservative", said the unit's Dr Wilson Castle.

Thirty to 40 percent of babies born to HIV-positive mothers are likely to be infected.

## Legal

Mothers who do not pass on the virus are usually those with a high concentration of the antibodies needed to protect the foetus from infection, said Mr Daya Moodley, a research scientist at the University of Natal.

Figures show that one in every 240 babies born in the country is likely to develop AIDS.

A woman may have a legal abortion if diagnosed as HIV-positive in the first 12 weeks of her pregnancy, but most discover their predicament too late.

"Few women who attend clinics or who deliver in hospitals are tested for HIV," Dr Castle said. AIDS is not a notifiable disease in South Africa and women must request a test unless they are subject to random research.

Johannesburg's overcrowded inner city has been identi-

fied as the worst affected area in the country. The number of women found to be infected at the Johannesburg Hospital is one in 20.

In December 1991 one in 78 pregnant women was found to be HIV-positive. This had increased by March to one in 38.

"The increase is shattering," said Professor Ernst Sonnendecker, head of the Department of Obstetrics and Gynaecology at the University of the Witwatersrand.

Dr James McIntyre, chief of the ante-natal AIDS clinic at Baragwanath Hospital, reports that one in every 50 pregnant women there is HIV-positive.

"The virus is more prevalent in Johannesburg's inner city than in Soweto because its population is less stable," Professor Sonnendecker said.

Even though about two of every three babies born to HIV-positive women are not infected, doctors are concerned about the numbers of AIDS orphans the country will have to deal with when parents die of the illness.

In a research study of 100 HIV-positive women at Baragwanath, Dr McIntyre found that women are most often being infected by their husbands or long-term partners who have been associating with a number of other women.

DEBUILT at the V & A Waterfront as part of the multimillion rand development of the new Victoria Wharf complex and should be completed by the end of October. Exclusive details on Page 3

# Seeking partners for Aids victims

SITimes [Cape Metro]

5/4/92 (92)

By BRIAN BERKMAN and DIANA STREAK

PEOPLE with the Aids virus are taking a new step to ensure that the disease does not spread — without becoming socially isolated themselves — by advertising for partners who also have the virus.

This follows an overseas trend where, in cities with a large gay community like San Francisco, advertisements for HIV-positive partners are widely found on radio and in gay and mainstream publications.

In the most recent copy of Exit, South Africa's only gay and lesbian newspaper with a circulation of about 15 000, two people advertised in the personal classified section for long-term relationships with HIV-positive partners.

One advert read: "I am a healthy, attractive, 35-year-old GWM, (gay, white male). Looking for handsome, active HIV positive man 25-45, who feels that life is far too short to live alone."

This advertisement had 27 responses, said Ms Gerry Davidson, editor of Exit. She said the advertisements showed a responsible and positive way of dealing with the illness and she would continue to publish them free to encourage more people in similar situations to do the same.

## Stunning

A second advertiser, describing himself as a straight-looking 43-year-old with a good work position, appealed to men "with the same problem, for a long relationship". There were 11 replies.

Ms Davidson said it was the first time such advertisements had appeared locally and that the response had been good.

"I think it's a stunning idea. There are many people who are HIV positive who could have a long and fruitful life ahead of them, some who might not develop Aids at all. Why should people who may have 10 to 15 years to go spend their lives alone?"

Although this is seen as a responsible way of containing the disease, Professor Gordon Isaacs, head of the Social Work Department at UCT, warned that even if both partners were HIV positive they should still practise safe sex.

"Two people can reinfect each other and therefore create further destruction of the immune system," he said.

He said people who advertised might also be wanting to meet other people in the same predicament as a support group. He said another overseas trend was for people who did not have the virus to advertise for people who were HIV negative.

## STEAK A CLAIM!

★ Enter our competition to find the six top steak houses — and you could win 40 steak-house meals costing R50 each. Check out the advert on page 7 to find out how hundreds of lucky Sunday Times readers will be eating out for free

## NO MORE SEX LIES

★ A new sex education video is being made to help parents provide the answers to those embarrassing questions in the privacy of their homes. Page 3



## BIRDS OF CHATTER

★ Women radio DJs are as rare as the proverbial "hen's teeth" — except at Radio Kontrol. See Page 6

## WHAT FESTIVAL?

★ Satirist Robert Kirby wonders if the Cape Festival really happened this year. Read his column on Page 2

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# No Aids from blood transfusion

Sowetan Correspondent

MANY people's fears of Aids when donating blood are unfounded, according to the Natal Blood Transfusion Services.

Mrs Janis Chapman, spokesman for the NBTS, said people fear contracting Aids from a blood transfusion. They are also confused about the "window period", the period between infection with the HIV virus and when the antibodies to HIV are detected.

People often confuse the window period with the time when a person gets infected with the HIV virus and full-blown Aids symptoms become apparent, said Chapman.

She explained that there is a period between infection with the HIV virus and when the antibodies to HIV, for which the NBTS tests, can be detected. The window period is much shorter than the period between HIV infection and when the symptoms to full-blown Aids manifest, which could be up to 10 years.

She said because of this confusion, people were often reluctant to donate blood. She said it was vital that the public knew that their fears were mis-

guided. "The NBTS has a strict recruitment policy to screen out potential donors from 'high risk' groups before consideration as a volunteer blood donor," said Chapman.

There is thus very little chance of contracting Aids from a blood transfusion because of the strict testing and screening done by the NBTS. Meanwhile, alternate methods of blood transfusion provided by the NBTS have been growing more popular, Chapman said.

Apart from the homologous blood transfusion service, where volunteer

donors give their blood for use by other people needing transfusions during surgical operations, the Autologous Pre-Operative Donation Programme and the Directed Donor Programme were also gaining popularity.

In the autologous programme a patient can donate blood for his own use during a forthcoming operation in certain circumstances.

This involves the collection, storage and re-infusion of their own blood, which must be used within 42 days from the date collected.

This method was offered by the NBTS in 1990 in response to the de-

mand for alternate sources of blood supplies for pre-planned surgical operations.

The additional service is designed to complement the homologous transfusion service and people must meet certain requirements to be suitable for the autologous programme.

Patients will undergo an initial medical examination by the NBTS which must leave no doubt regarding the health of the person and which also ensures that the patient's health will not cause complications or deteriorate because of the donation.



# STD critical link <sup>92</sup> to Aids infection <sub>ARG 8/4/92</sub>

**Medical Reporter**

PEOPLE with sexually transmitted diseases are five times more likely to pick up the Aids virus.

For this reason, Aids education should be focused on STD clinics and duplication of services avoided, argues Professor R Ballard of the SA Institute for Medical Research.

In an editorial in Aidscan Professor Ballard says the highest rate of Aids infection is recorded among

patients going to STD clinics.

In Sub-Saharan Africa syphilis rates are 20 times and gonococcal infections 10 times higher than in industrialised countries.

In Soweto, for instance, it has been estimated that about 60 percent of women and 50 percent of men will get a chlamydial infection of the genital tract (often without symptoms) which increases the risk of getting Aids by five.

Aug 9/4/92 (92)  
**Increase Aids  
spending — DP**

AIDS programmes should not be cut back but increased in spite of the low budget for health services in Natal, Mr Mike Ellis (DP Durban North) said.

Speaking in the second day of the Natal Provincial Budget debate in Maritzburg, he said there was an area of Kwazulu where the incidence of Aids was the highest in the country. — Sapa.

## HIV support centre to open

By JESSICA BEZUIDENHOUT <sup>92</sup>

SOUTH AFRICA's first community-based HIV support centre is to be set up in Somerset West. 12/4/92

The initiator of the project is Dr Dave Perkins, who is employed by the Stellenbosch Regional Services Council.

"The aim of the Centre is to ensure maximum assistance to HIV-infected people and their families," said Ms Tisch Mantel, co-ordinator of the HIV Call Committee.

The Education Project, which will be run in tandem with the project, which be launched on April 24 at the Methodist Church Hall in Somerset West. *St. James Cape Metro*

An information session, which begins at 7 pm, will be conducted by Mrs Trish van der Velde, the mayoress of Cape Town and manageress of the Western Cape Aids Training, Information and Counselling Centre (ATICC).

Anyone interested in making contributions can call Ms Mantel at the Home Care Centre ☎ (024) 51 2257.

# US federal law still discourages

# investment in SA

By Day 3/3/92

SIMON BARBER in Washington

parent companies." To be sure the costs: the signatory companies those which report to parliament. The standard demanding, the reports more burdensome companies have to pay a final fee for Arthur D Little. Even so, the difference than might be supposed.

According to Arthur added cost to signatory the principles (not cover wages) inside and workplace last year R4 179 for each employment, the companies join 70 600 man days to "socially activities" — including AIDS counselling — of white super managers to black living.

The State Department spent an average of R3 employee complying with 1990. Of this, R724 went education and training nonemployee education community development on various social and politics. Cumulatively, the R21.7m on these items between 1990. Of this, only than a quarter, R5.7m, training employees.

recent paper... economic Policies for Africa, "future improvements in income distribution between races will need to derive from better training and better employment opportunities for non-whites rather than a further compression of the wedge between wages for different racial groups".

If that is true — and the paper's authors build a persuasive case that it is — US law and policy is hindering American companies from doing their part (a necessarily small one, to be sure) in putting the recommendation into practice.

In spite of the removal of most federal sanctions and the encouragement of most...

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# TAKING THE RIGHTS TO THE COURTS

binding exortation... to take political action against apartheid laws and practices.

Compliance with the code is assessed in one of two ways. Firms may opt to answer a questionnaire prepared by the State Department or they may participate in the considerably more rigorous Statement of Principles regime which grew out of the system overseen by Sullivan until he abandoned it in 1987 to call for all-out disinvestment.

Either way, each company's performance is rated annually. The ratings are based in large measure on

the sums of money the firms spend on various action areas, many of them well beyond the workplace.

For the record, 26 firms with 4 877 South African employees were rated by the State Department in its latest report, which covers 1990. And 52 with 17 693 employees chose the Statement of Principles route. Their performance for the year ending June 31 1991 was evaluated by accounting firm Arthur D Little which released its report in October.

Out of the 78, only one did not achieve a basic passing grade. The

right side of the foreign... Practices Act (which forbids the bribing of foreigners), how he spends his money is largely a matter between himself and the local powers.

As the latest Arthur D Little audit notes, "there are substantial costs to the individual signatory companies in contributions of time and money for the programme. The level of these costs exceeds... the cost for similar activities in any other country in the world. In many cases, these costs are sustainable only because of

well beyond the workplace. For the record, 26 firms with 4 877 South African employees were rated by the State Department in its latest report, which covers 1990. And 52 with 17 693 employees chose the Statement of Principles route. Their performance for the year ending June 31 1991 was evaluated by accounting firm Arthur D Little which released its report in October. Out of the 78, only one did not achieve a basic passing grade. The

Whatever the validity in the past, it surely is reassessed now. The system that might be interested in shop in SA. More important promoting a serious misallocation of resources by those who there. Further, if anyone companies in SA how the expending their money as it should surely be by South themselves. Companies should be to generate on what the which generate wealth employment. If they have than that, training and their employees would see various priority. It serves purpose to have them act welfare agencies.

The title of the paper yesterday's article by Steinman was extracted is "Things to come? — NP of the South African transit

hitherto provided management... some protection against activists who persist in believing that American business should pull out of SA altogether.

Even though the disinvestment campaign is now to all intents dead, firms remain gun-shy about changing the system. After all, what protected them against the sanctioners may also afford them some cover against SA's next government should it cast a covetously "democratic" eye at their assets.

All US companies which own or control South African concerns that employ more than 25 people are re-



# The victims of AIDS have to battle not just the deadly disease but the stigma attached to it and the prejudice that results. They are increasingly turning to the law for protection.

CATHY STAGG reports

S/Times 12/4/92

92

**I**T HAD all the makings of an episode of LA Law. Marc Hansen was losing his sight. The Johannesburg Hospital refused to give him the expensive treatment needed to combat his eye infection. The reason? He has AIDS.

His legal team — George Bizos SC and Mohamed Navasa and Mahandra Chetty of the Legal Resources Centre — spent many hours burning the midnight oil.

It was not in vain. The court ruled that their client should get the treatment he needed. But the victory was limited.

The judge specifically made no ruling on whether the hospital's "discriminatory" policy was reviewable by a court.

This not only leaves the door wide open for further litigation but illustrates some of the drawbacks to using the courts to define public policy on this disease.

Because there are no statutes which deal specifically with AIDS, each case has to be fought on various common-law principles.

The first case in South Africa to confront an AIDS issue was heard by Mr Justice Levy last year. It dealt with alleged breach of confidentiality between doctor and patient.

Brakpan businessman Barry McGeary sued Dr Thuys Kruger, who told his golf partners that one of his patients was HIV-positive. During conversation it emerged the dentist and doctor on the course had both previously treated Mr McGeary. Soon after that, news of Mr McGeary's condition became common knowledge in the small town.

In the judgment Judge Levy said the patient's right to confidentiality had to yield to the right of medical workers to be informed of potential health risks.

Mr McGeary died during the trial but had signed documents which enabled his trustees to continue the case after his death. The appeal is expected to be heard next

year. Instructing attorney Mervyn Joseph predicts it will be one of the most important precedents on AIDS issues.

The risk of a plaintiff dying before the case is ripe for hearing is a continuing problem, Mr Joseph says.

He knows of three other cases, raising different issues, which are pending:

● A medical worker took out life insurance, and increased the amount of cover, without HIV testing as a prerequisite. But because of his work the man was regularly tested and knew he did not have the virus which causes AIDS.

Now that he has become positive, the policy — underwritten by Lloyd's of London — has been repudiated.

Private investigators have probed his sexual history and told his friends, who did not know his status, that he is HIV-positive. This has led to a story that he has full-blown AIDS.

Mr Joseph says there is no point in trying to claim for defamation because HIV does lead to AIDS, but the pleadings have closed on the repudiation of the claim — and the case is expected to be heard in Cape Town early next year.

● A happily married heterosexual man's application for insurance cover was declined even though he knew he was HIV-negative.

**C**ONCERNED about what other life-threatening condition could have led to this, he asked his doctor what was wrong.

Eventually it was discovered that the insurance company had checked records at the Life Officers' Association, where he was described as a homosexual with a promiscuous lifestyle and was therefore a high risk.

This allegation is completely untrue, Mr Joseph said, but the stigma attached to it is dangerous. It has affected the man's marriage and his business prospects. Investigations are under way

to establish who filed the report.

● A man who is HIV positive will ask the Industrial Court for a severance package, alternatively reinstatement, based on the argument that he has become unemployable since he was fired.

The man, a manager with a listed company, was HIV-negative when employed. He was complimented on the quality of his work shortly before he confided his personal problems to a superior.

He revealed that he was homosexual, had recently discovered he was HIV-positive and that his lover was dying of AIDS. Next day he was accused of stealing money and after an internal investigation he was fired.

**O**THER issues which may come before the courts in future include a question posed by Dr Ruben Sher, head of the AIDS clinic at the SA Institute of Medical Research. Would it be murder, attempted murder or culpable homicide if someone who was HIV-positive — or had AIDS — knowingly infected someone else?

A report from Munich last month states that several German soccer clubs want to introduce mandatory AIDS tests into players' contracts. Mineworkers in South Africa are asked to undergo HIV testing. Whether this is an unfair labour practice has yet to be tested.

However, Mr Justice PJJ Olivier, vice-chairman of the South African Law Commission, says it is precisely this ad hoc, piecemeal approach that the commission hopes to prevent. The Minister of Justice has given it an open mandate to explore the question of AIDS and the law.

In this regard South Africa is leading the way. Had any country abroad adopted a comprehensive approach to legal questions arising from the AIDS pandemic, the Law Commission would have been able to follow it. Instead, it now needs to do comparative

legal studies and hear representations from the public before it can draw up a White Paper, probably towards the end of next year.

Then it will call for comment, criticism and further recommendations before the final report is submitted to Parliament.

What is needed is a consistent, scientific approach, Judge Olivier says.

Meanwhile, the AIDS Consortium Project (ACP), in conjunction with the Centre for Applied Legal Studies at the University of the Witwatersrand, has set up a liaison with a number of organisations to draw up an AIDS/HIV charter.

This document, at present in draft form, will spell out rights as well as duties associated with the disease.

On June 25 and 26 the two organisations are hosting the first national conference on AIDS at the Braamfontein Hotel.

"AIDS demands new thinking not only about ethics and human rights, but about how the law can and cannot be used in the fields of employment, compensation and insurance. There is no field of the law into which the problems of AIDS will not intrude," the programme says.

Aids is caused by a germ living in the body's fluids.

The germ (virus) weakens the body, so people who have Aids die because the body can no longer fight off other serious illness.

There are no obvious signs that a person has the Aids germs. They may look perfectly normal and healthy.

It may take many years before an infected person becomes seriously ill and dies.

**How do you get Aids?**

Aids can only be passed from one person to another in the following ways:

- By the blood or semen or vaginal fluid of an infected person passing into the body of another person. The Aids virus can therefore spread through sexual intercourse.
- By sharing unsterilised needles or syringes for self-injection.
- By an infected mother to her unborn or newborn baby.

# Safe sex is best way to avoid Aids

STAN 13/4/92

Aids is an incurable disease which can be passed on by sexual intercourse, by infected blood, and by infected mothers to their unborn and newborn babies. The Aids unit of the Department of National Health and Population Development discusses this 20th century pandemic.

92

- People who suffer regularly from other sexually transmitted diseases also run the risk of getting Aids.
- You do not get Aids by:
  - Donating blood.
  - Normal ("dry") kissing.
  - Sharing toilet seats, swimming pools.
  - Shaking hands, playing sport together.
  - Staying in the same house and sharing equipment.
  - Sharing public transport and schooling facilities.

How to prevent Aids  
Safe sex means being sure that neither partner is infected, remaining mutually faithful. Use a condom if in doubt. A guide to safer sex

The best way to avoid Aids is to stay in a mutually faithful relationship. Unless you and your partner have sex only with each other, and are sure you are both uninfected, you should protect yourselves by using a condom if you have more than one sexual partner.

- The following kinds of sex are especially risky:
  - Anal intercourse.
  - Any sexual practice which causes even slight bleeding.
- Sex with prostitutes.
- Sex with any persons who inject themselves with drugs.
- You can help protect your children against Aids by making sure they know the facts about the disease.
- Where to get help
  - You can contact a health clinic. (Phone your city health department for more information.)
  - Your doctor.
  - Your local hospital.
  - Aids training and information centres. These centres are open to everyone. They give free advice about Aids and counsel Aids patients. They also train Aids educators. Their numbers are:
    - Johannesburg (011) 407-6111.
    - Pretoria (012) 313-7911.
    - Bloemfontein (051) 405-8544.
    - Pietersburg (01521) 91-4962.



# Aids: <sup>(92)</sup> Profound effect |4|92 on labour

By ANTHONY JOHNSON  
Political Correspondent

THE incidence of HIV carriers will probably stabilise at between 30 and 40% of the sexually active population over the next 10 to 15 years, according to the National Manpower Commission (NMC).

The NMC's annual report tabled in Parliament yesterday notes that the largest number of people infected with HIV occur in the 15 to 39-year age group — the economically most active years.

"This trend could drastically change the composition of the population, and therefore the supply of labour," the report added.

The Department of National Health believes that about 300 people are infected with the HIV virus every day.

The report refers to one scientific study which predicts there could be up to 4,3m HIV carriers in the year 2 000 and between 407 800 and 435 000 cumulative deaths.

"Just the basic medical costs per patient amount to about R15 000."

It adds that medical funds, pension funds and employer policy are only a few problem areas that will require planning.

"A totally new dimension in negotiations in the labour relations field is developing."

● The annual report of the Unemployment Insurance Fund (UIF) notes that an investigation was launched last year into the implications the increase in Aids may have for the Fund.

## Benefit<sup>92</sup> for Aids

*Sowetan 16/4/92*  
MANGO Groove will donate the proceeds from their historical Aids Awareness Concert in Johannesburg on Easter Monday to Aids relief organisations.

A publicist for Run Run Artists Management said attorneys will supervise a committee which will distribute the money to various Aids organisations.

According to the spokesman, Mango Groove found the charity drive necessary because of the scary statistics of the disease's impact on all South Africans.

The show will be at the parking lot near the Market Theatre Complex.

# How safe is the (92) blood at hospitals?

W/Mail 16/4-23/4/92

Tennis star Arthur Ashe's disclosure on Aids has raised renewed fears of the number of people infected during blood transfusions, reports

**RAY NXUMALO**

JUST how many Arthur Ashes are out there? People are asking themselves in the wake of the former international tennis star's forced disclosure that he is infected with the virus that causes Aids.

Unlike most Aids infections, which come either by sexual contact or sharing intravenous needles, Ashe got the virus via a blood transfusion in one of the two open-heart surgery operations he had in 1979 and 1983.

Screening blood samples only started in 1985, by which time the virus had already marked its presence among certain blood recipients — South Africans by no chance spared. There were 23 cases countrywide of people who had contracted the HIV virus through blood transfusions.

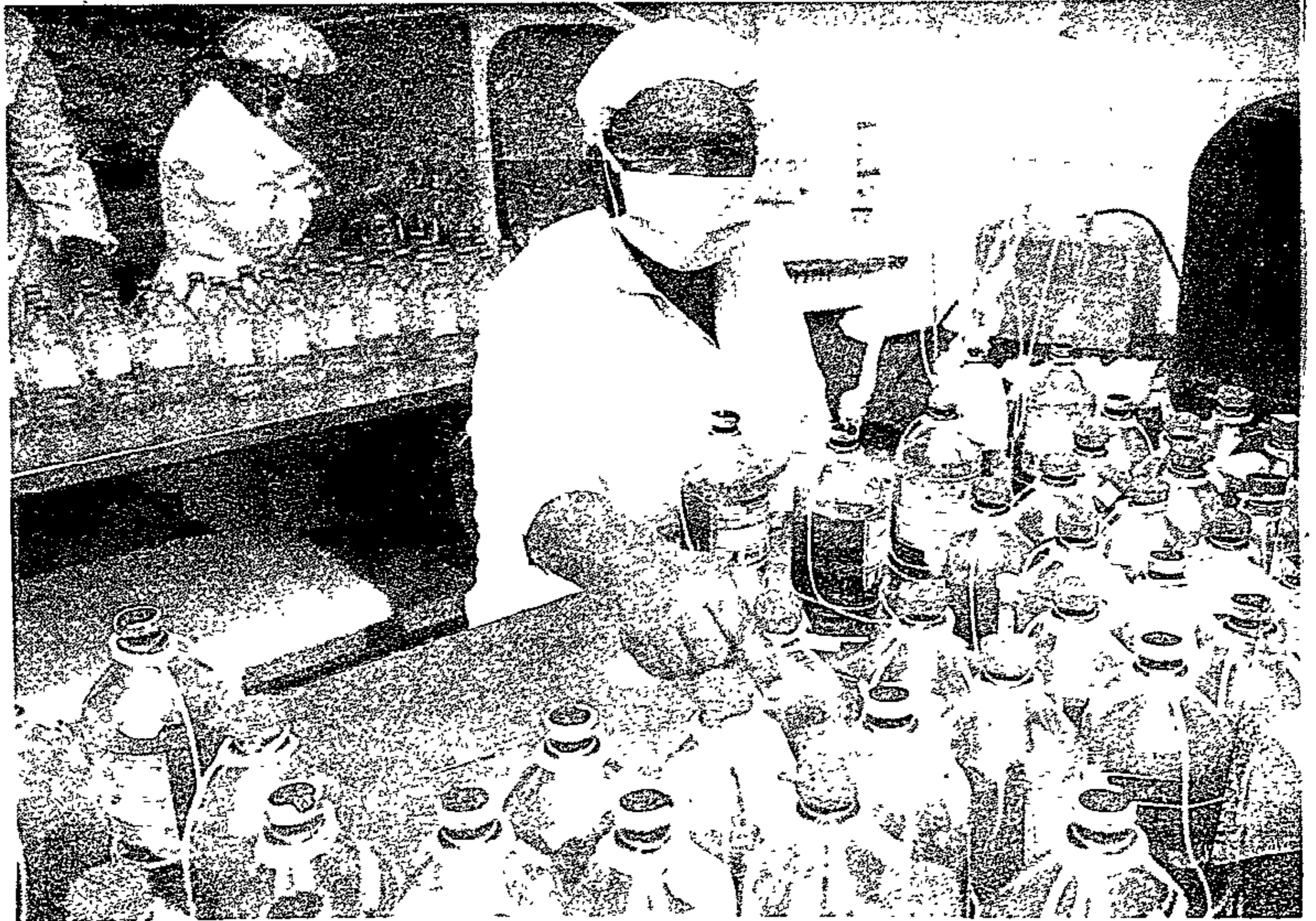
"Anyone who received donated blood before screening began could be infected," said Professor Ruben Sher, head of the Aids centre at the South African Institute of Medical Research.

There have not been any new cases since screening blood became mandatory. But that does not mean transfusions are safe.

"The screening method we use to test the blood is not 100 percent foolproof and, yes, there is a possibility of people getting the virus through transfusions," Sher acknowledged.

He estimated the odds of a transfusion resulting in HIV infection at "one to several thousand. There is a higher risk of dying on the road to Durban during holidays than getting Aids through a blood transfusion".

However, the "window phase of infection" remains the crucial shortfall of the present screening method. During this period it becomes impossible to detect



How safe is it? ... There is still a small possibility of getting Aids through a blood transfusion

Photo: KEVIN CARTER



Tennis star Arthur Ashe

Aids antibodies in the blood.

"If someone were to get the virus through sexual contact today, the human immune system would secrete antibodies which, if it were any other virus, would be destroyed."

The presence of Aids antibodies confirm contracting the HIV virus.

"It takes about 10 days after infection for the antibodies to show up in the blood. The disease is in the window phase and, if

## Best bet is your own blood (92)

W/Mail 16-23/4/92  
Weekly Mail Reporter

said Crooks.

A NEW concept — autologous transfusion — has come too late for Arthur Ashe, but may save many people who know they may require surgery in the future.

In this transfusion, the donor gives certain units of his blood to the transfusion service, to be tested and stored, and can have it infused back during surgery, according to Dr Robert Crooks, deputy director of the South African Blood Transfusion Services.

This type of transfusion gives the patient the security of having his own blood during surgery.

"Ninety percent of people who need blood don't have a choice — they have to rely on regular donor's blood, sometimes infected blood which may have filter through the tests undetected,"

a screening test was conducted during this period, the results would be negative," Sher explained.

But in reality the virus would be in the blood system and it can take well over 12 weeks before the

Faced with the risks of various infections, he says, blood transfusion services have taken steps to minimise health hazards.

Blood is given freely and voluntarily with no financial incentives for people to donate.

"This discourages people from selling their blood, as done in some countries," said Crooks.

Also, the transfusion services prohibit people in high risk categories.

"It is difficult identifying who has multiple sexual partners," Crooks conceded.

But with at least 2 000 blood donors required to donate blood every day to keep the six transfusion services alive, there might just be a slight chance of at least one recipient getting infected.

Sadly, this is unavoidable.

virus itself shows in the blood. Unlike sperm, which can be frozen for years and the donor be checked again before implanting, blood cannot be stored that long. It can be ideally stored for about four weeks, according to Sher.

# 1,5-million worldwide have Aids

(92)

ARCT 16/4/92

SEATTLE. — Nearly 1,5 million people worldwide have Aids, including 500 000 children, and more than 750 000 people have died from the disease, according to the World Health Organisation.

About 10 million people worldwide are infected with HIV-1, the first Aids virus discovered, including 900 000 children, and total cases will grow to 40 million by the year 2000, the United Nations agency says.

Many health experts are concerned that HIV-2 could become a public health problem as well.

HIV-2 is transmitted in the same way as HIV-1: through homosexual or heterosexual intercourse, the sharing of infected hypodermic needles, from infected mothers to their children before or during birth, or through transfusions of contaminated blood.

Here is a history of HIV-2's

development:

● 1900-1950: HIV-2 and HIV-1 are believed to have become distinct viruses.

● 1960s: The first Europeans are exposed to HIV-2; symptoms do not develop until the late 1970s.

● Mid 1970s: The first HIV-2 infection is transmitted via blood transfusion (diagnosed retrospectively).

● 1978: A Portuguese person develops the first Aids case known to be caused by HIV-2. (Definitive diagnosis does not occur until 1987.)

● 1985: HIV-2 is isolated from a West African with Aids by Dr Luc Montagnier, the co-discoverer of the Aids virus.

● 1986: Discovery of HIV-2 by Dr Montagnier is reported in the journal Science.

● 1987: The first test for HIV-2 antibodies is developed. Epidemiological studies of HIV-2 begin.

● 1988: The first US case of HIV-2 infection is reported. Two HIV-2 infected blood donors are reported in France.

● 1989: The CDC reports cases of HIV-2 transmission outside of Africa. Canada reports its first two HIV-2 cases. Routine blood screening for HIV-2 is adopted in several European blood centres.

● 1990: The first case of HIV-2 in a US blood donor is reported. The FDA and Canada approve the marketing of a test to detect antibodies to HIV-2.

● 1991: The World Health Organisation estimates more than 50 000 people have HIV-2 worldwide. The FDA approves a combination test for both HIV strains. The FDA's Blood Products Advisory Committee recommends the adoption of mandatory, universal HIV-2 testing nationwide by June 1 1992.

● 1992: Total North American cases of HIV-2 reported at 43. — Sapa-AP.

# Aids cases soar at Boland hospital

HOTTENTOTS-HOLLAND Hospital in Somerset West has admitted as many Aids patients in the first two months of this year as in the whole of last year.

This was said yesterday by a hospital source who does not wish to be identified. The source said the increase in the incidence of Aids was "alarming".

This came after a letter written to the South African Medical

Journal by Dr Cato van Wyk, of the hospital, in which she warns Western Cape doctors to be on their guard.

In her letter Dr Van Wyk said that last year there had been 14 heterosexual patients who had tested positive for Aids. Many of them had since died.

In the first seven weeks of 1992, 14 Aids-infected patients had already been treated. Two had

died, three were in a critical condition and eight were receiving out-patient treatment, she said.

Dr Van Wyk said all the patients lived in the vicinity of the hospital as squatters or hostel-dwellers.

The hospital source said many of the patients who refused to respond to treatment for other illnesses were tested for Aids and found to be positive.

(92) CT 20/4/92

# Aids drive a success

By VICTOR  
METSAMERE

THE Aids Awareness Concert at the Market Theatre complex's parking lot in Johannesburg was a resounding success.

The mayor of Johannesburg, Mr Jan Burger, told the crowd that he was 100 percent behind the campaign against Aids.

"We have to fight it 24 hours a day and 365 days a year. It is the worst disease to strike the entire world with astronomical consequences," he said.

The groups which took part in the concert included Mango Groove, Safari Sounds from Kenya, Gecko Moon, Brenda Fassie and Puppets Against Aids.



# Aids vaccine human trials planned within 3 years

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ARG 23/4/92

**ANDREA WEISS**  
Medical Reporter

LARGE-SCALE human trials of vaccines against the Aids virus could get under way within the next three years, according to a leading American researcher.

Professor Richard Young, a guest of the department of microbiology at Stellenbosch University, is described as being at "the cutting edge" of research on an Aids vaccine.

He is confident that a vaccine against HIV, the virus which causes Aids, is within sight.

Professor Young and his wife, Dr Anna Aldovini, from the Whitehead Institute for Biomedical Research in Massachusetts, have been working on

a genetically engineered vaccine.

Because of the risk factor, the vaccine involves killing the Aids virus completely before introducing it into the body using a live "vaccine vehicle".

Professor Young said major human vaccine trials involving large numbers of people were possibly only two or three years away. It would take about four more years to establish how successful these trials were.

He said small-scale safety trials on infected people were already under way.

● Professor Hennie van Vuuren, head of microbiology at Stellenbosch, said Professor Young's visit was "the cherry on top" for the department as he was in great demand internationally.

SEATTLE - Only a few United States blood centres are testing for a rare but spreading strain of the Aids virus despite fears that it could slip into the nation's blood supply.

More than 50 000 people in Europe, Africa, India, the former Soviet Union, and North and South America are infected with human immuno deficiency virus Type 2.

This is the second virus known to cause Aids, according to the World Health Organisation.

HIV-2 has been identified in at least 37 countries. The mutation is wide-

# Only a few test for rare strain of Aids

92

Sowetan 24/4/92

spread in Africa, where it primarily is spread heterosexually and has had an incubation period of up to 19 years.

At least 43 cases of HIV-2 have been identified in the United States and Canada. Though rare, many experts say there is

reason to believe HIV-2 will spread

"HIV-2 could be a bigger heterosexual transmission threat" than HIV-1, the first Aids virus discovered, said Michael Wandell, an epidemiologist and director of regulatory and clinical affairs for

Genetic Systems.

The Redmond-based company is the only federally licensed maker of HIV-2 tests.

While US blood centers are required to test donated blood for HIV-1, testing for the rarer HIV-2 is not required.

Experts disagree whether HIV-1 tests always will detect HIV-2.

The Federal Food and Drug Commission is evaluating a September recommendation by its Blood Products Advisory Committee that mandatory universal HIV-2 testing be

adopted nationwide by June 1.

Many HIV-1 tests now used are cross-reactive with HIV-2, and the committee's recommendation is being considered "purely for precautionary reasons", FDA spokesman Brad Stone said.

"There's no reason to believe that HIV-2 represents a significant risk to the blood supply."

The American Red Cross, the federal Centres for Disease Control and the FDA in 1990 said HIV-2 was too rare to spend time and money on testing.

The CDC estimated testing every blood donor for HIV-2 would cost about R160 million annually.

"The blood supply today in America is the safest in the world and the safest it's ever been," American Red Cross President Elizabeth Dole said

The FDA licensed a Genetic Systems test for HIV-2 in 1990, and a Genetic Systems combination test for both strains in September.

Fewer than 20 of the nation's 2 400 blood banks and plasma centres - representing five percent, by volume, of all the blood collected - test for HIV-2, according to Donna DeLong, Genetic Systems' marketing and business development director

"I think it is very possible that HIV-2-infected people are donating today in the US and that blood has the potential to slip through and be transfused into an unsuspecting person," Wandell said.

The National Hemophilia Foundation says any additional cost from HIV-2 testing would be "minuscule" compared with the cost of caring for people who become infected with HIV

The foundation is calling for immediate and mandatory universal HIV-2 screening

The United States is the principal supplier of Europe's blood products and some US labs voluntarily test for HIV-2 when exporting blood products to Europe

A person with either strain of HIV may not show detectable signs of infection for up to six months

The CDC found that half of the reported HIV-2 cases in the United States in 1989 tested negative for HIV-1.

A 1991 study by Richard T Schumacher, of Boston Biomedica Inc, with Portugal's National Health Institute revealed FDA-licensed HIV-1 tests detected HIV-2 in only eight percent to 62 percent of specimens

"We're deeply concerned about the potential for HIV-2 (infection of the blood supply)," Dr S Gerald Sandler, medical director of the American Red Cross' National Reference Laboratories, said in Washington, DC.

The Red Cross collects six million units of blood annually and supplies half of the nation's blood supply

"We have an opportunity to prevent a public health problem. It might be in the blood supply. Why wait?" asked National Hemophilia Foundation Executive Director Alan P Brownstein

"When HIV-1 came to the US, we didn't know what it was," Brownstein said "Now we see HIV-2 coming our way. ... Haven't we learned?" - Sapa-AP.



## THIS BUS MEANS BUSINESS.

The new Ford Spectron. The bus that makes business a pleasure because it's been built with the taxi market in mind.

That's why Ford Spectron is powered by



a 77kW, 2.2 litre multi-valve engine with a worldwide reputation for power, economy, durability and reliability.

Ford Spectron's sure and stable handling is the result of a wide rear track that also allows the largest possible passenger space and excellent ride

comfort. Plus the turning circle is the smallest of any taxi around town. Also,

the gearlever is floor-mounted and fits

neatly between the driver and front passengers without getting in the way.

The exterior of the new Ford Spectron features clean lines, smooth flush surfaces and seamless body panels that let the bus cut through the air with minimum effort and maximum

fuel economy.

Large glass areas, tinted all round, and large exterior rear view mirrors provide

excellent visibility and enhance driving safety. Wide side and rear access doors are provided for customer convenience.

Other major features include heated rear glass, durable PVC floor covering, halogen headlamps, rear window wash/wipe, heater and full acro-flow ventilation system. All of which add up to a 16-seater taxi bus that's built for people who buy taxis, ride taxis and drive taxis.



HAVE YOU DRIVEN A FORD, LATELY ?



62119

**UNSUSPECTING** audiences at Monday's Concert in the City were overwhelmed by a flood of condom-brandishing Aids campaigners.

Newspaper advice and help columns are full of them: names of fledgling Aids-related organisations and counselling services. As the virus grows, so does the list of organisations — and all regard their contribution to the fight against Aids as indispensable.

The major sponsors of the Monday concert were the Department of National Health and Population Development's Aids Unit and 23 other non-governmental Aids organisations. All came armed with educational pamphlets and generous supplies of condoms. Between them, they handed out hundreds of thousands of condoms to a crowd of between 20 000 and 25 000.

The Aids Consortium Project, constituting a network of more than 25 Aids-related organisations, also had a heavy presence with several affiliates campaigning from their own stalls.

The consortium, based at the Centre

**Does the growing number of service organisations in the country reflect the needs of Aids sufferers or are they duplicating services?**

**BEATHUR BAKER**  
*examines the issue in the wake of Monday's worldwide Aids benefit concert*

for Applied Legal Studies and co-ordinated by Paul Herman, produced a special educational pamphlet to distribute at Monday's concert. It contained basic information about Aids and a hotline telephone number. Their campaign was supported by full-page advertisements in local newspapers on the day of the concert.

Herman, previously involved in Aids awareness in the United States, sees the role of a local structure like the consortium as providing a unified and therefore stronger front to combat the dis-

92

ease. "Our approach is to stop the spread of the virus and not merely tell people about it. Clearly we must move quickly and forcefully to educate the public."

He believes that Monday's concert for the first time provided Aids organisations with the opportunity to make use of a public platform.

Some organisations, by focusing on specific areas of need, have carved their own niches. For instance, Body Positive, based in Hillbrow, is manned and run exclusively by HIV-positive people and full-blown Aids sufferers. Staffer Johan Van Rooyen says:

"Many local organisations are duplicating existing services. With us, people feel comfortable that we really understand because we also have Aids. Our service has grown from 37 members to 600. Many newly diagnosed people come to us for counselling and information because we are also a support group."

Affiliates to the Aids Consortium Project include individual organisations like Act-Up, Community Aids

Information and Support Centre, South African Black Social Workers' Association and the African Educational Puppetry Programme.

Monday's concertgoers were reassured by government Aids Unit posters that "Aids is not spread by social contact". Their information leaflets carried the message: "Aids. Don't Let it Happen."

Many of the non-governmental organisations said it was not enough to say "don't let it happen"; it was the government's duty to actively combat Aids, since it had the funds to carry out more extensive preventative programmes.

Earlier this year the Aids Unit had launched a new programme aimed at secondary school pupils. Their "First Aids Kit" was intended to encourage children to "help prevent the further spread of Aids".

The unit feels it is providing a unique service in ensuring that children are knowledgeable about the effects of the disease.

Chris Awaat, campaigning for Act-Up at the concert, felt this was just an excuse for not taking real action: "What the government's Aids education policy is doing is continually passing the buck. They have to start using some action." The organisation collected signatures for two petitions: one to highlight the "blind prejudice" to the St Francis hospice in Boksburg; another to tackle the government's Aids education campaign.

Many groups mentioned funding as a deterrent to the service they provided and the service they would like to provide.

The Progressive Primary Health Care Network's Aids programme sees itself as being able to provide an effective grassroots programme as it is well-sponsored by overseas funders. It is therefore able to focus on education and training of communities.

African National Congress health department secretary Ralph Nqijima said the ANC was planning a national conference with other Aids organisations to formulate one strategy to combat the spread of the virus.

PROSPECTS FOR COMMERCIAL AGRICULTURE IN THE WESTERN CAPE

The topic covered in this report is established commercial agriculture in the Western Cape. Companion reports will investigate small scale farming and farm labour in the region.

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THE WEEKLY MAIL, April 24 to 29 1992



Fans found more uses than one for the hundreds of condoms handed out at the AIDS benefit concert

Photo: KEVIN CARTER

# Less organisations, more action

Although it occupies no more than 1 per cent of agricultural land, deciduous fruit production makes much the largest single contribution to the value of agricultural output in the Western Cape, accounting for about one quarter. In 1990, income received by producers in the Winter Rainfall region - all but a small

# Somerset West <sup>(92)</sup> opens Aids centre

CT 25/4/92

A COMMUNITY-SPONSORED support centre for HIV-infected people has opened its doors in Somerset West.

The centre offers a 24-hour counselling and support service, education programmes and a home care service where families of Aids-sufferers are taught how to care for them, said co-ordinator of the HIV Call Committee Ms Tisch Mantel.

● More than 400 people a day are likely to contract the HIV virus in South Africa this year, according to the statistical service, Aids Modelling Group. The group's convenor, Mr Peter Doyle, said this would result in an additional 160 000 adults infected with the HIV virus by the end of 1992.

● Nigerian television will screen a shock film on domestic Aids sufferers next month to help ram home to Africa's most populous nation basic realities of the killer disease, a health ministry official said yesterday.

Officials say Aids could kill up to 85 000 people in Nigeria by 1995 if no action is taken in the country, where casual sex and polygamy are fairly common.

— Staff Reporter, Sapa-Reuter

# 'Aids' <sup>(92)</sup> on the rise'

By ISAAC MOLEDI

MORE than 400 people a day are likely to contract the HIV virus in South Africa this year, the South African Aids Modelling Group disclosed at the weekend.

Commenting on the results of the second national HIV survey by the Department of National Health and Population Development which revealed 178 000 to 192 000 infected adults at the end of last year, the AMG convenor, Mr. Peter Doyle, said these figures were similar to their computer projection of 185 000.

Doyle warned that this would result in an additional 160 000 new adult HIV infections by the end of this year.

"The latest data indicates that HIV infections have doubled during 1991," said Doyle at a Johannesburg news conference.

## Doubling period

While the number of HIV cases doubled in 1991, the AMG said that the doubling period will shorten as a greater percentage of the population becomes infected. The period was expected to extend rapidly until reaching more than 24 months by 1995.

Doyle said: "The frightening prospect is that by 1995, 23 000 adults will be suffering from full-blown Aids."

Doyle, who said South Africa now probably had the best data on the HIV epidemic in Africa, said apart from the number of HIV-infected cases, the virus was already leaving hundreds of children without parents.

The AMG estimated the number of Aids orphans to over 2 000 this year. According to Doyle, this figure is likely to rise to 22 000 a year within three to four years.

"These children will have to be cared for by the State and welfare organisations and the heavy indirect costs of Aids is now becoming apparent."

## Apathy

Head of the Aids Unit at the Department of National Health and Population Development, Dr Manda Holmshaw, said there was a widespread apathy about Aids among adults and this needed to be removed by a new morality based on a profound knowledge of how deadly the disease is.

"It is therefore imperative to concentrate on the young, the parents and the teachers," she said, adding that welfare organisations needed to be mobilised and alternative care facilities be found.

# 424 Aids deaths in SA — 1 186 infected

SA<sup>92</sup>

ARG 29/4/92

## Political Staff

FOUR hundred and twenty-four people have died of Aids in South Africa, according to the latest figures released by the Department of National Health and Population Development.

The figures were released to coincide with the debate in parliament on national health and population development.

Meanwhile Durban MPMr Johan Marais (NP Port Natal) has called on parents, church leaders, community leaders and politicians to ensure that children know all about Aids, "the biggest threat facing South Africa".

Since 1982, 1 186 people have acquired Aids, according to records kept by the department and based on anonymous data supplied by the South African Institute of Medical Research.

Among men, most of the Aids cases — 253 — occurred in the 30 to 39 years age bracket, while among women most of the cases were in the 20 to 29 age bracket.

Speaking in parliament in the health debate yesterday, Mr Marais said the aids and lifestyle education programme introduced by the authorities for teenagers had to succeed

because Aids was the biggest threat facing South Africa.

The project had been specifically designed with the needs of teenagers and their parents and teachers in mind.

"Every day another 400 become infected with the Aids virus. Most of these infected people will die as a direct result of Aids.

"Although teenagers are largely free from infection, they do engage in risky behaviour and as such need accurate information about Aids.

"Every effort should be made to educate them to adopt a healthy and safe lifestyle which eliminates the risk of becoming infected with Aids.

"It is in the power of every one of us to prevent ourselves from becoming infected with Aids, as well as to help others to avoid getting this disease."

Mr Marais said telling a young girl or boy not to have sex before marriage "would only work if she or he is also taught how to cope with sexual demands".

● A trust fund is to be set up to help Aids victims who become infected through circumstances beyond their control, the Minister of Health, Dr Rina Venter, said in reply to debate on her Budget vote, Sapa reports.

## Contracting Aids: the facts

A Department of National Health Aids education chart published in The Star on Monday contained a section that a reader, Tom Whitlock, of Randburg, points out could be misleading.

The chart stated that Aids cannot be contracted from "blood donations" which is, of course, ambiguous.

STAR 30/4/92  
It should have been made clear that Aids cannot be contracted by giving blood. (92)

It most certainly can be contracted from receiving a contaminated blood tranfusion.

We regret the misleading statement and are grateful to Mr Whitlock for drawing our attention to it.



# How to cope with HIV, Aids

STAR 30/4/92 (92)

The HIV (Human Immunodeficiency Virus) pandemic has placed new and often conflicting demands on the community.

In a few years from now, it is quite possible that each one of us will know or love someone with Aids.

The community needs to provide care and assist families in finding the internal resources necessary to go through the grief of infection and terminal illness, and create a human environment.

Because of insufficient education on HIV and Aids (Acquired Immuno Deficiency Syndrome), families have experienced a wide range of reactions.

Misleading information has given rise to misconceptions about HIV and Aids.

HIV-infected persons and Persons with Aids (PWA) are some times separated from their families or from traditional support systems.

Families with an HIV-infected member, experience multiple stress factors.

The psycho-social issues generated by the diagnosis and progression of the syndrome are often as debilitating as the syndrome itself.

**Emotional needs**  
HIV-infected persons and PWA and their families frequently need assistance to:

- Adjust to the life-threatening diagnosis.

The diagnosis of Aids or the confirmation of HIV infection has a profound impact on the entire family and brings into focus relationship issues that exist within the family. The Aids Unit of the Department of National Health and Population Development offers advice.

- Deal with fears.
  - Accept the sexual orientations of family members.
  - Cope with stigma and discrimination.
  - Manage conflict among family members and significant others.
  - Confront a time-limited rush for reconciliation.
  - Prepare for loss and bereavement.
  - Switch family roles.
  - Provide care and negotiate with external systems.
- The overall aim in addressing the emotional needs of people is to promote increased compassion and cooperation among caring people, namely the extended family, lovers, friends, volunteers and professional health care workers.
- These individuals provide considerable support, whether it be medical or psychological, to the people affected by HIV and Aids.
- The initial diagnoses of HIV-infection and the resultant development of the clinical syndrome bring into focus the relationship issues that exist within the family. The family is of great im-

portance to the person with Aids and cognisance should be taken of the needs of the entire family as well as the individual members.

**The male couple**  
It is not unusual in some geographic areas for gay couples to have one partner with clinical Aids and the other with a symptomatic HIV-infection.

Stress may cause some couples to break normal relations with their families of origin to avoid sharing the diagnoses, thus leaving them without potential support.

Others may mend ties with parents or siblings and, in doing so, perhaps stress the relationship between lovers.

As the stress progresses the person with Aids may become emotionally involved and may find it easier to confide in the other significant people than in his partner. **Heterosexual and bisexual**

Since the advent of the pandemic the syndrome has started to spread to the population at large. This is especially the situation in SA, where the syndrome was initially detected among the gay community.

The number of heterosexual persons that are HIV-infected is increasing rapidly. A heterosexual couple with an infected member may feel isolated from the community because the support systems typical of the gay community are not as readily available to them.

This, coupled with the need to undergo an HIV test by the uninfected partner, or the possible risk of infection, may increase the stress already experienced by the family.

In some instances, a wife first learns of her husband's bisexual or non-mogamous life-style after the diagnosis of Aids.

This may result in her experiencing a wide range of feelings and simultaneously having to consider her own physical well-being. **Parents of young children**

When a parent has Aids, shame and fear of social criticism often force the family into patterns of secrecy which can threaten normal relationships.

The children may experience severe uncertainty regarding their future care and may have to adjust to new care-givers at a crucial time in their development. **Parents of adult children**

The diagnosis of an adult with Aids in a family is often

a severely traumatic experience, not only because the death of a beloved one has to be contemplated but also because the sexual orientation or habits of such a person have to be integrated.

After the initial shock the family may make peace with one another, resulting in a supportive attitude towards the person.

As the pandemic progresses, stories are told of families for whom the experience of caring for an ill member has been one of transformation.

Frequently, the family finds that the love they feel for the dying member of the family transcends the individual prejudices they have held about that person's life-style.

**Extended family systems**  
The crises of Aids often sharpen family battles and increase conflicts.

Where different members of the family become HIV-infected or develop clinical Aids, the family's previous experience and handling of such situations often determine their effectiveness in accommodating the situation.

This, in conjunction with additional assistance rendered by health care workers, can assist the family to integrate the emotions that they may experience and to fully support the family member.



Family ... discovery of an HIV infected member may result in tensions within previously happy family.

War of words over Aids cure hots up, writes Garner Thomson from London

# Big battle to track a mass killer

Star 30/4/92

(92)

ORTHODOX Aids experts are infuriated by reports that a new "alternative" grouping of highly regarded researchers have begun to question one of the basic beliefs about the epidemic: Does HIV actually cause the disease?

In some quarters, even to ask the question is heresy. The isolation of the virus in 1983 by a group led by Dr Luc Montagnier at the Institut Pasteur in Paris was regarded the first step toward a speedy cure.

But nearly 10 years have passed and many thousands have died and researchers around the world admit they are no nearer a solution than before.

Mainline researchers blame several factors for the failure to find a cure, chief among them being the virus's uncanny ability to mutate and evade destruction. Another is the sheer expense. But yet a third explanation

could be the most disturbing one of all: Perhaps the researchers have been looking in the wrong direction all along.

This is now the opinion of Dr Montagnier and the controversial American scientist, Dr Peter Duesberg. They have formed a new group which is challenging the Aids orthodoxy to look afresh at the whole basis of the disease.

Briefly, the scientists have come to suspect that HIV is just another "background" retrovirus which has lived undetected in the human body for hundreds of years.

Montagnier is the more cautious of the two. He suspects that infection with HIV does not necessarily lead to Aids, while in rare cases Aids could develop in people who were not infected by HIV.

He is optimistic about new research and treatment methods which see Aids as a process in

which cells of the immune system lose their "programming" and begin to kill themselves off in an exaggerated version of the intricate system of normal checks and balances that goes on in the body every minute of every day.

Duesberg, however, believes HIV may be carried by a small, fairly constant proportion of the population — and is "benign and peaceful".

But in a body whose immune system is devastated by drug-abuse, malnutrition, chronic antibiotic use, repeated blood transfusions, exposure to semen and infections by diverse microbes and other specific viruses, symptoms akin to those now regarded as full-blown Aids can occur. In short, he believes, it is a dangerous lifestyle, rather than a new microbe, that is to blame.

Duesberg, for one, even rounds on Wellcome's AZT, the only drug

licensed for use on Aids patients. He claims the drug itself is so toxic it produces symptoms almost precisely like those it is purporting to alleviate.

"It is Aids by prescription," Duesberg says.

Needless to say, the scientific establishment is unlikely to succumb without a battle to the new group's theories. For a start, many billions of dollars of research money have been invested in the viral theory and this is unlikely to be diverted into another, contentious, avenue.

With the arguments set to heat up lay opinion, too, could become alienated from the orthodox approach. After all, the renegades have suggested, even if a conventionally designed anti-HIV vaccine is developed, it might, in certain vulnerable people, even trigger the very process it is supposed to prevent. — Star Bureau. □

# Africa links off ground

## Aids campaign may herald era of co-operation

STAR 215792 (92)

MARKETING representatives from 10 African countries were told this week that Pan-African activity was becoming a reality with ground-breaking work being done in the field of Aids prevention.

The delegates were attending a Sandton conference hosted by Saatchi & Saatchi Klerck & Barrett to discuss an "Africa network".

There were representatives from Angola, Botswana, Ghana, Ivory Coast, Kenya, Mozambique, Namibia, Nigeria, Zambia and Zimbabwe.

Alistair Carlisle, chairman of Barker McCormack, Zimbabwe, told the gathering: "There has not really been any pan-African marketing activity because there is not much in the way of pan African business. But it is beginning."

Barker McCormack believes the Aids campaign, in which subsidised condoms are promoted, is the first pan-African effort.

It uses fundamentally the same material with only language substitution in each country.

The campaign was pre-tested in every market and its key elements — simplicity and creativity — could be an example to South African condom marketers.

It uses visual imagery rather than a complex script and rock-art theme. The characters are Jambo and Simba who are offered life-saving advice. Simba heeds it, but Jambo does not and bears the consequences.

The product branded in the commercial is the Protector Condom, donated by American sources, with marketing funds coming from the US Agency for International Development (Usaid).

The campaign won the Advertisers' Association of Zimbabwe Premiere Award and was judged by South Africans Willie Sonnenberg and Bob Rightford, but it will not be run in the Republic.

However, local condom marketers still face increased competition. American aid in the form of subsidised condoms is available in SA through an organisation called Population Services International (PSI).

Vicki Barid of The Futures Group, an American marketing company handling the Protector Condom project in Africa for Usaid, said it appeared South African condom marketers had not paid much attention to the breakthrough achieved in the Protector Condom exercise.

"The major challenge is to overcome the poor image condom usage has. It is associated with the young, sexually active person and with illicit sex," said Barid. "The SA marketplace seems to perpetuate the old image rather than introducing the new branding that is necessary."

Simon Goode, corporate development director of Saatchi & Saatchi Advertising Worldwide, attended the conference and said an African advertising network was an important part of his company's "global perspective". However, no formal statements of agreement were issued by the conference.

# White action closes hospice

By NOMVULA KHALO

C/P 14/12  
3/5/92

92

RACIST action in Boksburg has forced a sanctuary for terminal Aids sufferers of all races to close down.

*Verkramp* suburbanites in Boksburg apparently told their infamous town council to shut down the St Francis Home for Aids victims because it was a "sex and death parlour". The home has also been receiving bomb threats by phone.

The home's founder, Father Stan Brennan, says the matter will go to court if necessary.

Over a 20-year span, he has successfully resisted efforts to squash Boksburg's first non-racial school and a non-racial drug and alcohol rehabilitation centre.

"I am only trying to help these people face death in comfort and dignity," said Brennan.

A council spokesman said the home had followed incorrect procedures and would have to apply to the "correct channels" to reopen.

Meanwhile, the beautifully-furnished home in Boksburg West lies empty and staff sit about waiting.

When City Press visited the home, matron Allein Marshall was on the phone. Putting down the receiver, she said: "I have just refused 14 patients. I am not allowed to admit them.

"We are even afraid of opening the gate for anybody because we have been getting bomb threats."

# Aids could leave 97 000 orphaned

92  
CTB/S/92

PRETORIA. — In three years 97 000 children could lose their parents through Aids, the Pretoria-based Aids Unit warned yesterday.

Speaking at the start of a two-day National Conference on the Care of Aids Orphans, Aids Unit head Dr Manda Holmshaw said not enough attention had been paid to the full implications of catering for the orphans.

Dr Holmshaw said one in every 66 mothers in the country was infected. The number was predicted to be one in 40 by the end of this year. Of the 100 children who were born with the virus each week, most died within two years.

Present welfare structures, designed to support 300 orphans a year, would be swamped once Aids took its toll, said Dr Holmshaw.

However, according to figures from the Institute for Medical Research for Aids, the HIV infection rate in South Africa has slowed to about 400 new incidents a day — and the spread of the disease is less rapid than forecast by Aids experts.

The Department of National Health and Population estimates that there

are about 200 000 HIV-positive people in South Africa.

This figure was expected to reach over 300 000 by the year's end — about 150 000 fewer than the 450 000 infections Johannesburg's senior medical officer, Dr Nicky Padayachee, estimated in 1990 for the end of 1991.

Dr Wilson Carswell, of the Department of National Health and Population's Aids Unit, believed the disease doubled its infection every 14 months and this would increase to 16 months, with about 750 000 people HIV-positive by 1994.

He said early estimates were based on data which indicated the doubling time would be constant at about eight months till the turn of the century.

Dr Carswell said the doubling time had slowed because the high risk groups had become saturated, with those most likely to be infected already infected.

The department now believed the doubling time would extend to more than 24 months by 1995.

The latest figures released by the Department of National Health and Population show a total of 1 186 patients with known clinical Aids in South Africa, of whom 424 have died. — Sapa, Staff Reporter

# Tackling the issue of AIDS orphans

THE plight of children orphaned as a result of their parents dying of AIDS is one of the greatest problems stemming from the epidemic.

It has been predicted that there could be as many as 97 000 such children in SA in three years' time.

They will be healthy, but alone; and many will be left to fend for themselves.

To find ways of dealing with the impact of AIDS on children, the AIDS unit of the Health Department began its first national conference in Pretoria on the care of AIDS orphans yesterday.

Dr Manda Holmshaw, head of the AIDS unit, told the conference that at present such orphans were simply abandoned.

There was a total lack of any kind of facility to provide care for them.

Drawing an alarming picture of the present situation of HIV infection in SA, Holmshaw said one in 66 pregnant mothers had AIDS, and a third of them would pass on the infection to their unborn babies.

The number was predicted to be one in 40 by the end of this year.

Of the 100 children who were born with the virus each week, most became sick and died within two years.

There were 400 new infections a day, she said.

Although structures to deal with the abandoned children were desperately needed, there were no simple solutions, Holmshaw said. Government could not possibly deal with such a large problem.

Although there were the obvious physical needs to be met, the greatest intervention would be needed to cope with the enormous social and psychological effects suffered by orphaned children.

Children had also been psychologically damaged because their parents were often too sick before their deaths to care for them properly.

Holmshaw appealed to all sectors of the community, especially non-governmental organisations and

## KATHRYN STRACHAN

churches, to mitigate the effects of the disaster by making their services available.

To call for the building of orphanages was a last resort, she said. The orphaned child, once there, was uprooted and made anonymous. Social and psychological problems were more numerous than if the child was cared for in the extended family.

Holmshaw said the whole range of government services and taxation should be re-examined to share the burden and to relieve the pressure on the most vulnerable groups.

The Education Department would have to make sure the children were provided with free schooling, and the Department of Finance would have to provide tax rebates to people who were prepared to foster orphans.

Zimbabwe-based Elizabeth Matenga of the Southern Africa Network of AIDS Service Organisations said AIDS orphans often dropped out of school, and out of sight of any health or counselling service their parent attended in their final months.

In some cases, orphaned children born and brought up in town were sent home to grandparents in a village.

The dispersal of AIDS orphans meant there was no one obvious context in which to find them, either to count or to help them. Health authorities attempted to reach the children while their parents were in hospital.

Experience had shown that children should be maintained within the family entity as far as possible, said Matenga.

However, in recent years the safety net provided by the extended family had become increasingly frayed. If there were no relatives, experience in other African countries had shown it was better if children stayed in the family home and were helped by neighbours and child carers, she said.

# Syphilis *Sowetan* 7/5/92 declared a notifiable disease (92)

AN alarming number of still births resulting from syphilis are still occurring at most black hospitals even when the means of prevention is available.

As a result of this syphilis has now been declared a notifiable disease.

An article in the *South African Medical Journal* expressed concern at the statistics recorded at Baragwanath, King Edward and Kalafong Hospitals.

Figures show that about 10 percent of stillbirths are due to syphilis while 250 cases of the disease are seen annually.

## Prevention

*SAMJ* asks why syphilis still occurs when penicillin, its means of prevention, is readily available.

At Kalafong near Pretoria, of 127 cases of syphilis diagnosed between May 1 1986 and April 30 1989, 79 percent of mothers had received antenatal care. This reflects 100 cases of missed opportunities for prevention.

In order to identify these missed opportunities for prevention a prospective survey was conducted. The results of 2 640 deliveries showed that 65 patients had untreated syphilis.

*SAMJ* argues that the prevalence of syphilis is a serious failure of South African health care. The *SAMJ* advises everyone providing antenatal care to perform syphilis tests on every pregnant woman and follow them up by reacting promptly to results.

## HIV-positive man seeks job reinstatement

DIRK HARTFORD

(92)

AN HIV-positive chartered accountant, dismissed by Mast Video Training (MVT), has applied to the Industrial Court for reinstatement.

This is the first such legal challenge in SA. *8/10/92 7/5/92*

According to his lawyer, the man alleged he was suspended within five minutes of telling his employer he was HIV positive and that his lover had AIDS.

The accountant claimed that 10 days later he was called to a disciplinary inquiry where he was charged with failing to divulge his real reasons for borrowing money from the company — allegedly to finance his medical treatment.

MVT MD Cliff Bird would not discuss the case, and referred Business Day to the company's lawyers. But Stephen Dallamore, MD of MVT's parent company Mast Holding, said the dismissal had "nothing to do with AIDS" and that AIDS was being used as a smokescreen for alleged financial irregularities.

According to the accountant's lawyer, he had been employed by MVT for more than a year. He found out during this period that he was HIV positive. He borrowed money — and paid it back on terms laid down by the company — to finance treatment for himself and his lover.

He argued that he was under no obligation to disclose the nature of his illness and that his dismissal was an unfair labour practice as he was being victimised as an AIDS sufferer.

Last year the World Health Organisation (WHO) said there should be no obligation on an employee to inform an employer that he was HIV positive. This should be the case only if the illness had "job performance implications".

If the employer knew an employee was HIV positive, he should treat the information confidentially since AIDS carriers were often discriminated against. The WHO said an employee being HIV positive was not sufficient reason for dismissal. The only grounds where dismissal might be justified included incapacity, health risk and the disruption of productivity.



# HIV employee 'unfairly' fired

Own Correspondent

CT 7/5/92

JOHANNESBURG. — An HIV-positive chartered accountant, dismissed by Mast Video Training (MVT), has applied to the Industrial Court for reinstatement in what is the first such legal challenge in South Africa.

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# Medical-aid funds get to grips with cost hazards

S/Time (BUSS) 10/5/92 (92)

IF A mere 1% of medical-aid members contracted full-blown AIDS, contributions to schemes could rise by 31% if every claim was paid in full.

The result would be a loss of members and rebellion among healthy contributors to schemes, says Gary Taylor, human resources director of Medscheme.

Medscheme is the largest medical-aid administrator in SA, representing 39 schemes and 1.4-million beneficiaries.

Mr Taylor says: "There is pressure on medical-aid funds to stop the young and healthy from subsidising the old and infirm."

"Another way of looking at it is that, over time, you pay more when you are young and healthy to build up a reserve for possible serious illness or old age and higher claims."

Only 22% of the population is covered by medaid schemes — 80% of whites, 40% Indians, 36% coloureds and only 6% blacks.

"Medical-aid members are not fully representative of the total population at risk," says Mr Taylor.

When a member contracts full-blown AIDS, it can cost the medaid between

R48 000 and R68 000 for treatment until death.

Doctors have come under criticism for overtreating patients because of the perverse incentive scheme offered under medaid funds. The doctor's income is determined by the number of patient visits and not on the treatment of the case in its entirety.

"Doctors are not disclosing when a patient has AIDS, nor are they required to do so by law.

"They are fudging their diagnoses, stating pneumonia or tuberculosis when they know the patient has AIDS."

## School

AMA, the second-largest medaid administrator in SA, is drawing up a "protocol for the treatment of HIV".

AMA marketing director Ray Welham says: "If approved and applied early enough, the protocol will greatly enhance the quality of life for the sufferer and contain costs at roughly the same level as an asthmatic sufferer who requires regular treatment."

"Education about HIV must start at primary school and be carried right

through all socio-economic, ethnic and age groups."

Medaid schemes are required by law to provide a minimum of R600 a year for every family for any illness, including AIDS, although most funds pay more than this.

But no fund is able to meet the costs of treating large numbers of patients with AIDS. The cost of AZT treatment alone is often more than R500 a month.

"There is a belief in some medical aid schemes that AIDS, like alcohol and drug-induced illnesses, can be avoided," says Mr Taylor. "Although this strategy protects the interests of the medical-aid scheme, the employer could be faced with AIDS employees seeking loans to cover bills not refunded by medical aid."

Research in San Francisco shows that the use of home care and hospice facilities reduces the cost of treating AIDS without adversely affecting the quality of health care. The Guest House project in Johannesburg can accommodate patients for about R75 a day. The intensive care ward of a private hospital costs R855 a day, excluding drugs and other treatment.

## National Aids fund started (92)

THE Cabinet has decided to contribute R100 000 to an Aids victims fund and to match, rand for rand, contributions to the fund, the Minister of National Health and of Health Services and Welfare, Dr Rina Venter, said.

ARG 8/5/92  
She said the idea of financial assistance to people who had contracted Aids after receiving infected blood prior

to the introduction of tests was strongly supported.

Her department had therefore set up a fund, which would be administered by the SA Haemophilia Foundation and other parties.

She said members of the public and other parties could contribute to the fund. The State would match donations up to a maximum of R1 million. — Sapa.

# HIV-infected blood: Fund to aid victims

By ANTHONY JOHNSON  
Political Correspondent

THE government yesterday set up a fund to give financial assistance to HIV-infected haemophiliacs and recipients of HIV-infected blood.

The Minister of National Health, Dr Rina Venter, said the cabinet had approved an initial state contribution to the fund of R100 000. Future contributions would be on a rand-for-rand system up to a maximum of R1 million.

"This will give members of the public and other interested parties the opportunity to contribute to the fund," she said.

The fund will be administered by the SA Haemophilia Foundation. It is envisaged that representatives from the Department of National Health and Population Development, the SA Blood Transfusion Services, the legal profession, the pharmaceutical industry and other independent parties will be involved.

The people who will be eligible for assistance are those who were infected prior to the identification of HIV and before tests for the presence of the virus antibodies were available.

Dr Venter said that details about how contributions and inquiries would be handled would be made known "in due course".

## Mandela to light Aids candle <sup>92</sup>

<sup>5-1-92</sup>  
<sup>9/5/92</sup>  
CAPE TOWN — ANC president Nelson Mandela will light a candle during the First Families Project which runs concurrently with the International Aids Candlelight Memorial, says the Aids Support and Education Trust. Trust spokesman John Pegge said yesterday that during the project, leading citizens in every country were invited to light candles in their homes to show support for the Memorial. Mandela would be in Oslo on May 17 and would light a candle in his hotel room, he said. — Sapa.



A Business Times Feature

# Unfair to sack sick workers

*STimes (B455) 10/5/92*  
IT is considered an unfair labour practice to dismiss an AIDS employee on diagnosis.

A recent Industrial Court judgement outlined stringent guidelines concerning dismissal for incapacity.

The court found that the employer must investigate "the extent to which the employee is unable to perform his former duties". The employee is entitled to take part in the investigation to the extent necessary to protect his interests.

The case may require "further medical investigation and opinion and/or the employee being asked to perform his former tasks to demonstrate his ability or lack of ability."

The employer must consult the employee to find out whether he is capable of performing his duties, or whether they can be adapted so that he can continue to do his work, either alone or with reasonable assistance.

If the employee cannot continue with his former duties, the employer must find out whether alternative work is available in the organisation.

Gary Taylor, human resources manager at Med-Scheme Administrators, says: "Although pre-employment testing might be unpopular, it is understandable why employers would want to avoid recruiting from a high-risk labour pool."

Because of the court finding, AIDS is likely to cause considerable disruption to employers. Some symptoms of AIDS include dementia, depression, loss of bowel control and blindness in progressive stages.

MOST large companies have AIDS policies laying out procedures and treatment for HIV positive employees.

AECI has compiled a document outlining the procedures for dealing with HIV positive employees. Pre-employment testing is not required. Neither are employees required to submit to testing before being admitted to the medaid scheme.

AECI Industrial relations consultant AECI Claire Hock says: "If a person with AIDS is too ill to work, he or she will be medically boarded. The employee can then be retired on pension until death, at which point dependants receive the benefits."

Most of AECT's 25 000 employees have received some form of AIDS awareness training. The SA Chemical Workers Union is also involved.

The Chamber of Mines started to deal with the danger of AIDS in 1985 by studying 30 000 random blood samples. Every person attending a sexually-transmitted disease

# Companies which care

SI Times (STD) clinic attached to one of the mines is tested for HIV.

"We now have the best sample set of data in the country," says Izak Fourie, chief medical officer with the chamber. "Five percent of those tested in the STD clinics are HIV positive — below the 8% recorded in Johannesburg STD clinics."

The rate of infection in the mining industry is below the national average, dispelling some myths about miners. The reason, says Dr Fourie, is that mineworkers are not as promiscuous as was thought.

In addition to the normal medical-aid benefits, skilled mineworkers are generally

also members of the Benefit Society. It not only pays benefits but dispenses health care and medicine to members. The society has 45 000 members, but more than 160 000 people benefit from this scheme.

Full health care is available to unskilled mineworkers. Once a mineworker is too ill for normal work, every effort is made to place him in a job he can do. If a fatal disease is contracted, the breadwinner's dependants receive up to 36 months' pay. Condoms are issued free.

Gold Fields of SA consulting medical officer James Lowe says: "Education is not getting through. We are extremely perturbed. In spite of all the investment in education, the incidence of HIV infection continues to rise. We are now at the point of exponential lift-

off in HIV infection." Sharon White, a director of AIDS Education and Training, which help companies in educating their employees, says: "There are still a lot of unfair labour practices when it comes to people with AIDS. Workers are dismissed for having the disease."

Miss White says there is a misconception among managers that AIDS education is too expensive or that educators are not available. Spending on AIDS programmes should be seen as an investment in the company.

## Goals

Susan Hyde, Transnet's senior AIDS consultant, says: "A large proportion of the workforce is illiterate or semi-literate, a problem that was overcome with the use of pictorial flip-charts."

"AIDS and employee health are not negotiable. Management and labour have the same goals."

Miss Hyde warns against the "spray and pray" approach to AIDS programmes — spraying information and condoms in the hope that they have the desired result.

## AIDS IN THE WORKPLACE

# Education key to beating doomsday

PETER Doyle, Metropolitan Life's senior general manager, finance and information services, developed the Doyle Model, the seminal analysis of the demographic implications of AIDS in SA.

Mr Doyle says: "It is unlikely that the doomsday forecasts that over 50% of the adult population will be dead or dying of AIDS by the year 2000 will be realised.

"The number of persons infected will nevertheless be large and could have critical implications for SA's health-care system."

A key to controlling the spread of infection will be to control and treat other sexually transmitted diseases.

Based on what is known about the causes of AIDS, about 3,75-million people could be HIV-infected by the year 2000. More than 407 000 may die of AIDS by the year 2000 and the level of HIV infection will peak at 27% of the population by 2005.

### Adults

This assumes no change in behaviour in the next eight years, no cure and that the pattern of the disease in SA will follow that of those countries in Africa, such as Rwanda and Burundi, where between 20% and 30% of the population is HIV positive.

Mr Doyle says the scenario for SA may alter dramatically if there is a behavioural change.

"There are no 'high-risk' groups, there is only high-risk behaviour. HIV infection affects all racial, income, education and skill groups."

Research in Africa shows that the level of HIV infection is higher among managers and senior employees than it is among workers.

One of the most serious implications of the disease will be the loss of skilled labour, says Mr Doyle.

Loss of productivity can be expected because the HIV-infected person suffers a series of increasingly debilitating diseases, with severe emotional and financial implications for family and friends.

The disease has several implications for business.

- A loss in productivity and increase in costs relating to sick leave, medical and life cover benefits and the cost of training workers.

### Policy

- The loss of export markets, such as in Central Africa, where the disease is several years ahead of SA.
- Although a decline in the size of domestic markets is unlikely, their rate of growth will slow. Demand patterns for certain goods and services could change. There might, for example, be an increase in demand for life assurance, but a fall in supply.
- With larger investment in training, educating and supporting the workforce, it may emerge better trained in the future.

"Business leaders must keep informed and plan accordingly," says Mr Doyle.

"AIDS is no longer a wild card in strategic planning."

"Companies must develop their own employment policy to deal with AIDS. The key may be to treat HIV infection no differently from any other life-threatening disease."

The average incubation period (from the time of contracting the virus to full-blown AIDS) in the United States is 11 to 14 years. In SA it is eight years.

A longer incubation period has more serious financial implications for life companies and medical-aid funds.



# HIV as the cause is questioned

92

ST Times (Buss) 10/5/92

NEARLY 10 years after the isolation of HIV as the supposed single cause of AIDS by Luc Montagnier of the Institut Pasteur in Paris, and promises of a cure "within months", billions of rands in research and development have come to virtually naught.

Some scientists — including Dr Montagnier — are now questioning the premise that AIDS is caused by HIV alone. Some go so far as to suggest HIV has little to do with AIDS.

After 10 years of study and compilation of statistics, scientists in Europe and the United States are baffled because the expected AIDS explosion has not occurred.

The World Health Organisation estimates that 6-million Africans are HIV positive, yet only 120 000 African AIDS cases have been reported in the past eight years.

## Common

The Department of National Health and Population estimates that 200 000 people in SA are HIV positive — but only 424 people have died from AIDS in SA — hardly the signs of a pandemic.

A total of 5% of American AIDS patients shows no sign of HIV.

It is common cause that the disease is sexually transmitted, yet 91% of American

AIDS patients are male. This cannot be because of safer sex practices because the incidence of venereal diseases and unwanted pregnancies is growing, says Neville Hodgkinson in the London Sunday Times.

The incubation period for the virus is growing every year. Many homosexuals in San Francisco have had the virus for 15 years and are in good health.

## African

Peter Duesberg, professor of molecular biology at the University of California, says that in the past seven years the official estimate of the number of Americans carrying the virus has remained constant at a million, distributed equally among men and women.

Yet men are by far the greatest victims of AIDS.

The conclusion, says Professor Duesberg, is that HIV is a harmless "background" virus present in a great many people, many of whom may remain healthy all their lives.

AIDS is common in high-risk groups: homosexuals, intravenous drug users, the malnourished and recipients of blood transfusions. All lead to attacks on the body's immune system, says Professor Duesberg.

African AIDS patients suffer a different disease pattern to those in the West. Africans with "AIDS" contract tuberculosis, slim disease, fever, diarrhoea and other diseases associated with malnourishment and poor sanitation.

Could it be that they are being rediagnosed as AIDS cases purely because of the presence of HIV in their blood?

Has the search for a cure been focusing on the wrong area all these years?

If so, it will be the biggest medical and scientific blunder of the century, says the London Sunday Times.

## Benign

The immune system of a healthy person with a good diet, even though he may be HIV positive, is normally sufficient to fight off illness.

So what about healthy people with the virus who eventually develop AIDS and die?

One theory advanced in the case of Kimberly Bergalis, the 23-year-old American who died after contracting AIDS from her dentist, is that the symptoms she displayed were consistent with the use of AZT, the anti-AIDS drug. Professor Duesberg describes AZT as "AIDS by prescription", pointing to the fact that several patients displaying AIDS-type illnesses recovered once use of the drug was suspended.

Dr Montagnier says the virus obviously has something to do with AIDS, but that it remains benign unless aggravated by the presence of other organisms.

This is the most serious challenge yet to the AIDS establishment, threatening a huge industry.

W. H. M. 3



# Money opens the way to temptation

STimes (BUS) 10/5/92. (92)

AIDS is a disease of economically active people and for this reason it will have a profound effect on the working community, says Clive Evian, author of the booklet AIDS in the Workplace.

Dr Evian is also head of the AIDS awareness and prevention programme of the Johannesburg City Health Department.

Sexually active people, both employed and unemployed, are a high-risk group, says Dr Evian.

"Employees with money in their pocket have greater mobility, exposing them to risk. They have access to liquor, which loosens their sexual impulses, and can also afford the services of sex workers."

Migrant workers are a high-risk group because of the absence of normal family life.

## Blood

Rapid and uncontrolled urbanisation also contributes to the spread of AIDS because of the disruption of normal family and community life.

In these circumstances, sexual mores are often disregarded.

Dr Evian says proper housing and family accommodation for workers, and the discouraging of migrancy, will do much to curb the spread of the disease.

"AIDS is spread by sexual contact and the direct transfer of infected blood. AIDS will not normally be spread in the workplace and employees need not fear working alongside an infected person."

Dr Evian says AIDS is still shrouded in myth and hysteria. Although no cure exists for AIDS, prevention is the most effective approach. That is achieved through education and safe sexual practices.

## Dignity

The workplace is the best forum for informing workers about the facts of AIDS because companies have the facilities for training.

Dr Evian says companies should consider appropriate policies and practices relating to the employment of HIV positive employees; the support, assistance and care for employees with the virus; issues of confidentiality; and the acceptance of people

with HIV-AIDS with the same respect and dignity afforded to other workers with illness and disability.

"AIDS education is the primary means of persuading individuals to modify their risk behaviour and minimise fear and prejudice based on ignorance.

"Where possible peers should educate peers and trade unions should be involved in educating their members."

A problem with educational programmes is that they are not sustained, says Dr Evian.

AIDS is still in the silent phase of the epidemic, so people need to be reminded often that it is present.

Companies can adopt the policy guidelines outlined by the World Health Organisation and the International Labour Office about the treatment of HIV positive workers. It urges people to avoid discrimination of HIV/AIDS sufferers by:

- Fostering a spirit of understanding and compassion for people affected by the disease.
- Protecting the human rights and dignity of HIV-infected people and the avoidance of stigmatising and discriminatory action against them in the provision of services, employment and travel.
- Ensuring the confidentiality of anyone infected with the virus.

## AIDS IN THE WORKPLACE

# Fear of dread disease wanes

Stimes (Buss) 10/5/92 (92)

MANY workers who contracted AIDS 10 years ago would have been dismissed for being an alleged risk to the health of other employees.

If they were not sacked, their lives would have been made a misery in other ways.

Nobody would work with them, speak to them, socialise or share the same cutlery or crockery.

AIDS (acquired immune deficiency syndrome) was wrapped in myth and rumour. It was widely thought, for example, that the human immuno-deficiency virus (HIV) could be contracted by kissing or from a lavatory seat (not true).

The expected "explosion" of AIDS fatalities has not occurred, although official estimates of HIV infection rates continue to rise alarmingly. Several scientists are challenging the theory that HIV is the single cause of AIDS. Some say it may have nothing to do with AIDS.

But as one AIDS educator points out, until there is more certainty on the actual cause of the disease, the message of safer sex and sound health practices must go out.

The incidence of HIV infection in the workforce continues to rise. Voluntary testing of 104 000 blood samples by the Chamber of Mines indicated HIV infection of 1,74% for the first six months of 1990, with a doubling time of 10 months.

The position since then, however, has worsened considerably. Gold Fields of SA, consulting medical officer James Lowe says the HIV infection rate of those tested in

By CIARAN RYAN

the group was 1,4% in 1990. Now it is "somewhere between 4% and 5%".

This is probably indicative of the entire mining industry. Although millions of rands are being spent to educate people about the dangers of promiscuity and inadequate precautions, behavioural patterns remain largely unchanged. The problem is exacerbated by the absence of a partner notification programme. It would require those testing HIV positive to identify their partners.

Between now and the year 2010, actuarial studies indicate that HIV infection will probably follow the trend of other epidemics, peaking at an infection rate of between 20% and 30% of the population. If, however, HIV does not necessarily equal AIDS this may prove to be an academic statistic.

### Boat

Originally recognised as a homosexual disease, AIDS is predominantly a heterosexual problem today. There are estimated to be 200 000 HIV-infected people in SA.

Is the investment in AIDS training and education, by Government and private bodies, too little too late? A sobering observation comes from Ruben Sher, head of the AIDS Centre of the SA Institute for Medical Research.

Professor Sher says: "We have missed the boat in the prevention of AIDS. If we don't have a profound impact now, we won't be able to influence the epidemic."

There is little doubt that virtually everyone in SA knows about AIDS. But the

HIV infection rate continues to grow. The numbers with full-blown AIDS remain relatively small.

The doomsday scenarios predicting planetary wipeout are largely discounted today.

That is because they extrapolate the exponential growth in the rate of infection until there are no more people to infect. They also assume no change in behaviour and no cure, all of which are distinct possibilities. They also assume that the disease is caused by HIV alone — a theory now seriously challenged.

But there is now doubt that AIDS will affect everyone. It will affect the cost of medical care, the life-assurance business and the job market. It will alter SA's demographics and economy.

Perhaps the most comforting remark on the future treatment of the disease comes from John Rogers, product manager at Wellcome, manufacturer of AIDS drug AZT: "Forty years ago, to have diabetes or tuberculosis was to be under sentence of death. Now there are treatments which make it possible for sufferers of these diseases to enjoy virtually normal lives.

"I believe the same will happen with AIDS sufferers. Medical treatment will advance to the point where it will be considered a chronic rather than a terminal disease."

But AZT, or any of the drugs which are said to make life a little more tolerable for AIDS sufferers, are beyond the means of most South Africans. The best they can hope for is basic health care and a relatively painless death.

# Education by puppet

*Sf Times (8455)*  
PUPPETS Against AIDS is the first long-term project of the African Research and Educational Puppetry Programme (Arepp).

Founded in Johannesburg in 1987 as a community-based trust, Arepp took to the road with the puppet programme in 1988 covering regions in Southern Africa not normally accessible to AIDS education campaigns.

92  
Arepp gives a condom demonstration and distributes comic brochures.

Gary Friedman, director of Puppets Against AIDS, says:

*10/5/88*  
"It is essential not only to work in the local language, but to incorporate dialects and information from each community. The puppets are always grey in tone with bland costumes. This overcomes racial, cultural or social barriers."

# Life assurers face a ticklish problem

S/Times (B455)

10/5/92

92

IN Zimbabwe where between 20% and 30% of the population is thought to be HIV infected, about 35% of all death claims under group life-assurance schemes are AIDS-related.

The result is that premiums have doubled in the past 18 months.

A portent for SA? Perhaps.

Expectations of a dramatic rise in AIDS-related claims is causing a major change in life-assurance offices. Some write AIDS-exclusion clauses into their policies, others provide a lump-sum payout up to a certain limit.

Some life companies are moving away from lump-sum payouts to income-related benefits. But one thing is certain. The cost of cover for individuals, pension and group schemes will go up as AIDS spreads and the amount of cover provided will fall.

Although the number of AIDS-related deaths in SA is still fairly low (fewer than 500), employers — in anticipation of a rise in AIDS claims — are switching from lump-sum payouts to income-related benefits paid over about two years, says insurance broking firm Willis Faber Enthoven.

Assurers have come in for severe criticism for not providing adequately for AIDS.

Peter Dean, account executive at Willis Faber Enthoven, says: "Dread disease cover, such as that developed by Crusader Life, will pay benefits on diagnosis. Why can't the same concept be extended to cover AIDS?"

"Life companies say the risk is too high, but they can always raise the premium at a later stage. By paying out early, they can relieve considerable suffering."

The AIDS problem cannot be placed on the doorstep of the life offices, says Viv Cohen, an actuary in Fedlife's industrial division.

"The disease has far wider implications in terms of a weakened economy and an increasing load on medical services. These suggest that, even if claims on life policies are contained, investment returns on life and pensions business will deteriorate."

## Wider

Old Mutual's chief actuary, Theo Hartwig, says group schemes with AIDS exclusion clauses are out of favour.

Douw Kruger, senior manager of group benefits product development at Sanlam, says assurers have the right to reject a risk that is too high. But employers find it more difficult to avoid the risk.

"Large employers cannot easily contract themselves out of risk. They can do three things. First, educate the workforce. Second, move away from lump sum to instalment payments. Third, exclude job applicants who are HIV positive from group assurance schemes. The last option is more problematic."

Senior manager of employee benefits at Southern Life, Don Brown, says the cost of employee benefits could rise by as much as 50% in the next five to 10 years because of AIDS.

Costs can be contained by reducing benefits, excluding those who have AIDS from benefit payments and by screening recruits and rejecting those with HIV.

But these actions have unfortunate consequences and must be weighed against the political and social desirability, industrial relations and broader business strategies.

# Aids doctor did 199 ops

Own Correspondent

LONDON. — A doctor from Zambia who is at the centre of an Aids alert in England became aware that he was HIV positive only when his baby son died of the illness, it has been disclosed. The knowledge that the doctor had contracted the virus led to Mersey Regional Health Authority urgently contacting 199 patients the doctor had operated on during the past 18 months.

Both the doctor and his wife discovered they had the Aids virus two days after the death of their four-month-old son at Alder Hey Children's Hospital, Liverpool.

It is believed the doctor, a junior surgeon at Royal Liverpool University Hospital, had unwittingly passed on the disease, first to his wife and then, via her, to their son.

All the 199 patients were

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offered counselling and the chance to undergo an HIV test. So far, although 135 have been seen by hospital staff, only "a small number" have asked for HIV tests. These have proved negative.

Hospital authorities refuse to discuss the case, but it is understood the doctor's son died on April 28.

He is now believed to have returned to Zambia,

# Aids care will make hefty dent in health budget, says survey

92 ARG 11/5/92

**ANDREA WEISS**  
Health Reporter

AIDS will soak up 19 to 40 percent of South Africa's health-care budget by the year 2000.

This projection is contained in the Medical Research Council's annual report in which it is estimated that between R4 billion and R10 billion will go towards treating Aids patients.

The finding is based on a collaborative study by the MRC, the University of the Witwatersrand and Metropolitan Life.

The projections indicate there will be between 3,7 and 4,1 million HIV-infected, up to 259 000 ill and 203 000 deaths by the turn of the century.

Further, it is expected that between 18 and 24 percent of the adult population will be infected by 2005 if no major change in sexual behaviour takes place.

Studies "piggybacked" on malaria detection in Natal/Kwazulu show this area to be at the epicentre of the epidemic.

The two consecutive studies showed there was a high prevalence of HIV infection among women of child-bearing age.

Dr Malcolm Steinberg, who heads the MRC's research pro-

gramme into Aids, said the malaria studies gave a more accurate estimate of population seroprevalence than one confined to antenatal clinic attenders.

Among the conclusions reached were that women were more at risk than men.

One of the problems for women was that, although they might be aware of how Aids was spread, they often were powerless to make their partners wear condoms.

Dr Steinberg said: "South Africa will suffer enormously from this epidemic unless concerted prevention efforts are successfully implemented."

● Spaza shops in Khayelitsha are willing to sell condoms, although many want to do so discreetly so not to embarrass customers, a social marketer has found in another MRC survey.

The informal shops also are willing to display Aids posters and distribute booklets on the disease.

Dr Amy Seidel Marks of the University of Cape Town's graduate school of business said shopkeepers could be targeted in social marketing to "serve as informed middlemen" in the fight against the disease.

**AIDS**

# Take charge to fight killer virus

STAK 11/19/92

By June 21 1990, 463 people had been diagnosed as suffering from Aids in this country. They will all die. There is an inestimable number of carriers.

If the illness continues to spread at its present rate, tens of thousands of South Africans will become Aids victims by the year 2000 — less than 10 years from now.

The potential effect the death of so many productive people will have on our economy has given rise to many prophecies of doom for this country and the world.

Because of Aids, sexually active people must now take responsibility for their own destiny, and also that of their spouses, children and friends.

## Baffling

Your sexual behaviour may result in your child being orphaned from an early age or, worse, be infected by the Aids virus even before birth — only to die a horrible death soon after birth.

The presence of HIV, the virus that has seemingly come from nowhere and is haf-

Some historians believe an unknown virus was responsible for the downfall of the Roman Empire since a large proportion of the population was wiped out. In the Middle Ages the bubonic plague irrevocably changed the course of history by causing the death of countless people. Aids may be our modern-day equivalent, says The Department of National Health & Population Development in the first series on Women and Aids.

fighting the scientific community worldwide, makes it imperative that all people become aware of the implications of their sexual behaviour and take responsibility for their health.

Women have the added responsibility of caring for their families and their community.

Aids stands for Acquired Immuno-Deficiency Syndrome. The disease was first diagnosed in America, with South Africa's first case being diagnosed in 1982.

The illness is caused by the virus HIV, the Human Immuno-Deficiency Virus, which is strong enough to affect the body's natural defence system.

Usually, when a foreign virus or germ enters the body, the

defence system reacts by dismantling the virus and rendering it harmless.

The danger of the Aids virus lies in its ability to kill off the body's defence system. This leaves the body open and vulnerable to attack by even the most innocent viruses such as the flu virus.

The Aids virus does not kill — it simply makes the body vulnerable and defenceless against other opportunistic infections which "take over" and this may lead to chronic illness and later death.

The mystery surrounding the HIV is deepened by the way the virus behaves. Apart from the fact that nobody is able to state with any certainty where the virus originated, its ability to

mutate or change itself rapidly is puzzling. It means that the body's defence system is never able to learn how to defend itself against the virus.

## Tests

After a person is infected by the virus it can take anything from three weeks to three years before the blood will begin to produce antibodies to combat the virus.

Aids tests are done by checking for the presence of antibodies, which show the body is reaching against invasion by a foreign body, and not by testing for the presence of the Aids virus.

During this time while a person tests negative, he will be a carrier and can infect someone else with the virus, without being aware that he is infected.

It can take up to 10 years, or as little as three months, after having been infected with the virus before a person becomes ill with Aids, or becomes, as it is termed by the medical profession, an Aids case.

During this time the infected person looks and feels perfectly

THE STRUGGLE - AIDS THE VICTOR

<p>Your body is protected by the immune system made up of White Blood Cells (WBCs).</p>	<p>White Blood Cells fight disease germs for your body.</p>	<p>Strong diseases make you sick but WBCs usually win in the end.</p>
<p>HIV is a VERY strong germ that attacks the WBCs themselves.</p>	<p>After a very long struggle lasting years, HIV kills most of your WBCs leaving your body unprotected.</p>	<p>Many other (secondary) diseases attack and kill the body: the Acquired Immune Deficiency Syndrome.</p>

healthy, even after having been tested positive for antibodies against the virus.

While the virus lies dormant it is impossible to tell the person has been infected.

This phenomenon is called the "iceberg" effect in Aids statistics. The total of 463 diagnosed cases in South Africa could have been infected up to 10 years ago — this

constitutes the tip of the iceberg. Infections that took place during the period in which these cases were as yet undiagnosed, and those that are still taking place, constitute the rest of the iceberg — they are still "under the water level", so to speak. Complacency towards the illness shows an ignorance of its natural progression. When fall-blown

Aids finally occurs, the person becomes very ill, mainly with pneumonia, recurrent infections and mental and central nervous system deterioration. Ultimately the person does not die of Aids but of another illness against which the body's immune system has been rendered powerless by the effects of the Aids virus. Next: Who gets Aids?



## AIDS costs may soar to R10bn a year by 2000

81 Days 12/5/92

LINDA ENSOR

92

CAPE TOWN — The cost of treating AIDS in the year 2000 would be between R4bn and R10bn and would claim between 19% and 40% of SA's total health care budget, the Medical Research Council said in its annual report tabled in Parliament yesterday.

It said the finding was based on research undertaken by the council's Epidemiological Research in Southern Africa, Wits University Centre for Health Policy and life assurer Metropolitan Life.

By the year 2000 3.7-million to 4.1-million people in SA would be HIV-infected; there would be between 255 000 and 259 000 people ill with AIDS; and between 197 000 and 203 000 deaths from AIDS.

A council study of air pollution in the Vaal Triangle found that levels of particulate pollutants exceeded US health standards on 5% of 104 days monitored. Children in the area suffered an unusually high incidence of respiratory tract illnesses, the report said.

Particulate pollution is the visible layer of air pollution caused by solids such as dust, soot from coal stoves and pollen. US health standards specify that people should not be exposed to average daily particulate levels above 260 micrograms per cubic metre more than once a year. In Meyerton, this level was exceeded five times in three months of monitoring.

Council research also found that the trauma rate in Cape Town of 10 001 cases per 100 000 of the population each year was considerably higher than recorded elsewhere in the world. A survey found 37% of the injuries were caused by assault. The report also said the council had devised a cheap, quick test for tuberculosis which could reduce the cost of tests by six times.

# Aids may <sup>(92)</sup> cost country R10-bn a STAR 12/5/92. year by 2000

CAPE TOWN — By the year 2000, between 19 and 40 percent of South Africa's total health care budget will be spent on treating Aids patients, at a cost of between R4 billion and R10 billion, says the Medical Research Council.

In its annual report for 1991, tabled in Parliament yesterday, the MRC says this is one of the findings of a collaborative study on the demographic and economic implications of Aids, completed by the MRC's Centre for Epidemiological Research in Southern Africa (CERSA), the University of the Witwatersrand's Centre for Health Policy and actuarial scientists at Metropolitan Life.

Their projections indicate that, by the turn of the century, there will be between 3,7 million and 4,1 million HIV-infected people in South Africa; between 255 000 and 259 000 people ill with Aids; and between 197 000 and 203 000 deaths from Aids.

By the year 2005, the cumulative death toll from Aids will have risen to more than 2,3 million, and between 18 and 24 percent of the adult population will be HIV infected — with the higher figures presuming no change in sexual behaviour.

These findings underline the urgency of MRC Aids research, the report says.

● It states further that an MRC study has shown that one in 10 people in Greater Cape Town required medical treatment for a fresh injury each year — or, 250 130 people out of an estimated population of 2,5 million.

The trauma rate of 10 001 cases per 100 000 of population annually was "considerably higher" than recorded anywhere else in the world, according to the study. — Sapa.

## AIDS

# Anybody can get Aids

STAR 12/5/92

92

When AIDS was first discovered it appeared to be exclusive to the male homosexual community, hence the term the "Gay Plague". This has now changed. Today, in the second series on Women & Aids, **The Department of National Health & Population Development** looks at the question of who gets Aids and how it is spread.

Aids is becoming more prevalent amongst heterosexuals, ie men and women.

However, anybody can get AIDS. It is not related to age, gender, social class or colour.

### How do you get Aids

The main mode of transmission of the HIV is through having vaginal, oral or anal sex with someone who is HIV infected.

The virus is found in body fluids, especially blood, semen and vaginal secretions. Contact with infected blood can lead to an HIV infection. Sharing needles or syringes (when injecting drugs), razor blades, tooth-brushes (or any skin piercing instrument which can cause bleeding) with an infected person can lead to an HIV infection.

Blood from an infected person is often trapped in the needle or syringe and then injected directly into the bloodstream of the next person who uses

the needle.

In South Africa more than 90 percent of cases have resulted from sexual contact (both homo and heterosexual), mother and child (before or during birth) and intravenous drug use.

The HIV probably enters the body through the mucous membranes in the vagina, penis, rectum or mouth. It is however, not the only infection that is passed through sexual contact.

Other sexually transmitted diseases such as gonorrhoea, syphilis and herpes, can also be contracted through sex. If one of these diseases is present the genital mucous membranes are often damaged which allows easier entry of the HIV. It is important to know which behaviour carries a risk of being infected with the HIV.

### High Risk Behaviour

The following behaviours are risky. (Remember: You cannot tell by looking if a person is infected!)

- Anal sex, with or without a condom, is the highest risk practice one can engage in.
- Having sex with multiple partners, or sex with someone who possibly has several sex partners (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, tooth-brushes or any instrument

which can cause bleeding.

- Unprotected sex (without a condom) or protected sex with an infected person.

- Unprotected sex with a person whose sexual history you do not know.

- The use of drugs (including alcohol and dagga) which may precipitate irresponsible behaviour.

### Safe Behaviour

- A long-term relationship with one mutually faithful, uninfected partner.

- The correct use of a condom greatly reduces the risk of infection.

### The Aids Test

The Aids test, which is a simple blood test, does not actually specify whether someone has Aids or not. It does, however, show whether the person has been infected by the virus. It looks for antibodies in the blood that appear after infection, (from three weeks to three months after infection).

Health services recommend that a person be counselled confidentially and tested if:

- a) He/she has had any sexually transmitted diseases.
- b) He/she has shared drug needles.
- c) He has had sex with another man.
- d) He/she has had sex with a prostitute, male or female.
- e) He/she has had sex with anyone who has done any one of the above things.

All HIV testing should be carried out with informed consent.

A woman who has engaged in any of the high risk behaviour mentioned, and wishes to have a baby, should consider being tested.

Anyone who has been tested positive, meaning that he/she has been infected with the HIV, must take all possible action to protect his/her partner.

A person who has engaged in risky behaviour should speak frankly to a doctor who understands the Aids problem or to an Aids counsellor.

There should be no reason for a person to be tested more than once; if a test is negative, "high risk" practices should cease immediately.

### Aids: Is there a Cure?

At present there is no cure for Aids. There is also no vaccine to prevent uninfected people from getting the infection. Researchers believe it may take years before an effective, safe vaccine is found.

The only way to prevent Aids is by avoiding exposure to the virus.

At present there are a number of drugs which are used to slow down the progression of the disease. Apart from the fact that these drugs (ACT, DDI) often have very unpleasant side effects, they are so expensive that most sufferers could not afford them. (One month's course of AZT could cost as much as R900.)

*Next: The role of women in the prevention of Aids.*

# Aids may curb growth rate

(92)

ET 13/5/92

Own Correspondent

LONDON. — Population growth in developing African countries, where the HIV virus infects about one in three women of child-bearing age, could be sent into reverse "within decades", a leading London epidemiologist warned yesterday.

The assessment, by Professor Roy Anderson of the Imperial College, found that if HIV infects about 30% of women aged between 15 and 40, the virus could kill more people than are born — even in countries with some of the highest population growth rates.

At a conference at the Royal Society of Physicians here this week he dismissed the suggestion that the spread of HIV in Africa was patchy.

His claims were greeted with caution by Dr David Nabarro, chief health and population adviser to Britain's Overseas Development Administration.

# 'Casual sex scenes must flash Aids warnings'

Staff Reporter STAR

13/5/92  
Aids hazard warnings should be flashed across television screens during sex scenes or in programmes which glamorise casual sexual encounters, according to Department of National Health Aids Unit head Dr Manda Holmshaw.

Dr Holmshaw said in a statement yesterday that a similar technique could also be used at cinemas during the screening of sex scenes in films.

She said she was particularly concerned about early evening television programmes viewed by children and teenagers.

The Aids Unit recently launched an Aids Lifestyle and Education programme targeted at teenagers. The aim of the intensive, schools-based campaign was to keep three-to-12 year-old children Aids-free by getting them to take an informed, thoughtful and responsible attitude to sex.

The Aids Unit feared that programmes which implied a casual attitude to sex, and storylines which depicted pre-marital relationships, could undermine this educative effort.

Dr Holmshaw suggested a message such as "Aids Warning: Multi-partner sexual relationships increase the risk of HIV infection" could be carried in a band at the bottom of the screen. Alternatively, the programme could be interrupted for a brief Aids warning.

She said similar anti-smoking techniques were used overseas. Cigarette packets in many international markets carried a health warning.

Dr Holmshaw said she would prefer a voluntary approach by TV stations and cinema groups.

She was not aware of any international precedents for such a step. But the Aids pandemic in Africa was unique in that the overwhelming majority of Aids cases involved heterosexual couples, rather than homosexuals or intravenous drug users.

# TV Aids flashes condemned

By Paula Fray (92)

Aids warnings flashed across television screens during sex scenes would prove ineffective in changing the public's behaviour, Aids organisations said this week.

They were reacting to a suggestion from the Department of National Health's Aids Unit head Dr Manda Holmshaw that warnings be flashed across screens during sex scenes or programmes which glamorise casual sex.

Dr Holmshaw suggested a message such as "Aids warning! Multi-partner sexual relationships increase the risk of HIV infection" could be

carried at the bottom of the screen. She said similar techniques were used overseas in an anti-smoking context.

Paul Herman, co-ordinator of the Aids Consortium — a grouping of more than 40 South African Aids-related organisations — warned that the potential element of moralism in the Aids Unit's proposal was "troubling".

"While the underlying message cannot be faulted, it is important to remember that it is unsafe sex — not frequent or casual sex itself — which poses a risk of transmitting the Aids virus," said Mr Herman.

He noted that past

Aids and HIV campaigns which were confrontational or intrusive had proven ineffective in changing behaviour.

Aids Coalitions to Unleash Power (Act-Up) national co-ordinator Warwick Allan said the warnings would be "highly invasive".

Mr Allan added: "They need to invest money in projects reaching illiterate sectors or those without television."

Dr Holmshaw denied taking a moral stance: "Permissive parenting and permissive viewing fare can make for a dangerous combination. Why not provide a balance by flashing an Aids warning during programmes?"

# Old Mutual leads charge in Aids battle

Weekend Argus Correspondent

OLD MUTUAL is taking the lead in Aids education in South Africa with a fully-fledged Aids advisory service.

"As no cure is likely to emerge in the medium term, Old Mutual is focusing its efforts on education as the only effective method of combating Aids," says Chris Newell, assistant general manager (Employee Benefits).

"We are attempting to change human behaviour and at the very least provide South Africans with the full facts so that they can make informed decisions about their lifestyles.

"The stakes are high indeed. If the current pattern continues, from around 1995 the incidence of the virus is likely to rise rapidly. The worst scenario estimates some 28 percent of the population (in the age

group 15-49) could be HIV positive by 2016.

"This suggests that many South Africans will come into contact with colleagues who have the disease, underscoring the need for education programmes. The Old Mutual programme aims to educate people on how to deal with Aids as a social phenomenon as well as on the facts of the disease itself.

(92) ARG 16/5/92  
"The seriousness which Old Mutual — one of the largest employers in the country — view the situation is reflected in our top management's commitment to our own in-house education programme.

"Already more than 1 000 of our staff have attended our four-hour workshops. The programme is an ongoing, highly intensive and interactive process.

# Talking up the challenge

Clare 12/19/92

**T**ODAY Nelson Mandela will light a candle in his Oslo, Norway, hotel room. Thousands of kilometres away in Mandela's homeland Anglican Archbishop Desmond Tutu will lead a congregation at Grahamstown's St Michael and St George's cathedral in a similar candle-lighting ritual.

Simultaneously in Cape Town the Very Reverend Colin Jones will lead a similar candle-lighting ceremony. But the highlight of the Ninth International Aids Candlelight Memorial will be at Soweto's St Paul's Anglican Church at noon.

This ceremony, under the auspices of the Township Aids Project (TAP), will start at the nearby Catholic Regina Mundi Church at 10am.

From Regina Mundi, after a short service, a procession will meander along the Potchefstroom and Rooderpoort roads, making two stops along the way to St Paul's for a three-hour service. The service theme will be "Community Sharing The Challenge".

A TAP spokeswoman explains the theme thus: "We (the community) are sharing the challenge of talking openly about Aids and sharing the challenge of accepting those with Aids."

The aim of the Soweto ceremony, says TAP, is to remember those who have died of Aids, those who are living with Aids and their relatives and friends.

Martizburg Methodist minister Lizo Japhtha will lead the service - which will be graced by the popular Imilonji KaNtu Choral group, the Salvation Army Band and the "junior" Amadodana AseWisle choir. A message of solidarity from Mandela will also be read.

"We must raise our community's awareness of Aids. We want also to raise the awareness among our communities that Aids not only belongs to the sufferers. It's a joint community involvement," says TAP co-ordinator Nombeko Mazibuko.

Her words were echoed by colleague Sibongile Jack who warned that, unless serious steps were taken by township communities against the scourge of Aids, "we are heading for a sick society". But she pointed out that there were stumbling blocks in teaching the average township dweller about Aids.

Among these stumbling blocks were a number of issues which touched on social taboos. These included the use of condoms, Aids-related deaths, the Aids-related virus Human Immune Virus (HIV) and in-depth discussions about sex, "which are issues we blacks never talk about openly," Jack said.

**How do you get the Aids message across in society that suffers violence, poverty and homelessness? As we mark today's Ninth International Aids Candlelight Memorial, ZB MOLEFE looks at the challenge of effective Aids education in the townships.**

Jack and Mazibuko supported Johannesburg City Council Health and Housing Directorate's Mary Crewe to the hit on her recent study of Aids. This study is now available in a well-received booklet *Aids in South Africa: The Myth and Reality*.

Crewe said HIV flourished in most areas which were burdened by unemployment, homelessness, welfare dependency, prostitution, crime, a high school drop-out rate and social unrest.

"Aids in South Africa is integrally connected to the lives which many people are forced to live through legislation and economic conditions," writes Crewe. "It cannot be addressed merely in medical or sexual terms."

She pointed out that the mistake of policymakers in the past had been to "treat Aids as if it had no location in the wider socio-political conditions in the country; to treat it as if everyone had equal resources and opportunities to make equal choices about health care and lifestyle".

The TAP workers agreed it was almost hopeless to be talking about Aids when the majority of township residents are faced with grinding poverty, violence and unstable families.

Hence any government efforts, including Aids education, are looked upon with scorn in the townships. Mazibuko argues that to the majority of township residents faced with the apartheid legacy "condoms are not a priority".

Crewe points to another difficulty in the fight against Aids: "For other South Africans, to be neither gay nor black seems to give them the belief of immunity, a belief which they back up with references to newspaper reports and official statistics. There is also a strong sense of resentment against black people who are infected."

This, she writes, was reinforced by people like writer Keith Edelman in his 1988 book *Countdown to Doomsday*. In the book Edelman blamed Aids on returning exiles and generally saw blacks infected with the disease as a "white man's and taxpayers' burden".

This view was reinforced by the Conservative Party in 1989 when it dropped leaflets in the townships urging that Aids-infected exiles should not be allowed to return to South Africa, Crewe points out.

On the other hand it would seem that the State's main concern has been not to offend white people, she continues.

There have also been other costly blunders from the State's anti-Aids campaign so far. For instance the State's anti-Aids poster campaign two years ago went off badly. Crewe says these posters were rejected by blacks because they were faulty, inaccurate and insensitive translated. Different images were also selected for white and black audiences.

Crewe reckons international experience with the disease - something from which SA could successfully learn - is that HIV prevention messages based on fear, judgment, doom and gloom did not work.

Of the political groups, it seems it was the ANC which was coming to grips with the Aids danger. Crewe writes: "The ANC has recognised that the syllabuses in South Africa's educational institutions are not currently utilised as a means to Aids education.

"Their own (ANC) strategy stresses a multi-disciplinary approach, noting that HIV/Aids is a social disease and should not be approached in a narrow biomedical way. It is time, however, that this approach be infused with real urgency and an energetic, high profile campaign be initiated."

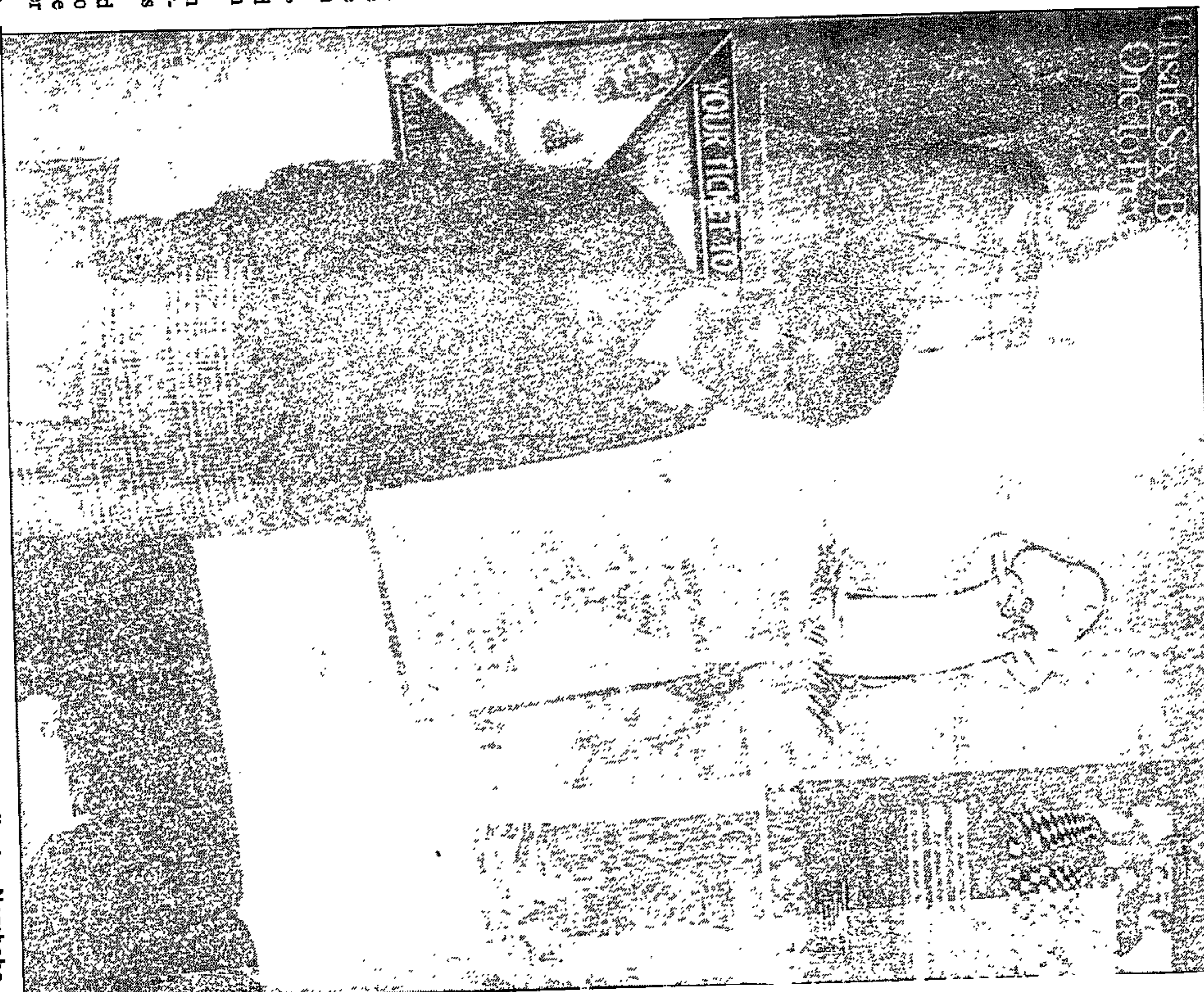
This is what the TAP, a privately funded and community-based organisation, saw as part of the solution to Aids education in the townships. But the TAP insists that in addition to the ANC's approach black communities "must go back to the basics".

And what the TAP means by "going back to basics" is that black communities must salvage the good character-building aspects of cultural institutions such as initiation schools.

Also high-profile black personalities must be seen and heard to be in the forefront of community-education, understanding of Aids and finding solutions in a SA whose baggage is laden with apartheid ills.

"We are asking our present leaders, role models and tomorrow's aspiring leaders in our communities to come forward. For instance we have never heard the ANC publicly telling us about this (Aids) danger facing us," urge Mazibuko and Jack.

Mazibuko and Jack predict that if the dark Aids cloud goes unchecked, this might snowball into a bleak economic and health outlook for the new SA.



**WRITING'S ON THE WALL ...** Posters behind Township Aids Project co-ordinator Nombeko Mazibuko say it all ... the fight against Aids is an uphill battle. Pic: THULANI SIHOLE



# Sangomas to join in the war against killer AIDS

SITimes 17/5/93

By SHARON CHETTY

TRADITIONAL healers are being taught how to deal with AIDS.

This week, the first clinic designed for sangomas was launched in the South Sotho homeland, Qwaqwa.

At least 80 percent of the black population consult sangomas instead of medical doctors, and the respect these traditional healers command will be invaluable in AIDS awareness, says Mbambozimajoza Khumalo of the Professional Herbal Preparations Association of Inyangas.

Once a week, sangomas will attend lectures at the Phuthaditjhaba clinic on how to recognise the symptoms of people infected with the HIV virus and the need to sterilise their equipment. They will also be urged to advise their patients to use condoms.

The clinic will be run with assistance from the Qwaqwa government which aims to establish a network of these clinics throughout the country.

Said Mr Khumalo, 50, a practising sangoma for 30 years: "We are trying to reach people in the rural

areas, who still prefer to visit sangomas rather than medical doctors.

"Black people regard medical doctors with suspicion when they are told to use condoms and to have only one sexual partner. If the same things are said by sangomas, it will carry more weight."

Mr Khumalo said the sangomas would provide literature in ethnic languages and pictures for the illiterate. However, he added that cases would be referred to medical doctors.

Head of the AIDS centre at the SA Institute for Medical Research Professor Ruben Sher — an honorary traditional healer — said sangomas had a vital role to play as educators as they have been the "custodians of black health for centuries".

His only disagreement was to claim that AIDS is an ancient disease and that they have remedies for its treatment. We stress that patients should be referred to ordinary doctors"



**NELSON MANDELA**

## Aids Candlelight <sup>Sowetan 18/5/92</sup> (92)

THE Aids problem could be overcome if positive and assertive steps are taken to educate people on the causes and effects of the disease.

ANC president Mr Nelson Mandela said this in a message of support to the four Aids Candlelight Memorials which took place at Bloemfontein, Cape Town, Grahamstown and Soweto yesterday.

"If we spend 10 percent of the money that governments world-wide spend on the development of arms we will win this battle," said Mandela.

# Educate on Aids, urges <sup>(92)</sup> Mandela <sub>ET 18/5/92</sub>

THE Aids problem could be overcome if positive and assertive steps are taken to educate people on the causes and effects of the disease, Mr Nelson Mandela said.

He said this in a message of support to the four Aids Candlelight Memorials which took place at Bloemfontein, Cape Town, Grahamstown and Soweto yesterday.

He said they could go further "if we conscientise governments worldwide on the need for money to be made available for safe sex education".

## Prayer

"If we spend 10% of the money that governments spend on the development of arms we will win this battle."

Archbishop Desmond Tutu, Anglican Archbishop of Cape Town, said he would observe the Ninth International Aids Candlelight Memorial and Mobilisation yesterday by lighting a candle during evening prayer in the Cathedral of St Michael and St George in Grahamstown.

the memorials take place in 246 cities in 45 countries which makes it the world's largest Aids Candlelight Memorial and Mobilisation to date, said Mr John Pegge, the representative in South Africa for Mobilisation Against Aids. — Sapa

# Caring for those that AIDS leaves behind

Despite the doom and gloom of Aids projections and statistics, there's one woman who's prepared to concentrate on looking for the silver lining.

Claire Fleming has started an organisation called Safo (Society for Aids Families and Orphans), which aims to care for the children of Aids victims. GILLE WEINTROUB spoke to her. <sup>92</sup>

ARCT 18/5/92  
"CHILDREN whose parents (either one or both) die of Aids need to be told why their parents got Aids.

"They need care and education as they become sexually active, to make sure they don't repeat the mistakes of their parents.

"If we don't help them now, we can be sure we will lose them. They are our workforce and taxpayers for tomorrow.

"We have to ensure that they will stay at school and alive.

British-born Claire, whose husband Alan Fleming is Professor of Haematology at Baragwanath Hospital in the Transvaal, was living in Zambia when the Aids epidemic came to the attention of authorities.

"In 1986/87, people were still concentrating on the homosexual advance of Aids.

"My husband alerted the British government to the hetreo-sexual epidemic."

Taking care of Aids orphans is, for Fleming, part and parcel of meaningful forward planning and sensible containment of Aids and its spread.

According to Fleming, up to 15% of sexually active people had already been infected by the time the epidemic was recognised in Zambia.

"With all the the attention focused on the patients, it was really the patients themselves who focused on what happens to their children.

"Here in South Africa, we are lucky. We are right at the beginning of the epidemic. We can plan properly and look ahead.

"Working with Aids is depressing because patients are going to die.

"But the children have a wonderful future — and we have to ensure that they have it."

The organisation plans assistance that is wholistic and community-based.

Says Fleming: "Once families have been referred to us, Safo will, when possible, go to the parents first and explain what practical assistance we can offer their children. We will encourage them to tell us who they want as guardians for the children once they are orphaned. Our intention is to suggest grandparents where possible, and to maintain the children in a familiar environment and routine where possible.

"We will be looking after the family as a



whole, particularly once parents become too ill to provide an income for the household. A Safo representative will visit the children at least twice a month."

An educational component is integral to the Safo concept.

"We will discuss Aids with the family as a whole, so that everyone understand what caused the death. We'll talk about using condoms so the extended family learns about safe sex."

Fleming's group of six helpers are already working with about 200 families in Soweto. It is hoped that branches of Safo, presently Johannesburg-based, will spread to other centres.

Fleming believes strongly that the brunt of Aids will fall on women and children.

"Not only are women more vulnerable, due to biological and sociological reasons, to the virus, but also, being the care-givers, will bear the brunt of caring for the sick in communities."

Fleming points to towns and villages in Uganda which are virtually depopulated except for the aged and children. "The parents are either dead or fled," she says. "Studies have shown that 67.4% of these orphans are in rags and starving within six months of their last parent's death."

"Aids is a disease which destroys families.

"I realised that if I didn't do anything about this, nobody would."

## 6 pupils have Aids virus

SIX Windhoek high school students have been diagnosed as HIV positive, prompting health and education authorities to meet parents and church leaders to discuss Aids education in schools. *Sowetan 21/5/92*

The report said Aids education could have been introduced a year ago had it not been for some parents and church leaders being reluctant to have the use of condoms, as an Aids prevention measure, included in the curriculum.

A National Aids Control Programme worker said Aids education would not promote immorality but inform youth on how to protect themselves. - *Sapa*

## below target

Political Correspondent

THE Department of National Health did not spend all the money budgeted for its Aids programme for the 1991/1992 financial year, Minister of Health Dr Rina Venter said yesterday.

Dr Venter said a total of R12,9 million was budgeted for the programme but that only R10,3m was used.

However, Dr Venter added: "This is not the final expenditure as certain adjustments may still occur prior to the closure of the department's books by the end of June 1992." (12) ARG 2116/92

## Call to protect Hermanus area

Political Staff

THE National Party's environment spokesman, Mr Lampie Fick, yesterday challenged the government to use its powers in controlling development in the Hermanus area.

He said the Minister of Environment Affairs, Mr Louis Pienaar, should declare the area between Hermanus and De Kelders a limited development area and the area between the Hermanus to Stanford Road and the Klein River Mountain a controlled area. (13) ARG 2115/92

## Stander gang man in court

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**OUPA MOTAUNG ... Shunned by his people after contracting the fatal disease.**

## Aids sufferers feel the neglect 92

By JOHANNES NGCOBO

HIV positive Oupa Motaung believes that many sufferers like him will die before they get full-blown Aids because of the negative attitude of the community towards them.

Motaung said he was told he was HIV positive when being treated for an ankle problem.

"At first I was angry, and cried a lot. I wanted to go out and spread it. After counselling I realised it was my responsibility to deal with my problem and help others by telling them how terrible this disease is.

"Before being told that I was HIV positive I had many girlfriends, and I am still not sure if one of them is to blame for my predicament ...

"Because of my condition I am no longer staying in Soweto, but I am no longer afraid to talk about my disease.

"The nine people I am staying with now all have fullblown Aids, and we all realise that we are going to die.

"My friends are unable to feed themselves, they are all confined to their chairs."

Motaung dreams about the possibility of a central clinic for HIV positive people.

A nursing sister, who may not be named for professional reasons, agreed that the community had a negative attitude towards Aids sufferers.

"I know of a father of three children who was isolated by his family when they heard he was an Aids carrier. They gave him his own plate and eating utensils. But once he submitted to treatment they accepted him again," she said.

■ Urbania Mothopeng, widow of the late PAC president Zeph Mothopeng, will lead a candlelight march from Regina Mundi today to highlight the plight of HIV sufferers.

**She was infected with AIDS. She became pregnant. It wrecked her marriage. Now she's fighting to provide for her little son's future**

# 'My life is a nightmare'

8/1 Times 2x/5797  
By PETER MALHERBE

WHEN a young Johannesburg woman was told six years ago that she was pregnant, it was a dream come true.

She was happily married, had a secure, well-paid job, and she and her husband were looking forward to the birth of their first baby after several years of trying to have a child.

But three months into the pregnancy she was told: "You are HIV-positive."

She had contracted the deadly virus a year earlier during surgery after an ectopic pregnancy.

Now the 36-year-old woman, who has moved to Durban, has launched a desperate bid to provide for her five-year-old son's future.

AIDS has already destroyed her marriage, she has lost her job and will have to start using the AIDS medication, AZT, within months.

## REFUSED

The SA Blood Transfusion Service in Johannesburg — which supplied the contaminated blood used in July 1985 — has turned down her appeal for compensation.

"My life has become a nightmare," the woman said this week.

Blood-transfusion authorities have refused to accept any liability in the case despite the fact that blood tests for the HIV infection were available internationally in March 1985 — four months before the woman was infected.

The SABTS in Johannesburg started testing blood for the virus in November 1985, while Durban had started testing in August, and Cape Town in September of that year.

The woman, who does not want to be identified, says she is living in "a twilight world".

Terrified of jeopardising her child's future and of being shunned by friends and colleagues, she has told only a handful of people.

She has not yet found the courage to tell her parents.

Until two years ago she could not even bring herself to say the words HIV or AIDS. She referred to the virus as "it".

"I didn't want to talk about it, or even acknowledge it, because that meant it was real.

"I know it sounds feeble for an intelligent person not to deal with reality, but it's much easier," she said.

## SHOCKED

She also avoided finding out details about the disease, fearing that she would start imagining symptoms.

Now, with her immunity level declining, she is learning to face up to the harsh reality of her situation, and trying to secure the future of her son.

"I want him to be looked after financially even if I am not around to care for him.

"I'm the only one who

can do that." She believes the SABTS has a moral and legal responsibility to assist her — and is prepared to take her case to court.

But her request for a meeting with Dr Robert Crookes, deputy medical director of the SABTS in Johannesburg, was refused in March.

"I had dealt with him before, and I told him I wanted to discuss my condition and altered personal circumstances.

"I was shocked when he said he had been instructed by lawyers representing the SABTS insurers not to see me."

According to her, Dr Crookes said he would try to get the lawyers to change their minds.

"Later he told me that he had no problem about seeing me, but the lawyers had advised against it as it could prejudice their case."

Dr Crookes declined to be interviewed this week, saying that he could not comment on a specific

case. He declined to give general information relating to AIDS if it was to be used in connection with this case.

The SABTS also turned down an appeal by the woman's legal representatives for an out-of-court settlement.

The woman believes the SABTS acted wrongly in not introducing blood tests as soon as they were available.

## INDEPENDENT

She did not seek compensation earlier because she had not realised what a profound effect the disease would have on all facets of her life — and that her financial situation would deteriorate.

The SABTS did not tell her that as a patient infected during a blood transfusion she would be entitled to free AZT treatment at the Johannesburg Hospital. She found that out from an independent doctor.

The woman wept con-

tinuously this week as she told of the agonising decision she faced after being told of her infection in July 1986.

With a 50-to-90-percent chance that her unborn child was also infected, doctors asked if she wanted to terminate the pregnancy.

After much soul-searching, she and her husband decided not to.

"We'd waited so long to have a child, and I felt deep in my heart that God would not have allowed me to fall pregnant if the child was not meant to be born," she said.

But the private hospital where she had contracted the virus was not happy about her having her baby in their maternity section, and wanted to refer her to a hospital specialising in infectious diseases.

The hospital authorities relented only after her gynaecologist intervened, but staff attending the birth all wore protective clothing.

"I felt dreadful seeing

them dressed like that. For the first time I realised I was a threat to other people"

The first months of her son's life were marked by regular tests for the virus, but it was a year before he was certified free of the virus.

By then the strain had begun to take its toll on the woman's marriage, and last year she and her husband were divorced after a long separation.

## HARDER

She has been retrenched due to restructuring by the company she was working for, and is unlikely to find permanent employment again, as her medical condition is deteriorating.

"Stress is a major factor in the progression of AIDS and, though I can usually cope, it's been getting harder every day," she said.

The woman hopes that her battle for compensation will not be a long one, and that she will succeed.

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# Shock Aids figures released

C Press 24/5/92

92

By S'BU MNGADI

THE HIV virus has taken its fiercest grip in the KwaZulu/northern Natal region, according to shock figures released by the Medical Research Council in its annual report this week.

By the year 2005 the HIV plague could have infected one in four adult South Africans and Aids could have killed 2,3 million.

In a six-month period during 1991 the number of people in KwaZulu infected with the virus doubled from 1,2 to 2,5 percent.

The report, tabled in parliament this week, said by the year 2000 between 19 percent and 40 percent of SA's total health care budget would go towards treating Aids patients - at a cost of "between R4-billion and R10-billion".

This was one of the findings of a joint study

**'Expect 2,3 million deaths by 2005'**

on the demographic and economic implications of Aids by the MRC's Centre for Epidemiological Research in Southern Africa (Cersa), Wits University's Centre for Health Policy and actuarial scientists at Metropolitan Life.

Their projections indicate that by the turn of the century there will be between 3,7 and 4,1 million HIV-infected people in SA, between 255 000 and 259 000 people ill with Aids and 197 000 deaths from Aids.

By the year 2000, the death toll from Aids will have risen to over 2,1 million, and 24 percent of the adult population will be HIV-infected - presuming there's no change in sexual behaviour.

Two consecutive studies conducted in the KwaZulu/northern Natal region last year showed women were at more risk than men, but that the rate of increase among men was faster, the report said.

Senior medical researcher Quarraisha Abdool Karim, who designed the Natal study, said the higher prevalence of HIV infection among women of child-bearing age had severe implications for their children.

Head of the MRC's National Aids Programme, Dr Malcolm Steinberg, said: "The Natal survey is at the cutting edge of seroprevalence work. It was piggy-backed on the existing malaria surveillance pro-

gramme, which meant it was much cheaper.

"We also got a far more accurate estimate of population seroprevalence than one would get in studies confined, for instance, to antenatal clinic attenders."

An HIV seroprevalence study of maternity patients and antenatal clinic attenders at Alexandra Health Centre showed a 1,1 percent HIV seroprevalence, compared with the finding of a 0,76 percent rate among Transvaal antenatal patients by the Department of National Health and Population Development.

Steinberg believes the MRC survey probably gave more accurate figures.

A study of 300 patients at sexually transmitted diseases clinics in the greater Cape Town area showed that the patients were highly sexually active, but did not take protective measures.

# Rising HIV rate worryes assurers

STimes (BUS) 24/5/92

92 (92) (92)

By CIARAN RYAN

SOUTH African life assurers are watching the rise in HIV infection in Africa anxiously — in spite of the fact that the AIDS scare of the 1980s has faded in Western countries.

The average HIV infection rate in the US is estimated at less than 0,1% — no more than it was 10 years ago and largely confined to homosexuals and intravenous drug users.

Studies in SA suggest an average infection rate of 1,35% compared with almost zero five years ago.

When AIDS was discovered 10 years ago, the forecast leap in death claims was expected to rip holes in company reserves. Many life offices wrote AIDS exclusion clauses into their policies or demanded compulsory HIV screening for life cover above certain limits.

## Risk

Metropolitan Life (Metpol) is particularly exposed to AIDS-related death claims, 80% of its total business coming from high-risk groups in the black and coloured markets.

Metpol actuary Peter Doyle developed the Doyle model, which predicts a peak HIV infection rate of 27% of the population by 2005. He says testing among new policyholders shows an HIV infection rate in line with the national average of 1,35%.



MARIUS SMITH: A thousand HIV tests every month at Metpol

Metpol managing director Marius Smith says about 1 000 tests are made each month.

"Even if the rate of HIV infection rises to 27%, our products are designed to limit our financial risk. For people under 35, we require HIV testing for life cover above R50 000. For people older than 35, HIV testing is required for life cover of more than R150 000.

"Most of the premium goes into an investment fund and a smaller proportion to the life cover. The products are so designed that the accumulated money in the investment

fund will become greater than the life cover."

Given its exposure to the AIDS threat, one would expect anti-selection — a person with AIDS or HIV or any other serious disease takes out an insurance policy with a view to receiving a quick payout — to be increasing.

Mr Smith says anti-selection can occur only where individuals take out life cover of less than R50 000. Above this they must undergo HIV screening. A survey by reinsurer Mercantile & General found that the number of AIDS claims received by the SA assurance business indus-

try increased from 172 in 1990 to 281 in 1991.

The AIDS debate is hotting up and threatens to unseat some entrenched assumptions about the disease's causes.

Several scientists, supported by some compelling statistical and medical analyses, challenge the orthodoxy that HIV infection alone is sufficient to cause AIDS. They argue that other co-factors are required to destroy the body's immune system.

The dissenters include the discoverer of the HIV virus, Luc Montagnier, and American virologist Peter Duesberg.

## Profile

If they are proved right, countless forecasting models will hit the shredder and billions of research rands will have been wasted.

Life assurers could be forced to recalculate their risk profile and develop appropriate policies.

Those companies that increased their reserve allocations in fear of higher death claims will be able to release these funds for other uses.

Mr Doyle says: "Our research is not based on medical argument. For the purpose of finding a medical cure for AIDS I agree that research must be directed in as wide an area as possible.

"But from a statistical point of view, there is a strong correlation between AIDS and HIV infection. Our forecasts are based on what we know of the disease."

The Doyle model forecasts that about 3,75-million people will be infected with HIV by the year 2000, the cumulative death tally being about 407 000 by that year.

This assumes no change in behaviour, no cure and that the pattern of the disease in SA will follow that of other African countries where HIV infection rates are already between 20% and 30%.

## Lower

The AIDS threat has done little to dent Metpol's earnings growth — up 24% to 70c a share for the year to September 1991 in spite of a 25% increase in transfers totalling R425-million to meet future liabilities.

Premium income was R703-million — 29% up on the previous year — and investment income rose by 16% to R317-million.

Mr Smith says premium growth this year will be slightly lower because of a strike by salesmen last year. About 90% of premiums are recurring, cushioning Metpol against the economic downturn. The lapse rate, generally higher than average, is falling.

**35 000 with HIV in Bot**  
GABORONE. — A Botswana Aids expert has claimed that 35 000 people in Botswana have now been infected with the Human Immuno Deficiency Virus (HIV). (92)CT 25/192

# Doomsday forecast on AIDS 'correct'

TWENTY-five to 30% of SA's population could be infected with the HIV virus in the next 13 years, says Southern Life GM, actuarial services, Paul Truyens.

Truyens said in Johannesburg on Friday that this was the current percentage in Uganda.

The pattern could repeat itself in SA because of the similarities between Uganda's and SA's migratory labour flows, where workers contracted AIDS in the cities through prostitutes and multiple sexual relationships and then passed it on when they returned to their villages.

To address the problem of AIDS in the workplace, Truyens said, Southern Life

had launched an AIDS education programme to explain the complexities of the fatal disease's challenge to business management and the workforce.

"People want to believe AIDS is not as serious as the doomsday scenarios indicate, but it is," he said.

Truyens said SA was still on the relatively flat incline of the HIV infection curve, but this would increase dramatically if the AIDS problem was not dealt with.

Although some sectors of the economy were harder hit by AIDS than others, "the biggest problem is dealing with the companies that least expect it".

Group employee benefits manager Lizette Labus-

chagne said there were only two ways to deal with the AIDS issue: finding a cure, or prevention through education.

She said the Southern Life education package was aimed at illustrating how AIDS could affect a business, how a company could develop an AIDS policy to accommodate its staff, and how it could create an awareness among staff.

Meanwhile, Maritzburg's Health Department has reported that almost a quarter of all blood tests by its clinics in the first four months of the year were HIV positive.

Of 13 HIV positive patients among the 55 tested, one was an Indian man, five

were black men and seven were black women.

□ THE Transkei Health Department has banned the release of information to the media about AIDS cases. — Sapa.

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(92)

# Aids and population growth

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

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

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

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

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

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

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

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

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

THE INDEPENDENT

LEISURE

## Taxis hand out condoms

Own Correspondent

JOHANNESBURG. — Taxi drivers are helping drive home the anti-Aids message. In addition to carrying Aids awareness advertisements on their taxis, drivers are distributing free condoms and educational pamphlets to their passengers.

The South African Black Taxi Association (Sabta) campaign, sponsored by the Health Department, began with 80 taxis in Pretoria last December. The message is now being spread by 200 taxis in the PWV area and Natal.

Sabta "Ads on Cabs" project manager Mr Collin Juden said yesterday the pamphlets had elicited much discussion among commuters.

# Taxi drivers help spread AIDS message

(15am) 26/5/92  
TAXI drivers are helping drive home the anti-AIDS message. In addition to AIDS awareness adverts on their taxis, drivers are distributing free condoms and educational pamphlets to their passengers.

The SA Black Taxi Association (Sabta) campaign, which is sponsored by the Health Department, began with 80 taxis in Pretoria last December — and the message is now being spread by 200 taxis through the PWV and Natal.

Sabta "Ads on Cabs" project manager Colin Juden said yesterday the project was a success and the pamphlets had elicited

KATHRYN STRACHAN

much discussion among commuters.

The best drivers were selected to take part in the campaign — to ensure that the campaign was given credibility — and given a one-day course on AIDS education. They were also put through a National Road Safety Council driver's course, because the message would be lost when sported by a suicidal taxi driver, he said.

Every two weeks the taxis reported to Sabta to restock on condoms and pamphlets. Passengers' questions were report-

ed to the Health Department which designed its pamphlets around the most common concerns.

The AIDS unit hoped to widen the project to include setting up AIDS stalls at taxi ranks to provide more interactive education, and to research people's attitudes to the disease.

Health Department AIDS unit head Dr Manda Holmshaw said the campaign had been very successful in raising awareness, but she cautioned that there was still a wide gap between making people aware and changing their behaviour.

**NEWS IN BRIEF**

Monday 27/5/92 (92)  
**R10,2m spent on AIDS so far**

THE National Health Department had spent R10,2m of the R12,93m budgeted for its AIDS programme for the 1991/92 financial year, National Health Minister Rina Venter said yesterday. In reply to a question by Mike Ellis (DP Durban North), she said this figure might not be the final expenditure as the department's books closed at the end of June.



## UN renews plea for Mozambicans

Own Correspondent

LONDON — The UN yesterday renewed its call for the SA government to grant refugee status to 100 000 Mozambicans who have fled across the border. *Business Day 27/5/92*

A spokesman for the UN High Commissioner for Refugees (UNHCR) in Geneva said it had asked government to extend their mandate in SA to cope with the growing crisis in the refugee camps.

In September last year, the UN signed an agreement to assist in the repatriation of 15 000 exiled South Africans. The operation began in December — marking the first time in 30 years that a UN body had been allowed to operate in SA.

Now the UNHCR was trying to persuade SA to give the refugees UN protection, said Christien Berthiaume at the UNHCR headquarters in Geneva.

The drought and civil war in Mozambique has resulted in a continuous stream of exiles — in spite of the forced repatriation of up to 50 000 people a year.

BBC news yesterday highlighted the plight of the refugees who walk for days and risk their lives crossing the electrified border fence into SA to escape drought, famine and civil war.

According to the BBC, SA has maintained that giving Mozambique's exiles UN refugee status is not an option.

## ANC, govt agree to more meetings

*Business Day 27/5/92*  
SENIOR members of government and the ANC who met on Monday night agreed that more bilateral meetings should take place in an effort to bridge differences that had emerged at Codesa, sources said yesterday.

The meeting, attended by government's senior negotiators and a host of senior ANC members, was held in an attempt to clear the air after more than a week of vociferous public debate.

The decision to hold more bilateral meetings is perceived as one method of ensuring the progress of negotiations, which currently hang in the balance following the impasse at Codesa II.

If more bilateral meetings between the ANC and government are held, the focus of negotiations will inevitably move away from Codesa to these meetings between the two leading members of the two main blocks at Codesa.

The focus of discussions at the Monday night meeting was the outstanding disagreements which emerged during discussions in Codesa's working group 2 which was dealing with the form of the interim gov-

ernment and the constituting-making bodies.

However, no solution was proposed to any of the major outstanding disagreements between government and the ANC. Neither did the parties broach the thorny issue of the percentage required for a new constitution to be passed.

The issue of the Codesa forum which will decide these issues was also not agreed, although it is known government is in favour of merging Codesa working groups two and three which have the task of discussing transitional government.

There is some hope that agreement on the outstanding issues will be reached before the current session of Parliament ends in June, and both government and the ANC have publicly stated their intention to pursue this goal. However, the chance is considered small.

The meeting was held in a friendly atmosphere and the damaged relations between the two sides, exacerbated by the series of accusations and counter-accusations, were partially healed, a source said.

TIM COHEN

## Informal sector in anti-AIDS project

*Business Day 27/5/92*  
THEO RAWANA

AMERICAN Duncan Earle, director of Population Services International (PSI), is planning to use the informal sector to distribute 4-million condoms a year in the AIDS-stricken Natal province.

Business development magazine Enterprise reports that Earle will mount the first phase of the project with extensive research to establish a new brand of condom that markets within the culture of SA.

A private, non-profit organisation, PSI has launched health and family planning programmes in 25 developing countries around the world, including about 12 in Africa.

Earle aims to enlist an "army of wholesalers" who will make condoms and vital health information available in shebeens, bars, spaza shops, factories, transport depots and through pavement hawkers.

These retailers will also act as advisors and will be equipped with basic training, says Earle.

He plans to get the condoms on sale throughout Natal by mid-year and go nationwide next year.

The main thrust of the condom programme is to curb the spread of the HIV virus which leads to AIDS, and which is particularly prevalent in Natal, says Earle.

Earle says that at R1 each condoms are too expensive for the average South African, so PSI intends slashing the retail price to between 15c and 20c a piece, or 50c for a pack of three.

While parent company PSI-USA has pledged substantial funding, PSI has also been negotiating with a number of top SA companies for financial support.

The entire project is being run by Earle from his office in Durban.

He was responsible for launching similar projects in Cameroon, the Central African Republic and Benin.

## Gambler cites Act in renegeing on debt

CAPE TOWN — A Sea Point casino is suing a Constantia man for a R75 000 gambling debt which he refuses to pay, claiming it is not enforceable by law and that he lost the money playing an illegal game of chance.

Highstead Entertainment, trading as The Club, claimed in the Supreme Court in Cape Town on Monday that Ruby Rutenberg of Daw Avenue had stopped payment of a cheque for R75 000 in settlement of losses for one night's gaming and demanded immediate payment with interest.

In an affidavit Rutenberg admitted stopping the cheque, but said he was entitled to do so.

He said he issued the cheque to The Club in settlement of a gambling debt which was not enforceable by law and which he was not obliged to pay because the transaction was in contravention of the law.

On April 21 he went to the casino and arranged for The Club to provide him with credit. Before being given his chips he had to sign a blank cheque which would prevent a gambler from later refusing to pay.

He was provided with chips worth R75 000 and by the end of the evening had lost the lot.

He played a game called ace high which was a variation of blackjack.

The game was "predominantly one of chance", as even a skilful and experienced player could do little when he had a weak hand, Rutenberg said.

Although it was sometimes contended that "card counters" — players who had the rare ability to count and remember which cards had been dealt — could predict with a some accuracy what most of the remaining cards would be when the game had progressed to a certain stage, he disputed this. — Sapa.

STAR 27/5/92

## Govt spends R10-m on Aids

The Department of National Health had spent R10,2 million of the R12,93 million budgeted for its Aids programme for the 1991/92 financial year, National Health Minister Dr Rina Venter said in the House of Assembly yesterday. This figure might not be the final expenditure, as the department's books closed at the end of June, she added.



Dr Venter . . . figure not final.

92

# Aids man tells of tears and fears

South  
30/5-3/6/92 (92)



**A VICTIM:** Oupa Motaung wanted to spread Aids. Now he spends his last days educating people about the disease

Photo: Dynamic Images

By Johannes Ngcobo

OUPA Motaung still curses the day doctors told him he did not have long to live.

He went to hospital to have an ankle problem treated but was told he was infected with the Aids-causing HIV virus.

"I became angry and started crying. Later, I wanted to go out and spread the disease, I just couldn't believe it was happening to me.

"I still curse March 25, 1992, because that's the day the doctors told me I didn't have long to live," says the 30-year-old from Phiri in Soweto.

Motaung complains that many HIV-positive people lose their will to live because of the negative attitude displayed towards them by others.

## Educating

Now he wants to spend the time he has left to live educating people about the plight of Aids sufferers when they are shunned by their communities.

He moved out of Soweto after being informed he was HIV positive because he was afraid his family would treat him like an outcast.

"After I received counselling, I felt it was my responsibility to ensure that I deal with the stigma that haunts Aids sufferers.

"I finally told my family and I am no longer afraid that they will reject me.

"Before I knew that I was HIV positive I had many girlfriends but I'm not sure whether one of them was HIV positive or whether some contracted the virus after contact with me."

Motaung says he was told he

could have intercourse if he practised "safe sex" — used a condom. However, he has yet to muster the courage to do so.

He lives with nine Aids sufferers who could "die at any time".

"They all have full-blown Aids and are unable to feed themselves and their movement is severely restricted. All of us know that we could die within the next few years, some sooner than others."

## Dream

Motaung has a dream of building a centre where people diagnosed as being HIV positive can receive counselling.

"It will not be a place for people with full-blown Aids but only for people who are HIV positive.

"I want to help them cope with the stress of integrating into their communities as though there is nothing wrong with them."

A Johannesburg nurse who deals with people who are HIV positive agrees that many people infected with the Aids virus hide this fact from their families because of the negative attitudes towards people who have contracted the virus.

"In one family, a father of three discovered that he was HIV positive after he was operated on at a hospital," says the nurse who did not want to be named.

"His family gave him a separate plate, cup and spoon and isolated him completely. After he received regular counselling, his family started treating him normally again."

Motaung has already started his mission to inform his community about Aids. He recently conducted workshops for nurses and schools in Soweto.

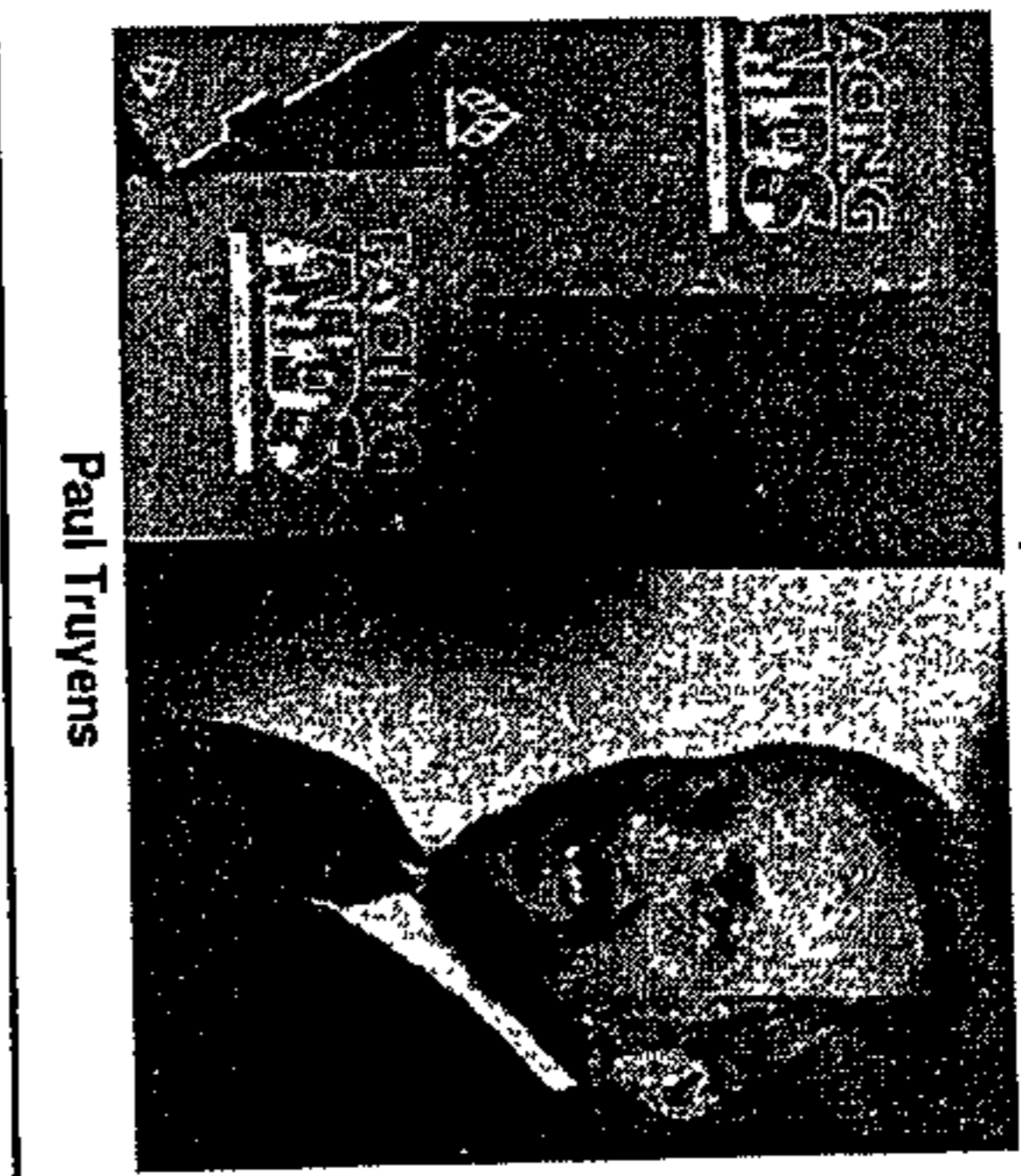
● See page 5.

HIV-positive people looking for a job or hoping to find an insurance policy may find that some insurance companies react rather negatively to their applications. **Justin Pearce reports:**

# Positively no vaccinations at insurance companies

answer a health questionnaire which asks, among other things, whether the applicant has voluntarily received an Aids test or counseling, and whether the applicant is aware of having suffered any Aids-related symptoms.

Truyens says Southern Life knows that HIV positive people are employable, and is investigating changing its staff packages in such a way as to accommodate them. An HIV positive person will not, however, be admitted to a position that required many years' training.



Paul Truyens

One possibility would be to reduce the number of automatic, compulsory benefits

**P**EOPLE INFECTED with the HIV virus are not sick. Medical opinion has established that people who have contracted the virus can live for 10 years or longer in perfect health before developing Aids. Yet people with the virus are discriminated against when it comes to finding jobs. Most insurance companies are among the employers who reject HIV-positive workseekers.

This policy is related to the extensive insurance packages that are automatically granted to insurance employees. Consequently job applicants are treated with the same circumspection as life insurance clients.

Applicants who test positive "would probably not be employed," says Old Mutual chief actuary Mr Theo Hartwig. "He would definitely not receive staff benefits, and we do not like to take on people who are not covered."

Not testing staff would result in "a situation where people take advantage of our staff benefits by coming on to the staff when they are already HIV positive."

Southern Life's general manager of life actuarial services, Mr Paul Truyens, says Southern's employee benefit programme includes life insurance. An HIV positive person would not meet the medical requirements for such a scheme.

Sanlam does not compel job applicants to undergo an HIV test. Applicants do, however,

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# Honesty, the best for policy

South 30/5 = 3/6/92  
**I**F YOU ADMIT in an application for life insurance to having had a voluntary Aids test you could find your lifestyle being "investigated" — even if the result is negative.

Old Mutual chief actuary Mr Theo Hartwig says the company will enquire why an applicant was tested. "This might lead to an investigation with regard to the applicant's lifestyle."

Indications of gayness will reduce chances of getting a policy, he says.

Southern Life's general manager of life actuarial services, Mr Paul Truyens, says that while Southern Life asks similar questions, these are to establish whether the applicant is HIV positive. Southern will never investigate an applicant's lifestyle, he says.

Life insurance policies are not granted to people who test positive, for the same reason that they will not be granted to a person with a history of heart disease. The increased risk of insuring someone with a relatively short life expectancy will involve raising premiums for all other clients.

Companies therefore demand the HIV testing of life insurance applicants.

But application forms containing questions about Aids testing or counselling have raised fears that applicants who answer "yes" will be discriminated against, even if the result of the test was negative.

Admitting to have had an Aids test or counselling could be interpreted as an admission of being in one of the high-risk groups.

Southern Life and Old Mutual are aware that only a small fraction of Aids cases occur among gay people. Southern's policy already reflects this realisation, while Hartwig says Old Mutual intends adapting its policy.



**MODERN MOTHER THERESA . . . Nurse Kathy Trow cares for the three-month-old baby born of an Aids sufferer. She looks after 11 people at an Aids Centre in Johannesburg. ■ Pic: DYNAMIC IMAGES**

## Caring for the 'untouchables'

By JOHANNES NGCOBO (92)  
THE "Mother Theresa" of Aids sufferers, Kathy Trow, has lost many friends because of her job - but she has vowed to soldier on.

Kathy spends her life tending carriers of the disease, and has already witnessed about eight deaths from Aids since she joined an Aids centre in the suburbs of Johannesburg early this year.

"I have no friends, and many people are afraid to even eat with me because of my job," she said.

"People in different communi-

ties and hospital staffers - especially nurses - make our patients feel dejected simply because they suffer from the disease."

She added that her charges often come back more dejected after being sent for hospital treatment.

Among her 11 charges is a three-month-old baby, born of an Aids sufferer.

Kathy, who has been working with Aids sufferers since 1984, said she was following in the footsteps of her mother, who was also a nurse.

"I wanted to see myself helping people who have lost their dignity because of Aids. I knew that God was on my side when I chose to look after human beings who have lost the love they deserve in their communities," she said.

"During the days of tuberculosis nurses would give patients the love they deserved. They also had a way of playing safe so they would not get infected on duty. But today, with Aids, some nurses isolate these people - which is unprofessional."